

HEALTH AND WELLBEING BOARD

4 June 2013

Title:	Draft Engagement Strategy		
Report of the Corporate Director of Adult & Community Services			
Open	For Comment		
Wards Affected: None	Key Decision: No		
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Summary: <p>The Health & Wellbeing Board occupies a central position in facilitating the integrated planning of health and social care services. As such, it is essential that its discussions and decisions are informed by the views of those who use services, those at the front line of providing them, and the wider public. Healthwatch has a core role on the Health & Wellbeing Board in this respect, but there is a wider piece of work to be undertaken to ensure that the right information is being used to inform decision-making, and that engagement activity across partner agencies is being 'joined up' effectively.</p> <p>This report begins a discussion about the development of an engagement strategy to support the work of the Board, setting out some principles to underpin the work and proposing some immediate actions to be taken to begin to shape the future strategy.</p>			
Recommendation(s) <ul style="list-style-type: none">• To note the contents of the report, comment on and shape the emerging thinking about a community engagement strategy.• To agree the specific proposals at 3.1 concerning the way forward for developing the strategy in the short term.			

1 Introduction

- 1.1 As a democratically-led focus for the whole health and social care economy, the Health & Wellbeing Board has a critical role in ensuring that plans for the development of health and social care services are both integrated and founded on the views and experiences of service users, carers and the general public. The position of Healthwatch as a statutory core member of the Board reflects this role.
- 1.2 However, Healthwatch cannot be the sole conduit for information and views on the future direction of services and the Board must ensure that it is engaging with the views of a wide cross-section of service users, residents, carers and frontline health and care workers. It is proposed, therefore, that the Board develop an engagement strategy.

2 Approach to developing the strategy

- 2.1 Having established a sub-structure, and to ensure that any future engagement strategy is grounded in the existing work of service providers, community organisations and commissioners, it is proposed that the development of the strategy is directed through the substructure. Details for this are described below.
- 2.2 As a sound starting point, the Learning Disability Partnership Board (LDPB) has established a set of three 'forums' to guide its work, and to promote the involvement of service users, carers and providers/professionals respectively. The forums will identify representatives to join the LDPB's discussions, and to channel information and views in both directions. As a starting point, this model is encouraged for other subgroups (mental health, integrated care/older people and children/maternity in particular), with adaptation to take account of existing work and structures or to fit with the particular priorities that the subgroups are pursuing on the Board's behalf. As a particular example, the Council, working with partners, has established comprehensive mechanisms for the engagement of young people in both service development and enhancing civic responsibility.
- 2.3 However, it is important that the Board set some overall principles to guide this work. The Board is invited to comment on or amend the following proposed direction to the sub-groups in thinking through their approach to balancing their strategic priorities (identified through the strategy), and shaping their work to deliver them, with the views of residents, service users and frontline professionals:

a) Balance of strategic focus and responsiveness

The work of the Health & Wellbeing Board and subgroups should be directed by the evidence gathered through the JSNA, and the priority setting which is undertaken at Board level, but should also be responsive to further shaping by those who will ultimately deliver the services (providers/professionals), and those who will use them (service users or carers), or expect them to be provided to an excellent combination of quality and value for money (residents). Therefore, there should be a balance struck between allowing those engaging with the group to shape the agenda, but maintaining a clear strategic purpose that has been established through the Board and as part of the Health & Wellbeing Strategy. How this balance is struck for each area of Health & Wellbeing Board business is to be determined by the relevant subgroups of the Board.

- b) **Proactive communication is fundamental**
In terms of the focus of engagement, This will mean that proactive communication will be a priority, in order to ensure that the aims of the Board and the subgroups are well-understood by those working with the group.
- c) **A range of methods and opportunities to influence**
The engagement mechanisms chosen should provide a range of methods by which people can engage (and so should not provide only formal meetings of representative groups). Online methods are to be considered, but not at the risk of creating or reinforcing a 'digital divide' by excluding those without access.
- d) **Engagement that fosters the richest conversations**
The focus of engagement should bridge gaps between service users, carers and providers/professionals in order to promote more robust and innovative solutions to the issues that are being explored or tackled.
- e) **Making sure the information is channelled and properly deployed**
Chairs of subgroups, and those supporting them, will need to be proactive in ensuring that feedback received 'on the job' (as opposed to through particular engagement exercises) is fed back up to the Board to inform its discussions and business, and to Healthwatch to support it in its lead role around promoting the patient, service user and carer voice in local service development.

2.4 As well as the work of the sub-groups, the Health & Wellbeing Board itself will need to establish methods of engagement that can support it in its activities. The principles that underpin this work (on which the Board is invited to comment) will include those above, but additionally might include:

- a) **Minimising duplication**
A recognition that the partner agencies have a multitude of established and developing programmes for engaging people in their work, and that the detailed work on programmes that come under the Health & Wellbeing Board's remit, is invariably taken forward by one or more agencies individually or working together. Therefore, its engagement needs to use and strengthen these existing mechanisms, not bypass them. This will include use of the Council's social media outlets for developing conversations about the development of health and social care services locally.
- b) **Distilling the information to key, well targeted messages**
The time available for discussions at the Board is relatively limited and that, therefore, those contributing reports will need to be able to present a succinct summary of views expressed on proposals, drawn from a range of sources. This information will become increasingly important in guiding decisions as the Board becomes more secure in its role and takes on a more central role in the shaping of the local health economy.
- c) **Conflict to be expected, and will require management**
Conflicting views are to be expected, and that the Board will need to become adept at sifting and judging competing interests where there is an inevitable lack of consensus in the feedback provided.

3 Specific proposals for development of the Engagement Strategy

3.1 To pull together a high level set of proposals around engagement, the following specific actions are proposed:

- a) That sub-groups have engagement as an early item (first or second meeting), specifically to review how they link to existing forums, what gaps they have, and what tools and techniques they intend to deploy to ensure their work is grounded in the views of those affected;
- b) This work to be collated into an engagement strategy 'map' showing the connections, information flows, and early specific plans for events, consultations and web developments;
- c) That Healthwatch, the Health & Wellbeing Board support team and the CCG Operations team join together - with others who may be keen to contribute - to shape how the Board itself can use information being gathered through the emerging strategy, including online, written and face-to-face methods, and the expectations on how reports are crafted to include reference to feedback from residents and service users;
- d) That the Health & Wellbeing Board support team pull together an overview of how the Council's social media channels and the website may be used by the Health & Wellbeing Board, with input from the Corporate Communications team, in order to feed this into the developing strategy.

3.2 A report is proposed to come back to the November meeting, providing the draft Engagement Strategy for approval, with an interim progress update in September.