Draft Joint HWB Community Engagement Strategy for West Berkshire

(V.5 October 2015)

1. Executive Summary

Our vision is for community engagement that drives change for the benefit of patients, service users and the public as a whole.

That means that the engagement must:

- be honest and genuine – really listening, with the public and statutory bodies working together as equal partners engaging in ongoing dialogue
- be open to anyone and everyone and not exclude or marginalise any particular groups
- be representative of the whole community, not presenting a biased or distorted picture
- be built on real experience and hard evidence

That can only be achieved by the partner bodies on the Health and Wellbeing Board – and over time, with others – working co-operatively together, while recognising their different roles and independence. This strategy sets out a high level approach for how they can work together and reach those objectives.

To achieve that, the key themes underpinning the strategy are:

- building **trust**, between organisations and the individuals within them, at all levels
- developing **cultures** that support co-operative working throughout each of the agencies
- developing **processes** that work in practice and are sustainable, so everyone feels they are getting a benefit from partnership working and it is not taking up more time and resources than it saves
- developing the **knowledge** of the public and particular cohorts amongst the public, including the spread of different views, wishes, needs, experiences etc. amongst different groups
- developing the **knowledge** about each of the partners and of other public and voluntary agencies – how each other works, what their key areas of interest are etc.
- developing the **systems and infrastructure** to support partnership working, such as sharing data and information
- building in **learning** from each other and also collectively over time.

The specific ways to achieve those things appear to be simple, but in practice require skill, patience and endurance.

There is no magic formula or blueprint to make those things happen and there will be a need to be flexible and to adapt. However some of the things that

can be put in place to support and facilitate other aspects of change in the shorter term include:

- Regular meetings of those people in each of the partner bodies who are planning and organising engagement
- An annual planning meeting to share and co-ordinate plans (early enough in the cycle to make changes). This could helpfully incorporate a review of the previous year and a consideration of the longer term trajectory of the partnership.
- Identification of shared or overlapping priorities where we are more likely to work collaboratively on engagement
- Having a common, publicly accessible register of consultations and engagement
- Wider meetings of those likely to be involved in engagement, from a wider range of services and organisations, possibly on a themed basis.

Things which may not come to fruition until the medium or longer term might include:

- greater sharing of information and data, and ultimately perhaps creating a joint repository
- undertaking more ambitious engagement activities such as larger scale engagements and deliberative events
- involving a wider range of organisations and services, particularly those with considerable potential to influence health and wellbeing, in areas such as housing, environment, transport, criminal justice, leisure, etc.

To be successful, this strategy will have to address a number of challenges, relating to: developing concerns in the health and wellbeing system; inherent difficulties in getting good community engagement; and the nature of partnership itself:

Both health and social care face severe resource restrictions in the next five years alongside increasing demands from an ageing population and enduring health inequalities. Meeting these demands will require reconfiguration of services and new ways of working with patients, care users and the public. While this has the potential for making big changes for the better, it could also put tremendous strain on the relationships between the partner bodies. This increases the importance of bringing, and keeping, everyone on board through strong personal relationships but also recognising and respecting the interests of each of the organisations.

The ideal community engagement described above – open, inclusive, representative, informed and honest – will take time to develop. That will require a lot of learning from evidence and experience, which will require time and patience. It also requires an acceptance of some failure, but to build on that to move forward.

The nature of partnership working itself is difficult. Few would object to it in principle, but commitment to it and the resulting benefits are less forthcoming

in practice. There is a risk of trying to achieve too much through partnership working, and then giving up if it doesn't deliver results, on the one hand, or there being insufficient and inconsistent commitment on the other. This means steering a careful course which builds on successes but does not stretch partners' commitment and resources too fast, too quickly.

It is proposed that the Health and Wellbeing Board delegate the implementation of this policy to the existing working group made up of those responsible for planning and managing community engagement in the CCG, Healthwatch and the Council, with clear terms of reference and governance arrangements.

Learning about what works is an important part of the strategy and it will need to be regularly reviewed. It is proposed that the working group review the strategy each year and report back to the Health and Wellbeing Board as appropriate or as requested.

2. Scope, Remit

2.1 Background and purpose

At its meeting on 24th July 2014, the West Berkshire Health and Wellbeing Board agreed a protocol that committed the partners to work co-operatively together on community engagement and agreed that a strategy for the development of community engagement should be drawn up.

The benefits of community engagement identified in the report included:

- improvements to health and social care services and the public's health and wellbeing more generally
- democracy and accountability
- direct benefits to participants from engaging
- improved social capital
- releasing resources through co-production.

The benefits of the partners working together on community engagement were identified as to:

- **save money**, by reducing duplication and exploiting economies of scale
- **increase effectiveness** by sharing skills and capacity and exploiting synergies
- **do things which would not otherwise be possible** (e.g. because individual bodies don't have the necessary resources or skills)
- **develop deeper insight** into the needs and views of patients, care users and the public, by pooling the intelligence of each of the parties
- **reduce 'consultation fatigue'** by not repeatedly approaching the same sections of the public for feedback
- **open up other opportunities for collaboration** if co-operation proves fruitful in this area.

Conversely, these are mirrored by the risks of inaction and continuing with fragmented and duplicated communications. As well as missing out on opportunities for more effective engagement, 'consultation fatigue' is becoming very real and already leading to lower turnout to public events in other areas.

2.2 Nature of the strategy

This is a joint community engagement strategy for the West Berkshire Health and Wellbeing Board (HWB). As such, it is about health and wellbeing and the HWB's role, but recognising that not all engagement will be done or commissioned by the Board itself, so it shouldn't ignore other engagement (e.g. by CCGs, social care, housing, leisure, planning, voluntary sector organisations, Healthwatch etc.).

Each of the partners may also have their own community engagement strategies and plans.

This is a strategy, not a plan or blueprint. It takes a high level, longer term view, looking at the principles underpinning how the partners will work together, and at the changes we intend to make in that over the next five to ten years, rather than identifying specific engagement opportunities to be undertaken over, say, the next year. Strategy and practice can iteratively influence each other, so the strategy will evolve over time.

2.3 Types of partnership and co-operation

The protocol and this strategy do not propose that the partners always work jointly all of the time. Although it usually makes sense to consider co-operation, the conclusion of that consideration may sometimes be that it is better in any particular case for the partners to operate independently.

There are broadly three sorts of co-operative working:

- **co-ordinating** activities in the light of what the others are doing, making mutual adjustments, such as not holding a meeting with the same section of the public in the same area on the same day
- **contributing** or sharing resources, skills or information, such as providing staff to help facilitate at someone else's event, adding a question to someone else's survey or allowing another body access to detailed (but anonymised) survey results. Another example would be using the council tax leaflet for shared partner messages or to ask for feedback
- **collaborating,** or undertaking activities jointly, such as running an event together, doing a joint survey or jointly commissioning a third party to do work on behalf of some or all of the partners.

'Partnership' is used here to refer to any or a combination of these. Partnership working, therefore, does not mean that everything has to be a joint activity. However, it is generally helpful for relevant bodies, in this case the HWB members, to be aware of each other's activities to avoid conflict and duplication and allow for any synergies between them.

3. Vision and Objectives

Our vision is for community engagement that drives change for the benefit of patients, service users and the public as a whole. The public, individually and collectively, will be able to participate as equal partners in the development of their own health and wellbeing and of the overall health and wellbeing system.

Community engagement should be:

- **Open**: Everyone should have an opportunity to have a say. It is not limited to particular groups such as patients or voluntary groups. Sometimes it will include the whole population. People should feel they have had an opportunity to have their say if they want to.
- **Inclusive**: It will not exclude marginalised groups and those who are 'seldom heard' and will particularly target those groups prioritised in the Health and Wellbeing Strategy
- **Representative**: It provides a fair representation of the whole community rather than being biased in any way.
- **Informed**: The views heard should be based on people's experience and/or sound evidence. It is important to respect what people actually think now, but engagement should also help people acquire more information and to debate issues so as to develop and enrich understanding and opinions.
- **Two way**: It should be a two way dialogue, not just telling or listening. The public should be able to influence what is discussed, not just respond to other people's agendas. The agencies should demonstrate how they have heard people and what they are doing about it ('you said, 'we did'), while being clear that there will always be things that people want that cannot be delivered.
- **Regular and ongoing**: It should be ongoing, not just a series of separate consultations. It should allow, over time, for people to listen to each other and modify their views.
- **Impactful**: It must make a difference, or else why do it?

These are our aspirations for engagement, but practicalities and resource constraints will limit our ability achieve them completely. However, working in partnership should increase our ability achieve more.

4. The Approach to Achieving the Objectives and Vision

The journey to co-operative partnership will need to address: attitudes and culture; knowledge, skills and capacity; and systems and infrastructure.

- Amongst the attitudinal issues are: awareness of the problems; the commitment to make changes; development of trust; and a developing culture which values and encourages co-operation.
- There is a need for both individual and organisational capacity, encompassing knowledge (such as about each other's business) and skills (such as those required to work collaboratively and skills in different forms of engagement).
- The infrastructure, processes, procedures, technology and systems include such things as arrangements when undertaking engagement, financial processes, a consultation register and a data repository.

To make the change happen requires a driving force spread across the partner bodies, not necessarily from formal leaders but from people who are committed and able to make things happen. (Whilst essential to success,

such things are not easily amenable to being legislated for through a strategy.)

The key themes underpinning the strategy are

- Building **trust**. Much depends on the trust between the partners. This is not just about a few people getting on with each other. It includes personal relationships, but across a wide range of people from each organisation. It is also more subtle than just personal relationships: it includes understanding what matters to each other, what the drivers are and where the red lines are.
- Developing **cultures** that support co-operative working throughout each of the agencies
- Developing **processes** that work in practice and are sustainable. It is easy, for instance, to set up a regular series of meetings, but harder to make sure they are worthwhile so the right people continue to attend. It is not always more effective to work together, and it will take time to understand when it is and isn't worth it.
- Developing the **knowledge about each of the partners** and of other public and voluntary agencies – how each other works, what their key areas of interest are etc.
- Developing **knowledge about the public** and the spread of different views, wishes, needs, experiences etc. amongst different sub-sections
- Developing the **systems and infrastructure**, for instance which allow data and information to be shared.
- Build in **learning**. Establish the mechanisms to learn from each but also to learn collectively over time.

5. Challenges and How to Meet Them

There are three areas of challenge that the strategy needs to address:

- the health and wellbeing system and how to improve people's health and wellbeing and reduce health inequalities in the context of restricted resources
- inherent problems with getting good community engagement
- partnership working and how to improve co-operative working between he partners.

These are now each addressed in turn.

5.1 The health and wellbeing system

The first group of challenges are in relation to health and wellbeing more generally, including the following:

- financial pressures – how to find the local proportion of the £30bn funding gap (by 2020) identified in the Five Year Forward View

- an ageing population
- 'social disease' (obesity, inactivity, harmful behaviours, the impact of deprivation etc.)
- enduring health inequalities
- lack of integration, across health and between health and social care
- making an impact on the social determinants of health
- getting parity of esteem for physical and mental health.

Meeting these demands will require reconfiguration of services and new ways of working with patients, care users and the public. It is also likely to require some hard choices to be made. While this has the potential for making significant improvements in the long run, it could also put tremendous strain on the relationships between the partner bodies. This increases the importance of bringing, and keeping, everyone on board through strong personal relationships but also recognising and respecting the interests of each of the organisations. While partnership working can produce better overall social outcomes, it sometimes comes at the expense of one organisation benefiting while another pays more (in time or money). This can be dealt with by give and take, knowing that an extra contribution now might be matched by a bigger benefit in some other, future project. However, it will also sometimes need to be addressed head-on and the particular interests of each of the partners explicitly recognised. One approach to dealing with such issues is through pooled budgets.

5.2 Good community engagement

Opportunities:

- Most people want to be kept informed, and to have a say – if there's something they want to have a say about
- There are legal requirements on the main statutory bodies to consult patients and the public
- Technology potentially makes engagement much cheaper (but not everyone has access)

Potential difficulties

- The community is too big and diverse – we can't talk to everyone
- Most people aren't interested all the time (but most are sometimes)
- People don't believe public bodies really listen and act
- Most people don't know much about the subject
- We only ever hear from 'the usual suspects'
- We have limited resources
- how to broaden awareness amongst the public of the HWB and the issues it is addressing
- 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).

There will also be challenges in relation to the different sorts of engagement identified above, such as engaging through the commissioning cycle, including the alignment of timescales.

There are ways of meeting each of these needs, described in more detail in Appendix 2, - Approaches to Meeting the Challenges of Community Engagement such as getting representative views by using random samples and using deliberative techniques to hear what people think when they know more about the subject.

However achieving a good balance of such approaches across the range of engagement undertaken will take time and effort. It will require a lot of learning from evidence and experience, which will require time and patience. It also requires an acceptance of some failure, but to build on that to move forward.

5.3 Making partnership working work

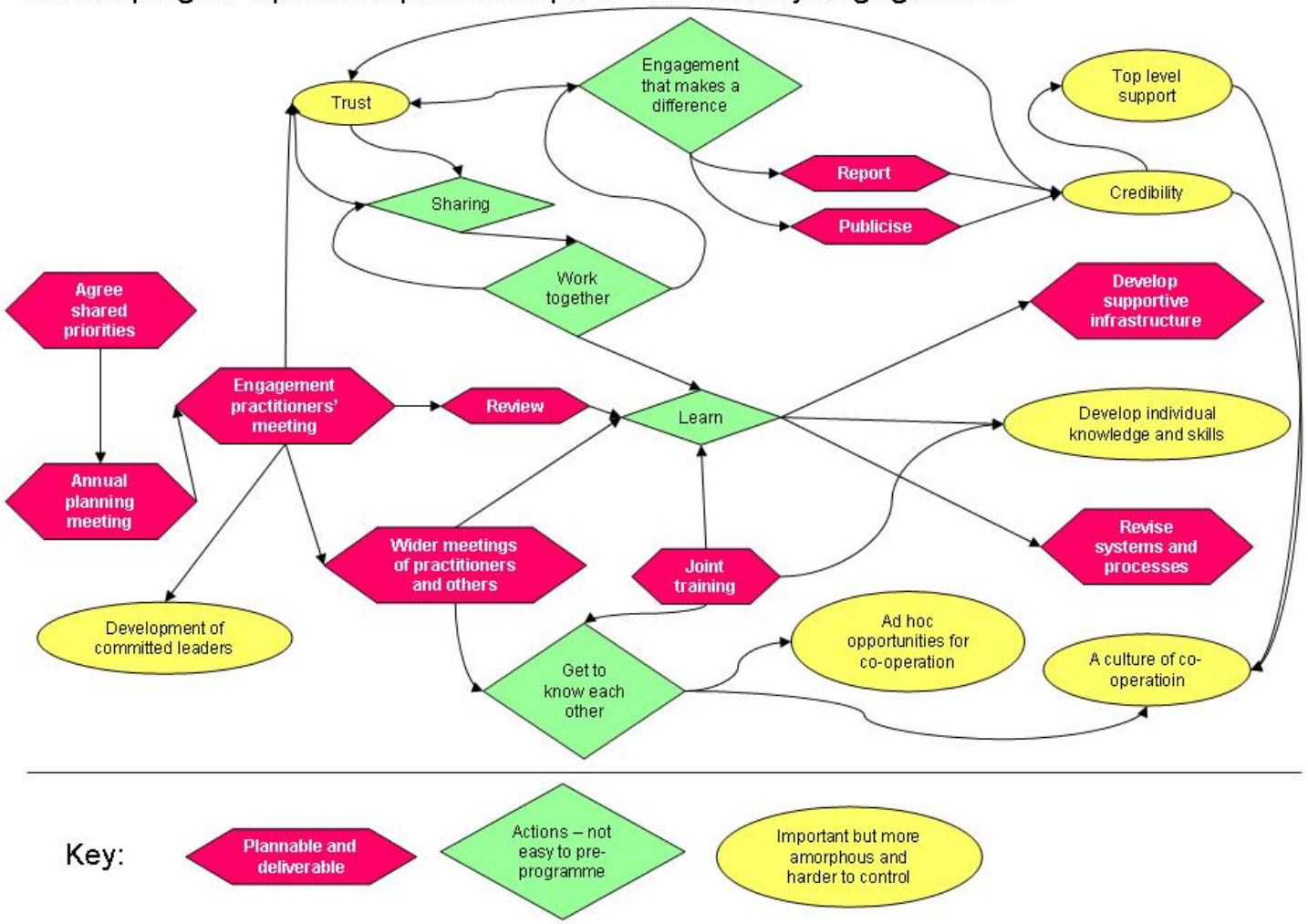
The third set of challenges relate to the difficulties of working in partnership. Partnership working is generally welcomed in principle: few people feel able to disagree with it. In practice, though it is often not successful. It may take more time than the benefits it brings. People may feel they are putting too much in (either of time or money) while others are reaping the rewards. Improvements for the public as a whole may be at the expense of particular organisations or individuals. Partnership working is particularly hard at times of reduced resources and institutional change, both of which are likely over the next five years.

There is a risk of trying to achieve too much through partnership working, and then giving up if it doesn't deliver results, on the one hand, or there being insufficient and inconsistent commitment on the other. This means steering a careful course which encourages realistic commitment, which builds on successes but which does not stretch partners' commitment and resources too fast, too quickly.

6. Analysis / choice of path

Dealing with those challenges will require a careful balance of approaches, drawn from the themes identified above – building trust, culture, knowledge, processes, systems and infrastructure, and learning. Given that this is a complex system, it is not possible to plan and predict an exact path, so there will have to be adaptation as the strategy progresses. However, the following diagram tries to bring some of the elements together and show, in a simplified way, how they might reinforce each other.

Developing co-operative partnerships for community engagement



7. Actions

Following that broad approach, a rough plan of action is given below.

Years 1-2

- The relevant members of the partner organisations regularly meet, particularly the communications and engagement teams (the people responsible for planning and organising engagement). These meetings should scan for opportunities; plan for the period ahead; organise specific co-operation (or delegate to project groups); and review previous working.
- Improve co-ordination of activities – relevant meetings (e.g. the Hot Focus sessions), aligning of annual plans, co-ordinating calendars. Common use of the Council's online list of consultations
- Having a common, publicly accessible register of consultations and engagement
- Stakeholder mapping
- Identify common priorities or overlapping interests and approaches, e.g. in terms of: questions and issues on which we want to engage; target audiences (including seldom heard); engagement mechanisms
- Quick wins, e.g. making existing events joint where appropriate
- Agree common standards for engagement including agreed timetables for individual organisational work, ensuring we co-ordinate activity and do not overwhelm people
- Early public engagement on key strategic issues (e.g. health and wellbeing strategy, Better Care Fund, new models of care). More information giving and discussions with particular groups than with the population as a whole at this stage.
- To have at least one joint consultation exercise in the first year.
- Start the work for things to be achieved in the next period
- Wider meetings of those likely to be involved in engagement, from a wider range of services and organisations,

Years 3-5

- Shared information and data (such as the results of consultation and engagement)
- Involving a wider range of services and activities (e.g. other parts of the council such as leisure, environment, trading standards, and other organisations such as housing associations, health providers). Meetings to involve people could be on a themed basis. As well as being an opportunity to get to know each other, these should also have a practical purpose (such as event planning, training or hearing from an outside speaker).
- Step change in the public's understanding of the key issues related to health and wellbeing

Years 5-10

- Developing more ambitious approaches to engagement – e.g. joint citizens' panel, deliberative events etc.
- Create a common repository for information and data.

8. Implementation

While not wishing to over formalise the process, there will be a need for clear governance and accountability.

Those directly responsible for planning and managing engagement in the CCG, Healthwatch and the Council have already been meeting together. It is recommended that the Health and Wellbeing Board delegate the implementation of the strategy to this group, reporting back to the Board as appropriate.

Improvements to joint working should develop organically as the partners increasingly plan and work together. However some elements will need more conscious reflection and choice. The bigger steps forward will therefore tend to take place as part of annual planning cycles.

The strategy is in many ways provisional. It is hard to predict the future and we don't know how successful our efforts will be. However having an idea of what we are trying to achieve, and how, should help us better keep track of our success and adapt to challenges. As noted above, continual learning will be key to its success.

It is therefore proposed that there should be a minor review of the strategy every year and a more substantial review every three years.

Appendix 1 - Principles for Joint Working

The principles committed to by the partners in the protocol were:

" What we commit to

In the light of all of the above, we commit in good faith, to:

- *maintain communications between the parties and particularly those directly involved in community engagement (whether that is as part of their ongoing role or ad hoc)*
- *keep each other informed as to what community engagement they are planning*
- *when there is a net social benefit to doing so, to:*
  - *take account of each other's engagement and where appropriate adjust plans and activities to take account those of the other parties*
  - *provide mutual support where possible and appropriate, within resource limitations*
  - *work together (subject to any other constraints).*

Shared principles in relation to community engagement

The parties jointly and severally commit to the following principles in relation to community engagement, in order to maintain the highest standards locally:

- *We regard engagement as a two way process and recognise that it may be initiated by the public as well as by public or voluntary bodies*
- *We will engage with the public as early as possible in any decision making process to allow for the greatest involvement and influence*
- *We will only consult with a purpose*
- *We will be open, transparent and genuine*
- *We will let those we are engaging with know what we will do with the consultation and what part it will play in final decision making*
- *We will aim for technical quality (the most effective techniques, properly used, tailored to local circumstances)*
- *We will allow sufficient time in any consultation for all relevant sections of the community to respond*
- *We will be inclusive and aim to hear from all sections of the community*
- *We will report back the feedback we have heard* [add: 'at the earliest opportunity']
- *We will act ethically, follow legal requirements and relevant codes of conduct"*

Appendix 2 - Approaches to Meeting the Challenges of Community Engagement

There are ways of achieving the objectives outlined above (under Visions and Objectives, namely for engagement to be: open, inclusive, representative, informed, two-way, regular and ongoing and impactful), but it is difficult to achieve them all simultaneously. For instance, the public as a whole can be invited to respond to a consultation but there will be a self-selection as to who takes part which could leave it open to bias. You can get a representative view by using a random sample, but then it is not open. If you ask people about, say, their experience in hospital, then their views will be well informed, because they are based on their experience. However, if you ask them about the future configuration of health and care, they are unlikely to the information necessary to give an informed view – unless you help provide that information through deliberative events.

- Random sampling can be used to get a reasonably accurate view of the whole community, (in the way opinion polls work).
- Lack of expertise can be addressed on a small scale by providing information to groups of people and engaging in dialogue before asking for their views. If this were done with a statistically representative sample, it should give an informed, representative view. Over the longer term, information can be provided to the population as a whole to gradually increase people's awareness and knowledge of key issues.
- However it is also important that people feel, and are, able to contribute their views (rather than just relying on samples) so open, inclusive consultation is also important.
- People are already organised into many groups (social, interest, lobbying) and many of these provide a ready made route to reaching people with an interest, and often knowledge, of particular issues.

Whilst those approaches relate to community engagement as a whole, in practice, specific methods of engagement are chosen to meet specific objectives or meet particular needs.

The purposes of engagement form a spectrum, with strategic, commissioning and accountability at one end, through to feedback and service improvement at the other. The bigger, strategic issues generally require the view of the whole community and they are issues on which the community is unlikely to have expertise. The more concrete issues – improving services or issues relating to particular conditions – tend to have a more specific target audience, who already know something about the issue (e.g. through their experience as patients). Different sets of techniques are needed to meet these different requirements.