



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

Date of report: 2 October 2017

By: Director of Adult Social Care, East Sussex County Council; and
Chief Officer, Eastbourne Hailsham & Seaford and Hastings & Rother
Clinical Commissioning Groups

Title: Collaborative Health and Wellbeing Stakeholder Group

Purpose: To update on progress with the set up and development of a new
collaborative health and wellbeing stakeholder group

Recommendations

The Board is recommended to:

- 1) Note progress with the development of the new Health and Wellbeing Collaborative Stakeholder Group, including draft Terms of Reference for the Group and the recruitment process
 - 2) Welcome a representative from the group at the next meeting of the SCB in December 2017
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1 Background

1.1 The aim of the project is to establish the overarching engagement arrangements required to support strategic planning for health and care in East Sussex. The scope is countywide and contributes to the shared planning processes and integrated governance arrangements across the East Sussex Better Together (ESBT) Alliance and the Connecting 4 You (C4Y) programme.

1.2 The ESBT Strategic Commissioning Board (SCB) considered the outcomes of the review in June 2017 and agreed to setting up a new collaborative Health and Wellbeing Stakeholder Group as the key mechanism to support citizen and stakeholder engagement in the strategic planning process. It was also agreed that a seat on the SCB would be made available to a representative of the new Stakeholder Group.

2 Supporting information

Progress with implementation

2.1 A Planning & Partnerships workshop was held on 7 July 2017 at the Bannatyne Hotel in Hastings. The report can be seen at Appendix 1. Over 125 participants attended the workshop and contributed to a series of themed table discussions on the development of a new stakeholder group for health and care. There was positive feedback on the event and all of those who completed a feedback form (71 people) felt able to participate and have their voice heard in the event.

2.2 Using the feedback from the workshop, the planning and partnerships working group have developed draft terms of reference for the new stakeholder group. These are attached at Appendix 2. To note, these will remain draft until the group itself is setup and agrees how it will operate. This includes the working title of the group 'collaborative health and wellbeing stakeholder group'.

2.3 Recruitment to the group went live mid-September and will conclude late October to allow maximum time for applications to be completed, returned and processed.

Independent Facilitation

2.4 Feedback from the workshop was consistent in suggesting the group should be independently facilitated. It was felt this will help to establish co-production within the group, support effective agenda planning, maximise engagement from group members, manage personalities, ensure the group is action-oriented and bring an independent perspective to help resolve alternative viewpoints among group members. A specification for the facilitation role is being drafted to be recruited to.

Role description

2.5 A comprehensive role description has been drafted detailing responsibilities of group members, anticipated time commitment and the skills/knowledge/experience/abilities required by those applying to be a community representative (this is included as an appendix in the Terms of Reference). While this level of detail will deter some people from getting involved, it is important we're upfront with our expectations and clear around what the role involves.

2.6 Representatives from health and care organisations will be expected to fulfil the same responsibilities, albeit without the recruitment process, as they are being asked to nominate an appointed representative to the group.

Support for the group

2.7 The support which stakeholder group members can expect to receive is also detailed in the terms of reference. This is important so that they are well informed and understand the strategic context in which the group sits.

Recruitment process in more detail

2.8 Recruiting to the group is challenging given its strategic focus and that we're seeking diverse representation and a combination of skills and abilities from community members. The July workshop concluded that neither an elective nor selective process are ideal, however, it is recognised we need to be pragmatic and start somewhere. How members are appointed to the group can be reviewed and developed as the group evolves.

2.9 The recruitment process drawn up is both robust but also allows for expressions of interest from those who may be less experienced in engagement and representation. A number of requirements are specified and anyone interested in joining the group will be required to demonstrate how they meet these in an application form.

2.10 Publicity advertising the opportunity to apply is being disseminated across a range of networks and applications will be assessed by a cross-sector stakeholder panel. Criteria which demonstrate how an applicant fulfils a community connection are being weighted to ensure stakeholder group members each bring an informed perspective.

2.11 Statutory health and care organisations are being asked to nominate one representative to join the group. These individuals will be senior decision makers involved in strategic planning for health and social care, and will have an equal role in contributing to the discussions of the group. Healthwatch and the Registered Care Association (RCA) will also be asked to nominate representatives.

3. Next steps

Closing date for applications to join the Stakeholder Group	23 Oct
Assessment and shortlisting of applications	23 -27 Oct
Informal interviews and confirmation of appointments	1-8 Nov
First meeting, to include forward planning and team building	13-24 Nov
Induction and training ongoing	Nov-Dec

4. Conclusion and reasons for recommendations

4.1 A wide range of stakeholders has been involved in helping to shape the new stakeholder group. This has been a positive process so far and embedded co-production principles.

4.2 While stakeholder feedback has been rich, it has brought into focus a set of tensions around the group's role which it is important to recognise: it needs to be strategic in its focus and aligned with system priorities, but also take a bottom-up approach and focus on community-identified priorities; it needs to engage diverse groups in its membership but not be too large and unwieldy; it cannot be representative of all communities although others will confuse it as such; it is spearheading co-production at the strategic level but will not be responsible for making co-production happen at the service level, though can influence this. The group, with strong facilitation, induction, planning and support, will navigate and manage these tensions.

4.3 Having a clear focus on key strategic areas and achieving some quick wins will be important in winning hearts and minds and securing buy-in to the stakeholder group longer-term by demonstrating its impact.

4.4 Ensuring a strong connection to existing engagement mechanisms and information flows between the stakeholder group and others is critical to the success of this new way of working. The engagement landscape is complex and the ways in which this connection will happen are varied and will evolve over time. Consistent communications around this aspect of the group's work will be important.

4.5 An evaluation framework for the group will be drawn up to review how far we've gone in addressing the feedback from those consulted on the group's development and what its impact has been.

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Background documents:

None