

Evaluation of Your Health, Your Care, Your Say

*An independent report commissioned
by the Department of Health*

Executive Summary



1. Introduction

The Your Health, Your Care, Your Say initiative (YHYCYS) for the Department of Health created one of the largest and most ambitious public engagement exercises ever mounted in the UK. The aims were complex and ambitious: to ensure that the public (especially the ‘seldom heard’) were actively involved in deliberative debates on contentious issues including ‘trading off’ public investment in different types of health and social care services, alongside creating a high public profile to encourage wide public involvement (including through open access questionnaires) and professional stakeholder involvement.

Over 41,000 responses were received through the various methods used over the course of the three months that the main work took place (September to December 2005), with 1,240 people attending deliberative events in Gateshead, Leicester, London, Plymouth and Birmingham. The process also included a unique ‘report back’ event in London in March 2006 (after the publication of the White Paper in January 2006). At this event, 110 people who had been at previous deliberative events heard the Secretary of State for Health, alongside two Ministers from health and social care, report back to them on what had been taken forward from the YHYCYS exercise into the White Paper, and asking for feedback on the participants’ satisfaction with what had been done with their input.

In November 2005 an evaluation of the YHYCYS ‘listening exercise’ was commissioned to examine primarily the local, regional and national deliberative events that enabled members of the public to discuss a range of topics (based on information provided and a carefully structured process). The evaluation study aimed to come to conclusions about the extent to which the methodology chosen and the delivery of YHYCYS met the objectives set, and draw out learning for future public engagement activity.

This summary report briefly covers the main points of the evaluation; the full report gives details on all the points raised here.

2. Aims and Objectives of YHYCYS

The YHYCYS initiative had three stated objectives:

- For the public, providers of care and Government to work in partnership to determine policy priorities and design new approaches to future care
- To increase levels of public engagement in the policy decision making process
- To produce a public debate visible at local and national levels around the future of personalised and community centred care.

The brief for the evaluation suggested that there was also an implicit objective for the whole exercise: “it was felt it would make some contribution to enhancing trust in Government, by reinvigorating public debate, and lead to better public service provision, by addressing the needs and concerns of service users and providers”.

3. Main activities of YHYCYS

The main activities of YHYCYS were:

- **Analysis and evidence base**, developed by the Department of Health to feed into the framing of the questions for the public and stakeholder engagement.
- **Deliberative exercises:** Nearly 1,000 people attended the national Citizens’ Summit in Birmingham; plus over 250 attended four earlier regional events. 110 people (who had attended previous events) attended the reconvened event in London in March 2006. Ministers attended all events (except Plymouth, which was attended by a senior civil servant): the Birmingham Summit was attended (for the whole day) by the Secretary of State and three Ministers from health and social care; the reconvened event was also attended by the Secretary of State and two Ministers, again for the whole day.
- **Citizens’ Advisory Panel:** This was made up of 10 members of the public chosen to represent the full range of participants sought in the listening exercises.
- **Phonebus survey:** This was a separate public opinion survey of 869 people commissioned by the COI and carried out by Taylor Nelson before and after the Citizens’ Summit in Birmingham to evaluate public awareness of the debate.
- **Devolved events:** 8,460 people attended about 161 events run by other organisations including Primary Care Trusts, Strategic Health Authorities and national and local voluntary and community organisations. These events were designed to extend the reach of the process to more people, especially ‘seldom heard’ groups, by working through local bodies and through organisations that already had relationships with sectors of the population that rarely take part in national consultations. Partnerships with stakeholder organisations were actively sought to reach seldom heard groups identified.
- **Core questionnaire:** This was available online or on paper. 29,808 questionnaires were returned (about 9,000 on paper).
- **Magazine questionnaires:** 4,857 responses from four magazines:
 - Take a Break magazine – 2,093 responses (about 95% women)
 - Prime for Women – 1,320 responses (98% women)
 - Prime for Men – 1,180 responses (90% men)
 - Fit (for young men) – 264 responses
- **Stakeholder input**, through five policy Task Forces convened by the Department of Health (involving about 60 organisations), and ad hoc contributions (86 were received).

4. Assessment of Objective 1

YHYCYS Objective 1: For the public, providers of care and Government to work in partnership to determine policy priorities and design new approaches to future care.

The main findings were:

- **Range of people and organisations involved.**
 - **Deliberative exercises.** Attendance at these events met the overall target. A total of 1,240 people were involved in the first five events, plus 110 at the reconvened event, making a total of 1,350; the same as the overall target. The demographic representation was very good, including reaching the ‘seldom heard’ and ‘disproportionately affected’ by any changes to health and social care services. This was largely achieved by good sampling and quotas to ensure the involvement of key groups.
 - **Devolved events.** Fewer devolved events were held than hoped: 161 events were held, compared with a target of 400. However, the events did reach around 8,460 people from among the most excluded groups in society including young people in care, refugees and asylum seekers, and travellers and homeless people. This was achieved by working with numerous organisations who work directly with these groups and who organised the events themselves, often using the support materials (and financial support in some cases) provided by YHYCYS.
 - **Core questionnaire.** 29,808 questionnaires were returned, compared to a target of 10,000. The demographic coverage was less comprehensive than for the deliberative events but it did reach significantly higher than national average proportions of single parents, people with long term illness, and carers. It also reached a good proportion of people working in health and social care (42% of respondents compared to 10% of the general population), which had always been the intention as this was a key mechanism to reach the audience of service providers.

Overall, therefore, it can be concluded that the YHYCYS initiative met this objective and reached a very large number of people, with good demographic representation of target audiences (including seldom heard groups and health and social care providers).

- **Working in partnership.** There were four criteria for assessing the extent to which partnership was achieved. The key findings were as follows:
 - **Transparency and lack of bias in methodology and analysis.** 79% of public participants were clear about what they had to do during the process, and 78% were clear about how their event fitted in to the overall process of developing the White Paper. However, there was not

complete clarity among participants about how the results of the YHYCYS initiative would be used (only 56% were clear).

Overall, participants felt the events, the information provided and facilitation was not biased: 76% agreed their event was run in an unbiased way; 92% agreed that the facilitator had encouraged everyone to have their say, and 78% agreed the information provided was fair and unbiased.

- **Putting the public at the centre of the process.** 78% of participant interviewees felt they had been at the centre of the process (28% completely; 50% to some extent). Other indicators used for this criterion were the following:
 - **Relevance of issues discussed.** Nearly two-thirds (63%) agreed that all relevant policy issues had been covered, and 83% agreed the results of the debate at the deliberative events reflected the discussions people had.
 - **Participant satisfaction and enjoyment.** 96% said they were satisfied with the process (67% 'very' satisfied); 93% said they enjoyed it (100% at the reconvened event); 89% said they had their say (97% at the reconvened event); 98% said the running of the events was excellent (67%) or good (31%).
 - **Level of influence.** 92% of those at the reconvened event felt the White Paper proposals outlined at the meeting reflected what the Department of Health had been told, 93% agreed that the Department had listened to what they had been told in the deliberative events, and 72% felt the results of the events had been influential. This exceeded earlier expectations: 60% of participants in the deliberative events *expected* the events to be influential.

Interview feedback was less positive than these results from end of event questionnaires and polling during events, with only about 14% feeling the event they had attended had influenced the content of the White Paper 'a lot'; although 37% felt they personally had contributed 'a lot' or at least 'a little'. This difference from end of event questionnaire feedback may be due to the more personal nature of the questions to interviewees (about the influence they personally felt they had), and the interviewee not wanting to claim undue individual influence; or possibly due to the euphoria participants very often experience during and immediately after an event wearing off – this phenomenon was one of the reasons for re-visiting this question with public participants interviewed some time after the event.

Feedback from policy makers at the Department of Health suggested that the actual influence of the public events was much greater than this. From their perspective the process had been genuinely open and policy-makers (including Ministers) and stakeholders had genuinely listened to the public views. As a result, some issues were added or gained significantly higher priority in the White Paper (e.g. mental health, the need for better information provision, support for carers, transport, loneliness and isolation among older people, and the health MOT / lifecheck). Some issues were dropped because of lack of public support (e.g. the option to register with more than one GP). In addition, various drafting methods were used to ensure the centrality of the public views and priorities.

Overall, therefore, policy-makers felt that the White Paper that was published was very different as a result of the YHYCYS initiative; one respondent suggested that as much as 75% of the content of the White Paper could be clearly linked to the listening exercises.

- **Iteration of policy options.** The intention was that policy options could be ‘iterated’ and developed throughout the process. Some mechanisms were developed to iterate the policy process, with questions for the public refined as the process continued, the generation of ‘citizens’ options’ and the input of data from the deliberative events to the stakeholder policy task forces. However the problems with the process were that there were no opportunities for participants to check data as it was recorded by facilitators, no opportunity for participants to see data from previous events, and no continuity among participants at the events (except for the reconvened event, held after the publication of the White Paper).

The feedback from participant interviews did suggest a level of dissatisfaction with this, with around 45% of those interviewed feeling there were questions raised in discussion at the events that were not reflected in the polling questions. It is clear there was no lack of integrity or commitment to the views of the public, but there is an issue of transparency which can affect the sense of partnership between Government and the public.

- **Integration of results from public and stakeholder events.** This was a complex process, with data from a range of sources. The research suggests that this was done effectively by reporting and analysing the data from seldom heard groups separately so that it could be taken into account without being drowned out by the weight of numbers from other participants (or being disproportionately influential), the input of data from the deliberative events to the stakeholder task forces to frame their discussions, and a ‘traffic light’ system for checking that the draft White Paper took the public input into account.

Overall, therefore, the evaluation has concluded that the part of the objective relating to the range of people and organisations involved was fully met.

The element of working in partnership was more complicated to assess. Problems arose in two main areas:

- **Transparency in iteration with the participants.** Although there was continuous development of the deliberative process (which changed to make it more effective throughout the regional events and leading up to the Citizens’ Summit), and of the policy issues to be discussed, this was not shared with participants. Although notes were taken of all points raised by participants in the discussions, and included in the final research report which was used to draft the White Paper, this was not clear to participants who may therefore have felt that the polling (on more limited issues) was more influential.

Apart from those (110) at the reconvened event, public participants were involved in their own specific part of the process, rather than in the initiative overall. Few participant interviewees remembered receiving the White Paper summary they had been sent when it was published, although they remembered the deliberative process remarkably clearly. This supports the proposition that there was no sense of continuity, or of influencing the final product: although participant interviewees felt generally satisfied with their own contribution at the deliberative events, they were less clear about the influence they personally (or the event they attended) had

on the final White Paper. This was a weakness in the design of the process rather than in its implementation, but may have been unavoidable given the time pressures on the initiative overall, which simply did not allow time between events for feedback to participants – which may have helped clarify the overall process for them. However, as shown above, overall the participants did not feel the events, facilitation or information provided was biased.

- **Partnership as an objective.** This was a very large exercise, aiming to reach a lot of members of the general public over a very short timescale to generate data that could be used for a specific purpose (drafting the White Paper) which remained the responsibility of Government. In these circumstances, partnership between the public and Government is difficult to achieve. With a longer timescale, greater iteration of policy with the participants, and a method for gaining feedback on draft policy proposals emerging (which happened with the Citizens' Panel but no-one else), a degree of partnership may have been achievable.

This is not to say that good involvement was not achieved – it was, as the feedback from participants shows. The point is that there is a difference between partnership and involvement; and the YHYCYS initiative was clearly an exercise in deliberative research which required an involvement process and it was not possible in the circumstances to work through partnership (or indeed create partnership).

In summary, therefore, we can conclude that the first criteria was fully met, and the second criteria was not met – but that seeking 'partnership' may have been unrealistic in the circumstances.

Overall, the YHYCYS initiative was a very good example of involvement and the failure to achieve partnership should not detract from the very real achievements and benefits of the process which, as can be seen throughout this evaluation report, were substantial both for participants and for the quality of the final policy.

5. Assessment of Objective 2

YHYCYS Objective 2: To increase levels of public engagement in the policy decision making process.

Here the main findings were:

- Motivations for public involvement.** The main motivations for participants were wanting to have their say and to influence decision-making to make things better. The participant interviews found about 86% of respondents said the YHYCYS exercise had met or exceeded their expectations.
- Participant learning.** About 78% of participants interviewed said they had learnt as a result of their involvement, mainly from and about the views and experience of others, about health issues and services and also to some extent about policy development and decision-making. A minority felt they had changed their views: about 28% had changed their views about health issues, and about 37% about public engagement (mostly to thinking it was more important); although quite a few of those who had not changed their views already thought public engagement was important. About 37% said being involved had made a difference to how they saw their own role as a citizen (more responsible) and about 45% said involvement had led to them thinking and doing things differently. Examples are given in the full report (5.2.2).
- Costs.** Costs had been one of the recurring issues raised about the YHYCYS initiative, so the issues were tested with participant interviewees. The question was carefully framed as: At a time when NHS resources are in the news, and this consultation exercise obviously cost quite a lot, do you think this was money well spent, or not? Nearly 60% of respondents felt it was money well spent; only 10% thought it was not.
- Extent of public engagement in these issues.** There were significant differences in feelings of involvement among participants before, during and after the Citizens’ Summit, which can be compared to the feelings of involvement among the general public (see table).

	Participants pre-Citizens’ Summit (screening)	Participants post- Citizens’ Summit (evaluation questionnaire)	General public (Phonebus survey)
Feel very/fairly involved	33%	85%	16%
Feel not very/not at all involved	63%	15%	83%

- The importance of public engagement in these issues.** There was a universally high level of support for the importance of public involvement, so there was little room for change before, during and after the Citizens’ Summit:

	Participants pre-Citizens' Summit (screening)	Participants post- Citizens' Summit (evaluation questionnaire)	General public (Phonebus survey)
Feel involvement very/ fairly important	96% (76% 'very')	98% (81% 'very')	99% (60% 'very')
Feel involvement not very/ not at all important	1%	1%	1%

More significantly, in the survey of the public, only 60% said involvement was 'very important', compared to 76% of those at the screening stage, and 81% of respondents from among those who attended the Summit. So the experience of involvement also seems to have affected people's views on the importance of involvement, making them feel significantly more positive about it.

The feedback from participant interviewees confirmed these findings, with great enthusiasm for involving the public in policy-making; and 60% of these interviewees said the public should be involved more. 93% of participants at the Summit, and 99% of those at the reconvened event agreed that similar events should be held in future.

In addition, policy makers said that they felt more enthusiastic about public engagement as a result of having seen it work in practice in YHYCYS. As the potential for increasing levels of public engagement in policy development depends as much on opportunities for engagement being created by policy makers as it does on public willingness to participate, this is an important indicator of likely increases in public engagement in future.

Overall, in terms of meeting YHYCYS Objective 2, to "increase levels of public engagement in the policy development process", there is clearly evidence that there was a great *quantity* of public engagement and also a high *quality* of engagement. Participants in this process felt more engaged, and were more willing as a result to participate again in future, and policy makers were more willing to involve the public. This objective has therefore been fully met.

Success was achieved by developing a very effective process that was well-managed and implemented, so people were satisfied with their experience of it. This is shown by the extent to which, when asked how they would like to be involved in future, so many said 'more of the same'.

Participants' expectations of the process were met or exceeded, they learned a great deal (often from and about each other), and they gained a great deal generally from the process.

In relation to this objective, there are few if any failures, although there was some sense that the events were too rushed, so people barely had time to think and some questions were raised about the 'restrictions' on the phrasing of the polling questions (not a widespread problem but felt strongly by some). There were also questions raised by the public participant interviewees about paying people to attend, with concerns ranging from the potential to reduce the budget by not paying participants, to having a better debate without those who said they were there 'just for the money'.

Overall, though, this objective has clearly been met, and in many cases exceeded expectations.

6. Assessment of Objective 3

YHYCYS Objective 3: To produce a public debate visible at local and national levels around the future of personalised and community centred care.

The communications strategy was designed to engage people in the consultation process, and to widen the reach of the consultation, by working with partners to reach 'seldom heard' groups, through a multi-channel approach. The communications strategy was not, therefore, a traditional media campaign and the approach was to integrate communications fully into the design and implementation of the YHYCYS initiative overall.

The communications strategy included developing internal content for the Department, input to core and magazine questionnaires (the latter designed to raise awareness as much as generate policy input), support for the devolved events including developing the interactive resource pack, a consultation identity, co-ordinated media relations, working with key journalists and creating a webcast of the Summit, which went on to win the Department of Health an award from the International Visual Communications Association. This work was assessed in two ways:

- **Public awareness.** It was clear from the Phonebus public opinion poll that public awareness of the YHYCYS initiative and the issues it covered was very low – only 18% of the general public had heard of it after the Citizens' Summit. This can be compared to a similar survey that found about 28% of the general public had heard (at the time) of the GM debate.
- **Communications contribution to the YHYCYS initiative.** The resource packs were useful, the identity was clear and strong, consistent messages were generated throughout the process. Feedback from policy-makers is that this element of the communications strategy was very effective and useful.

Overall, therefore, it can be concluded that there was not extensive 'visibility' of the initiative in the media, although there was extensive visibility within health, social care and public engagement circles. Greater visibility may have encouraged more people to get involved in the process, but equally the controversy often needed to generate media interest may have been counter-productive to creating a positive public engagement process.

There are lessons here for the role of communications in supporting the design and delivery of public engagement processes, with implications for budgets as well as priorities. For example, the integration of the communications work with the team with overall responsibility for implementing the YHYCYS initiative had benefits for the effectiveness of the exercise (e.g. consistent messages throughout, clear identity, good resource materials). For exercises of this sort, this may be a more effective use of communications budgets than aiming for broader but less deep coverage developed through focusing budgets on targeting the mainstream media which could, in this instance, also have been counter-productive to the relationships created through the engagement processes. In the YHYCYS communications strategy, the communications work was fully in keeping with the style and ethics of the exercise overall and therefore contributed to its overall success as an engagement exercise.

7. Implicit Objectives

The brief for the evaluation suggested that there was an additional, implicit, objective for the whole exercise: “it was felt it would make some contribution to enhancing trust in Government, by reinvigorating public debate, and lead to better public service provision, by addressing the needs and concerns of service users and providers”. The two elements, trust in Government and the needs and concerns of service users and providers were addressed separately.

- **Trust in Government.** About 64% of participant interviewees said they had initially trusted the listening exercise to be fair and do what it said it would do; several commented that they had approached it with an ‘open mind’; about 14% did not trust the process from the start. About 45% of participant interviewees said taking part had made a difference to their trust in Government, and all except one said it had increased trust (37% said it made no difference). Respondents stressed that trust in Government depends on delivering on what it says it will do, it is complex (not just being affected by one event), and that it is mutual: participants treated with respect, and having their views valued, by Government affected their feelings towards Government.
- **Addressing the needs of service users and providers.** The process deliberately ensured the involvement of service users, particularly through identifying and targeting those who would be ‘disproportionately affected’ by changes to health and social care services in terms of invitations to the deliberative events, and the devolved events.

Service providers and others in health and social care systems were involved both as organisers of devolved events, enabling them to enter into dialogue with users and the general public and also as respondents to the core questionnaire (42% of respondents worked in health and social care, compared to 10% of the general population), and as stakeholder members of the policy task forces convened by the Department of Health.

Overall, the evidence from the evaluation research shows that involvement in the YHYCYS process has made some contribution to enhancing trust in Government among participants interviewed, so this objective has been met, although there are caveats from interviewees about longer term trust depending on delivery from this process. Interviewees were also clear that they felt that trust in Government depends on much more than just this one exercise. The quality of the deliberative processes, in showing respect for the public as participants and valuing their views, was crucial to this development of trust.

It can also be concluded that the needs of service users and providers were addressed in the White Paper process. Service users were involved in all levels of the process as general respondents (alongside the general public), and were specifically targeted in the deliberative events by ensuring representation of those who may be ‘disproportionately affected’ by changes in health and social care services. Some interviewees suggested that service users could have been involved more effectively by working through

those organisations working directly with them, and having events in local centres (e.g. community centres, GP surgeries). This may be worth considering in future exercises, depending on the priority given to service users compared to other target audiences.

Service providers were involved widely through the core questionnaire and in depth through the task forces. The task forces were a core part of the policy process, and were seen as always essential to the drafting of the White Paper. There were some difficulties in the timings of the links between the stakeholder discussions in the task forces and the public deliberations: stakeholders were getting preliminary feedback from the public events but there was not time to test the emerging views of the stakeholders back with the public. A longer timescale would have allowed this to develop more effectively and contributed to greater joint policy iteration.

8. Lessons for the future

8.1 What worked well

- The listening / deliberative events were popular, enjoyable, highly valued and seen to be influential by participants.
- The deliberative events were well-organised and reached the target demographic.
- Events were seen by participants as important and high status, particularly because of the direct involvement of Ministers in almost all the regional and national events. It is also clear that the events were more influential because senior decision-makers, Ministers and others were there and heard the public at first hand.
- The process increased a positive view of engagement among participants and policy makers.
- There was clearly a very powerful sense of integrity and commitment from all those involved in commissioning and running the initiative to taking the input of the public very seriously, and ensuring that it influenced the final policy. This exercise seems very far from the 'tick box' mentality of many consultations.
- The process was extremely flexible, which allowed the input, for example, of the 'citizens' options' and the exclusion of ideas that did not receive public support.
- The internal organisation of the process in the Department of Health, with OLR responsible for the deliberative process, seems to have worked particularly well, mainly because of team working between the policy people leading the initiative in the Department of Health, OLR and the Department of Health communications leads.

8.2 What worked less well

- The devolved events were fewer than expected, and did not link into the other events as well as had been hoped, largely due to issues of timing.
- There seems to have been a lack of transparency in the iterative policy development and analysis process, both during the deliberative events and afterwards.
- There were also some problems in integrating the different types of data from different sources.
- The follow-up with the public participants does not seem to have been as effective as it could have been. Quite a few of the public participants were keen to stay involved, and contribute more, and not just stop at the end of their event. With careful management of future contact, these people could potentially be a valuable resource that could be tapped into for future engagement exercises.

- Discussions by the public about trade-offs, resource constraints etc did not happen as had been hoped. It was found to be impossible in this instance to balance the breadth of process required to reach the numbers and range of people sought, and the number of issues to be covered, with the depth of process needed to get to the level of discussion necessary to fully consider complex issues such as trade-offs between different options.

8.3 Lessons for the future

- **Levels of engagement.** It is vital to be realistic about the level of engagement sought in any public engagement – the levels can range from ‘informing’ to ‘empowering’. Once the level of engagement is defined (along with clear objectives), the appropriate methods of engagement can be identified and delivered.
- **Representation.** Public engagement processes do not always need to be representative of the population as a whole, but it is essential to reach a representative sample (demographically and attitudinally) for deliberative research exercises such as YHYCYS designed to input to public policy-making in this way.

Such demographic representation can be achieved in a short timescale, including reaching the ‘seldom heard’ groups often excluded from such exercises, through rigorous sampling, and setting and working to achieve targets and quotas for particular groups. The benefits are not only achieving the research objectives but also creating a much richer experience for participants who found the mix of people involved one of the great strengths of the process.

- **Commitment and integrity.** Clear objectives, good design and effective delivery are essential to the success of public engagement processes, but so too are the attitudes and values that underpin that design and delivery.

In this case, the commitment and integrity of all involved (politicians, Department of Health, OLR, Central Office of Information, stakeholders and the public) made the successful elements of the process more successful, and helped reduce the negative impacts of the elements that worked less well. The commitment and integrity of the Government team also helped create and deliver a process that made participants feel valued and respected, which encouraged them to make the effort to make valuable input, and contributed to the field of public engagement more generally by creating a process clearly valued by all parties.

- **Costs.** This was a costly exercise but it reached a great many people, the great majority of whom found the whole experience very positive and who largely felt it was money well-spent – assuming what was agreed is delivered. Two areas have been identified where costs could potentially be lower in any future exercises with similar objectives: paying fees to participants (although some financial incentives are likely to be essential to ensure demographic representation, and can help demonstrate the value of public participants’ input); and spending on campaigns aimed at the mainstream media (although this was not an activity or expense for the YHYCYS initiative).

A large element of the cost was the logistics of the Citizens’ Summit in Birmingham (especially transporting and accommodating so many people), and there are questions as to the value of such a large single event (almost 1000 public participants). It would clearly have been entirely possible to have had a much smaller deliberative research event with an equally good demographically representative sample of the public providing equally good results on content.

However, the evidence from the interviews suggests that the sheer scale of the big event had an impact on the public participants and the policy-makers: the scale raised the status and importance of the event, and increased the imperative to take the results seriously, and thus, possibly, increased its influence. It will be interesting to compare the significant level of influence of the processes in this initiative with any subsequent processes operating at a smaller scale.

There are clearly pros and cons to high budgets. The pros are that a big budget may help ensure the process and its outputs are taken seriously by participants, policy-makers and politicians. The cons are that high costs limit the number of occasions on which such mechanisms can be used.

- **Timing.** The lessons from YHYCYS seem to be to involve the public as early as possible, at the stage of developing ideas, and then have several iterations; reduce the number of issues to be covered in any one event a little to reduce the sense of the process being rushed; and have a longer process overall: maybe a minimum of nine months for something like this. It is particularly important to start work to involve hard-to-reach groups as early as possible as this takes time to set up, and requires appropriate resources to be provided.
- **Trust.** It is clear from this evaluation that trust between Government and the public must be mutual. A good involvement process can clearly contribute to increasing public trust in Government if the public feel their views and input are respected and valued, and that they make a difference to the final policy and delivery, which requires a good process that shows that Government is listening, and delivering on what is agreed.
- **Policy iteration and integration of results.** There are several lessons here:
 - Consider limiting the information collected on questionnaires to quantitative data, so it is easier to integrate data from various sources.
 - Consider staggering and extending the timing of the devolved and regional events so that there is a longer lead time so that the results can be shared between them.
 - Consider fixing the overall timing of public and stakeholder events so that it is clear to all participants how the data from each feeds into the other, and to the overall policy development process.
 - Consider an additional stage in the process so that participants can see what is being proposed as a result of the deliberative / listening events, and have a chance to question and comment on that.

- **Spreading learning.** The YHYCYS exercise will have added value if the lessons from this experience are taken on elsewhere in Government (and other sectors). The YHYCYS Steering Group is committed to disseminating this learning in various forms, across Government and more widely.

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