

**Richmond upon Thames
Health and Wellbeing Board**

**Community Engagement and Involvement
Framework**

2013

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1. Introduction

This document outlines a shared vision, principles and practice for the way that the Richmond Health and Wellbeing Board (HWB) will engage and involve its partners, providers, service users, patients, carers and local residents.

It also sets out the expectations of the Board for the way in which commissioners and providers of health and social care services will involve and engage service users, patients and carers.

Through the development and implementation of this Framework, the Richmond HWB recognises the value of involving our community and local stakeholders in shaping decisions about health and social care and the services they receive.

Our vision for engagement and involvement in health and social care in Richmond upon Thames is:

The Richmond Health and Wellbeing Board believes that the public has an active role to play in shaping public services. To this end we expect that people will be helped to have their say, their preferences taken into account and they will be given an account of the way the public's views were used.

2. Shared principles of engagement

The wider Richmond Partnership, to which the Board belongs, has agreed the following set of guiding principles that inform the way partners carry out engagement and consultation activity. The HWB endorses these principles and will promote them in its own working with partners in the health and social care economy.

We will aim to ensure our engagement activities are:

Co-ordinated – key community engagement activity will be logged on the Consultation Finder, once available to all partners, to facilitate improved co-ordination, reduce duplication and improve efficiency and effectiveness.

Relevant and necessary – we will ensure information and knowledge that already exists is first reviewed and checked via [Datarich](#) and the Consultation Finder, in case the results could be shared and duplication avoided.

Clear, concise and transparent – we will explain why we're engaging and how we're going to take peoples views into account as part of the decision making process. All information will be worded clearly and avoid jargon.

Confidential – we will ensure that personal data and responses to engagement activities are treated in confidence and in line with the Data Protection Act and Freedom of Information Act. No results or findings will be produced that are likely to identify an individual, unless this has been specifically agreed with them. We will however encourage sharing of anonymised data between our partners.

Inclusive and accessible – we will involve the widest spectrum of the community, including under-represented or marginalised groups. We will consider all nine protected characteristics covered by the Equality Duty when undertaking any engagement activity (i.e. age, disability, race, faith/belief, gender, sexual orientation, gender reassignment, marriage and civil partnership and pregnancy and maternity). We will tailor our approach to the needs of the audience, recognising the need to consider accessibility issues and potential barriers to involvement (e.g. language, venue, method of communication).

Timely, well planned and appropriate – we will aim to allow adequate time so that people have a proper chance to get involved. Sufficient time will be given to planning and conducting the engagement and for the results to be collated, analysed and considered. We will also use engagement methods that make best use of our resources and achieve the best results from the target audience. This includes developing new and innovative approaches.

Action focused – we will act on the findings to improve services, programmes and quality of life for local residents. Where a decision is contrary to the views of those consulted, we will give clear reasons why.

Reported back to the public – we will report back to the public what they've told us during the engagement and what we've done as a result of it, thereby closing the feed back loop.

3. Roles and Responsibilities for Engagement

The HWB brings together the Richmond Clinical Commissioning Group (CCG), the Council and Healthwatch Richmond in order to promote the integration of health and social care services across the local area. Each partner as well as the HWB itself has its own responsibilities with regard to engagement and involvement:

3.1. The CCG:

Has a duty to involve current and potential health service users or representatives in everything to do with planning, provision and delivery of NHS services.

3.2. The Council;

Has duty to ensure that community engagement informs local services, policies and decision-making.

3.3. Healthwatch:

Has been established as the local consumer champion for health and social care and also provides advice and advocacy.

3.4. The HWB:

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 developing its Joint Strategic Needs Assessment and Health and Wellbeing Strategy.

The HWB accepts the following definition of community engagement:

Community engagement is the process of involving people in decisions that affect them, by giving them the information and the opportunity to influence decisions and, ultimately, local services

The purpose of the Board's engagement with stakeholders is two fold, to enable accountability and transparency for decision making and to create more effective services. The elements of engagement practice which are important to the Board in discharging its functions are:

- Having your say- enabling authentic voices to be heard
- Taking into account – having listened, making use of multiple perspectives
- Giving an account – explaining how we have used the information we have been given.

The Board will engage directly as a Committee and indirectly as the leader of the local health and social care economy, through partnership, its constituent organisations, commissioners and providers.

4. How the Health and Wellbeing Board will Engage

<p>Having Your Say</p>	<p>Provision for the public to ask questions at meetings.</p> <p>Use of seminar sessions to explore issues and share information and views. A range of stakeholders, including providers and voluntary sector organisations will be invited depending on the topic. The subject matter of the seminar sessions will be focussed on the implementation and review of the Health and Wellbeing Strategy, the Joint Strategic Needs Assessment or other items specified in the Annual Plan.</p> <p>We will consult and involve stakeholders in the development of the JSNA and on the Health and Wellbeing Strategy.</p> <p>The Council's web pages will identify how people can be involved with having their say on health and social care in the borough.</p>
<p>Taking into account</p>	<p>Publication of reports which identify what consultation and engagement has taken place and how it has been used to inform decision making.</p> <p>At least one meeting of the Board per year will focus on engagement and involvement annually in order to review our approach and the extent to which it is informing the work of the Board.</p> <p>Members of the Board bring their own perspectives derived from their roles as councillors, GPs, community representatives and officers and their experience of feedback from their constituencies.</p>
<p>Giving an account</p>	<p>Publication of its agenda, minutes and Forward Plan on the Council's website.</p> <p>Publication of the Health and Wellbeing Strategy on line and a summary version in hard copy.</p> <p>Publication of the Joint Strategic Needs Assessment on line, together with reports about what this means for commissioning and securing services to meet priorities.</p> <p>Publication of reports which identify how we have used the information we have been given via consultation and engagement.</p> <p>The HWB will take part in the Richmond Conference annually.</p>

5. Standards for Engagement

The Health and Wellbeing Board is not an implementation body. It works through developing a coherent direction and promoting integration. A set of principles for the way in which the Board will operate is attached at **Appendix 1**.

The partners have developed their own strategies and policies on engagement to which we expect commissioners will adhere. These are listed at **Appendix 2**.

In addition there are a number of tools to support good engagement and involvement and the Board expects that commissioners and providers of health and social care will take account of these in developing services. Three of these tools, the ladder of engagement, the commissioning cycle and the engagement cycle are referenced at **Appendix 3**.

5.1. Commissioners

Commissioners should develop robust engagement plans for commissioning activity which identify sufficient time to take account of the following:

- the purpose of engagement and how the information will be used to deepen understanding and inform decision making
- what information already exists
- the use of Equalities Impact Needs Assessment at an early stage to ensure that a situational approach to engaging with equalities groups has been taken.
- consideration of the most appropriate methods of engagement
- resources available to support engagement and involvement.

Commissioners should make it clear how engagement has informed planning and decision making and provide feedback to stakeholders.

5.2. Providers

Providers are expected to have a published policy which describes their approach to engagement and involvement of service users, their carers and the public in their service. They are expected to use robust methods of engagement with service users and others in order to improve and develop their services. When engaging with the HWB providers are expected to share information gathered from engagement to inform their discussions, to be open and transparent and to evidence how they have learned from the experience of stakeholders.

5.3. Healthwatch

Healthwatch is a member of the Health and Wellbeing Board as well as an independent voice for patients and consumer champion for health and social care. Through its local networks and engagement with service users, patients, carers and residents it can identify issues within the system that will inform the work of the Board as well as support engagement and involvement on issues which are important to individual service users.

5.4. Voluntary Sector

The voluntary sector has a significant role to play in building community capacity to be involved and to be advocates and representatives, especially for vulnerable groups. The HWB will support the active participation of the community and voluntary sector as partners in highlighting the needs of local communities and helping us to reach a wide range of individuals and communities and to help make their voice heard. We will continue to work closely with them to improve the way we

involve local people in having their say about the services that affect them and to help us to improve what we do.

6. Next Steps

This Framework is the result of research carried out on behalf of the HWB by the Office for Public Management. An Action Plan has been developed to enable further work to support the Framework as follows:

- The development of tools to support engagement in the commissioning process
- The development of information to identify how people can engage and be involved in health and social care issues
- the development and implementation of the Council's Consultation Finder to enable its use by partners.
- Forward planning of engagement and involvement as part of the commissioning cycle

The HWB will keep progress with the Action Plan (Appendix 4) under review and will consider progress at its annual meeting focussing on engagement and involvement.

Principles and characteristics of how the Board will operate in order to contribute to the local health and social care system.

1. Our shared commitment is to work towards the best possible outcomes for the people of Richmond upon Thames.
2. We believe that the public have an active role to play in shaping public services. To this end we expect that people will be helped to have their say, their preferences taken into account and they will be given an account of the way the public's views were used.
3. On behalf of this system we bring diverse experiences and perspectives which we can use to challenge on behalf of any groups omitted from proposals.
4. To gain our endorsement we require that proposals demonstrate how they amplify integrated responses to people needs 'in the round'. We will examine intended and unintended consequences of any strategies/proposals on other local partners.
5. We believe people can play an active part in producing services (co-production or self management). We expect people use services responsibly so that we make best use of everyone's time, as well as other resources.
6. We are not simply a conduit through which plans and proposals pass. We contribute to their effectiveness by enriching the intelligence on which they are based. This can be sourced from opinion, direct experience or 'objective' evidence.
7. We expect our judgements to be informed by evidence whenever possible. We will be rigorous in declaring the type of evidence we find persuasive.
8. We intend to develop a strategic approach at the appropriate level. This should not simply add another layer of documentation or serve external interests. We are seeking an approach to strategy making which remains relevant as unwanted and/or unexpected external conditions intrude. The intention is that this can guide the decision making processes wherever they occur in our system.
9. We are not an implementation group. We work through developing a coherent direction which we each use to shape actions in our respective worlds.
10. We expect that the future is uncertain and that the operating conditions for some partners could undermine our intentions. When these situations arise we will seek to find solutions together rather than attribute blame.

Partner Community Engagement Strategies and Policies

Richmond Partnership Community Engagement Framework 2010

CCG Communications and Engagement Strategy 2012

[Compact on Relations with the Voluntary Sector](#)

Children and Young People's Engagement Strategy 2012-2016

[Healthwatch Richmond website](#)

Tools to support Engagement

The Ladder of Engagement

The Ladder of Engagement sets out different types of engagement, helping people to think about the distinctions between them, the pros and cons of each, and what kinds of engagement might be most useful and appropriate in any given situation. The term 'engagement' is used in a wide and overarching way, to encompass the full spectrum of types of engagement from informing, through education, consultation, involvement, to partnership and devolving power.

Type of engagement	Explanation
Information	Providing information (e.g. about the existence of a service, results of a decision). Tends to be one-way communication
Education	Explaining or raising awareness of something - often in order to change attitudes/action. Tends to be one-way communication
Consultation	Asking opinions; this can include questionnaires asking for reactions to a particular decision, voting, market research, focus groups and debate. Can be two-way communication (e.g. if participants are informed of the results) but final decisions are made by those who are doing the consulting.
Involvement	Where more than just opinions are sought – participants may be part of the solution though taking action, endorsing something, etc. Communication must be two-way, but responsibilities are not necessarily formally set out, and relationships between participants may remain unclear.
Partnership	Direct involvement in decision making and action, with all parties having clear roles and responsibilities and powers – usually for a defined purpose/shared common goal. Two-way communication essential.
Devolved power	Giving away decision making, resources and control. There should also be clear lines of accountability and should involve two way communication with those giving away the power.

Commissioning Cycle and Engagement Cycle

The Commissioning Cycle is a strategic tool outlining the different elements and actions involved in effective commissioning of public services, organised around four key themes: *Analyse, Plan, Do, Review*. It is used throughout the public sector, particularly in health and social care services.

Using the Commissioning Cycle and Ladder of Engagement together

Within health and social care, high quality commissioning and community engagement hinges to a large extent on the strategic and explicit linking of the Commissioning Cycle and the Ladder of Engagement. Commissioners and their partners can use the Commissioning Cycle to ensure that there is a clear, shared understanding about where any particular commissioning-related initiative or activity fits in the Commissioning Cycle and what purpose it serves. They can then use the Ladder of Engagement to identify what kinds of engagement are most useful to inform and support this.

The Engagement Cycle

One example of the linking of the Ladder of Engagement and the Commissioning Cycle is the Engagement Cycle, developed jointly by the NHS Institute for Innovation and Improvement, the Department of Health, and *InHealth Associates*, for use throughout the NHS. It was designed to help commissioners understand who needs to do what to engage communities, patients and the public effectively at each stage of the commissioning process.

The Engagement Cycle

