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Report of the Director of Adult and Community Services CBMDC and the Director of Collaboration NHS Airedale, Wharfedale and Craven, Bradford City and Bradford Districts CCGs to the meeting of the Health and Wellbeing Board to be held on 29th July 2014.

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Subject: Participation and Engagement

Summary statement:

The paper summarises our current progress to date across the health and care economy with participation and engagement and provides the Board with an update on our intentions for future cross-partnership working, and future potential to work even more closely together.

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Report Contact: Fiona Stephens Phone: 07908 403810 E-mail: Fiona.stephens@bradford.nhs.uk Report Contact: Helen Farmer Phone:01274 237679 Email: Helen.Farmer@awcccg.nhs.uk Report Contact: Dave Moss Phone: 01274 434690 E-mail: Dave.moss@bradford.gov.uk	**Overview & Scrutiny Area:** **Health and Social Care**

1. SUMMARY

1.1 The paper summarises our current progress to date across the health and care economy with participation and engagement and provides the Board with an update on our intentions for future cross-partnership working, and future potential to work even more closely together.

2. BACKGROUND

2.1 At the January meeting of the Health and Wellbeing Board (HWB), partners in the health and care economy were asked to provide an update on their engagement strategies and ongoing approach to consultation and engagement with the citizens of the Bradford District.

2.2 At one of its previous meetings, the HWB had also received a report on NHS England's Call to Action in which people were asked for their views on local NHS priorities, maintaining financial sustainability, meeting health care needs of all people, improving the quality of services and building an excellent NHS now and for future generations.

2.3 Whilst engaging on Call to Action with local people it became evident that, with the financial challenges facing the local authority and the commitment through the HWB to work in partnership, health and care could work collaboratively on engagement work across the district

2.4 We have examples of good practice through taking a cross-partnership approach to consultation and engagement in the district, however our consultation and engagement infrastructure and processes have been developed to meet our individual needs. We now recognise the opportunity to work more closely together in the future, sharing resources, infrastructure and intelligence to ensure we build effective opportunities for both individual and public participation; and to ensure feedback and intelligence continues to inform our decision making

3. OTHER CONSIDERATIONS

3.1 Our Engagement

In line our organisational values about working in partnership with local people – and legislation - we have engaged on a continuous basis and have taken different approaches with different individuals and communities. This work has supported key strategies including the health and care economy's five year forward view. Additionally, we have:

- worked together across sectors to improve current service provision some examples of this are in appendix 2.

- conducted focused six-week service reviews, working in partnership with Healthwatch and the voluntary sector including, for example, stroke services and anticoagulation. An example is attached at appendix 3.

At this stage the CCGs have not conducted a 12-week formal consultation relating to major developments or variation in the provision of services as detailed in the Health and Social Care Act. Engagement work that has taken place is supporting the development of the five year strategy and future work streams on urgent care, planned care and mental health services.

Within the local authority, we have built a wide infrastructure of engagement and consultation, as illustrated by the formal partnership structure in figure 4 supported by the community engagement framework which continually engages with communities on the basis of theme, place and specific communities. We have also conducted more targeted and specific formal consultations (e.gg annual budget consultation and the consultation on changes to care services. In addition there is continuous engagement with service users through commissioned adult services and more recently with the public health role.

3.2 Statutory duties and other considerations

Under the Health and Social Care Act 2012 (section 14Z2), CCGs have a duty to consult and engage with the public and other stakeholders. Similarly, the Local Government and Public Involvement in Health Act 2007 puts duties on local authorities and HWBs with regard to public engagement.

In addition, the Health and Social Care Act 2012 (Section 192) imposes a statutory duty on health and wellbeing boards to involve the people who live or work in the local authority's area, for example in preparing joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWSs) for the area. Under the Equality Act 2010, local authorities and other public bodies have a 'public sector equality duty' to advance equality of opportunity and encourage people from protected groups to participate in public life.

Two duties of the Health and Social Care Act are to:

1. Make arrangements for and promote individual participation in care and treatment through commissioning activity.

2. Publish evidence of what 'patient and public voice' activity has been conducted, its impact and the difference it has made

Our approach also ensures that we are upholding the NHS Constitution which:

- puts patients and the public at the heart of everything we do;

- promotes and embeds a patient-focused culture within the NHS;

- ensures that the patient and public voice is not just heard, but actively used to inform commissioning decisions taken by the CCGs.

3.3 Why do we need to engage?

The health and care economy needs to make significant savings over the next five years to ensure continued delivery of high quality and effective care. In some of the previous engagement work, it is recognised by the local population that some services may need to change or stop in order to protect other services and that difficult conversations may need to take place. The key principle to this is communication, the provision of information and appropriate engagement to ensure that local people are "informed citizens" and able to fully participate.

The results of our engagement with patients and the local communities give insight to the needs of our population. Over the past year we have built an infrastructure of engagement to listen act on the needs expressed by communities (figure 1 is a model of commissioning and our aim is to ensure that engagement is built into every stage of this process). To support this we have carried out research, focus groups, outreach work and supported networks and forums to discuss the needs and priorities of our communities.

Our proactive approach continuously builds meaningful engagement with the public. We will use consultation as a formal process when services change and utilise the information we collect from insight, feedback, complaints to inform this work.

This approach supports our strategic priorities and ensures that we are upholding the NHS Constitution .

As part of our ongoing commitment to engagement work, partners in the health and care economy are working with one another to ensure we do not cause "engagement fatigue" as a result of continually holding events, distributing questionnaires and attending established groups. Health and care partners have established an engagement leads group which is tasked with identifying engagement plans for the next 12 months and working collaboratively to approach citizens on the future of health and care within the district.

Figure 1: Making engagement happen


Analyse & plan
Community engagement to identify needs and aspirations
Public engagement to develop priorities, strategies and plans
Design pathways
Patient and carer engagement to improve services
Specify & procure
Patient, carer and public engagement to procure services
Deliver & improve
Patient and carer engagement to monitor services
Making it happen
InHealth ASSOCIATES

3.4 The Engaged Citizen (based on the 'engaged' patient approach)

The engaged citizen promotes the concept that people are confident, skilled, informed, knowledgeable, and can be active in their care. The resultant output is a citizen that experiences better care, outcomes, attends screening programmes and will ultimately improve their lives and support our objective to reduce the health inequalities of the people in Bradford District. We are at the early stages of working up this approach but it builds on our existing self-care work led by colleagues in Public Health. The opportunities offered by new technology such as apps and social media need to be part of this. Given that research has identified that 94% of adults own or use a mobile phone and 75% have broadband this provides a strong platform on which to work at a wider scale than our traditional methods of engagement. The model of engagement that we are aspiring to would ensure that a citizen is able to engage in the behaviours described in figure 2.

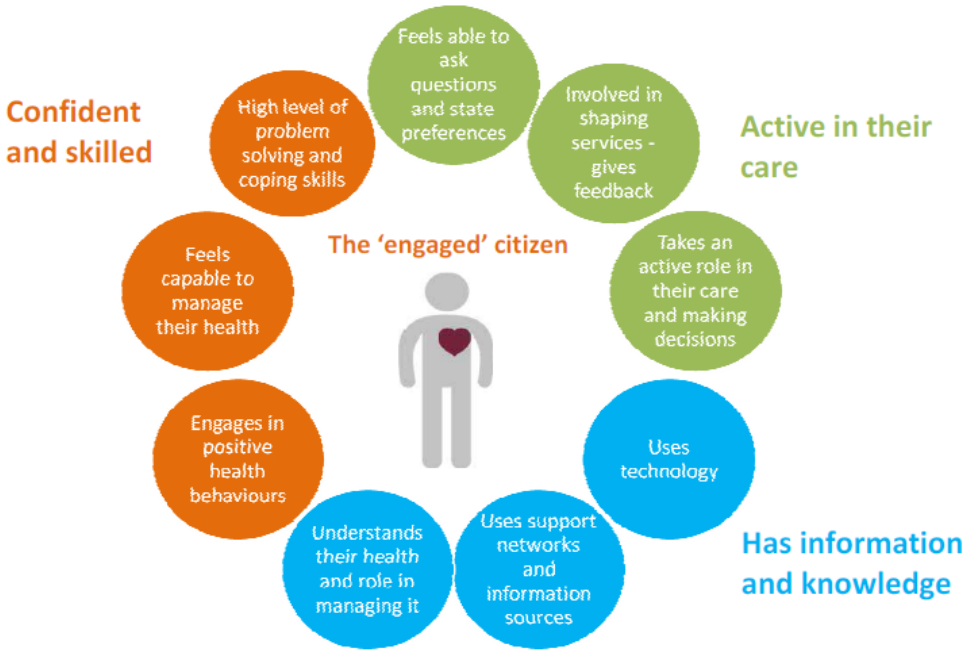

Figure 2: The engaged citizen

In supporting the delivery of this approach, partners believe that our money will be spent more efficiently if we work on a joint model of engagement and this will ensure we reach a wider proportion of the population through our existing networks.

Those people with the worst health outcomes are too often those with the least voice and influence to shape services. The "inverse care rule" describes those people with the worst health and wellbeing as having the worst access to good effective services. In recognition of this the CCGs have established a community asset approach to ensure that the views of all service users can be heard. There is evidence of the effectiveness of community development approaches to reducing health inequalities, work that starts with the experiences, strengths and preferences of local people rather than a "top down" approach. There is the opportunity to combine with partners in Healthwatch and Bradford Council to ensure we adopt this approach and utilise all of our engagement teams in the most effective way.

The direction from the HWB has been to use a joint approach to maximise effectiveness and use of resource. This gives us an opportunity to:

- tailor our approach to the complex and different groups across the district using the community asset based approach to engagement;
- make full use of new tools, including social media; and
- address health inequalities with better focused work.

3.5 Current arrangements

There are many different organisations and methods of engaging with the public, but these are fragmented and are not joined up within a connected health and social care system. Engagement and participation work is done by NHS providers (both primary and secondary care), NHS England, three local CCGs, regulators, local government, social care, partnerships like the Strategic Disability Partnership, Healthwatch, voluntary organisations and Public Health. At present there is no central planning of engagement across these organisations and each has their own model of engagement. Figure 3 shows the current range of activity and networks that exist to collect patient and public voice.

Figure 3: current range of activity to engage and involve citizens

The Council hosts and supports established partnerships that work across the District with a variety of Partners. Figure 4 shows the current Assembly structure of these partnerships between the Council and Third Sector.

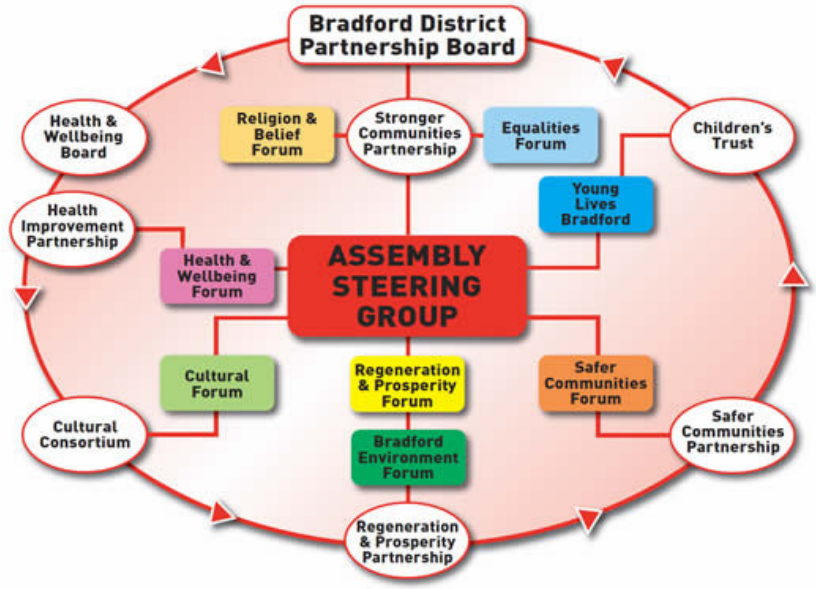

Figure 4: current model of engagement

The CCGs - in partnership with provider organisations, HealthWatch and the Third Sector - are developing a series of networks to ensure they hear the voices of seldom heard groups. These networks are building on existing structures to strengthen them and include a young people's networks (working with Young Lives), the women's network (working with the Maternity Partnerships and the Every Baby Matters group) and the Health and Wellbeing Hubs (working with local authority, the Health and Wellbeing Forum and CCGs). The recently-formed joint engagement leads network brings together all staff with engagement and involvement responsibilities for the local authority, provider Trusts, the CCGs, VCS and Healthwatch.

In addition we all collect insight information to inform decision-making. *Grassroots* - a dashboard which collates all information about experience and feedback about CCG commissioned services - is one example where there has been a positive approach to join up health engagement data (see appendix 4).

The Joint Strategic Needs Assessment (JSNA) is based on quantitative data and analysis from a public health needs perspective, sometimes described as a "deficit model". There is more work to be done to include the community/public voice, qualitative analysis and perspectives, emphasising patients' experiences and building on the strengths and assets of different communities to best meet need.

Healthwatch Bradford and District works with a range of partner organisations from the voluntary sector work to independently share feedback about health and social care services from their communities. It works closely with the CCGs, NHS England, NHS providers, Bradford Council and other commissioners and providers of social care services, feeding in service user experience, asking what action is being taken, seeking improvements in local care (see Appendix 5).

3.6 Challenges with the current approach

We need to be aware that as organisations, we:

- are sometimes competing to reach the same population through the various activity we each undertake;
- are constantly looking for more members of the public to engage with us;
- need to think of new ways people can contribute; and
- need to be creative in the way we engage and the subjects we engage about

In addition, our current approach needs to widen to address the following:

- cost of meeting peoples access needs to participate particularly groups who are less likely or able to participate;
- cost effective use of resources including people; and
- recognition that Health and Well Being covers a wider perspective than just health issues. Public involvement needs to be central to prevention and well-being services too.

3.7 Where we want to be and how we are getting there

The vision for joined up engagement is that everyone can be an engaged citizen, as described in figure 2 and effective engagement means we will involve the people and communities of Bradford in our decision making and priority setting

Over the past year we have built an infrastructure of engagement to listen and build in the needs expressed by communities by ensuring our structure allows for:

- Individual and patient participation: Ensuring that people have opportunity to be involved in shaping and delivering health care.
- Public and community participation: Improving our work across partners to involve people in engagement activity, networks and forums. The CCGs will work with the structures developed by the local authority to create a joined up approach to involvement and working in partnership with all stakeholders to implement a community asset based approach to engagement will provide a solid foundation of inclusive engagement
- Intelligent use of insight and feedback: Increasing our sharing of intelligence and information that can inform decision making and working together to feedback changes and impact made by the contributions of people.

- Support people to make decisions about their own health: Working closely across the health and social care footprint to increase support for self-care.

We recognise that patients, carers and service users have valuable expertise and insight which that informs service redesign and commissioning decisions. Our approach is to empower communities to develop sustainable approaches to health improvement and promotion.

Through our infrastructure of engagement, we will ensure that patients, carers and the public will:

- Understand what services are available and how care is delivered
- Know how decisions are made and how to become active partners in the decision making process
- Know how to get help and support in maintaining healthy lifestyles and managing their own conditions

3.8 How we are acting on feedback

The outputs of engagement activities are shared directly with those who participated in the process but we have acknowledged within health that we need to improve our feedback to the public. We have created "You said, we did" pages on our website and following engagement work on services and pathways eg diabetes, community nursing etc. As part of our monthly/quarterly Grassroots report we include a similar section which also includes a "so what" section to feedback and examples of where we have used patient and public voice effectively to change services can be seen in appendix 4.

4. OPTIONS

4.1 To note the progress to date and to provide any further direction and support to streamline engagement across partner organisations.

4.2 The strength of teams working collaboratively demonstrates to the public that we are committed to a joined up health and care economy across the District, however we do need to get smarter on how we achieve this in seamless way for citizens in the district. As a result there needs to be a co-ordinated approach to prioritisation, taking into account the commitments and priorities of the different organisations. Members of the HWB are asked to acknowledge this and provide support for this work in the future where this is required.

4.3 Note the recommendations in section 10.

5. FINANCIAL & RESOURCE APPRAISAL

5.1 N/A.

6. RISK MANAGEMENT AND GOVERNANCE ISSUES

6.1 N/A

7. LEGAL APPRAISAL

7.1 N/A

8. OTHER IMPLICATIONS

8.1 EQUALITY & DIVERSITY

Participation and engagement supports equality and diversity as it seeks to give all people the opportunity to be an engaged citizen, and effective engagement means we will involve the people and communities of Bradford in our decision making and priority setting. This is supported by targeted work to ensure we gather the views of marginalised groups.

8.2 COMMUNITY SAFETY IMPLICATIONS

N/A.

8.3 HUMAN RIGHTS ACT

N/A

8.4 TRADE UNION

N/A

8.5 WARD IMPLICATIONS

None

9. NOT FOR PUBLICATION DOCUMENTS

None.

10. RECOMMENDATIONS

The HWB are asked to:

1. support the recommendation that our organisations continue to work collaboratively on engagement;
2. give direction to the prioritisation of engagement activity across the district;

3. ensure respective organisations support the establishment of the engagement leads group;

4. require the engagement leads group to recommend a framework of shared working;

5. ensure respective organisations and members share the responsibility and accountability for engagement.

11. APPENDICES

Appendix 1 – Call to Action You Said We Did
Appendix 2 – Cross partnership working
Appendix 3 – Anticoagulation Summary
Appendix 4 – Grass roots feedback examples and leaflet
Appendix 5 – Healthwatch Bradford and District

12. BACKGROUND DOCUMENTS