Report to: East Sussex Better Together (ESBT) Strategic Commissioning Board

Date of meeting: 6th June 2017

By: Jessica Britton, Chief Operating Officer

Title: Proposed stakeholder and citizen governance arrangements

Purpose: To describe progress and proposals with plans for citizen and stakeholder engagement in the ESBT Alliance strategic planning and governance arrangements

RECOMMENDATIONS

The Strategic Commissioning Board (SCB) is recommended to:

1) Agree the proposal to launch a new collaborative stakeholder representative ‘Health and Wellbeing Council’ as the key mechanism to support citizen and stakeholder engagement in the strategic planning process

2) Agree that a representative(s) from the new ‘Health and Wellbeing Council’ is invited to sit on the Strategic Commissioning Board.

3) Agree to establishing a single health and wellbeing provider forum to engage voluntary and independent care sector service providers in strategic planning and market development

1. Background

1.1 Involving local people in our work is our underpinning ethos. Since before the formal launch of ESBT, we have ensured an ongoing programme of extensive public and stakeholder engagement that informs everything we do. This has included engagement to inform the establishment of ESBT, engagement in programme design, co-design of pathways and services; co-design of how we engage, evidenced improvements made based on people’s experiences and discussion regarding citizen engagement in our strategic planning governance as we move into our ESBT Alliance test-bed year, 2017/18.

1.2 It is the latter aspect, citizen engagement in our strategic planning and governance that forms the subject of this paper.

1.3 As we developed the formal integrated governance arrangements for the ESBT Alliance for 2017/18, we wanted to find a way to strengthen engagement in our overarching strategic planning and in our formal governance structure.
1.4 As such, we have undertaken a review of planning and partnership arrangements with a view to establishing the overarching arrangements for the ESBT Alliance for 2017/18, we wanted to find a way to strengthen engagement in our overarching strategic planning and in our formal governance structure.

1.5 As such we have undertaken a review of planning and partnership arrangement with a view to establishing the overarching arrangements required to support strategic planning or health and care across our ESBT Alliance in 2017/18. Involving citizens and stakeholders in our strategic planning process is a particular function within our ESBT governance that complements our whole system ESBT Communications and Engagement Strategy. The new overarching arrangements are one part of our engagement and involvement activity, and will be in addition to existing and newly developing mechanisms for involving local people in our work at all levels of our system.

1.6 The maturity of our partnerships and the formal nature of our ESBT Alliance governance arrangements will ensure that our approach is firmly rooted in our place across the ESBT planning footprint. In addition, and in keeping with what local people have told us will be helpful, it is proposed that the approach can also support the different focus of Connecting 4 You (C4Y; the High Weald Lewes Havens CCG programme) where this is appropriate, ensuring a consistent mechanisms for those stakeholders with an interest in both areas within the county.

1.7 This report updates the SCB on the outcomes of the planning and partnerships review and recommendations to set up a new overarching engagement arrangement to support strategic planning activity for the ESBT Alliance.

2 Citizen engagement: planning and partnerships project

2.1 The aim of this project was to establish the overarching engagement arrangements required to support strategic planning for health and care in East Sussex in 2017/18.

2.2 The scope of the project covered stakeholder engagement and contributions to the shared planning processes across the East Sussex Better Together (ESBT) and, latterly, the Connecting 4 You (C4Y) programmes. The aim was to ensure partners make best use of the experiences and expertise of stakeholders to improve health and care across the county by establishing a transparent and meaningful approach to involving and engaging stakeholders in the strategic planning process.

3 Current arrangements

3.1 There are a wide range of established stakeholder groups currently operating across the county. Some of these groups were originally created to play a countywide strategic role while others focus on issues that affect specific groups or populations. The groups are recognised mechanisms for sharing information and involving patients, clients, carers, staff, providers and organisations in developing policy and delivering services however their role in influencing and shaping planning is currently variable.

3.2 Examples of existing groups include:
- **Partnership Boards**: originally driven by a combination of national policy and statutory requirements to demonstrate partnership working across statutory organisations, voluntary and community sector and independent provision and client/patient representatives and a local move to embed Joint Commissioning Strategies in a broad multi sector structure. There are six in operation: Older People; Carers; Improving Life Chances (physical disability and sensory impairment); Mental Health; Learning Disability; and Autism.

- **Provider Forums**: give community based health and care providers, representatives from the voluntary and community sector and other partners regular opportunities to come together and discuss issues such as policy and workforce development, and social care market development.

- **Patient Participation Groups**: a contractual requirement for all GP practices in England. Generally made up of a group of volunteer patients, the practice manager and one or more of the GPs from the practice, they meet regularly to discuss the services on offer, and how improvements can be made for the benefit of patients and the practice.

- **East Sussex Youth Cabinet**: a group of young people who are elected to represent the voice of young people in East Sussex and have a say in how things are run.

### 3.3 Alongside these groups, partners use a number of additional mechanisms and methods to enable and support the principles of joint working and co-design in planning for example:

- Regular events such as ‘Shaping health and care’
- One-off topic or issue-based workshops, summits and conferences
- Linking with external groups such as East Sussex Seniors Association and Hope-G (Hastings Older People’s Ethnic Group).
- Online surveys and formal public consultations
- ESCC People Bank and the Eastbourne, Hailsham and Seaford/Hastings and Rother CCG stakeholder database which enable people to register their areas of interest and get involved, as much or as little as they want.

### 3.4 In addition, funding agreements and other arrangements are in place with the voluntary and community sector to facilitate involvement and joint working. For example:

- The voluntary and community sector are supported to represent, influence and make a positive change for the communities they support through SpeakUp. SpeakUp brings together representatives from countywide organisations, community networks and Councils for Voluntary Services (CVSs).
- Healthwatch East Sussex facilitates public engagement and co-design in health and care and play a key role in ensuring local people are able to influence the development, design and delivery of local services.
- East Sussex Community Voice (ESCV), which also provides Healthwatch East Sussex, manages the ESBT Public Reference Forum which has been set up to increase ways for people to have a say and inform the development of local services under ESBT.
- Regular and one-off commissioned engagement activities.

### 4 Key findings

#### 4.1 The following Feedback from stakeholders on current engagement arrangements is mixed and highlights the need for change:
• Involving citizens and stakeholders in planning and delivering services is central to
the work and ethos of all the partner organisations. The principle of working
together to improve outcomes is well established and as shown above, groups and
activities operate at a number of levels.

• Some groups are active and facilitate meaningful partnership working and co-
design; others no longer fulfil their original aim and purpose. New ways of working
are evolving and operating alongside long-standing arrangements and there is a
need to streamline activity, reduce duplication and fill any gaps.

• The range of citizen, patient and client engagement mechanisms operating within
the ESBT and C4Y partner organisations (such as patient participation and patient
experience groups) need to be better linked into the planning process.

• The partnership boards are currently the only joint mechanism for regularly
engaging stakeholders in strategic planning. They have been effective in involving
stakeholders in developing and monitoring joint commissioning strategies however
there is general consensus that the model, built around traditional adult social care
groups, is no longer the most effective way of structuring our engagement and
doesn’t fit easily with the ESBT ‘6 plus 2 box’ model of care.

• Stakeholders value the opportunity to meet with senior officers from statutory health
and care organisations.

• There is a desire to broaden the focus of the current arrangements to consider the
health and care economy of ESBT and East Sussex as a whole.

• There is a feeling that partnership work is focused on the priorities of the ESBT, and
latterly the C4Y partner organisations, and stakeholders feel that proposals are
taken to them for approval rather than developed together and are keen to move
towards a co-production approach.

• The current system based around client groups is resource intensive and inefficient.
Given the scale of change required and the focus on system wide transformation,
greater value could be achieved from a collective voice rather than the current
fragmented structure.

• The Learning Disability and Autism Partnership Boards currently help to meet
statutory duties.

• Further work is required to ensure stakeholders working with children and families
are represented and included in the future arrangements.

5 Proposal – a collaborative stakeholder representative ‘council’
5.1 It is proposed to establish a single collaborative health and wellbeing stakeholder
representative council to shape planning activity. The main purpose of the council will be
to help to define the overall strategic direction for commissioning health and care in ESBT,
and East Sussex as a whole as appropriate, and ensure that stakeholders can input into
the decision making process around how resources are allocated and service
development prioritised.
5.2 The council will streamline and replace some of the partnership boards; however existing groups focusing on particular client groups, services or areas would remain an important part of the overall approach and would feed into the proposed representative council.

5.3 Creating a single collaborative stakeholder representative group, with multiple ways for people to feed in, could achieve a number of benefits and will help to:
   - give an overview of health and care across the whole of ESBT and the county;
   - facilitate a focus on outcomes rather than ‘client groups’ or labels;
   - bring together discussions and planning around physical and mental health;
   - create efficiencies for everyone involved;
   - make best use of information gathered at a local and service level; and
   - improve links between groups.

5.4 The Council will be made of up stakeholders representing people and communities, including people using health and care services and their carers, and staff from the East Sussex Better Together Alliance alongside staff a range of partner organisations for example East Sussex Community Voice, voluntary and community sector organisations; district and borough councils; East Sussex Fire and Rescue Service, and Sussex Police. It is envisaged that staff from the Connecting 4 You programme would also be a part of the Council to enable the approach to be mirrored across the county, and it may be that the meetings will be differently managed to meet the needs of the ESBT stakeholders and those that have a county-wide interest.

5.5 Agendas will be set collaboratively with meetings structured around themes and topics. The meeting process will be supported by a range of additional activity such as regular information bulletins, electronic engagement, social media communication and pre-meetings if required.

5.6 There will be clear links to existing ‘specialist’ groups, forums and engagement mechanisms such as service level ‘customer satisfaction’ and ‘patient experience’ activities to make best use of the range of feedback and intelligence gathered.

6 Proposal – health and wellbeing provider forum

6.1 The current local authority-led provider forums provide a useful mechanism for engaging with providers around operational issues and are a useful part of the supply management process. Only a small proportion of providers usually attend the meetings however despite invitations being extended to all providers within the county. Feedback has suggested that although informative about strategic and workforce development the forums could also provide a better focus on constructive discussion between commissioners, statutory health and care services, and providers in the voluntary and community sector, about market and service development to support delivery of effective integrated care pathways and services.

6.2 It is proposed that the current local authority-led provider forums will be combined to create a single health and wellbeing provider forum. The new forum will be used to develop the dialogue and engagement with all providers within the county across the health and care partnerships.

6.3 The principle area of focus will be to support and develop the market to ensure appropriate, responsive and sustainable services are available to meet the needs of the
local population. Feedback has also suggested that there could be a greater focus on health as well as social care, in particular in the context of the objectives set out in the integrated ESBT Strategic Investment Plan (SIP) and ESBT Market Position Statement to support the social care market, given the impacts on the wider system of delivery.

6.4 Creating a single overarching countywide health and wellbeing provider forum will:
- create efficiencies for all agencies involved;
- remove confusion and potential duplication for providers who work across client groups and service types;
- be easier for senior officers and external speakers, for example the Care Quality Commission, to attend;
- facilitate collaboration, learning and joint working between sectors;
- support delivery of a consistent message to providers;
- bring together discussions in localities and communities of practice; and
- support countywide providers who may struggle to be part of networks in localities and communities of practice.

7 Monitoring and evaluation
7.1 Given the significant changes required to move to the developing model of accountable care within ESBT, the approach will need to be tested and evaluated during 2017/18. It can then be adapted and re-designed as required for April 2018 onwards. The evaluation approach will be developed with stakeholders as part of the implementation process.

8 Key milestones

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<th>Event</th>
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<td>Further consultation and co-production</td>
<td>April/May/June/July/August 2017</td>
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<td>New approach agreed</td>
<td>March/April/May 2017</td>
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<td>Working group to plan the launch of the new collaborative stakeholder representative group</td>
<td>April/May/June 2017</td>
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<td>New approach to stakeholder engagement launched (workshop event)</td>
<td>June 2017</td>
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<td>Recruitment of representatives</td>
<td>July/August 2017</td>
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<td>Training for representatives (plus potential opportunities for engagement on current issues)</td>
<td>September 2017</td>
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<td>Single countywide provider forum launched</td>
<td>September 2017</td>
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<td>First formal meeting of the collaborative stakeholder group</td>
<td>September/October 2017</td>
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9 Conclusion and reasons for recommendations
9.1 Engagement with citizens and stakeholders has been a strong feature of our approach to planning and partnerships in ESBT to date, taking place at all levels of our system. Building on this to reflect the new level of maturity and formality in our partnership and governance arrangements as an Alliance, establishing a collaborative health and wellbeing stakeholder representative Council will mean that citizen and stakeholder engagement will be a formal part of the new governance arrangements helping to shape future planning activity in 2017/18. The new Council will be the key mechanism to support citizen and stakeholder engagement in the strategic planning process, complementing activity driven by our wider ESBT Communications and Engagement Strategy.
9.2 The aim of the health and wellbeing stakeholder representative Council will be to ensure partners make best use of the experiences and expertise of all stakeholders to improve health and care across ESBT and the county by establishing a transparent and meaningful approach to involving and engaging stakeholders in the strategic planning process. In line with this it is proposed that a representative is invited to sit on the ESBT Strategic Commissioning Board from the new Council when it is formed.

9.3 Alongside this the current local authority-led provider forums, that bring together independent and voluntary sector providers with statutory sector commissioners and operational teams, will be combined to create a single health and wellbeing provider forum. This new forum will be used to develop the dialogue and engagement with all providers to further develop markets within the county across the health and care partnerships to support delivery of the ESBT SIP and Market Position Statement objectives.

9.4 The Strategic Commissioning Board (SCB) is therefore recommended to:

4) Agree the proposal to launch a new collaborative stakeholder representative ‘Health and Wellbeing Council’ as the key mechanism to support citizen and stakeholder engagement in the strategic planning process
5) Agree that a representative(s) from the new ‘Health and Wellbeing Council’ is invited to sit on the Strategic Commissioning Board.
6) Agree to establishing a single health and wellbeing provider forum to engage voluntary and independent care sector service providers in strategic planning and market development

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