



# Planning and partnerships workshop report

7<sup>th</sup> July 2017, Bannatyne Hotel, Hastings

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# Planning and partnerships workshop report

## Executive summary

### Background

East Sussex Better Together and Connecting 4 You have been reviewing how stakeholders input into strategic planning of health and care services. We have been thinking about how we can improve arrangements to ensure that we make best use of the experiences and expertise of stakeholders in shaping services.

As part of this review, a workshop was held on 7 July 2017 in Hastings, to which stakeholders with an interest in the strategic planning of health and care services were invited. The purpose of the workshop was to share some of the thinking which has emerged during the review of current planning arrangements and to explore ideas around setting up a new stakeholder group.

The workshop discussed development of a new health and wellbeing stakeholder group that will work collaboratively to help shape health and care across East Sussex. The intention is for the group to co-ordinate stakeholder engagement in strategic planning processes and to develop a countywide approach to co-production which will ensure commissioners and providers of services make best use of the experiences and expertise of stakeholders in improving health and care.

The new group will connect with the wide range of existing engagement mechanisms for involving people at all levels of the health and care system. The aspiration is to join up engagement activities and provide a meaningful route for stakeholders to inform strategy and decision-making.

### The workshop

The workshop was jointly planned by a group of stakeholders from 3VA; Care for the Carers; East Sussex Parent and Carer Council; East Sussex Seniors Association (ESSA); Healthwatch East Sussex; Possability People; Southdown Housing Association; SpeakUp; East Sussex County Council; and Eastbourne, Hailsham and Seaford, Hastings and Rother and High Weald Clinical Commissioning Groups.

Over 125 people attended including people who use services, carers and representatives from a wide range of organisations (voluntary and community sector, NHS providers, commissioners from health and care, district and borough councils and others).

### Presentations

The workshop included national and local presentations from a range of speakers:

- Welcome and scene setting: Paula Gorvett, Eastbourne, Hailsham and Seaford/Hastings and Rother Clinical Commissioning Groups (CCGs)
- Local context: Martin Hayles, Adult Social Care and Health, Jennifer Twist, Care for the Carers and Michelle Nice, East Sussex Parent and Care Council
- National best practice: Kristi Adams and Paula Fairweather, Coalition for Collaborative Care
- Close and summary of next steps: Ashley Scarff, High Weald, Lewes and Havens Clinical Commissioning Group.

## Key points from the discussion sessions

In facilitated small groups, participants considered a number of key areas around how the new stakeholder representative group will function, including:

### 1. The principles and values of the group

The proposed principles and values are positive but they should be made more concrete and demonstrate a tangible shift from current practices.

### 2. What good collaboration and co-production should look like

Embed co-production at every stage, be realistic and flexible, involve as many people as possible, focus on vision and shared goals, think creatively and address potential barriers and blockages.

### 3. Who needs to be involved

Have a balance of people who use services, special interest groups and cross-sector service providers, reflect communities of locality and identity and 'represent' people unable to represent themselves.

### 4. How group members will carry out their roles and help they might need to be effective

Have defined role descriptions, training and support for members. Ensure effective planning for meetings, strong independent facilitation and feedback.

### 5. How representatives will be recruited and selected

Use a selection process rather than election and review membership annually. The criteria should include: relevant experience, ability to engage / communicate / connect with communities and existing representative structures, the added value individuals bring and the values they demonstrate.

### 6. How the group's agenda will be set

Focus on the right things, align with system priorities and have a forward plan, while enabling individuals and communities to put forward ideas.

### 7. How other people and wider communities will feed in

Make use of a wide range of ways in which the group's activities can be promoted and experiences collected, to feed into discussions and decisions, including using technology and existing structures and networks.

### 8. How the group will juggle competing priorities and demands

Prepare and plan well in order to handle this, and have strong facilitation.

## Next steps

All the feedback and suggestions from the workshop will be used to inform how the stakeholder group is set up. Members for the group will be recruited September-October and a first meeting held in November. Participants in the 7<sup>th</sup> July workshop will receive information on staying involved and updates as the group progresses. We will produce a 'You Said ..., We Did ...' report detailing how key feedback has been acted upon and when the group has been operating for a year, everyone who participated in the workshop will be invited to reflect on progress made and consider how far we've been able to shape the group based on their input.

## Background

East Sussex Better Together<sup>1</sup> and Connecting 4 You<sup>2</sup> have been reviewing how stakeholders<sup>3</sup> input into strategic planning of health and care services. We have been thinking about how we can improve arrangements to ensure that we make best use of the experiences and expertise of stakeholders in shaping services.

## Purpose of the workshop

As part of this review, a workshop was held on 7<sup>th</sup> July in Hastings, to which stakeholders with an interest in the strategic planning of health and care services were invited. The purpose of the workshop was to share some of the thinking which has emerged during the review of current planning arrangements and to explore ideas around setting up a new stakeholder group.



## The proposed new stakeholder group

The workshop discussed development of a new health and wellbeing stakeholder group that will work collaboratively to help shape health and care across East Sussex. The intention is for the group to co-ordinate stakeholder engagement in strategic planning processes and to develop a countywide approach to co-production which will ensure commissioners and providers of services make best use of the experiences and expertise of stakeholders in improving health and care.

The new group will connect with the wide range of existing engagement mechanisms for involving people at all levels of the health and care system. The aspiration is to join up engagement activities and provide a meaningful route for stakeholders to inform strategy and decision-making.

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<sup>1</sup> East Sussex Better Together <https://news.eastsussex.gov.uk/east-sussex-better-together/>

<sup>2</sup> Connecting 4 You <http://www.highwealdleweshavensccg.nhs.uk/our-programmes/connecting-4-you/>

<sup>3</sup> By stakeholders we mean people or groups who have an interest in what an organisation does, and who are affected by its decisions and actions. Stakeholders include people who use services, their families and carers, voluntary and community sector organisations and independent providers.

## Development of the stakeholder group

Development of the stakeholder group is being jointly planned by a working group of stakeholders from 3VA; Care for the Carers; East Sussex Parent and Carer Council; East Sussex Seniors Association (ESSA); Healthwatch East Sussex; Possability People; Southdown Housing Association; SpeakUp; East Sussex County Council; Eastbourne, Hailsham and Seaford and Hastings and Rother and High Weald Clinical Commissioning Groups.

The stakeholder group's terms of reference will evolve and be confirmed by the group itself as and when it sets up in the autumn of 2017. This will make clear the group's remit, ways of working and its strategic focus.

The recruitment process for stakeholder group members is being worked up and will go live in September/October 2017. Further information will be sent to participants of the 7<sup>th</sup> July workshop, to keep them informed of the development process and for anyone wanting to have continued involvement in the work.

## The workshop

Over 125 participants attended the 7<sup>th</sup> July workshop. They included people who use services, carers and representatives from a wide range of organisations (voluntary and community sector, NHS providers, commissioners from health and care, district and borough councils and others).

The opening session included the following presentations:

- **Welcome and setting the scene:** Paula Gorvett, Eastbourne, Hailsham and Seaford/Hastings and Rother Clinical Commissioning Groups (CCGs)
- **Local background and context:** Martin Hayles, Adult Social Care and Health, Jennifer Twist, Care for the Carers and Michelle Nice, East Sussex Parent and Care Council
- **National best practice:** Kristi Adams and Paula Fairweather, Coalition for Collaborative Care

Participants were then asked to discuss how the proposed stakeholder group should function. Their ideas and suggestions were gathered on the following themes:

1. The principles and values of the group
2. What good collaboration and co-production should look like
3. Who needs to be involved
4. How members of the group will carry out their roles and the help they might need to be effective
5. How group members will be recruited and selected
6. How the group's agenda will be set
7. How other people and wider communities will feed in

## 8. How the group will juggle competing priorities and demands

The workshop closed with a summary of next steps by Ashley Scarff, High Weald, Lewes and Havens Clinical Commissioning Group.

## This report

We have analysed the rich and valuable contributions made at the workshop under the 8 sections above. The working group also reviewed this information and helped shape this report.

The first discussion session focused on the draft principles and values of the Stakeholder Group. Comments have been taken on board and written up as a revised set of principles and values, as there was sufficient clarity and consensus across the workshop to achieve this.

The remainder of the report summarises key messages which emerged from discussion sessions 2-8. It is a record of the event which enables everyone who participated, and those who didn't attend, to get a flavour of the discussion and themes emerging. In order to make the report accessible, it does not detail all the diverse comments that were made – although these are held in separate files for future reference.

The suggestions which came out of the workshop will be used to inform how the stakeholder group is set up in coming weeks.

A subsequent 'You Said ..., We Did ...' report detailing how key messages and themes have been acted upon will be produced.

Once the group has been operating for a year, everyone who participated in the workshop will be invited to reflect on progress made and consider how far we've been able to shape the group based on their input. This will form part of the monitoring and evaluation framework for the group.



## Discussion sessions

### 1. The principles and values of the new stakeholder group

A set of draft principles and values were presented to the workshop for participants to comment on (see appendix one).

#### What you said

Participants were broadly positive about the proposed principles and values but suggested they should be made more concrete and demonstrate a tangible shift from current practices. There was also a sense that the principles and values need to be more inspirational and their outcome monitored.

Comments have been used to produce a revised set of principles and values, which relate both to how the group will work but also its role in championing co-production within health and care:

1. We adopt co-production<sup>4</sup> as a way of working
2. We will change behaviours, striving to involve people as early as possible
3. We create opportunities for people to participate so they can make things better for others
4. We recognise people's strengths and resilience, embrace diversity and value people's experiences
5. We listen and make sure that all voices are heard and acted upon
6. We empower people to have a say on what matters to them: participants will decide on meeting agendas and priorities
7. We will be clear and transparent around what can and can't be influenced, at what level and who is responsible for making decisions. While we aspire to everyone being equal in and to flatten hierarchy, we know that sometimes power dynamics will impact. We will be honest about this, monitor its impact and challenge where necessary
8. We are interested in all things: influencing plans, changing practice/culture and deciding how money is spent
9. Participants can see if and how their views have influenced: we will get timely feedback on our input and understand our impact
10. We are mindful of people's capacity to engage and will address barriers to participation as much as possible. We use plain English and a wide variety of channels of communication to ensure information is co-ordinated, reaches people in the best way possible and is up to date

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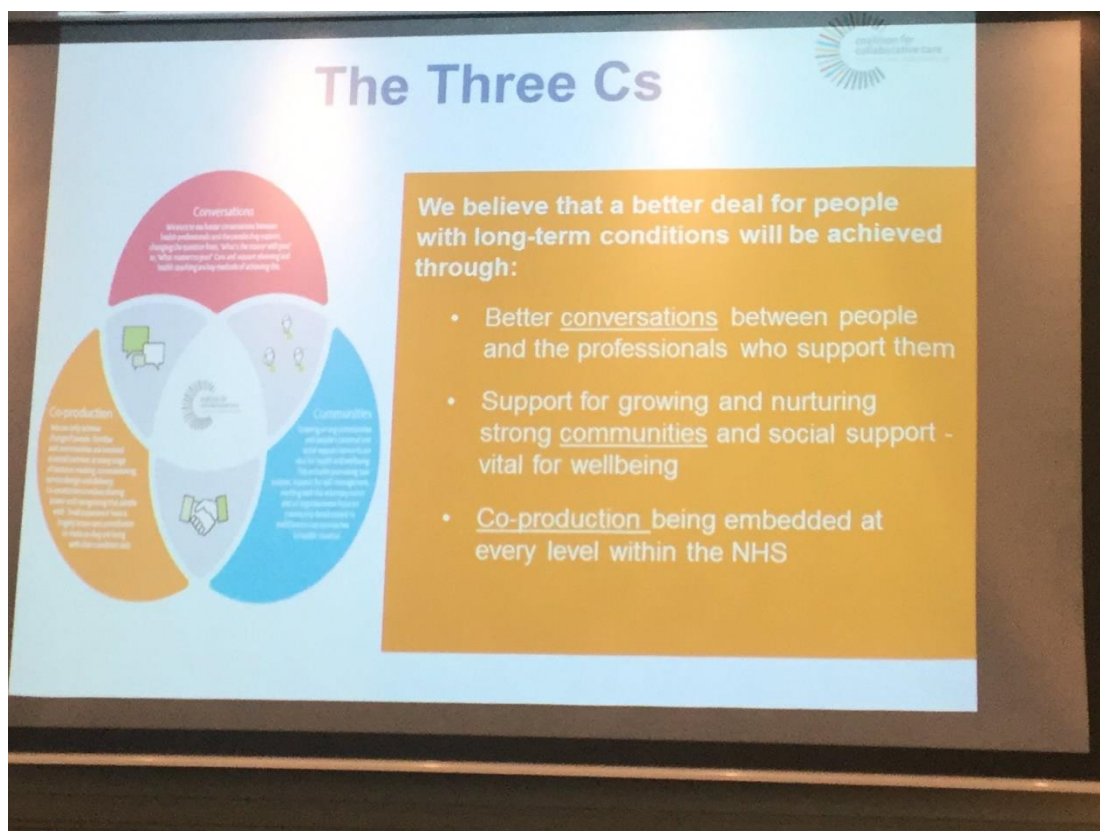
<sup>4</sup> Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation.



11. The success of the new approach is everyone's responsibility. We will hold different views and be required to make difficult decisions
12. We expect to make mistakes, capture them and learn from them

Participants also commented that:

- While the principles and values sound great, similar things have been said in the past. How will the principles and values be embedded and followed by everyone involved? There needs to be accountability around outcomes that relate back to the principles and all parties need to recognise that change will be difficult as it might involve giving something up, such as the way in which something has been done before
- Where the stakeholder group sits in the decision-making structures is unclear and this and the routes to influence need to be clarified
- The importance of building a strong understanding of the health and care system cannot be over-emphasised; the group must have advanced knowledge around who does what
- Principles and values need to be reflected in all parts of commissioning
- The term stakeholder needs consistent definition
- It would be helpful to clearly distinguish collaboration from co-production



Extract from Coalition for Collaborative Care presentation

## 2. What good collaboration and co-production should look like

The proposed stakeholder group will help ensure co-production is happening at a service level across the health and care system and drive forward good practice in working in partnership around service design, development and evaluation.

Participants commented on their experiences of collaboration and co-production, what they've seen work well, what hasn't and priorities for consideration in developing this new approach.

### What you said

#### 2.1 Embed co-production at every stage:

- In setting priorities, in problem solving, from start to finish in a meaningful way
- Using the 'plan, do, study, act' cycle
- Be receptive to examples from elsewhere in the country and draw on them
- Avoid statements such as 'we will strive' which are loose and vague. Apply co-production consistently as much as possible and culturally across the whole organisation, although accept things will be missed out

#### 2.2 Be realistic and flexible:

- Co-production cannot over burden key individuals as this risks burnout, there needs to be a group and a team approach
- Constraints and barriers will get in our way, eg organisational governance requirements, hierarchy, the law, culture and behaviours. Establish clarity of outcomes, but accept that these outcomes may be different from what was originally hoped for. Be realistic about expectations and honest about influence – not everyone can be involved in all decisions and not all contributions can be taken on board
- We need to confront challenges and remove barriers
- Accept there will be frustrations and be honest about the decisions that have been made and why
- Good collaboration requires good planning, which takes time and a slow pace

#### 2.3 Involve as many people as possible

- People who use services and people with lived experience are more likely to be able to come up with solutions to the problems faced in their own lives
- Everyone's contribution is valid and difference is valuable
- Engagement champions eg disabled people, could strengthen under-represented user voice
- Diversity of backgrounds/skills is important in collaboration
- Enable collaboration between organisations with common interests to identify priorities

- Showcase when engagement of diverse groups works well
- Appreciate that people wear different hats and may fit into lots of engagement categories
- There needs to be a shared responsibility of working together, mobilising co-production, building trust and creating a space for collaboration which is honest, real and which says positive as well as negative things
- All this said, someone has to lead co-production to make it happen
- It will be more efficient for some tasks to be carried out by those who are more experienced at them
- The new stakeholder group isn't in itself co-production and co-production isn't about just engaging one stakeholder group or having one set of meetings. It's about being proactive, going out to groups, using different communication channels to share information, developing ongoing involvement and finding the right people to talk to, across whole organisations
- Stakeholders need access to training and support to be involved and meetings need to be accessible. This includes staff and professionals from health and care organisations who need to develop their skills around engaging with the community

#### 2.4 Focus on vision and shared goals

- Work backwards from this, rather than trying to start off with budgets
- Find something people really care about and focus on decision making around outcomes
- Ensure we commission services that the community will actually use
- Don't lose sight of the user at the centre

#### 2.5 Think creatively

- Don't be afraid of starting with a blank sheet of paper (whilst also recognising the potential for impact may be greater if existing processes and plans are targeted for influence)
- Service agreements need to focus on people rather than deliverables
- Make the environment okay for people to question jargon and bring out different types of knowledge
- Create the right sorts of spaces to enable people to have a voice – not everyone wants to sit in a formal room in a meeting
- Communicate via GP surgeries, pharmacists, social media and much more

#### 2.6 Address potential barriers and blockages

- Statutory budgets need to be properly pooled before co-production can be achieved, to avoid disagreements over who funds what
- Lack of understanding of what's available/where/from whom can undermine collaborative working

- Commissioning can create challenging operating circumstances for the voluntary and community sector (VCS) and trigger instability in the system. Is there a better way of handling this? Can we ensure we learn from and build on what went before?
- There aren't enough opportunities for organisations and people to network, connections to and involvement of district and borough councils in particular need to be improved
- The approach focuses on pulling together issues at the countywide level. Will localised issue be considered? The locality networks provide a local contact point for people to get involved in sharing their experiences and feeding into the stakeholder group
- Operational pressures do not allow time for co-production
- Previous poor practice, eg lack of transparency around decision-making or weak representation of user voice/small groups, creates cynicism and lack of buy in.

A list of good practice examples of collaboration and co-production were shared and are being used to shape development of the new group.



## 3. Who needs to be involved

### What you said

Participants discussed membership of the stakeholder group and who needs to be involved. The group needs to:

- Have a balance of people who use services, special interest groups and cross-sector service providers
- Reflect communities of locality and identity
- Ensure small groups' views are represented and not lost in the mix, but guard against having too many group members
- 'Represent' the most disenfranchised people unable to represent themselves/with a minority voice/protected characteristics including:
  - Children, young people, parents
  - Disability (physical, learning, sensory)
  - Older people, socially isolated
  - Carers
  - Rough sleepers
  - Faith groups

Although the group should not be described as, or labelled, representative

- Have a broad understanding of communities and their needs, with capacity to advocate, challenge constructively, communicate, to build trust and relationships and be open-minded
- Link with a range of voluntary and community sector organisations. Although the VCS needs a more co-ordinated approach to representing itself
- Have participants from East Sussex County Council, Clinical Commissioning Groups, NHS trusts, Healthwatch, Districts & Boroughs, Police, East Sussex Fire & Rescue Service, South East Coast Ambulance Service
- Build on engagement and representation that already exists, eg East Sussex Seniors Association, Speak Up, Eastbourne Involvement Group and people previously on the boards being disbanded
- Cover the needs and interest of different localities. Locality networks provide a route for local experiences to be gathered and fed into the group. Locality Link Workers (LLW) will help channel communications/connections
- Be flexible in its approach, eg to engage different people as guests/speakers according to the theme of the meeting or for members to send substitutes
- Involve around 20-30 people to keep it manageable.

It was agreed that fluid membership/irregular attendance would alter the way in which the group operates and its potential impact. A static fixed-term membership, with continuity of attendance, will facilitate persistent influence and develop consistency in relationships.

It was also queried whether organisations that commission or provide services should be included in the group because of the potential impact on the power dynamic. Most favoured provider involvement but stressed the need for a balanced approach with a minimum number/majority representation of non-providers.

## 4. How members of the group will carry out their roles and the support they might need

### What you said

Participants discussed how stakeholder group members would carry out their roles, what the challenges and opportunities might be and what support might be needed for the approach to be effective. It will be important to:

- Make expectations clear in defined role descriptions
- Brief and support members of the group
- Provide learning and development support to include (tailored, modular):
  - Skills based training on effective representational skills, confidence building, team working, assertive communications
  - Facilitated team development for the group on its values and principles, ways of working, possible action learning set approach to this over time
  - Information briefing on health and care strategy
- Plan the meetings well. Make them outcome rather than task focused. Through early agenda distribution allow group members time in advance to engage communities they're connecting with to seek input and gain mandate
- Ensure strong facilitation, use participative methodologies, accessible venue/times, ground rules, techniques to ensure everyone has the opportunity to participate, plain English and have a culture of no silly questions
- Have independent chair or facilitator, balancing formality, informality, creativity
- Invite specialist speakers / attendees as required
- Budget for reward and recognition costs
- Feedback to group members on what difference their input has made

It is necessary to also consider:

- How the group feeds back to wider communities
- The limits of the group's influence, constraints, accountabilities and have clarity around impact on whole system planning. The demands of the role need to be proportionate to this
- Whether the group needs branding to help with building awareness and trust
- What happens outside meetings of the group eg activities/interactions in between meetings eg via digital and social media / cascading information / task and finish groups on different subjects / leadership sessions
- That individuals will bring expert views but also perspectives as members of the community. Direct experiences are valid to ensure a balanced approach but it's important to separate out individual personal experience from 'representative' input
- Members of the group need to bring objectivity and impartiality.

## 5. How group members will be recruited and selected

### What you said

Participants discussed their ideas on how stakeholder group members should be identified, recruited and selected.

- It was acknowledged that neither selection nor election are ideal processes for recruiting group members. There isn't an obvious / straightforward route to election currently, so selection is the most immediate sensible option, although the governance around this needs to be robust and the challenge will be to minimise bureaucracy and barriers to participation
- Recruitment and selection will be based on applicants' capacity to fulfil the role requirements based on:
  - Relevant experience
  - Ability to engage/communicate/connect with communities and existing representative structures (some places could be retained for representatives from existing forums)
  - Added value individuals bring and the values they demonstrate
  - Ability to demonstrate impartiality
- Representatives from statutory organisations will be senior decision makers with the knowledge and authority to explain directions and decisions
- Applicants should self-nominate/apply, to ensure buy-in
- The group member role description should include:
  - Skills required
  - Time commitment
  - Trial period, notice period, term of office
- The working group will oversee the recruitment process and the selection panel needs to be representative of communities as much as possible
- Publicity advertising the opportunity to join the group will be cascaded across as many networks as possible, to ensure good reach
- Membership of the group should be reviewed annually and harder to reach groups actively targeted to become members. There should be a staggered turnover / rotation of members to balance continuity with fresh perspectives
- Going forward, a wider assembly of anyone interested/attending engagement events, could elect members of the stakeholder group

It was acknowledged that while the group signifies a centralised approach to engagement, the emphasis is on there being diverse engagement activity around this and strong input from localities via the Community Networks.

## 6. How the group's agenda will be set

### What you said

Participants discussed how the stakeholder group agenda should be set and identified some top tips and ways forward.

#### 6.1 Focus on the right things

- Develop a positive culture around agenda setting
- Don't overload the agenda: keep to key strategic issues only
- Agendas need to come from overall system priorities leading into action, ie looking at the impact on people's lives (the outcome), in tandem with organisational/strategic priorities
- Topics need to broadly be relevant for all, otherwise people may feel excluded (or exclude themselves)
- Standing agenda items could include:
  - Gaps in service provision
  - Innovative developments
  - Future developments and ideas/ agenda planning
- Themes could have an item on every agenda e.g. carer, mental health
- Use data to build evidence based practice
- Find solutions
- Councils can be risk averse. Challenge this by thinking outside the box.

#### 6.2 Leadership and maintaining strategic oversight of agendas

- There shouldn't be a steering group as this risks distorting power of group and co-productive approach – better is for the whole group to prioritise topics
- Agenda setting has to be strategic and align with system priorities, if it's to have maximum impact and influence. Therefore ensure agenda setting considers views of users/ organisations/leaders
- Run a forward plan of items for the year with key deadlines/dates
- Require that all significant strategy/service change goes through the group (like the Equality Impact Assessment process)
- Consider what authority there is in chair/co-chair/facilitator role. Needs to be independent and fair

#### 6.3 People put forward ideas

- Ask people in community what is important to them
- Ensure language is accessible
- Group members to invite communities/individuals to put forward ideas
- Think about how to get minority voices in as well as common issues
- Link to new provider forum on their views
- Get locality perspective



- Ask groups what engagement work they have already done / read minutes from meetings so to identify issues and priorities already known (eg Local Strategic Partnership meetings in districts and boroughs)
- Horizon scan for issues in communities
- Spend some time at the end of the group meetings to discuss topics for next time, eg on evaluation forms invite agenda items and ask people to rate them
- Use technology: email/survey monkey/website/noticeboard to collate priorities
- Group members use long list to form an agreed agenda
- Consider how different groups will feel comfortable/ capable of raising the issues that affect them, possibly via a buddy system

#### **6.4 Manage expectations**

- Have realistic conversations and be realistic about outcomes
- Avoid one group skewing the direction of focus. Do this by setting expectations, remit and boundaries, preferably as early as possible

#### **6.5 Suggested potential agenda items**

- Getting people out of hospital
- Social prescribing and signposting to non-medical “treatment” and support
- The development of Patient Participation Groups
- Allocation of resources
- Taking into account national priorities
- Identifying least cost effective areas of the system i.e. reducing reliance on costly residential care and prevention
- Learning from other areas

## 7. How other people and wider communities will feed in

### What you said

Participants discussed what the group itself should do to secure input from wider communities and what else needs to happen around the group to achieve this.

#### 7.1 What the group can do

- Promote itself and what it's doing online, so everyone is clear about what's happening and the opportunity to input
- Host an online discussion forum or have an app
- Cascade information in and out via the VCS and existing networks. Rely on those within group to liaise with wider community
- Use tech: Slido, webinars, live streams, Skype, Survey Monkey. Voting gives a responsibility to make a choice
- Put resource into engaging specialist groups
- Don't start from the beginning again! Pull out what we've already gathered via surveys, joint strategic needs assessments, research and evidence already collated. Check this evidence and ask stakeholders if anything has changed
- Hold the meeting in public so people can see it's transparent

#### 7.2 What needs to happen around the group to secure wider input

- Collect experiences of using services and feed this in
- Have as many networking opportunities as possible
- Involve the District, Boroughs and Parishes
- Have contact points to help navigate / sign-post to the right point in the system to have a discussion
- Develop means for people to communicate their ideas / priorities eg have a suggestion box / social media equivalent. Invite all groups to put forward comments and these get analysed and considered (simple and easy)
- Have good communication and links between forums (eg share minutes)
- Have a strong relationship with HealthWatch
- Use locality networks, Locality Link Workers, 3VA, Rother Voluntary Action, Hastings Voluntary Action and Action in Rural Sussex
- Use residents associations/ housing associations

It was suggested that sufficient resource needs to be allocated to the group to ensure consistent quality of evidence gathering, distribution of information across communities and cascading feedback on outcomes of stakeholder input. There will also be costs associated with using trained facilitators and potentially commissioning community development work to support the group.

## 8. How the group will juggle competing priorities and demands

### What you said

Participants discussed how both in meetings and via adequate preparation the group will be able to handle competing demands and juggle priorities.

### 8.1 Preparation

- Develop a shared evidenced based focus, to break down barriers and build collaboration
- There needs to be some direction given in terms of strategy, service directions, budgets etc but co-production principles will be followed by the group to determine order of priorities, the group's forward plan and each meeting agenda (with time and space for blank sheet thinking when useful)
- Follow priorities according to East Sussex demographics – e.g. deprivation pockets, transport in rural areas, large proportion of older people
- Avoid too narrow agendas
- If something is recognised as a priority, give it time

### 8.2 In meetings

- Have strong, high quality and skilled facilitation
- Don't stifle contributions, just because they don't fit with structured agendas
- Be clear on voting rights – are all group members equal or will some have more than others?
- Be clear about where issues are dealt with; make use of working groups
- Respect others roles and views. Recognise that people will have their own priorities and demands but that it is part of the strength of group

### 8.3 Other comments

- If principles and values are met, people will engage and be content to juggle
- Make sure that people at the strategic level can see the work/discussion that has gone into preparing stakeholder input
- Pose open questions
- Be sensitive to differences in localities
- Have courage to call out where the systems are failing
- Need a check in process / evaluation to assess priorities are right
- Be clear that people should come open to work at this
- Be transparent around what the priorities are and people will understand when things change/services reduced etc. Work in an honest and open way

## Other points of interest

Participants made the following other comments/observations during the workshop.

- Members of the stakeholder group could host the meeting ie it moves around different settings
- It is very important to tell stories eg around impact of influence and learn from past engagement case studies
- There is a lack of information and communication around personal health budgets. They are therefore difficult to access.
- Information doesn't currently take into consideration audience. Public sector websites are too difficult to navigate



## Questions asked on flipcharts

<p>How does the new group relate to the Health &amp; Wellbeing Board? How are the groups in the green section of the Health &amp; Wellbeing Board chart linking to the localities / network / communities of practice planning forums at the bottom of the chart?</p> <p>[see chart which question refers to on page 23]</p>	<p>The stakeholder group will have a seat on the Strategic Commissioning Board of East Sussex Better Together (ESBT) and the Connecting 4 You (C4Y) Programme Board, which will then both feed into the Health and Wellbeing Board. This will ensure a strong flow of information and input from the group into decision making.</p> <p>Locality networks are open to various groups representing people and communities to engage with (see the green section on the chart). Locality networks are:</p> <ul style="list-style-type: none"> <li>• Recognising and building upon community assets and strengths and utilising the range of services on offer in local communities to help people to create their own network of support outside of statutory services</li> <li>• Supporting the community and voluntary sector in each locality to thrive, grow what is already working well, and have the capacity to respond to emerging priorities.</li> <li>• Identifying gaps in services and working with a wide range of stakeholders to come up with creative solutions and innovative services.</li> </ul> <p>Locality networks are new and evolving but provide a key route for experiences being gathered and shared. For more information, contact <a href="mailto:Rachael.Toner@eastsussex.gov.uk">Rachael.Toner@eastsussex.gov.uk</a></p>
<p>What will this group actually do or be asked to do? Its purpose, role, remit needs to be clarified</p>	<p>The group will work collaboratively to help shape health and care across East Sussex.</p> <p>The intention is for the group to co-ordinate stakeholder engagement in strategic planning processes and to develop a countywide approach to co-production which will ensure commissioners and providers of services make best use of the experiences and expertise of stakeholders in improving health and care.</p> <p>The new group will connect with the wide range of existing engagement mechanisms for involving people at all levels of the health and</p>

	<p>care system. The aspiration is to join up engagement activities and provide a meaningful route for stakeholders to inform strategy and decision-making.</p> <p>The detailed role of the group will be set out in terms of reference which are being drafted by the working group and which will develop further as and when the group is set up.</p>
<p>What happened to the work that was happening in the Partnership Boards which have ended / are ending?</p>	<p>Any live issues or strategic / service developments which were being considered by the Boards will be transferred to the group to put into its work plan, if appropriate.</p>
<p>What are the expected outcomes of collaboration and co-production?</p>	<p>To improve services. As the group evolves, it will inform the ongoing development of co-production within health and care which will in turn drive practice across the system.</p>

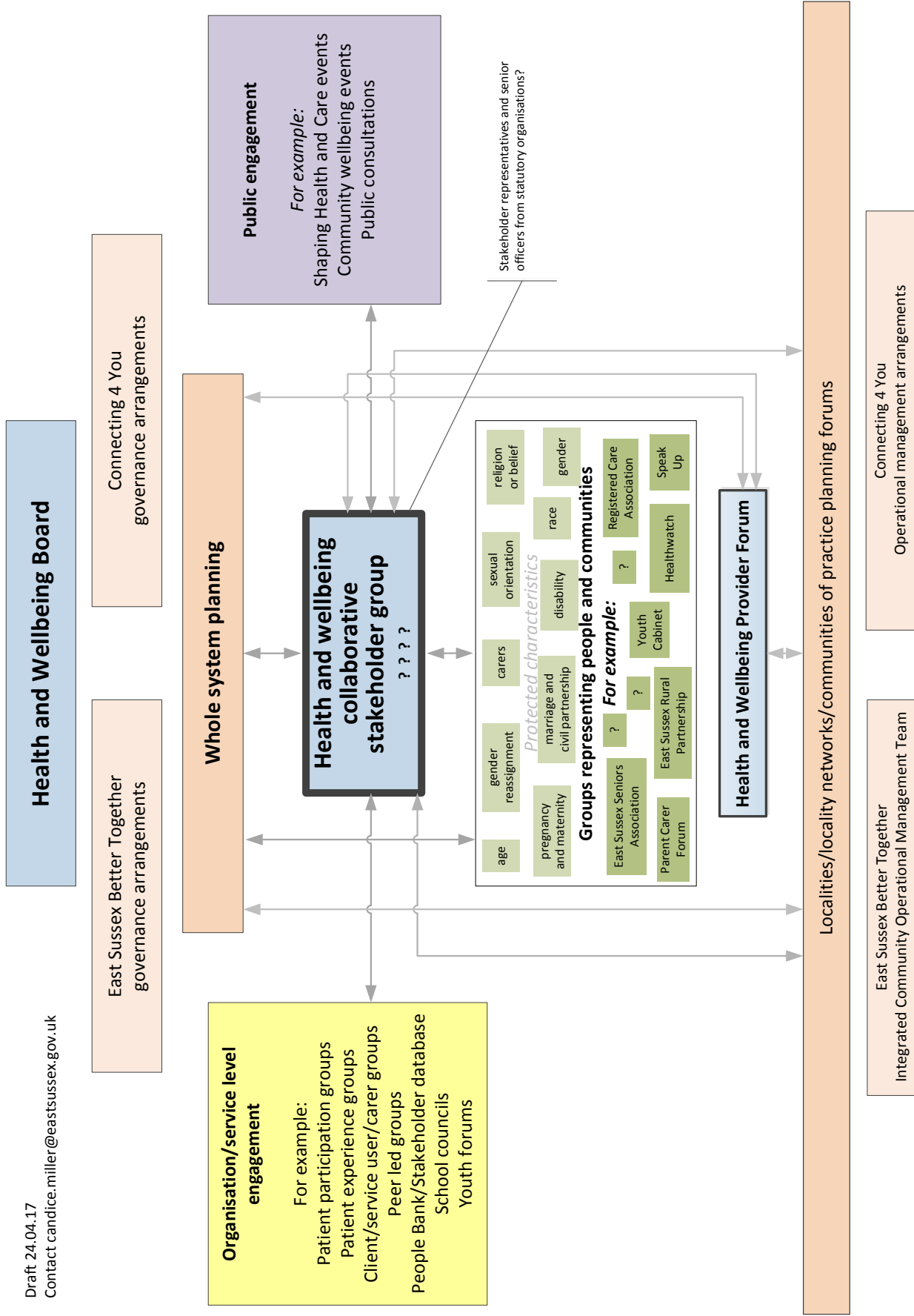
## Questions asked on the Sli.do Tool

<p>Can it be clarified who makes up the decision-making body (the whole system planning box above the stakeholder group in the pdf)?</p>	<p>The decision-making bodies are represented in the diagram by the ESBT and C4Y governance arrangements boxes.</p> <p>The whole system planning box is intended to represent whole system planning arrangements in ESBT and C4Y. These include groups that are responsible for developing the overall strategic direction in a particular area such as:</p> <ul style="list-style-type: none"> <li>• Community services</li> <li>• Urgent Care</li> <li>• Planned Care</li> <li>• Community and Personal Resilience</li> <li>• Primary Care</li> <li>• Learning Disabilities</li> <li>• Mental Health</li> <li>• Children’s Services</li> <li>• Accommodation and Bedded Care</li> </ul> <p>Detail on this will be included in the supporting documents for the stakeholder group.</p>
<p>The diagram has lots of arrows. Do they represent physical participation, informal communication or specific terms of reference? Who maintains the relationships?</p>	<p>The arrows on the chart are intended to show that the groups and activities will be linked and interactions fluid – we will make this clearer in the version of the structure chart which accompanies information about the group in future.</p> <p>A briefing on the governance structures and the strategic health and care landscape will be provided to members of the group as part of their induction.</p> <p>The stakeholder group will have a seat on the Strategic Commissioning Board of ESBT and the C4Y Programme Board, to ensure a strong flow of information and input from the group into decision making.</p> <p>There will also be lots of other opportunities to input through the locality networks.</p> <p>Routes for communication and accountability will be made clear.</p>
<p>Is it not time that ESBT and Connecting for you were merged?</p>	<p>Connecting 4 You has been developed to address the specific needs of the High Weald, Lewes and Havens population and the geographical challenges to</p>

	<p>delivering sustainable NHS and social care services. The great majority of people access secondary care services from out of county providers – particularly from hospitals in Brighton, Hayward’s Heath and Tunbridge Wells. This means that the High Weald, Lewes and Havens Clinical Commissioning Group has to contribute to planning for better integration and co-working across three health systems: East Sussex, Brighton &amp; Hove &amp; Mid Sussex, and West Kent.</p>
<p>How are small voluntary sector groups able to have their voice and be involved?</p>	<p>The new group will connect with the wide range of existing engagement mechanisms for involving people at all levels of the health and care system. The aspiration is to join up engagement activities and provide a meaningful route for stakeholders to inform strategy and decision-making, so that we collectively make best use of the information gained from stakeholders across the whole health and care system.</p>
<p>Will the commissioning of services change? Currently it’s challenging for funded groups to talk openly with competitors, both local and national.</p>	<p>Potentially. Adult Social Care and Health is currently reviewing grants commissioned through the Prospectus to understand next steps around re-commissioning or de-commissioning these services. This might include looking at new models for commissioning VCS services in the long-term. Issues around the market and its experiences will be reflected and considered in the refresh of the market position statement later this year.</p>
<p>Are the draft principles and values going to be reflected right through the structure? How will the accountability actually work?</p>	<p>We think it would be helpful for the principles and values to be reflected right through the structure and will take this forward with the support of the new group. It will take time for all parties to be informed and for things to shift.</p>
<p>Are Locality Link Works the "Locality Reps?" (potentially/not?)</p>	<p>The main role of the Locality Link Workers is to bridge the gap between integrated health and social care teams and communities. Locality Link Workers will play an important role in making sure communities are connected into engagement structures and involved in conversations taking place, and therefore part of the strategic planning process. But they are not ‘locality representatives’.</p>



Draft 24.04.17  
 Contact candice.miller@eastsussex.gov.uk



## Feedback on the workshop

Over 125 participants attended the workshop and the majority of participants fed back that they had a positive experience. 71 people completed a feedback form and all of those felt able to participate and have their voice heard in the event.

Participants valued most of all the opportunity to:

- Discuss and work with others
- Meet other participants
- Learn from other participants about their experiences and/or the work they are doing

There were three areas where participants felt the workshop could have been better:

- Surrounding noise as a result of the large number of people at the event sometimes made it hard to listen/take part
- The aims of day needed to be made clearer at the beginning and the proposals for the new stakeholder group introduced in more detail. The decision to not give detailed presentations was taken by the planning group in an effort to minimise information coming top down and protect space for bottom up conversations
- Lunch was limited and inadequate for vegetarians/vegans.

This feedback will be taken on board when planning future events.

## Draft stakeholder group principles and values presented at the 7<sup>th</sup> July workshop for comment

- The views and experiences of all stakeholders are valued and respected.
- Our approach to strategic planning and decision making is transparent.
- We are clear on the level of participation with all our engagement activities
- We strive to involve people as early as possible and adopt co-production as a way of working wherever appropriate.
- People are empowered to have a say and help shape health and care provision.
- We work to make sure that all voices are heard.
- Stakeholders can see how their views have influenced the shape and design of services across all sectors.
- We communicate in plain English and we use all channels of communication to ensure information is easily found and accessible
- The success of the new approach is everyone's responsibility.