

<b>Title of Report:</b>	<b>Draft report on Community Engagement to the West Berkshire Health and Wellbeing Board</b>
<b>Report to be considered by:</b>	The Health and Wellbeing Board
<b>Date of Meeting:</b>	24 <sup>th</sup> July 2014

**Purpose of Report:** Draft report on Community Engagement to the West Berkshire Health and Wellbeing Board.

**Recommended Action:** To approve the proposals set out in paragraph 7.

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# Executive Report

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## 1. Purpose and scope of this report

The aim of this report is to take an initial view of how the Health and Wellbeing Board (HWB) should address community engagement. It briefly looks at:

- what we mean by community engagement;
- the reasons why the Board should make use of it;
- why it should take a long term, strategic view as to how its approach should develop over time; and
- how it should make use of the engagement activities of its constituent member bodies in the nearer term.

This is a broad, initial report. It does not attempt to engage with all the relevant and potential issues: attention can be given to such details over time.

## 2. What is community engagement?

By 'community engagement', this report means the wide range of ways in which statutory and other organisations and the public relate to each other, individually and collectively, to understand each other better. The bodies represented on the Health and Wellbeing Board will want to better understand the public's views, needs, wants, knowledge, behaviour, experience and satisfaction. The public will want to understand policies, strategies and actions, how they are personally affected and broader impacts on the area and how they can influence them. It should be a two way process where each is able to understand and influence the other. It includes research, consultation, participation and co-production. It means involving people in decisions that affect their lives and in developing and delivering services. Examples of engagement include: meetings, surveys, discussion groups, online exchanges (e.g. through Twitter or discussion forums), written communications, relationships with representative groups, one to one discussions and participation in decision making forums.

## 3. Why engage?

The HWB has certain legal obligations but there also other well established benefits of engagement.

Each of the member organisations on the HWB has statutory responsibilities in their own right to involve the public for various purposes. The obligations on the Board itself arise in relation to the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) where the functions of the local authority and CCG in relation to them<sup>1</sup> are to be exercised by the HWB<sup>2</sup>. That includes the requirement to involve the public who live and work in the area when preparing the JSNA<sup>3</sup> and the JHWS<sup>4</sup>.

There are broadly five sorts of benefit from community engagement: improvement in services; improvements in democracy and accountability; benefits to the people involved; and to social capital more generally; and releasing untapped resources:

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<sup>1</sup> S.116 and S116A of the 2007 Local Government and Public Involvement in Health Act, as amended by the 2012 Health and Social Care Act

<sup>2</sup> S.196(1) of the 2012 Act

<sup>3</sup> S.116(5)(b) of the 2007 Act through S.192 of the 2012 Act

<sup>4</sup> S.116A, (5) of the 2007 Act, through S.193 of the 2012 Act.

- **Service Improvement.** Users of services are the experts in how they experience them and how they feel about them, which need to be taken into account if services are to be improved. In addition, their experience, and knowledge of their communities, often gives them insights into what specifically can be done to improve services.
- **Democracy and accountability.** Involving citizens in the design, delivery and evaluation of services also boosts accountability and democracy. If people have been closely involved in decisions, even quite difficult ones, from the start, they are more likely to accept and even support them.
- **Direct benefits to participants.** There is evidence that people who feel they can genuinely influence local decisions are happier with their lives and more satisfied with the local council and services.
- **Improved social capital.** Greater involvement can boost social capital, with engagement activities often bringing people into contact with each other and with voluntary organisations. There are also correlations between how far people feel they can influence decisions locally and their satisfaction with the area, their feelings of community pride and feelings of safety and security.
- **Releasing resources through co-production.** Already much, perhaps most, of health and social care support takes place outside of the statutory services through carers, relatives and friends. But there is scope for much more of this untapped resource to be released by involving people in their current and potential future health and care provision.

#### 4. The Health and Wellbeing Board's Engagement Role

In addition to the statutory responsibilities in respect of the JSNA and JHWS, there are benefits in community engagement in relation to the full range of the Board's activities, for the reasons given above. It ensures the Board's decisions are built on an understanding of people's actual, lived experiences. It draws on their expertise in dealing with the conditions they face. And it helps develop 'buy-in' for the difficult decisions which will be required in the coming years in respect of the health and wellbeing system.

The Board itself, however, has limited resources at its disposal to undertake specific engagement activities. Although there may well be occasions when it will wish to undertake or commission engagement in its own right, much of the engagement on which it relies will be undertaken by its constituent member organisations. Some of this engagement will be undertaken specifically for the Board, but much of what is relevant to the Board may be undertaken for other purposes.

The main function of the Board in relation to Community Engagement, therefore, is to draw together intelligence from the wide range of existing engagement and commission further engagement. Given that this engagement will be taking place in a range of disparate places within each organisation and between them, a key role for the Board will be to promote the co-ordination and co-operation of community engagement between them.

The key to making that co-operation and co-ordination happen will be strong leadership from the board and the personal relationships between those directly involved in engagement. As a first step, however, it is proposed that a protocol between the Health and Wellbeing Board partners be agreed, to set out their commitment to working together and to act as a foundation for their partnership in this sphere. A draft protocol is attached.

To progress co-ordinated working, it is proposed that there should be a regular meeting (say quarterly) between those within each of the HWB constituent bodies directly involved with community engagement relevant to health and wellbeing. The main aim of this would be to review each body's plans and ensure there is no wasteful duplication and to take any opportunities for productive joint work. While this group would manage the detailed co-ordination, the plans as a whole should be brought to the HWB annually. This group might also spot opportunities for additional ways in which the bodies could work productively with each other. This could include sharing each other's skills, resources and infrastructure (such as the Council's 'consultation finder' listing all current consultations).

## **5. A Strategic Approach**

The range of potential engagement activities is vast. What is possible in practice will be limited by resource constraints. In addition, there are many things which will take time to establish. Each of the HWB member organisations already has substantial experience of engagement but it will take time to share this expertise with each other. New opportunities for different sorts of engagement regularly appear (such as different uses of social media) and it takes time to develop the relevant skills to effectively exploit these. Relationships with particular sections of the community and with the public as a whole are critical to successful engagement and it takes time to build up relationships and trust.

For these reasons, there is hope that community engagement will evolve and develop over time, so a strategy is needed to guide the path of that development. This will not be a blueprint with a series of specific steps, but it will enable the bigger picture to be borne in mind and ensure that opportunities to become more cost effective are not missed. As new things are tried, ideas about the longer term will change, so the strategy would not be set in stone: there would be an iterative process of learning from immediate experience and reflecting on where this is leading.

Some of the specific challenges for the strategy would be to address how over time:

- the results of engagement from across the bodies could be collated and combined to improve intelligence overall
- how to broaden awareness amongst the public of the HWB and the issues it is addressing and to ensure that anyone who wishes to have a say on those issues is easily able to do so
- how to ensure that the range of engagement activities as a whole is providing a representative picture of the community's views
- how to increase local people's understanding of the various health and wellbeing challenges that the local area faces (for the community as a whole, but also, through the use of deliberative techniques, to hear the informed view of particular sections of it).
- how to ensure that all sections of the community, and particularly those who are 'seldom heard' are included in engagement

It is therefore proposed that a strategy for the development of community engagement be drawn up for Board approval.

## **6. Shorter term Proposals for Engagement**

Much of the engagement required in the short run will be associated with specific functions and activities of the Board, and in particular the continued development of the JSNA and JHWS, work on integration and the Better Care Fund and changes required to

the health and social care economy to meet the looming funding challenges. Rather than trying to plan these centrally, it is proposed that those leading each of those strands of work, (and any others), be requested to incorporate community engagement as relevant into the plans and implementation of the work. This should be done at the earliest possible stage, to ensure it is as relevant and useful as possible. Each of these plans will need to be captured centrally to allow for co-ordination of activities, to avoid duplication and conflict and enable synergies where possible.

In addition to this specific, targeted engagement, the Board may wish to undertake more general, ongoing engagement. A good example of this would be the CCGs' 'Call to Action' events which have regularly drawn audiences of 60 to 70 people to consider the key current issues in the health economy. If the CCGs were willing, it would be possible to broaden the ownership and scope of these events, for them to become part of the HWB's ongoing conversation with the local community.

The Board may also wish to have ongoing conversations through the voluntary sector, which can reach many sections of the community relevant to the Board's work. Many such conversations will already be taking place, but it will be worth exploring whether there are additional ones which would be specifically relevant to the Board.

Undoubtedly other opportunities will occur to the Board over time as to how it can improve and extend its engagement activities, often in ways which require limited additional resources. In some other parts of the country, for instance, there is a slot at the start of each HWB meeting to hear from some particular section of the community (such as disabled young people, frail elderly or people with mental health problems). Hearing directly from such people can be a powerful way of deepening the Board's understanding of the issues involved.

## **7. Summary of proposals**

It is proposed:

1. That a protocol for co-operation on community engagement between the HWB partners be agreed.
2. That those in the HWB partner bodies directly involved in community engagement relevant to health and wellbeing be asked to meet regularly to co-ordinate engagement activities.
3. That those responsible for bringing proposals to the Board or implementing its decisions, be asked to incorporate relevant community engagement from the outset.
4. That a strategy for the development of community engagement be drawn up.
5. That a regular slot for consideration of community engagement be included on the Board's agendas.

## **Appendices**

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Appendix A - Draft protocol to co-operate on Community Engagement between West Berkshire Council, Newbury and District CCG, North and West Reading CCG and Healthwatch West Berkshire