

# WIRRAL SHADOW HEALTH & WELLBEING BOARD

<b>Meeting Date</b>	4 September 2012	<b>Agenda Item</b>	4.2
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<b>Report Title</b>	Extending Public Engagement – workstream feedback
<b>Responsible Board Member</b>	

<b>Link To Shadow HWB Function</b>	<b>Board development</b>		
	<b>JSNA/JHWS</b>		
	<b>Health and social care integrated commissioning or provision</b>		
<b>Equality Impact Assessment Required &amp; Attached</b>	Yes	No	N/A
<b>Purpose</b>	For approval	To note	To assure

<b>Summary of Paper</b>			
<b>Financial Implications</b>	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£	£	£
<b>Risks and Preventive Measures</b>			
<b>Details of Any Public/Patient/Service User Engagement</b>			
<b>Recommendations/Next Steps</b>			

<b>Report History</b>		
Submitted to:	Date:	Summary of outcome:
<b>List of Appendices</b>		

<b>Publish On Website</b>	Yes	√	<b>Private Business</b>	Yes	
	No			No	√

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## **Extending Public Engagement**

### **1. Background**

Engagement is one of the work streams identified at the first Shadow Health & Well Being Board (HWBB) meeting. VCA Wirral has offered to lead on this, within its role as the 'conduit' between the Public Sector and the Voluntary, Community & Faith Sector (VCFS).

There are several 'layers' to engagement but ultimately, the HWBB will have to engage with the public living and working in Wirral. Currently there are some mechanisms already in existence which can be utilised, but in order to achieve maximum reach and encourage feedback systems, more mechanisms need to be developed.

There is a difference between engagement and communication and the HWBB need to be cognisant of the spread and limitations of both. There can be no 'one size fits all' and we must explore a wide variety of engagement methods.

In an effort to find a starting point, a workshop for existing communications teams in the public sector was facilitated. This was led by Professor Laurie McMahon and I have included some of the findings from the workshop in this report. Initially, it was noted that the communications teams didn't always communicate with each other, and this has led to duplication and gaps in getting information out in a cohesive manner. The workshop was primarily for public sector teams, so there was recognition that the VCF sector need to have a similar session.

To start this process in the VCF sector three questions are being asked.

1. How do provider groups engage with their own clients etc. and could that engagement be utilised?
2. How do residents, tenants, community and other groups engage?
3. As a resident of Wirral, how would you wish to be involved in the engagement process for the HWBB?

Thought must be given to residents and communities who do not engage with organisations or groups.

Principles for developing engagement functions (Extending Public Engagement for Wirral HWB: Workshop Report, Laurie McMahon 10/05/12)

### **2. A Shared Engagement Function**

- The need for wider, deeper and more consistent engagement will overwhelm the resources devoted to it in each organization. What would be sensible is for a common 'engagement platform' to be established for all the partner organizations on the Wirral HWB – perhaps under the umbrella of the new Healthwatch.

- There were a range of partner organizations on the Health and Wellbeing Board who had not just an interest in but a need for much more effective engagement – the NCB, the Council, the CCGs and of course the provider organizations. A shared platform might create an economy of scale that allowed much more to be achieved with the limited resources that each organization could afford to devote to public engagement function.
- As the discussion at the workshop demonstrated, there could be great benefit from creating and using a ‘professional community’ or network of engagement professionals and practitioners across the Wirral.
- This platform would be the vehicle for continuous public engagement on background issues as well as the more contentious issues of the moment. It could be funded through the Health and Wellbeing Board with proportionate contributions of funding or professional effort being made by the partner organizations.
- Rather like a large scale public poll partner organizations of the Health and Wellbeing Board (and others) could ‘piggy back’ on the platform to explore issues that were of particular relevance to them.
- However the engagement platform would not interfere with each organization’s communication and PR functions.
- Suitable governance arrangements would be required for the engagement platform so as to ensure that the interests of the partners were balanced and that the resource load was proportionately shared.
- These governance arrangements should include public representation to ensure that the platform was seen in the public eye to be relatively independent.

### **3. The Engagement Process**

- The engagement process needs to be co-designed with and approved by the public. The public need to understand how and why their opinions and ideas are being sought and who will do what with the results.
- The process needs to be *completely* transparent so that the public can be confident that at no point are they being led to answers that have been predetermined by managers or politicians and that there are no improper interpretations made.
- The process employed needs to be fully deliberative – so that the public are fully aware of the circumstances and issues and the risks and benefits of alternative ways of meeting new requirements.
- If the public are to grow to trust the engagement process they need feedback about how their voice is being heard and what difference it made to decisions or policy. Without this there will be no perceived benefit from engagement.
- The engagement agenda needs to be set with regard to the public’s concerns not just those of the commissioners and providers.

#### **4. Inclusion**

- At the moment there is concern that the current arrangements – no matter how hard the effort to extend the reach and range - tend to engage with a subset of the Wirral population with similar demographic characteristics associated with age, ethnicity, employment status and interest in public affairs – thereby missing great swathes of public opinion.
- Similarly, engagement around service change tends to attract only those users, carers and also staff who have a direct and particular interest in the change. Wider public opinion is not as accessible and so plays much less of a part in the way decisions are made. Processes are needed that will make it more likely that the wider public will engage in the debate about service change.
- The use of the phrase ‘hard to reach groups’ is misleading. It can also describe those who do not find it easy to attend meetings either during the day because of work or in the evening because of family commitments. The majority of Wirral people would fall into this ‘hard to reach’ category! Again we need new media for engagement if we are to widen the range and reach of engagement.

#### **5. Conclusion**

There is some way to go. However, the need for engagement is accepted and is high on everyone’s agenda. There needs to be different levels of engagement, as well as formal and informal methods. Both existing methods and new methods should be explored and, where possible utilised. Full and participatory engagement will aid the work of the HWBB, and will give the people of Wirral the opportunity to influence the priorities as well as perhaps, taking an interest in their own and their community’s health and wellbeing.

The HWBB will need to ‘map’ the existing engagement methods and identify the gaps and overlaps. The ways of filling the gaps should be explored. The HWBB needs to be clear about what it wants from engagement and an action plan could be developed.