

Good Practice Guide Appendices Appendix 27

Communication and Engagement with Service Users, Carers and the Public

Effective service user, carer and public engagement is vital in helping you develop more effective services that better meet local needs, with higher quality and user experience, greater community support, improved staff morale, and higher levels of productivity and efficiency.

Appropriate and meaningful consultation with relevant service user, carer and public bodies should be integral to all planning and service developments. An open, two-way engagement between service providers and users should be developed and maintained by clusters/practices to enable the identification of opportunities, challenges and options for change.

There are also some key statutory and mandatory requirements that underpin the need for good communication and engagement, and that provide safeguards on behalf of service users, carers and the public.

The *Well-being of Future Generations Act (Wales) 2015*, states: 'Public bodies need to make sure that when making their decisions they take into account the impact they could have on people living their lives in Wales in the future. The Act puts in place a 'sustainable development principle' that describes how organisations can meet their duty under the Act. This reinforces the importance of "involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves". The Act sets out five ways of working:

- Long-term: The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs
- Integration: Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies
- Involvement: The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves
- Collaboration: Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives
- Prevention: How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

The *Equality Act 2010*, the *Public Sector Equality Duty in Wales* and the *Welsh Language Act* set out a range of duties for public services, including the requirement to consider the impact of decisions on people with equality protected characteristics (age, gender reassignment, sex, race, disability, pregnancy & maternity, sexual orientation, religion or belief) and on Welsh Language.

Section 183 of the *National Health Services (Wales) Act 2006* requires Local Health Boards, with regard to services they provide or procure, to involve and consult citizens in:

- Planning to provide services for which they are responsible
- Developing and considering proposals for changes in the way those services are provided
- Making decisions that affect how those services operate.

In addition, under the *Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010*, Community Health Councils have important powers with regard to NHS planning, in essence comprising the right to:

- Be involved by the relevant LHB in the planning of services, the development and consideration of proposals for service changes, and decisions affecting the operation of services and be consulted at the inception of and throughout any planning, development, consideration or decision-making process in accordance with government guidance (Reg. 27(1))
- Be consulted at inception and through the process on any proposal for a substantial development of the health service or for a substantial variation in service (except in creating a new body or where delay might cause harm; in the latter case this must be explained – see section 6 below) (Reg. 27(3,4,5))
- Comment on any proposal consulted on (Reg. 27(6))
- Report to the Welsh Ministers if dissatisfied about the content or time allowed in a consultation, about not being consulted at the inception, about the frequency of involvement throughout the proposal and decision-making process, or about the adequacy of the explanation for not being involved (Reg. 27(7))
- Refer a proposal it believes not be in the interests of the health service in its district to the Welsh Ministers for a final decision (Reg. 27(9))
- Receive information on planning matters from NHS bodies (Reg. 28).

The *National Principles for Public Participation in Wales* set out in Section 12.1 also provide best practice for engagement by clusters.

[*Pending confirmation of proposed approach for address statutory and mandatory requirements relating to service change and engagement with CHCs*] Whilst these legal duties remain with the

health board, clusters will need to work in partnership with health boards and Community Health Councils to ensure that these duties are being met in relation to resources and functions that have been delegated from the health board to the cluster. Clusters, Health Boards and Community Health Councils are encouraged to work together to agree local compacts for agile engagement consistent with legislative requirements, and with the quadruple aim. This compact should form part of your cluster communication and engagement strategy. TBC

Examples of approaches to service user and public engagement for clusters are described in Box 22.

Evidence of communication and engagement with service users can be demonstrated through Cluster Plans, progress reports and business cases submitted to the Health Board. There should be evidence of appropriate consultation with relevant patient groups, taking their views into account and ensuring there are mechanisms in place for continued involvement.

Box 22 Engaging the Public and Service Users

- Include public and service user representation on key cluster / service redesign groups
- Involve people who use cluster service users in the planning and design of cluster services and resources through consultation and involvement of representatives in:
 - Health needs assessments and analysis
 - Agreeing priorities for cluster developments
 - Service design and modelling
 - Performance monitoring and management of providers
- Support user representation at Cluster Leadership Team level
- Promote engagement with existing local community groups, including reaching out across neighbourhoods, equality protected characteristics and Welsh Language, and addressing different accessibility needs
- Make use of the full range of available information relating to service user experiences
- Monitor progress in the above objectives