HEALTH AND WELLBEING BOARD

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DEVELOPMENT OF THE COMMUNICATIONS AND ENGAGEMENT STRATEGY

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Summary

This report provides the Health and Wellbeing Board with the findings of a "Stock take of Engagement" undertaken on behalf of the Board to support the development and implementation of the Board's Communications and Engagement Strategy. The report includes prioritised recommendations for the Board to consider.

1. Budget and Policy Framework

1.1. The Health and Social Care Act 2012 established Health and Wellbeing Boards in all top tier and unitary authorities as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

1.2. Boards have a statutory duty to involve local people in the preparation of Joint Strategic Needs Assessments and the development of Joint Health and Wellbeing Strategies (JHWS).

2. Background

2.1. In 2012, Medway's Shadow Health and Wellbeing Board developed a Communications and Engagement Strategy, which outlined the Board's principles in developing the strategy. The Board committed to "joining up its approach to communicating and engaging with our local community" so that good engagement is "systematically embedded across the whole of Medway's health and social care system"

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2.2. The need to add value by recognising and complementing partners' own duties to engage and involve, whilst reducing duplication was identified as a key priority.

2.3. The Board subsequently supported the commissioning of a stock take of current engagement activities across the five JHWS strategic themes. This work was undertaken by Public Engagement Agency (pea©) to develop a

proposal to support the delivery of the Communications and Engagement Strategy.

3. Proposal

3.1. The report-“Medway Health and Wellbeing Board Stock Take of Engagement - is attached as appendix 1.

4. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Failure to meet statutory duty to engage with the public	The JSNA and JHWS are developed without engagement from the public and stakeholders and subsequently fail to address local health and wellbeing priorities.	Develop processes for effective engagement with the public and stakeholders	Medium

5. Financial and legal implications

5.1 There are no direct legal implications arising from this proposal, which will be funded from existing budgets.

6. Recommendations

6.1. The Board is asked to consider the report and the recommendations arising from the stocktake.

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Background papers

Medway Shadow Health and Wellbeing Board Communications and Engagement Strategy v6, August 2012.

Medway Health and Wellbeing Board Stock Take of Engagement

January 2014

Final Report of Findings and Recommendations

The Public Engagement Agency

Table of Contents

Background and Context 3

Understanding What Good Might Look Like 4

Analysis and Planning 4

Design Pathways 5

Specify and Procure 5

Deliver and Improve 5

Key Engagement Skills and Competencies 6

Medway's Current Position 7

Feedback from Semi-Structured Interviews 7

Feedback from December Workshop 7

Conclusions and Recommendations 8

Annex 1 Structured Interviews with Engagement Leads 11

Annex 2 HWB Engagement – Maturity/Development Model© for Workshop 13.12.13 13

Annex 3 Social Isolation: Background paper for engagement workshop December 2013 14

Annex 4 Workshop Briefing Pack and Agenda 16

Background and Context

The Health and Social Care Act 2012 set out plans to transform health and social care, including the establishment of Health and Wellbeing Boards (HWBs) that took on their statutory functions in April 2013. These bodies have been tasked with enhancing democratic ownership and promoting the better integration of services across health and social care. They should be providing a forum for challenge, discussion, and the involvement of local people and other key stakeholders in the decisions they make. HWB's will need to ensure that citizen feedback is hardwired into their activities and support Healthwatch, a new consumer champion that has a statutory seat on the Board.

The Medway Health and Wellbeing Board (MHWB) recognises how important user voice and citizen insight is to its work. As part of its ongoing development programme the Board has commissioned Pea© to undertake a stock take of engagement activity taking place across the five priorities identified in the joint Health and Wellbeing Strategy (JHWS). This is intended to provide a baseline against which improvement can be made. The Board recognises that in an increasingly dynamic and complex health and social care environment, there are additional pressures on Local Authorities and their partners to use engagement processes that are highly collaborative and participative; based on principles of co-production and partnership working wherever possible.[1]

Over the last year, the MHWB has undertaken a number of engagement activities in relation to two of its statutory outputs – the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS). A combination of face-to-face engagement activity was conducted alongside an online consultation exercise. The Shadow HWB reviewed feedback from the event and online consultation and strategic themes were subsequently confirmed, along with priority actions. In this way there is a clear and demonstrable audit trail for how engagement activity informed deliberations and decision-making in line with best practice.

The MHWB is now keen to build on this good work. It is acutely aware that a more systematic approach is necessary in order to replicate good practice and deliver improved health and care outcomes. Early discussions with senior Medway Council staff and key MHWB members have indicated a strong desire to review health engagement alongside the broader consultation and engagement role that Medway Council currently provides.

Early feedback has also indicated that the stock take is an opportunity to:

- Improve MHWBs ability to define its expectations, outputs and outcomes for its developing engagement function
- Work out how the system "as a whole" undertakes engagement in order to avoid duplication, share resources and capitalise on existing expertise to support engagement around the commissioning cycle
- Reflect on the new challenges and opportunities associated with the transfer of public health to local authorities
- Confirm the specialist engagement skills and competencies required to deliver the new health and social care agenda
- Identify what is required in order to deliver integration with and ownership of the HWB, JSNA etc. alongside the commissioning of services.
- Clarify how high quality engagement with the public and people who use services can provide additional insight into the integration agenda.
- Support MHWB members to collaborate more effectively, with a specific focus on allocating finite resources where *"service de-prioritisation"* may be required.
- Support Healthwatch Medway to actively participate in the work of the MHWB

[1] Underpinned by principles described in the Localism Act 2011.

[2] Developed by the NHS Institute and *InHealth* Associates in 2011

Understanding What Good Might Look Like

The commissioning cycle provides a robust mechanism to appraise the "added value" that high quality engagement can bring to the core business of MHWB's. The following diagram has been developed for the Department of Health[2] to illustrate how consultation and engagement can support the commissioning process explicitly and begins to describe "what good looks like" in relation to a 21st century approach to engagement.

Analysis and Planning

(i) Identifying needs and aspirations, reviewing current service provision and deciding on priorities

Effective engagement will support commissioners (working with partners) to engage people in decisions about what they need, want, or aspire to in their locality. Using a range of quantitative and qualitative data this will help to develop a comprehensive picture of care needs and contribute to the Joint Strategic Needs Assessment (JSNA) on an iterative basis.

The best engagement activity will systematically gather information from a wide range of health and social care providers and the voluntary sector as well as other partners. Useful data including that from housing agencies, schools, emergency services, and criminal justice agencies and local businesses should be included to create a comprehensive picture. Community perspectives (people's preferences, their needs and expectations) are key. There may be particular issues, such as access for particular groups or communities, or inequalities that require a more proactive approach. A first class HWB will be looking to assure itself that partner organisations are utilising community development approaches and techniques in order to gather information and feed this into the planning of services as a matter of course. The MHWB may wish to lead by example in relation to its responsibilities in relation to the JHWS and JSNA. These activities should also complement the work of Overview and Scrutiny and Healthwatch.

(ii) Developing priorities and plans

The best commissioning organisations will use their engagement resource to involve communities in deciding how resources are allocated between priorities as well as helping to decide the priorities themselves. This may be of particular interest to the MHWB who will take a strategic overview of emerging priorities. In an

[2] Developed by the NHS Institute and *InHealth* Associates in 2011

environment where the LA and its care partners are increasingly expected to deliver more for less, and where there are aspirations to open up the market to greater competition, it becomes increasingly important to make decisions about possible reconfiguration or decommissioning of services transparently. There are particular approaches and techniques – often termed 'deliberative techniques' that can help when engaging the public in priorities, strategies and plans. These might include citizen's juries and participatory budgeting. Access to this type of specialist engagement expertise will support priority setting and planning alongside broader communications, PR and media strategies that can also explain the decision-making process more broadly to the community and others who may be affected.

Design Pathways

Engaging with users and cares to develop effective pathways and design services

There is robust evidence to demonstrate that using feedback from existing (and potential) service users can help to improve access to, and quality of services. User experience data can be used to improve the integration of care across services.

There is a growing suite of tools and techniques that can be used to map pathways and obtain insight. Co-design and participatory techniques need to be developed with the commissioners of services working alongside users. Specialist engagement skills can be used to deliver techniques such as simulation exercises, visioning, participatory workshops, user pathway mapping, patient diaries, user observation and "experts by experience". This often necessitates working with partners outside health and social care such as transport and housing. Critically, it should be part of the engagement role to ensure that information gathered is used to inform and influence decision-making in a systematic way across service areas. The MHWB will want to assure itself that members are engaging with users directly when develop or redesigning care pathways.

Specify and Procure

Work with citizens to procure services, manage demand and ensure appropriate access to care

Engaging citizens in the procurement of services has been an area that commissioners have often struggled with. Within the NHS, Primary Care Trusts (PCTs) were sometimes reluctant to involve patients and the public in this element of the commissioning process. Commissioners should, at the very least, use information gathered from service design and pathway improvement work (stage three) to set standards and outcomes for service delivery. The best HWBs will take an overview of this activity and expect its health and care commissioners to use this intelligence to inform contracts and service level agreements that could specify:

- What engagement activities providers should undertake
- What user experience data providers should be collecting
- Action taken in response to that data and impact assessment
- How they should be reporting the experience data and impact

The most effective engagement functions across HWB partners will facilitate patients, carers and the public to be more fully engaged in the procurement process. This can lead to traditional commissioning procedures being 'opened up' and informed by intelligence that comes straight from their citizens. People can help scan for innovation and good practice, identify potential providers and help commissioners focus on identifying providers who better meet the needs of patients. They can be directly involved in specific decisions about who provides services - contributing to the development of tenders and participating in decision-making panels. A gold standard engagement function operating at this level, will be providing appropriate support for citizens involved in these processes, ensuring clarity about their role on panels whilst also keeping the wider public informed throughout the process.

Deliver and Improve

Working with Citizens and partners to monitor service delivery and support effective performance management

Involving client groups and their carers to systematically gather experiential data is an effective way of maintaining high performance delivery. In the NHS this has become an increasingly utilised resource and the establishment of new Healthwatch organisations, commissioned by LA's provides a renewed opportunity to

consider user, patient and public perspectives when monitoring services. The final report of Robert Francis into the Mid-Staffordshire NHS Trust, published in February 2013, highlighted the need to focus efforts on the patient feedback and use this intelligence more effectively in order to improve accountability and monitor performance.

The best engagement teams working to support HWBs, will have the capacity to undertake these activities and to help identify 'what's working and what's not', in terms of quality of, and access to services and contribute towards learning for improvement. They will be able to liaise with other statutory agencies such as the Care Quality Commission and ensure that the HWB has an overview of what people are saying about the services they receive. This is clearly an area where more systematic work with local providers could prove fruitful.

Key Engagement Skills and Competencies

The following indicative list of skills and competencies are intended to provide a broad framework against which the MHWB can work with partners to recognise local engagement "expertise", build capacity and identify any gaps. The stock take has indicated that it is unlikely that any one organisation will hold expertise in all areas and participants recognised that there may be a need to bring in specialist expertise to build capacity across the system.

1. A thorough understanding of Medway's health and social care economy (provider and commissioner sides) and how user perspectives and feedback can support continuous improvement.
2. A practical understanding of how qualitative and quantitative data can be used by commissioners to inform and influence the decisions they make.
3. A working understanding and practical experience of how to utilise deliberative techniques in order to engage citizens in priority setting.
4. An understanding, and practical experience of using a range of co-design approaches and techniques such as simulation, user pathway mapping etc.
5. An understanding and practical experience of using a range of community development approaches and techniques and an ability to facilitate such sessions.
6. A working knowledge of how engagement can support the commissioning cycle across MHWB partners.
7. An ability to design and deliver engagement sessions using a range of tools and techniques including social research methodologies.
8. An understanding of how to engage with "seldom heard" communities.
9. An understanding of the partnerships and networks that operate in Medway alongside practical experience of partnership working.
10. An understanding of how Healthwatch, MHWB and overview and scrutiny functions can work together to improve service delivery.
11. An understanding of the regulatory organisations (e.g. Care Quality Commission, Monitor) that support the effective monitoring of services.
12. An understanding of, and practical experience of how, to support citizens understand and engage in procurement

Medway's Current Position

The framework above was used to broadly "assess" current engagement activity, through a series of semi-structured interviews with a number of key HWB stakeholders. These included officers from Medway Council, Medway Clinical Commissioning Group (CCG) and Kent and Medway Commissioning Support alongside a number of health and care provider organisations. Interview participants and topic areas are listed at Annex A.

Feedback from Semi-Structured Interviews

An analysis of the feedback obtained during the interviews identified a number of emerging issues and themes that included:

- The existence of pockets of "expertise" and good practice across Health and Wellbeing Board activities;
- Recognition that local health and social care providers also hold some expertise and experience of good engagement;
- Engagement activities are not routinely coordinated or systematic around the commissioning cycle;
- A lack of consensus around the levels and quality of engagement activity currently taking place;
- A genuine willingness to explore opportunities for better joint working around engagement;
- An appreciation that engagement practice might be improved by commissioners/providers working "more smartly" together;
- An urgent need for clarity about the formal, statutory roles and responsibilities in relation to health and social care engagement across providers, commissioners and MHWB;
- The absence of a shared or consistent methodology across the MHWB for assessing the impact engagement activity could have on commissioning or service improvement/delivery.

Interviewees were also able to make a number of suggestions around how engagement may be improved going forward. These can be summarised as follows:

1. There is a need to develop a shared understanding in relation to the expectations, outputs and outcomes of engagement, based on good practice and a recognition of the limited resources available;
2. A recognition that whilst individual organisations will inevitably need to undertake engagement activity "independently" there may be real opportunities to share and consolidate engagement activity across the Medway system;
3. There is a need to "recognise, develop and build" on existing good practice and to confirm the specialist engagement skills and competencies required to undertake good engagement practice;
4. A growing consensus that "high quality" engagement is not an end in itself, but a practical mechanism that must support integration alongside improved commissioning practice and service delivery;
5. There is a need for "strategic engagement" input alongside practical local capacity building;
6. Medway needs an incremental approach to engagement that supports improvement over time;
7. Healthwatch Medway has an important role as "consumer champion" on the HWB and must be supported to develop this role over time;
8. That aggregating feedback held across organisations will build a better local picture and support "early warning" systems identified by Francis and patient safety and quality outlined in the Keogh and Berwick reports.

Feedback from December Workshop

These issues and themes were discussed in more detail during a half-day workshop held on the 13.12.13. The programme is attached at annex 4 for information. Workshop participants were asked to respond to emerging themes by reflecting on a development/maturity model that had been developed by Pea© following the structured interview feedback. Alongside this, participants were able to use an exemplar case study around social inclusion to work through some of the practical implications of working more effectively together across the engagement piece in order to deliver better outcomes across both the commissioning and provision of

services. The social exclusion background paper produced by Medway Public Health team is included for reference at Annex 3.

Feedback from the workshop highlighted that whilst the MHWB is only *directly* responsible for engagement across the JSNA and JHWS, as system leader, it could usefully promote a shared understanding of good engagement practice across partners. Participants suggested that this might be integrated into MHWB work planning so that capacity and technical expertise can be identified as early as possible, alongside opportunities for collaboration across the system.

Participants recognised that, notwithstanding the significant changes that were occurring across health and social care, there was a need for staff with patient and public engagement responsibilities (or patient experience portfolios), to come together more regularly to plan a systematic and coordinated approach to engagement across Medway. It was suggested that the MHWB could take a lead role in coordinating a network to ensure that good practice is shared and learning identified.

There was real consensus that all local partner organisations should develop engagement strategies that "exploited" existing contacts/interventions with people who use services. Some simple examples of how provider staff may gather feedback from people with whom they have regular contact were given, particularly those delivering domiciliary care.

There was a proposition that a number of local third sector organisations and community groups may already hold good information about how people experience health and social care services. There was agreement that the HWB could usefully coordinate or sponsor a programme of work mapping these organisations and the intelligence that they hold. Once identified a system for ensuring that this intelligence is channelled to relevant health and social care commissioners/providers could support service improvement across the Medway system.

Participants suggested that the development of a database or repository of local engagement intelligence and feedback would be useful. This could build on information already held as part of the JSNA. This repository would facilitate the better sharing of feedback across local partners and avoid duplication. To be progressed, this project would need specialist support and an agreed specification developed in consultation with MHWB partners.

Finally, participants were keen that the MHWB coordinate evidence of the impact and benefits of good engagement across the local health and care economy. The refreshed JSNA could begin to describe some of the benefits that engagement activity had delivered and this could be developed over time into a portfolio of good engagement practice.

Conclusions and Recommendations

It is clear from feedback obtained during the programme outlined above, that the HWB's decision to commission a stock take of engagement was both timely and insightful. Stakeholders from across commissioner and provider organisations recognised the need to *"take engagement to the next level"* alongside an operational necessity to *"develop a shared understanding of what good looks like, share expertise and collaborate more effectively whenever possible"*[3].

These aspirations are helpful when set alongside the increasing need to focus on quality, safety, service improvement and integration. The willingness of partner organisations to focus on community engagement issues is extremely helpful to Medway's HWB as it develops its own strategic position going forward. This role is critically important but has, over the course of the stock take, been questioned by interviewees and workshop participants who have suggested that there may be some confusion about the extent to which the HWB undertakes engagement activity itself, or simply supports and coordinates the work of others.

[3] Quote from workshop participant 13.12.13

Pea© suggests that a useful way of clarifying the position might be to build on the work undertaken in 2012 by the Local Government Association, Department of Health, NHS Institute for Innovation and Improvement and NHS Confederation[4] where it was has been suggested that:

"[Every Health and Wellbeing Board] has responsibility to ensure effective engagement is embedded within its day-to-day business and is taking place through the commissioning and delivery of services".

The MHWB has a legal duty to involve the local community, including people living in different geographical areas, communities of interest and seldom heard groups, when undertaking Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). All policy documents and governance arrangements should reflect the HWB's responsibility for engagement. As new issues emerge, they should be routinely *"screened*" for engagement implications and required actions, alongside a review of the capacity and resources available to meaningfully involve local people across HWB activities.

This *direct* responsibility to ensure effective engagement across the JSNA and JHWS should not however be confused with the responsibilities of individual HWB partners' duties to consult and engage. The CCG for example, has very specific legal duties to consult and engage with patients and the public when commissioning services[5] and there are similar duties placed on local authority commissioners. Given these circumstances the obvious role for a proactive and mature HWB could cover 4 key areas:

I. To ensure that there is an agreed set of public engagement principles that can be utilised by partner organisations, evidenced and tested;
II. To assure itself that there is the capacity and resources available to support effective community engagement, coordinating and facilitating the joining up of resources across the health and wellbeing system;
III. To work directly with Healthwatch in ensuring that it has the resources and capacity to effectively represent the views and experiences of local people;
IV. To enable the local voluntary and community sector to engage effectively with the health and wellbeing agenda.

The recommendations below whilst deliberately ambitious, do reflect the breadth of feedback and views expressed during the stocktake process. With this in mind, the MHWB may want to consider taking an incremental approach to implementation, allowing for further discussion about resources, lead organisations and existing capacity.

1. That the MHWB develops and agrees a **public statement of intent** around how it will engage with the local community across its activities. This statement should include **principles for good engagement** that partner organisations sign up to.
2. That the MHWB establishes and sponsors a **network of engagement staff** who work within their own organisations to ensure that the statement of intent and principles of good engagement are operationalised, tested and evidenced. This group should lead on the coordination of engagement activity and provide regular update to the Board about progress, issues, risks etc.
3. That the MHWB undertake an immediate **skills and capacity audit** based on the competencies and good practice suggested in this report. This audit should include sources of patient experience data and some community asset mapping that identifies any capacity that may already exist within the local third sector.
4. That the MHWB work directly with **Healthwatch Medway** to **review how it is contributing** to the health and wellbeing agenda and to implement interventions required to improve the impact it can have going forward.
5. That the MHWB and Healthwatch Medway work together to set up a **local simulation**[6] **exercise** that will bring together key commissioner and provider organisations in order to consider various engagement issues[7] and relevant scenarios and how these might be addressed collaboratively.

[4] Patient and Public Engagement – A practical Guide for Health and Wellbeing Boards, November 2012
[5] Often referred to as the section 242 duty, now updated by section 26 of the Health and Social Care Act 2012
[6] The use of a simulation technique is one example of an engagement methodology that can be employed to elicit intelligence about how various real life scenarios might play out in reality
[7] Including some of the soft intelligence, issues and concerns identified informally during this stock take exercise

6. That the MHWB sponsor the **development of a detailed specification for a local repository of engagement activity** that can be used to share feedback and intelligence across partner organisations. This repository could also provide the evidence base for good engagement and the impact that it has had across the local system.
7. That all MHWB **reports identify and explain how local people were/are to be engaged** in the issue under consideration. The board will then take account of the engagement that has been undertaken and use the outputs to demonstrably inform its ongoing activities which are logged in the repository outlined in recommendation 6.
8. That the MHWB allocates some **prescribed time to understanding the different tools and methods** of good quality community engagement. This can facilitate a review of methods currently being employed by partners, establishing how expertise can be shared and identify any gaps in local capacity.
9. That the MHWB facilitate discussions about how **Healthwatch Medway can support quality improvement and any "early warning"** systems by working more closely with the NHS Kent and Medway Local Area Team and the Care Quality Commission.
10. That the MHWB considers sponsoring a **local pilot** project that explores how frontline staff can **gather user experience information more effectively as part of their routine interactions** with service users. This pilot might focus on social care delivered in the home and inform ongoing work around the social inclusion agenda recently prioritised by the Board.
11. That the MHWB establish a mechanism through which senior local **provider representatives can engage with the Board** and discuss how they can contribute to the broader health and wellbeing agenda.

Whilst all the above recommendations are interrelated, the Health and Wellbeing Board may wish to adopt an incremental approach to addressing this challenging agenda. If this is the case it may want to prioritise recommendations 1,2 and 3 alongside recommendations 7 and 11, as they represent a combination of operational quick-wins, enhanced accountability and improved strategic planning.

Lorraine Denoris
January 2014
Pea©

Annex 1 Structured Interviews with Engagement Leads

Understanding how engagement activity is currently undertaken across the Health and Wellbeing Strategy

Medway Health and Wellbeing Board (MHWB) has commissioned Pea© to undertake a stock take of its engagement activity during the autumn of 2013. A small number of scoping interview have been conducted with the following members of the Board in order to understand more about its culture, values and governance as it transitioned from shadow to a more formal standing in April 2013.

1. Alison Barnett (Director of Public Health)
2. Barbara Peacock (Director of Children and Adult Services)
3. Councillor Andrew Mackness (Chairman of the Health and Wellbeing Board)
4. Peter Green (Medway Clinical Commissioning Group)
5. Alison Burchell (Medway Clinical Commissioning Group)
6. Rosie Gunstone/Julie Field (Medway Council, Democratic Services)[8]

The outputs of these initial scoping interviews have informed the structure of these more detailed discussions (phase 2) with a range of strategic and operational staff about the nature of engagement activity currently taking place across the Joint Health and Wellbeing Strategy (JHWS) priority areas.

Issues that will be covered during the structured interview

You will be asked a number of questions relating to engagement activity, structured around the commissioning cycle. Questions will focus on the following 4 areas:

- Analysis and planning of services
- Designing pathways
- Specifications and procurement
- Service delivery and improvement

During the discussions, you will be asked how your answers can be "evidenced", so you may want to think about this in advance of the interview. This will allow any early gaps to be identified and relevant recommendations for developing good practice to be made. The interviews are likely to take approximately an hour. The questions below provide a broad framework for the interview but are not intended to be definitive so please feel free to raise any other issues you feel relevant.

Analysis and Planning

(i) Identifying needs and aspirations, reviewing current service provision and deciding on priorities

1. In what ways do you engage with communities when you are planning to *commission or re-commission* services?
2. How *systematic* would you say this engagement is?
3. Do you regularly work with other partners (statutory and voluntary sector) to tap into their intelligence?
4. Can you *demonstrate* that peoples' preferences are taken into account at this stage of the commissioning cycle?
5. Do you use techniques such as Equality Impact Assessment to inform your decision-making?
6. Are you clear that the needs and aspirations of hard to reach communities are also gathered? If so how?
7. What specific *engagement techniques* do you use when planning services (focus groups, IT based surveys, simulations)?

(ii) Developing priorities and plans

[8] Rosie Gunstone and Julie Field support the MHWB but are not formal members

1. Have you ever worked with communities or service users when deciding *how* resources are allocated *between priorities*? If so what techniques did you use?
2. Have you ever worked with communities or service users when deciding on the *priorities themselves*? If so how – can you provide examples?

Design Pathways

(i) Engaging with users and cares to develop effective pathways and design services

1. Do you work with users to design services and/or pathways? If so what techniques were used to obtain these insights and how did they *impact* on the final design?
2. If user feedback was obtained were there any "blocks" in the way you (or others work) work that stopped or mitigated against this feedback making an impact on service design and decision-making?

Specify and procure

(i) Work with citizens to procure services manage demand and ensure appropriate access to care

1. To what extent if any, have communities or users been involved in the *actual* procurement of services? (decisions made about how/who is awarded a contract to deliver services)
2. If people have been involved in the procurement process have they been supported to contribute effectively? (i.e. understanding relevant processes and systems)

Deliver and Improve

(i) Working with citizens and partners to monitor service delivery and support effective performance management?

1. Do you involve citizens in the *monitoring* of services? If so how?
2. Do you involve citizens in the *performance management* of services? If so how?
3. How are citizens views on what's working well and what's not, used to inform service improvement and strategic decision-making? Can you give examples of how feedback has made a difference?

The outputs from these interviews will be used to inform the design of a stakeholder workshop and final recommendations

Interview Respondents:

1. Alison Burchell (Medway CCG)
2. Janet Lloyd (KMPT)
3. Angela McNab (KMPT)
4. David Quirke Thornton (Medway Council)
5. Michelle Lofting (Medway Council)
6. Martine Saker (MFT)
7. Suzanne Brooker (MFT)
8. Sarah Warner (KMCS commissioned by CCG)
9. Fiona Gaylor (KMCS commissioned by CCG)
10. Sally Ann Ironmonger (Public Health Medway Council)
11. Bridget Bygrave (Healthwatch Medway)
12. Beth Peal (Healthwatch Medway)

PEA Public Engagement Agency
September 2013

Annex 2 HWB Engagement – Maturity/Development Model© for Workshop 13.12.13

Attribute 1. Clarity of understanding of statutory roles and responsibilities of the HWB in health and social care engagement

Level 1: Not shared
Level 2: Shared amongst members
Level 3: Clearly communicated to and understood by stakeholders

Attribute 2. Shared vision of what good health and social care engagement looks like built on existing good practice

Level 1: Implicit
Level 2: Articulated and plans exist for incremental improvement
Level 3: Agreed performance standards exist and are tracked

Attribute 3. Skills and competencies exist for delivery

Level 1: Requirements unknown
Level 2: Shared resources agreed, required skills and competencies identified and gap analysis exists
Level 3: Staff Development plans of relevant partners reflect HWB 'team working' requirements

Attribute 4. Shared ways of engaging which are effective and efficient exist

Level 1: Are in development
Level 2: Have been agreed and tested
Level 3: Can be replicated with ease

Attribute 5. Intelligence is shared around joint priorities

Level 1: No systematic approach exists
Level 2: A system for information pooling exists
Level 3: Intelligence is shared, analysis is coordinated

Attribute 6. Lessons learned about engaging well are shared

Level 1: Does not happen
Level 2: A process has been successfully tested
Level 3: Desired levels and quality of engagement have been agreed

Attribute 7. Impacts of engagement are evident

Level 1: No feedback loop to decision makers/commissioners
Level 2: Feedback from decision makers to stakeholders needed
Level 3: Service improvements resulting from engagement are routinely identified and communicate

Developed by Pea© December 2013

Annex 3 Social Isolation: Background paper for engagement workshop December 2013

1. Background

Social isolation refers to the isolation of individuals (or groups) from normal social networks, often caused by mobility loss or deteriorating health. The concept includes measures of the number, type and duration of contacts between individuals and the wider social environment: a key component is the size of an individual's social network. Although the terms "social isolation" and "loneliness" are used interchangeably, loneliness refers to a subjective negative feeling associated with loss.

There is growing evidence that loneliness and social isolation directly influence health outcomes: reduced social contact, isolation and loneliness impact adversely on health and wellbeing and mortality. Reducing social isolation and loneliness has been shown to improve quality of life and reduces the demand for health and social care interventions. Older people are known to be significantly more likely to suffer social isolation although younger adults may also be affected.

Targeting social isolation in older people is a growing public health concern due to our rapidly ageing population. An estimated 5-16% of UK older people report loneliness whilst 12% feel socially isolated. Medway's JSNA highlights the rapid increase in the ageing population, the need to plan for this across all areas of health and social care and the importance of feeling safe within the home and community to reduce social isolation.

2. Policy context

- The National Service Framework for Older People (2001) acknowledged isolation in relation to falls and depression and linked the differential access to services between rural and urban areas to social isolation.
- Putting People First (DH, 2007) prioritised the alleviation of loneliness and isolation and recognised the importance of strong social relationships.
- The Marmot Review (2010) highlighted the importance of loneliness and social isolation in the promotion of health and wellbeing and in tackling inequalities.
- The Adult Social Care Outcomes Framework for 2013/4 contains a new measure of social isolation, shared with the Public Health Outcomes Framework, which draws on self-reported levels of social contact to provide an indicator of social isolation.

3. Interventions to reduce social isolation

Effective interventions to tackle social isolation and loneliness include information and signposting services, support for individuals (e.g., befriending, mentoring and buddying schemes), those offering social activity and/ or support within a group format (particularly those where older people are active participants) and wider community engagement projects, for example those that encourage older people to volunteer in their local community. Interventions are most effective when:

- Older people are involved in the development, delivery and evaluation of interventions.
- Services are flexible and adaptable
- Full use is made of partnership arrangements between statutory organisations and between statutory and voluntary organisations

4. Conclusion

Our rapidly ageing society is likely to lead to growing levels of social isolation unless action is taken. Effective interventions exist which can reduce social isolation, thereby improving quality of life, health and wellbeing and reducing the demand for health and social care interventions.

Background papers

Social Care Institute for Excellence, 2011. Research Briefing 39. Preventing Loneliness and Social Isolation: Interventions and Outcomes.
http://www.scie.org.uk/publications/briefings/files/briefing39.pdf. (Accessed 26/11/2013).

Luanaigh CO, Lawlor BA; Loneliness and the health of older people. *Int J Geriatr Psychiatry*. 2008 Dec;23(12):1213-21.

Dickens AP. et al (2011). Interventions targeting social isolation in older people: a systematic review. *BMC Public Health.* 2011; 11: 647

Age Concern, 2008. Out of sight, out of mind- social exclusion behind closed doors. http://image.guardian.co.uk/sys-files/Society/documents/2008/02/15/outofsight.pdf (Accessed 23 Oct 2013).

Department of Health, 2001. National Service Framework for Older People.

Department of Health, 2007. Putting people first: a shared vision and commitment to the transformation of adult social care.

Department of Health, 2012. Adult Social Care Outcomes Framework 2013 to 2014

Department of Health, 2012. Public Health outcomes Framework 2013 to 2016.

Loneliness and isolation: a toolkit for Health and Wellbeing Boards. Campaign to End Loneliness. http://campaigntoendloneliness.org/toolkit/. (Accessed 26/11/2013).

Make sure that HWBB isn't being given responsibilities for commissioning that its doesn't have

Annex 4 Workshop Briefing Pack and Agenda

Dear colleague,

Thank you for agreeing to participate in the Health and Wellbeing Board engagement workshop scheduled to take place on Friday, 13 December 2013, 2.30pm – 5.30pm at Gun Wharf, Dock Road, Chatham, ME4 4TR.

The health and social care sectors are currently putting in place a complex set of changes to the structures and processes for commissioning health and care services, alongside new support for public health and wellbeing. At the heart of these changes is the principle that all decisions about health and care should be undertaken with the involvement of citizens.

Central to the government's reform agenda is the establishment of statutory health and wellbeing boards, to encourage local authorities to take a more strategic approach to providing integrated health and local government services. Past efforts to achieve the vision of joined-up, well-co-ordinated and jointly planned services have had limited success however, Medway's health and wellbeing board is keen to embrace this opportunity to support the best possible engagement practice across its key themes and priorities. Faced with complex organisational change, unprecedented financial pressures and rising demand for services, we recognise that there is a renewed imperative to gather user perspectives, public insight and patient experience systematically so that together we can improve local services.

We have recently commissioned Pea© to help us develop our thinking in this area. They have already talked to most of you with a view to understanding current practice. We would now like to explore their initial findings and work with you to identify how we might, as key local partners, work together to harness citizen insights across the Medway health and care economy. This will begin to address the challenges identified in the Keogh, Berwick and Francis reports and support our aspirations for improving health and care outcomes going forward.

Because our model is one of collaboration, we would really appreciate representatives from all the key stakeholder bodies attending, so if you are no longer able to attend we would be grateful if you could identify an appropriate deputy who will be able to actively participate in the session.

We look forward to working with you on 13 December 2013.

Councillor Andrew Mackness

Chair – Medway Health & Wellbeing Board

Medway Council, Gun Wharf, Dock Road, Chatham, Kent ME4 4TR.

Workshop Programme

Objectives of the session

- Explore summary findings from the "baseline" interviews
- Work together to identify implications for engagement across Health and Wellbeing Board activities
- Identify ways in which partners can collaborate in engagement on HWB priorities using one priority as an exemplar

Confirmed Attendees:

Cllr Andrew Mackness	Medway Health & Wellbeing Board
Dr Alison Barnett	Medway Council
Alison Burchell	Medway CCG
Dr Felicity Cox	NHS England Local Area Team
Helen Jones	Assistant Director Commissioning and Strategy
Martine Saker	Medway NHS Foundation Trust
Michelle Lofting	Medway Council
Beth Peal	Healthwatch Medway
Bridget Bygrave	Healthwatch Medway
Suzanne Brooker	Medway NHS Foundation Trust
Sara Warner	KMCS
Karen Morgan	MCH
Dr David Whiting	Medway Council
Dr Saloni Zaveri	Medway Council
Nick Dent	Kent & Medway Partnership Trust

Facilitators:

Lorraine Denoris	Pea
Penny Farrar	Pea

Agenda

14.30	Welcome and Introductions	Andrew Mackness
14.45	Setting the scene	Lorraine Denoris Penny Farrar
15.15	Discussion	All
15.30	Break	
15.45	Current roles and contributions	Lorraine Denoris Other participant insights All
16.15	A live example –social isolation	All
17.00	Developing next Steps	Lorraine Denoris Penny Farrar Alison Barnett All
17.30	Close	