Engaging Together?

Towards a collective approach to involving individuals and communities led by Dudley Health and Wellbeing Board

Draft Interim Report

Prepared by Lorna Prescott for Dudley Health and Wellbeing Board on behalf of the Health and Wellbeing Board Development Group

2 January 2014

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towards a collective approach to involving individuals and communities led by Dudley Health and Wellbeing Board

Summary

This interim report brings together perspectives from members of Dudley Health and Wellbeing Board in relation to engaging and involving individuals and communities and
- local practice and resources
- responsibilities of board members
- sharing knowledge and learning
- understanding the impact of engagement and involvement.

The insights offered by board members paint a picture of the current context in Dudley borough in relation to current performance in relation to engaging and involving people, some examples of practice which can be shared and learned from, attitudes and aspirations in relation to engagement and the resources available locally to make improvements.

Board members articulated in detail some local strengths and good practice in relation to engagement and involvement and also the difficulties and complexities faced. There is an appetite among many to shift towards more asset based approaches, such as co-production.

Healthwatch Dudley has quickly established itself as a resource in relation to engagement and involvement, though some board members didn't know what the role of Healthwatch is.

There was widespread recognition of collective responsibility in relation to engagement and involvement, though often limited awareness of practice in other organisations, which impacts on assurance and understanding of the impact of engagement, which many acknowledged were complex issues. Accessible communication and concerns in relation to the formality of board meetings were raised independently in a number of discussions.

In section 5 of this interim report some principles are suggested specifically in relation to engagement and involvement.

- Engagement is the business and responsibility of every board member
- There will be different types and levels of appropriate engagement, depending on the situation
- Engagement activities should be based on evidence of what works
- We will open ourselves to learning about the reach, impact and effectiveness of our engagement

It is intended that these and the issues highlighted through the discussions with board members will be used by the Board and it's Development Group to adapt and develop frameworks, resources and plans in relation to engagement, building on what we already have across partner organisations.

Please note: It was not in the scope this activity to develop agreed definitions or terminology in relation to engagement of involvement, nor the people involved (patients, people who access services, carers, individuals, residents, citizens, communities etc.).

1. Introduction

The Health and Social Care Act 2012 establishes health and wellbeing boards 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. Health and wellbeing board members will collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future.[1]

Engaging patients 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).[2]

In April 2013 Dudley's Health and Wellbeing Board became responsible for the health and wellbeing of all Dudley residents. The board members are from:

- Dudley Council (including cabinet members)
- Dudley Council's Office of Public Health
- Dudley Clinical Commissioning Group
- Healthwatch Dudley
- Dudley Council for Voluntary Service
- West Midlands Police
- NHS Commissioning Board (Birmingham and Black Country Area Commissioning Team)

Further details and board papers are available at http://bit.ly/cmisdudleyhwb

A Development Group comprising officers from the public and voluntary sectors has evolved from a group which undertook editorial responsibilities for the writing of Dudley's Health & Wellbeing Strategy in early 2013. The Development Group has been supporting the work of the board in relation to:

- board events - a conference in June and 5 spotlight events with stakeholders focusing on each of the priorities in Dudley's Health & Wellbeing Strategy
- board meetings - agenda setting, shaping and writing board papers
- quality assurance
- performance outcomes
- opportunities for support from national programmes (e.g. the Local Government Association's system leadership programme and Think Local Act Personal's Strong Inclusive Communities Project)

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1. From the Local Government Association website (http://www.local.gov.uk/health/-/journal_content/56/10180/3510973/ARTICLE)
2. From an NHS Confederation publication (http://www.nhsconfed.org/Publications/Documents/patient-public-engagement.pdf)

Following reflection on the conference in June and acknowledgment of key public events and activities organised by members of the health and wellbeing board, communications and engagement were added to the agenda of the Development Group. A meeting for stakeholders wider than those in the Development Group was convened in September 2013 to generate ideas and opportunities for a yearly communications and engagement plan. Some thoughts on developing a strategy and plan were circulated in a paper in advance of the meeting, highlighting Dudley's joint empowering approach to engaging communities developed in 2007-9 through the work of Dudley Community Partnership. Support for practitioners has been a notable success to date in putting the approach into action, through **engaging together** training sessions and community engagement network events.

Following the session in September and other discussions in relation to the Health and Wellbeing Board's system leadership work with Robin Douglas, the Development Group suggested that instead of a developing a strategy for engagement, the board could agree some principles in relation to engagement and be supported to identify and put in place processes to help ensure that practice aligns with the principles and the aspirations and vision in Dudley's Health & Wellbeing Strategy.

It was agreed that one-to-one or small group discussions with Dudley Health & Wellbeing Board members would be offered, to explore different perspectives on engagement, consider draft principles, and elicit examples of useful practice and developments to share between stakeholders.

Methodology

A discussion guide loosely covering four broad themes and some suggested principles in relation to engagement and involvement was developed. The themes weren't made explicit during the discussions, though the questions used related to engaging and involving individuals and communities and:

- local practice and resources
- responsibilities of board members
- sharing knowledge and learning
- understanding the impact of engagement and involvement.

A key source for questions in the discussion guide was Patient and public engagement: a practical guide for health and wellbeing boards (November 2012) developed by the National Learning Network for health and wellbeing boards.

Board members were invited by email to take part in one-to-one or small group discussions, and offered a range of appointment times on which a member of the Development Group could meet them at their office or another suitable venue. Lorna Prescott took on the role of 'interviewer' in all of the discussions (other Development Group members were invited to join sessions but were unable to).

Some of the discussions involved running through most or all of the questions in the discussion guide in an interview style process, while in other discussions the board members took more of a lead and shared ideas and information which felt relevant to them, with a few questions from the discussion guide being selected and drawn on as prompts by the interviewer.

The first round of discussions took place between 21 November and 17 December 2013 with 10 board members and 2 Development Group members. (See Appendix 1.) A further round of appointments are being offered in January 2014 to the remaining 6 board members.

"PEOPLE WILL FORGET WHAT YOU SAID, PEOPLE WILL FORGET WHAT YOU DID, BUT PEOPLE WILL NEVER FORGET HOW YOU MADE THEM FEEL."

MAYA ANGELOU

2. Local practice and resources

Strengths in Dudley borough in relation to engaging and involving individuals and communities which board members identified included:

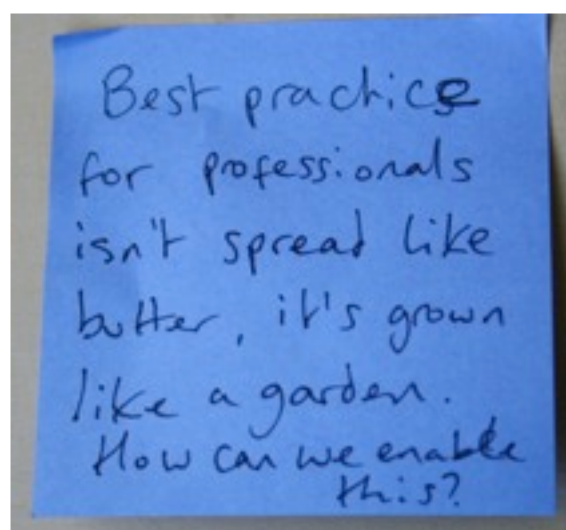
- A strong tradition of engagement, there is a lot of engagement and involvement going on.
- We put a lot of effort in to engagement and have a genuine commitment to it.
- People in Dudley borough are engagable! (in other areas they not as keen to engage).
- People get on well together across the Health and Wellbeing board and know each other.
- Health and wellbeing board spotlight sessions.
- CCG work on clinical pathways and commissioning.
- Healthwatch Dudley is "far more advanced than in other areas, with a good infrastructure".

Most of Dudley's Health and Wellbeing Board members have robust examples of engagement activity in their organisation or directorate, although they feel effective engagement isn't yet fully embedded across the commissioning and/or delivery of all of their services. Areas in which improvement has been noted include:

- Sharing learning beyond immediate teams so that can be used more widely.
- Increased action as a result of outcomes of engagement.
- Deliberate efforts to engage young people, older people, disabled people etc.

Priorities for improving and/or embedding engagement within organisations include:

- Getting better at feedback.
- Putting things in to a language that people can understand (a learning and development issue).
- Co-production around clinically commissioned Public Health services
- Increasing coverage of Patient Participation Groups in GP surgeries to 100%, then them working effectively across localities and being able to articulate health needs effectively.
- Systems of reporting that genuinely provide understanding of an individual's own perspective on the care they have been given
- Embracing and using technology - social messaging and social media is part of the Police's strategy
- Making commissioning practice more consistent



Issues identified by board members in relation to engagement across the borough were:

- Engagement and involvement isn't joined up, people are getting fed up.
- We aren't feeding back across the piece.
- We don't all know about the engagement we are doing.
- We need clarity against priorities and we need to engage against all of them, and not just with the usual suspects. Engagement of children and young people is an area for development.
- Organisational change breaks the chains of things we've built. We don't make effective use of what we have from communities - we use it once and not again. We should look to see if existing work is still relevant.

Some types of involvement discussed

Individual involvement

Engaging individual members of the public in their own health and care through shared decision-making and giving them more choice and control over how, when and where they are treated – helping to deliver "no decision about me without me".

Collective involvement

Engaging the public, and groups with common health conditions or care issues, to help get services right for them. Involving the public and patients in decisions about the planning, design and reconfiguration of health services; proactively as design partners and reactively through effective consultation.

Co-production

Working collaboratively with local communities from different geographical areas, communities of interest and seldom heard groups to ensure their views are integral in the commissioning, design, delivery and evaluation of services.

The above are from Patient and public engagement: a practical guide for health and wellbeing boards

The **co-production of public services** has been defined in a variety of ways - e.g. "co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours" (new economics foundation) or "the public sector and citizens making better use of each other's assets and resources to achieve better outcomes and improved efficiency" (Governance International). source: wikipedia

There is a lot of interest in co-production among Dudley's Health and Wellbeing board member organisations, with an understanding that other types of engagement and involvement are also needed, depending on the circumstances.

"Co-production is increasingly the most important type of engagement for Dudley CCG."

"We need co-production and mutual responsibilities and leadership between organisations in the system."

"We should work with public, rather than for them. The public need to be recognised used as full partners. 99% of healthcare is delivered by an individual to themselves."

"We do a lot of collective involvement. Co-production… I'm not so familiar with. It will be challenging to do it meaningfully."

"We should share and join up the engagement process, through distributed leadership."

There was widespread recognition of resources we can draw on in Dudley borough to support engagement, including joined-up resources across the health and wellbeing system. A number of board members mentioned Healthwatch Dudley specifically, in relation to working together.

When asked about training or support available to those undertaking engagement, many board members interviewed pointed towards support offered to their own officers through internal training or to role models in their teams and external champions they are supporting. The Police are arranging for their front line officers to be trained through Public Health to increase their ability to support the delivery of health and wellbeing outcomes and signposting to health and wellbeing services.

Half of those interviewed made reference to engaging together training and support (see below). Elected members on the board seemed less informed about any training and support available, which officers involved in engaging together had also identified and are seeking to address.

engaging together is an empowering approach to engaging communities developed in Dudley borough by people responsible for community engagement.

A group of 6 officers from Dudley's public and voluntary sectors have continued to build on work developed by a wider multi-agency group between 2007 and 2009. Over the last four years the group has developed 13 different training courses and workshops and delivered them (free of charge) to over 400 officers and volunteers. Community Engagement Network events are held three times a year. Over 300 people have taken part in these since January 2010. The network events are an opportunity for learning about local practice, groups and organisations, discussing the implications of changes in legislation (e.g. the Localism Act) and testing out ideas for future training courses (e.g. using social media in community engagement).

Training courses include:

- Understanding Engagement
- Public Consultation Tools
- Introduction to Survey Design
- Introduction to Running Focus Groups
- Introduction to Presentation Skills
- Communicating with communities in empowering ways
- Introduction to Facilitation Skills
- Working in Inclusive Ways
- Partnership Working
- Reflective Practice

Online modules will be developed in 2014, and new courses added in relation to using social media in community engagement. Community Engagement Network events will continue to address current issues and ideas in relation to community engagement. Training and support to be developed with and for commissioners is also being discussed, a community of practice around social care and engagement will be initiated in 2014, and work around co-production is being taken forward.

It is estimated that organisations in Dudley have saved over £35,000 in training costs by this training and support being developed and delivered locally.

3. Responsibilities of board members

Board members were asked which member or members of Dudley Health & Wellbeing Board they feel have responsibility for community (patient and public) engagement.

The response which most board members ultimately gave was 'all board members'. Healthwatch Dudley was mentioned specifically a number of times, often before other partners were mentioned by name. Alison Taylor from the NHS England Area Team highlighted that while responsibility sits with all board members, for some it rests with them more directly than for others: "engagement isn't in my portfolio, someone else in the Area Team has responsibility for it".

When asked about they see Healthwatch Dudley fitting in to local engagement structures, a few board members said they didn't know much about Healthwatch. Those who had a view said:

"Healthwatch has a leadership role, but it's not all down to them. It will be dangerous if they see themselves as the voice of the people. What we hear has to be joined up. Healthwatch has a fundamental role in joining up voices, challenge, as well as bring forward what people see as solutions."

"It's a delicate balance, they have got to maintain and be seen to maintain an independent view, it's really important for their credibility. I see Healthwatch doing some independent work, and supporting other work or doing joint work on other occasions."

"They are a crucial and should be a thorn in our side. They need to ask the right questions and do a bit of probing."

Most board members were aware that the board 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 JSNAs and the Joint Health and Wellbeing Strategy.

In relation to steps taken to date to engage all parts of the local community in service planning and delivery, including seldom heard groups, children and young people, one board member said:

**"There is too much of an assumption that specialists are doing that.
We haven't tested how robust our approach is of reaching hard to reach.
We don't know where things are funneled.
The role of board members is not listening to people ourselves, but testing that they are being listened to and asking 'so what?' "**

A number of board members feel that to date there hasn't been sufficient time built in for effective, co-ordinated engagement to take place in relation to issues addressed by the board. However they are aware of a few examples, primarily highlighting work in their own organisation or directorate, of good practice, tools and approaches used to engage and involve individuals and communities:

"In Children's Services we have work around the Voice of the Child, the new OFSTED framework, school councils, youth parliament, and the children in care council."

"What the police do is pretty well developed, I'd be happy to share it, we could possibly ask more questions in our regular feeling the difference survey."

"The You Said, We Did approach, and the Local Account for adult social care."

"The asset based work in JSNA and Public Health work are examples, also insight work as well as engagement. You don't need dialogue all the time. Insight work helps you with the why and and how, formal consultation and coproduction helps with the what."

"There are good things happening, for example the evening and lunchtime sessions that Dudley CCG are doing in relation to the Urgent Care consultation, and questionnaire Healthwatch are doing at the Walk in Centre."

3. Sharing knowledge and learning

Board members were asked about ways that learning within and between member organisations could be shared to promote best practice in engagement and to ensure agreed priorities and service design, planning and delivery are influenced by the voices of local people. A combination of board meetings, development sessions or additional sessions (e.g. spotlight events), toolkits and sub-groups were suggested.

Board members are accustomed to attending and participating in partnership meetings, and most reported feeling able to contribute, and being comfortable "in that sort of group". It was felt by some that that the sharing of knowledge and learning depended on members bringing experiences to the board, and the agenda being shaped to encourage it. This could include having an agenda item for Healthwatch to feed back under, and perhaps including patient/public stories at board meetings. It was highlighted that learning together demands members to be open about how they do things.

However a barrier to both contributing community views and engaging people in the work of the board was articulated by a board member as follows:

"The formality of board meetings is a really big problem. It offers little opportunity to capitalise on intelligence around the table - the information people hold. I feel like a passive recipient of information, and there are no defined actions. There is a real case for the board to look at making meetings less formal to release some of that information and expertise. We might be able to open opportunities for engagement by working in a different way."

It was identified that board members are each at different stages and come at things from different frames of reference and agendas. It was therefore felt that development sessions were still important. The spotlight events were mentioned by a number of board members: "I find them useful, to see the extra stuff people do that I wouldn't have imagined. Engagement, which is as much social oriented as clinical. I've learned a lot and it has given me ideas about linking up in terms of engagement though the board." It was also identified that "the spotlight events are really useful, but have a shelf life". A couple of board members suggested arrangements which would include people from local communities and people who use services in reference or sub-groups.

Issues in relation to communication, language and jargon were raised:

"We should be talking together more and listening together more and making it simple. I find the health service speak in a different language - and we probably do as a council."

"The fact it is constituted board doesn't mean to say all reports have to be written in the way that democratic services request. Wouldn't it be good if they were all in Easy Read as a baseline? If the Health and Wellbeing Board is accountable to the public it needs to be in a language that is useful."

Some board members feel they don't know much at all about other partners practice. Others have identified specific areas they want to learn more about from each other.

4. Understanding the impact of engagement and involvement

Board members articulated difficulties inherent in provision of assurance that effective engagement which makes a difference is taking place in relation to their own organisation and to the work of the board.

It was acknowledged that as new board, to date there has been little feedback in relation to engagement, or a full commissioning cycle. It could be useful if written reports included an assessment of engagement activity, yet a problem is that "you want evidence, not just a statement". One board member felt that: "We would need to know that each constituent agency or sections represented had got processes in place and that there was way of demonstrating impact in relation to what they put resources into. So we need a process that enables us to see that member organisations are not only engaging and co-producing around commissioning plans, but also that delivery is being monitored through contracts and where appropriate the providers are engaging."

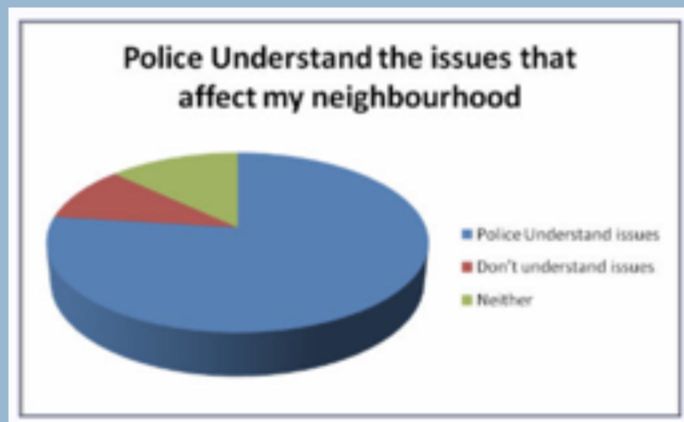
The messiness / complexity was acknowledged, however a board member suggested that ongoing development of insights being drawn together through the JSNA might begin to help. Trust between partners was also mentioned in relation to assurance.

Satisfaction surveys, such as the Feeling the Difference survey used by the West Midlands Police can help to offer assurance in relation to engagement activity.

Feeling the Difference

The West Midlands Police website explains that the Police rely on the views of residents across the force area to tell then how they are doing and they we can improve. Feedback from residents is collected in a survey called **'Feeling the Difference'.** This survey has been conducted since April 2004 by an independent research company and collects feedback from 16,800 people each year. [Over 1000 of those are residents of Dudley borough].

One of the performance indicators which a question is asked in relation to is that the Police works hard to engage local residents, and another asks about the strength of relations between people in your neighbourhood and the police.



It was important to some board members to hear community voices at the board "directly, not sanitised for the board". Reports from Healthwatch Dudley and patient representatives were suggested, as was involving young people with a role to ask questions, including about engagement.

In the future the board should be in a position to evidence that engagement has influenced decision-making and contributed to improved local health and wellbeing outcomes. Ways that this could be done which were suggested by board members included:

- Satisfaction surveys/tests
- You told us this, we did that
- Demonstrating the impact of voice through the Joint Strategic Needs Assessment
- Tracing priorities back to what people said, and feeding back when activity has taken place (e.g. on a website)
- Documentary: videos and full accounts of activity and what it has told us
- An annual Local Account style report

EVERYONE
WELCOME!
EXHIBITION
FREE PIE
& CONVERSATION

5. Proposed principles for engagement and involvement

Dudley Health and Wellbeing Board has already articulated seven principles which inform the delivery of the vision in Dudley's Health and Wellbeing Strategy. One of these is:

we will work in empowering ways, appreciating the potential of individuals and their communities to maintain and sustain health and wellbeing and the contribution they can make to shaping and delivering services.

It is suggested that this principle should underpin engagement and involvement activities, and in addition the following principles be used to guide engagement and involvement:

Engagement is the business and responsibility of every board member

Engagement is the business of every board member and collectively the 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.

Activity and issues should be routinely screened by the board in terms of engagement implications and required actions, the board's capability (and the capability of their partners) to involve local people, and local communities' interest and capability to be involved.

There will be different types and levels of appropriate engagement, depending on the situation

The board needs a consistent and rigorous mechanism by which it can assess the form that engagement should take as each new issue arises, and to evaluate its success.

Engagement activities should be based on evidence of what works

There are a variety of traditional and innovative ways to connect with the local community, including those people who may be from seldom heard groups. Consideration should be given to the most appropriate methodology and medium for engaging the particular target group concerned. It is important that individuals and communities receive feedback on how engagement activities have influenced the development of board policy, priorities and actions.

We will open ourselves to learning about the reach, impact and effectiveness of our engagement

All engagement activity needs to be evaluated, and the learning collected used to plan and develop future engagement. Any evaluation undertaken should actively involve the key audience for the engagement activity concerned.

Appendix 1
Participating Health & Wellbeing Board members

(21 November 2013 - 2 January 2014)

Alison Taylor
Andrea Pope-Smith
Cllr Turner
Cllr Miller
Ian McGuff
Pauline Sharratt
Paul Maubach
Stuart Johnson
Sue Holmyard
Valerie Little

Participating Development Group members interviewed

Brendan Clifford
Neill Bucktin

(NB. Views from the above two interviews have not been included in this Interim Report. They will be discussed by the Development Group in January.)

Outstanding interviews to be arranged with

Andy Gray (booked 8 January 2014)
Jayne Emery (possibly 7 January 2014)
Dr Heggarty
Roger Clayton
Cllr Branwood
Cllr Crumpton (omitted from original list of contacts)

Image credits

Maya Angelou quote from http://tbwork.tumblr.com/post/30742121855

Photograph of post-it with "Best practice for professionals isn't spread like butter, it's grown like a garden. How can we enable this?" from Social Innovation Camp's Flickr images http://www.flickr.com/photos/sicamp/

Cartoon of boat, uncredited, from blog post: http://leadinganswers.typepad.com/leading_answers/2007/12/the-doi-made-to.html

"It's not about the pieces, but how they work together" from http://tbwork.tumblr.com/post/55360495220 source http://www.acejet170.typepad.com

Everyone Welcome sign from Tessy Britton's Flickr images http://www.flickr.com/photos/tessybritton/