

HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Health and Wellbeing Board
Date:	14 December 2017
Title:	Achieving priorities for co-production and community participation
Report From:	Co-design, co-production and community participation sub-group

Contact name: Christine Holloway, Chair, Healthwatch Hampshire and Chair, Co-design, co-production and community participation group

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1. Recommendations

1.1. That the Hampshire Health and Wellbeing Board use its influence on the Health and Care Alliance to ensure that there is a commitment from the highest level to effective co-production and engagement in the Sustainable Development Partnership across:

- all stakeholders: health and care commissioners; the County Council; providers whether statutory, commercial or voluntary sector; service users current and future, and the community groups who work with them to make their views heard
- the entire area of the STP, not just within Hampshire County Council's borders
- health *and* social care *and* well-being.

1.2. That the Board model good practice by involving public and/or service users in the Board's own policy developments.

1.3. That the Board monitor co-design, co-production and community participation (see para 3.4 for how this should be done).

1.4. That the Board ensure that all have access to good practice guidance on co-design, co-production and community participation (see para 3.5).

1.5. That the Board agree that NHS and local authority colleagues need the opportunity to learn by experience as well as being offered good practice guidance (see para 3.6).

1.6. That the Board invite the STP to facilitate access to findings of previous participation work (see para 3.7).

2. Summary

2.1. The purpose of this paper is to recommend to the Hampshire Health and Wellbeing Board the steps which the subgroup considers are needed to implement its agreed priorities.

3. Additional information about the recommendations

3.1. The recommendations listed above have been drawn up after considerable discussion in the subgroup.

3.2. The Health and Wellbeing Board is asked to adopt the following, more specific, ways to implement the higher-level recommendations set out in paragraphs 1.1 to 1.6.

3.3. That the Board model good practice by involving public and/or service users in the Board's own policy developments.

3.4. That the Board monitor co-design, co-production and community participation by:

- a. asking all who report or make presentations to Board meetings to explain how they have reflected the views of consumers in the plans or activities they describe
- b. adding to the agenda of a future workshop session a briefing/training on what to look for in reports to the Board
- c. refer serious concerns to the Health Overview and Scrutiny Committee.

3.5. That the Board ensure that all have access to good practice guidance on co-design, co-production and community participation by:

- a. disseminating the following documents as guidance on good practice to be used by the Board itself, subgroups of the Board, agencies on the Board including the County Council, and the sectors that Board members represent (e.g. commissioners, care providers):
 - Wessex Voices practical guidance and tools:
<http://www.wessexvoices.org/wessex-voices-publications.html>
 - 2017 NHS England statutory guidance on *Patient and public participation in commissioning health and care: Statutory guidance for clinical commissioning groups and NHS England* at <https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>) – and their previous brief guides at <https://www.england.nhs.uk/wp-content/uploads/2014/03/bs-guide-princ-part.pdf>)
 - NICE quality standards NICE has produced both a Guideline and Quality Standards for community engagement and health. As with all NICE guidelines, these are based on thorough analysis of current evidence as to what works. They cover community engagement approaches to reduce health inequalities, ensure health and wellbeing initiatives are effective and help local authorities and health bodies meet their statutory obligations. The Guideline includes recommendations on

- overarching principles of good practice – what makes engagement more effective?
 - developing collaborations and partnerships approaches to encourage and support alliances between community members and statutory, community and voluntary organisations to meet local needs and priorities
 - involving people in peer and lay roles – how to identify and recruit people to represent local needs and priorities
 - making community engagement an integral part of health and wellbeing initiatives
 - making it as easy as possible for people to get involved
- b. asking each agency on the Board to recommend these documents to the constituency they represent
- c. asking each agency on the Board to review their own policies and procedures to:
- check that they cover the points made in these documents
 - identify and report to the Board on any additional good practice they would like to recommend to others
- 3.6. That the Board agree that NHS and local authority colleagues need the opportunity to learn by experience as well as being offered good practice guidance. The Sub-Group will explore and bring forward proposals to enhance the engagement leadership skills of Communications and Engagement leads across the STP and its workstreams. This could include an adapted version of the existing successful Empowering Engagement Programme for STP workstream leads in other Local Delivery System areas (NEHFCCG and My Life A Full Life on the Isle of Wight; more info here: <http://www.patientpublicinvolvement.com/news/an-80-increase-in-confidence-as-a-result-of-the-empowering-engagement-programme/>).
- 3.7. That to facilitate access to findings of previous participation work so that people can build on what has been done elsewhere, the Board invite the STP to arrange shared access to the Patient Experience Library for all commissioners and providers across the STP area to access, possibly a joint subscription or one subscription by one body in the STP area which searches for others.

4. Contextual information

- 4.1. The Co-design, co-production and community participation group was set up by Hampshire Health and Wellbeing Board in spring 2017. The objectives of the group, refined after discussion by the group, were approved by the Hampshire Health and Wellbeing Board at its last meeting on 5 October 2017. They are:
1. Recommend guidance on community co-design, co-production and participation to the Health and Wellbeing Board, its working groups, its member organisations, and through them to all health and care planners, commissioners and providers.
 2. Identify exciting varied examples of good practice in co-design, co-production and community participation in health and social care (including by both Health and Wellbeing Boards, commissioners and providers) and facilitate

learning from them for the Board and for all who plan or deliver health and social care services.

3. Facilitate sharing of findings from community participation to reduce duplication and spread learning.
 4. Support the Health and Wellbeing Board to demonstrate leadership and good practice in community co-design, co-production and participation by identifying where it is appropriate, advising how it should be done, and monitoring implementation.
 5. Support the groups of the Health and Wellbeing Board to demonstrate leadership and good practice in community co-design, co-production and participation by advising how it should be done, supporting them, and monitoring implementation.
 6. Respond to requests from the Board and its groups for advice on community involvement in designing or delivering health and social care services.
 7. Advise and make recommendations about appropriate approaches on community co-design, co-production and participation to be used as part of the development of the Hampshire JSNA and Health and Wellbeing Board strategy on over-arching “philosophical” questions about the future of health and care services, including questions related to the STP which are best approached across the STP area rather than locally
 8. Identify relevant data and service user, CVS and Healthwatch feedback to inform the development of the Health and Wellbeing Board Strategy.
 9. Recommend and where appropriate organise Health and Wellbeing Board stakeholder events to support the development of the Health and Wellbeing Board strategy.
- 4.2. The group agreed three priorities to address first. These are:
1. Provide information and guidance to the HWB Board on good practice in engagement, co-design and co-production both principles and practical tools for delivery (not necessarily specially written by the group) that could be adopted by the HWB Board, the organisations on it, and the constituencies they represent.
 2. Provide training / workshop opportunities to encourage understanding, development and embedding of co-design and co-production as the next steps from engagement or communication.
 3. Provide HWB Board with assurance that there is consideration and delivery of community participation in design and production within the STP programme, especially but not exclusively in respect of over-arching issues.
- 4.3. The Group is chaired by Christine Holloway, chair of Healthwatch Hampshire. Its other members are:
1. Christine Dunkley (Healthwatch Champion)
 2. Jane Gordon (Engagement Manager, West Hants CCG)
 3. Sarah Grintzevitch (STP Communications Lead)
 4. Christine Holloway (Chair, HW Hants)
 5. Elizabeth Kerwood (Head of Communications and Engagement, Fareham and Gosport, Portsmouth and South Eastern Hampshire CCGs)

6. Liz Kite (Associate Director of Communications and Staff Development, West Hants CCG)
7. Sue Lee (HWB Board Manager)
8. Steve Manley (Manager, HW Hants)
9. Sue Newell (Wessex Voices Project Manager)
10. Nicky Priest (NHS England, Wessex)
11. Phil Taverner (voluntary sector rep on Health & Wellbeing Board; Community Development Worker, Test Valley Community Services)
12. Jane Vidler (Communications Team Leader, HCC)
13. Sharon Ward (Associate Director of Communication and Engagement, NEH&F CCG)

The circulation list for the Group's papers also includes Steve Gowtridge as link on co-production for the County Council's care services.

- 4.4. If any Board member would like to receive copies of minutes of the Group or wants to know more, please contact Healthwatch Hampshire on 01962 857357 / Christine.Holloway@healthwatchhampshire.co.uk

5. Finance

- 5.1. None of the recommendations incur additional costs.

6. Consultation and Equalities

- 6.1. The recommendations are based on consultation with representatives of the partners on the Health and Wellbeing Board, including a volunteer with expertise, invited by Healthwatch Hampshire.
- 6.2. The aim of this report and recommendations is to ensure that systems exist to ensure that all communities contribute to shaping future health and care services.

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Plan**

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	no
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Other Significant Links

Direct links to specific legislation or Government Directives	
NHS England statutory guidance on <i>Patient and public participation in commissioning health and care: Statutory guidance for clinical commissioning groups and NHS England</i>	2017
NICE quality standard	2016

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.)

Document

Location

None

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. Equalities Impact Assessment:

1.3. The aim of this report and recommendations is to ensure that systems exist to ensure that all communities contribute to shaping future health and care services.

2. Impact on Crime and Disorder:

2.1. No direct link

3. Climate Change:

- a) What is being proposed has no impact on carbon footprint / energy consumption
- b) What is being proposed has no direct impact on the need to adapt to climate change, and be resilient to its longer term impacts. It is hoped that better community participation will assist health and care organisations to identify where climate change is affecting our communities.