

POLICY

PUBLIC CONSULTATION POLICY

Applicable to: **MidCentral District Health Board**

Issued by: **Communications Dept**

Contact: **Manager, Communications**

1. PURPOSE

- 1.1 To ensure a consistent approach to public consultation by MidCentral District Health Board.
- 1.2 To ensure compliance with the consultation requirements of the New Zealand Public Health and Disability Act 2000.
- 1.3 To ensure a genuine exchange of information, points of view, and options for decisions between affected and interested people and the Board occurs before a final decision on the matter which is the subject of consultation is made.

2.1 SCOPE

- 2.1 This policy covers all divisions of MidCentral District Health Board.
- 2.2 This policy covers all instances where the Board of MidCentral DHB has determined that consultation shall be undertaken on a specific issue or where consultation is required by legislation.
- 2.3 The policy does not cover situations where MidCentral is engaging or communicating with the community, or providing information.
- 2.4 This policy does not cover consultation with staff which is covered by legislation, and, individual and collective employment agreements.

3. ROLES & RESPONSIBILITIES

3.1 Board

- i. The Board will be responsible for approving all matters to be consulted upon, associated consultation documents, and whether or not a hearing shall be provided.
- ii. Where it is determined a hearing shall be held, the Board will receive and hear submissions from those submitters who have indicated they would like to speak to their submission.
- iii. The Board will make the final determination on the matter being consulted upon.
- iv. Hearing Committees may be appointed by the Board, and may comprise Board Members, Committee Members, members of the public and expert advisers. They shall not include staff members. (Refer [Appendix A](#) for Hearing Guidelines.)
- v. The Board may delegate responsibility for 3.3(i)-(ii) (or parts thereof) to a Committee.

3.2 Chief Executive Officer

- i. The Chief Executive Officer shall ensure the principles of consultation are upheld.
- ii. The CEO is responsible for making management recommendations to the Board on consultation documents and projects.
- iii. The CEO is responsible for approving the Consultation Plan (and associated Communication Plan).
- iv. The CEO is responsible for ensuring regional and sub-regional consultation requirements are considered, and, in conjunction with the regional and/or sub-regional DHB CEOs, determining how that consultation shall be carried out (and making a recommendation to MDHB's board accordingly).

3.3 General Managers

- i. General Managers shall ensure the principles of consultation are implemented within their area of responsibility, and for developing a consultation document which sets out clearly the issue under consideration.
- ii. General Managers are responsible for developing the consultation plan, and ensuring that consultation documents meet the requirements of this policy and the Ministry of Health's Public Consultation Guidelines for District Health Boards.
- iii. General Managers are responsible for implementing the consultation plan.
- iv. General Managers shall ensure that all stages of the consultation process are documented and filed with Board Records. This shall include a copy of the consultation document, all submissions received and any summary documents, minutes of consultation meetings and hearing committees, and all reports and decisions made.
- v. General Managers shall ensure that all submissions are recorded and acknowledged.
- vi. General Managers shall ensure that key stakeholders and the public are aware of the consultation initiative and how they may participate. This shall include written advice to key stakeholders, and advertisements.
- vii. General Managers shall ensure that all submissions are analysed and the results of this analysis are provided to the Board and made publicly available.
- viii. General Managers shall ensure transparency in the submission/decision making process so that the Board (as decision-makers) and the submitters/public can see the issues raised through the consultation process, together with management's recommendation in response to these, and any proposed changes to the original proposal. See Appendix B for template.
- ix. General Managers shall ensure that all people who made a submission are informed of the Board's decision, and reasons for same.
- x. General Managers shall ensure adherence to the requirements of the Privacy Act 1993 and Official Information Act 1982.

- xi. General Managers shall approve any payment/assistance provided to people to enable them to attend. Refer 4.13 and 4.14.
- xii. General Managers shall ensure an evaluation of the consultation approach and its implementation is undertaken, and the results reported through to the Board, CEO and Communications Unit. All project team members should be included in the evaluation process, as well as participants where practical.

3.4 Communications Department

- i. The Communications Department shall be responsible for reviewing and approving all consultation documents in terms of content, readability, language and layout.
- ii. The Communications Department shall be responsible for providing advice on the best means of obtaining feedback from identified stakeholder groups.

3.5 Principal Administration Officer and Committee Secretaries

- i. The Principal Administration Officer and Committee Secretaries shall ensure that meetings of the Board (or its Committees) to consider, hear and approve all aspects of the consultation process are managed in accordance with Board policy and standing orders.
- ii. The Principal Administration Officer shall be responsible for ensuring meetings of the Board (or its Committees) to hear submissions are advertised in accordance with legislative requirements.

4. POLICY

4.1 MidCentral District Health Board will consult on:

- i. issues as required by legislation:
 - a DHB preparing a regional service plan or an annual plan must consult with the public if the Minister of Health considers that DHBs are proposing changes to services* that will have a significant impact on recipients of services, their caregivers or providers (*refer Ministry of Health's Service Change protocols);
 - proposals to change the geographic area of a DHB
 - the proposed sale or exchange of DHB-owned land
- ii. issues as required by the Minister of Health
- iii. other issues as determined by the Board.

4.2 In undertaking consultation, MidCentral District Health Board will adhere to the following principles:

- i. Consultation must be genuine and conducted with an open mind.
- ii. Consultation should have a clear purpose. It should be clear who is being consulted, about what questions, in what timescale and for what purpose.
- iii. Those seeking consultation should provide participants with information that allows them to understand the subject of consultation, its significance and its

likely outcomes. It must also enable the participant to respond meaningfully. A consultation document should be appropriate for the people it is intended to reach. It should be as simple and concise as possible, without leaving out relevant information.

- iv. Consultation should allow sufficient time for considered responses from all groups with an interest, depending on the complexity and volume of material and the number of people to be consulted.
- v. Responses should be properly considered by the decision maker; sufficient time should be allowed for this.
- vi. The consultation process should be evaluated to ensure lessons are learned about what did and did not work.

Consultation Planning

4.3 All consultation (except that relating the sale of land) will be supported by a consultation plan and this will be developed in accordance with the Ministry of Health's Public Consultation Guidelines for District Health Boards, and the following minimal requirements unless the Board expressly determines otherwise:

- i. The consultation proposal shall be made public through advertisements in local daily papers within the district (and other papers as considered appropriate). The advertisement is to include the consultation being undertaken, including how people may obtain a summary of information about the proposal, how they may inspect the full proposal; and the period within which submissions may be made.
- ii. The consultation proposal shall be documented in a consultation document and this shall be available in print media.
- iii. The consultation document must be available for public inspection at the DHB's Board Office, key sites, and other such places necessary to provide reasonable access for those persons who will or may be affected by the issue.
- iv. Consultation documents must be accessible via MidCentral DHB's website.
- v. People must be able to make submissions in writing, orally or electronically (web and email).
- vi. People must be able to contact the project team easily and with minimum cost, and a free-phone service must be available during the consultation process.
- vii. Consultation meetings must be held in places that have physical access, car parking and toilet facilities for people with disabilities.
- viii. A copy of the consultation document must be provided to Manawhenua Hauora.
- ix. Consultation shall be undertaken over a timeframe that provides people who will or may be affected by, or have an interest in, the matter with reasonable time to consider the issue(s) and put forward their views. The minimum period shall be four weeks.

4.4 In consulting, simple language will be used, and jargon avoided. Consultation will be supported by a communication plan (refer Communication Policy) to ensure the right messages are getting to the right people in the right way, and publicity is given to the consultation. Appropriate forms of promotion and engagement are to be used, reflective of the people who will be or may be affected by, or have an interest, in the matter.

4.5 The requirements of the Privacy Act 1993 and Official Information Act 1982 shall be maintained.

4.6 In respect of consulting regarding the sale of land, the minimum requirements shall be 4.3(i)(v) and (ix).

4.7 A checklist for developing a consultation plan is attached – refer Appendix D.

Working with Others

4.8 The District Health Board will work with other organisations during consultation, as necessary. It will share information and results in a free and open manner unless there is good reason for not doing so.

4.9 On occasions the District Health Board will work with other agencies to fulfil its role in the community. This does not remove any obligation the District Health Board has to consult with the community about the proposal and it may work with its partners to co-ordinate it.

4.10 When project consultants are involved in consultation processes, it shall be clear to participants that the consultation is conducted for the District Health Board. DHB management will oversee the consultation process to ensure that the District Health Board's best practice is followed even though they may not conduct the consultation process themselves.

4.11 Consultation processes will not be delegated in such a way that the District Health Board loses control of the process or that the information gathered has reduced value.

4.12 Consultation in support of collaborative DHB planning (via regional services planning, etc) may be required. DHBs within the region (or sub-region) shall use their collective judgement in applying the consultation guidelines, and determining the best process to follow.

Recognition for Consultation

4.13 The District Health Board normally funds the consultation it undertakes. This includes paying for communicating that: consultation is taking place, information about the issue and how to make a submission, and the decision and reasons for it.

4.14 In general, people being consulted will not be paid for their time or travelling expenses. Exceptions to this are where assisted transport is required for people who would otherwise not be able to participate. In these instances, reimbursements should be open and transparent, and may take the form of a petrol, travel or taxi voucher. Such assistance is to be documented.

Inconsistent Decisions

4.15 If the District Health Board's decision is significantly inconsistent with a policy or plan already adopted by the DHB, it will explain the inconsistency, the reasons for it and how the policy or plan will be modified to accommodate the decision.

4.16 The District Health Board will consider the views and preferences of people likely to be affected by, or have an interest in, the matter. Where the bulk of public submissions are contrary to the District Health Board's decision, the District Health Board will pay special attention to explaining to interested and affected parties the reasons for the decision.

Contributions by Maori

- 4.17 The District Health Board acknowledges its relationship with Iwi within the district, and its responsibilities under the NZ Public Health and Disability Act 2000 to establish and maintain processes to enable Maori to participate in, and contribute to, strategies for Maori health development. When consulting, it shall always inform its partner, Manawhenua Hauora (a consortium of local Iwi), and invite its participation.

Other Population Groups

- 4.18 The District Health Board acknowledges its responsibilities to foster community participation in its decision-making processes, including specific population groups which are, or may be, affected by the issue concerned.

5. DEFINITIONS

5.1 Consultation

Consultation, as defined in the *Air New Zealand and Others v Wellington International Airport Company Limited* (1993) case is:

“Consultation does not mean negotiation or agreement. It means:

- setting out a proposal not finally decided upon
- adequately informing a party of relevant information upon which the proposal is based
- listening to what others have to say with an open mind (in that there is room to be persuaded against the proposal)
- undertaking that task in a genuine and not cosmetic manner
- reaching a decision that may or may not alter the original proposal.”

In summary, consultation assists in:

- Gaining the “full picture”, understanding and identifying different communities’ needs and priorities
- Providing opportunities for citizens of the district to participate in the development of policy and strategic directions, to test new ideas
- Building positive relationships with consumers, providers and the wider community, encouraging cooperation, understanding, respect and support
- Enhancing decision-making. Input of information, opinions and ideas as well as feedback from communities helps identify and avoid pitfalls.

For the purposes of this policy, consultation does not mean clinical consultations provided in respect of a person’s health condition.

5.2 Communication

Communication aids in the generation of understanding within the health sector. In particular it helps in understanding the Government’s health policy, the timing of changes, and to pass on vital development-oriented information that could improve health and living conditions.

Communication is the thinking and action of sending a message from a source across a distance to a receiver, with the intention of producing an identical comprehension of the message sent by the receiver.

The definition and formula of communication opens the door to understanding this subject. By dissecting communication into its component parts, we can view the function of each and thus more clearly understand the whole.

5.3 Engagement and Participation

This is a process where the organisation (or part of the organisation) seeks external feedback on specific issues. It can take the form of a formal or informal process that enables the free flow of information between the District Health Board and the community, and enables the community to participate in the matter. (Refer Appendix C)

5.4 Information

This is the dissemination of information distributed by MidCentral District Health Board on a particular subject, at a particular time. There is no engagement or consultation on the distribution of this information.

5.5 Consultation Document

A document which sets out the issue under consideration, its significance and its likely outcomes.

5.6 Consultation Plan

A plan of how the consultation will be undertaken, including the method of consultation, timelines, communication strategies, how information will be provided and elicited, how results will be analysed and reported. It should also cover an evaluation of the consultation process.

6. REFERENCES

- i. Ministry of Health's Public Consultation Guidelines for District Health Boards (latest version, www.health.govt.nz)
- ii. Ministry of Health's Service Change – Rules, Principles and Processes for District Health Boards (latest version, www.health.govt.nz)
- iii. Ministry of Consumer Affairs' "Consumer Representation: Consulting Consumers" booklet
- iv. The New Zealand Public Health and Disability Act 2000
- v. New Zealand Public Health and Disability (Planning) Regulations 2011
- vi. The Employment Relations Act 2000

7. RELATED MDHB DOCUMENTS

[MDHB-2002](#) Communications Policy

8. FURTHER INFORMATION/ASSISTANCE

Communications Unit

9. APPENDICES

[Appendix A](#) Guidelines for Consultation Hearings
[Appendix B](#) Analysis of Submissions: Reporting Template
[Appendix C](#) Engagement and Participation
[Appendix D](#) Checklist

10. KEYWORDS

Consultation, Regional Strategic Plan, Annual Plan, Service Change

Appendix A

Guidelines for Consultation Hearings

1. Hearings are the opportunity for people/organisations to speak direct with the Board or its representatives (the Hearing Committee) regarding their submission.

MidCentral is committed to an open and transparent decision-making process. Consultation processes, including submission hearings, are another means of enabling public participation. They provide one mechanism in which MidCentral can obtain a cross section of views and input on specific issues.

Hearings are open to the public.

2. Hearing Committees are appointed by the Board.
3. It is important that submission hearings are a positive experience for all involved.
4. Only people/organisations who have made a submission (be this written or oral) during the submission phase, and who have requested the opportunity to present same, are able to speak at the hearing.
5. All presentations must be in relation to the submission made by the submitter.

These submissions (including a transcript of any oral submission received) are to be provided to members of the hearing committee prior to the hearing.

The order paper for the hearing is to be made available to the submitter prior to the meeting.

6. As a rule of thumb, no less than five minutes and up to 15 minutes in total should be allowed for each submission.

If an organisation elects to be represented by two or more persons, the total time should not exceed that given to an individual submitter, ie if the time allocation is 10 minutes a submission, an organisation represented by three people gets 10 minutes in total, not 30.

Time needs to be allowed for the changeover of submitters.

7. Presenting to a hearing is often a daunting task for those involved. It is important that the environment for hearings should be as friendly (welcoming) as possible. People must be aware of the process before the meeting starts. They must also be aware (before the meeting starts) of the time provision they have been given, eg 10 minutes, and at what stage of proceedings they will be called upon.

The venue should be arranged so that the submitter can be clearly seen and heard by the hearing, and vice versa.

8. Every effort should be made to support people in speaking to their submission and to meet any special requirements they may have. For example, sign language interpreters provided for the deaf.

9. Hearings are open to the public, and people should be able to clearly hear and see both the hearing committee members and the submitter(s). They should also be able to follow the order of proceedings, and have access to a copy of the submissions (including transcripts of oral submissions) which are being presented.
10. The hearing should open with a warm welcome to all present, including the introduction of committee members, and a clear outline of the process and order of the day.
11. The Chair, or a designated officer, should call each person's/organisation's name at the appropriate time.
12. The submitter(s) should not be interrupted, either by the hearing or the public, during their presentation.
13. Members should not debate on the viewpoint proffered, or the perceived merit of the submission.
14. It is important that submitters feel assured that the hearing committee understands the point(s) they have made. As such, members of the hearing committee are encouraged to ask questions of clarification.
15. At the conclusion of the day, the Chair (or designated person) should summarise the process (thereon out), ie when a decision will be reached after the hearing and by who.
16. Minutes of the hearing committee should be recorded, and provided to the Board, or its committee. They shall also form part of the consultation analysis report.

Appendix B

Analysis of Submissions

: Reporting Results to Board

Recommended Template

For **each issue** raised by submitters the following template should be completed. If feedback from submissions falls into 10 areas, then 10 templates will be required.

These templates should then be submitted, with a covering report. The covering report should include the recommendation in respect of each issue (template). These should be ordered to align with the consultation document.

Issue: *Identify issue, and, the relevant part of consultation document*

Analysis relevant to points raised by submitters: *Provide an analysis of the points raised.*

Recommendation: *Provide management's recommendation in response to points raised.*

CROSS REFERENCE

Submission No <i>MDHB ref number</i>	Submitter <i>Name of submitter**</i>	Submission <i>Key point(s) raised by submitter re this topic</i>	A, R, C, V, D* <i>Identify whether the submitter agreed or disagreed with the proposal, sought a variation, requested an additional feature, or provided comment.</i>	Comment <i>Any general comment</i>

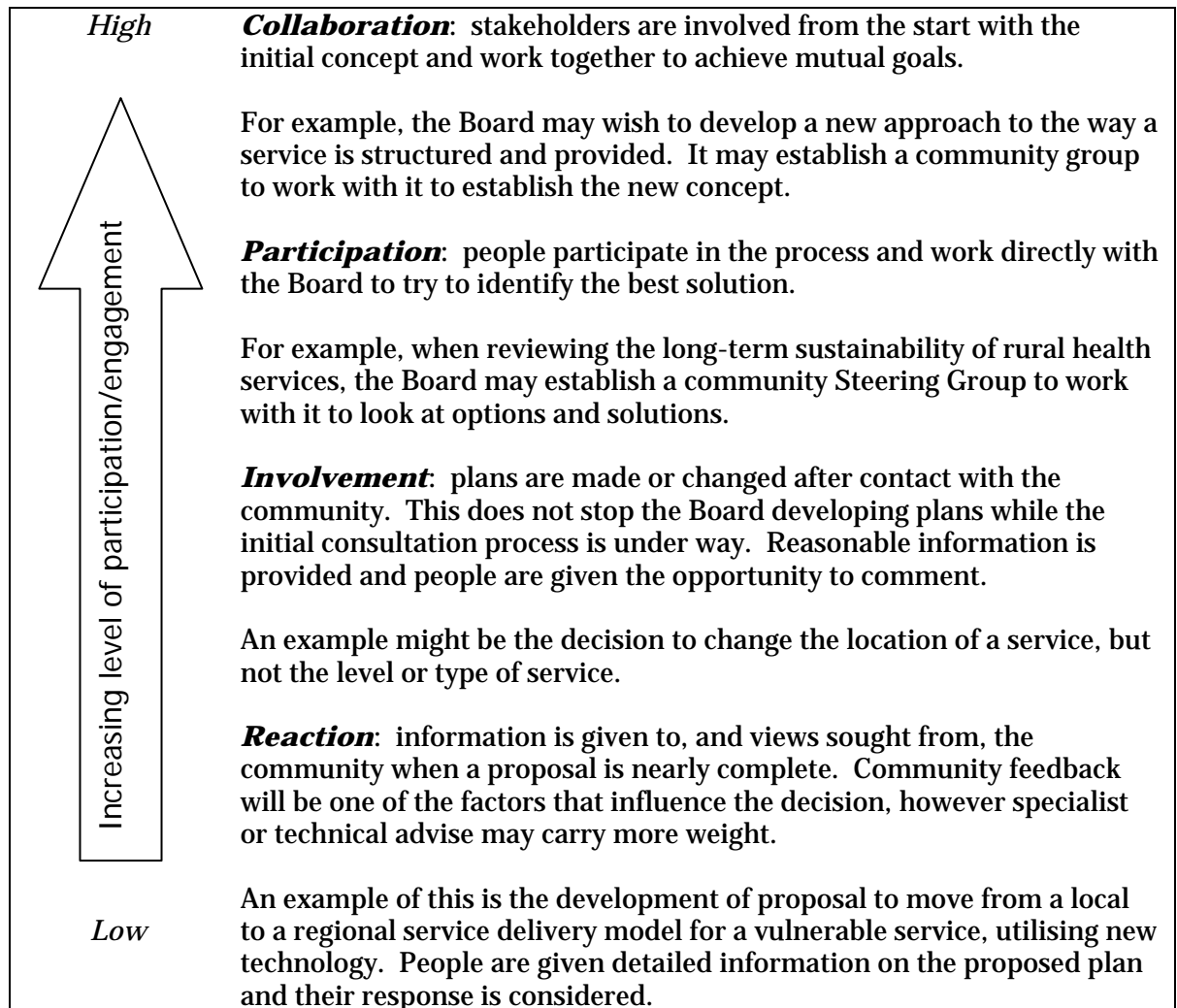
*Agree, request, comment, vary, disagree

**Do not include name of submitter if the person has specifically requested that it not be included.

Appendix C

Determining the level of Participation/Engagement

A range of participation levels exist. Choose the one most suited to each proposal or decision that is to be consulted on. Different levels of participation may be appropriate with different stakeholders and at various stages of the matter in question.



Appendix D

Consultation Planning Checklist

	<i>General</i>
1.	Project leader identified
2.	If sub-regional or regional consultation, obtain “in principle agreement” of boards and CEOs re responsibilities and consultation process management
3.	RC code allocated to project
4.	Ensure budget allocated, reflective of estimated volume of submissions expected
5.	Postal address identified
6.	0800 telephone number established
7.	Facsimile number identified
8.	Project email address established
9.	Web page developed
	<i>Timeline</i>
10.	Develop detailed project timeline, ensuring all aspects of the consultation process are incorporated and that sufficient time is factored in for each stage
	<i>Development of the Consultation Document</i>
11.	Key messages identified
12.	Key areas for feedback identified
13.	Ensure key timelines agreed, eg deadline for submissions, date of board’s decision
14.	Personnel and services to review document identified
15.	Draft(s) developed (note submission form component section as below)
16.	Approval process factored in, eg Communications, General Manager, CEO
17.	Board/Committee schedule factored in for final approval
18.	Cover developed
19.	Graphics identified
20.	Stakeholder mailing list identified (email and/or postal as appropriate)
21.	Number of copies identified
22.	Printers booked
23.	Printing time allocated
24.	If sub-regional/regional consultation, check everything is aligned
	<i>Develop Submission Form</i>
25.	Identify key demographic information required to analyse submissions, eg geographic area, age, ethnicity, gender
26.	Identify key questions to be asked
27.	Ensure Privacy & OIA Act requirements incorporated
28.	Hard copy and electronic version of submission form
29.	Test submission form (eg ease of analysing, ease of copying excluding confidential information as per Privacy Act requirements, etc)
30.	Establish database to align with submission form
31.	Test electronic form and database, including ability to extract data for analysis, and, ability to use data for acknowledgement letters
32.	If sub-regional/regional consultation, check everything is aligned
	<i>Modes of Making a Submission</i>
33.	Determine submission entry points (particularly in sub-regional and regional initiatives) to ensure all will be captured and acknowledged

34. Arrange and document process for receiving and acknowledging submissions, and ensure all involved are well briefed as to their role.
35. Arrange resource to minute consultation meetings
36. Arrange transcribing service for verbal submissions
37. Test submission process
38. Determine if free-post service required for hard copy submissions and make arrangements as necessary
39. If sub-regional/regional consultation, check everything is aligned
40. *Distribution*
41. Labels and envelopes prepared
42. Pick-up points identified, ie where plan will be available from
43. Arrange for documents to be placed on website
44. If sub-regional/regional consultation, check everything is aligned, ie distribution occurs at the same time; website content consistent and available at same time
45. *Consultation Forums*
46. Number of meetings/hui/fono determined
47. Geographic location of meetings/hui/fono determined
48. Accessible venues identified and booked
49. Facilitators identified
50. Presentation material developed
51. Presentation aids arranged
52. Scribe organised to document key meeting(s)
53. If sub-regional/regional consultation, check everything is aligned and whole combined district is covered
54. *Communication*
55. Identify critical points for media statements
56. Identify key media outlets
57. Arrange media briefing(s)
58. If sub-regional/regional consultation, check everything is aligned
59. *Consultation Acknowledgements & Analysis*
60. Test database
61. Develop acknowledgement letters
62. Determine hearing dates
63. Arrange administrative support for acknowledgement process
64. Ensure resources in place for analysis process
65. Ensure management staff availability to assist with analysis process, particularly management response to issues raised
66. Document analysis findings and submit to board
67. Ensure analysis findings document is provided to all submitters, and made available on website
68. If sub-regional/regional consultation, check everything is aligned
69. *Hearings*
70. Seek Board decision re membership of Hearing Committee
71. Establish Hearing date(s), ensuring sufficient time provided to enable a copy of submitters' submission to be included in agenda, and, time for distribution of agenda to members, noting legislative requirements re public availability of agenda
72. Develop order paper and agenda in accordance with Board policy
73. Double-check that privacy requirements met

74. Ensure order paper available to all submitters to present to the hearing prior to the meeting, and that full copy of all submissions available
75. Ensure copy of agenda available on website
76. Ensure copy of Hearing Committee minutes form part of analysis process

Report and Recommendation to Board

77. Determine timing for presentation of analysis of submissions and arrange for inclusion on Board order paper
78. Determine timing for presentation of final report and recommendation to Board and arrange for inclusion on order paper
79. If sub-regional/regional consultation, check everything is aligned, ie all Boards get the same information

Evaluation

80. Identify parties to be approached to complete the evaluation exercise
81. Develop key questions to be asked, and rating scale
82. Conduct evaluation
83. Develop draft report and provide to Steering Group for comment
84. Submit report to Board, CEO and communications unit
85. If sub-regional/regional consultation, do one evaluation is possible