

Health and Wellbeing Board

27 April 2015

Walsall Health and Wellbeing Board: A Framework for Communication and Engagement with the Public

1. Purpose

At previous HWB meetings, the need for a specific HWB Communication and Engagement Framework has been noted as it is recognised how important it is to have effective engagement with all our stakeholders and partners – and the public, in particular.

This paper is intended to introduce a Communication and Engagement framework for Walsall HWB that proposes a framework to incorporate the expertise already available in the organisations represented by members of the HWB and suggests a model of working that shares responsibility and reduces duplication of effort.

2. Recommendations:

2.1 That the HWB should agree the framework for Communication and Engagement attached as appendix 1.

2.2 That the HWB members should identify which partner is the overall lead on communication for the HWB and which partner is the overall lead on engagement for the HWB.

2.3 That the HWB, through their Communication/engagement leads, work together on the topics identified within the HWB work programme and, where appropriate, develop communication/engagement plans.

3. Report detail

The framework is attached as **appendix 1** 'Walsall Health and Wellbeing Board: A Framework for Communication and Engagement with the Public'.

This document has already been presented and discussed at the HWB Development session on 30th March 2015. Key points that were raised during that discussion included:

- Acknowledgement that resources in this area were an issue and, as a result, any engagement through the HWB should be carefully considered to ensure it enhances the communications/engagement work of partners rather than duplicates it.
- Recognition that Healthwatch Walsall has a specific role in formal patient, user and public representation on the HWB. This needs to be considered and strengthened.

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Walsall Health and Wellbeing Board: A Framework for Communication and Engagement with the Public

One of the attributes of a well performing Health and Wellbeing Board (HWB) is that it has effective engagement with all its stakeholders and partners – in particular, its public. Engaging patients, service users and the public in the commissioning and provision of services is recognised as best practice and is also a statutory requirement under the Health and Social Care Act (2012). This paper proposes a way forward to enable the HWB to engage more effectively in the future with the residents and workers of Walsall. Board members recognise that this is vital in order to achieve the ambition described in the Health and Wellbeing Strategy:

To improve the health and wellbeing of everyone in Walsall and reduce the inequalities by improving the outcomes of people in deprived communities and vulnerable groups faster than the average for the borough of Walsall.

Why is Communication and Engagement important?

- It enables individuals and communities to become involved in the planning, design and delivery of services to make them more efficient, joined-up and responsive.
- It gives people the knowledge, skills and confidence to manage their own health and shape their care and treatment
- It encourages and supports public participation in improving the health and wellbeing of the population of Walsall and reducing health inequalities.
- It gains insight about what is needed to improve services and detect where things are going wrong
- It involves patients, service users and the public in the commissioning process

The Communication and Engagement Strategies/ Protocols and Plans of HWB partners:

The policy context and theory for patient/service user and public engagement is enormous and expectations around engagement are an integral part of any current legislation one looks at. As a result, Walsall HWB is made up of representatives from organisations that have already adopted protocols and strategies for engagement - all of which contain elements that resonate and reflect each other.

Two examples are Walsall Clinical Commissioning Group (CCG) and Walsall Council (through Walsall Partnership). Walsall CCG has adopted a five year plan for improving how they speak, listen and

work with their stakeholders: 'Communications and Engagement Strategy 2014 – 1019'. In September 2012, Walsall Council, through Walsall Partnership, developed consultation and engagement protocols for partners: 'Our approach to consultation and engagement'. Both documents set out the values and principles of good communication and engagement, acknowledge its importance and highlight the need for communication and engagement on a number of levels with their staff, professional partners, patients and service users as well as the general public. Appendix A sets out the principles of consultation and engagement set out in both documents to evidence the similarities.

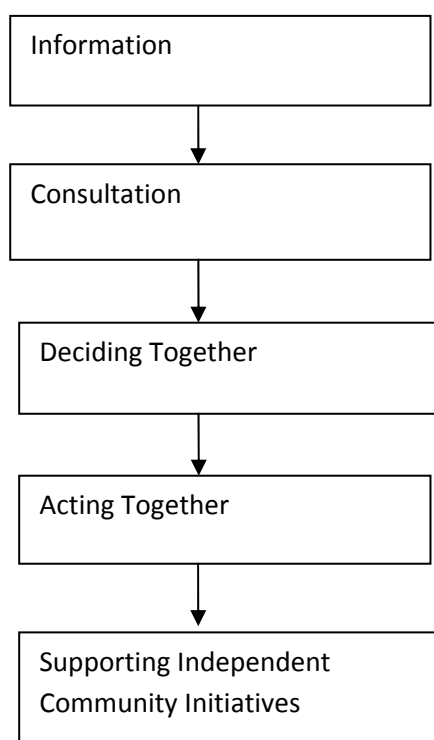
It is therefore logical that Walsall Health and Wellbeing Board acknowledges the Communication/Engagement Frameworks, Protocols and Strategies already developed and implemented in Walsall by the member organisations represented on the HWB. It should seek, through its partners, to incorporate that expertise and resource when deciding on the most effective way for the HWB to communicate and engage with the patients, service users and public of Walsall

What does the HWB mean by communication and engagement?

Communication is required for engagement and consultation and involvement are other terms that are often used interchangeably. Participation is the overarching term generally used and there are a number of models illustrating the various levels.

Figure One shows one well established model of participation by David Wilcox (1994) with 5 different levels – some, or all of which, could be appropriate and require various levels of organisation and input.

Figure One: Ladder of Participation (David Wilcox , 1994)



Information: Provide the public with balanced and objective information to help them understand the problem, give alternatives, opportunities, considered solution. You might use Board papers, Annual reports, websites, display screens, notice boards, email, briefing papers, letters, newsletters, press releases, leaflets, posters, radio, Twitter, Facebook, Instagram, Pod/vodcasting, television, advertising points such as billboards, buses, taxis.

Consultation: Listen to public feedback on analysis and choices and consider their input and feedback results. You might use surveys/questionnaires (online, telephone, postal, face to face), opinion polls, AGMs, Pop-up shops and exhibitions, Focus groups, workshops, events, Facebook, Pod/vodcasting, Instagram, Twitter,

Deciding together: Working directly with the public through a process to ensure that concerns and aspirations are consistently understood and taken into consideration. You might use Partnership Boards, Area panels, Locality Groups, Task and Finish Groups, participation in other meetings/Groups of partners, joint events.

Acting together: Partnering with public in all aspects of a decision, including the development of alternatives and the identification and delivery of the preferred solution. You might use local action teams and neighbourhood action groups that involve community groups, residents, and public organisations working together to tackle local issues eg: Area Partnerships Groups/Panels, Community Hub groups, voluntary sector groups, Locality Groups, Community Association Groups.

Supporting independent community initiatives: Giving decision making power to the public, including allocation of funding for community activity to improve health and wellbeing in an area. You might use local representative forums like Area Partnership Groups/Panels, Community Association Groups, Community Hub Groups, local area voluntary sector groups, Locality Groups.

Healthwatch and Health and Wellbeing Boards

When Healthwatch organisations came into being in April 2013, it was required of all Health and Wellbeing Boards to include Healthwatch amongst the members of their Board. This was intended to give formal patient, user and public representation to the process of strategic commissioning for a local population.

Walsall HWB includes a representative from Healthwatch Walsall and it is important that the HWB supports them in using their place effectively and appropriately for the benefit of their local population. Healthwatch Walsall is already included in the work programme of the HWB in order for the organisation to provide feedback from their interest or geographically focused sub structures. It is also expected that Healthwatch Walsall would be included in any communication and engagement work of the HWB.

What are the communication and engagement mechanisms Walsall HWB would use?

Each member of the HWB has access to a wide variety of engagement mechanisms already employed by the organisations they represent as well as access to a number of service users and public facing groups through the commissions they hold and roles they play. These include, for example:

HWB Stakeholders	Current mechanisms	Processes currently employed or potential for employment (also shown in previous section)
Public - universal	Healthwatch, WVA	<p>Communication/Information giving networks: Newsletters, press releases, leaflets, posters, banners, display screens (GP and Council), websites, mail, radio, television, newspapers, notice boards in surgeries, pharmacies, community buildings, workplaces, shopping centres, advertising points – billboards, shopping centre, buses, taxis</p> <p>Consultation networks: Email, Facebook, Twitter, Instagram, Tumblr, Pod/vodcasting, websites, NHS Choices, Patient Opinion, radio, television, newspapers,</p> <p>Via group/committee networks: Access to public through members of groups/committees and participation in meetings. Formally through briefing papers, reports for meetings, AGMs, briefings for Chairs and where gaps are identified eg: Partnership Boards, Task and Finish Groups, Area Partnership Groups/Panels, Locality Groups, Community Hub Groups, participation in other meetings run by partners such as Community Association Groups, voluntary sector Groups.</p> <p>Other engagement methods that can be utilised, either in-house or via commissions: Development of specific groups (eg: task and finish groups), workshops, focus groups, events, surveys /questionnaires – either face to face, online, via telephone or postal.</p>
Public - targeted	Healthwatch, WVA, U3A, Over 50s Forum, 'Friends of....' Groups (eg Hosp), Children's centres, schools, workplaces, various specific interest groups	
Service users/Client groups	WVA, Healthwatch, Service user forums related to age or health conditions, Patient Participation Groups	
Carers	CUSP, WVA, Healthwatch	
Voluntary sector	WVA, Healthwatch, Voluntary orgs – CAB, Age Concern etc	
Providers	HWB Provider Forum, GPs, other provider forums, Housing Associations, Patient representative groups.	
Commissioners	JCC, PHPB, CCG commissioners, social care commissioners, children's commissioners	
Schools	Head Teacher Forums, School Councils, Governing Bodies	
Other key partners – police, Fire service, whg	CYPP, SWP, WEB, Housing, Voluntary sector (WVA, Healthwatch), Pharmacies, Opticians	
Area Partnerships	Area Partnership Groups, Area Panels, Locality meetings	
CCG and associated health	CCG Locality Groups, GP practices, Local	

forums	Medical Committee, Local Pharmaceutical Committee, Local Opticians Forum, Pharmacies and opticians	
WMBC	Council Committees and service areas	
Councillors	Surgeries and public meetings	

The most effective way for the HWB to communicate and engage with the residents and workers of Walsall – its public – is through the communication and engagement mechanisms of its members and strategic partners. It is important that we work in a joined up manner that takes account of the communication and engagement plans of all the partners, some of which may be unique to that partner but many will have significant overlap.

It is proposed that as the HWB is developing its annual work programme and identifying the topic areas and start/completion dates, the communication and engagement work it plans to undertake is incorporated alongside. This will provide the information necessary for those leading on the work to plan effectively and involve other statutory, voluntary and independent partners.

Next steps for the HWB:

1. The Communication and Engagement Framework above should be agreed by the HWB.
2. Overarching leads for the HWB on communication and engagement should be identified by partners and appropriate staff enabled to work together on the HWB Communication and Engagement topics identified within the annual HWB work programme.
3. Topics for communication and engagement will be identified and added as the work of the HWB develops. Possible topics already identified include:
 - Key messages at the end of each HWB meeting
 - Task and finish group priorities
 - Other HWS priorities
 - Needs analysis work for JSNA
 - Better Care Fund
 - Other commissioning or integration work
4. Where appropriate, leads will need to develop communication/engagement plans for areas of work that will need to include the input/resources required from partners. Consideration should be given to:

- ❖ The topic and reason for communication/engagement
- ❖ The target audience
- ❖ Identification of aims/objectives / vision that have been turned into a narrative that stakeholders can relate to and that encourages a two way dialogue, acting as a catalyst for transformation/action
- ❖ identifying what mechanisms and processes the HWB will use to engage with the different stakeholders
- ❖ Clear identification of the resources, who will do what and in what time frame
- ❖ Ensuring that the mechanisms and processes have a built in feedback loop to evidence listening and any resulting actions. - In this way the HWB and its partners can be held to account and show impact.
- ❖ Identification of dates of future HWB meeting(s) where progress/findings, resulting actions will be reported back and then disseminated to other stakeholders.

5. Assess impact of communication and engagement work by HWB as part of annual report

Appendix A:

Walsall Partnership : Consultation and Engagement Principles

1. We will communicate clearly and in a range of ways how the public can influence the decision making process and have their say, clearly stating what can and cannot be influenced
2. Consultation and engagement will be timely, well planned, co-ordinated and wherever possible joined up
3. We will use existing skills and experience across partner organisations and align resources where appropriate
4. Consultation and engagement will be targeted, representative and inclusive, ensuring that all relevant sections of the community, including those who are seldom heard e.g. younger people, older people, people with disabilities and Black and Minority Ethnic groups, have enough information and are given the chance and support to contribute
5. Consultation and engagement undertaken will be of a high recognised standard using appropriate, innovative and cost effective methods
6. Findings will be analysed in the appropriate way and accurately reported to interested parties
7. Results and outcomes of consultation and engagement will be transparently fed back to those involved in the consultation and engagement process and the wider population
8. We will communicate what actions have been taken or reasons why a particular issue has not been addressed
9. Results, and where appropriate anonymised data, will be shared following agreed Information Sharing Protocols across partner organisations, adopting the principle of 'survey once and share many times' and hence inform partner organisations shared intelligence
10. Consultation and engagement will be genuine and open, and findings will be used alongside other relevant information to inform decisions, define policy and improve service provision.

Walsall Clinical Commissioning Group: Principles of Involvement

1. At all times we behave in a way which is consistent with our organisational values.
2. We ensure that we are clear about the purpose of involving people and how we will effectively use this involvement to learn about, and to improve health services.
3. We demonstrate responsible leadership by being transparent about the reasons for our proposals, and for our decisions.

4. We only present options for the public to exercise a 'choice' if there are genuine choices to be made, and if we can deliver where there is a clear public consensus.
5. We explain the extent of influence that people can have on decisions, and clearly state if no influence is possible.
6. We value the intelligence that local people have to share, and allow adequate time and resource to consider this accurately in order to understand different perspectives.
7. We listen and take account of all views - even those which may conflict with an organisationally favoured decision.
8. We always provide feedback to people about what we have learned, what we understand, and what we will do.
9. We work collaboratively with our partners to ensure we target involvement appropriately, actively seeking out the views of those groups most vulnerable to widening health inequalities.