

Bath & North East Somerset Council

MEETING:	Health and Wellbeing Board (Shadow)
MEETING DATE:	19 September 2012
TITLE:	Community engagement
AN OPEN PUBLIC ITEM	
List of attachments to this report:	
Appendix 1: Principles for community engagement	

1 THE ISSUE

1.1 Health and wellbeing boards have a duty to engage the public in their work. This report seeks to discuss and agree a set of principles that will establish a consistent and rigorous approach to community engagement.

2 RECOMMENDATION

The Board is asked to agree:

2.1 A set of principles for community engagement (attached as appendix 1).

FINANCIAL IMPLICATIONS

2.2 There are no direct financial implications as a result of this report.

3 THE REPORT

3.1 Health and wellbeing boards have a duty to engage the public in their work under the Local Government and Public Involvement in Health Act (2007), and this is recognised in the latest health reforms within the Health and Social Care Act (2012). This responsibility extends to the work of the clinical commissioning group represented on the board and the NHS Commissioning Board Authority.

'If the reforms are genuinely about shaping services around the needs of individuals and communities, then service users and the public must have real influence when big decisions are made' Department of Health

3.2 Good local engagement has a series of benefits and outcomes including:

- Can lead to new, more creative and often more cost effective solutions
- Better understanding of local community need
- Can provide insight into what is important locally
- Increase the sense of civic influence / empowerment (ownership of local initiatives)
- Better co-ordination of localised initiatives

- 3.3 Best practice suggests that engagement should take place from the start of the life of the board and woven through-out its work.
- 3.4 This report seeks to agree a set of principles for engagement for the B&NES Health and Wellbeing Board. These principles emerged from the Boards development session on the 3 September and are set out in appendix 1.
- 3.5 These principles will operate within the context of the Councils developing Local Engagement Framework (LEF).
- 3.6 The developing LEF will establish a minimum core 'offer' to all local communities for engagement with the Council. It will be coproduced with local stakeholders – particularly local public service agencies - and will be a more transparent, streamlined, innovative and integrated approach to engaging with local people, communities and other stakeholders. It will underpin the way community engagement is undertaken across the B&NES Partnership Framework of which the HWB is a part.
- 3.7 Through these principles – and a different way of approaching community engagement – the Board has the opportunity to be a pathfinder within the developing LEF.
- 3.8 Both the LEF and the Health and Wellbeing Board acknowledge that there will be different types and levels of engagement appropriate depending on the situation. However, it is important that there is a consistent and rigorous approach across the area; the principles set out in appendix 1 fit with the developing LEF.
- 3.9 There is also a clear connection between the presence of local elected members on the board and the public involvement agenda. Not only does this enhance the democratic legitimacy of the board and the decisions it takes, it also means that those members of the board come into regular contact with the public that they represent.

3.10 Healthwatch

Healthwatch will be in place from April 2013 and will have a formal role of involving the public in the work of the board. It is crucial that the board supports the development of local Healthwatch and their role on the board. However, public engagement is not purely the role and responsibility of the Healthwatch representative; all members of the board must assure themselves that appropriate public and user engagement is taking place in relation to the work of the board.

- 3.11 The following sets out our vision for local Healthwatch. This vision complements the Boards ambition for engagement.

3.12 *Our vision for local Healthwatch is:*

To embed the public and consumer voice within the day-to-day business of the HWB. The aim is to give citizens and communities a stronger voice and an independent voice to influence and challenge how health and social care services are commissioned and provided. And Local Healthwatch will establish itself as the coordinator of engagement in all aspects of health and social care and has the real potential to grow into an effective and powerful local leader.

- 3.13 Its specific role and scope can be described through six key areas. Healthwatch will:

- 1. Deliver three core operational functions: Influencing the planning and provision of health and social care, signposting people to information about health and social care services and assisting people by taking issues forward with health and social care commissioners and providers.

2. Act as an involvement network working proactively to bring together and enhance the existing infrastructure of local engagement and support drawing input and participation from it and coordinating common outputs.
 3. Implement powerful communications promoting an active, dynamic and ongoing public conversation through web and social media. Operating within the broader local engagement framework proactively outreach to communities utilising innovative and effective methods of communication that are inclusive and accessible to all groups.
 4. Work successfully alongside partners achieving excellent professional relationships and working systems within which to present challenge to ensure the views and experiences of patients, carers and other service users are heard and taken into account with commissioners and providers.
 5. Establish a common agenda of priorities within the framework of the joint health and wellbeing strategy take up membership on the Health and Wellbeing Board and contribute a credible and proactive representation of the consumer voice within the Health and Wellbeing Board.
 6. Ensure that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment.
- 3.14 The council will begin the procurement process for a Local Healthwatch on 1 October 2012, and will appoint the winning bidder by the end of this year 2012.
- 3.15 The new body will commence delivery of B&NES Local Healthwatch from 1 April 2013, when it becomes a statutory requirement for local authorities to make this provision.

4 RISK MANAGEMENT

- 4.1 A risk assessment related to the issue and recommendations will be undertaken as part of each engagement activity.

5 EQUALITIES

c) An EqlA has not been completed for the following reasons... EqlAs will be undertaken in the planning of each engagement activity.

6 CONSULTATION

- 6.1 **Select from:** *Ward Councillor; Cabinet Member; Staff; Other B&NES Services; Service Users; Local Residents; Community Interest Groups;; Stakeholders/Partners; Section 151 Finance Officer; Chief Executive; Monitoring Officer*
- 6.2 These report seeks to embed public and patient engagement within the day-to-day business of the health and wellbeing board.

7 ISSUES TO CONSIDER IN REACHING THE DECISION

- 7.1 **Select from:** *Social Inclusion; Customer Focus; Sustainability; Human Resources; Property; Young People; Human Rights; Corporate; Health & Safety; Impact on Staff; Other Legal Considerations*

8 ADVICE SOUGHT

8.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

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Background papers	
Please contact the report author if you need to access this report in an alternative format	

Health and Wellbeing Board principles for good public engagement:

Commitment to:

Proactively embed good public and patient engagement within the day-to-day business of the Board to improve the health and wellbeing outcomes of the B&NES population. This includes the intelligence, design, commissioning and delivery of services.

Principles:

Responsibility for good public engagement

All members of the board must assure themselves that appropriate public and patient engagement is taking place in relation to the work of the board.

Clarity about purpose

To ensure that there is a clear purpose and outcome from the start of the engagement activity. This should include what can change as a result of the engagement.

Harnessing a range of engagement methods

To harness a range of traditional and innovative ways of engaging with people including those who may be seldom heard.

Engaging with everyone

To take a proactive approach to engaging all parts of the local population / service users and seldom heard groups.

Cultural change

To develop a leadership style and meeting culture that is visible and accessible through, for example, a creative approach to the style and location of Board meetings.

Access to information

To provide (and allow access) to relevant information that allows people to engage in an informed way.

In partnership

Each agency represented on the Board has a separate responsibility for public engagement however where possible public engagement should be planned and delivered in a joined up way across the partnership and Local Engagement Framework.

Feedback

To ensure that service users and the public feel that engagement has been meaningful there should be feedback on how engagement has influenced the development of priorities and actions (even if there has been no influence as a result of the engagement).

Local HealthWatch

All members of the board must support the development and inclusion of Local HealthWatch so that they can sufficiently represent the public views within the day-to-day business of the Board.

Evaluation

To undertake evaluation of engagement activity to demonstrate transparency and accountability of outcomes achieved. Evaluation should also inform future engagement activity.

Outcomes:

- Improve the health and wellbeing outcomes of the B&NES population
- Improve the quality and efficiency of services
- Adds value to the work of the Board
- Public feels empowered

