

Collaborative health and wellbeing stakeholder¹ group

Draft terms of reference

Draft v10: September 2017²

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¹ 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

² This draft terms of reference have been developed by a cross sector working group and will be revised and agreed by the stakeholder group itself upon its formation

Background

This stakeholder group forms part of engagement plans and governance framework for people and organisations to work collaboratively to help shape health and care in East Sussex. The group has been developed following a review of existing arrangements, extensive stakeholder consultation and engagement around alternative approaches and with input from a working group on the development process.

Where the group fits in the governance and operating frameworks for ESBT and C4Y is detailed in the diagram in appendix A. It isn't possible to easily capture on a page the complex interactions which the group will have, e.g. with engagement activities, integration workstreams, strategic planning processes, service pathways etc. The success of the group will depend upon the strategic landscape being well understood and navigated, which the group will be supported with by adult social care and health staff.

The group is about developing a shared responsibility for working together, mobilising and embedding co-production, building trust and creating a space for collaboration which is honest and real. Co-production is taken to include co-design and planning of services, co-decision around the allocation of resources, co-delivery of services, recognising users' assets and the role of volunteers in service provision, and co-evaluation of services. The group will be supporting a wider system move from involvement and participation towards people who use services and carers having an equal, more meaningful and more powerful role in services, where health and care professionals and people who use services work in equal partnerships towards shared goals.

1. The name of the group is:

Collaborative health and wellbeing stakeholder group (known as stakeholder group)³

2. The aims of the group are to:

- Ensure that best use is made of the experiences and expertise of stakeholders in improving health and care strategic planning
- Ensure stakeholders can input into and influence the strategic decision making processes in ESBT and C4Y. This will include setting priorities and allocating resources
- Inform the ongoing development of co-production within health and care which will in turn drive practice across the system.

3. The purpose of the group is to:

Help to define the overall strategic direction for commissioning health and care in East Sussex and ensure that stakeholders can input into the decision making process around how priorities are identified and resources are allocated. They will do this by:

- Co-ordinating stakeholder engagement in ESBT and C4Y strategic planning processes, as part of the overall governance framework for accountable care
- Connecting with engagement activities to strengthen input, ensure feedback and provide a meaningful route for stakeholders to have strategic influence
- Helping to develop and champion a countywide approach to co-production in health and care

4. The group will:

- Discuss, agree and make evidenced based recommendation
- Expect its recommendations to be acted upon and to receive feedback on action taken
- Establish co-productive ways of working as relationships between group members develop and the role of the evolves

5. Membership

The group is made of up of stakeholders representing people and communities, including people using health and care services and their carers, staff from the statutory health and care organisations, and staff/volunteers from a range of partner organisations. The group is open to all and will strive to ensure a variety of communities are represented at any given time.

5.1 Core membership

There will be up to 30 members of the stakeholder group. 15 members will bring a community perspective, 13 will be representatives appointed from health and care organisations and 1 place is allocated to Healthwatch East Sussex. The remaining 2 places will be held and recruited to as/when when the group identifies the need for particular input.

Community members

There will be up to 15 representatives bringing a community perspective. They will be provide a focus around priorities/service areas, eg social isolation, mental health, carers.

They will ensure the needs of people with protected characteristics are picked up and addressed by the group including:

³ This is a working title which the group itself may want to change and make more specific once it is set up

- Age
- Disability
- Gender reassignment
- Race
- Religion or belief
- Sex
- Sexual orientation

Individuals bringing a community perspective will:

- Be recruited every 2 years through an open and transparent requirement process. See the recruitment and selection process in Appendix C for more information
- Be required to demonstrate and fulfil a connection with communities and existing representative structures. For community representatives, it is likely that some of these connections will be fulfilled by individuals being involved in the community and voluntary sector
- Bring forward their expertise and knowledge in relation to this connection, but once on the group, they will be expected to engage in discussions to help shape the delivery of population outcomes
- Have a 3 year term of office. This can be extended at the group's discretion. If members' circumstances change during that time and they can no longer fulfil their community connection eg they no longer volunteer with a relevant community group, they will step down from the group and the vacancy will be advertised/recruited to.

Representatives from health and care organisations

We will seek one appointed representative from each of the following agencies:

- East Sussex County Council
- Eastbourne, Hailsham and Seaford Clinical Commissioning Group
- Hastings and Rother Clinical Commissioning Group
- High Weald Lewes and Havens Clinical Commissioning Group
- East Sussex Healthcare NHS Trust
- Sussex Partnership NHS Foundation Trust
- Sussex Community NHS Foundation Trust
- South East Coast Ambulance NHS Trust
- District and Borough Housing
- Sussex Police
- East Sussex Fire & Rescue Service
- Healthwatch East Sussex
- Registered Care Association

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. There will also be an ESCC officer allocated to support the group and an independent facilitator.

The group comprises a maximum of 30 members with a quorum of 12 members of which there must be representation from the CCGs, an NHS provider, East Sussex County Council and 8 community stakeholder members.

Core members can send substitutes and deputies where they feel a colleague's expertise is required for a particular meeting. Regular attendance is required to enable the group to develop the necessary relationships and consistency in approach.

Membership of the group will be reviewed annually and gaps recruited to.

5.2 Other attendees

- Staff from specific ESBT and C4Y workstreams will be required to attend when the group is discussing areas that are their responsibility. If they are unable to attend in person, then they will nominate a suitable deputy to attend in their place.
- Other individuals will be invited to attend if specific specialist advice is required.
- Guest speakers will be invited when specific challenges or items of interest are being discussed.

See appendices for more information on:

- B Role and responsibilities of stakeholder group members
- C Recruitment and selection process
- D Principle and Values

6. Accountability

The group will nominate two community representatives onto the two groups which have responsibility for the whole system strategic overview and planning for health and social care:

- ESBT Strategic Commissioning Board
- C4Y Programme Board

The group will identify and arrange how it inputs to and connects with ESBT and C4Y workstreams/meetings/structures in accordance with its forward plan and priorities, e.g. it is likely to want to connect with the Planning and Design Groups in ESBT and Communities of Practices in C4Y.

7. Meeting arrangements, agenda setting and delegated powers

Meetings

- Meetings will take place every 3 months
- Where possible, they will be hosted in rotation by community members of the group (for which resources will be made available)
- Meetings will be led and facilitated by an independent facilitator
- Where possible, decision-making will be by consensus however it is likely the group may hold differences in opinions and views. Where consensus cannot be reached any differences will be recorded and reflected in the group's reports and actions
- Meetings will be supported by the Policy and Strategic Development Team in ASC&H who will provide a secretariat function for the group. Engagement officers from across health and care organisations will be involved in following up actions and supporting delivery
- Meeting papers will be circulated at least 10 days before the meeting and made as accessible as possible
- Meetings will be interactive and last no longer than 2-3 hours.

Agenda setting

- Agendas are set collaboratively and inform, and are informed by, whole system planning activity across ESBT and C4Y. The aim is to hold a shared vision and develop shared goals, with people who use services at the centre

- Agendas will make full use of existing intelligence gathered from engagement activities to ensure the focus of the group is shaped on communities' priorities
- Group members will discuss and agree an annual forward plan which prioritises agenda items and ensures all key strategic developments are included. At the end of each meeting the forward plan will be reviewed and any alterations agreed
- Agenda items will be invited as least annually via engagement activities in the system
- Adhoc suggestions will be considered on a needs basis and prioritised where necessary by the group
- Agendas will be realistic not overloaded, strategic and not operational, broad not narrow, and thematic

Sub-groups / tasks and finish groups

- The group may establish permanent or task and finish sub-groups
- Where it is more efficient for some tasks to be carried out by a small group of people, with the necessary capacity, skills and/or experience, this will be agreed by the group, well defined and documented
- Any sub-groups will report into the stakeholder group

8. Confidentiality

- Documents can be shared externally unless expressly stated as confidential or in draft form
- Members are required to respect confidentiality of specific topics discussed at the meeting as requested by other members

9. Resources and support

- Meeting, facilitation and other costs will be covered by Adult Social Care and Health
- Where further resources are required by the group, these will be identified and where possible covered from within existing resource or by seeking additional resource as necessary
- Support for group members from the community is detailed in Appendix E

10. Reporting and review

Reporting

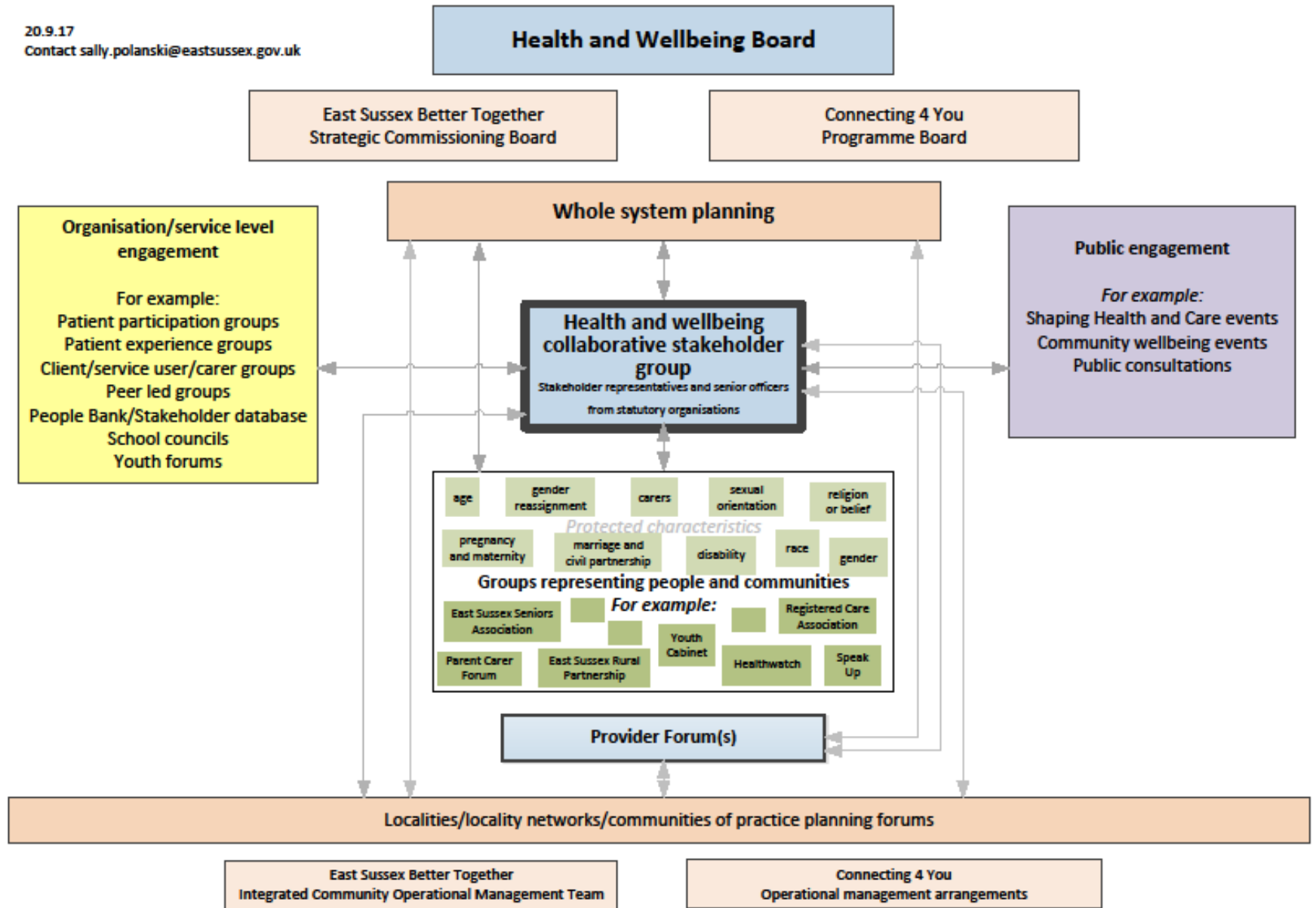
- The group will report in regularly to ESBT Strategic Commissioning Board and C4Y Programme Board
- A brief news update summarising the groups' achievements will be produced every 6 months and disseminated through engagement channels and networks

Review

- The group will review its Terms of Reference once it is set up and annually thereafter
- The group will agree a monitoring and evaluation framework for itself and its work
- In January and Sept 2018, the group will provide updates to the participants in the 7 July Partnerships and Planning workshop. This will provide feedback on how their suggestions are being used to develop the group.

Appendix A

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Appendix B

Stakeholder Group member role description (community members and representatives of health and care organisations): what is expected of you?

1. Champion co-production

- 1.1 Ensure the perspectives of communities are able to be expressed across the system and are being gathered and used to influence any proposals and decisions that impact on service design, development and evaluation
- 1.2 Raise the profile and importance of patients, clients, carers and other stakeholder's views in influencing local health and care strategic developments, such as service planning, design and commissioning
- 1.3 Identify and confront challenges or barriers to co-production and seek to ensure they are overcome
- 1.4 Champion good practice in co-production at the service level within ESBT and C4Y
- 1.5 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

2 Connect with engagement activities

- 2.1 Receive information from engagement activities across the county to listen to concerns/ideas and reflect on experiences from the wider stakeholder community
- 2.2 Ensure the group hears about the experiences of people with protected characteristics and locality issues, and from small community groups that can sometimes be harder to reach
- 2.3 Help strengthen communication with stakeholders around ESBT and C4Y by sharing information and facilitating dialogue wherever possible
- 2.4 Work closely with engagement and communication leads across statutory organisations to join up activities and maximise synergies for joint work.

3 Inform strategic planning processes

- 3.1 Identify a forward workplan detailing the areas of focus for the group, linked with, but not limited to, strategic priorities in ESBT and C4Y
- 3.2 Develop, promote and scrutinise strategies, plans, projects and services
- 3.3 Provide strategic and evidence-based feedback on needs, concerns and interests
- 3.4 Identify areas of improvement or development and clear actions
- 3.5 Ensure follow-up of actions identified, working closely with engagement leads in statutory agencies who can support this

4 Promote the work of the group

- 4.1 Communicate feedback and achievements to the wider community including patients, clients and the public and across all stakeholders
- 4.2 Ensure all interested parties are kept informed about the work of the Group

5 Other requirements

- 5.1 Adhere to the group's values, policies and procedures, including good equalities practice
- 5.2 Engage in an individual review after 6 months trial period in the role
- 5.3 Give adequate notice of meeting absence or standing down from the role
- 5.4 Be prepared to be contacted outside of meetings when required
- 5.5 Be open-minded and have a flexible approach

Stakeholder group members' responsibilities		Approximate time commitment
1	Read papers, prepare for and attend regular meetings of stakeholder group	4-5 hours per meeting attended, usually 1/4ly
2	Prepare for and attend any other additional meetings	3-4 hours per quarter
3	Provide feedback to community/wider stakeholders by: <ul style="list-style-type: none"> • Reporting back after strategic meetings • Providing information on key issues as necessary • Presenting / facilitating at engagement events 	1-2 hours per quarter
4	Participate in events and activities, to support the development of the shared views.	4-6 hours per quarter
5	Make efforts to consult and engage communities / colleagues on their views and communicate these at stakeholder group meetings ⁴	2-4 hours per quarter
6	Participate in induction and training	6 hours

Skills, knowledge, abilities and experience required		Essential/desirable community members recruitment process
1	An understanding of communities and their needs. For community members, this will be gained through having some form of community connection (e.g. participant in community activities / linked to representative structures / employee of a voluntary organisation) A willingness to engage with a wide range of networks by attending events, networking, having two way dialogue and feedback with stakeholders, that will assist in developing a mandate and having an informed perspective	Essential
2	An ability to adhere to the values and principles in appendix D	Essential
3	A capacity to advocate and an ability to understand and express the difference between one's own / an organisational viewpoint and that of wider communities and their varied viewpoints	Essential
4	An understanding of the sensitivities of working across multiple sectors (public, private and voluntary) and an ability to develop partnership working, effective relationships, trust, challenge constructively and communicate in a mature / professional manner	Essential
5	An ability to keep up to speed on key agendas that affect the stakeholder group, including reading and digesting papers	Essential
6	Knowledge of health and care (services/strategies/policies/plans)	Desirable
7	Experience of representation and engagement	Desirable

⁴ Stakeholder group members need to be able to represent the views of communities / their organisations

Health and care organisations' responsibilities: what you can expect from us

For the stakeholder group to work well, it will be supported in a range of ways by staff in health and care organisations.

- The group needs to :
 - Make full use of links to existing engagement mechanisms to access feedback and intelligence and to facilitate communication with wider stakeholders. This includes 'specialist' groups, forums, locality networks and service level 'customer satisfaction' and 'patient experience' activities. Information exchange will happen with these groups/activities in a variety of ways with and on an ongoing basis
 - Ensure that people with protected characteristics are adequately engaged and their needs considered, and challenge the system when they are not
 - Ensure that new engagement activities are established where necessary to address gaps in community voice
- The Shaping Health and Care events organised by ESCC and CCGs provide a system-wide public facing engagement opportunity. Engagement staff will ensure information flows between these events and the stakeholder group
- The stakeholder meeting process will be supported to enable group members to carry out their responsibilities:
 - Regular information bulletins on the work of the group will invite wider communities to get involved in activities and provide feedback on the work of the group. Proformas/templates will be produced which group members can use to easily cascade across their own networks, in particular those within the VCS which have reach into the community
 - Social media will be used to increase awareness of the group and opportunities to participate
 - Pre-meetings or discussions with individual group members/others will be set up as required to help prepare for meetings/particular agendas
 - Actions will be chased up by engagement officers across the health and care organisations to ensure they are completed
 - Members will receive clear and regular updates on actions and decisions made
- Other ways in which people in the community can communicate their ideas / priorities will be developed, eg
 - A suggestion box / social media equivalent will invite all groups to put forward comments which are analysed and considered
 - Online discussion forums/ app, webinars/live streams, Skype, Survey Monkey etc will be used to maximise opportunities for involvement
 - Contact points across the county will help navigate / sign-post anyone interested to the right point in the system to have a discussion
- A branding for the group will be developed to help with building awareness and trust

Appendix C

Stakeholder Group Recruitment Process

- Recruitment for the community stakeholder members of the group will take place every 2 years through an open application process or in light of a resignation
- Publicity advertising the opportunity to apply to join the group will be cascaded across as many networks as possible, and through targeted communication to seek to disseminate information to traditionally under-represented groups
- The application form will make clear requirements of the role and the selection criteria, to ensure the recruitment process is transparent and robust
- Guidance materials will include examples of the mandate which group members might have in terms of community connection and the types of scenarios they will be engaged in. There will be the opportunity to speak to someone to seek guidance and support in applying
- It will be made clear that support and development is available for individuals with less experience of similar representation and engagement activities
- Applications are sought from a range of representatives able to bring a community perspective on priorities/service areas, eg social isolation, mental health, carers. Applicants will also be sought who bring a perspective on the needs of people with protected characteristics, including:
 - Age
 - Disability
 - Gender reassignment
 - Race
 - Religion or belief
 - Sex
 - Sexual orientation

Should a recruitment process not secure this representation of priority communities and their needs, then spaces on the group will be held back and further recruitment / co-option opportunities be explored to strengthen the make-up for group at the earliest opportunity.

Stakeholder Group Selection Process

Selection will be based on applicants' skills, knowledge, abilities and experience

Community stakeholder group members		Essential/ desirable	Weighting
Skills, knowledge, abilities and experience required			
1	An understanding of communities and their needs gained through having some kind of community connection (eg participant in community activities / linked to representative structures / employee of a voluntary organisation) A willingness to engage with a wide range of networks by attending events, networking, having two way dialogue and feedback with stakeholders, that will assist in developing a mandate and having an informed perspective	Essential	30%
2	An ability to adhere to the values and principles set out in appendix D	Essential	15%
3	A capacity to advocate and an ability to understand and express the difference between one's own / an organisational viewpoint and that of wider communities and their varied viewpoints	Essential	15%
4	An understanding of the sensitivities of working across multiple sectors (public, private and voluntary) and an ability to develop partnership working, effective relationships, trust, challenge constructively and communicate in a mature and professional manner	Essential	15%
5	An ability to keep up to speed on key agendas that affect the stakeholder group, including reading and digesting papers	Essential	10%
6	Knowledge of health and care (services/strategies/policies/plans)	Desirable	5%
7	Experience of representation and engagement	Desirable	5%

The selection process will involve:

- Scoring of the application forms received and shortlisting of suitable applicants
- Assessment of applications by a panel. The panel will have diverse representation from the community and in the first instance be drawn from those involved in the development process which lead to the group being set up, e.g. working group members and participants in the 7 July 2017 Planning and Partnerships workshop
- Informal interviews/meetings, providing an opportunity for discussion between potential group members and the above panel and/or other representatives from Adult Social Care and Health supporting the group.

Appendix D

Principles and values of the group

1. To adopt co-production as a way of working
2. To change behaviours, striving to involve people as early as possible
3. To create opportunities for people to participate so they can make things better for others
4. To recognise people's strengths and resilience, embrace diversity and value people's experiences. People who use services and with lived experience are more likely to be able to come up with solutions to the problems faced in their own lives
5. To listen and make sure that all voices are heard and acted upon
6. To empower people to have a say on what matters to them: participants will decide on meeting agendas and priorities
7. To be clear and transparent around what can and can't be influenced, at what level and who is responsible for making decisions. While we all aspire to everyone being equal in and to flatten hierarchy, we know that sometimes power dynamics will impact. The group will be honest about this, monitor power impacts and challenge where necessary
8. To be interested in all things: influencing plans, changing practice/culture and deciding how money is spent
9. To ensure participants can see if and how their views have influenced: to get timely feedback on our input and understand our impact
10. To be mindful of people's capacity to engage and address barriers to participation as much as possible. To 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
11. To view the success of the new approach as everyone's responsibility. To hold different views and be required to make difficult decisions
12. To expect to make mistakes, capture them and learn from them

To ensure these principles and values are embedded and making a difference in the system and the way the group works:

- They be included in induction, training and referenced in ongoing briefings of the group
- At the end of each meeting as a group and individually members will reflect on whether the principles and values are being followed
- The group will oversee implementation of such principles and values in the wider system as part of its remit in championing co-production

Appendix E

Support for stakeholder group members

- The contribution that volunteers make in helping to improve and develop services is valued. This is recognised through a Reward & Recognition Policy (R&R), which offers people the opportunity to claim expenses and reward payments appropriate to their level of involvement. Activities that qualify for a reward payment are paid at a rate of £20 per half day. This covers any preparation, printing of payment, travel time and follow-up work. R&R claims are paid on a monthly basis into people's bank accounts. Individual members of the Stakeholder Group will be eligible to claim both expenses and reward payments for attending the meetings. Before making a reward claim, it will be explained to group members that such a payment is considered as 'income' for tax purposes. Members of the group attending in a professional capacity on behalf of an organisation should claim expenses from their employer
- Regular briefings in writing/person will be provided as required. The focus of these and the need for information will be determined by group members, with support and advice from health and care organisations
- Learning and development opportunities, both generic for all members of the group and tailored to individual members' specific needs, will include:
 - Induction session and briefings on health and care (strategies, policies, plans, services)
 - Skills based training on effective partnership working. Content to be tailored by group members but potential focus on representation, influencing, and 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
 - Information briefings and support from voluntary and community organisations able to offer a community / service user perspective easily
- Meetings will be well planned
- Independent facilitation, participative methodologies, accessible venue/times/language, and use of ground rules will ensure that everyone has the opportunity to participate. There will be a balance of formality, informality, creativity
- Specialist speakers will attend as required
- Buddying for members of the group will be provided where appropriate
- There will be feedback to group members on what difference their input has made

Benefits of being a member of the stakeholder group

- Increased knowledge of health and care in East Sussex
- Being involved in strategic planning processes and influencing decision making
- Gaining deeper understanding of a particular area of work
- Gaining new opportunities to network and build relationships
- Developing skills in representation, facilitation and giving presentations
- Developing communication skills (diplomacy, negotiation skills, assertiveness)
- Meeting like-minded people and building personal and social connections
- The opportunity to make a difference by:
 - Being part of change to improve local people's lives
 - Influencing agendas to ensure community priorities are addressed
 - Championing inclusion, diversity and the needs of under-represented groups
 - Helping to develop effective community engagement and service user participation

- Identifying gaps and developing solutions
- Sharing good practice
- Building a sense of shared purpose, values and goals, enhancing collaboration and improving communication across different sectors
- Acting as a conduit for information sharing with wider communities

Appendix F

Ground Rules

To be determined by the group itself when it is set up

To include decision-making and managing conflicts of interest