



KENT HEALTH AND WELLBEING BOARD (SHADOW)

COMMUNICATIONS AND ENGAGEMENT STRATEGY

Version 2

Author: Julie Van Ruyckevelt, Interim Head of Citizen Engagement for Health

Date: 31st August 2012

Contents

1. Executive summary
2. Introduction
3. Background
4. Kent profile
5. Kent health and social care landscape
6. Kent engagement landscape
7. Current engagement on health and wellbeing
8. Future engagement on health and wellbeing
9. Conclusion

Appendices

- Appendix 1: JSNA and JHWS leadership and engagement
- Appendix 2: Health and Wellbeing Board - overview
- Appendix 3: Engagement Plan (high level)

1. Executive summary

The Health and Social Care Act 2012 sets out the plans to transform health and care so that there is stronger democratic ownership and involvement, stronger relationships between health and social care, more integrated commissioning of services to achieve better health and wellbeing of the population.

Health and wellbeing boards (HWBs) are at the heart of these plans, providing a platform where leaders from the health and care system can collectively work to improve the health and wellbeing of their local population.

HWBs, which will take on their statutory functions from April 2013, will have strategic influence over commissioning decisions across health and social care. They will provide a forum for challenge, discussion, and the involvement of local people and other key stakeholders in the decisions it makes.

Strong leadership will be critical to realising this vision, as will involving people who use the services at every stage of its thinking, from planning to service evaluation, to ensure that local services truly meet local needs.

Kent County Council's Shadow HWB (SHWB) is committed to involving its people and communities from the outset. This strategy outlines that commitment and how we will work together with our local citizens, and other key stakeholders and partners, to build on the best in health and social care in Kent.

The strategy will need to meet the needs, and be owned by, the range of partners on the SHWB and will need to ensure that it forms the basis of a joint approach to communication and engagement that recognises and complements the partners' own duties to engage and involve, whilst reducing duplication.

The strategy will support and underpin the work of the SHWB in this period of transition and will inform the development of the joint communications and engagement strategy for the HWB as it establishes itself from April 2013.

2. Introduction

HWBs will be the focal point for decision making about how best to improve health and wellbeing of local communities. They will play a key leadership role in bringing commissioners of health and care services together, alongside council members and Local Healthwatch – the independent public voice - to develop a shared understanding of the health and wellbeing needs of their local community.

Kent SHWB is leading and advising on work to improve the health and wellbeing of the people of Kent through joined up commissioning across health and social care, public health and other services (that the SHWB agrees are directly related to health and wellbeing), to secure better health and wellbeing outcomes in Kent and better quality of care for all patients and care users.

The SHWB has a primary responsibility to make sure that health and care services paid for by public monies are provided in a cost-effective manner. It is looking at the total resource for health and wellbeing across Kent and considering how and where investment in health improvement and prevention services could (overall) improve the health and wellbeing of Kent's residents.

It also aims to increase the local democratic legitimacy in health and provide a key forum for public accountability for NHS, public health, social care and other commissioned services that relate to people's health and wellbeing.

It is committed to deep and wide involvement to capture and use robust evidence and analysis of the needs of its local communities to inform its decisions.

The SHWB has developed this Communications and Engagement Strategy to outline how its work will reflect patient, public and other stakeholders' views and how it will discharge its specific consultation and engagement duties, working closely with LINKs/Local Healthwatch and other patient/public/stakeholder engagement leads and groups across Kent.

3. Background


Local Authorities and CCGs have an equal and joint duty to prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWS) through the HWB. JSNAs are local assessments of current and future health and social care needs. The JHWS is the strategy for meeting the needs identified in the JSNA

JSNAs and joint health and wellbeing strategies are a means to improve health and wellbeing outcomes through evidence based strategic commissioning and

positive action¹. The quality of the process and the partnerships to support it are equally important. The JSNA and joint health and wellbeing strategy tell the community story, developing a joint approach, which focuses and drives local services to go beyond simply quantifying needs to addressing and meeting them. Through working with other local partners this can be enhanced to create a fuller picture of the needs of the community, and how to address them. The way JSNAs, joint health and wellbeing strategies and commissioning plans fit together is reflected in Appendix 1.

Core critical components of a HWB's work programme will be to refresh its local JSNA and develop a JHWS for how these needs can be best addressed – these are key agendas for putting localism into action.

Through the HWB agenda:

- 
- Local communities will have a greater role in shaping and influencing services, supported by the involvement of democratically elected representatives and Local Healthwatch
 - Local authorities and CCGs (who will be taking on the responsibility for commissioning the majority of health services) will plan and commission services in an integrated way so that health and care services better meet everyone's needs within the local community, including groups with the worst health outcomes
 - HWBs will better understand and, with their partners, take action to tackle health and wellbeing inequalities
 - The Board can promote better integration of service planning and provision, so that local authorities and the NHS can avoid duplication, make best use of resources and increase efficiency and quality of services for the local community
 - The JSNA and JHWS will set and measure health outcomes for the local community so that improvements can be demonstrated
 - Other services that impact on health and wellbeing, such as housing and education provision, will also be taken into account to consider how all future commissioning can be better joined up to improve the health and wellbeing of the community²

¹ Department of Health, 19 January 2012, Draft guidance on Joint Strategic Needs Assessments and joint health and wellbeing strategies

² Department of Health, 19 January 2012, Draft guidance on Joint Strategic Needs Assessments and joint health and wellbeing strategies

HWBs will take on their statutory functions from April 2013. They will bring together CCGs, democratically elected councilors, a representative from LINK/local Healthwatch, directors of children's and adult social services and the director of public health to have strategic influence over commissioning decisions about local health and social care (see Appendix 2).

4. Kent profile

Kent is one of the largest counties in England with a population of over 1.4 million. While almost three-quarters of the county is rural, most people live in the main 18 towns, the largest of which is Maidstone and the city of Canterbury.

People living in urban areas make up 71% of the Kent population, the remaining 29% of the population live in rural areas. Over the past 10 years Kent's population has grown faster than the national average. The population of Kent has grown by 7.8% between 2000 and 2010, above the average both for the South East (6.7%) and for England (6.1%). Kent's population is forecast to increase by a further 10.9% between 2010 and 2026.

Overall the age profile of Kent residents is similar to that of England, although Kent has a greater proportion of young people aged 5-19 and of people aged 45+ years than the England average. Just under a fifth of Kent's population is of retirement age (65+) and the number of 65+ year olds is forecast to increase by 43.4% between 2010 and 2026. The population aged under 65 is only forecast to increase by 3.8%. Life expectancy is higher than the England average for both men and women - men living for 79.1 years and women living for 82.7 years.

The health of people in Kent is mixed. 70% describe themselves as being in good health and 16.5% live with a limiting long term illness. Kent's ageing population will place significant pressures on health and social care services. Kent performs above the England average in terms of child development at age 5. Childhood obesity is lower than England average, infant deaths and early deaths from cancer and heart disease are all better than the England average.

Most of the population is white, but in areas such as Dartford and Ashford where the population is expanding rapidly, there are many more people from different countries and cultures. Overall the county is relatively affluent but is becoming more deprived with some large areas of deprivation - over 50,000 children live in poverty. Life expectancy is significantly lower in deprived areas, with a man living on average 8.2 years less, giving him a life expectancy of 70.9 years and a woman living on average 4.5 years less, with a life expectancy of 78.2 years.

Kent's performance on smoking in pregnancy, breast feeding initiation, healthy eating among adults and obesity in adults is worse than the national average. Continued poor performance in these areas will have a significant impact on the health of the population over the coming years with poor diet being a contributory

factor in cancer and heart disease and obesity in adults contributing to the increase in type 2 diabetes.

To improve people's long term health we will have to reduce unhealthy lifestyles, encourage healthy eating in adults, address the challenges of an ageing population, give every child the best start in life and enhance the quality of life for people with long term conditions and dementia.

We will need a real focus on differences in outcomes both within and between communities. In addition to this, we will need to look at how we improve people's knowledge of both the symptoms of various diseases and what they can do to prevent them e.g. encouraging physical activity. Engagement in self care/management will become a key agenda.

We will also need to address the wider determinants of ill health e.g. lifestyle, access to services, employment status and housing conditions. If tackled successfully these will have a significant long term impact on people's health.

5. Kent health and social care landscape

5.1. Social Care

KCC is responsible for the commissioning and provision of social care. At the beginning of April 2012 KCC Children's Social Care were dealing with 8,769 Children in need, of which 1,730 had a disability, and KCC Adult Social Care were dealing with over 30,000 clients, over 6,000 of whom were supported in residential or nursing care, 7,344 received domiciliary care and over 11,000 had personal budgets to manage their own care.

5.2. Public Health

As part of the reforms of the Health and Social Care Act, KCC will take on major responsibilities for Public Health from April 2013. Public health refers to the health needs of populations rather than individuals. The new arrangements will give KCC the main responsibility for improving the health of the people of Kent by commissioning health improvement services such as healthy eating and exercise. KCC will also have responsibilities towards health protection and ensuring services are of a good standard and will work in partnership with other contributors to the public health system.

5.3. Health commissioning

NHS Kent and Medway – a cluster of three Primary Care Trusts – is currently responsible for commissioning the majority of health services for people in Kent and Medway. From March 31st 2013 this organisation will cease to exist and the majority of their commissioning functions will be transferred to eight new CCGs: Medway; Dartford, Gravesham and Swanley; West Kent; Swale; Ashford; Canterbury and Coastal; South Kent Coast and Thanet. The seven Kent CCGs

are made up of 986 GPs in 216 practices. CCGs' Strategic Commissioning Plans and annual Operational Plans will be informed by the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy.

5.4. Health providers

Four Hospital Trusts deliver acute care to the people in Kent: East Kent Hospitals NHS University Foundation Trust, Maidstone and Tunbridge Wells NHS Trust, Medway NHS Foundation Trust and Dartford and Gravesham NHS Trust. The last two Trusts are currently considering merging to form one Trust operating across two sites.

Kent Community Health NHS Trust (KCHT) provides a range of community health services including twelve 12 community hospitals, district nursing and health therapies. Kent Community Health Trust also has a number of contracts to deliver Health Improvement Services – for example, Stop Smoking, Sexual Health, Health Trainers.

Mental health services are mainly delivered by Kent and Medway NHS and Social Care Partnership Trust.

The 999 ambulance service is delivered by South East Coast Ambulance Service NHS Foundation Trust across Kent, Surrey and Sussex.

5.5. Other providers

The voluntary and community sector, also referred to as 'the third sector', is also a critical partner in supporting the health and care agenda. Kent's voluntary sector has the largest number of registered charities outside the Metropolitan districts and an extensive number of voluntary groups.

The Public Services (Social Value) Act 2012 reflects key policy changes about approaches to social value when considering how to provide public services. The Act, which became law in March 2012, aims to strengthen the social enterprise business sector by making 'social value' more relevant and important in the placement and provision of public services. Significant funding has been allocated to support existing and promote new social enterprises in Kent and these will become increasingly important players in future health and care provision.

6. Kent engagement landscape

6.1. LINKs/Local Healthwatch

Local Involvement Networks (LINKs), who provide citizens with the opportunity to influence how their health and social care services are delivered, will formally be replaced by Local Healthwatch (LHW) Organisations in 2013. LHW will also take

on additional responsibilities including signposting to services, possibly providing advocacy support, helping and supporting individuals as well as groups.

Localism is critical and each local authority is responsible for commissioning a LHW Organisation that most successfully meets local requirements. They therefore have flexibility and choice over the organisational form for LHW, to determine the most appropriate way to meet the needs of their communities.

The key requirements are that LHW organisations must be:

- corporate bodies carrying out statutory functions
- not-for-profit organisations
- able to employ staff and (if they choose) be able to sub-contract statutory functions.

LHW will be able to raise concerns about the quality of services with local CQC staff and will be able to request special reviews via Healthwatch England (HWE), which will be a statutory committee of the Care Quality Commission (CQC). HWE will be able to escalate concerns about health and social care services raised by local HealthWatch to CQC.

Kent LHW will be commissioned by and accountable to but operate independently to KCC The role of KCC is therefore complex as it will:

- fund and hold Kent LHW to account for its efficiency and effectiveness, in conjunction with Healthwatch England, where necessary
- have increasingly important influence on the health and wellbeing of its population
- continue to commission and provide services about which Kent LHW may wish to comment/challenge

(LHW) will have a statutory seat on the new Health and Wellbeing Boards, giving it influence at the decision-making table and ensuring public engagement is built into the strategic planning of health and care services early in the planning cycle. Its annual work programme will help shape and reflect the needs of the HWBB, the JSNA and the HWS. This will ensure the views and experiences of patients, carers and other service users are taken into account when local needs assessments and health and wellbeing strategies are developed. It will be supported by and need to demonstrate it is working to the emerging quality framework being produced by the Local Government Association and Healthwatch England.

LHW will develop and/or commission a range of tools and mechanisms for engaging widely and deeply with the diverse communities in Kent. It will analyse and provide authoritative, evidence-based feedback to organisations responsible for commissioning or delivering local health and social care services and will be able to alert Healthwatch England (HWE) to any concerns about specific providers and services, including those directly provided by local authorities.

LHW organisations will carry out statutory functions and service providers, such as local authorities and NHS bodies will be under a duty to respond to local Healthwatch reports and recommendations. Commissioners and providers will also have to have regard to the reports and recommendations and will have to be able to justify their decision if they do not intend to follow up on them³.

For LHWs to be successful it will be vital for them to develop strong relationships – and credibility - with each of the key partners to understand their respective roles and to complement and build on their existing engagement functions. They will need to be recognised and trusted as a valuable resource – a critical friend - by all health and social care partners in order to successfully represent patients, carers and public in 'the strengthened system of strategic needs assessment and commissioning decision-making'⁴

6.2. Commissioners/providers duty to involve

6.2.1. Kent County Council

KCC has responsibility for engaging communities as part of the government's localism agenda. The Local Government Act 1999 introduced a duty for local authorities to consult in relation to Best Value. The Local Government and Public Involvement in Health Act 2007 imposes a duty on all local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".

KCC will take on the lead from the NHS for many public health functions, all of which will need significant communication and engagement campaigns.

KCC will also be responsible for commissioning Kent LHW and will hold it to account for operating effectively and providing value for money. However Kent LHW will hold KCC to account for the quality of social care and public health services: this will, therefore, be a complex relationship. To manage this, KCC will need to liaise, build and maintain strong relationships and positive working with the Local Government Association, Healthwatch England and other key national stakeholders. It will need to ensure that the health and wellbeing board supports Kent LHW in fulfilling its role on the board, so that it can contribute effectively and will need to mainstream patient and public engagement across all KCC health and social care activities/developments.

6.2.2. Clinical Commissioning Groups

Involving patients and the public in planning, monitoring and developing of health services is not only good practice but also a legal duty for all NHS organisations. Section 242 of the NHS Act 2006 which came into force in November 2008, strengthened the statutory duty on all NHS organisations to make arrangements to consult and involve patients and the public in:

³ DH, March 2012, Local Healthwatch: A strong voice for people – the policy explained

⁴ DH, 2 March 2012, Local Healthwatch: A strong voice for people – the policy explained

- The planning and provision of services commissioned
- The development and consideration of proposals for changes in the way those services are provided
- Decisions that affect the operation of those services

The Health and Social Care Act 2012 reinforces these legislative requirements and requires all CCGs to seek outcomes which deliver a positive patient experience.

The Revision to the Operating Framework for the NHS in England 2010/11 introduced four tests for all proposals for service reconfiguration which requires all proposals to demonstrate:

- Support from GP commissioners
- Strengthened public and patient engagement
- Clarity on the clinical evidence base
- Consistency with current and prospective patient choice

Substantial variations require a formal consultation to be conducted, which need to last a minimum of 12 weeks and will adopt a range of methods to gather feedback.

7. Current engagement on health and wellbeing

7.1. Joint Strategic Needs Assessment

The JSNA is an on-going process by which a range of data, information and analysis about the health and wellbeing of Kent is collated, assessed and compared in order to present an understanding of the issues impacting on the population of Kent.

A JSNA has been produced in Kent since 2006, broadly divided into two documents, adults and children, both updated in July and December 2011 respectively. The JSNA includes many health needs assessments which are undertaken each year on specific topics such as mental health, children in care, housing, and carers. More than 40 needs assessment have been carried out in Kent since 2008 exploring in-depth the health and social care needs, gaps in service provision and levels of un-met need.

Users, voluntary sector and carers views are sought as part of the gathering of data in all needs assessments. There has been considerable input from carers in the carers' needs assessment and mental health users in the mental health needs assessment. The commissioning document that followed the JSNA process for mental health is the 'Live it Well' strategy for Kent and Medway. This was developed with extensive involvement of local people and service users in particular. A number of methods of involvement were used from engaging with service users via the local planning meetings and in invited workshops. All the key issues the service users highlighted are reflected in this strategy, notably

better outcomes for people needing dual diagnosis services and better mental health treatment for offenders.

Focused engagement took place earlier this year on 'burning issues' within the JSNA:

- Breastfeeding: 4 listening groups were held (deprived areas, Thanet and Swale, young white mums)
- Smoking: 2 listening groups in schools (teenagers 13 – 16 years) and 2 in the Margate area with Further Education college age students (17 – 18 years)
- Long term conditions: 10 1:1 interviews about out of hospital care with men and women over 65 years with one or more long term condition.
- End of life care): 6 1:1 interviews with spouses/partners about access to services, signposting to support, choice of place of death.

7.2. Joint Health and Wellbeing Strategy

The Health and Wellbeing Strategy will inform commissioning decisions made by local partners especially GP Commissioning Groups (CCGs) so that they focus on the needs of service users and communities, tackle factors that impact on health and wellbeing across service boundaries and influence local services beyond health and care to make a real impact on the wider determinants of health (e.g. employment, housing and environment).

Initial development of Kent's JHWS took into account the key themes from the JSNA, a range of national and local related information as well as discussions at Kent Health and Wellbeing Board meetings and other forums where strategic discussions, particularly on health services, are being held - for example the NHS Chairs and Chief Executive forum.

The emerging HWB strategy reflects the health and wellbeing challenges facing Kent and focuses on five overarching outcomes identified as the most important for the population of Kent:

- Every child has the best start in life
- People are taking greater responsibility for their health and wellbeing
- The quality of life for people with long term conditions is enhanced and they have access to good quality care and support
- People with mental ill health are supported to live well
- People with dementia are assessed and treated earlier.

These will be achieved by:

- . Engaging with the community via HealthWatch and other engagement mechanisms

- Halting the widening of health inequality gaps both within and between communities and improving healthy life expectancy.
- Focus on prevention and the individual taking more responsibility for own health and care.
- Providing good quality joined up support and care to people with long term conditions and dementia, preventing unnecessary hospital admissions. By care we mean both health and social care.
- Reducing premature deaths by the key killers including: Cancers and respiratory diseases
- Integrating commissioning of health and social care services as well as integrating how those services are provided.
- Ensure cost effectiveness/efficiency are not achieved at the cost of quality.

It is important that local communities have a greater role in shaping and influencing services and improving health and wellbeing in communities. There is a statutory duty to involve certain groups and organisations in the development of a JSNA and the resultant JHWS⁵. These include people who live or work in the area, local Healthwatch and if applicable district councils. There should also be wider engagement, for instance with other agencies, the voluntary sector and health and social care providers. This involvement should be continuous, from early development onwards.

The draft JHWS was discussed by the SHWB in July and engagement with key stakeholders (CCGs, KCC, district councils) started in August. Feedback from this first stage of engagement will be presented to the SHWB in September and wider public engagement on the revised draft will then start, going through to November. This will tie into parallel work taking place in the CCGs on the development of the 2013 – 2014 Annual Operating Plans.

A range of engagement methods will be used in the wider engagement stage, including:

- Draft JHWS and questionnaire published both in paper form and online on KCC, PCT and LINK websites
- Paper documents placed in public places, such as libraries, leisure facilities, town halls
- Attendance at existing forums with particular interest/focus groups on one or more of the four outcomes
- Discussions with GP Patient Participation Groups, LINK/Local Healthwatch and other service user/participation groups, ensuring inclusion of diverse groups.

Feedback will be used to inform and develop the final version of the JHWS. This will be published at the end of 2012 and will demonstrate how public and stakeholder engagement has influenced its development.

⁵ DH January 2012 Draft guidance on Joint Strategic Needs Assessments and joint health and wellbeing strategies

8. Future engagement on health and wellbeing

8.1. The role of the HWB

The HWB provides a real opportunity to join up our approach to communicating and engaging with the people of Kent, so that it is systematically embedded across the whole of Kent's health and social care system.

In September 2011 work was carried out (telephone discussions and web based research) to identify the communication challenges and opportunities the HWB might face in carrying out its statutory duties and this helped inform the development of the strategy and action plan (the full report can be found at: <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=706&MId=4086&Ver=4>).

The HWB will play a central role in planning and delivering future health and social care services and will need to ensure the public are informed of these discussions. The HWB will have a duty to involve users and the public in the development of both the JSNA and the HWBS and pay due regard to the Public Sector Equality Duty, which came into effect 5th April 2011.

The Equality Duty supports good decision-making – it encourages public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people's needs. By understanding the effect of their activities on different people, and how inclusive public services can support and open up people's opportunities, public bodies are better placed to deliver policies and services that are efficient and effective. The Equality Duty therefore helps public bodies to deliver the Government's overall objectives for public services⁶.

The involvement of the public is central to everything the Board does and there is a commitment to ensure effective communication and engagement takes place using existing and planned networks within LINKs/LHW, Council, PCTs/CCGs and the voluntary sector. The public will have a stronger voice and will be kept informed on the areas being discussed taking place at the board.

Engagement on both the JSNA and the JHWS will be a continuous and iterative process and will include:

- Mapping any existing/current engagement, feedback and formal consultation related to any of the priorities within the JHWS
- capturing additional insights from the local population about their perceived health needs and priorities
- gaining information about what else is available within the community, for the community
- identification of gaps in service and information

⁶ Government Equalities Office, June 2011, Equality Act 2010:Public Sector Equality Duty What do I need to know?

8.2. Principles of engagement

In communicating and engaging with our community we will:

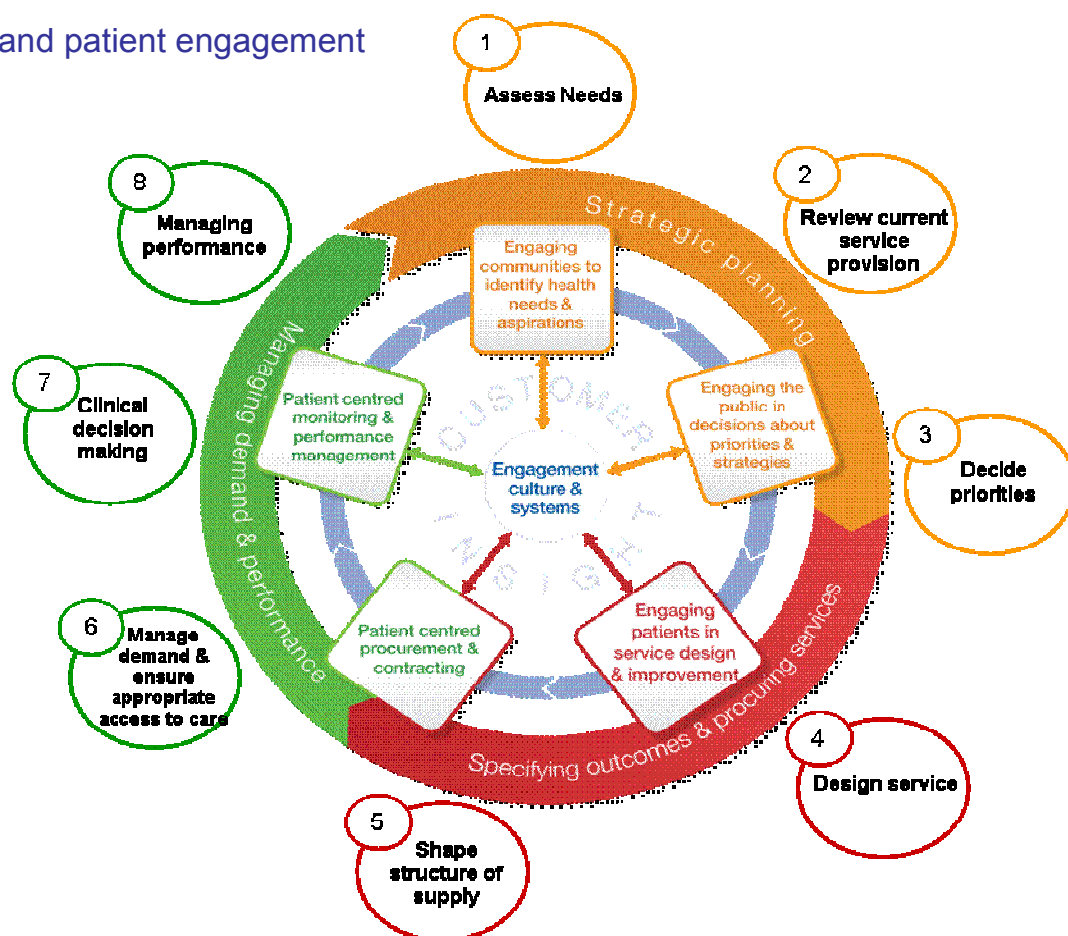
- build on what already exists, drawing on and using best practice from all the relevant organisations
- ensure communication and engagement underpins the work of the Health and Wellbeing Board so that it becomes part of its culture
- be open and transparent in how we engage and how we analyse and use engagement feedback and insights
- be inclusive and representative – ensuring that we reach diverse and seldom heard groups, either directly or through established networks
- work to establish and maintain robust relationships with all key stakeholders
- use a range of techniques to ensure wide and deep engagement
- use a wide range of communications channels (media, web, twitter etc) to ensure people have the relevant and most up-to-date information
- foster a culture of co-design with patients, public, key stakeholders and organisations
- adopt a 'whole system' approach to engagement, to make best use of resources and avoid duplication

8.3. Engaging in commissioning decisions

Proactively engaging patients, partners and other stakeholders ensures that services are shaped around local need and moves commissioning to the heart of the community, improving health outcomes, access and patient satisfaction. It also ensures that the needs of seldom heard groups are listened to and addressed, reducing health inequalities

The NHS Engagement Cycle, below, demonstrates how both public engagement and patient engagement activity should be reflected in all of the key stages in the commissioning cycle. Although this is NHS-focused, the principles can be adopted across health and social care and will be used as a framework for Kent HWB engagement.

Citizen and patient engagement



8.4. Using existing information/feedback

We will aim to build on what is already known, rather than reinvent the wheel, and will work together in identifying what is already known about the key issues within the JSNA, the priorities within the JHWS and related health and social care issues. We will work with all key organisations – commissioners, providers, voluntary organisations, LINKs/LHW – to identify what information is already available.

Key sources will include:

- Kent LINK/Kent LHW
- Public Health Observatory
- National and local surveys/research/audits
- JSNA existing engagement
- JHWS engagement
- Provider services' Patient Advice and Liaison Services (PALS) and Patient Experience Groups
- Complaints and compliments received by commissioners and providers

- Patient experience and public engagement forums
- Specific interest patient/service user groups
- Carers groups
- Voluntary groups
- Patient Participation Groups in GP Practices
- Commissioner and provider websites – public facing information

8.5. Methods of engagement

There are many different approaches to engaging with patients, carers, public and stakeholders. The following is a list of methods used to gather information and views from patients and the public. Methods are not either/or, they each have different advantages and disadvantages. Application, however, requires a high level of specialist skill, knowledge and expertise to ensure that the engagement activity delivers what is required (for example, designing a questionnaire is seen to be quite a simple task but designing a successful questionnaire that delivers the desired results is a skill). It will be important to identify and adopt the most appropriate approach according to the required outcome.

8.5.1. Quantitative Methods:

- *Questionnaire surveys* –used to measure attitudes and motivations, emotions, behaviour and self-perception. Carried out one to one, by post, via the internet or distributed via local publications
- *Satisfaction surveys* – used to measure service users' satisfaction with a particular service or product – for example, a care home or an information leaflet

8.5.2. Qualitative Methods:

- *Interviews* – used to gather information about a particular subject, for example personal experience of a service. Can be administered in person or over the telephone
- *Focus Groups* – involve bringing together a group of people to explore their experiences/views or understanding of a particular service or health condition. Questions are asked in an interactive group setting and the conversation is recorded, transcribed and analysed for recurring themes and issues
- *Workshops* –used to bring people together to discuss, explore and identify potential solutions to an issue/area of interest/concern
- *Citizen panels* –recruiting volunteers (patients, carers, public) to give their views, as a panel, on a particular topic, concept or idea: for example hospital service changes, services provided in the community. Involvement in the patient panel may be through meetings, workshops or questionnaire

completion and participants should be provided with some background information

- *Citizens' juries* – 'jury members' – between 12 to 50 members of the public - consider a particular issue in great detail and make informed recommendations, following presentation of evidence, to service providers. This approach is useful in clarifying, identifying and drilling down into issues
- *Special interest groups* – designed to focus on specific areas of interest, such as a particular health condition, and can be short or long term depending on the expected outcomes from the group.

We will ensure that we adopt the right approach for the best outcomes when conducting any health and wellbeing engagement activity

8.6. Governance

It is proposed that a multi-organisational communications and engagement group be established to focus on providing a joint approach to communications and engagement and to contribute to and oversee all health and wellbeing communications and engagement work. The group to comprise communications and engagement leads from KCC, NHS Kent & Medway/Kent and Medway Commissioning Support Unit (KMCS) LINK/Local Healthwatch and nominated representatives from the SHWB.

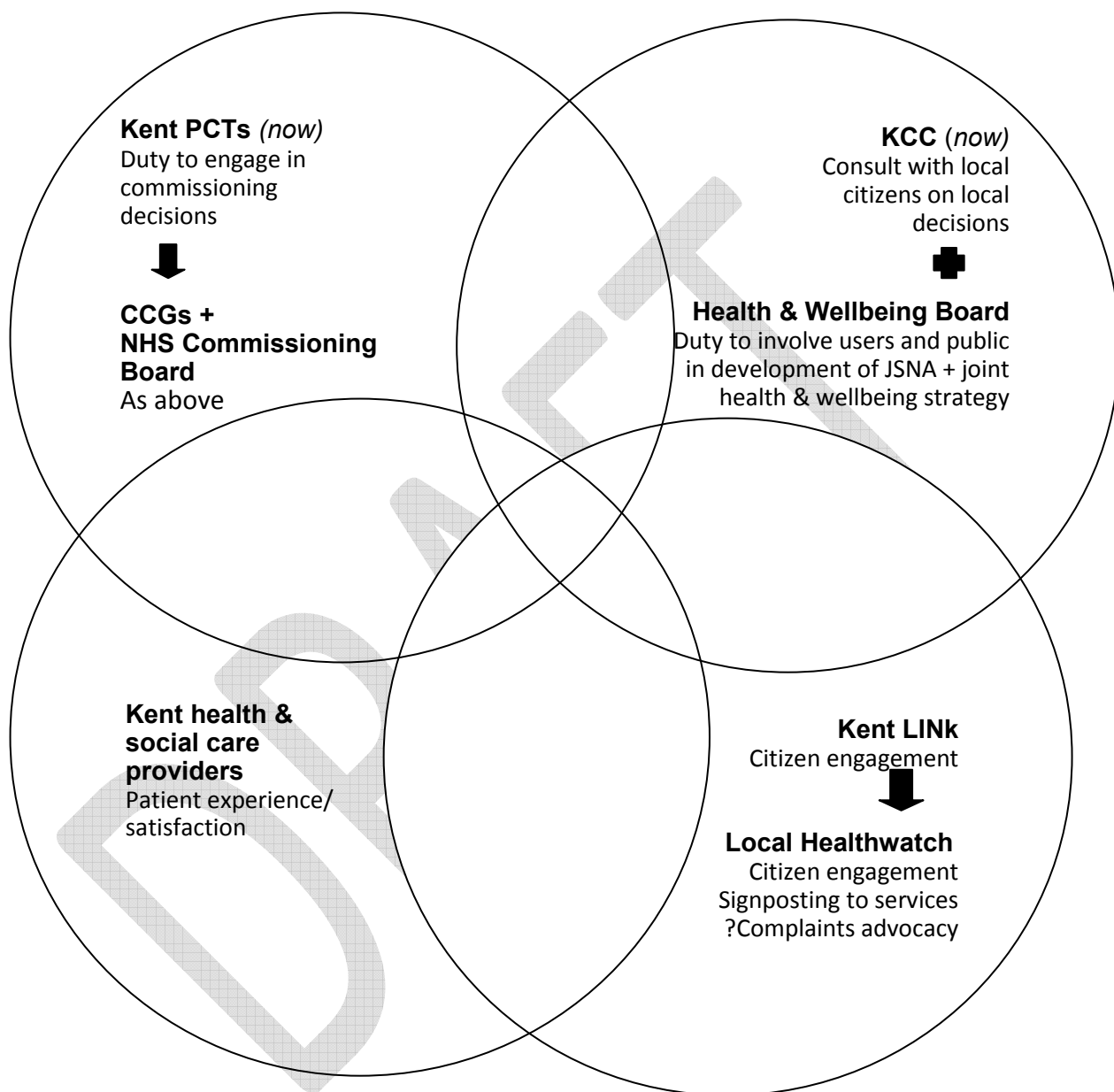
The remit of the group will be to:

- Share intelligence regarding insights/feedback on relevant health and wellbeing issues and priorities
- Plan communications and engagement programmes for JSNA 'refresh' and development/implementation of the JHWS
- Maximise the use of resources and opportunities to conduct joint communications and engagement activities
- Reduce duplication and engagement overload.

The group will report to the Health and Wellbeing Board and ensure reports are published demonstrating how the agreed activity has influenced the work of the Board.

8.7. Areas of discrete and complementary engagement responsibilities

Kent HWB provides a real opportunity for council, CCGs and LINK/LHW to underpin joint health and wellbeing planning and development with joint communications and engagement. The HWB will need to understand and work with health and social care commissioners' and providers' own engagement activities and responsibilities in order to successfully contribute to wide, deep and meaningful engagement.



A high level communications and engagement plan has been developed (Appendix 3) to ensure that the infrastructure is put in place over the next 6 months to deliver the engagement and communication requirements of the Health and Well-being Board from April 2013.

Communications and engagement resources in all partner organisations are limited, both in financial and human terms. These resources can be maximised by identifying and agreeing where engagement work can be conducted collectively (and agreeing where it needs to be done by an individual organisation to meet its statutory duties).

Patients, carers and public have also, in the past, expressed concern about the many requests for feedback on seemingly similar issues. By working collectively local people will experience a more coherent and systematic approach to engagement and involvement.

9. Conclusion

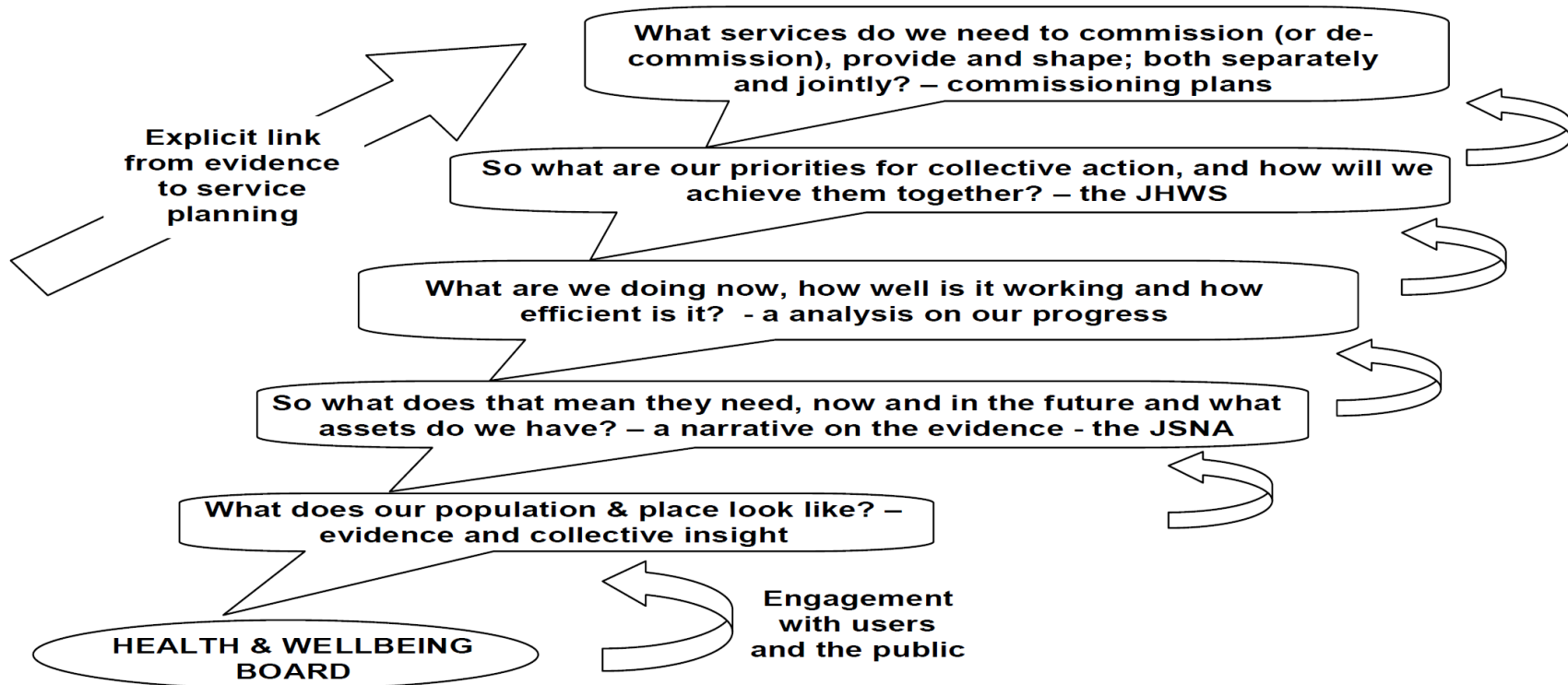
The HWB must operate in a transparent way that fully engages patients, service users, carers, communities and stakeholders enabling them to influence its work. This includes – but is not only – the JSNA and the development and implementation of the JHWS.

The SHWB is committed to involving patients, carers, public and a wide range of stakeholders in early and on-going discussions about all health and well-being plans, with a particular focus on health and health improvement and how we can work together to improve on these areas. We need to work with our communities to work towards better health and reduced health inequalities. This will be based on wide and deep engagement to capture feedback from a range of different people and groups on both our plans for and people's experiences of health and social care services.

To ensure successful and robust engagement in the future the Health and Wellbeing Board will need to:

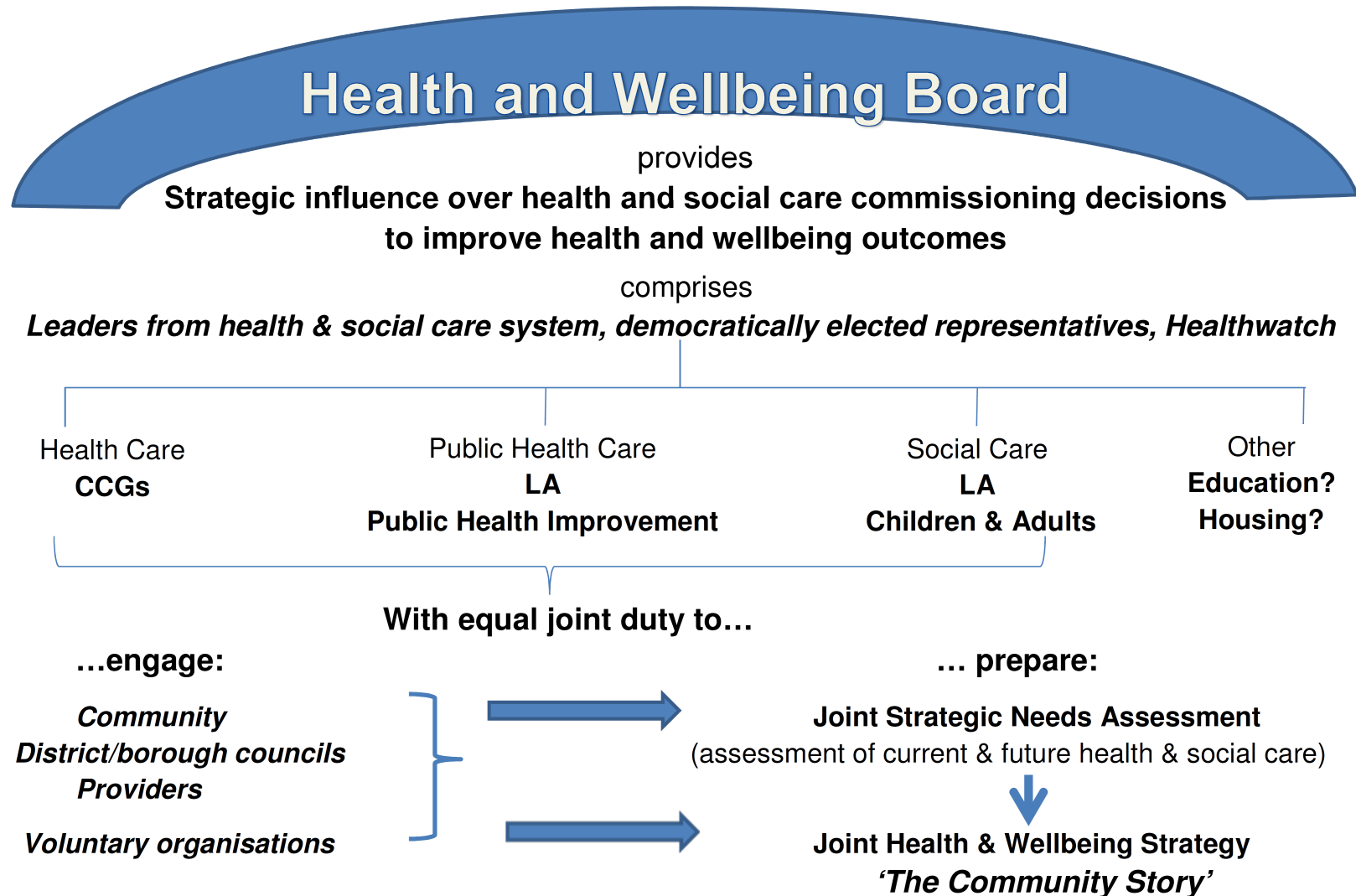
- take into account the specialist skills and technical knowledge needed to engage in health and social care engagement
- agree how the Board, collectively and individually, ensures deep and wide engagement with all the diverse communities within Kent
- identify what resources will be needed to meet the burgeoning engagement activity and to ensure the duty to involve is met
- draw upon the wide range of existing and future good practice to create a 'spider web' of feedback intelligence, avoid duplication and build on what is already known about our local services
- demonstrate how engagement has influenced the decisions it makes.

JSNA and JHWS - the vehicle for shared leadership



⁷ Department of Health, 19 January 2012, Draft guidance on Joint Strategic Needs Assessments and joint health and wellbeing strategies

Appendix 2: Health and Wellbeing Board - overview



Appendix 3: Communications and Engagement Plan to April 2013

Milestones	Actions	Timescale	Lead(s)
Identify and develop effective engagement mechanisms to support the work of the SHWB	Agree proposed governance structure and membership of the Communications and Engagement Group (CEG)	September 2012	SHWB
	Review engagement requirements and scope engagement activity from April 2013	September – December 2012	SHWB/CEG
	Identify and agree the overall (and specialist) resource required to successfully complete the agreed programme of engagement activity	September-December 2012	SHWB/CEG
	Map and review current arrangements for consultation/ engagement covering health and social care	September/October 2012	CEG
	Identify how engagement/insights can be shared within and across organisations	September/October 2012	CEG
	Identify opportunities to streamline activities and develop proposals for joint engagement against JSNA and JHWS, particularly at 'refresh' points, and other HWB work programmes	September/October 2012	CEG – engagement leads
	Conduct a stakeholder mapping exercise to ensure appropriate engagement on SHWB programmes of work	September/October 2012	CEG
	Review and develop options for building an on-line presence for health and social care engagement related to the work of the HWBB	October/November 2012	CEG
	Agree engagement programme for JHWS priorities, once agreed	November/December 2012	CEG – engagement leads

	Agree and publish information materials to support the above	December 2012 – March 2013	CEG
Develop joint communication approaches regarding the work of the Health and Wellbeing Board	Raise awareness of the SHWB and its remit by agreeing and putting in place joint communication approaches	December 2012 – March 2013	CEG - Communications Leads
	Agree programme of key messages to be shared from the SHWB		SHWB
Work with local media to ensure understanding of the changes in the roles of the NHS and local authorities	Develop and manage a communication process, using appropriate media to effectively communicate key messages re local health priorities and developments to support the SHWB	September 2012	CEG – communications leads
	Produce and agree joint protocols for managing media and public messages, and resolving conflict.	September 2012	Working Group
Support the development of Healthwatch Kent	Work with Healthwatch development lead to ensure Healthwatch is actively engaged in the work of the HWB	September 2012- March 2013	Working Group
	Identify how Healthwatch Kent will contribute to HWB communications and engagement	September – December 2012	Working Group
Ensure SHWB members understand and value the engagement /involvement process and that it is a fundamental part of the Board's work	Develop a toolkit and provide learning opportunities to support SHWB's understanding of the requirements to engage/involve in service planning, development and monitoring	December 2012	Working Group