

HEALTH AND WELLBEING BOARD

10 DECEMBER 2013

Title:	Engagement Strategy & Mechanisms: Update	
Report of the Corporate Director of Adult & Community Services		
Open Report	For information	
Wards Affected: ALL	Key Decision: No	
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Sponsor: Anne Bristow, Corporate Director of Adult & Community Services		
Summary: <p>At its meeting in June 2013, the Board agreed an approach to developing an Engagement Strategy. The approach centred on the subgroups of the Board, and requested each group to schedule appropriate discussions with a view to setting out their approach to engagement, the mechanisms they would use, and priorities for engaging with the public, service users and carers.</p> <p>The subgroups of the Board are all at different stages of development and have made different inroads into establishing their engagement mechanisms and priorities. This report summarises progress and invites Health & Wellbeing Board comment. It proposes a simple next step to support the proposed mapping of connections and activity across the work of the health and social care partnership.</p>		
Recommendation(s) <p>The Health and Wellbeing Board is recommended to:</p> <ul style="list-style-type: none">• Note the progress on engagement to date;• Provide feedback to the subgroups on areas to be developed; and• Agree the recommended approach to moving the discussion forward, set out in Section 5.		

1. Background

- 1.1 As noted in the June report to the Health & Wellbeing Board, the Health & Wellbeing Board has a critical role in ensuring that plans for the development of health and social care services are “founded on the views and experiences of service users, carers and the general public”.
- 1.2 The report noted Healthwatch’s position as a statutory core member of the Board reflects this role, but went on to observe that “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.
- 1.3 It was therefore proposed that the Board develop an engagement strategy to inform this work, and in discussion it was felt that this was best undertaken by the sub-groups. Amongst actions arising from the discussion were:
 - Subgroups to have engagement as a discussion item in order 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.
 - This work was then to be collated into an engagement strategy ‘map’ showing the connections, information flows, and early specific plans for events, consultations and web developments.
 - Healthwatch, the Health & Wellbeing Board support team and the CCG Operations team join together - with others who may be keen to contribute - review the strategy map and 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.
 - The Health & Wellbeing Board support team to 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.

2. Board Approach

- 2.1 The Health & Wellbeing Board itself has made some steps towards improving its engagement with service users, the public and providers, although there remains much to be done. The Council’s corporate approach to publicising health campaigns, and to soliciting feedback from the community on relevant matters, is also of support to the Board.
- 2.2 The Twitter feed (@BarDagHWBB) went live on 8 July 2013, since when 179 tweets have been published to (currently) 74 followers. These include professional and user representative organisations, think tanks and local individuals. In terms of opening up access to the Board meetings, around 47 tweets were sent during the course of November’s Board meeting, as well as pre- and post- links to the minutes and agenda pack.
- 2.3 The Council’s webpages have been reviewed to improve the clarity of information that they contain about the work of the Health & Wellbeing Board and the Council’s

general responsibilities for the improvement of the health of the population following the transfer of public health. It is recognised that there is still some work to be done to improve the online information offer in this regard.

- 2.4 The Council has initiated a substantial work programme to meet the new responsibilities expected from the Care Bill, which include new duties for the provision of information and advice on social care. As a first step, a new social care website - Care & Support Hub (careandsupport.lbbd.gov.uk) - has been created. The site includes information pages, a service directory and a Personal Assistant Finder, which allows PAs to promote their services and service users to browse and contact them. As part of the development of the website, Healthwatch supported the Council in convening a group of service users to advise on the initial designs and content.
- 2.5 On 13 November 2013, under the Board's banner, a workshop at the Barking & Dagenham Partnership focused on engaging local professionals and members of the Partnership in the issues around mental health, linking into the work of the Health & Adult Services Select Committee on mental health and austerity. A range of local services and projects, including mental health service user groups and self-help systems such as 'Big White Wall', were provided with the opportunity to explore the services that they offered, and feedback was sought from delegates to the conference.

3. Health & Adult Services Select Committee

- 3.1 The Health & Adult Service Select Committee have undertaken in-depth scrutiny reviews of diabetes services (published early 2013) and the impact of austerity and the recession (currently underway). The Board received the diabetes report, and planned actions in response to its recommendations.
- 3.2 The scrutiny review had engaged with a wide range of professionals and service user groups, with the Chair of the local Diabetes Support Group co-opted to the Committee, leading to review conclusions that are soundly based on the views of local users of services.

4. Sub-group activity

- 4.1 The request for sub-groups to give consideration to their approach to engagement was made at a point when, in the case of some sub-groups, they were still establishing themselves, agreeing priorities and clarifying membership. There has been some progress in all cases, although it is, for the most part, less formal than was originally intended.

Mental Health Sub-Group

- 4.2 At their meeting on 14 August, the group agreed to organise an event to capture public voice regarding mental and physical health conditions. A task and finish group was established to deliver the event, which is planned for the first quarter of next year. The group consists of Healthwatch, Public Health, NELFT, the Mental Health service user engagement group, and the Council's Children's Participation team, and they have begun to agree an outline for what will happen at the event. The focus will be on the experience of residents with long-term conditions and their

access to mental health support, looking to improve the complex interactions in services.

- 4.3 An event took place at the Broadway Theatre on World Mental Health Day, with a good representation from service users meeting members of the Health & Adult Services Select Committee and senior officers to shape the findings of the report being prepared by the Select Committee on mental health and austerity. The service users took the opportunity to highlight a number of concerns, including anxiety around Universal Credit and Benefits Assessments; supporting people who have experienced mental ill health to up-skill for work; and feelings of victimisation in the workplace.

Older People and Integrated Care Sub-Group

- 4.4 The Older People & Integrated Care Sub-Group has been principally focused on local co-ordination of the work of the Integrated Care Coalition and Urgent Care Board, and scoping further work on End of Life Care and frequent attenders at A&E. As such, opportunities have not yet arisen for detailed engagement activity.
- 4.5 However, the group has considered how information about patients' preferences is transferred when care is transferred, reviewing the Integrated Case Management assessments to confirm that they are adequate for maintaining patient/service user voice during transfers of care.
- 4.6 In September, B&D CCG Governing Body approved the trial of a new model of intermediate care. The trial, to run from November 2013 to March 2014, includes the establishment of a new home-based intensive rehabilitation service (IRS) and expansion of Community Treatment Team (CTT) to operate from 8am to 10pm. It was agreed that the trial would 'double run' with the existing community bed-based intermediate care services to provide an opportunity to test the effectiveness of the new model. These developments form part of the Integrated Care work programme.
- 4.7 The approval of the trial was subject to the condition that intensive engagement with service users was to be undertaken during trial period to understand their experience of the new services and thoughts on the proposed model.
- 4.8 A multiple strategy engagement plan has been developed for Barking & Dagenham to maximise engagement of both potential service users and those who have been supported by the Community Treatment Team and Intensive Rehabilitation Service. The engagement strategies sought to understand patient thoughts about the proposed model and their experience of using the new services to inform further development. Engagement activities will be jointly undertaken by NELFT and the Barking & Dagenham, Havering and Redbridge CCGs between November 2013 and January 2014.
- 4.9 Engagement strategies are summarised as follows:
- NELFT Patient Engagement Forum;
 - Exit surveys completed by patients who have been through IRS and CTT services;
 - Patient satisfaction survey;

- Follow up phone calls to patients post discharge from IRS/CTT- a standardised 'script' has been developed to illicit information regarding patients experience of the new services;
- CCG Patient Engagement Forum;
- Healthwatch focus group.

4.10 Progress and outputs from the engagement activity will continue to be reported through to the Older People and Integrated Care Sub-Group.

Learning Disability Partnership Board

- 4.11 In many respects, the Learning Disability Partnership Board (LDPB) has the most established and active engagement programme to support its work. When established, the LDPB was accompanied by the establishment of a Service User Forum, Family Carer Forum and Professionals and Providers Forum. These have been meeting regularly and there have been reports between those and the LDPB itself. The LDPB has held 5 meetings and the themes have included health, community safety, quality assurance and autism. Future themes include housing, community safety and safeguarding and employment, skills and training. The LDPB has produced a newsletter to share information. These will be produced on a quarterly basis.
- 4.12 The first meeting of the Service User Forum was very well attended, with over 80 people present. There have been five meetings since it has been established. Due to the high numbers attending the first meeting a decision was taken to limit attendance to three representatives per organisation to ensure effective and engaging discussions can take place. It is to be noted that, whilst historic engagement activities were successful with those with learning disability not eligible for local authority services, the new arrangements are much more inclusive, with service users from a range of care settings and types of care delivery alongside the continued involvement of those without eligible care needs.
- 4.13 Three service users have been voted to represent the Forum at the LDPB. Unfortunately one Service User representative has recently stood down from the role. This arrangement is under on-going review to confirm that it delivers the representation and involvement that was intended, whilst the LDPB also works through the business that it is required to deliver for the Board.
- 4.14 As part of collecting 'people's stories' for the Self Assessment Framework (SAF) an art activity was facilitated with service users to collect positive and negative stories and gain feedback on improvements for the future. In order for the forum to hold meaningful discussions it is felt that the meetings should be held quarterly in a more conference style setting using facilitators and engaging participants in activities. Discussions at other meetings have centred around Winterbourne View, the Children and Families Bill and Learning Disability Week.
- 4.15 The Family Carer Forum has held five meetings. Attendance has been fairly low averaging around eight attendees. The Forums are working with local carer organisations to disseminate information and encourage people to attend. They have recently mailed 87 and emailed 19 carers to invite them to the meeting. A Chair and Family Carer representative has been appointed.

- 4.16 Some of the issues that have been discussed at the Family Carer Forum meetings include the Self Assessment Framework (SAF), the Francis Report, Fulfilling Lives, Learning Disability Week, Winterbourne View, the Children and Families Bill, Fairer Charging and invoicing, welfare benefits changes and the role of Job Centre Plus.
- 4.17 The Professional and Providers Forum meet quarterly and have held two meetings so far. Two representatives have been elected to sit on the LDPB. Discussions have taken place around closer partnership working and a model of support for people with complex needs.

Children & Maternity Sub-Group

- 4.18 At the meeting on 29 May a discussion was held on representation of children and young people through Healthwatch. A paper about the Clinical Commissioning Group's engagement with children and young people formed the basis of the discussion. It was agreed that the CCG would invest £10k in commissioning work through the Children's Services Engagement Team.
- 4.19 The delivery plan, to be agreed, will include use of a range of mechanisms including Young People's Development Forum, focus groups with the specific parent groups, the BAD Youth Forum, and work with the Young Inspectors and in schools.
- 4.20 Work has started with the Young Inspectors. The Young Inspectors are visiting General Practice Patient Participation Groups to support improved engagement of young people in these groups, with the aim of supporting general practices to develop their service delivery for young people.

Public Health Programmes Board

- 4.21 The Public Health Programmes Board covers many of the areas about which campaign information would be disseminated to the public. At the meeting on 16 July, there was a discussion about forthcoming campaigns which included International Day Against Violence Against Women (White Ribbon Day), Movember, Stoptober and World AIDS Day.
- 4.22 Actions have been agreed around outreach work with teenagers regarding Chlamydia testing and prevention, in response to reviews of the data regarding testing uptake.
- 4.23 Planning is underway for the Board's agreed Obesity Summit, with the intention of widening the professional and public influence on work to reduce obesity. This will take place on 16 December, and the Public Health Programmes Board will assimilate the outputs from the event and consider the impact on current plans and commissioned activity around obesity.

5. Recommendations

- 5.1 To move this work forward, it is recommended that a discussion be timetabled at the next available meeting of each sub-group, to a series of questions as set out in Appendix 1. They are intended as a guide, to structure discussions, and are relatively self-explanatory. The Learning Disability Partnership Board may not need to undertake this exercise, but may find a 'refresher' discussion useful.

6. Mandatory Implications

Joint Strategic Needs Assessment

- 6.1 Considerable work was undertaken to engage a wider cohort of people in the development of the last Joint Strategic Needs Assessment. However, it remained an acknowledged deficiency that there was not more service user, carer, patient and public 'voice' in the findings of the JSNA. This should be made easier if the Partnership can embed engagement activity, aligned to its priorities, in the work to deliver the Strategy.

Health and Wellbeing Strategy

- 6.2 As above, the Health & Wellbeing Strategy responds to the identified priorities and issues in local health and social care services and the health of the population. Ensuring that it is shaped by the views of local people will be greatly facilitated by an approach to engagement which is 'everyday business'. This will not replace the need to consult specifically on future iterations of the Strategy, but if the mechanisms can be mapped across the main subgroups and Board priorities, then they will be readily available to support strategy development activities.

Integration

- 6.3 By focusing engagement activity on the subgroups, it is intended that 'holistic' views will be obtained, shared across all relevant partners and minimising consultation fatigue, and better aligned to the increasingly integrated approach to service planning and delivery.

Legal Implications

- 6.4 There are no legal implications as such but in terms of engagement with service users, carers and the wider public it is always good practice to bear in mind the principles of consultation laid down in case law known as the 'Gunning Principles'¹. These principles will be helpful in relation to the engagement strategy proposed in the report. Any failure to properly consult, especially if changes are to be made to particular services, could lead to judicial review.

(Implications completed by Dawn Pelle, Adult Care Lawyer)

¹

- (i) Consultation must take place when the proposal is still at a formative stage;
- (ii) Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response;
- (iii) Adequate time must be given for consideration and response; and
- (iv) The product of consultation must be conscientiously taken into account.