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Social Research Institute



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Main messages

Main messages

The Department of Health is a number of different, often conflicting, organisations operating under the Departmental umbrella. This tendency to work in silos causes stakeholders significant challenges.

The strongest stakeholder engagement was characterised by good personal relationships, clarity on points of contact, two-way understanding, trust, honesty and respect for stakeholders' time and resources.

However, good working relationships were by no means universal and there were many instances of poor working relationships cited by stakeholders. There were a number of key factors that contributed to these:

- lack of clarity on point of contact;
- DH not understanding the organisations they work with;
- consultation fatigue and duplication of effort;
- a lack of respect for stakeholders' time; and
- civil servants not understanding their respective policy areas.

Good relationships were more likely to exist at senior levels. Question marks were raised about some civil servants operating at levels below these.

DH should identify where these problems lie and take steps to address the relevant issues, ensuring that time is taken to understand each stakeholder organisation.

A common criticism was that DH does not always feedback effectively to stakeholders on decisions they have made with their input. Successful engagement must incorporate effective feedback.

There was recognition that DH had been facing a number of key challenges at the time of research, particularly those arising from the passage of the Health and Social Care Bill.

The pace of change, cuts and staff turnover were all cited as partially mitigating factors for some of the criticism levelled at the Department.

Despite these mitigating factors, there were many criticisms of the way in which the passage of the Health and Social Care Bill was handled, and the Department should ensure that, in the future, policy making incorporates the following elements:

- early engagement;
- provision of clear feedback on what has happened;
- a clear vision;
- effective communication; and,

- a reasonable schedule/plan that allows time for stakeholders to feed into policy development.

The DH stakeholder engagement programmes were, for the most part, well-viewed. However, there was a feeling that the purpose and composition of some, particularly the National Stakeholder Forum, should be reviewed.

DH needs to review its categorisation of stakeholders to reflect changing roles and responsibilities and develop a more sophisticated segmentation approach.

Executive summary

Executive summary

Overall

The Department of Health (DH) commissioned Ipsos MORI to undertake research into stakeholder perceptions of working with DH. This report is based on the findings of the 103 in-depth interviews which were conducted between 15th March and 27th April 2012. The discussions were predominantly qualitative with some quantitative tracking questions.

A wide range of views were expressed about DH, reflecting the diverse range of organisations in the sample. However, there were key themes that emerged from across the interviews. This executive summary focuses on these.

Whilst stakeholders were able to speak positively about their relationship with the Department, a number of frustrations were voiced. It was clear that the timing of this research strongly influenced many of the views expressed, coming as it did during the passage of the Health and Social Care Bill. Stakeholders stated that many of the challenges they face in working with DH are not necessarily new ones. However, the passage of the Bill has thrown up fresh challenges that highlighted existing difficulties.

A question mark over how well DH works as one body

DH was not always seen as one entity working towards a common goal. Instead it was seen by many as a collection of different, sometimes conflicting, organisations working under one roof; stakeholders felt that component parts of DH do not always collaborate effectively. The more directorates that stakeholders were working with, the greater the degree of frustration as the extent of the lack of cohesion became more apparent. There were question marks over whether there is a shared vision both between directorates, and between directorates and ministers.

The perception that DH is a series of silos underlies many of the frustrations expressed by stakeholders in their dealings with the Department and must be addressed in future.

What drives good and bad stakeholder relationships?

There were examples of excellent, constructive relationships between stakeholders and DH. These were characterised by good personal relationships, clarity on points of contact, two-way understanding, trust, honesty and respect for stakeholders' time and resources.

However, DH should be concerned that there were many examples of relationships that do not share these characteristics. There is therefore significant room for improvement in some relationships and DH should reflect on the following when seeking to improve their stakeholder engagement as an organisation:

- Reflecting the lack of internal cohesion, stakeholders did not always know who they should speak to and sometimes have received different answers from different teams.
- There was a sense that DH can be too inwardly focussed. There was an acknowledgement that this may have been exacerbated by the challenges thrown up by the passage of the Health and Social Care Bill.
- Some stakeholders were experiencing a level of consultation fatigue and often felt that there is too much duplication of effort. This was due to receiving multiple requests to input into similar topics from different teams within DH.

- There was a question mark over whether some civil servants fully understand their respective policy areas, particularly at ‘middle-ranking’ levels.
- This lack of understanding was compounded by a feeling that civil servants, particularly those termed ‘middle-ranking’ officials by stakeholders, did not always respect stakeholders’ time, leading to some negative sentiments.

Recognition of the challenges that DH had been facing

Whilst many stakeholders were critical of DH, there was recognition of the challenges that the Department has been facing, and in particular those posed by the passage of the Health and Social Care Bill. Moreover, the fact that the Department has been subject to cuts and high staff turnover was acknowledged as a reason why some contacts had been lost, meaning relationships had to be rebuilt.

The period of change brought about by the Health and Social Care Bill meant DH was forced to work at a tremendous pace. The perceived opportunity cost of this was the loss of some of the softer skills needed for good stakeholder engagement.

Stakeholders acknowledged that DH has good, professional, committed people working for it but there were questions raised regarding whether staff are able to do their jobs to the best of their ability due to structural and organisational issues.

Working relationships were seen to be improving in some areas. There was widespread agreement that DH does try and involve stakeholders wherever possible. It was the manner of the engagement, in some instances, that was the focus of criticisms.

Listening to stakeholders

A key finding to come out of this work is that feeding back to stakeholders is fundamental to making them feeling valued. If DH is to engage stakeholders successfully, they must recognise that the process does not finish once they have given their input. They must feed back on what has been done as a result.

Successful listening was seen to be reporting back to stakeholders on what decisions had been taken as a result of their engagement. Examples of poor listening included instances where stakeholders had been told that an action would be taken – leading them to report back to their organisation that they had achieved their aims – only to be told at a later stage, and in one example by someone not working for DH, that the action had not been, nor would be, taken. This failure to feed back causes considerable damage to relationships.

Policy-making and the reforms

Whilst stakeholders were able to discuss policy making in the round, the Health and Social Care Act and the reform process dominated most conversations. The timing of this work meant this was inevitable. However, many of the findings relating to how the reform process was handled can be generalised to policy making more widely.

For stakeholders, good policy making was felt to have the following characteristics:

- The opportunity for stakeholder engagement early in the process, with clear feedback to stakeholders on what has happened as a result of that engagement.
- A clear policy vision, which is consistently and effectively communicated to both stakeholders and the general public throughout the policy making process.

- A clear understanding of the proposed policy and its consequences amongst civil servants, who should use their expertise to challenge ministers where necessary.
- Reasonable timescales, that allow for thorough policy development and stakeholder engagement, whilst also not over-extending the process.

Importantly, many stakeholders felt that the process surrounding the passage of the Health and Social Care Bill was missing some, many or all of these characteristics. For example, the biggest single issue for them was communication. DH was seen to have not communicated the Bill well to stakeholders, leading to considerable confusion and uncertainty. Additionally, the pace of change was an area of contention. Stakeholders felt they were engaged too late in the process, and the lack of a Green Paper was an issue for many. The speed and timing of the Bill was felt to have put DH on the back foot forcing them to be reactive rather than being able to plan and involve stakeholders in a timely fashion.

The overall feeling was that DH had dealt with very difficult circumstances relatively well, all things considered, but the passage of the Health and Social Care Bill had caused damage to relations in some areas and lessons needed to be learnt if policy making is to be improved in the future.

Stakeholder engagement programmes and communications

For the most part, the stakeholder engagement programmes were valued. Some programmes, such as the Third Sector Strategic Partner Programme, were better thought of than others.

The National Stakeholder Forum was one that received some criticism. There was a feeling that its membership is perhaps too diverse and needs reviewing, possibly with a view to splitting it into smaller groups of organisations that have common policy areas and goals.

Some questioned whether the aims of these programmes are always clear enough. There was a sense that they can be forums where DH informs stakeholders what is happening rather than advisory groups that influence policy. This chimed with a perception that DH can sometimes come across as directive rather than collaborative.

DH communications on policy are felt to be appropriate and informative. However, there was a call for more concise, targeted communications that are tailored for particular stakeholder groups.

Recommendations

DH should make every effort to present a more coherent vision to the stakeholders they work with. The perception that DH is a series of silos working independently of each other causes real problems from disjointed communications to mixed messages.

There was a sense that now the Bill has been passed it is a good time to review lessons learnt and to take action to address any issues revealed by its passage that are transparent to stakeholders. The perception was that many of the structural changes taking place as a result of the Bill mean that it is an opportune moment for the Department to reach out to stakeholders to help set out its future role and vision.

DH should review its relationships with stakeholders, learning from good practice, of which there is a great deal, and implement this more widely.

The Department should, where possible, engage stakeholders early in policy making. Consensus will not always be possible, and stakeholders recognise this. Explaining and communicating the reasons behind decisions more transparently and effectively would be greatly appreciated.

In line with working more cohesively, DH should manage communication and consultation exercises to ensure duplication is avoided and stakeholders are not overloaded.

DH should explore some of the relationship issues highlighted, particularly at ‘middle management’ levels. DH may want to consider training for civil servants on best practice in stakeholder engagement. Anyone dealing with a particular stakeholder organisation should take time to learn about its capabilities, capacity and aims so that the partnership can be built on shared understanding.

DH should utilise and target support and expertise from other organisations where capacity is stretched or capability is limited, but be mindful of the demands on other organisations.

The categorisation of stakeholders needs to be reviewed. There needs to be a more sophisticated approach to grouping both organisations and people within them. Chapter 8 in this report addresses segmentation and how this could be achieved.

A useful exercise could be for the Department to map out its internal structure. Explaining how directorates and departments relate to each other, and making clear who the key points of contact are in specific policy areas, could help stakeholders a great deal.

DH can use this piece of work to acknowledge recent challenges and demonstrate that they have listened to stakeholder concerns.

Some stakeholders view the Department positively and the vast majority want to work with it effectively. Much of the constructive criticism in this report seemed to be borne out of frustration but stakeholders want to move forward and they want the relationship to work.

1. Introduction

1. Introduction

1.1 Background

Central to the Department's work is its interaction with key stakeholders. The successful implementation of policy relies on good joint working practices. Shared visions in health are more likely to provide good outcomes. If stakeholders do not agree with the direction that the Department is taking, or feel that they have not been communicated with, then this can have a negative effect. In recognition of the importance of these relationships, and of the need to understand how stakeholders feel, DH regularly conducts research into stakeholder perceptions. This piece of work fits within that programme.

The last few years have seen significant changes and events in government, and specifically in health. The White Paper, "Equity and Excellence: Liberating the NHS", the Health and Social Care Act, and a host of other initiatives and proposals have meant that this has been a time of considerable change. In addition, the Department is undergoing many significant changes both in terms of structure and personnel. Many of these changes are being replicated in other Health and Social Care bodies across the country. Indeed, this research should be viewed within the context of this period of transition.

1.2 Research aims and objectives

The overall aim of this research was to understand DH's standing and reputation with its key stakeholders.

Within this, the objectives of the research were as follows:

- to identify stakeholders' perceptions and satisfaction with existing engagement and liaison mechanisms (for example, the National Stakeholder Forum);
- to identify stakeholder perceptions of health and social care reforms, the level of their agreement with policy, and to identify how clearly stakeholders feel DH puts across its vision for the future;
- to assess the extent to which stakeholders think DH understands their aims and objectives;
- to explore whether or not stakeholders view the Department as a good place to do business with, including:
 - where relationships are working well and why;
 - where they are not working well and why; and,
 - how relationships can be further improved;
- to identify factors that will improve:
 - the degree to which DH listens and responds to its stakeholders;
 - the degree to which stakeholders are willing to act as advocates of the DH; and,
 - the degree to which DH is seen as good to do business with.

- to produce recommendations for how DH can sustain and effectively manage key relationships after the transition to the new Department of Health; and,
- to assess key characteristics of different stakeholder sectors.

1.3 Methodology

In order to meet the objectives described above, DH provided Ipsos MORI with a list of 138 organisations the Department had identified as key stakeholders from a broad range of health sector organisations. Ipsos MORI then conducted a total of **103 in-depth interviews with stakeholders, meaning that 75% of organisations took part in the research.** Interviews were conducted between 15th March and 27th April 2012 and lasted between 30 and 45 minutes each.

Prior to fieldwork commencing, stakeholders were sent an email signed by Una O'Brien, the Permanent Secretary, which outlined the purposes of the research and invited them to take part. This was followed by an email from the research team at Ipsos MORI which provided additional information about the research. These communications were followed by a telephone call from one of Ipsos MORI's specialist recruiters, confirming whether or not the stakeholder wanted to participate and, where relevant, arranging a date and time for an interview.

Whilst the named contact on the database was contacted in the first instance, referrals to an individual of similar seniority were accepted where appropriate. In total, twenty-one referrals were made.

Stakeholders were divided into groups according to their different roles. The groups used were those allocated to stakeholders by DH and were as follows:

- Executive/regulator: Stakeholders working within other government departments, or in regulatory bodies.
- Public services/population health: Stakeholders working in local government or within the NHS, including in a representative capacity.
- Service users: Stakeholders working in the third sector or in national bodies representing particular interest groups.
- Suppliers: Think tanks, Royal Colleges, Unions and other representative bodies.

Recruiters were instructed to book a spread of appointments across these groups. The table overleaf shows the number of each type of stakeholder in the sample received from DH, the number of interviews achieved and the response rate for each group. For a full breakdown of the organisations that participated in the research, please refer to the appendices in Chapter 10.

Respondent Type	Number in sample	Number of interviews achieved	Percentage that took part (%)
Executive/regulator	31	21	68%
Public services/population health	29	21	72%
Service users	42	32	76%
Suppliers	36	29	81%

During the course of recruitment, eight stakeholders chose not to participate. The reasons given for this are shown in the table below.

Reason for refusal	Number of stakeholders
No time available/not available in fieldwork period	4
Policy of not participating in research	1
No explanation given	3

All interviews were conducted using a discussion guide designed by Ipsos MORI in conjunction with DH. After a handful of interviews had been conducted, the guide was updated in consultation with DH to allow the project team to probe emerging issues. A copy of the discussion guide can be found in the appendices, Chapter 10. The majority of the guide was qualitative in style; however, it also included five quantitative questions. These questions had been asked in previous stakeholder studies and were therefore used to provide indicative comparisons with previous studies.

1.4 Presentation and interpretation of data

To facilitate the reading of this report, each chapter includes a brief summary at the beginning. This summary provides an overview of the key points made within the chapter.

Where appropriate, we have discussed the findings by the categories provided by DH. However, given the broad range of organisations within these categories, this was not always possible and we have therefore also grouped organisations in other ways, for example by membership of the Third Sector Strategic Partner Programme.

With the exception of quantitative questions asked in the course of the interviews, the majority of the data gathered in this research is qualitative. Unlike quantitative surveys, qualitative research is not designed to provide statistically reliable data on what participants as a whole are thinking. It is illustrative and exploratory rather than statistically reliable.

Qualitative research is intended to shed light on why people have particular views and how these views relate to the experiences of the participants concerned. One to one interviews enable respondents to participate in an informal and interactive discussion and to allow time for the complex issues to be addressed in some detail. It also enables researchers to test the strength of people's opinions. This approach, in other words, facilitates deeper insight into attitudes underlying the "top of the mind" responses to quantitative studies.

Verbatim comments from the interviews have been included within this report. These should not be interpreted as defining the views of all participants but have been selected to provide insight into a particular issue or topic.

All participants were assured that all responses would be anonymous and that information about individual cases would not be passed on to DH. At the end of each interview, interviewers checked the level of attribution that participants would be happy with. While some were content to be fully attributed, many asked for some level of anonymity. As a result, we have attributed each quote to the group that stakeholders' organisation was placed in by DH.

1.5 Acknowledgements

Special thanks go to the 103 stakeholders who took part in the in-depth interviews with no financial recompense.

1.6 Publication of data

As DH engaged Ipsos MORI to undertake an objective programme of work, it is important to protect its interests by ensuring that the research is accurately reflected in any press release or publication of findings. As part of our standard terms and conditions of contract, the publication of the findings of these results is subject to the advance approval of Ipsos MORI. Such approval would only be refused on the grounds of inaccuracy or misrepresentation.

2. Working relationships with DH

2. Working relationships with DH

Chapter summary

A diverse and multi-faceted range of working relationships emerged from discussions with stakeholders. Whilst there was no uniform perception of the Department, strong themes and commonalities did emerge.

A widely held view was that the Department works in silos. Some described DH as a number of different organisations operating under the Departmental umbrella. There is also thought to be limited communication and disjointed work between DH's component parts.

As a consequence, those in contact with several policy areas or directorates were often more negative than those with a single point of contact. The lack of internal collaboration also led some to say that DH is less than the sum of its parts, despite containing many hard-working, committed officials.

Stakeholders were able to identify a number of factors that contribute to positive working relationships with DH. The following were the most important:

- senior, personal and distinct contacts at DH that enable access to commensurate power;
- being consulted, listened to and receiving feedback on how input is used;
- a 'two-way' understanding with DH where stakeholders' own internal needs and pressures are recognised;
- relationships built on mutual trust and honesty, and an attempt to find common ground, even where stakeholders' agendas or political standpoints differ from DH's; and,
- transparency and openness in working arrangements and decision making.

Some stakeholders felt stakeholder engagement has improved since the coalition government was formed and again with the appointment of a new Permanent Secretary. However, the majority view was that a great deal more work was needed to improve, and in some cases restore, working arrangements.

The following chapter will explore stakeholders' general perceptions of working with DH. Firstly, the diversity of relationships DH has with partners will be discussed. This will be followed by an outline of the key drivers of strong, productive partnerships that emerged and also the characteristics that commonly defined less positive working arrangements. Finally, stakeholder views on the recent direction of working relationships will be investigated, including the context within which this is placed.

2.1 Top of mind views

Stakeholders were asked to provide key words or phrases that came to mind when they thought of DH. A wide range of words and phrases were provided in this exercise. This

The clear finding to take from this analysis is that there is no uniform perception of DH amongst stakeholders. Some stakeholders even offered different words for different teams within the Department and expressed how difficult they found it to provide words which encompassed the whole of DH. This lack of consistency poses a challenge for the Department.

DH does not work cohesively

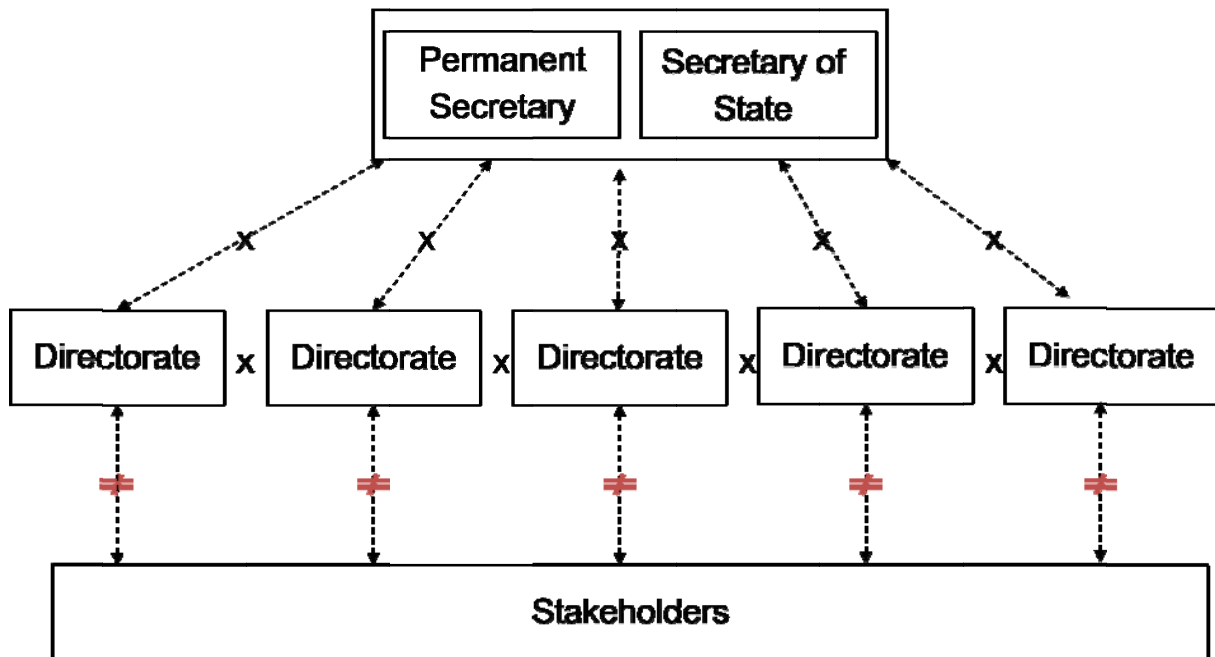
Upon further analysis, the major reason for this lack of consensus was that DH was seen by most stakeholders not as one entity, but as a series of different organisations under the departmental umbrella. Stakeholders' level of engagement and buy-in therefore largely depended both on who they deal with, and how many different directorates they interact with.

There was a widely-held perception that DH does not always work collaboratively internally and that this issue has been evident for a considerable time. Participants commonly questioned whether information is being shared across DH and between directorates and also whether messages from ministers reach the entire Department. In essence, many stakeholders felt that DH works in silos, which helps to explain the divergent descriptions of the Department and the lack of uniform perceptions.

The frustration for me is that it is systemically dysfunctional and it has been for many years. This is not a reflection of the able people who are there at the moment... I find it quite ironic actually that quite often, as an external body, we join up two or three elements or streams of work in the Department of Health where the people leading those streams of work, even though they are inter-related, were completely unaware of other people in the Department who were working on these issues.

Public services/population health

Figure 2, overleaf, shows where communications can break down and, as a result, how this can lead to stakeholders receiving inconsistent and contradictory messages from different parts of DH. This was thought to be a result of directorates not always effectively communicating with each other, or with the ministerial team. Consequently, stakeholders did not tend to believe there is a single, unifying vision within the Department.

Figure 2: DH internal collaboration

A minority also described a divide between the more ‘traditional’ DH civil servants and those whose background is in NHS management as a factor that contributes to the perception of an internally disconnected organisation. The two groups were felt to have different cultures and ways of working with partners, making it difficult for these stakeholders to talk about DH as one body.

You’ve got what you might call your classic civil servants who mainly work on the Permanent Secretary’s side of things. And then you’ve got the NHS side of the Department, which is mainly but not exclusively populated by NHS people on secondment of one kind or another to the Department. They are almost distinct organisations.

Public services/population health

The perception that DH is a series of silos working independently of each other causes real problems. Stakeholders wanted DH to provide a more coherent vision and many also thought the Department would be more effective if more joined-up working structures and internal communications were established.

Individual bits are good to deal with, but the whole is probably less than the sum of the parts.

Executive/regulator

Overly bureaucratic

There were concerns about the degree of bureaucracy within the Department as well. DH was characterised as being slow to complete administrative work, such as processing invoices, and also as taking a long time to implement strategies, or even to organise a meeting.

The Department of Health has created what seems to me, as best as I can tell, from talking to other people I know around Whitehall, the most complex, and the most bureaucratic, process for getting approval for very simple things.

Executive/regulator

As a result of these issues, there was a concern for many that the civil servants working in the Department are not able to work as effectively as they might do, despite the majority of stakeholders stating that DH has professional, committed, and well intentioned people.

2.2 What drives good relationships?

The following section will explore the key factors stakeholders identified as underpinning positive working relationships. DH should examine its stakeholder relationships in the light of this section, and seek to ensure that these characteristics define all of its relationships.

Strong, personal and distinct relationships

Personal relationships with civil servants were an important driver of attitudes towards DH. Working relationships appeared to be strongest at the senior level, where personal interactions are the most common form of contact for stakeholders, and relationships have been cultivated over a considerable period of time.

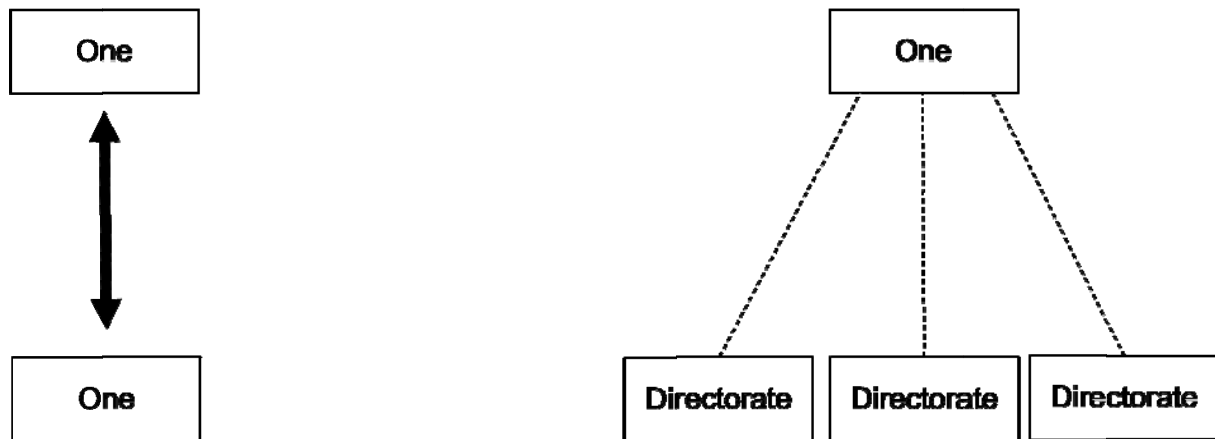
At a personal level, my working relationship with most of the key people I have to interact with is good. At an institutional level, I would say our working relationship with DH is extremely frustrating.

Executive/regulator

Stakeholders also identified having distinct and appropriate contacts within DH as a vital facet of positive working arrangements. Broadly speaking, the clearer the point of interaction is for a stakeholder, the more positive their relationship. Where stakeholders were engaged in multiple relationships with DH officials working in different teams, they tended to be more critical of the Department as an institution, as emphasised in Figure 3, overleaf.

I would say we have particularly strong relationships with our sponsor branch. We have of course been working with them for a good number of years. I like to think that they regard us as quite good at doing our job and they understand our work much better than most of the other bits of the Department frankly.

Supplier

Figure 3: The clearer the point of interaction, the more positive the relationship

Understanding stakeholders' organisations

Stakeholders referred to the benefits of having a 'two-way' understanding with DH where their own internal needs and pressures are recognised. They wanted DH officials to consider matters from their perspective and to think about the consequences of their actions on partner organisations. Where partners felt that DH does this, they tended to speak more highly of working with the Department.

I have a very high degree of respect for most of the individuals that I deal with. I find as individuals they listen, they are attentive, they respond, as well as also, I would like to think this is very much a two-way street. I find them quite forthcoming in a way that is helpful to the way I run my organisation.

Public services/population health

Linked to this, most stakeholders wanted a relationship with a mixture of informal and formal communications and with defined and respected rules based on both organisations' needs.

I would say we have a very mature relationship where we understand the differences that we have but we also understand the rules by which we operate. I think the thing that helps most is the no surprises type of understanding that we have. Even though we have differences, there is a respect to try and sort things out through the system in the first instance.

Service user

Stakeholders wanted the DH officials dealing with their organisations to take time to learn about their capabilities, capacity and aims so that partnerships can be built on shared understandings. DH may want to consider training for civil servants on best practice in stakeholder engagement as a means of ensuring this happens.

Listening that works both ways

Stakeholders placed considerable value on being consulted and having their feedback heard by DH. In addition, there was a clear consensus that they want to receive feedback on how their input is used, even if the message is that the course of action taken by the Department will not be the one that they wanted.

The majority of stakeholders felt that DH is currently open to receiving stakeholder views and has tried to put structures in place to enable this.

I think they are genuinely trying to be open and transparent in the way that they operate.

Public services/population health

Positively, the Department’s efforts to include stakeholders in discussions were seen by several stakeholders as better than those of other government departments they had worked with.

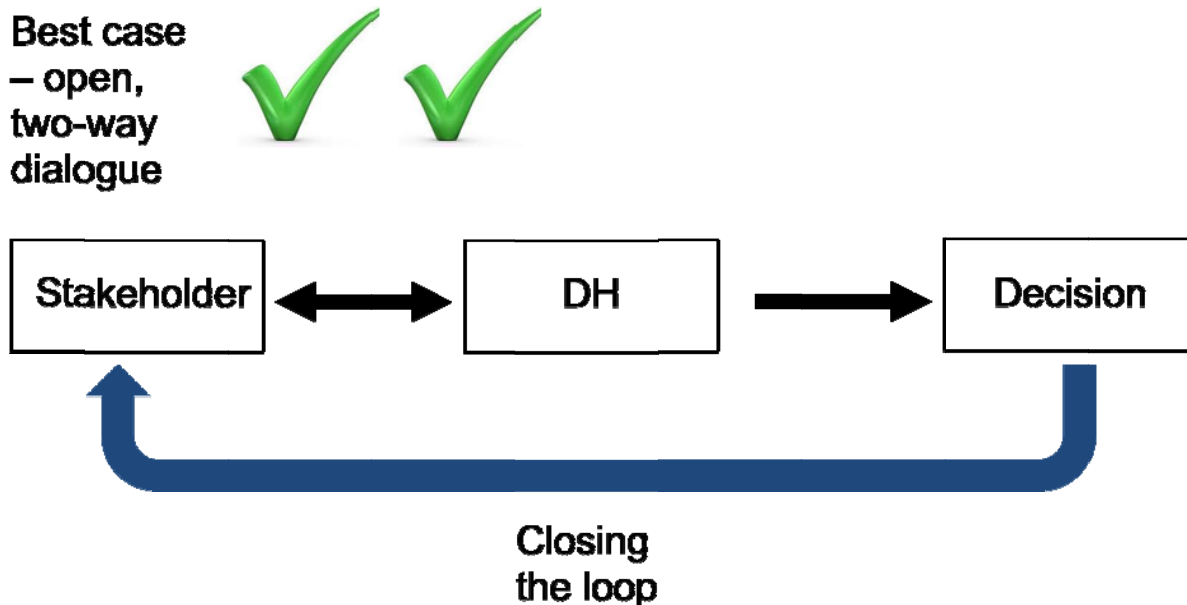
When I compare it to the other Departments I work with, the Department of Health tries the hardest to make sure that they are engaging, and they do it a lot better than anyone else.

Service user

The ideal scenario with DH ‘closing the loop’ is outlined in Figure 4, below. Whilst this was seen to occur in some instances, it was widely argued that whilst DH does *hear* it does not always *listen*. There was also a question mark over whether the Department feeds back effectively at the end of the process. Indeed, some were critical of the lack of feedback they received from DH, as will be discussed in more detail in the following section.

In the best case scenario, regardless of whether the decision DH makes is supported or opposed by stakeholders, it helps to strengthen working relationships when they are informed of the decision and the reasons behind it.

Figure 4: Listening that works both ways



Mutual trust and honesty

The values that stakeholders would like to see at the foundation of working relationships with DH are mutual trust and honesty. Whilst these qualities were felt to be the foundation of some relationships, they were not felt to be present in all of them. Where trust and honesty were present, this was often a result of relationships having been developed over a period of time. In terms of trust, this appeared to be fostered where stakeholders felt they are listened to, receive feedback on their input, and work with a consistent team.

I think inevitably relationships of trust tend to be personal, and indeed one of the things that I'll be concerned about as we move to the new commissioning arrangements, is seeking to transfer that relationship of trust and those personal relationships, rather than losing them and having to build from scratch again.

Supplier

Stakeholders were more satisfied with the Department when an open and honest dialogue was common. Overarching this was a desire for DH not to avoid difficult conversations with stakeholders and to find common ground with partners, even if their agenda or political standpoints differ. Where this has occurred stakeholders appreciated DH's efforts, though in the past, and especially during the passage of the Health and Social Care Bill, this has been an area of concern for stakeholders.

I think one of the abilities of the Department of Health has been to work with organisations and individuals who quite often have had rather different views on some aspects of policy... to be mutually respectful, to continue the dialogue and the debate if necessary but to accept that difference.

Public services/population health

Early engagement

The majority of stakeholders want to be involved in decision making as early as possible. A source of frustration for stakeholders was being invited to meetings that appeared to be box-ticking exercises where policy is presented as a done deal, as opposed to sessions where emerging ideas could be discussed and their views included as part of the formative process. This is a key finding and something the Department needs to address. If not included at an early point, stakeholders tended to believe they are not trusted or valued by the Department.

I'd like us to be trusted to have those blue sky thinking conversations. So when they've got a few ideas up in the air and they've not pinned anything down yet, and they want some ideas of stakeholders I'd like us to be trusted to have those conversations and I think we can be trusted to say, 'OK we're not necessarily going down these routes but this is what we're thinking', and I think that would create a better policy for the NHS in the long term.

Supplier

Access to commensurate power

Access to commensurate power was important for stakeholders. Firstly, this appeared to be because relationships tend to be strongest at senior levels, as discussed previously. Also, for some stakeholders, access to ministers and senior civil servants is a way of bypassing some of the more bureaucratic aspects of DH, and enhancing their influence.

We meet the Prime Minister. We meet the Secretary of State. We meet ministers. We meet with senior civil servants, so we have the engagement and the access.

Supplier

Achieving objectives through working with DH

It should also be acknowledged that stakeholders often have specific objectives that they wish to achieve by working with DH. In some cases, these aims are shared by the Department but in others they are not. Stakeholders were often more satisfied with working relationships if they had achieved their aims, whilst there tended to be a degree of frustration with the Department if they had not. This is an inevitable consequence of policy making, but it should be acknowledged that more open, honest dialogue can mitigate the impact of disagreements by helping stakeholders to understand the DH decision making processes and to feel that their opinions are respected, even if their objective was not achieved.

2.3 What drives bad relationships?

Having summarised what factors contribute to good working relationships with stakeholders, it is important to look at some of the issues stakeholders thought create less productive relationships. It should be noted that many of the drivers of *bad* relationships are the inverse of the factors underlying *good* working arrangements. Many stakeholders felt that their relationships had at least one, and in some cases many or all, of these characteristics. DH should address these issues as it seeks to improve working relationships.

A lack of internal collaboration

Earlier in this chapter, it was discussed that DH is perceived to be disconnected internally. It was common for stakeholders who have contact with a number of different individuals or policy teams across DH to be critical of the Department. These stakeholders often referred to DH as working in silos and offered examples of disjointed work and poor communication across the Department increasing their own workload.

There is some great work being done but sometimes the left hand is not talking to the right.

Executive/regulator

Contributing to this was a view that different teams have contrasting cultures and approaches to engaging stakeholders. This lack of a unified approach reinforced the perception that DH is disconnected internally. It was a source of considerable frustration, as stakeholders are dealt with in different ways depending on the team they are working with, leaving them unsure about the nature of their relationship with DH.

Although we talk about the Department, it's actually a series of micro-climates and some of the climates are more favourable than others. Some of the Departments I would say are accessible and informative and others I would say, at times, are impenetrable.

Supplier

Another broad issue was that many stakeholders felt they have received different responses to the same questions from different parts of DH, creating considerable uncertainty and confusion. It was also reported that stakeholders had received requests for input into the same topic from different teams. Consequently, these stakeholders had to duplicate their

work and were unsure whether DH is using their feedback. Most of these stakeholders believed that given DH's size this is inevitable to some degree. However, there was a broad consensus that the Department has a longstanding problem with sharing knowledge internally.

You get a line from one person that makes sense and then you go to someone else and they say something completely different.

Supplier

For many stakeholders there appeared to be a lack of transparency regarding the internal structure of DH. Stakeholders often said this has been compounded by significant staff changes in recent months. Consequently, these stakeholders said they do not always know who to talk to when they had an issue or question.

I think sometimes it is difficult to have a picture of where everyone sits in the Department of Health. It's difficult to know names, policy teams and different responsibilities... it's quite hard to have a picture of what all the teams in DH look like and who is sat where.

Service user

To address these issues, DH could map out its internal structure and explain to stakeholders how directorates and policy teams relate to each other. This would help to clarify who the key points of contact are in specific areas.

Not listening and feeding back

As discussed above, it was widely argued that whilst DH does *hear* it does not always *listen*. Stakeholders who felt this way questioned whether their feedback actually has a real impact. There were examples given where stakeholders did not know what their input into a particular policy debate was used for, or indeed if it had been used at all, only to learn some time later that something *had* or *had not* happened as a result.

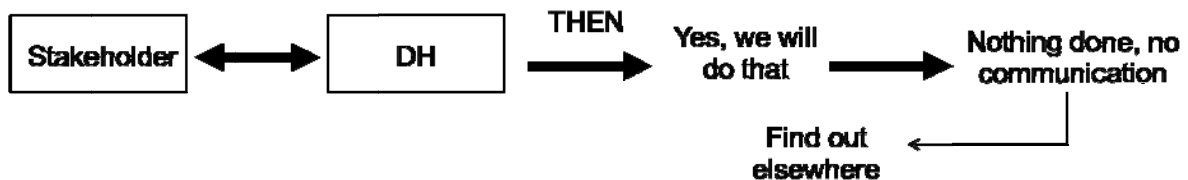
There could definitely be better follow-up: 'this has happened as a result of this meeting, thank you for that input, we have considered this but have decided to take route B instead of route A' and why.

Supplier

To use a specific example given by one stakeholder, they had been involved in discussions with DH over an issue for a considerable period of time. They were awaiting a decision on the direction the Department would take on the matter but during this period were informed by a contact in the sector outside DH that a decision had already been made that significantly affected their organisation's future. That they had not been immediately informed regarding a decision of such importance left them feeling that they were not valued or seen as a true partner by DH. Such behaviour also creates a perception that DH treats stakeholder engagement as a box-ticking exercise. If DH is to successfully engage stakeholders, they must recognise that the process does not finish once they have received their input and avoid the model of 'bad' listening illustrated in Figure 5, overleaf.

Figure 5: Examples of 'bad' listening

Worst case
– 'box
ticking'



It was also common for stakeholders to report that DH officials had told them that a particular idea or suggestion would be implemented, only to find out a considerable time later that nothing would, or could, happen. Indeed, there was a consensus that involving stakeholders as early as possible in consultations and being up-front and honest about the limitations of what the Department would or would not be able to do would be greatly appreciated.

They need to be honest about saying 'this is not going to happen'. One of the problems always is, we sign up to strategies and they say these things will happen, when actually if they're not resourced it would be better to say 'sorry actually this is not a priority and it's not going to happen'.

Supplier

A minority also felt their opinions are not considered by civil servants if they are unlikely to agree with ministerial views. Whilst they tended to accept that they would not always agree, they expected civil servants to provide appropriate feedback on what had happened as a result.

There are those who listen when they know they're not going to pay any attention to the advice. That annoys me considerably. Often our views differ from ministerial views and they know they are going to follow the minister's wishes. I would much rather they were open in that and would say 'I hear you but I'm not sure the Minister will agree - however I'll take it to him'. Instead they say thank you for that and nothing happens.

Supplier

However, some did caveat their criticisms. For instance, several stakeholders stated that DH is under considerable pressure and that with such a broad range of stakeholders 'closing the loop' is not always possible.

It's difficult for them to engage with their stakeholders because they just have been under such pressure; they're downsizing and they have fewer people; so there's probably a need for a more aggressively ruthless prioritisation.

Supplier

Lack of transparency in decision-making

A minority asserted that there is a lack of transparency in DH decision making processes. Whilst not a widely held belief, these stakeholders felt that decisions tend to be made ‘behind closed doors’ by a very small number of senior civil servants, with stakeholder consultation acting as ‘window dressing’.

You can have a discussion about something; meanwhile officials in the room next door are busy drafting a submission to a minister that is totally ignoring your discussion. They're not quite smoke filled rooms in the Department anymore, but it's going on behind closed doors in a parallel universe. It's that parallel universe that I think is the most important, so that then often makes it difficult to show stakeholders how their input has been reflected in policy development.

Supplier

A lack of respect for stakeholders and their time

There was a widely-held belief that civil servants do not always value stakeholders' time. Stakeholders who felt this way questioned why they always have to travel to DH offices for a meeting, and asked why DH will not come to them if they value them as a partner. Others said that DH often schedules meetings at short notice without thinking about the demands on stakeholders' time. These meetings are then often re-scheduled or cancelled, again at short notice, leaving stakeholders with the feeling that their time is of secondary importance to the time of civil servants.

Our time is not valued. There is an expectation that you can attend a meeting at incredibly short notice when you're not sure what the purpose is. Then, often within 24 hours, you will receive a notification that the meeting is postponed.

Supplier

It was also widely felt that the common goals, professionalism and culture of senior figures within the Department are not always shared at the levels below. Many felt that relationships with DH are more difficult at what they termed ‘middle management’ level. There were a number of references to a perceived lack of understanding of complex issues at this level, whilst some stakeholders felt that ‘mid-ranking’ officials display a lack of sensitivity towards them.

It's very difficult to get things done. I think there's a perfectly good understanding of common sense at a senior level but the moment you actually translate that down into the need to get something done at middle and junior levels either it takes forever or else actually it's often done rather badly.

Public services/population health

For some stakeholders there was a stark contrast between the deadlines DH set them to respond to requests and the period of time it often takes for DH to resolve issues that are a priority for stakeholders. Again, this can have a negative impact on stakeholder perceptions of the Department.

I think there are some outstanding people who I work with but I do find decisions take forever and I do get fed up with having to chase things.

Executive/regulator

DH therefore needs to reflect on the timelines they set and provide advance warning to stakeholders of what the Department will require of them. Stakeholders can then allocate resources appropriately, which is especially important for smaller organisations with limited resources.

An inward focus

Many stakeholders were generally positive about DH civil servants as people but critical of them as officials. Civil servants were at times seen to be unwilling or unable to communicate with stakeholders and to focus on the key issues at hand. Some felt this is because officials are struggling to maintain the level of engagement that existed in the past due to reductions in staff. Additionally, limited resources within some teams at DH were seen to sometimes mean that important work is not done, despite the hard work and willingness of staff.

There are fewer people with whom to have a relationship because the Department has been so substantially slimmed down. I think it is a pity that that slimming down has inevitably meant that officials can't always get out and do as much as they used to.

Public services/population health

Low morale

A section of stakeholders also felt that morale is at a very low ebb within the Department for the reasons mentioned above and also because of officials' uncertainty about their futures. Some stakeholders felt that this is causing civil servants to focus on internal concerns at the expense of engaging stakeholder audiences.

DH as always has got lots of extremely good people working for them who are very dedicated, but my overall impression talking to even very senior civil servants, is that morale is at a fairly low level due to uncertainty about their own futures... that level of uncertainty does not help people to concentrate on the matters in hand; and added to that you have the chaos around the attempts to get the Health and Social Care Bill through while a number of those changes are being implemented ahead of the legislation; not the prettiest combination for a smooth running machine.

Supplier

Consultation fatigue and/or duplication

A degree of consultation fatigue was apparent amongst some stakeholders. There was a perception that the quantity of consultations has increased significantly in the past year, placing a considerable burden on their resources.

I think it's not necessarily the Department of Health's fault but it hasn't really stopped for the last two years. They were under a lot of pressure to write the consultations, but it places quite a burden on all other organisations to have the time and the resources to respond fully.

Service user

This issue of consultation fatigue overlaps with points previously made regarding stakeholders repeatedly being asked the same questions in consultations, not receiving feedback on the benefit or impact of their involvement, their input not being appropriately

shared across the Department, and some consultation exercises seeming to be ‘box ticking’ procedures rather than true engagement.

Sometimes you feel that they ask a lot of the same questions again and again and you say a lot of the same answers again and again. There hasn't necessarily been a dialogue between all of the policy teams as to what they've already learnt and what has already been consulted on... there's a huge amount of information that different policy teams have got by consultation but there hasn't been that conversation across departments.

Service user

A lack of access to commensurate power

It was noted in section 2.2 that access to commensurate power is a driver of good working relationships. On the other hand, where stakeholders do not have this access, they felt they have less influence on decision making and were therefore more critical of their relationship with DH. Moreover, having a key contact that is too junior was also seen to impede working relationships as those lower down in DH are less able to take the decisions that stakeholders are seeking. Whilst this issue was not voiced by everyone, where it was a concern it heavily influenced perceptions of DH.

My previous primary contact was, in my view, too junior, lacked the key skills to do the job they were being asked to do and was too instinctively bureaucratic and patronising in their approach to everything.

Executive/regulator

To expand on the previous point, stakeholder views of DH were coloured by their own perception of how important they *should* be. Organisations who felt that they are integral to the functioning of the sector tended to think they should be influential on policy. Consequently, if their degree of involvement did not match their expectations they were more likely to be negative about DH. Organisations that were aware that their field is only a small part of DH's overall concerns were more pragmatic and less negative.

It's about differentiating the relationship and that makes people feel a bit more special, because I think we would like to consider ourselves as being important partners in the delivery of health.

Public services/population health

2.4 Direction of working relationships

Perhaps the most prominent influence on working relationships at the time of interviewing was the Health and Social Care Bill, which was passed during fieldwork (April 2012). Though the Act had a major influence on perceptions, many of the issues raised by stakeholders were seen to have existed prior to the recent reforms (such as DH working in silos and not providing appropriate feedback to stakeholders). However, the passage of the Bill was generally seen to have exacerbated existing difficulties so it is important to place the findings of this work in this context.

Whilst DH policy making will be discussed in more detail in the following chapter, it is important to note that the majority of stakeholders felt DH faced considerable challenges during the passage of the Health and Social Care Bill. There was a perception that DH had

spent the past year implementing changes on a vast scale at great speed, with reduced staff numbers, at the same time as having to make efficiency savings.

I do find that a lot of the teams are under a huge amount of pressure, not necessarily with enough people to do what they want to do. They work very hard and have quite a lot on their plate and sometimes you feel they could do with a few more resources.

Service user

Despite the acknowledgement of mitigating circumstances, it was widely thought that the passage of the Bill had had a negative impact on many relationships and could have been managed better by DH. A significant proportion of stakeholders felt that in the process of the Bill's passage, the Department lost some of its softer skills, including effective communication with stakeholders, and that relationships had suffered as a result.

I think the way that they've engaged stakeholders in the last twelve months has been poor. You know, it's almost like they've not really been there for the last twelve months, there's nobody home.

Public services/population health

Despite this, even amongst those who were most critical, the Department tended to be seen as well-intentioned and attempting to improve. Working relationships were seen to be improving and some stakeholders were very positive. There was also a suggestion from a handful of stakeholders that listening and giving feedback on what has or has not been done with their input has improved since the coalition government was formed (notwithstanding the passage of the Bill), and then again with the appointment of a new Permanent Secretary.

In the last two or three years, I think the Department's approach to stakeholder engagement has actually improved noticeably. There are more high level events. There's been more openness and in the processes of policy development, rather than just saying this is what we're proposing, here's a chance to comment on it before we sign it all off.

Public services/population health

3. Stakeholder perceptions of policy making

3. Stakeholder perceptions of policy making

Chapter summary

This chapter draws upon stakeholders' experiences of the recent passage of the Health and Social Care Bill and other policy to understand what stakeholders believe constitutes good policy making. Broadly speaking, for stakeholders good policy making has the following characteristics:

- early and meaningful stakeholder engagement, including feedback on what has been done as a result of that engagement;
- a clear vision for the policy and effective communication of that vision throughout the process;
- a clear understanding of the policy area on the part of all civil servants, who should act as critical friends to ministers where appropriate; and,
- reasonable timescales, that allow for thorough policy development whilst also not over-extending the process.

It is important to note that a large number of stakeholders felt that these characteristics were often absent from the policy development of the Health and Social Care Bill. However, whilst the list above constitutes the ideal, there was also awareness amongst stakeholders that policies are developed in a wider context, and that civil servants face their own set of pressures and challenges.

The Health and Social Care Bill was passed during fieldwork, and the debates about the Bill had been a key feature of the landscape for some time prior to the research. It is unsurprising therefore that the issue of the reforms dominated many conversations, and discussions about policy took place in this context. This chapter is not specifically about the Bill. However, it will seek to understand what lessons can be learnt from its passage and, in light of that process, it will examine how stakeholders feel DH should make policy and what good policy making means in practice. An important point to note is that stakeholders *do* want to be involved in policy making and feel that stakeholder involvement in it will result in better policy and better outcomes for patients and the wider health service.

3.1 Involving stakeholders effectively in policy making

3.1.1 Stakeholder engagement

Good stakeholder engagement

There was a strong feeling amongst stakeholders that meaningful stakeholder engagement is a crucial part of good policy making. Most stakeholders felt that it is important that DH seeks out stakeholders' views *early* in the process, that it listens to what they say and addresses any concerns that stakeholders might have. The final step of this is the closing of the feedback loop discussed in Chapter 2: stakeholders said that they want to know what has or has not been done as a consequence of their input.

When considering the passage of the Health and Social Care Bill, some stakeholders did feel that they had been engaged in this way by DH, with members of the Third Sector Strategic Partner Programme particularly positive about the process. Where this kind of stakeholder engagement was felt to have happened, stakeholders felt that they had been given the opportunity to make a positive contribution to the development of policy.

We do think that some of our original concerns about the content of the Bill have been addressed. Our engagement seems to have been listened to and has led to some changes.

Supplier

An important additional component of good stakeholder engagement in policy making was felt by some stakeholders to be the involvement of all organisations, even those who are opposed to the policy direction, or those with whom it is difficult for DH to speak because of a public perception risk. There was a feeling amongst some stakeholders that this had not been the case during the passage of the Health and Social Care Bill, and that those organisations which were opposed to Bill had been cut out, as had those representing the private sector. This is important as it caused these organisations to question how serious DH is about hearing stakeholders' opinions, whilst also, in the case of the private sector organisations, potentially depriving DH both of these organisations' expertise, and their support, in what was acknowledged to be a very difficult process.

I've had meetings with Andrew Lansley since he was Secretary of State... Then we came out in opposition to the Bill and we haven't had any meetings since... We have written in to the advisors with various issues, we've had acknowledgements of these letters, but it has felt somewhat cold.

Supplier

Poor stakeholder engagement

Good stakeholder engagement in policy making can therefore be seen to be that which takes place early in the process, has an impact on the outcome of that process, is broad, and the results of which are clearly communicated to stakeholders. Conversely, poor stakeholder engagement might be seen as the opposite of all these things, i.e as engagement which takes place late in the process (meaning that there is little time to incorporate stakeholders' views); which excludes groups of stakeholders; and the results of which are not communicated clearly. Many stakeholders felt that engagement in relation to the Health and Social Care Bill could be characterised in this way, with some feeling that it had simply not been the priority that it should have been, and that DH had lost crucial support as a result.

I've worked closely with four or five Secretaries of State and in my experience Secretaries of State have had something like a 60% or 70% interest in the stakeholder management aspects of what they were doing and how it would apply politically and 20% on the content, and once they got that content fixed it was all stakeholder management. I think we've seen entirely the reverse here.

Public services/population health

A common criticism of DH's stakeholder engagement in relation to the Health and Social Care Bill was that stakeholders were engaged too late in the policy making process; several stakeholders noted that there had not been a Green Paper, and felt that consulting after the production of a White Paper meant that their input would not make a substantial difference to the policy. There was a perception that this late engagement with stakeholders also made

DH's policy making reactive, as it means that they had been unable to anticipate problems before they emerged publicly.

An additional characteristic that contributes to poor stakeholder engagement in policy making is the duplication of engagement work. This is particularly an issue for stakeholders representing relatively small organisations with limited resources, for whom taking part in consultations, whilst welcome, also imposes a burden, both financial and on their time and resources. Such stakeholders were exasperated that poor internal communications inside DH (as discussed in Chapter 2), meant that they sometimes answered the same questions several times, increasing the burden on their organisation.

Sometimes you feel that with the newer strategies that they ask a lot of the same questions again and you say a lot of the same answers again and there hasn't necessarily been that dialogue between all of the policy teams as to what they've already learnt and what has already been consulted on.

Service User

3.1.2 Clarity of vision and of communications

A second characteristic of good policy making was felt to be the presence of a clear vision of what the policy is intended to do and what the risks are likely to be. Stakeholders felt that such a vision is an essential part of creating coherent and comprehensible policies. Importantly, a number of stakeholders felt that this vision had been lacking in the Health and Social Care Bill, and that this was part of the reason the policy making process had been so difficult and why there was such a high number of amendments to the original Bill.

I think what's missing is...that ability for people to read across. So that actually if they're looking at this policy in box 1, there appears to me to have been very little dialogue about 'If we do that in box 1 the knock on effects on box 3 are these and are they the consequences you're looking to achieve.' So I don't know that the unintended consequences are being spotted and translated sufficiently for ministers.

Public services/population health

However, having a vision was not felt to be enough – it is the communication of this vision that is key. DH needs to explain why any given policy is necessary, what problems it will solve and how it will fit with other policies. This was an area where many felt that DH had not performed well in relation to the Health and Social Care Bill.

I think that some communications have been extraordinarily weak throughout the whole period of the Bill and the reforms. Nobody actually adequately told the story about the reforms and why they would want it and why they would work and why you think these are the right reforms. You need to tell the public a story and nobody told the story properly. And then they got frightfully upset when nobody understood what was going on.

Public services/population health

The experience of the passage of the Health and Social Care Bill demonstrates the need for communications to remain clear and consistent throughout the *entire* policy development process, particularly when dealing with complex legislation, vociferous opposition and a large number of amendments. For example, a number of stakeholders felt that there had *initially* been a clear vision for the Bill, and that this had been communicated in the White Paper and in early speeches. However, it was felt that this vision became increasingly unclear and

communications became increasingly weaker over time until, ultimately, it was no longer apparent how the final Act related to the initial vision.

To be perfectly frank I think you know the sort of headline vision was fantastic...I just think the last two years or so of taking that forward have...been chaotic. And because people have begun to argue over details it's become more complicated and it's hard to remember where we started.

Executive/regulator

Indeed, in the context of the Health and Social Care Bill, the need for clear communications was felt by almost all stakeholders to extend into the period of implementation, with many stakeholders calling for clear information about what DH's role will be and how it will relate to the other organisations within the new NHS.

I believe I've read everything I can lay my hands on around this issue, but I've seen nothing which properly explains what the real role of the Department of Health will be when the NHS Commissioning Board is up and running; you know we've got vague ideas of the outline but in terms of anybody sitting down or any seminar to really explain what the difference between the two will be and where the lines will be... frankly nobody seems to have a clue and it's, at best in its most polite form it's work in progress; in reality I think people are making it up as they're going along.

Supplier

Part of the reason that communications were felt to be so important is that stakeholders saw them as being essential to winning the support of both stakeholders and the public and to ensuring that everyone understands what is happening. It was notable that those stakeholders who felt that they had received good communications during the debates about the Health and Social Care Bill were much more positive about the reforms as a whole than the majority who felt that communications had been poor, with the latter feeling that these poor communications were responsible for considerable confusion about the contents and consequences of the Bill, both among stakeholders and among the public. This was a cause of considerable criticism of DH.

They should have been able to project in a much simpler way...why the reforms were being brought in and some details, and everyone is confused. Privatisation is a good example, everyone thinks this Bill is leading towards privatisation and the NHS is not going to be free, and in fact it isn't...it's a misunderstanding.

Supplier

3.1.3 Understanding the issues and pushing back

As discussed previously, it is important for stakeholders to feel that civil servants understand the policy areas they are working in and the consequences of those policies. The stakeholders who participated in this research were very senior people with considerable health sector experience and they want to feel that the civil servants they are working with are of a similar calibre, and that they understand their policy area.

The perceived weakness of communications around the Health and Social Care Bill, discussed above, led some stakeholders to question to what extent those responsible for policy development actually understood the policies that they were writing. For others, it called into question to what extent there are enough civil servants in DH with a strategic

oversight of the sector. Such questions undermine confidence in both the legislation and the Department.

It revealed to me a real issue for the Department which is how many people now in the Department understand the consequences of the words on the page?

Public services/population health

However, despite these reservations, there was recognition that there is considerable expertise in the Department. In the context of policy development, several stakeholders expressed the view that civil servants should use this expertise to ‘push back’, where appropriate, on ministers, to point out the consequences of their policies and to encourage them to think again. Whilst it should be noted that this was a view that was largely held by those who were opposed to the Health and Social Care Bill, there was a feeling amongst some stakeholders that civil servants had failed to do this during the development and passage of the Bill. Moreover, the potential role of civil servants as a critical friend, shaping policy development to enhance the outcome is one that could apply in a range of situations.

I don't think there was sufficient challenge, particularly in the early stages, to ministers about the scale and breadth and ambition for these changes at this time. I don't think there was anything like enough push back from the officials to the ministers about what was going on, or indeed enough advice about the poor stakeholder management.

Public services/population health

3.1.4 Policy making timeframes

Stakeholders' experiences of the passage of the Health and Social Care Bill led many of them to raise the issue of the timeframes in which policies are developed. Stakeholders felt that it is important that adequate space is given to ensure that policies are properly thought through, the details considered and the consequences understood. Furthermore, reasonable timeframes would also permit the early stakeholder engagement in policy making discussed above. Many stakeholders felt that this time had not been given to policy making in relation to the Bill, describing it as ‘rushed’.

There are messy things that haven't been worked out...The timescales have been so tight and there are so many issues, and such big changes.

Service User

However, whilst stakeholders value adequate time being given to policy development, it should not be too slow. For example, stakeholders involved in social care were very supportive of the work being done by DH in this area. However, this positive feeling was also undermined by some frustration that, at the time of fieldwork, the Social Care White Paper was still not forthcoming, with some stakeholders feeling that the time lag following the Dilnot Commission had been too great.

3.2 The backdrop to policy making

It is clear therefore that there are a number of components to good policy making. That being said, stakeholders were also aware that policy is not made in isolation, and that the wider context is also crucial. For example, stakeholders with an involvement in social care felt that it is vitally important to find a solution to the challenges facing their sector and, as discussed above, were anxious that this should be done as soon as possible. Nevertheless,

they were also clear that developing this policy at a time when the health sector as a whole is undergoing such changes, and budgets are being cut would also be very difficult.

It is necessary therefore to consider such things and be realistic about what can be achieved.

So the whole system locally is under enormous flux and if you're then trying to talk about finding a new solution for social care, that's quite challenging.

Service User

Furthermore, stakeholders are also aware that the Department faces its own pressures when developing policy. Importantly, stakeholders differentiated between policy as set out by ministers, and civil servants' role in implementing that policy. Stakeholders were aware that the timescales that are set are not necessarily those that civil servants would have chosen and that, whilst dealing with stakeholders, they are also managing demands of ministers.

This awareness was the cause of a considerable degree of sympathy for DH when stakeholders were thinking about how they handled the Health and Social Care Bill. There was a widespread feeling that DH had performed as well as they could have under very difficult circumstances, and that they did well to *'hold the fort'*, despite the many criticisms.

In the interviews, many stakeholders stressed that it is time to move on from the sometimes fractious debates about the Health and Social Care Bill. However, they also recognised that a number of stakeholders had been alienated as a result of the debates. Consequently, an important first step in the process of moving beyond the debates will be DH reaching out to stakeholders and mending relationships. The Department will also need to demonstrate that it has learnt lessons from the passage of the Bill. Ensuring that future policy making resembles the good practice set out above will be central to this.

4. Understanding the needs of patients and the general public

4. Understanding the needs of patients and the general public

Chapter summary

There was agreement amongst stakeholders that DH does not have a uniform approach to understanding the needs of patients and the general public, with stakeholders discussing it in terms of individuals or teams, rather than the Department as a whole. As a result of this, opinions about DH's understanding of this issue were diverse and dependent on the officials stakeholders had contact with. For some stakeholders, this is simply not a priority for DH, whilst others felt that there is a lack of understanding of this issue within DH.

This is certainly an area for DH to address as it is a potential weakness in a policy environment that places patients at the centre.

During the course of the interviews, stakeholders were asked to consider to what extent the Department of Health understands the needs of patients and the general public. A number of stakeholders felt that DH does not have a good understanding of this issue and, moreover, this is not a focus for the Department. A number of reasons were suggested for this, including:

- the complexity of the issue;
- the size of DH;
- the number of staff employed by DH; and,
- the variability between Directorates.

Stakeholders felt that the combined weight of these challenges makes this a very difficult area to address in a coordinated manner.

However, some stakeholders also felt that the culture of DH prevents an understanding of the needs of patients and the general public from becoming embedded. These stakeholders said that DH serves ministers and is very removed from the patients and the public; as a result civil servants were felt not to have sufficient exposure to them to understand their needs. It was also suggested by a minority that this remoteness is the result of an historical lack of interest in understanding patients' and the public's needs. Finally, one stakeholder also suggested that the way in which DH is structured hinders such an understanding; civil servants' career progression is not dependent on their awareness of the needs of patients and the public and they therefore focus on other issues which will advance their careers.

You can go for days without hearing the word patient. I think it is kind of absent really.

Executive/regulator

However, it should be noted that this view was not universal and other stakeholders were more positive. A number felt that there are civil servants within DH with a sound understanding of this issue and who put the needs of patients and the general public at the centre of their work. Additionally, a small number of stakeholders felt that the promotion of

patient choice is also positive as it has refocused the Department on patients and the general public.

I think they've got better at it. I think one of the good things of the last period has been the political and senior official commitment to patient choice and to try and put patients at least if not at the heart of the NHS at least somewhere on the NHS map, where I sometimes wondered if they were there at all before.

Supplier

Significantly, there was a strong sense, even amongst those stakeholders who felt that DH does have an understanding of the needs of patients and the general public, that the Department's approach to this issue is not systemic; stakeholders referred to there being 'some' civil servants who do this and noted that there is considerable variation within DH. Others commented that any understanding that DH does have is the result of reliance on other organisations. Furthermore, there was also a feeling amongst some stakeholders that there was a gap between principles and practice; some civil servants understand the needs of patients and the public but this understanding is not translated into policies that have a meaningful impact on the ground.

Across the Department there is quite a lot of expertise about how you bring in the patient and citizen voice, but it sits in different places, and it isn't necessarily consistent or particularly joined-up. The expertise is there, but it is diffuse.

Service user

5. Communications and stakeholder engagement programmes

5. Communications and stakeholder engagement programmes

Chapter summary

DH was seen to provide stakeholders with a wide range of information using a variety of methods. Though most stakeholders prefer to be updated through personal contacts and meetings, regular bulletins were seen to be particularly useful and the quality of DH outputs was seen to be high.

However, many stakeholders were keen for DH to make communications more concise and accessible where possible, given constraints on their time. Requests were also made for the Department to tailor the information provided to stakeholder audiences to a greater degree than is currently the case. Some also felt DH needs to avoid generic mail outs and to ensure that communiqués are addressed and personalised for specific stakeholders.

In general, stakeholder engagement programmes did appear to provide stakeholders with plenty of information and opportunities for dialogue with ministers and senior civil servants. However there were questions regarding whether engagement programmes have an effect on policy, or if they are essentially advisory groups. Furthermore, stakeholders tended to believe more feedback could be provided on what their input was used for, if at all.

The Third Sector Strategic Partner Programme was highly regarded by the vast majority of those involved. Particular appreciation was expressed for how the Programme is organised and for the opportunities it provides for the voluntary sector to feed into policy development at an early stage and to have access to senior civil servants to share their views.

The National Stakeholder Forum received more mixed reviews. While some valued the access to ministers and the ability to directly learn about policy directions and initiatives, others questioned the value of such a broad group with such different types of organisations present. Indeed, there was a widely held opinion that the meetings are generic and do not produce many tangible results. They were often felt to be DH information-giving sessions rather than truly discursive meetings.

Having explored stakeholder perceptions of working relationships and DH policy making, it is important to discuss how the Department directly communicates with, and engages, stakeholders. This chapter looks at points that stakeholders felt defined ideal communication with them, against some areas where they felt improvements could be made. Following this, the benefits and drawbacks of DH stakeholder engagement programmes that participants raised will be outlined.

5.1. General views of DH communications

It is important to note that many of the stakeholders interviewed were very senior and therefore stated that the information that they receive from DH is often filtered by colleagues who assess what is appropriate for them to review. Stakeholders therefore do not always directly access DH communications and materials. However, most were able to offer

opinions on what communications from DH *should* look like, and many were able to give practical examples from what they had seen on what the principles of *good* and *bad* communications are.

5.1.1 Principles of *good* communications

Well-produced outputs

With regard to general communication with stakeholders, the Department of Health was seen to provide partner organisations with a wide range of communications from a variety of sources. At a broad level, these were generally thought to be well-produced, appropriate and informative. That being said, there are caveats to this, which will be discussed in the following section.

They are high quality and they are very informative. They seem to be very well edited, and always put you onto the key documents. We get excellent communications which we then cascade to our communities and upwards as well. So I can't criticise the communications.

Service user

Keeping stakeholders appropriately informed

The majority of stakeholders were keen to be kept regularly updated by DH on key issues cutting across the sector and in their areas of specific interest. Stakeholders believed there is a careful balance required between over burdening them and providing too little information. Despite this, it was generally accepted that it is better to have too much rather than too little in terms of the information received from the Department.

I think one of our challenges is that it would be worth us being involved or responding to more but we just don't have the capacity to do so. However, I'd rather be having it than not having it and sitting here complaining that we don't know what's going on and nobody tells us.

Service user

Targeted, tailored and concise messages

The most common request was for communications to be concise, targeted and tailored to stakeholders' needs. The majority of stakeholders professed to be short of time and for some, particularly those with limited internal resources, it can be difficult to keep abreast of all developments, meaning that communiqués need to be relevant and accessible. Looking ahead, the need for brevity and tailoring were highlighted by a few stakeholders as being of particular importance as DH is likely to have to increasingly focus its communications on clinicians, who will face significant time constraints.

If the target is to increasingly be frontline clinicians they've got to be realistic in what they expect those people to have time to go through. The information DH provides will need to have greater brevity and clarity and will need to be more succinct.

Supplier

In terms of methods for keeping stakeholders up-to-date, weekly bulletins were frequently mentioned as particularly useful for distributing a wealth of information on upcoming policy developments and operational NHS issues.

We receive the regular weekly bulletin, and that is useful, because it's a good general overview of what's going on that can point us to things we might not otherwise have picked up ourselves.

Supplier

Furthermore, due to stakeholders' time constraints, they generally preferred to receive overviews that link to more in-depth information should they need it.

There's a network bulletin that comes out on a daily basis which summarises the sorts of things that have come out from the Department of Health or wherever. I find that very useful because I can just look at what the headings are and if it's something I want to follow up... there's the link if you want it, which I find much more useful.

Public services/population health

In essence, DH is thought to provide a lot of information and where documents are long, stakeholders appreciate summaries at the beginning or more 'bite size', easily accessible information.

I think one of the things they could do is, now this will sound a bit odd maybe, but more regular bite size chunks of information could be useful.

Public services/population health

Consistency and coherence

A theme running throughout this report is that stakeholders want DH to work more collaboratively internally. This emerges in relation to communications as well, with messages from different policy teams and directorates currently perceived to contradict each other in certain instances regarding the agenda and direction of the Department. Whilst this inconsistency was not a universal finding regarding communications, there was a consensus amongst partners that consistency, clarity and coherence are to be desired in the information they receive.

The operating framework comes from the Nicholson side of the Department and he's pretty practical ... But then there's a whole load of policy stuff which comes out from the other side of the Department.

Public services/population health

Proactive messaging

A section of stakeholders also felt that DH communications should be countering incorrect perceptions developing in relation to policy decisions and directions. Being more proactive and clearly outlining the steps the Department is taking and why early in the process could help DH a great deal according to these stakeholders. There is also thought to be potential for communications to do this more effectively than is currently the case.

What the Department tends to do is wait until an ongoing debate, often with diametrically opposed views, has been resolved before them working out what the consequences are, and then issuing or making the statement. And I think they could do more to clarify what they are considering as a result of that dialogue before, because what tends to happen is, that people will fill that vacuum with views that are

often completely inaccurate, in the absence of knowing the process that the Department is going through.

Public services/population health

Early signposting

Linking to earlier points made in Chapter 2, some stakeholders also wanted DH to provide advance notice of upcoming policy developments through their communications. This would allow stakeholders time to consider their responses and plan ahead. Whilst this has been seen to occur in some cases, it is widely thought that DH could be more open with stakeholders.

We don't get enough information on what's in the pipeline and what is going to be coming up. We're not able to plan for positive engagement as much as we'd like to. There is a shroud of civil service secrecy which is unnecessary at times. This means they are shy of giving advance information rather than trusting partners to engage in a constructive way and be responsible about using that.

Service user

5.1.2 Principles of *bad* communications

Directive communications

A significant section of stakeholders argued that the tone of some DH communications can be directive instead of discursive. This reinforced the view that DH can sometimes be patronising or that it micro-manages stakeholders. Whilst stakeholders appreciated that DH cannot exhaustively consult on every decision, communications were at times seen as overly prescriptive.

I would say my relationship with the individuals whom I know, and it's a small number, is very good; and when you talk to them face-to-face they are very committed, well-meaning people. I suppose on the other side of that I think a lot of the communication that comes out is very detailed and a lot of it is: 'this is what is happening and this is what you need to do'; and some of the guidance that comes out is incredibly prescriptive.

Public services/population health

A lack of differentiation and tailoring

A minority of stakeholders also felt that messages from DH are not sufficiently differentiated. This appeared to make it difficult for these stakeholders to gauge the relevance of specific communications, especially given that many receive a large quantity of information from the Department. Indeed, these stakeholders felt that this negated much of the value of providing a wide range of information as key messages could be lost in the detail.

I think what is good is we get a lot of communication, but it's then quite difficult to sort out what's important and what isn't. I think it's trying to do too much and it doesn't differentiate its messages.

Public services/population health

In addition, generic communications appeared to leave a section of stakeholders feeling that they are merely one of hundreds of stakeholders and therefore of little importance. These stakeholders wanted communications to be personalised and addressed to them so they are recognised as a valued partner with specific needs and priorities.

It helps if there is some recognition that our organisation, with thousands of members, actually exists; so you know occasionally, even if it's an email, a letter which is addressed to us actually helps rather than: 'Here is a general edict from the centre' which goes into the ether.

Supplier

A few stakeholders also said that they discount generic communications entirely and rely upon personal contacts to keep up-to-date. Whilst it was generally agreed that DH cannot cater for every need, it was thought that senior stakeholders may be updated most effectively through direct contacts, whether by email, telephone or face-to-face.

I receive long, tedious and largely uninformative emails all the time. The only way I really find out what is going on is when I get to talk to a senior, personal contact on a one-on-one basis.

Executive/regulator

Reliance on third parties

Several stakeholders were concerned that DH relies too much on third parties to communicate policies to the public and stakeholders, when they should be taking responsibility for getting messages out. For example, one stakeholder argued that there is a lack of awareness of Healthwatch because the Department has left stakeholders to engage key audiences, when they believe it should be DH's responsibility to do so.

A website that is difficult to access

On a different note, the DH website is seen to be an important tool for disseminating information. Stakeholders therefore wanted it to be accessible and easy to navigate so that information can quickly be found when they need it. There were concerns raised about how accessible the DH website is currently. The search function does not appear to be able to help stakeholders to find relevant information.

Their website's almost impossible to find your way around if you don't know what you're looking for. The search engine's dreadful.

Public services/population health

Furthermore, a minority of stakeholders questioned whether DH is placing too much information straight on to the website, placing the burden on stakeholders to investigate what is happening within the Department rather than proactively sending it to relevant parties.

What DH tends to do these days is they will, when they're producing anything or publishing anything, they will just shove it on their website; so you don't often get to see it... in terms of direct communication, I receive extremely little.

Supplier

In summary, there are clearly challenges for DH in balancing the need for providing clear direction in communications, with making stakeholders feel valued and included in decision making. Generally speaking, DH was seen to be providing a lot of information and trying hard to keep stakeholders updated, a difficult task given its broad range of stakeholders. However, further thought may be needed to establish whether a greater degree of tailoring could be required to ensure communications are relevant to specific organisations and stakeholders.

I glance at some of them because often they're very specific to the Health Service. Could I do with more? I suppose, you know I think they're doing their best. It's a huge audience that they've got to reach so communication is always very difficult. So I think they do their best. I think what I'm more interested in is specific follow up on actions that impact on my organisation.

Executive/regulator

5.2. Stakeholder engagement programmes

The Department of Health uses formal stakeholder engagement programmes as a means of informing, engaging and consulting groups of stakeholders. Views of these programmes were mixed, as will be explored below, and some stakeholders did not have any contact with these DH mechanisms at all. In addition, some programmes seem to work better than others and it will be essential for DH to learn from those that work particularly well.

The National Stakeholder Forum and Third Sector Strategic Partner programme emerged as the most well-known and used programmes. Therefore, the majority of the perceptions discussed below are based on stakeholder experiences of these two mechanisms.

5.2.1 The benefits of stakeholder engagement programmes

A mutually beneficial dialogue

It was felt that the primary benefit of stakeholder programmes is that they provide a link and means for dialogue between DH and its stakeholders that can be mutually beneficial.

They're not formal, they're not stuffy, it's a genuine engagement process and the dialogue that takes place on there I think is both beneficial from the Department's point of view and it's beneficial from my point of view.

Public services/population health

Indeed, members of the Third Sector Strategic Partner Programme tended to be very positive and felt engaged with DH as they have clear points of contact with DH who work with them in an open and transparent manner. Furthermore, many strategic partners stated that the Programme is one of the strongest across government for consulting with the voluntary sector.

I think it is fantastic value for money and quite frankly when you get involved in these sessions with the policy civil servants you can see how valuable they find it... it's the first time I have known working with government, proper engagement with the sector and I hope it continues.

Service user

High-level engagement

Engagement programmes were welcomed by stakeholders who valued the opportunity to hear what is happening in the health sector and allowed them to have direct contact with ministers and senior civil servants, as discussed above. Access to commensurate power emerged as a driver of positive working relationships also, further emphasising the importance of this aspect.

It is great actually that at the National Stakeholder Forum all the ministerial team come and actually meet people face-to-face and I think that is really good and is something that isn't done, I don't think, in any other government department and it should be, because it is really important.

Service user

This access has the benefit of making some stakeholders feel they are being acknowledged as an important and respected partner. The high level focus of engagement programmes is seen as particularly essential for the National Stakeholder Forum, given the seniority of the audience.

I suppose the value of it is being able to hear directly from ministers and senior civil servants; on the occasions we haven't it's just felt like another 150 people sitting in a room; so it needs to be kept pretty high profile I think, for people to feel it's worth being there and it's something different.

Public services/population health

The ability to influence policy

Another perceived benefit of DH engagement programmes is that they offer consultation opportunities and a chance to put opinions across to the Department and to influence policy. However, many felt that the programmes were not iterative enough, a point that will be explored in Section 5.2.2. Where discursive debates were evident, stakeholders appreciated their involvement and felt their organisations had 'a greater say', as the following quote from a strategic partner outlines.

I think all the strategic partners really benefit from a strategic partnership with the Voluntary Sector Team, so basically, I mean they do really work to help our organisations and therefore the groups that we represent to be heard.

Service user

The strategic partners were also particularly positive that the Strategic Partner Programme has led to earlier consultations in the decision making process. In addition, many stated that the scheme has taken huge strides in this regard in recent years. This was also reflected by a minority of those who are part of the National Stakeholder Forum, though many felt it did not encourage this type of open, early discussion due to its format and composition.

We used to be updated [in the strategic partner programme] after the policy had been created and implemented: now it's very much 'this is our idea, this is how we see it being taken forward, and what do you think about it?' They are involving us in the beginning part of the process.

Service user

5.2.2 The drawbacks of stakeholder engagement programmes

Showing the results of engagement

As referred to earlier, stakeholders want DH to provide them with feedback on how their input has been used and to 'close the loop'. For the majority of those involved with engagement programmes, the information provided after meetings to explain what actions had, or had not, been instigated as a result was often insufficient. A few stakeholders wanted meaningful summaries that compiled the results of DH consulting through the programmes, in addition to any tangible changes that stakeholders had influenced, even if only annually or bi-annually.

We have said 'Please can you come back and tell us what you have done based on the conversation that we have just had?' Because I think they do listen to particular things but what they are not very good at is coming back and saying how they change things.

Service user

Prescriptive meetings

For many stakeholders, the events or meetings held as part of the engagement programmes appeared at times to be prescriptive, with little space for real debate or stakeholder input into decision making. These partners desired more open, formative sessions and a greater degree of genuine consultation from DH officials.

It feels like there are some set piece events that people get invited to and you're there technically as a stakeholder but actually it's to 'tick a box' to say that we've done it and therefore you're being told what's been decided rather than engaged in a solution.

Public services/population health

Generic groupings

Furthermore, some felt that meetings could be generic and unproductive. Whilst this was thought to be an issue for the Strategic Partner Programme at times, it appeared to be more of a concern for those participating in the National Stakeholder Forum. The reason given for this was that the number of attendees and their extremely varied backgrounds and objectives means that there is a lack of focus or clear objectives for the programme as a whole. Many expanded on this point and questioned the continued relevance of the Forum. It was acknowledged that the mechanism has changed considerably over time and the question is whether it is still fit for purpose.

I think that can vary very much over time. If I go back to when the coalition government first started, they were looking to put some shape around their outcomes based service commissioning. I think there was a real sense of listening, learning, exploring, seeking to identify what knowledge there was out there, now I'm less sure.

Supplier

Stakeholders with a specific focus or specialist expertise often wanted their business to be conducted through separate conversations that are relevant to them with corresponding contacts at DH. Due to the diversity of the National Stakeholder Forum, these stakeholders saw little value in expressing their views across such a broad audience, or in hearing information from people that is not directly of interest to their work.

I have to say I don't normally attend the meetings because they're very generic, large scale things and I don't find those remotely satisfying. I think they're necessary, but not necessary for us and there's the feeling they have to transmit quite a lot of information about what's going on, and we don't feel that we need that kind of attention. I'd rather have, and what we get, is more sporadic but deeper, more meaningful conversations with relevant people around specific things.

Supplier

As a result, and linking to the earlier point on tailoring communications, there was a view that programmes could also be tailored or re-evaluated to recognise the various needs of stakeholders. For example, in the National Stakeholder Forum there is a vast range of organisations with different interests and priorities who some stakeholders felt could be better engaged in smaller groups with personal, senior contacts to discuss key issues.

If you are somebody from say the Royal College of Physicians, or from Monitor, or from the CQC, you don't want to be making your point to a minister in that type of forum. You want to be doing it at a private meeting, a one-to-one or something like that.

Public services/population health

In addition, for some stakeholders, speaking a lot at the events was also a sign of having little influence as it meant that those stakeholders are not getting the opportunity to express their views to DH anywhere else. Such views undoubtedly minimise the value that could be gained through the engagement programmes.

The less influence you think you've got fundamentally, the more you talk at the Stakeholder Forum, would be how I would describe it. I don't think the sessions are particularly well structured a lot of the time. I think they could be more productive but I think probably the people who organise it struggle a bit with the diversity of the audience.

Public services/population health

Finally, a minority felt that ministers are not challenged enough at these meetings because people are disempowered by the size of the audience and the generic nature of the discussions. They argued that stakeholders are not receiving maximum value from the National Stakeholder Forum and neither is DH.

You've got lots people in the room, a whole lot of important ministers wander in, they do their spiel and they get such an easy time of it... I think either people feel a bit disempowered by the numbers even though they're heavy players, or they think that having to do business in that forum means they've failed because it means that they haven't got the inside track that they really want.

Public services/population health

'Shallow' engagement

Some questioned whether stakeholder engagement programmes were essentially advisory groups. Furthermore, there was also a strong feeling, particularly regarding the National Stakeholder Forum, that this form of engagement is 'shallow' and is more focussed on superficial engagement rather than genuinely engaging partners with policy debates.

I regard it as an opportunity to go down to London and lobby people about stuff, to buttonhole people. I think that's mainly what's it used for by most people. I find it quite surprising actually. I'm amazed that people, I don't include myself in this, that people who are in very high profile national roles can be quite so compliant at things like that.

Public services/population health

A major driver of this perception – that applied particularly to the National Stakeholder Forum – was that the programmes were seen as political instruments, more concerned with selling messages than instigating debate. A number of stakeholders expressed frustration that the balance of meetings is too focussed on DH talking to them, rather than stakeholders having the opportunity to feed back and discuss their views with the Department.

At recent events my eardrums have been far more worked than my larynx. I would have liked to see the balance redressed a bit if I've given my time to attend events.

Public services/population health

Going back to engagement programmes more generally, there was a feeling amongst some that they do not get beneath the surface of stakeholder engagement, even if well-intentioned, due to their size and structure.

I do applaud the initiative, I think it's very worthwhile and I would commend them for doing that, but these major events by themselves will not get beneath the surface of stakeholder engagement.

Public services/population health

The ability of DH engagement teams to instigate wider change

Several stakeholders questioned whether the officials tasked with running the programmes have the authority to instigate changes in the wider Department, based on their input. This concern emerged primarily amongst strategic partners.

Since I have been involved with Strategic Partners I have found that they are very open to listen to what we say. However, the 'they' will perhaps be a small team; it doesn't matter because maybe they don't have the authority to ensure that other departments and directorates listen.

Service user

The coverage of programmes

Coverage of the schemes was also seen as an area that needs to be given consideration. A handful of strategic partners questioned whether the scheme includes a wide enough range of organisations. Indeed, one voluntary sector stakeholder, who is not part of the scheme, said that they are aware of the Strategic Partner Programme and are frustrated not to be included. The same is true of the National Stakeholder Forum, with a few people raising the possibility that those not included will not feel valued by DH. Conversely, as mentioned above, others feel that the range of stakeholders involved in the programmes is already too diverse, and that this limits their usefulness.

There are the usual suspects that DH will engage with and I think sometimes there are other organisations that probably have more of an outsider status that don't necessarily get such a look in sometimes.

Service user

In essence, stakeholder engagement programmes were seen to have benefits, though stakeholders did raise a number of drawbacks and issues that prevent them and DH from getting maximum value from the mechanisms. Specifically, the National Stakeholder Forum has supporters and can be useful, but work needs to be done to clarify its purpose and objectives and to ensure stakeholders see the importance of their participation. The Strategic Partner Programme was very positively viewed and highly appreciated by the voluntary sector, but showing the results and impact of consultations and potentially widening the audience could further enhance its impact.

6. Quantitative findings

6. Quantitative findings

Chapter summary

A majority of stakeholders agreed that DH is a good organisation to do business with (65% agree), that they would speak positively about DH in a discussion with others (67% agree) and that DH involves its stakeholders in the development of policy and strategies (58% agree). However, stakeholders were less positive about whether DH effectively communicates what they are doing (36% agree) and about whether or not it understands the challenges their organisation faces (48% agree).

These results reflect the findings from the qualitative element; DH is, for the most part, seen as an organisation that people want to work effectively with and which does try to involve stakeholders. However, the concern that DH does not always feed back effectively on their chosen path at the end of any stakeholder engagement is reflected in the weaker agreement on effective communication. This finding also reflects the general perception that DH did not communicate well during the recent reform process.

The finding about understanding organisations reflects the feeling that DH does not always understand the organisations they are working with; what their aims are, what their culture is, what their resourcing levels are and what difficulties they face. If DH can increase this understanding and more importantly *show* they understand, then it can only help any engagement exercises.

Whilst the majority of the data collected in the course of this research was qualitative, the interviews also included five quantitative questions. Four of these questions were also asked the last time DH conducted this exercise, in 2010, whilst the fifth was a new question for this project.

For the four questions which have been asked previously, we have also referred to the findings of the 2010 survey. However, it is important to note that it is not possible to say whether or not any differences are statistically significant.

Not all stakeholders who participated in the research are included in these findings, as some declined to participate in this part of the interview. These findings are therefore based on 95 stakeholders. Where percentages do not sum up to 100, this is due to computer rounding.

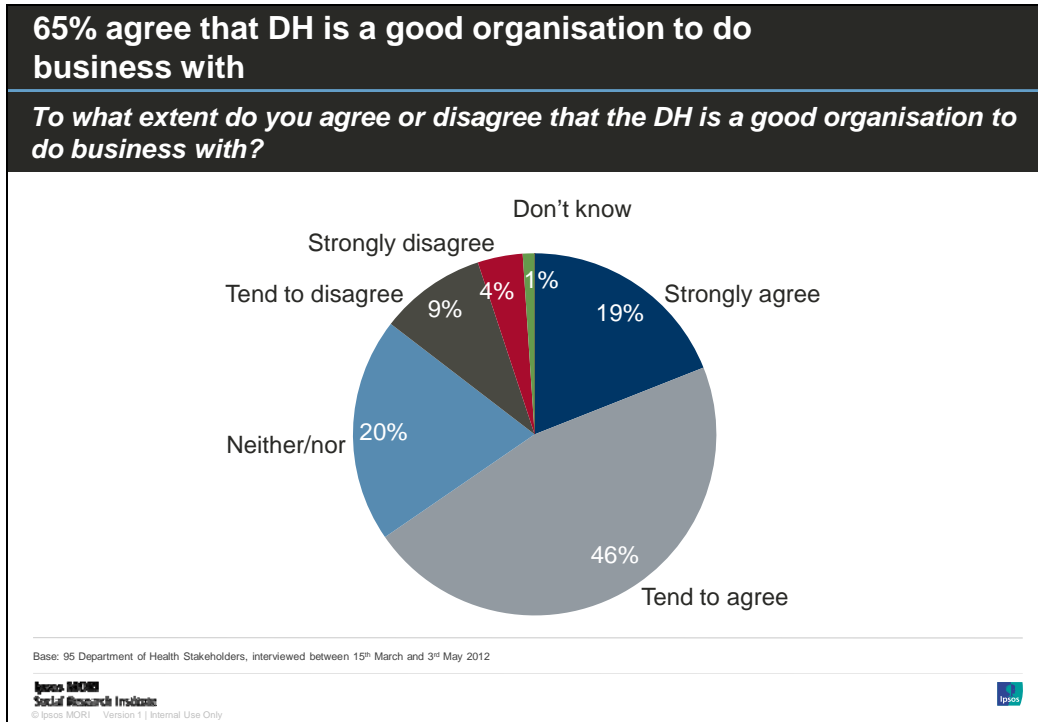
These findings are subject to order effect; placed at the end of the interview, stakeholders often felt that they ought to be as fair as possible to DH, meaning that their quantitative responses were sometimes more positive than their comments throughout the interview as a whole might have suggested they would be.

The perception that DH is not a cohesive organisation, but rather a series of organisations under one roof, has been discussed in Chapter 2. This finding was reflected when stakeholders answered the quantitative questions; in many cases stakeholders struggled to rate the Department as a whole, because of their diverse interactions with it. The rating was often therefore something of a halfway house, as demonstrated by the high number of 'tend to agree' responses given.

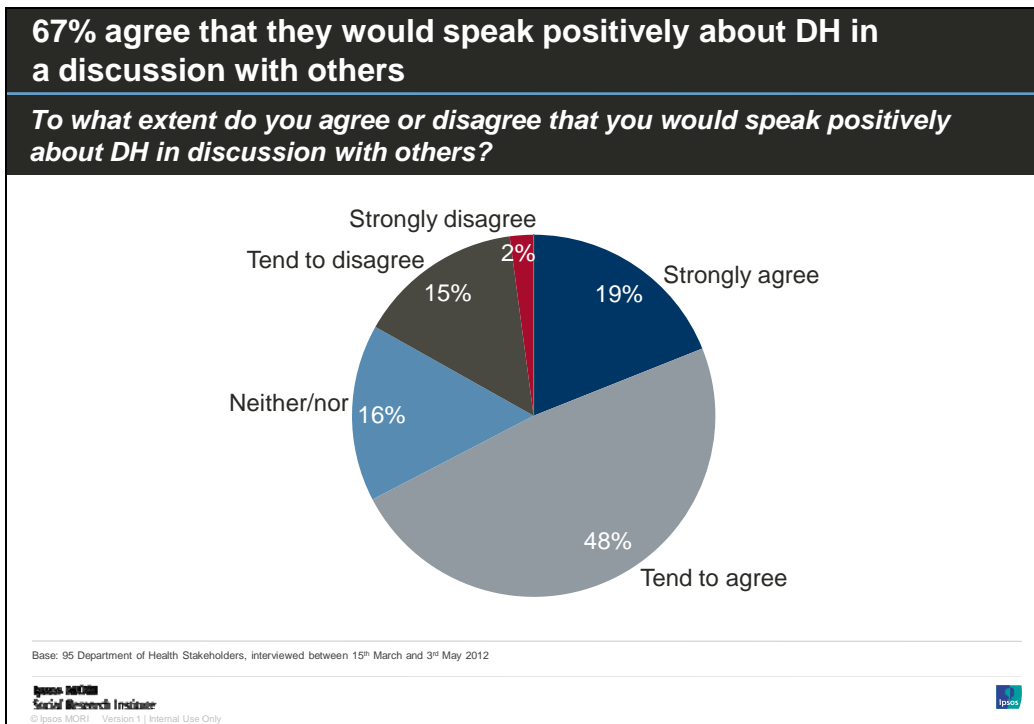
That being said, the responses to some of these questions also support the finding that despite many stakeholders having considerable criticisms of DH, there is also considerable goodwill towards, and respect for, the Department and many of the individuals who work

within it: many stakeholders still felt that their relationship with DH is, for the most part, constructive and indeed they *wanted* it to be so.

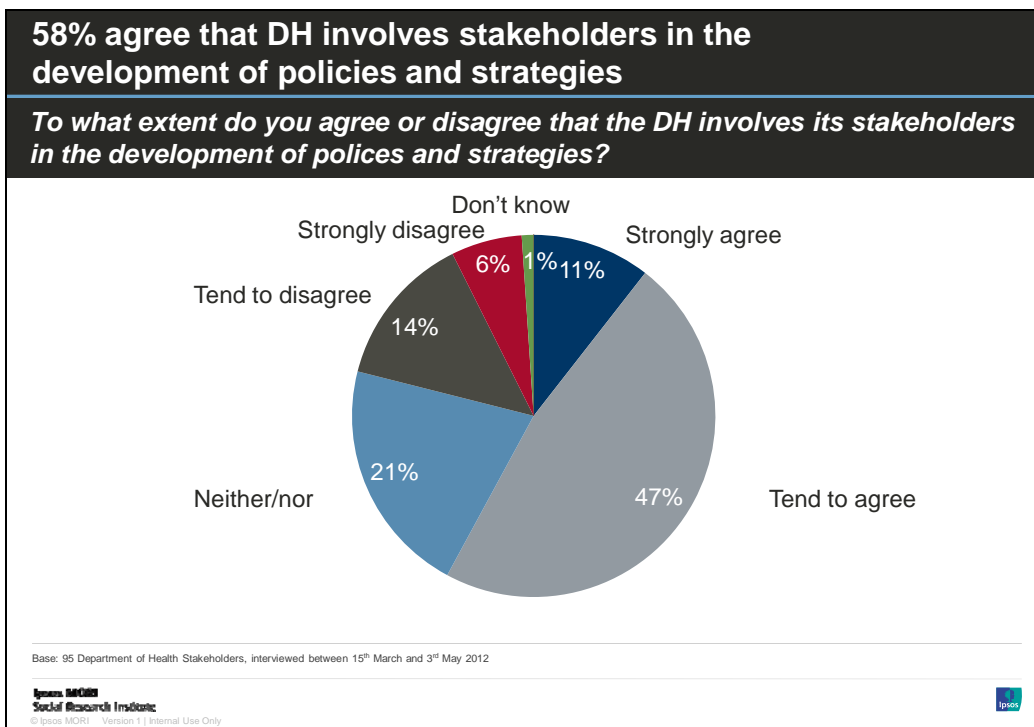
This is highlighted by the fact that two thirds of stakeholders (65%) agreed that DH is a good organisation to do business with, whilst 14% disagreed. By way of comparison, in 2010 61% of stakeholders agreed with this.



A majority of stakeholders also said that they would speak positively of DH in a conversation with others; two thirds (67%) agreed that they would do this, whilst 17% disagreed. In 2010, 63% of stakeholders agreed with this.



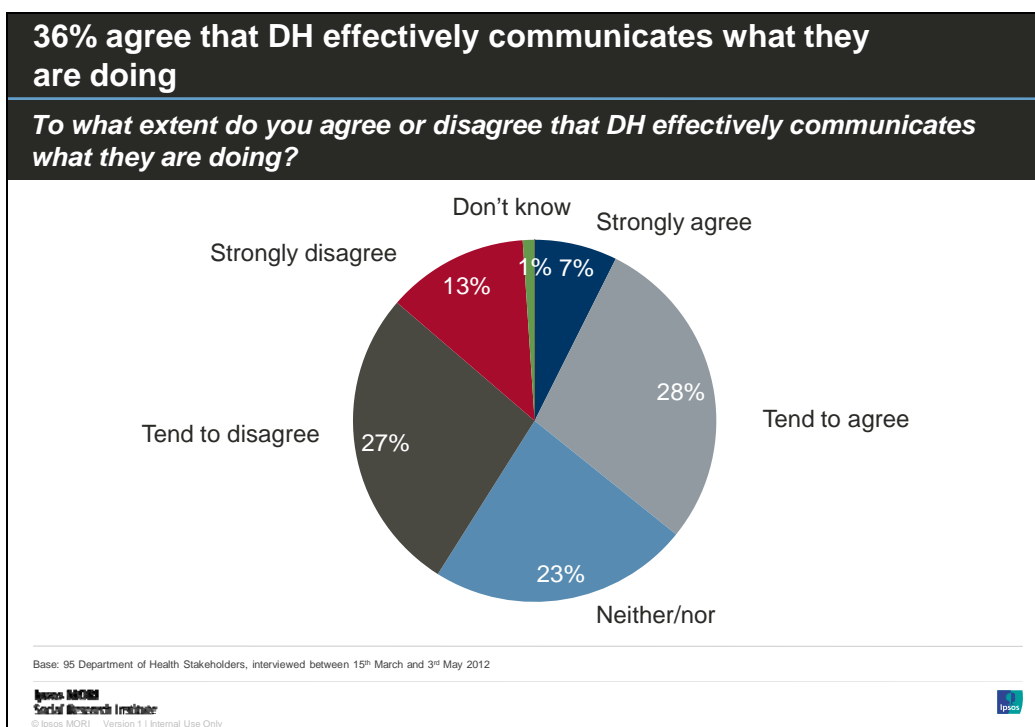
Almost seven in ten (68%) stakeholders agreed that DH involves stakeholders in the development of policies and strategies, whilst one in five (20%) disagreed. In 2010, 64% of stakeholders agreed with this.



Whilst a majority of stakeholders were positive about the measures discussed above, it should also be noted that for all three, considerably more stakeholders selected the ‘tend to agree’ option than ‘strongly agree’. Whilst this is, in part, a reflection of the range of experiences that stakeholders have, as discussed above, it also suggests that DH still has work to do in these areas. As discussed elsewhere in the report, good practice in relation to working practices and stakeholder engagement is by no means embedded throughout the Department as a whole, and there are various things that stakeholders felt DH could do to improve this. Taking action on these points could help shift stakeholders towards the ‘strongly agree’ option.

Stakeholders were considerably less positive when considering whether or not DH effectively communicates what they are doing; over a third (36%) agreed that DH does this, whilst 40% disagreed. The question was not asked in 2010.

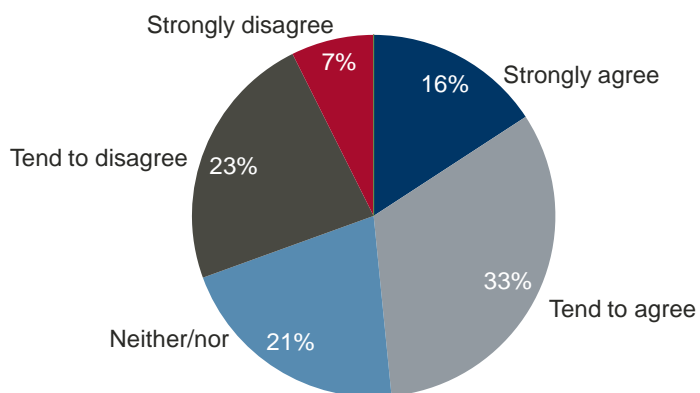
This result may reflect the degree of frustration felt by some stakeholders that DH does not always inform stakeholders what has been done as a result of their engagement, or what policy the Department has decided to adopt. A further contributing factor may also be the considerable criticisms stakeholders had about the way in which the Health and Social Care Bill was communicated.



Almost half (48%) of stakeholders agreed that DH understands the challenges facing their organisation whilst 31% disagreed. In 2010, half of stakeholders (50%) agreed with this. This finding is a reflection of the feeling expressed by a number of stakeholders that DH does not always understand their organisation, their structure, or the challenges that they face.

48% agree that DH understands the challenges facing their organisation

To what extent do you agree or disagree that the DH understands the issues and challenges your organisation is facing?



Base: 95 Department of Health Stakeholders, interviewed between 15th March and 3rd May 2012

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7. Differences by stakeholder group

7. Differences by stakeholder group

Thus far the report has dealt with general findings that emerged from across the sample with differences highlighted where relevant. In this chapter we will look at specific challenges by relevant stakeholder groups. However, there are a number of challenges to this exercise. The first is that the classifications for stakeholders as laid out by DH in advance of this project have limited use. For example, the category “Executive/regulator” contains stakeholders from other government departments and from arm’s length bodies. It was clear from this work that there are more differences than similarities between these groups. A strong recommendation from this report is that DH should review and revise its classifications in light of this. The later chapter on segmentation examines how this could be addressed.

For the purpose of this chapter we have laid out the differences that emerged from the research using a mix of DH’s current categorisations and the groupings that emerged from the data.

7.1 Arm’s length bodies

When considering their working relationships with DH, stakeholders from arm’s length bodies raised many of the same points as other stakeholders. However, they also had specific concerns relating to how they interact with DH. In particular, representatives of arm’s length bodies felt that the quality of their working relationship with the Department is being undermined by a tendency on the part of DH to micro-manage them, inhibiting their ability to do their job effectively. They felt they are treated as a junior partner, whereas they felt that they should in fact be treated as peers and allowed a degree of autonomy. This discrepancy contributed to a sense that DH does not value arm’s length bodies as equal partners. This feeling was enhanced for some stakeholders by the allocation of what they perceived to be relatively ‘junior’ civil servants as their primary contact: access to commensurate power is an important part of good stakeholder relationships. DH should address this perception as it is currently damaging these relationships.

The arm’s length bodies, in the main, have really quite senior people in the Chief Executive roles. They are vastly more senior than the civil servants who are notionally managing them. The lower levels in the ALBs are still populated by much more senior and experienced people than their opposite numbers in the Department of Health. The people in the Department of Health see themselves in a senior role, in a management role, in relation to the people in the ALBs and I think that’s just the wrong mind-set, especially given the relatively inexperienced and junior people they put into those roles.

Executive/regulator

The quality of these stakeholders’ relationship with DH was further felt to be undermined by the fact that some of them questioned whether civil servants understand the nature of their role and the way in which they function. For example, one representative of an arm’s length body said that they felt that civil servants do not understand that they have their own objectives to achieve and a Board to report to. This issue reiterates the more general finding that DH does not always understand the organisations that it deals with.

It is possibly as a result of these slightly difficult relationships, and in particular the feeling that arm’s length bodies’ DH contacts are too junior, that some of these stakeholders questioned the quality of the civil servants working within the Department. There was a

feeling that the quality of civil servants is variable, and that they do not always work in the most effective way.

7.2 Other government departments

Stakeholders from other government departments recognised the challenges that DH faces when embarking on stakeholder engagement, particularly in relation to politically sensitive issues. In particular, one stakeholder discussed the difficulties of timing engagement; they said that balancing stakeholders' desire for early engagement with Departments' need to feel that there actually is a policy that they can discuss is something that other large, complex departments also experience.

These stakeholders were also generally positive about their relationship with DH. Most of them felt that they have good personal relationships with DH civil servants, citing the same characteristics identified by other stakeholders as being important to a good working relationship, including regular, open dialogue, their ability to get access to DH officials when they need them and effective stakeholder engagement.

That being said, a number of representatives from other government departments also felt that there is room for more cooperative work and joined up thinking between departments, and that this would be a mutually beneficial development. These stakeholders also felt that DH is a confusing, complex organisation, and that this can sometimes make it hard to work with.

A final point raised by one representative of another government department was the need for DH to understand the perspective of other government departments. This stakeholder felt that there is a tendency for DH to dismiss any issues they raise as point scoring, rather than seriously considering what is being said.

7.3 Private sector

For the most part, the views expressed by the stakeholders representing private sector organisations were in line with those expressed by stakeholders more generally.

However, a notable difference was that these stakeholders were more positive about DH's recent policy direction than many other stakeholders. However, they also had specific concerns about the way in which DH makes policy. These stakeholders felt that they had been excluded from the debates about the Health and Social Care Bill because DH felt that it was not expedient for it to be seen to be having conversations with the private sector. Stakeholders representing the private sector felt that such behaviour meant that policy making suffers as DH loses valuable support, as well as knowledge and expertise.

The formal contacts in the last year have been absolutely minimal because ministers themselves seem to have taken a decision not to have formal contact with the independent sector.

Public services/population health

7.4 Professional bodies

These stakeholders were largely representatives of the Royal Colleges, however it also includes any stakeholder working for a body that represents professionals working within the health sector.

There were many similarities between the issues that these stakeholders raised and those raised by stakeholders in other groups. However, it was also notable that stakeholders from professional bodies were also frequently considerably more critical of DH across a range of issues.

These stakeholders had particular concerns about their working relationship with DH. The concerns about the siloed nature of DH were particularly prominent, in part because many of these stakeholders work across a number of directorates. There was a feeling that this makes it difficult for representatives of professional bodies to work effectively with DH to achieve shared goals, whilst also adding a degree of confusion to the relationship as they were not always sure that their contacts are the right ones for the issues they are seeking to address.

These concerns contributed to a considerable sense of frustration amongst some representatives of professional bodies, who felt that many of the elements that are central to good working relationships and good policy making are absent from the way in which DH works, and in particular from the way that the Department engaged with them in relation to the Health and Social Care Bill. For example, they felt that DH does not consult them early enough (several questioned why there had been no Green Paper prior to the Health and Social Care White Paper), and that when consultation does happen it is shallow, and that negative messages are simply ignored. Stakeholders from professional bodies felt that, given their knowledge of the realities of the health sector, DH should respond to their contributions in a more constructive way.

Our frustration is that we say what we need to based on reality, and we're not listened to...we feel we're knocking our head against a brick wall.

Supplier

In relation to the Health and Social Care Bill, the perception that civil servants had not challenged ministers sufficiently was very common amongst this group, as was the feeling that the communications of the Bill had been very poor and any engagement ineffective.

Many of these stakeholders felt that errors in DH's handling of the Health and Social Care Bill, and the sometimes very bitter and very public debates, have done serious damage to their relationships with the Department, (and indeed have undermined their confidence in the civil servants working within it). The view that relationships with professional bodies had been particularly damaged by the reform process was one that was shared by many other stakeholders; indeed, one of the most common suggestions made by stakeholders was that DH urgently needs to build bridges with the professions, who will be key to the successful implementation of the Health and Social Care Act.

So much depends on professional bodies and professional stakeholders and at the moment the Bill has passed despite them rather than with them...the Department faces an uphill battle in terms of getting buy-in from those groups but that's the critical thing to making the reforms work.

Supplier

7.5 Public health stakeholders

A number of the stakeholders who participated in this research had a professional interest in public health, and these stakeholders were broadly positive about how DH has formulated policy in relation to public health. Many felt that DH is placing a fresh, and in some cases

overdue, emphasis on this area. There was also a feeling that DH has listened to stakeholders when formulating policy, a key component, as discussed in Chapter 3, of what stakeholders feel constitutes good policy making.

So we feel that they are listening. With tobacco, the government went a step further than we thought by introducing a consultation on plain packaging, so we have been greatly encouraged. It seems that they are producing complementary measures to the responsibility deal.

Service User

Stakeholders think that it is necessary for the Department to have an understanding of their sector in order for a good working relationship to be established. There was a real concern from some public health stakeholders that DH does not have the breadth and depth of knowledge it should have in this policy area. It was felt that DH tended to see public health as health improvement rather than seeing it as encompassing the broader scope that public health professionals themselves see as defining their area. This narrow view was a source of considerable frustration for some.

I think they struggle to understand it – many still don't understand that public health is about making sure health services are appropriate and accessible as well as prevention, protection, etc.

Public services/population health

7.6 Social care stakeholders

Whilst there were many similarities between the views of stakeholders working in social care and wider opinion, the former were often, although not invariably, more positive about DH's stakeholder engagement. For these stakeholders, many of the key components of good stakeholder engagement, including feeling that their contribution is listened to, and that they receive feedback on what has happened as a result are present in their working relationship with the Department.

When considering policy development, social care stakeholders were overwhelmingly positive about the Dilnot Commission, describing it as *'fair'* and *'reasonable'*. There was also a sense that the consultation around the Social Care White Paper had been well-handled and that stakeholders had been meaningfully engaged, a key part of good policy making for stakeholders. However, as discussed in Chapter 3, whilst stakeholders do not want policy making to be rushed, it is also important that the process is moved forward in a timely fashion. In this context, there was some frustration amongst social care stakeholders that, at the time of fieldwork, the Social Care White Paper was still forthcoming, with some feeling that the time lag following the Dilnot Commission had been too great and that the White Paper had got stuck in a *'bureaucratic black hole'*. This led some stakeholders to question to what extent social care is a priority for DH, and to call for stronger leadership from government.

It should also be noted that social care stakeholders were also aware of the wider environment in which the White Paper was being drawn up; whilst there was a feeling that it is vitally important to find a solution to the challenges facing social care, there were questions about how easy it will be to do this at a time when the health sector as a whole is in flux.

7.7 Third sector stakeholders

Third sector stakeholders were very positive about DH. Many felt that their working relationships with DH, the way in which DH makes policy, and DH's communications were all very good. For example, when considering their working relationships, third sector stakeholders often felt that they had the access they needed to civil servants, that they are engaged early and appropriately by DH and that the 'feedback loop' is closed. Much of this positivity was a result of the success of the Third Sector Strategic Partner Programme, of which virtually all of these stakeholders were members. Indeed, most of these stakeholders were very positive about the Programme, viewing it as an essential part of the way in which they work with the Department.

However, despite being largely very positive, some of these stakeholders also had concerns about the burdens placed on them by consultations. Many third sector stakeholders were speaking on behalf of relatively small organisations with limited resources, responding to consultations therefore imposes a greater burden on them than it might for stakeholders from other groups. Some third sector stakeholders were concerned that they felt that requests for participation in consultation have increased significantly in the recent past and, moreover, that some of this consultation has been duplicated by different teams within DH who are not aware of what has already been done.

8. Future directions

8. Future directions

Chapter Summary

Stakeholders raised a number of different priorities and challenges that they think DH will need focus on in both the short and long term. It will be important for DH to address these issues if it is to challenge perceptions that it does not always act on stakeholders' feedback.

Broadly speaking, stakeholders felt that DH should focus on the following key areas:

- implementation of the Health and Social Care Act and helping other organisations to understand the new system;
- repairing relationships that were damaged during the passage of the Health and Social Care Bill, and also addressing problems in stakeholder relationships more generally, for instance the perception that DH does not value stakeholders' time;
- improving stakeholder engagement by ensuring that future engagement is carried out early in the policy making process, that stakeholders receive feedback on the outcome of their engagement, that civil servants understand policy and that engagement demands are neither excessive nor duplicated;
- clearly defining and communicating the future role of the Department, including its relationship with bodies such as the NHS Commissioning Board;
- addressing concerns about DH's tendency to work in silos;
- addressing concerns about working relationships at 'middle-ranking' levels;
- demonstrating that it will be able to relinquish its power, a key requirement if the reforms are to be successful; and,
- developing a better communications strategy for the general public to avoid misconceptions and misrepresentations of the Department.

The discussions also highlighted that DH has an extremely broad range of organisations to work with in delivering its role. How the Department deals with this broad audience is a major challenge. Stakeholders felt that they are being dealt with in a manner that does not always seem logical and that DH needs to think in greater detail how it manages and categorises them.

The challenge for DH is to re-evaluate how stakeholders are currently segmented and communicated with, and to assess how best to use the expertise of their wide range of stakeholders. This could help the Department to develop more sophisticated mapping of stakeholders which could then lead to identifying gaps in delivery and where stakeholders could help. It could also enable the Department to go beyond the 'usual suspects'.

8.1 Future priorities and challenges identified by stakeholders

Stakeholders were asked to identify issues that DH needs to address and challenges that it will face in the near future. They raised a number of issues for DH to consider as key priorities or challenges as the health sector evolves and develops in the coming months and years. Addressing these issues will help instil confidence that DH is listening and responding to stakeholders' concerns.

Consolidating after the Health and Social Care Act

The vast majority of stakeholders felt that a period of consolidation is essential. They argued that DH needs to focus on implementation and helping other organisations to understand and work in the new system – not on making further alterations to the structure of the sector. DH was seen to need to focus its attention and resources on this, given the uncertainty in the sector following the passage of the Health and Social Care Bill.

The changes that are being implemented are really complex and whilst they may see that their bit has been completed with the legislation, the really hard work starts for everybody else implementing it. So, create the space for people to deliver the reforms well. Stop tinkering, dabbling, coming up with another bright idea before we've managed to get this lot in place.

Public services/population health

There was a strong feeling that a line needs to be drawn under the debates about the Health and Social Care Bill and that both stakeholders and the DH need to move forward and make the new system work, whilst also not forgetting the lessons learnt from the passage of the Bill. Creating more focused and clearer objectives were seen to be essential to achieving this.

I think if they had a much smaller set of stuff going on which was more focussed on what was really important and worked with stakeholders on what those things were, they would be a more effective organisation and what they would do would have more impact.

Public services/population health

Underlying these points was a widely held view that the series of amendments and the speed of transition instigated by Bill meant that there are likely be unforeseen, unintended consequences. Consequently, it was argued that DH needs to forge a more open and regular dialogue with those delivering services on the ground in order to make the Act work.

There's literally not a single bit of the organisation that isn't being thrown up in the air and reconfigured and I just think the Department's got to try and work its socks off to ensure that as far as possible the people delivering care down at the coal face don't get disturbed while all of this is going on.

Executive/regulator

Improving working relationships

It was widely believed that DH has a responsibility to extend an olive branch to organisations left bruised by the recent passage of the Health and Social Care Bill. Consensus was not always believed to be possible and stakeholders recognised this, but a more open dialogue would make a vast difference, as would explaining and communicating the reasons behind

decisions more transparently and effectively. Essentially, stakeholders felt DH should review what has gone wrong and take direct, transparent action to repair relationships.

I think it's important to keep the opportunity there for organisations who have lobbied against the government to re-engage with the government. I think it's very important to do that, that's the mature and proper thing to do.

Service user

For instance, some stakeholders stated that relationships with professional bodies, in particular, have been damaged during the debate over the Health and Social Care Bill. There was a perception that these bodies will play an important role in the implementation of the Act and that DH therefore needs to take steps to rebuild these relationships.

The single most important message is that, through no fault of their own but because of the politics of it, this last year has been a disaster; we now have to mend fences and work together for the benefit of patient care and the NHS.

Supplier

Stakeholders also wanted DH to have a greater degree of respect for their time. To address this, advance warnings of upcoming meetings would be appreciated, as would DH officials visiting stakeholders when possible, rather than stakeholders always travelling to them.

They've got to stop preaching and they've got to stop changing dates. For example, we recently had a meeting date set up, and yet again it's been moved, it's only been moved a week but people have got busy diaries, and I'm travelling a decent distance. It's about being respectful of people's times - expecting somebody to travel six hours for an hour's meeting is not always going to happen.

Public services/population health

Improving stakeholder engagement

There was a broad consensus that DH needs to take time to learn from its recent difficulties to improve how it engages stakeholders in decision making. Indeed, stakeholders *want* to support DH and feel that all parties stand to benefit from solid working arrangements and shared objectives and practices.

There are a number of ways in which stakeholders felt that DH's stakeholder engagement could be improved.

- DH should make sure that it involves stakeholders as early as possible in future policy development. This is important in making stakeholders feel both that they are trusted by DH, and also that their input will make a difference to the end result.
- It should also provide better feedback on how they use their input and 'close the loop'. Stakeholders felt DH has to show that they are using stakeholder input. For example, in the case of this research, stakeholders felt that it should be used to acknowledge recent challenges and to show that DH has listened, and is willing and able to change. Without such evidence, it was argued that it would be difficult for stakeholders to trust the Department and to feel valued.

- Senior figures within the Department need to make certain that civil servants at all levels fully understand the policies relevant to their work, so that they can then pass a consistent message on to stakeholders.
- DH should balance stakeholders' willingness to participate in engagement programmes against an awareness on DH's part of the demands that it is making of other organisations. Some organisations were suffering from a degree of consultation fatigue, and there was some frustration that engagement is sometimes duplicated across DH, increasing the burden on stakeholders. DH should therefore seek to manage its consultation work more effectively, including sharing information on what has been done more widely within the Department, to make sure that this duplication is avoided.
- It was suggested that more focused stakeholder engagement programmes and events could help to develop specific initiatives, in addition to a more open culture of trust and sharing information.

I would seek to have some very specific issue-focused stakeholder events, maybe at a greater level of detail than the topics they tended to have, which have been very, very broadly based. And I think I would make sure that these really were helping policy formation by engaging people who may have a contribution to the policy development, in a more systematic way than it is the case at the moment.

Supplier

Defining and communicating the role of DH

Stakeholders often mentioned that DH needs to define itself and its role in the sector more clearly to ensure the sector has a clear strategic direction.

DH need to set a vision for where they want to go in the future and make sure that is quite clear to stakeholders as well, just so that we know what to expect in the future.

Service user

Many specifically questioned the nature of the Department's relationship with the NHS Commissioning Board and wanted greater clarity about how this and other partnerships, (such as with the Care Quality Commission) will operate. There was a perception that DH has effectively 'rid itself of the beast' of the NHS but there were questions regarding how DH will cope with this separation.

We need a clear understanding of the relationship between DH and the National Commissioning Board so that we can all understand who we are relating to and on what issues.

Service user

There were further questions about how precisely accountability will be managed in the new system, with some concerned about where this will lie and how DH will handle it.

I think what's going to be interesting for the Department is they are going to sit now very much at the centre of this network of national bodies. They will effectively lose touch because a lot of the people who were in the Department who had NHS experience will effectively have moved to one or other of these bodies and they will

be at arm's length from the Department, who will be trying to manage them through framework agreements and mandates and things like that.

Public services/population health

When determining the future role of DH, several stakeholders argued that an essential part of this process should be stakeholder consultation. Health professionals were seen to be a particularly important part of this process.

I would be looking to work incredibly closely with health professionals in order to build that level of understanding of what they want to do. That was then, this is now. We are all on a joint endeavour to create a better health service.

Executive/regulator

Addressing longstanding structural and cultural issues

Another major challenge, again expressed by many stakeholders, was the need for DH to address structural and organisational systems and cultures that have had a negative impact on stakeholder relationships. As discussed throughout this report, the Department was widely seen to be working in silos and many stakeholders were of the opinion that DH policy teams and directorates do not collaborate effectively.

I'd draw a very clear distinction between individuals who are very able, with whom we work very well, who respond to issues that we raise, and who are communicative on an individual basis with us, and an environment that is systemically dysfunctional, in that it's not glued together in the way that would be helpful to us and people outside, and I have to say, the people who work within the organisation as well. I think to some extent, it's partly a function of the political environment in which the Department has to operate, and it's also partly a function of the linear management structures that operate there, rather than more of a matrix management type approach.

Public services/population health

Linked to this, some felt DH needs to communicate its internal structure better. Specifically, stakeholders want to know how directorates and policy areas relate to each other, and who the key points of contact are. This challenge was inextricably linked with a perceived need for DH to reduce any overlap or duplication between different areas and teams, and to tackle the issue of DH working in silos. It would also help stakeholders have confidence that they are dealing with the person best placed to handle the issue that they wish to discuss.

I personally think this Department of Health should almost start with a completely clean sheet of paper, in terms of its not just management systems, but its approach to management culture and the organisational structure for the Department. I think it's tried to deal with things incrementally and marginally over years and years, so basically you're just dealing with things one step at a time at the edges, trying to improve it. And I think there are systemic difficulties that require a much more fundamental review.

Public services/population health

Furthermore, some were of the opinion that there are fundamental differences, not only between policy areas but also between attitudes to health care and social care between different types of civil servants, for example those in what was seen as the traditional mould and those whose style was seen to be closer to NHS-focussed managers. The formation of

the NHS Commissioning Board was seen as potentially helping with the latter relationship, though how the two organisations work together productively and avoid duplication was seen as a potential issue, as mentioned above.

It's harder to ensure that something you've agreed with the Department of Health is actually going to happen across the rest of the NHS.

Executive/regulator

Exploring issues at more 'junior' levels

Stakeholders expressed concerns about relationships at what they termed 'middle management' level that they think DH needs to explore. 'Middle-ranking' civil servants may well drive the future of the Department and the success or failure of future stakeholder engagement strategies so it was seen to be essential that there is a consistent attitude and culture to managing stakeholders throughout the Department. A few stakeholders felt stakeholder management training could be a good means of addressing this.

If I was looking at this in industry terms I'd say the directors are good but the senior managers are weak. It's that layer that translates directly into actual action and activity. I think that layer has traditionally been weak.

Public services/population health

Relinquishing authority appropriately

Underpinning many of these perceived challenges was a belief that DH is not an organisation that is able to relinquish responsibilities from the centre and allow local or partner organisations autonomy. Indeed, some stakeholders felt that DH had resisted previous attempts to encourage it to do this. This raised questions about how successful the implementation of the Health and Social Care Act will be: for the localism agenda to work, it was generally felt that DH would need to prove that it can surrender power.

Give out messages that local partnerships across the public sector in local areas are really important, then stand back and leave space for those to establish themselves and set their local priorities.

Public services/population health

Communicating with the public

A small number of stakeholders felt that government as a whole needs to consider how it engages and communicates with the public at large. It was argued that DH messages could do more to avoid inaccurate perceptions developing. Social media was seen as a potential tool to get messages more widely circulated and known; otherwise the Department could be at the whim of media perceptions and interests.

I think that communication is a big issue on everybody's agenda. How we can better engage people and individuals and communities generally in some of the big policy discussions and considering how we can do things differently or do them better. So it's really, it's not an implied criticism of the Department it's more a general awareness that everybody, and that includes government departments, I think has a challenge to communicate much more broadly than in the past and to think how they do it and the internet and Facebook and all the rest are an important part of it but they don't get to every part of the community, so we've got to be clever.

Public services/population health

8.2 Review of current DH approach to grouping stakeholders

As has been discussed throughout this report, the Department of Health deals with a wide range of organisations that can be classed as stakeholders including: trade unions, membership associations, Royal Colleges, charities and voluntary organisations, private sector organisations, other government departments, arm's length bodies, regulators, GPs, local authorities, local health bodies, patient organisations and more. Many of these stakeholders interact with the Department in numerous ways, across several policy areas and directorates and sometimes in different roles. Therefore, it is very difficult to categorise this audience into distinct categories or segments upon which definitions can be applied.

Indeed, this emerged during the interviews with stakeholders themselves questioning how they are dealt with, engaged and categorised by DH. Some felt 'stakeholder' is not a useful term and that the Department should be thinking about them as partners, clients or interest groups, amongst others.

I would sort of say there are partners; so there are organisations and professions that work with the Department to deliver their objectives; there are interest groups that are trying to influence for all sorts of reasons; and then there are stakeholders who if you like are sort of a more general term for groups and organisations that the Department is in contact with and who have an interest in outcomes.

Public services/population health

This also emerged specifically in relation to how DH formulates the National Stakeholder Forum and other consultations and meetings. Some queried why they would be invited to a meeting with other organisations who have a different agenda and outlook to them. Instead they felt more value could be garnered by the Department taking more time to consider the different perspectives of the people they are inviting to meetings and why they are being consulted.

If they took the time to have slightly smaller meetings, and split that group up, although you would think that would take more time, I think that you would find the DH got more out of it, because it's a legitimate place for a Trade Union to be in to explain about where they are in pensions, but it's nothing to do with what the Royal Colleges do, and whether they might want to go more into depth with training issues with the Royal Colleges, whereas that's not really a concern for a Trade Union as much.

Public services/population health

The overarching message therefore was that stakeholders wanted DH to ask itself a number of questions: *why are we interacting with this stakeholder? Who are they dealing with within*

DH? What value can they bring to specific discussions? What forums, consultations and meetings should they be involved with and why? This management of stakeholder audiences was reflected in interviews with other government departments, who acknowledged the need for a change in how government as a whole approaches dealing with key partners.

In my past experience of working with stakeholder groups, it is important to segment them because you need to have a stakeholder map. In other departments I've been in we've worked quite hard at that in order to say who are our stakeholders; and you don't always want to get the same groups together because they've got different perspectives; so users, professionals who are providers and so on, will have different voices and sometimes if you put them together, one voice drowns out another.

Executive/regulator

In essence, varying approaches were seen as useful, or else certain interests would be heard more than others. Indeed, stakeholders wanted the Department to speak to them in order to help shape how they will be engaged in future.

You have to be very careful that you don't miss out on some voices because you put powerful and noisy groups who have good media access alongside people whose voice is important but is not so easily heard; so segmenting who your stakeholder community are and making sure that you've looked at the users, the professionals, the experts, the academic community or whatever it might happen to be, I do think it's valuable; there will be occasions when you go out to everybody, but there will also be occasions when you need to hear voices that otherwise you may not pick up.

Executive/regulator

8.3 Recommendations for mapping and segmenting stakeholders

The evidence from this work would suggest that DH should review their current stakeholder categorisations. As the quotes above illustrate, a review of how stakeholders are currently grouped and classified would certainly be welcomed by stakeholders. In addition, it is also worth reviewing how stakeholders are categorised by priority to ensure it is still relevant and appropriate.

The categories or segments that DH currently uses to define the respective groups lack a degree of clarity and can seem ambiguous. For example, it is not immediately apparent which organisations would or would not be incorporated in the categories DH has used for this research. To use the “Executive/regulator” segment, this includes representatives of other government departments and executive agencies, who could be seen as colleagues or government officials. However, arm's length bodies and regulators are also within this category, despite having a sponsorship relationship with DH and having very different types of contact. Definitions need to be clear to those outside the Department and immediately recognisable to those within the Department if they are to effectively help to shape how DH engages stakeholder audiences.

This is similarly reflected in the composition and use of stakeholder forums. The National Stakeholder Forum, for instance, contains an extremely wide range of organisations. As discussed previously, some stakeholders questioned whether it is still fit for purpose and whether more value could be garnered from breaking stakeholders down into more distinct groups with firm objectives.

Moreover, there is a wider question mark over the extent to which DH is adopting too much of a broad brush approach to their stakeholder engagement and whether it would, in fact, be better served by a more bespoke approach. To some extent targeted and tailored engagement is happening. However, this research would suggest that there is certainly room for improvement. A strong recommendation from this piece of work would be for the Department to conduct a stakeholder mapping exercise to more effectively segment the organisations they work with.

An appropriate time to conduct such an exercise

It would seem an appropriate time to conduct this exercise for a number of reasons. Firstly, the remit of many of the organisations that DH engages with has changed as a result of recent policy. This is particularly true for arm's length bodies, for example, but is also relevant for many others to a greater or lesser extent. Given the changes, it is likely that current groupings are no longer appropriate.

Secondly, many stakeholders reflected that DH is, in some respects, currently at a crossroads. Its own role and remit is thought likely to change. Given the change that is already underway it seems sensible to review the current engagement strategy in light of any changes. Conducting such an exercise now and involving stakeholders will help to both shape the future direction and ensure that stakeholders are clear not only on DH's role but also on their own future relationship with the Department.

Another reason for conducting this now would be to draw a line under the debates and controversy that the Health and Social Care Bill generated. There was a strong feeling from many stakeholders that they and the Department need to move forward now and make the reforms introduced by the Act work. If conducted appropriately such an exercise could be seen as constructive and part of the reparative process.

Finally, this report and its findings can be used as a clear starting point for the exercise. Many of the points raised here by stakeholders can be used as a case for change both within and beyond the Department.

How to segment the groups?

As stated above, a review of the current segmentation needs to be undertaken. The Department should consider a stakeholder mapping exercise using the results of this work as baseline data. This work can inform the design of this process. However, this work only looks at how stakeholders want to be engaged. It does not answer how the Department wants to and, realistically, can engage.

As part of any stakeholder mapping exercise, a number of questions need to be asked about each of the stakeholder organisations and indeed, where appropriate, about specific individuals within those organisations. These include:

- Which directorates within DH should be working with that organisation? Is it clear to each directorate who is working with whom?
- Is the stakeholder clear on their points of contact? Are people within DH aware of the demands on that stakeholder's time and resources?
- What does the Department want from the relationship? Is this the same across the Department? The interviews showed that what is required may be very different.

- Who do they interact with both at directorate level and at a personal level? Are these relationships appropriate for both parties? Who is it appropriate for them to deal with i.e. is the level of seniority commensurate?
- Does DH understand that organisation? Are the people assigned to that organisation sufficiently knowledgeable about the policy area?
- What is the level of interest and influence that each stakeholder has on a particular issue? Is this being represented appropriately?
- Who is best placed to work with that particular stakeholder organisation? One concern highlighted was that contacts within DH should always have the appropriate knowledge of both the organisation and their area.
- Which other stakeholders would that organisation want to be grouped with? Who would they not want to be grouped with?
- What resources should the Department allocate to each group?

Once these questions have been answered by the appropriate civil servants at DH, it should be possible to review and revise the current segmentation accordingly. However, as pointed out previously, this process should be two-way wherever possible, i.e. what do both parties want to achieve and how is this best set up? It should involve the organisations at an early stage and ensure by a process of iteration that any proposed changes are fit for purpose.

Once the stakeholder mapping exercise is completed, any segmentation should be clearly communicated to everyone at the Department of Health so that there is a shared understanding.

9. Conclusions

9. Conclusions

Chapter Summary

Despite the criticism of DH made throughout this report, there was also a considerable amount of goodwill towards the Department. Stakeholders wanted to improve their working relationship with DH and to address the concerns that they have. Key to this will be how DH uses the findings of this research to change the way they engage with stakeholders, including considering the stakeholder mapping exercise discussed in the previous chapter, and addressing the recommendations for future directions made by stakeholders (see Chapter 8). In addition, DH may also want to consider how it retains the capacity to take a strategic overview of the health sector.

9.1. Implications of the findings

During the course of the interviews, many stakeholders were relatively critical of the Department, and in particular of its management of the Health and Social Care Bill. However, running alongside these criticisms there was also a considerable amount of goodwill towards DH, as demonstrated by the quantitative findings. Stakeholders have considerable respect for many of the individuals working within DH, and *want* to work effectively with civil servants, as demonstrated by the constructive recommendations for future improvement made by many stakeholders, discussed in the previous chapter. In addition, it should also be noted that there are examples of good practice within DH that could be extended throughout the Department. For example, many stakeholders who deal with social care felt that the engagement from that directorate is very positive.

There is, therefore, a considerable opportunity for DH to demonstrate that it values, listens to and acts upon stakeholders' views, and also for it to improve the way in which it works with stakeholders in the future. Indeed, doing this will go some way towards addressing many of the concerns expressed by stakeholders during the course of this research and will enable the development of the solid working relationships that stakeholders felt would be essential for the successful implementation of the Health and Social Care Act.

An important first step will be for DH to carefully consider how it uses this report in a timely manner. Stakeholders have said that they value feedback on how their input will be used; DH should, therefore, demonstrate that their participation in this research has made a difference by communicating concrete next steps that will be taken to address the points raised.

The stakeholder mapping exercise discussed in Chapter 8 could be a valuable part of these next steps. Stakeholders have said that they want greater differentiation in the way that DH engages with them, and mapping stakeholders more precisely would help achieve that, whilst also giving DH a more precise idea of who it should engage with and when.

This research also provides the opportunity for DH to consider to what extent there are individuals within the Department who have a strategic overview of the entire health sector. Many stakeholders' discussions about DH referred to '*silos*', and there was a strong feeling that individual directorates tend to work in isolation. Having an individual or individuals with a strategic oversight would help to challenge this.

In the previous regime, there was the odd person around the place in the Department, who really could see all the bits of the National Health Service and how the architectures fitted together; and actually could transcend the silos and think meta in a way that was absolutely necessary for a sophisticated, single player system....But since Lansley came in, there really isn't anyone who does that...they are very thin on the ground and I'm not sure what analytic capacity they have to help support them. So I think whatever is required is somebody like that or some team that is always there, that can keep an eye on the overall architecture, and that we can talk with, quite frankly.

Supplier

A final point to consider is to what extent 'stakeholders' is the correct designation for all those involved in this research. As discussed previously, some preferred to see themselves as partners in service delivery, whilst it might be useful to think of others as 'clients'. The reason for this is that using terms like 'client' may change the attitude of officials working within the Department. The idea behind the term 'client' is that it conveys a certain level of service and pro-activity.

Indeed, reconsidering how these individuals are labelled could act as a catalyst for a change of approach, encouraging civil servants to be more collaborative as well as more proactive in their relationship management. Related to this, DH may want to consider sending key stakeholder contacts on client management training. Concerns about a lack of respect for stakeholders and their time on the part of civil servants have already been discussed. Training might help address these concerns, whilst also encouraging civil servants to question how they see stakeholders and what the best way to engage with them is.

10. Appendices

10. Appendices

10.1 List of organisations who took part

A total of 103 stakeholders participated in this research. The following is a list of the organisations that took part, and were happy to say that their organisation participated in this research, grouped by the categories used by DH.

Category	Organisation
Executive/regulator	Audit Commission
	Cabinet Office
	Care Quality Commission
	Council for Healthcare Regulatory Excellence
	Department for Business, Innovation and Skills
	Department for Communities and Local Government
	Department for Culture, Media and Sport
	Department for International Development
	Department for Work and Pensions
	Equality and Human Rights Commission
	Home Office
	London Organising Committee for Olympic and Paralympic Games
	Ministry of Defence
	Monitor
	National Assembly for Wales
	National Audit Office
Scottish Government / Executive	
Public services/population health	Association of Directors of Adult Social Services
	Association of Directors of Public Health
	Dorset County Council
	Food and Drink Federation

	Hammersmith and Fulham Borough Council
	Health Professions Council
	Herefordshire Council
	Hertfordshire County Council
	Local Government Association
	London Borough of Wandsworth
	Macmillan Cancer Support
	NHS Confederation
	NHS Partners Network
	Royal Devon and Exeter NHS Foundation Trust
	Royal Society for Public Health
	Sandwell & West Birmingham Hospital NHS
	Society of Local Authority Chief Executives
	South London and Maudsley NHS Foundation
	Standing Commission on Carers
Service user	Action for Prisoners' Families
	Action on Smoking & Health
	Age UK
	Alzheimer's Society
	British Heart Foundation
	Carers UK
	Company Chemists Association
	Council for Disabled Children
	Diabetes UK
	Disability Rights UK
	Equalities National Council
	Equality 2025
	Faith Action

	Local Improvement Finance Trust (LIFT) council
	Local Care Direct
	Mencap
	Men's Health Forum
	Nacro
	National Children's Bureau
	National Council for Palliative Care
	National Heart Forum
	National Inclusion Health Board
	National Voices
	National Association for Voluntary and Community Action (NAVCA)
	Princess Royal Trust for Carers
	Race Equality Foundation
	Radar
	Royal British Legion
	The National Care Forum
	Voluntary Organisations Disability Group
Supplier	Academy of Medical Royal Colleges
	Association of Chief Executives of Voluntary Organisations (ACEVO)
	Association of British Healthcare Industries (ABHI)
	Association of the British Pharmaceutical Industry (ABPI)
	British Medical Association
	British Medical Association - General Practitioners Committee (GPC)
	Cancer Research UK
	Chartered Society of Physiotherapy
	Family Doctor Association

	GMB
	Health Facilities Scotland
	Health Protection Agency
	King's Fund
	Medical Research Council
	Mental Health Providers Forum
	National Association of Primary Care
	NHS Supply Chain, DHL
	Nuffield Trust
	Pharmaceutical Services Negotiating Committee
	Picker Institute Europe
	Royal College of General Practitioners
	Royal College of Midwives
	Royal College of Obstetrics & Gynaecology
	Royal College of Physicians
	Society of Radiographers
	Unison

10.2 Discussion guide

DH Stakeholder Research: Discussion Guide Revised Final Version, 23.03.12 Internal Use Only

Topic	Timing
Introduction	2 mins
<ul style="list-style-type: none"> ▪ Thank participant for taking part ▪ Introduce self / Ipsos MORI / DH ▪ Overview of why DH doing research – to explore the Department's relationship with its stakeholders in the context of this period of transition, in order to understand current working relationships and to inform future stakeholder engagement. Mention that this is part of a wider DH stakeholder engagement work and that this research takes place on a regular basis. ▪ Confidentiality: reassure participant that all responses are anonymous and that information about individual cases will not be passed on to DH unless they give express permission – you are just here to gather views ▪ Permission to record – transcribe for quotes ▪ Interview duration – will depend on what they have to say – usually 30 to 45 minutes 	
Introductory questions Awareness and general perception of DH	5 mins
<p>Can you start by telling me a little bit about your role and the ways you/your organisation may come in to contact/engage with DH?</p> <p>How much contact do you have with DH? PROBE:</p> <ul style="list-style-type: none"> ○ How long have you personally been in contact with DH? ○ Which areas of DH do you mainly have contact with? ○ What type of contact do you mainly have? ○ How well do you think you know DH? <p>Which three key words or phrases spring to mind when you think of DH? PROBE: Why do you say that?</p>	NOTE: not all participants will have direct contact with DH so only probe further if they do have contact. Otherwise, continue to '3 key words' question
Working with others	10 mins
How do you / your organisation find working with DH?	Note: in this section

<p>PROBE</p> <ul style="list-style-type: none"> ○ Why do you say that? Can you give me some examples? ○ Has this changed at all over the last year? ○ How do other people in your organisation find working with DH? <p>How do you feel DH interacts with its stakeholders more generally?</p> <p>PROBE</p> <ul style="list-style-type: none"> ○ To what extent does it listen/respond to them? ○ Why do you think that? Can you give me some examples? ○ To what extent does DH explain what it does with your views? ○ How do you know if your views have been taken on board? ○ If DH hasn't used or agreed a suggestion you have made, has it explained why not? ○ What steps, if any, could DH take to engage you further and seek out your views? <p>How would you describe your working relationship with DH?</p> <p>PROBE</p> <ul style="list-style-type: none"> ○ What works particularly well / less well? ○ Why is this? ○ Has this changed at all over the last year? <p>How could your working relationship with DH be improved?</p>	<p>please try to distinguish whether stakeholders feel engaged AND listened to or if there are any gaps:</p>
<p>Perceptions of reforms</p>	<p>10 mins</p>
<p><i>Moderator note: We are looking for stakeholders' attitudes to reforms here, but also how they feel DH has approach/handled the issues. Please therefore keep views on the current policy direction concise.</i></p> <p>Which areas of policy are you in contact with DH about?</p> <p>What are your views on the current policy direction of the Department?</p> <ul style="list-style-type: none"> ○ Why do you say that? <p>What do you think of the Department's approach to handling reform?</p> <p>PROBE:</p> <ul style="list-style-type: none"> ○ For Social Care stakeholders: Dilnot enquiry and White paper ○ For NHS stakeholders: Health and Social Care Bill ○ For Public health stakeholders: health and wellbeing ○ For Patient Experience stakeholders: Healthwatch ○ For Doctors groups: Revalidation, pensions <ul style="list-style-type: none"> ○ What have the timelines been like? ○ What structures are in place to handle the process? Are they effective? <p>How well or otherwise has DH communicated the reasons and visions for the reforms to stakeholders?</p>	<p>NOTE: whilst it is vital that we ascertain views of the policy reforms, please ensure that you distinguish between views on the policy agenda and views of how well DH is dealing with them.</p>

<p>How is DH engaging you with the reform process? PROBE</p> <ul style="list-style-type: none"> ○ What has been working well? Why do you say that? ○ What has been working less well? Why do you say that? ○ What could be improved? <p>What should DH have done better during the reform process?</p> <p>What do you think about DH’s capability to implement the reforms? PROBE</p> <ul style="list-style-type: none"> ○ Do they have the right skills? Why do you say that? ○ Do you trust the Department to successfully implement the reforms? <p>What do you think DH’s role will be in the new system? PROBE</p> <ul style="list-style-type: none"> ○ How will DH need to change to realise this? <p>To what extent does DH understand the needs of patients and the general public?</p> <p>How would you like DH to engage with stakeholders about the reforms going forward?</p>	
Communication / engagement	10 mins
<p>What informs your opinions of DH?</p> <ul style="list-style-type: none"> ○ Is this true of other people in your organisation? <p>How often do you receive information/communications from DH? PROBE</p> <ul style="list-style-type: none"> ○ Who does this come from? ○ Is this the right level of frequency? More/less? ○ Sort of material receive? Quality and appropriateness? <p>Overall, what do you think of the communications and information that you received from DH?</p> <ul style="list-style-type: none"> ○ Right sort of information? ○ What is good/bad about them? ○ Any gaps? ○ Is this true of other people in your organisation? <p>Are you aware of any programmes that DH runs with its stakeholders? Probe on:</p> <ul style="list-style-type: none"> ▪ National Stakeholder Forum? ▪ Corporate Partner Programme? ▪ 3rd Sector Strategic Partner Programme? <p>IF YES PROBE:</p>	<p>NOTE: local</p>

<ul style="list-style-type: none"> ○ What is the purpose of the programme/forum? ○ What does the programme/forum involve? ○ How involved are you in the programme/forum? ○ What contact do you have with it? E.g. face-to-face meetings, events, emails etc ○ What is good/bad about the programme/forum? ○ What, if anything, could be improved? ○ Are there any gaps in how you are engaged at the national level? <p>Do you have any contact with individual DH policy teams? IF YES PROBE:</p> <ul style="list-style-type: none"> ○ What form does this contact take? ○ How satisfied are you with it? ○ What is good/bad about it? ○ What, if anything, could be improved? ○ Are there any gaps in how you are engaged at the local level? 	<p>policy engagement strategies vary considerably. We are keen to identify what methods are being used locally and what is working well</p>
<p>Quant questions</p>	<p>5 mins</p>
<p><i>Moderator note: Explain to participant that you are now going to ask some closed, quantitative questions. Read out the scale (below) and, if it helps, mention that this is a five point scale with a 'neither/nor' option. Please ask them to rate each question on this scale.</i></p> <p>Strongly agree Tend to agree Neither agree nor disagree Tend to disagree Strongly disagree Don't know</p> <p><i>If respondent says 'agree' or 'disagree', please prompt: do you strongly agree/disagree or tend to agree/disagree. Please ask all questions and code the responses in the analysis database</i></p> <p>To what extent do you agree or disagree that the DH is a good organisation to do business with?</p> <p>To what extent do you agree or disagree that the DH understands the issues and challenges your organisation is facing?</p> <p>To what extent do you agree or disagree that you would speak positively about DH in discussion with others?</p> <p>To what extent do you agree or disagree that the DH involves its stakeholders in the development of policies and strategies?</p> <p>To what extent do you agree or disagree that DH effectively</p>	

<p>communicates what they are doing?</p> <p><i>Moderator note: after recording the response to the final quantitative question please ask the following open prompt:</i></p> <ul style="list-style-type: none"> ○ What, if anything, would you like more clarity or information about? 	
Wrap up and close	5 mins
<p>In summary, how do you find your relationship with DH?</p> <p>What three things has DH done well in the last year?</p> <p>What three things has DH done badly in the last year?</p> <p>If you were the permanent secretary at DH, what would you be looking to do over the next year around stakeholder engagement?</p> <p>What would you like to see DH do in the next year? Why?</p> <p>And in the next five years? Why?</p> <p>Thinking about the issues we've been talking about, what is the single most important message that you would like us to take back to DH?</p> <p>Is there anything that you would like to add before we finish?</p>	
<p>THANK AND CLOSE</p> <p>ASK IF THEY ARE HAPPY TO SAY THEY TOOK PART?</p> <p>ASK IF THEY ARE HAPPY TO SAY THEIR ORGANISATION TOOK PART?</p> <p>ASK IF THEY WOULD LIKE QUOTES TO BE ATTRIBUTED OR ANONYMOUS?</p>	