

East Dunbartonshire Health & Social Care Partnership Consultation, Participation and Involvement

SUMMARY OF SHADOW INTEGRATION BOARD PAPER 2014.

1 INTEGRATION – THE ROLE OF COMMUNITY AND STAKEHOLDER PARTICIPATION

1.1 The East Dunbartonshire Health and Social Care Partnership's principal objective will be to deliver the national Health and Wellbeing Outcomes, set out below in draft and to be adopted in final form, as prescribed in Regulation:

- (i) People are able to look after and improve their own health and wellbeing and live in good health for longer.
- (ii) People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- (iii) People who use health and social care services have positive experiences of those services, and have their dignity respected.
- (iv) Health and social care services are centred on helping to maintain or improve the quality of life of service users.
- (v) Health and social care services contribute to reducing health inequalities.
- (vi) People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
- (vii) People who use health and social care services are safe from harm.
- (viii) People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
- (ix) Resources are used effectively in the provision of health and social care services, without waste.

1.2 In so doing, the Partnership will apply the national integration planning and delivery principles that the main purpose of services which are planned and provided in pursuance of integration functions is to improve the wellbeing of service-users, and should be planned and provided in a way which, so far as possible:

- Is integrated from the point of view of service-users;
- Takes account of the particular needs of different service-users;
- Takes account of the particular needs of service-users in different parts of the area in which the service is being provided;
- Takes account of the particular characteristics and circumstances of different service-users;
- Respects the rights of service-users;
- Takes account of the dignity of service-users;
- Takes account of the participation by service-users in the community in which service-users live;
- Protects and improves the safety of service-users;

- Improves the quality of the service;
- Is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care);
- Best anticipates needs and prevents them arising; and.
- Makes the best use of the available facilities, people and other resources.

1.3 In applying these principles and delivering these outcomes, the SHSCP will contribute fully to the engagement and empowerment of service-users and carers, wider communities and localities, professionals, the third sector, representative bodies and providers, as required by the Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations and guidance.

1.4 Community and stakeholder engagement will be encouraged and facilitated in the preparation of the Integration Scheme, the Strategic Plan, through locality and wider community involvement, performance review, and through coordinated representation through direct membership of the Partnership's Joint Board (called the Integration Joint Board). How this will operate is set out in more detail below.

2 MAKING SENSE OF THE CONSULTATION LANDSCAPE

2.1 The consultative requirements set out above, relating to the Integration Scheme, the Strategic Plan, the creation of a Strategic Planning Group and the representation of locality interests are multi-layered. In addition, the new Integration Joint Board (shadow and substantive) will also have advisory (non-voting) representatives drawn from a number of the same stakeholder interests.

2.2 It is also important to acknowledge the highly effective and positive contribution of existing representative groups, bodies, and individuals who are already involved in consultation and participation.

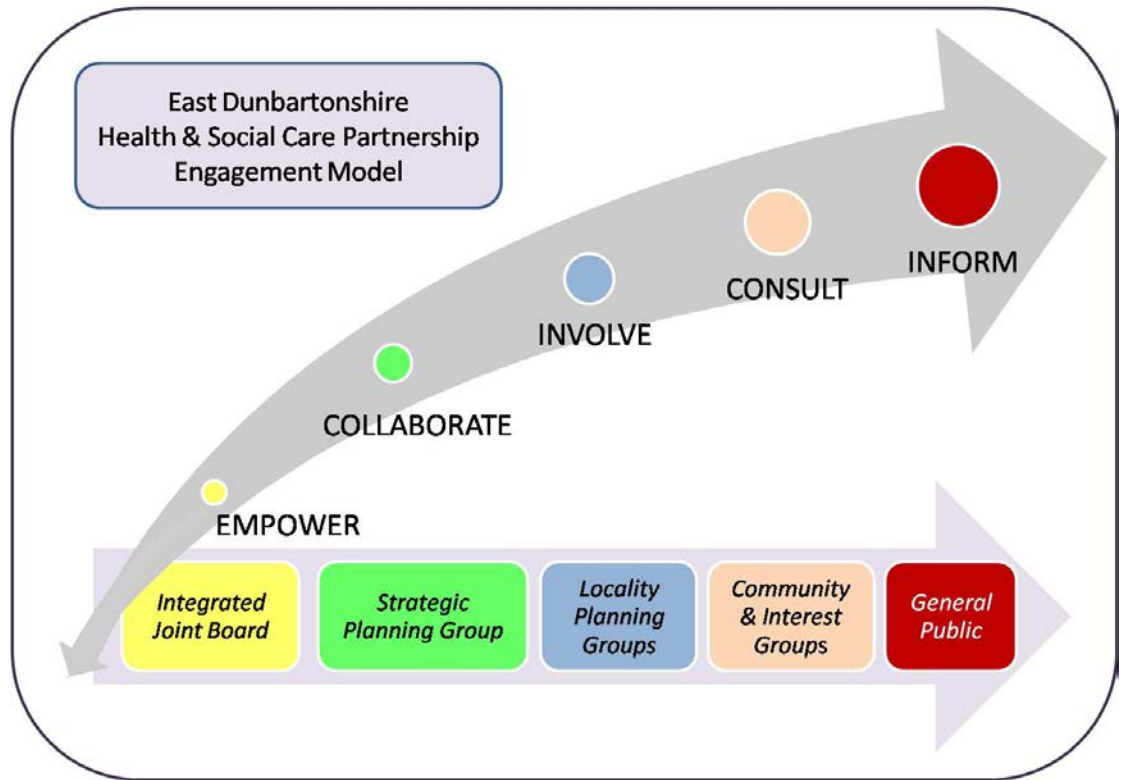
2.3 It is proposed that in moving forward with the consultative obligations introduced by the Act, the following principles are adopted:

- (i) Embracing the principles and priorities of engagement and inclusion, as set out in the national health and wellbeing outcomes and planning and delivery principles;
- (ii) Building on existing local good practice and positive relationships;
- (iii) Developing coherent and manageable arrangements for community, service users, carer, other stakeholder and employee consultation that are proportionate and meaningful.

3 PROPOSED MODEL OF ENGAGEMENT

3.1 In addition to the required consultation as set out in the Act (and supporting Regulation), we consider it important to have strong and direct links between the governing Integration Joint Board, the Strategic Planning Group, Locality Planning Groups and the wider community.

3.2 A diagrammatic representation of the intended incremental engagement with these groups is set out below.



- 3.3 This model of engagement will strengthen accountability and directly influence the shaping of services and outcomes. This can be achieved by ensuring that the advisory membership of the Integration Joint Board is in turn directly representative of the views of their particular stakeholder groups within the Strategic Planning Group, and the Locality Planning Groups
- 3.4 Partnership working with stakeholders is a core requirement of the Act, and the regulations reaffirm that the involvement of stakeholders is a requirement for on-going engagement and consultation. Table 1 below describes the proposed levels of involvement and engagement.

Table 1

Level of Engagement	Engagement Group	Descriptor of Engagement
Empower	Integration Joint Board	Final decision-making responsibility. <i>Full involvement with voting and non-voting members of the Integrated Joint Board as described in the Act</i>
Collaborate	Strategic Planning Group	Partnership approach to the preparation and review of the Strategic Plan. <i>Engagement with members outlined in the table Appendix 1</i>
Involve	Locality Planning Groups	Co-production relating to the planning and delivery of services within a specified locality. <i>Engaging with a range of</i>

		<i>stakeholders/practitioners from the Public Voluntary and Independent sectors</i>
Consult	Community Groups	Consult with stakeholders to illicit views that will to inform decisions <i>Engaging with a range of community/interest groups within and across localities</i>
Inform	General Community	Raising awareness among the general public usually but not exclusively about service provision. <i>Provide information for the wider community through websites, newsletters, service leaflets etc.</i>

- 3.5 The Strategic Planning Group will act as a consultative and advisory body to the Integration Joint Board in terms of the preparation and review of the Strategic Plan. It will also provide a similar role to support stakeholder participation at a locality level. The Strategic Planning Group membership will comprise all the stakeholder interests prescribed in legislation or regulation, plus representatives from organisations that will contribute to achieving the vision and outcomes of the Strategic Plan.
- 3.6 In order to identify appropriate nominations for membership of the Strategic Planning Group. It is intended that during 2014-15, the shadow IJB will engage with the full range of local stakeholders and representative bodies to establish nominations to the Strategic Planning Group. The table in Appendix 1 details a proposed framework to establish the Strategic Planning Group. It details the proposed membership and the organisations/agencies that will be invited to facilitate the process for securing suitable nominations. The shadow Integration Joint Board will receive the nominations and approve the final membership in line with Standing Orders and ensuring appropriate representation across different care groups, including older people, mental health, learning disability and physical disability. This should provide clarity and reassurance that the particular characteristics and commissioning intentions for each care group are articulated.
- 3.7 It is intended that there be a consistent and streamlined approach to securing advisory membership of the IJB that links directly to wider representation through the Strategic Planning Group.
- 3.8 It is also intended that we build capacity with existing local groups, networks and representative bodies, particularly where these are working well and are supported effectively by the community. Over the shadow period, we shall identify and support these stakeholders to ensure they have mechanisms and capacity to meaningfully articulate their views in a way that reflects locality interests.
- 3.9 Integration Transition funding has been allocated to provide additional resource to facilitate the process of engagement.