

## HAMPSHIRE COUNTY COUNCIL

### Decision Report

<b>Decision Maker:</b>	Health and Wellbeing Board
<b>Date:</b>	11 February 2014
<b>Title:</b>	Communication and Engagement Group
<b>Reference:</b>	5623
<b>Report From:</b>	Chief Executive of Enham Trust (Voluntary Sector Representative on the Board) and Executive Director of Healthwatch Hampshire

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#### 1. Executive Summary

1.1. This paper sets out the proposal for the future shape and focus of the Communication and Engagement Group as requested at the October 2013 Health and Wellbeing Board. It provides highlights of the work currently being undertaken and seeks the approval of the Board in relation to the terms of reference and proposed future work. Future proposed areas of work for consideration are a set of engagement principles, engagement impact assessment tool and communication and engagement toolkit.

#### 2. Communication & Engagement Group

2.1. The Group brings together communication and engagement expertise drawn from across the five CCG's, Hampshire County Council, Healthwatch Hampshire, District and Borough Councils, third sector. Consideration is currently being given as to how best providers can be engaged.

2.2. To date work has been progressing on a number of areas, notably;

- Mapping existing information and engagement mechanism across partners
- Gathering together information on information giving and campaigns, consultations underway and collaboration activity
- Exploration of existing documents that could inform the development of protocols and principles for engagement
- Identification of partners, overlapping geography and topics of interest

- 2.3. The Group is jointly chaired by Janet Chierchia from Healthwatch Hampshire and Peta Wilkinson the voluntary sector consortium representative.

### 3. Future Direction

- 3.1. In order to ensure that the Group focuses on the most productive areas of work it is necessary to agree the areas of focus and determine the key areas of work. In doing so it is important to recognise the limitations of the work as the Group will not have the capacity to lead campaigns or engagement activity. Nor is it the intention that it duplicates the work of existing communication leads within partner organisations, but acts in a co-ordinating and advisory capacity.
- 3.2. In considering the focus of the Group the following areas have been identified as ways where the Group can add value:
- Aid consistency of messages
  - Promote the integration agenda
  - Share existing knowledge in order to improve practice
  - Improve the links between partners and stakeholders
  - Maintain an overview of communication and engagement activity across the four themed areas of the JHWS
- 3.3. To enable these areas to be capitalised a draft terms of reference has been developed and are available in **Appendix 1**. They highlight the Group as being the major focus for raising awareness of the Health and Wellbeing Board and Joint Health and Wellbeing Strategy to partners. The Group will act as a conduit to share key messages and best practice and strengthen the connections across partners. As well as providing the Board with assurance that public engagement is embedded in the delivery of the Joint Health and Wellbeing Strategy (JHWS).
- 3.4. In order that the Group can fulfil its role it has begun developing principles and protocols **Appendix 2**. These will help guide the work with the four JHWS themed groups and set clear standards for engagement and communication. The Group will act in an advisory capacity for the four themed groups. In practice this would involve providing expertise and support to ensure that appropriate levels of engagement are planned and delivered in order to support the integration agenda.
- 3.5. In addition to developing a set of key engagement principles, and in recognition of the fact that the different workstreams within the JHWS will require varying levels of engagement activity, the Group proposes developing an engagement impact assessment tool. This will enable workstreams to determine whether, and the degree to which, engagement is required.
- 3.6. This in turn will be supported by the development of a communications and engagement toolkit to further support workstreams in the development of appropriate engagement activity.

3.7. The development of these tools will serve to support the Board in its duty to ensure engagement activity is embedded appropriately within each of the JHWS workstreams and promoting integration.

#### **4. Finance**

4.1. If the group operates in an advisory capacity there will be very little resource impact. Should the Group be required to undertake specific projects there will be resource implications where action is needed to drive forward work, prior to embedding activity into everyday business.

#### **5. Conclusion**

5.1. The aspiration of all Health and Wellbeing Boards is to 'hardwire engagement'. To make this a reality it is essential that the wider architecture of the Board takes on the role of engaging the public and users throughout the process of delivering the JHWS.

#### **6. Recommendation(s)**

6.1. The Board is asked to consider the following:

- Agree the draft terms of reference
- Agree that the Group promote an integrated approach to communication and engagement. This to be achieved through developing engagement principles, a communication and engagement tool kit and Engagement Impact Assessment
- That the Communication and Engagement Group work with each of the Joint Health and Wellbeing Strategy Theme Groups to support the development and delivery of appropriate communication and engagement strategies for all change programmes

**CORPORATE OR LEGAL INFORMATION:  
Links to the Corporate Strategy**

<b>Hampshire safer and more secure for all:</b>	no
<b>Maximising well-being:</b>	yes
<ul style="list-style-type: none"> <li>• Ensure children and young people in Hampshire thrive and achieve their full potential</li> <li>• Promote and support healthy choices for all, reducing the difference between those with the best and worst health</li> <li>• Help people to manage their health conditions, giving them choice and maintaining their independence</li> </ul>	
<b>Enhancing our quality of place:</b>	yes
<ul style="list-style-type: none"> <li>• Work with local communities to improve services</li> </ul>	

**Other Significant Links**

<b>Links to previous Member decisions:</b>		
<u>Title</u>	<u>Reference</u>	<u>Date</u>
<b>Direct links to specific legislation or Government Directives</b>		
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).		<u>Date</u>

**Section 100 D - Local Government Act 1972 - background documents**

**The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)**

<u>Document</u>	<u>Location</u>
None	

## **IMPACT ASSESSMENTS:**

### **1. Equalities Impact Assessment:**

- 1.1. An impact assessment has not been carried out for this report

### **2. Impact on Crime and Disorder:**

- 2.1. Not applicable

### **3. Climate Change:**

- 3.1. How does the proposition impact on our carbon footprint / energy consumption?
- 3.2. How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

Not applicable

## HEALTH AND WELLBEING BOARD COMMUNICATION & ENGAGEMENT GROUP

### TERMS OF REFERENCE

#### PRINCIPLES

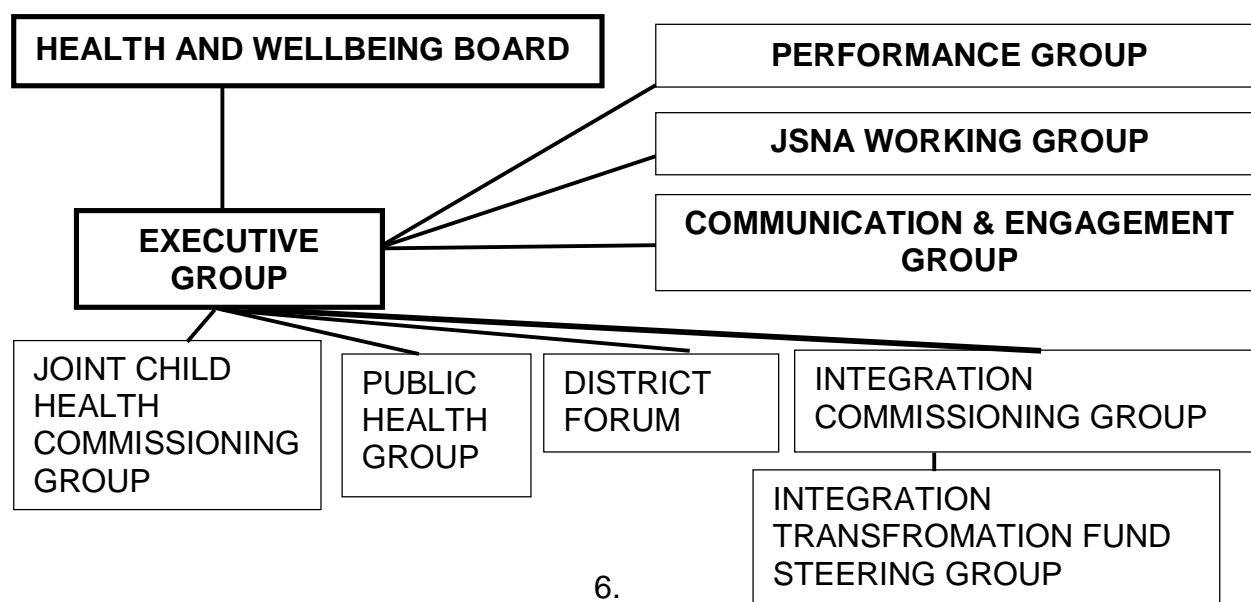
All members of the Communication & Engagement Group shall be committed to applying the following principles in order to support successful partnership and joint working:

- Be committed to increasing understanding and awareness and improving joint working through developing a relationship built on integrity, trust, transparency and learning
- Ensure people have a bigger say by championing co-production so that it can be embedded in the work of the Health and Wellbeing Board.
- Work within the remit of Hampshire Health and Wellbeing Board to improve opportunities for open communication and engagement with organisations and the people of Hampshire
- To maximise the benefit for local people by taking full advantage of joint opportunities and resources
- To take an evidence based approach, share best practice and learning to improve the outcomes for individuals, neighbourhoods and the whole of Hampshire
- To support organisations to meet their legal requirements

#### THE STRUCTURE OF THE ENGAGEMENT & COMMUNICATION GROUP

The Communication & Engagement Group shall work within the delegation and accountability arrangements of Hampshire Health and Wellbeing Board

The Communication & Engagement Group will, when ever possible, build on existing structures and mechanisms to better align communication and engagement resources using the following accountability model:



## PURPOSE & ROLE

As a sub- group of Hampshire Health and Wellbeing Board Executive Group, the Communication and Engagement Group are committed to improving the way people are involved in the way services are developed and the outcomes they achieve in a sustainable way. The Communication and Engagement Group will help achieve this through the following:

- Raising awareness of the Health and Wellbeing Board and Joint Health and Wellbeing Strategy to partners
- Sharing key messages and best practice
- Strengthen the connections across partners
- Develop and maintain a set of principles and protocols to help reduce duplication, set clear standards and make the best use of limited resources
- Assure the Board that public and user engagement is being embedded in the delivery of the Joint Health and Wellbeing Strategy. This will be achieved by having an advisory role to the four themed groups. In practice this would involve providing expertise and support to ensure that appropriate levels of engagement are planned and delivered
- Support cross cutting projects as directed by the Health and Wellbeing Board such as the ITF

## FREQUENCY

The group will initially meet monthly and once establish this will be once a quarter.

## MEMBER ORGANISATIONS

Joint Chairs	Healthwatch Hampshire
	Voluntary sector
Local Authorities	District Forum
	Hampshire County Council
Clinical Commissioning Group	NHS West Hampshire Clinical Commissioning Group
	NHS Fareham and Gosport Clinical Commissioning Group
	NHS South Eastern Clinical Commissioning Group
	NHS North East Hampshire & Farnham Clinical Commissioning Group
Providers	TBC

REVIEW DATE: November 2014

## Hampshire Health and Wellbeing Board

### Communications and Engagement

#### Engagement Principles

- **Engagement is effectively designed to make a difference**

Engagement gives patients and service users a real chance to influence policy, service design and delivery from an early stage.

- **Engagement is planned and delivered in a timely and appropriate way**

The engagement process is clear, communicated to everyone in a way that's easy to understand within a reasonable timescale, and the most suitable methods for those involved are used.

- **Engagement should be joined up wherever practicable**

Partner organisations should communicate with each other and work together wherever possible to ensure people's time is used effectively and efficiently.

- **The information provided will be jargon free, appropriate and understandable**

People are well placed to take part in the engagement process because they have easy access to relevant information that is tailored to meet their needs.

- **Make it easy for people to take part**

People can engage easily as the processes used ensure any barriers for different groups of people are identified and addressed.

- **Engagement is given the right resources and support to be effective**

Appropriate training, guidance and support are provided to enable all participants to effectively engage.

- **People are told the impact of their contribution**

Timely feedback is given to all participants about the views they expressed and the decisions or actions taken as a result; methods and form of feedback should take account of participants' preferences.

- **Lessons are learnt and shared to improve the process of engagement**

People's experience of the process of engagement should be monitored and evaluated to measure its success in engaging people and the effectiveness of their participation; lessons should be shared and applied in future engagements.