

	<p align="center">London Borough of Hammersmith & Fulham</p> <p>HEALTH & WELLBEING BOARD 08 September 2014</p>
<p>Health and Wellbeing Board Engagement Plan</p>	
<p>Report of the Health and Wellbeing Board Office and Healthwatch</p>	
<p>Open Report</p>	
<p>Classification - For Information Key Decision: No</p>	
<p>Wards Affected: All</p>	
<p>Accountable Executive Director: N/A</p>	
<p>Report Author: Chris Swoffer, Policy Officer, Westminster City Council</p>	<p>Contact Details: Tel: 020 7641 5146 E-mail: cswoffer@westminster.gov.uk</p>

1. EXECUTIVE SUMMARY

- 1.1 The London Borough of Hammersmith and Fulham (LBHF) Health and Wellbeing Board has a statutory duty engage with residents and stakeholders in the performance of some of its functions. There are also wider opportunities for the Health and Wellbeing Board to improving resident and stakeholder engagement and interest in the the work of the Board.
- 1.2 This paper sets out a:
- A proposed approach for the Health and Wellbeing Board in relation to undertaken engagement in relation to its statutory functions; and
 - Options for how the Health and Wellbeing Board could develop more effective engagement and communications across its areas of responsibility.

2. RECOMMENDATIONS

- 2.1 The London Borough of Hammersmith and Fulham Health and Wellbeing Board are asked to note, for information, the draft engagement plan attached at Appendix A

which sets out a proposed approach for the Board to meet its statutory responsibilities in relation to the engagement of residents.

2.2 The Board is particularly asked to note the following principles on which this engagement strategy is founded. Namely, that:

- the Board's role is primarily one of co-ordination across the health and wellbeing system, to promote engagement standards and to support the co-ordination of key communications and engagement activity which ensures consistent messaging across partners, reduces duplication and reduces the risk of consultation fatigue;
- where possible, existing networks and channels should be used to undertake engagement, rather than the development of new networks.
- the Joint Health and Wellbeing Strategy priority leads should be responsible for supporting the LBHF Health and Wellbeing Board to meet its legislative duties by ensuring engagement is undertaken on the actions and commissioning responsibilities which align to their priorities;
- the Tri-borough Joint Strategic Needs Assessment Steering Group should be responsible for supporting the Health and Wellbeing Boards to meet their legislative duties by producing and delivering an engagement plan in relation to the development of highlight JSNA and deep-dive JSNAs as well as the dissemination of final products; and
- the Tri-borough Pharmaceutical Needs Assessment Task and Finish Group should be responsible for support the Health and Wellbeing Boards to meet their legislative duties by producing a clear consultation plan for the statutory 60 day consultation of the draft PNA and managing this consultation process.

2.3 The Board is also asked to note that the proposed engagement plan includes a few direct engagement activities to be undertaken by the Health and Wellbeing Board support team on behalf of the Board, including:

- making improvements to the London Borough of Hammersmith and Fulham Health and Wellbeing Board pages on the LBHF website to improve the information provided;
- introducing an e-newsletter to London Borough of Hammersmith and Fulham Health and Wellbeing Board stakeholders as well as filtering information through existing networks and channels
- introducing a series of engagement/networking sessions with providers, stakeholders, patients, service users and the public; and

2.4 The Health and Wellbeing Board has previously shown an interest in increasing its engagement with residents and stakeholders. Some best practice in this area has been outlined in this report for the Board to note.

3. REASONS FOR DECISION

3.1 This paper is for information.

4. INTRODUCTION AND BACKGROUND

- 4.1 Health and Wellbeing Boards have a statutory duty to engage and consult on a number of key deliverables:

Under s192 and s193 of the Health and Social Care Act, when developing the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy, the Health and Wellbeing Board has a duty to involve the Local Healthwatch organisation for the area of the responsibility local authority; and involve the people who live or work in that area.

- 4.2 By virtue of section 128A of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012, the Health and Wellbeing Board is responsible for developing a Pharmaceutical Needs Assessment for its area, including undertaking a consultation with a list of statutory consultees for a minimum period of 60 days.
- 4.3 More generally, Health and Wellbeing Boards can be a vehicle through which communities have a greater say in understanding and addressing their local health and social care needs.
- 4.4 For example, local Healthwatch have a seat on the Health and Wellbeing Board and bring with them expertise and tools through which to support the Board and its partners to engage and communicate with patients, service users and the wider public. They also act as the “voice” for patients and service users on the Health and Wellbeing Board, feeding in evidence and contributing to the Boards functions on behalf of their members.
- 4.5 The Health and Wellbeing Board may wish to take a more cohesive approach to engagement and communications to strengthen the patient, service user and public voice in the operation of the Board and across the health and wellbeing system.

5. PROPOSAL AND ISSUES

- 5.1 A draft engagement plan has been prepared to support the Health and Wellbeing Board in meeting their statutory responsibilities in relation to engagement. This engagement plan is attached as Appendix A to this report.
- 5.2 Healthwatch has been involved in developing this engagement strategy and should be a key player in promoting effective engagement across the Board and its partners.

6. OPTIONS AND ANALYSIS OF OPTIONS

- 6.1 The Health and Wellbeing Board may, however, wish to do more over and beyond their statutory responsibilities to embed residents, partners and stakeholders in the work of the Board and improve co-ordination across the health and wellbeing system.

No decision about me without me

- 6.2 During the development of this engagement plan, colleagues from Healthwatch have emphasised the importance of the principle “no decision about me, without me”. This is an approach to shared decision making, in which patients are fully involved in their care, with decisions made in partnership with clinicians, rather than by clinicians alone. Usually this is applied to care planning by encouraging the development of new relationships between patients, carers and clinicians to work together in equal partnership to agree care planning. However, Shared Decision Making can also be applied at a strategic and commissioning level, with patients involved in the co-design, co-commissioning and co-production of health and wellbeing services. A range of tools and resources are available on the NHS website to enable organisations to achieve this objective.
- 6.3 If the Health and Wellbeing Board wanted to adopt this doctrine and champion it across the local system, the members of the Board would need to take it upon themselves to embed this culture within their individual areas of responsibility.

Best practice from Health and Wellbeing Boards around the country

Giving the public a say at Health and Wellbeing Board meetings

- 6.4 The Richmond Upon Thames Health and Wellbeing Board Community Engagement and Involvement Framework outlines plans for the Board to engage with the Public by allowing them to ask questions at meetings.¹ It also outlines the use of seminar sessions to explore issues and share information and views. A range of stakeholders, including providers and voluntary sector organisations are invited to seminars depending on the topic.
- 6.5 At the Sheffield Health and Wellbeing Board, members of the public are also allowed to ask questions to the Board. There is a ‘Public Questions’ item on the agenda and if it is not possible for the questions to be answered at the meeting, they will receive a written reply within 14 days. Questions have to be submitted to Democratic Services prior to the meeting.²

¹ Richmond Upon Thames Community Engagement Framework 2013,
http://www.richmond.gov.uk/hwb_community_engagement_framework.pdf

² <http://sheffielddemocracy.moderngov.co.uk/ieListMeetings.aspx?Committeed=366>

Using technology during meetings to increase engagement

- 6.6 At the Leeds Health and Wellbeing Board, there are Tweets throughout the meeting providing live interaction and engagement, and the Health and Wellbeing Team engage with public attendees asking them where they're from, what is their interest in Health and Wellbeing Board and how would they like to be involved in future work.³
- 6.7 The Health and Wellbeing System Improvement Programme, funded by the Department of Health and delivered by the Local Government Association (LGA), is currently working with public sector social media experts comms2point0 to consider how health and wellbeing boards can improve the way they engage digitally with their local residents. Potential options include live streaming of meetings over the internet and giving members of the public opportunity to ask questions via a social channel too, such as Twitter.

Holding Board meetings at various locations

- 6.8 The London Borough of Hammersmith and Fulham Health and Wellbeing Board has already expressed an interest in holding meetings at different locations to increase engagement and involvement with residents in the work of the Board. Feedback from residents attending the first meeting at a different location will be important in evaluating whether this is something that should be taken forward on a regular basis.
- 6.9 The Sheffield Health and Wellbeing Board welcome suggestions from the public for other events, themes and locations.⁴ This may also be an effective way for the London Borough of Hammersmith and Fulham Health and Wellbeing Board to engage with key stakeholders in the community through being hosted at different locations.
- 6.10 The Health and Wellbeing Board may wish to note that undertaking some of the proposals above could require additional resources to be invested in the supporting framework around the Health and Wellbeing Board.

7. CONSULTATION

- 7.1 Healthwatch has been involved in developing this engagement strategy.

8. EQUALITY IMPLICATIONS

³ Leeds Health and Wellbeing Communications and Engagement Framework, <http://democracy.leeds.gov.uk/documents/s105369/14.2%20-%20HWB%20Comms%20and%20engagement%20framework%20FINAL.pdf>

⁴ <https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/meetings.html>

8.1. The London Borough of Hammersmith and Fulham Health and Wellbeing Board should carry out its statutory level of engagement in line with the Equality Act 2010. If the Board wishes to increase the level of engagement beyond its statutory duty, it would be sensible to consider doing this in close consultation and involvement with the BME community.

9. LEGAL IMPLICATIONS

9.1 N/A

10. FINANCIAL AND RESOURCES IMPLICATIONS

10.1 N/A

11. RISK MANAGEMENT

11.1 N/A

12. PROCUREMENT AND IT STRATEGY IMPLICATIONS

12.1 N/A

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.			

[Note: Please list only those that are not already in the public domain, i.e. you do not need to include Government publications, previous public reports etc.] Do not list exempt documents. Background Papers must be retained for public inspection for four years after the date of the meeting.

LIST OF APPENDICES:

(Please submit appendices with the main report. Appendices should be numbered clearly and consecutively on the top right hand corner of the page, i.e. Appendix 1, Appendix 2, etc. There needs to be a clear reference to the appendix in the body of the report.)

Telephone: 020 7641 5146; **Email:** cswoffer@westminster.gov.uk

APPENDIX A: DRAFT LBHF Health and Wellbeing Board Engagement Plan (v2.0)

Version control:

Version	Date	Comments
1.0	26 th June 2014	First draft
1.1	3 rd July 2014	Changes following Healthwatch input
1.2	7 th July 2014	Changes following discussion with health communications lead
2.0	27 th August 2014	As submitted to the LBHF Health and Wellbeing Board

1. Background

- 1.1 Health and Wellbeing Boards have a statutory duty to engage and consult on a number of key deliverables. Under s192 and s193 of the Health and Social Care Act, when developing the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy, the Health and Wellbeing Board (through the responsible local authority and partner Clinical Commissioning Group) has a duty to involve the Local Healthwatch organization for the area as well as involve the people who live or work in that area.
- 1.2 By virtue of section 128A of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012, the Health and Wellbeing Board is responsible for developing a Pharmaceutical Needs Assessment for its area, including undertaking a consultation with a list of statutory consultees for a minimum period of 60 days.
- 1.3 Health and Wellbeing Boards also formed a key part of the Government's health and social care reforms, including as a vehicle through which communities could have a greater say in understanding and addressing their local health and social care needs.
- 1.4 Local Healthwatch have a seat on the Health and Wellbeing Board and bring with them expertise and tools through which to support the Board and its partners to engage and communicate with patients service users and the wider public. They also act as the "voice" for patients and service users on the Health and Wellbeing Board, feeding in evidence and contributing to decision making on behalf of their members. Healthwatch have been involved in developing this engagement strategy and should be a key player in promoting effective engagement.

2. Aim

- 2.1 This Communications and Engagement plan aims to provide a framework and a set of tools and methods through which the Health and Wellbeing Board and its

partners can strengthen the patient, service user and public voice in the operation of the Board and across the health and wellbeing system.

3. Objectives

3.1 The three main objectives for the Health and Wellbeing Board are set out below, to:

1. undertake a co-coordinating role in setting minimum engagement standards for health and care partners, driving improved engagement with communities and working across partners to streamline communications activity to ensure consistent messaging, reduce duplication and reduce consultation fatigue;
2. carry out its statutory duties to engage during the development of the Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy and the Pharmaceutical Needs Assessment; and
3. increase awareness of the work of the Health and Wellbeing Board to the public and key stakeholders, encouraging involvement across all sectors.

4. Key audiences

4.1 The health and wellbeing system is relevant to a very wide range of audiences. As such, key audiences have been identified under each objective. However across all engagement activity key stakeholders to engage will include:

- statutory partner organisations;
- commissioners of services;
- providers of services;
- staff and professionals within the health, care and wellbeing environment as well as those linked to the wider social determinants of health;
- the community and voluntary sector;
- service users and patients;
- specialist groups; and
- the general public.

4.2 Appendix B provides a key audience and stakeholder engagement plan broken down by each objective.

5. Strategy and Approach

5.1 The Health and Wellbeing Board has no formal decision-making authority, does not hold a direct budget and only has a small support team. Therefore, there is a limit to the direct communications and engagement activity that the Board can undertake itself.

5.2 Instead, the Health and Wellbeing Board needs to rely on its relationships and influence across the health and care system to deliver its engagement objectives.

In some cases it will be the responsibility of the individual Health and Wellbeing Board member organisations to undertake engagement, whilst in others the Health and Wellbeing Board will need to work in partnership with organisations outside of its influence to deliver these objectives.

- 5.3 A range of tools has been provided to support this activity and Healthwatch has offered its expertise to help colleagues when undertaking engagement within the health and care system.
- 5.4 The strategy and approach to achieve the Health and Wellbeing Board's main objectives are set out below.

Objective 1 - Co-ordination and consistency

To undertake a co-coordinating role in setting minimum engagement standards for health and care partners, driving improved engagement with communities and working across partners to streamline communications activity to ensure consistent messaging, reduce duplication and reduce consultation fatigue

- 5.5 The Health and Wellbeing Board should play a co-ordination role in ensuring minimum engagement standards are met across all key communication and engagement activity undertaken by Clinical Commissioning Group's, the Commissioning Support Unit, local authorities, the acute sector and NHS England where appropriate. This co-ordination role should also be used to help ensure consistent messages are delivered across the health system to front-line professionals, patients and service users and the wider public. There will, of course, be instances where one organisation needs to act alone or take a different approach or message to partners. Each organisation reserves this right, but where possible organisations should be aware of each other's activity.
- 5.6 A meeting will be undertaken over the summer between communications leads from across the local authority, clinical commissioning groups, wider health partners and healthwatch to discuss how we can better work together to plan and co-ordinate joint communications activity. In particular, this meeting will focus on co-ordinating messaging across the system and ensuring oversight of consultation activity to join-up where possible and reduce the risk of consultation fatigue. If it is deemed necessary, this could include the setting up of a health and local authority communications group. An update on the outcome of this meeting will be provided to the Board at their next meeting.
- 5.7 Key activity should be fed into a communications grid to provide oversight to Health and Wellbeing Board members of engagement activity underway across the system.

Objective 2 - Statutory duties

To carry out its statutory duties to engage during the development of the Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy and the Pharmaceutical Needs Assessment; and

- 5.8 The Health and Being Board is accountable under legislation for:
- involving Healthwatch and people who live or work in the area in the development of the Joint Strategic Needs Assessment;
 - involving Healthwatch and people who live or work in the area in the development of the Joint Health and Wellbeing Strategy; and
 - delivering a 60 day formal consultation with a range of statutory partners when developing its Pharmaceutical Needs Assessment.

The Joint Strategic Needs Assessment

- 5.9 The Health and Wellbeing Board has delegated the management of the Joint Strategic Needs Assessment Programme to the Tri-borough Joint Strategic Needs Assessment Steering Group. It is proposed that this group should also be responsible for ensuring effective engagement is undertaken when:
- identifying and agreeing the JSNA work programme;
 - developing the highlight JSNA or individual deep-dive JSNAs; and
 - when disseminating the results of individual assessments.
- 5.10 Healthwatch is represented on this group and will be an important partner through which to feed in patient and service user views to inform assessments,
- 5.11 Appendix C sets out how the JSNA Steering Group will ensure engagement in their programme of work.

Joint Health and Wellbeing Strategy

- 5.12 The Joint Health and Wellbeing Strategy has been developed and is now being delivered by the Board with a set of priority leads responsible for co-ordinating delivery. During development, there was engagement with partners, patients and service users, providers, commissioners and the public.
- 5.13 Now that the strategy has moved into the delivery stage, it is proposed that individual priority leads should be responsible for ensuring engagement is undertaken when delivering actions detailed in the strategy or when undertaking commissioning influenced by the strategy. The priority leads should also be responsible for undertaking any further necessary engagement for their priorities
- 5.14 As appropriate, each Joint Health and Wellbeing Strategy priority lead should undertake a stakeholder mapping exercise to identify and prioritise stakeholder engagement activity and key audience groups. Each of these priorities will have a unique list of stakeholders who will need to be engaged in developing and

shaping the work of the theme, to monitor the work and feedback on performance and outcomes. In most cases, such as the dual diagnosis and hospital discharge themes it is clear that this engagement is taking place. However, to provide the Board with assurance, each priority lead should consider developing their own engagement plan and the Board should receive updates on engagement activity as part of the planned six-monthly updates from priority leads.

- 5.15 In order to help facilitate priority leads to develop effective engagement plans, an engagement plan checklist has been provided at [Appendix D](#).
- 5.16 Priority leads will wish to use existing informal networks and Boards to support engagement. For example, the Tri-borough Children's Board (which supports delivery of the children priorities within the strategy) includes a range of wider stakeholders such as schools, the police and jobcentre plus and would provide a useful forum for engagement with these stakeholders.

Pharmaceutical Needs Assessment

- 5.17 The Health and Wellbeing Board has delegated the development of a new Pharmaceutical Needs Assessment to a Tri-borough Pharmaceutical Needs Assessment Task and Finish Group.
- 5.18 The Health and Social Care Act 2012 requires a formal 60 day consultation to be undertaken with a list of statutory consultees on the development of the pharmaceutical needs assessment. The statutory consultees are as follows:
- Local pharmaceutical committee.
 - Local medical committee.
 - Any persons on pharmaceutical lists and any dispensing doctors.
 - Any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services.
 - Any local Healthwatch or any other patient, consumer and community group which (in the opinion of the HWB) has an interest.
 - Any NHS trust or Foundation Trust.
 - NHSCB.
 - Any neighbouring HWB.
- 5.19 A plan for undertaking this consultation has been developed and will be considered by the Board in September. This will be managed by the Pharmaceutical Needs Assessment Task and Finish Group.

Objective 3 – Stakeholder awareness and engagement

To increase awareness of the work of the Health and Wellbeing Board to the public and key stakeholders and encourage involvement across all sectors.

5.20 In order to meet the third objective around increasing awareness and engagement, it is proposed that the following channels are used to communicate with stakeholders and the general public as well as highlight the key milestones and successes of the Health and Wellbeing Board:

1. The Health and Wellbeing Board page on the local authority website will be improved to better communicate information about upcoming agenda items and ongoing pieces of work. The website will also include other information as appropriate.
2. A quarterly newsletter will be produced to be sent to all key stakeholders and will also be uploaded to the existing Health and Wellbeing Board webpage.
3. Thought leadership pieces from Board members could be pitched to professional networks and trade press on key priorities for the Board to communicate and promote the work of the Health and Wellbeing Board.
4. Proactive Media activity will be undertaken in the lead up to the launch of work by the Health and Wellbeing Board which has improved the health and wellbeing of the local population.
5. A series of networking events will be held with providers and stakeholders from across the sector to promote the work of the Health and Wellbeing Board and increase levels of awareness. These events could also be used by priority leads to undertake workshops with stakeholders to support their engagement plans.
6. A set of engagement sessions will be held each year with patients, service users and members of the public. These sessions will be themed around the particular priority areas of the Board and will be used both to inform the public as to the work of the Health and Wellbeing Board and also enable them to feed into current work underway. These would be held in an informal setting to encourage engagement from a wide range of people across the local community. Healthwatch will be a key partner in helping to drive attendance at these sessions.
7. Consideration could also be given to holding some Health and Wellbeing Board meetings in more informal locations as appropriate. For example, the Health and Wellbeing Board could agree to have a Children and Young People focused meeting which could be held at a school to encourage students and parents to attend and engage with the meeting.

5.21 The decision to inform, consult, engage and co-produce should be proportionate in all cases and the impact that service user and non-users have had through engagement should be assessed. The Ladder of Participation set out in Appendix E illustrates how effective engagement can be achieved.

6. Timescale

- 6.1 Effective engagement and communication takes time and resources if it is to be delivered properly. Projects and themes will develop their own timescales identifying who should be engaged, and for what purpose. Regular communication activities will take place on number of levels, and planning will need to take place to ensure information is prepared and suitable for target audiences. Where possible, the Board should not look to create new arrangements for engagement and communications but instead should focus on promoting minimum standards, best practice and co-ordinating activity over the health and wellbeing system.

- 6.2 Appendix F provides a draft timetable for engagement and communication over the next year.

APPENDIX B: Stakeholder map with communications and engagement channels

Lead	Key audience	Communication and engagement required	Method
Objective 1: Co-ordination and consistency			
To set out a co-coordinating role for the Health and Wellbeing Board in setting minimum standards and driving engagement within communities in decisions which affect health and wellbeing locally.			
Communications leads within the organisations represented on the Board	<ul style="list-style-type: none"> • General Public • Patients & Service Users • Providers • Commissioners • Practitioners • Frontline Professionals 	Ensuring that key communications and engagement activity across the local authority and health systems are joined up to ensure consistent messaging, reduce duplication and avoid consultation fatigue	<ul style="list-style-type: none"> • Improve communications between local authority and health communications leads, potentially requiring the development of a communications group to oversee activity. • Grid of activity for oversight for review by the Health and Wellbeing Board at every Board meeting to ensure consistency of messages and coordinated engagement across all partners. • Front sheet on the agenda of Board meetings will continue to include a section on engagement/consultation. Paper authors will be encouraged to include detail in this section where it is appropriate
Objective 2: Statutory Duties			
To ensure the Health and Wellbeing Board carries out its statutory duties to engage through the Joint Health and Wellbeing Strategy, Joint			

Strategic Needs Assessment and Pharmaceutical Needs Assessment.			
<i>Joint Health and Wellbeing Strategy</i>			
Health and Wellbeing Strategy Priority Leads Directors and Senior managers within the organizations represented on the Board.	<ul style="list-style-type: none"> Wider staff across Local Authority and Health sector. Health and Wellbeing Strategy Priority Leads Schools Police Fire Service Health partners Voluntary and Community Sector Local Councillors General Public 	<p>Communication and engagement plans delivered by the priority leads to ensure:</p> <ul style="list-style-type: none"> Awareness of what the Health and Wellbeing Strategy is. Awareness of how to feed into the health and wellbeing strategy. Evidence of how engagement influences the Health and Wellbeing Strategy, 'closing the loop'. 	<ul style="list-style-type: none"> Development of a set of tools for priority leads. (An engagement checklist and Patient and Public Engagement tool kit are already attached to this strategy) A set of networking and engagement sessions to be delivered across the year, themed around the Board's priorities. Improving engagement through existing channels, networks and boards.
<i>Joint Strategic Needs Assessment</i>			
JSNA Steering Group	<ul style="list-style-type: none"> General Public Patients & Service Users Providers Commissioners Practitioners Frontline Professionals 	<ul style="list-style-type: none"> Involvement in the prioritization of JSNAs Involvement in the development of JSNAs Dissemination of JSNA findings to frontline professionals, external organizations, general public. 	<ul style="list-style-type: none"> The JSNA Steering Group will be given responsibility for ensuring engagement with the JSNA prioritization process and on each individual JSNA. Improved engagement through the JSNA and partner websites Improve use of existing channels, networks and boards.
<i>Pharmaceutical Needs Assessment</i>			
Pharmaceutical Needs Assessment Task and Finish	<ul style="list-style-type: none"> Local pharmaceutical committee. Local medical committee. Pharmaceutical lists and 	<p>Undertaking a 60 day consultation as required by statute, with the list of statutory consultees</p>	<p>The PNA TFG will be given responsibility for undertaking this consultation. The Board will sign-off the consultation plan in September</p>

Group	dispensing doctors. <ul style="list-style-type: none"> • Chemists • Healthwatch • NHS trusts or Foundation Trust. • NHS England • Neighbouring HWB. 		
Objective 3: Stakeholder awareness and engagement To increase awareness of the work of the Health and Wellbeing Board to the public and key stakeholders and encourage involvement across all sectors.			
Health and Wellbeing Board support team Directors and Senior managers within the organizations represented on the Board	<ul style="list-style-type: none"> • General Public • Patients and Service Users • Schools • Police • Fire Service • Health partners • Voluntary and Community Sector • Local Councillors • MP's and national policy makers 	<ul style="list-style-type: none"> • Key messages from Health and Wellbeing Board meetings. • Information on how to engage locally through priority leads. • Key messages from Health and Wellbeing Board meetings. • Engagement around the Health and Wellbeing Strategy/JSNA • Upcoming agendas and minutes • The role and purpose of Health and Wellbeing Boards. • Health and Wellbeing achievements and forward plan 	<ul style="list-style-type: none"> • Update of HWB web pages • Quarterly circulation of e-newsletter to key stakeholders for dissemination and key audiences. • A series of networking and engagement sessions • Quarterly email to leads for key networks and partnership boards • Annual member induction refresher sessions • Include HWB updates in through regular member communication channels. • Thought leadership pieces and speaking opportunities where appropriate

APPENDIX C: JSNA Steering Group – Engagement Plan

Local authorities and CCGs have a duty to develop JSNAs, and to consult with service users, patients and local partners.

The JSNA programme in the Tri-borough is focused on ‘deep-dive’ projects that provide insight on the health needs related to specific groups (e.g. rough sleepers), conditions (e.g. TB), behaviours (e.g. physical activity) or services (e.g. young people’s mental health).

Engagement happens at two levels: the overall JSNA programme, and individual JSNA deep-dive projects.

At the programme level, local partners are represented on the JSNA Steering Group, which includes Healthwatch and local voluntary organisations. The main purpose of engagement at this level is to gain stakeholders’ input on which JSNAs are undertaken.

At the project level, patients, service users and local partners are engaged by ‘Task and Finish’ groups that are set up to deliver each project. The consultees and methods of consultation are determined for each project. The Task and Finish groups include or consult with patient representative bodies, service providers and other local stakeholders. In many cases, Task and Finish groups engage directly with service users through surveys or qualitative research. The purpose of engagement at this level is to ensure that stakeholders’ views are included in each JSNA, and therefore fed into commissioning plans.

APPENDIX D: Three Stage Process for Engagement and Communication

Check list for priority leads:

Planning:

- Be clear about why we are undertaking a consultation and engagement activity.
- Ensure that existing consultation and engagement results are used where applicable.
- Have a clear idea of who needs to take part.
- Identify appropriate resources.
- Identify opportunities for joint working at the planning stage.

Doing:

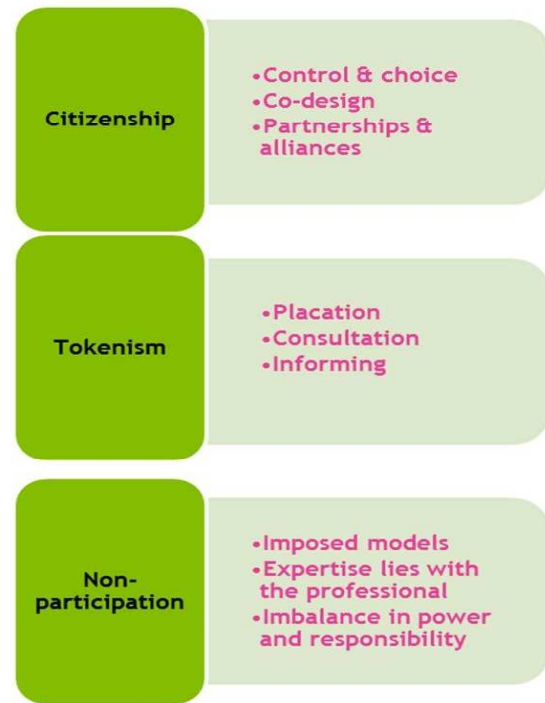
- Be clear about how people can be involved.
- Ensure the consultation and engagement methods and language used are suitable for the audience.
- Provide clear information about what we are consulting on.
- Be clear about what the results will be used for.
- Ensure all affected stakeholders have the opportunity to be involved.

Decision Making, Review and Feedback:

- Ensure results of consultation and engagement activity are considered when making decisions.
- Share the results (where appropriate) with as wide an audience as possible.
- Effectively feedback the outcome to participants e.g. summary of results.
- Promote the outcomes of key consultation and engagement activity both internally and externally.

APPENDIX E: Healthwatch Ladder of Participation

A ladder of Participation



APPENDIX F: TIMELINE

LBHF Health and Wellbeing Board Engagement Plan Timeline



Highlights for this next period (2014/15)

- A patient and public event to inform and promote the work of the London Borough of Hammersmith and Fulham Health and Wellbeing Board (February 2015)
- One provider and stakeholder event to inform and promote the work of the London Borough of Hammersmith and Fulham Health and Wellbeing Board (March 2015)
- A quarterly e-newsletter sent to all relevant stakeholders (September 2014)
- Ad-hoc representation at relevant engagement events throughout the year.

Requirements from HWB members

- To promote stakeholder events through appropriate communication channels and attend where appropriate.
- To contribute to quarterly newsletters and distribute through appropriate communication channels.