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Purpose

This quick guide provides some good practice guidance to staff undertaking consultation activity on behalf of the Glasgow City Health and Social Care Partnership (GCHSCP) and Glasgow City Integration Joint Board (IJB).

A full version of consultation good practice guidelines is available.

Definition and Key Phases

The Scottish Government provides a useful definition of consultation:

- “Consultation is a time-limited exercise when we provide specific opportunities for all those who wish to express their opinions on a proposed area of our work (such as identifying issues, developing or changing policies, testing proposals or evaluating provision) to do so in ways which will inform and enhance that work” ([Consultation Good Practice Guidance 2008](#)).

The key phases to consultation include:

- planning the consultation
- consulting with individuals, groups, communities and organisations on the proposed policy/service change or development (known as the ‘target audience’ or ‘stakeholders’)
- publication and dissemination of consultation findings and its outcome and
- evaluation of the consultation.

Key Considerations

The following areas should be considered when undertaking consultation. More detailed information is provided within the full consultation good practice guidelines for the GCHSCP and IJB.

Planning

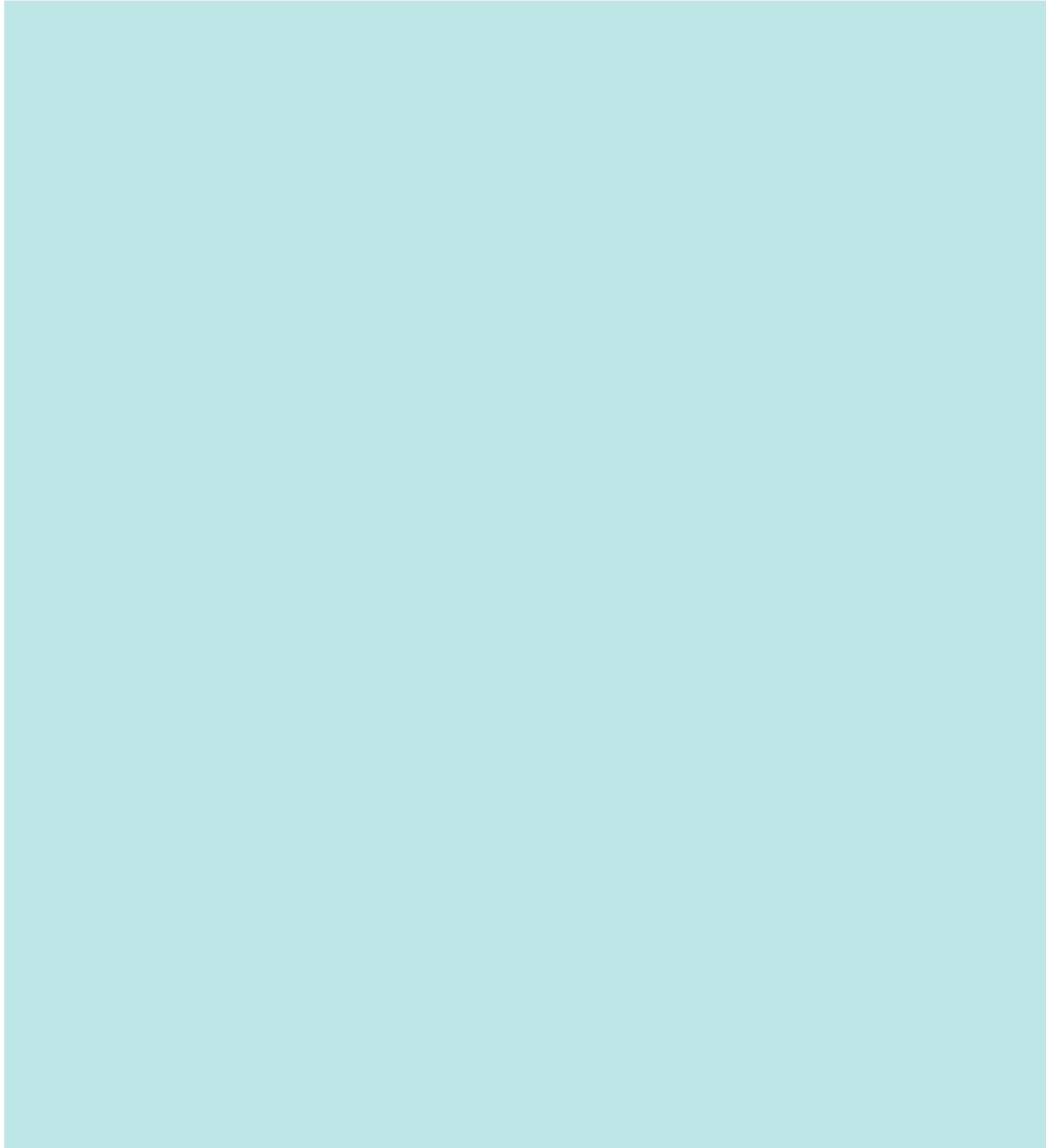
- Ensure there is a consultation plan with a clear purpose to the consultation, including aims and objectives, areas/options, stakeholders and arrangements and processes
- Ensure that the lead officer for the consultation seeks the relevant approvals to undertake and proceed with the consultation plan. This can be via Partnership's Executive and Senior Management Team, the IJB or the IJB Public Engagement Committee

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- Should there be any significant or material changes to the consultation plan and its engagement activity (for example, number or nature of participants being consulted or nature or type of consultation), then the lead officer for the consultation should consider seeking approval from the above
- Gather a team with the necessary skills to support the consultation with clear roles and responsibilities to ensure effective co-ordination
- Ensure there are realistic timescales for planning and conducting the consultation. Responses to written consultation should be at least 12 weeks minimum for major policy/service changes or developments and
- Consider how stakeholders may be involved in the consultation's design and testing
- If during consultation any issues arise relating to whistleblowing (for example, corruption and bribery or harm, malpractice or ill treatment of patients and service users), or a member of the public wishes to make a complaint about Glasgow City Council, NHS Greater Glasgow and Clyde or the IJB, then consult relevant policies and procedures on respective websites

Stakeholders and Inclusive, Supportive Consultation

- Make an assessment of the stakeholders who may have an interest in or be affected by what is being consulted on, and plan to involve them in it
- Make consultation accessible and inclusive from the beginning by conducting a needs assessment of the consultation's stakeholders to better understand the support that they may require to participate in it, including people with protected characteristics, people who are affected by social or economic factors and people who receive support but whose circumstances may have an impact on their participation and
- Ensure to take steps to not create new, and to remove existing, barriers to participating in consultation. This may include putting in support around suitable transport, caring for dependants, personal assistance, suitable and accessible venues, access to interpreters, communication aids, meetings and events organised at appropriate times, access to social media and technology and out-of-pocket expenses. A person's protected characteristics, socio-economic background or circumstances are not a barrier or the causes of barriers to participation in consultation. Rather, the ways in which consultation is conceived, arranged and undertaken can sometimes inadvertently create structural and institutional barriers that preclude full participation from stakeholders. Consider how the creation of barriers can be prevented
- Ensure staff are aware of and understand equalities issues before supporting consultation. Equality awareness training is available to staff



Methods

- Consider using a variety of methods to widen access to the consultation and increase participation and inclusivity –whether written, face-to-face/participative or e-consultation methods
- Maintain a balance between qualitative methods (for example, drop-in sessions and written consultations) and quantitative ones (for example, surveys)
- Ensure the methods used are appropriate for the purpose of the consultation and are accessible to the needs of participants
- Make use of e-consultation methods such as social media to complement other methods. The GCHSCP's website and Twitter profile and Glasgow City Council's and NHS Greater Glasgow and Clyde's websites and Twitter and Facebook profiles can be used
- If using social media, consider its public nature, barriers and acknowledgment of comments/posts
- Ensure compliance with staff policies and guidelines on the acceptable use of social media in a professional capacity

Communication

- Consult the Partnership's [Communications Strategy](#), which sets out the framework including standards, governance and channels by which the Partnership communicates. Ensure to also comply with the Partnership's Joint Media Protocol for handling media enquiries, as a consultation may attract media interest. The Joint Media Protocol is outlined within the Partnership's Communications Strategy
- Ensure the consultation is informative with relevant information made available to stakeholders (for example, reasons for change/development, options and anticipated benefits)
- Ensure information is developed and shared on the consultation process and timescales, and have a point of contact for consultation queries and submissions (telephone, email and postal address)
- Ensure information is in plain language, which is jargon-free and straightforward and easy to read and understand. Acronyms should be avoided or defined, and idioms, slang and colloquialisms should be avoided
- Ensure the way in which communication material is designed, written and presented reflects a clear commitment to equality and inclusivity including text, images and graphics
- Ensure there are plans to be able to provide consultation material in a range of languages and formats if required, and make them available from the start if required. In general, written material should be accessible:

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- use minimum 12-point type size for fonts (14 where possible and 16 minimum for large print)
- use sans serif fonts such as Arial
- use medium or bold type avoiding italics
- even type spacing with text aligned to the left (avoid justification)
- avoid hyphenation and
- use appropriate colours for contrast
- For written consultations, consider including the following information where appropriate: summary of the consultation, relevant background information, outline of the options, timescales for the consultation and decision-making; statement regarding availability of consultation paper in alternative formats, how responses will be used and consent for publication
- Consider a range of different methods/channels to communicate and disseminate information on the consultation –for example, newspapers, newsletters, leaflets, community radio, websites, social media and in offices, libraries and community centres

Publication, Dissemination and Feedback

- Analyse and fairly and objectively interpret the data from the consultation, and summarise within a report. Also include the outcomes of the consultation process
- Publish and disseminate the consultation report, using a number of different dissemination methods to increase its accessibility (as above). It should usually be published as part of the report where a decision is being sought for the policy/service change or development
- Likewise consider additional formats and methods to report on the outcome of the consultation, which may better meet the needs of particular groups who participated in or are affected by it. For example, this can include face-to-face feedback with a presentation at an event or local presentations to stakeholder groups
- Make written consultation responses individually publicly available. Where more appropriate, summaries can be made available for views shared through other consultation methods (for example, focus groups). Ensure to gain consent and that all Data Protection and Freedom of Information legislation and policies and guidelines are adhered to. Options for publishing individual responses:
 - response with their name (excluding contact details)
 - responses without their name (anonymised) or
 - no publication

- Where a response is published and ascribed to a named stakeholder, exclude their contact details. Where an anonymised response is published, ensure to redact any content that may disclose the stakeholder

Evaluation

- Plan to evaluate the effectiveness of the consultation exercise, with time and resources spent on it commensurate with the scale of the consultation
- Explore the impact of the overall consultation including how it informed decision making and any service improvements
- Highlight both what worked well and areas where improvements can be made
- Ensure the evaluation is a review of the consultation process, and it is discussed with stakeholders who participated in it to get their views
- Share the findings and lessons learned, through a report and/or meeting