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COMMUNICATING AND PARTICIPATING WITH PURPOSE FOR IMPACT -  
A COMMUNICATION AND PARTICIPATION ACTION PLAN  
FOR THE WANDSWORTH LINK

A paper from the Moore Adamson Craig Partnership

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## ***Introduction***

The Moore Adamson Craig Partnership is asked to take forward discussion on communication and participation in relation to the Wandsworth LINK and set out a strategy and action plan to be implemented in co-operation with the LINK Interim Executive and Host.

The plan assumes a familiarity with and draws upon two papers we prepared earlier on Communication and Participation and Health and Social Care in Wandsworth.

Our proposal covered the target audience, the message(s) conveyed and the channels used, the way people might participate, networking building on the work of existing local organisations. Two phases of the project were foreseen. This paper concentrates as did the proposal on the first phase which will create the foundation and direction for the continuing work in these areas. We focus almost exclusively on relationships with local people and organisations and do not look in any detail at relationships at a national level.

We make recommendations for action based on the ends to be achieved balanced against the resources available to the LINK. These recommendations follow from and are discussed by reference both to a set of principles and evidence based on the situation in Wandsworth and practice elsewhere.

### **The principled rationale behind the overall approach**

We have taken the purpose of this communication and participation programme as being that of achieving change and improvement for the present and future users of health and social care services as well as those who care for them. What are the wished for outcomes and impacts? What sort of processes are most likely to achieve the results we want? Who are the key decision makers and budget holders? What constitutes a productive relationship with commissioners? Participation and communication are not ends in themselves and therefore this paper has to consider the messages or narratives to be communicated not just in terms of the defined audiences but also as a means of achieving whatever the LINKs want to achieve.

An important part of the reason why we are adopting this outcome-oriented approach is to create a role for the LINKs that is clearly differentiated but in harmony with the many other organisations active in these areas in the London Borough of Wandsworth.

### **Not a cuckoo in the nest**

The LINK has to work with those organisations that are already in place. It is not there to push them out of the nest like the proverbial cuckoo but to explore ways whereby the LINK can add value to their work. The LINK is a new organisation but it stands on ground which other organisations – most recently Patients Forums – have occupied in the past. It must make its own reputation and create its own space in a crowded market as an organisation which does not just listen but can achieve change on behalf of users.

## Health and Social Care

The LINKs opportunity to do this arises from the conjunction of powerful drivers of reform in health and social care, such as the 'transformation of social care' into personalised services and individual budgets and the movement of healthcare towards 'world class commissioning'. These forces are also an incentive to much closer integration between the local NHS and the Council as the two main commissioners. Making the new unified service provision a reality and a success in the eyes of those who use it on the ground in Wandsworth is the principal development to which the LINK can make a distinctive contribution. The transformation will consist of changes to a number of distinct services which will cumulatively transform the way all health and social care services are offered and used. The persons who specify and fund the individual services are the commissioners and they are the key targets for the LINK.

### ***Who is ready to participate now and how?***

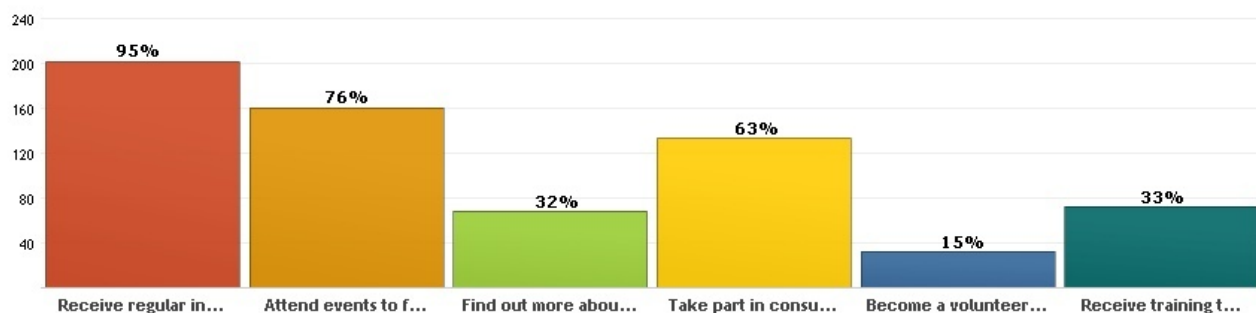
Wandsworth LINK now has 208 members (as at 27 August) and a continuing trickle of new members. (The previous IE paper 'Health and Social Care in Wandsworth' (Health and Social Care in Wandsworth: population, institutions and issues) gave the estimated resident population figure at 292,000.) We have no official target for membership numbers for individuals and we await the results of the concurrent mapping exercise to have a count of the number of organisations within the different health and social care networks. Total numbers, we argue, are of less importance than the interests of those members, their role as channels of communication to other organisations, their readiness to be involved and indication of what they want to be involved in. So what are the members interested in and how they wish to be communicated with? What guidance does this sort of data provide for the LINK?

### ***Membership Data***

Our analysis of the current membership data gathered at the time the members joined, shows the following:

<b>Question</b>	<b>Answer % of responses for that question</b>
<b>How would you like to be involved with Wandsworth LINK?</b>	%
Receive regular information about LINKs work e.g. Newsletter	95
Attend events to find out about health and social care issues	76
Find out more about standing for election to the LINK Executive	32
Take part in consultations, polls, workshops or focus groups	63
Become a volunteer for LINK (e.g. Helping with LINK administration in the LINK offices, staff support meetings, newsletter publishing)	15
Receive training to become an authorised person to take part in official visits and inspections to health and social care premises	33

## How would you like to be involved?

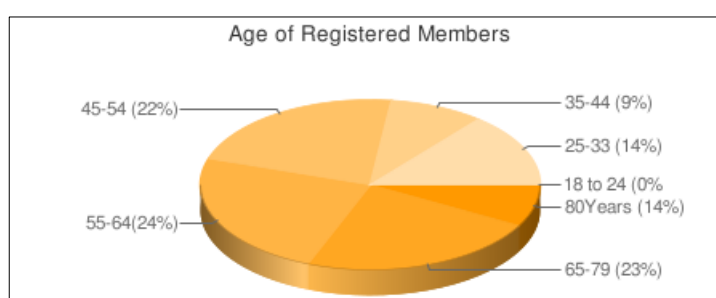


How would you prefer to receive regular information updates, e.g. a newsletter, from Wandsworth LINK?	
Email	98
Post	2
Not applicable	

For other general communication, how would you prefer Wandsworth LINK to contact you?	
Email	74
Post	35
Telephone	10
SMS/ Text	3

Question	Answer
<b>Are you interested in any particular services or issues?</b>	%
Adult social care services	52
Primary and community health services for adults or children (including GPs, community nursing, therapies, dentists, pharmacists, optometrists)	61
Hospital Services for adults or children	50
Learning Difficulties Services	24
Health or social care service user issues (such as access, privacy, dignity, transport, cleanliness)	45

Services for older people	54
Mental health services	42
Carers' Issues	35
Disability services and issues	40
Other	6



*Age of Registered Members*

Readers may be interested to know that the data shows we have one member born in 1908. The age data shows a bias towards people over 50.

However, it is clear that age does not mean there is a lack of familiarity with email. This is overwhelmingly the preferred means of contact for any newsletter and less overwhelmingly, for general communication as well. Text messaging did attract a small amount of interest being preferred by only 3% as a means of general communication.

### **Ethnicity Data**

The current membership is overwhelmingly white British with black membership (both African and Caribbean) at 6% and Asian (again taken together without distinction between country of origin) slightly higher at 7.5%. The response to tender was very specific about the commitment to attract those from BME and other ethnic minority groups and this is an important issue for the LINKs to address in subsequent recruitment initiatives.

### **The Member Interests**

More encouragingly, the responses on what members are interested in are a sound platform for the membership engagement approach described in the tender response where we said *“We prefer the idea of a membership with multiple levels of individual*

*involvement: viz. i) stand for election to Executive; ii) volunteer for active involvement in one or more of the interest groups or training for undertaking official visits; iii) volunteer for periodic involvement in one-off or time-limited activities; and iv) ask to be kept in touch as a member with specified preference for electronic or postal communication. We will use this last channel as a means of gathering feedback with self-completion postal or electronic questionnaires. The maintenance of such a database will become increasingly important in future years and while we will undertake its set-up and building in Year 1 using a generic database software, we would see this as a task that the future LINKs may care to outsource in succeeding years as Foundation Hospitals have done.”*

The only response that is significantly lower at 15% in terms of how members see themselves contributing, was their readiness to volunteer and help out at the LINKs office. However 63% were ready to take part in consultations, polls, workshops or focus groups. So there is already the nucleus of a standing panel to provide research data on what judging by the members' responses is a wide range of issues and an even balance between adult social care services and health issues in the two areas of primary care and hospital care. Although the specialised area of Learning Difficulties Services only attracted a declaration of interest from 24% of respondents, the interest in mental health services generally was much higher at 42%.

As promised in the tender response, a generic Open Source software has been set up that maintains both individual records and has a reporting capacity as the analyses of membership views demonstrates.

### ***The Member Resource Summarised***

We need a wider variety of members – the question of total numbers is less important but more members will provide a larger pool to fish in to net views and hook activists. We are aware that there are some groups of people in Wandsworth such as those with learning difficulties who are, for various reasons, as yet unrepresented on the membership of the LINK and the need to reach out to such groups is discussed later in the paper. However, we can draw some initial conclusions about how members are likely to want to get involved in the LINK from the responses of our existing members.

On the plus side, those members that we have are very ready to get involved short of stuffing envelopes or whatever they imagine volunteering for LINK office duties entail. They have expressed a broad range of interests. They want those interests serviced with regular news updates delivered in an electronic newsletter as well as attending events. A third of members want specialist training to become an authorised person to take part in official visits and inspections to health and social care premises and about the same proportion are interested in standing for election for the committee.

As presently resourced both in manpower and e-resources, the LINK Host working with the MAC Partnership has the capacity to service a newsletter and sustain a membership database much larger than the current one.

### ***Action Plan Recommendation No 1: Communication – Newsletter to be produced from October 2008***

The Wandsworth LINK choice of content management software – Wordpress - facilitates the production of an electronic newsletter and this can be implemented quickly with a first issue planned for mid-October based on news items entered on an 'as and when' basis on the site over the previous weeks. The format should be a running addition of news items to the website and each month's newsletter will summarise the past 4 weeks additions and flag up future events and developments. Putting it together will require editorial support - collecting the material, writing it and amending copy in the light of comments and suggestions - but little technical support since with a small amount of training, Host staff and authorised others will be able to enter text without assistance from the webmaster. A sum has been identified in the website development budget for MAC editorial support. Further resources will be required if the newsletter is to be produced in alternative formats such as Easiread or in audio form.

### ***Action Plan Recommendation No 2: Participation in Short Surveys and Chance to Record Personal Experiences***

The readiness of the members to be involved in polling or other participatory strategies is striking and must be kept alive. We recommend that in the short term, we use the existing website for very short – one question - surveys which collect information – very up to the minute – as well as being a means of maintaining interest and attracting people back to the site.

#### **Give your view**

An example of this can be seen on the Patient-Citizen Exchange site where the current one question survey question is “The Department of Health is consulting on a NHS Constitution. Will this strengthen PPI (patient and public involvement)?”. Answer 'yes, no or don't know' and see the results so far – Yes 64%, No 36% and 0% Don't Knows'.

#### **Tell Your Story**

The provision of the portal to Patient Opinion now linked with NHS Choices is an opportunity that is available on the website now to tell a story and is another means of increasing traffic on the site. Again we are building the perception that the LINKs site is where you go to voice your view and where someone is listening and taking action.

#### **Facebook – not yet**

We suggest that the Interim Executive seeks a volunteer from amongst their number to be the IE correspondent to write a personal column – called perhaps LINK Times or Time for LINK – and to be the human face of the LINK along with the Host support team. This person would write their own material – there is no 'ghost writer' resource available to the LINK.

There are new possibilities to engage users using electronic channels of communication

and the functionality of the new social networking Web 2.0 facilities such as Facebook, My Space and Bebo. The Health Service Journal has recently written on the topic [http://www.hsj.co.uk/insideknowledge/features/2008/08/marketing\\_the\\_dawn\\_of\\_the\\_face\\_book\\_fan.html](http://www.hsj.co.uk/insideknowledge/features/2008/08/marketing_the_dawn_of_the_face_book_fan.html)

making the point that everyone is at it – either putting themselves up on the personal networking side (Lord Darzi is there with his profile and Health Secretary Alan Johnson has 900 friends) or using the Facebook page facility whereby businesses and other organisations can invite connection, contributions and conversation.

### **A considerable resource needed**

There are however considerable resource implications to be considered before adopting such technology. Keeping such sites fresh and interesting with frequent posts and the continuing need for moderation and security to stop the site being hacked is an enduring concern. Facebook is easy to use and free to buy. Creating and managing the content for purpose and impact is not. For example, managing, editing and writing parts of the public involvement blog of the Moore Adamson Craig site takes at least three to four working days per month of a Partner's time. If this time is not put in, neither posts nor the monthly newsletter appears. This matters less for the MAC Partnership than the LINK where the newsletter would be the centrepiece of their regular communication strategy. Careline has a staff of 4 – two fulltime and two part-time.

### ***Action Plan Recommendation No.3 – Participation by Setting up a Wandsworth Health and Social Care Users Panel***

Our longer-term recommendation in this area is to develop a specification and seek tenders to set up and maintain a user panel that will be representative of the population of Wandsworth. This will ensure that there will be a means of doing surveys quickly on issues of the day drawing on an established source of participants. Depending on the survey topic, sub-segments of that sample can be used chosen by age or ethnicity or declared areas of interest. LINK should explore whether the cost of such a panel could be shared by other stakeholders such as commissioners in either the PCT or the Council.

Consideration will have to be given to the cost implications of carrying out such surveys using formats and approaches which are appropriate to people with learning difficulties , physical disabilities who may need to access them in different ways.

### **How will this work? - An example from Bristol City Council**

The panel would be used for surveys conducted using the usual range of market research techniques including e-research such as the work done by Bristol City Council in the area of e-government and in particular their use of a technique known as Deliberative Polling® using an interactive software called eDecide <http://www.edecide.net/>.

It is too early in our researches into resources to support the participation programme to recommend this particular software but we can recommend the account of the Bristol experience to be seen at <http://www.bristol.gov.uk/ccm/content/Council-Democracy/Consultations/e-democracy.en>

and in particular the publication [E-participation handbook - published 2007](#) (pdf, 5651 Kb). This development of an e-strategy serves both a promotional end which we will discuss

when considering young people as well as being a tested means of gathering opinion in a way that challenges an initial view by introducing arguments and information that encourage participants to think again.

In recommending that such a panel be set up, we are acknowledging a particular characteristic of the population in Wandsworth. It is worth reminding ourselves of what that is.

### ***The Wandsworth Demographics – skewed towards the young***

The 'HSC in Wandsworth' paper looked at the borough's salient and unique demographic features. Firstly "By far the biggest part of the population is young working age people aged 20-44 (53.7% compared to 42.8% and 35.1% for London and England respectively) and this section is growing rapidly. It is highly educated, mobile and affluent – over 50% have a university degree. Due to the nature of their work and lifestyles they under-participate in the civil and social context of Wandsworth and are thus the biggest "hard to reach" group."

The report went on to put this in context - "*There are three distinct population groups with distinct needs and expectations in Wandsworth:*

1) "*traditional*" population: mainly long term Londoners including elderly residents of Wandsworth requiring a combination of health and social care; over the next 5 years, the number of people aged 75 or older (currently 12,000) is expected to reduce by around 10%.

2) "*incomers*" population: young, mobile, mostly single and living alone or with young families who are usually healthy although many have risk factors for ill health; this accounts for more than half of the population and it is expected to grow larger still over the next 5 years. *This is a main source of the huge pressure on local urgent care services.*

3) "*newcomers*": refugees and asylum seekers, a small percentage but a population with significant demands on health and social services and confronting barriers of language and culture which may cause under-accessing despite high need.

*22% of people in the borough come from minority ethnic backgrounds, with the largest groups being black Caribbean, black African, Indian and Pakistani.*

*Population turnover in some parts of the Borough is in excess of 30% per year. A recent Borough survey found that 31% percent of residents moving into new housing in Wandsworth were born outside the UK, with most coming from Europe (31 per cent) with Australia, New Zealand and South Africa accounting for 28 per cent. 1 in 5 of them did not have a local doctor."*

A LINK cannot hope to attract all of these groups – what the Executive has to agree is the priority groups within these social groupings and what benefits those groups might get from becoming involved in LINKs life. We are looking for a narrative or what is now referred to as a 'story of place' that is a lure for the unengaged. Once we have the content, then we can deploy the technology to transmit that story and offer opportunities to contribute and engage with it, using the means that they find most congenial to do so.

The issues thrown up by this mix are complex and difficult to manage. The LINK will need

the help of partners in addressing them. So how do others – the principal commissioners and deliverers of health and social care services tackle these issues?

### ***Service Transformation and the Need for 'Integrated Working'***

We have already made the point that bringing together health and social care will result in what is being described as a major transformation of these services. The principal actors in this drama of change – the Council and the Primary Care Trust – have created a number of mechanisms for collaboration. There are three main processes that bring together key players – Local Strategic Partnerships (LSP), the Local Area Agreement (LAA) and the Joint Strategic Needs Assessment (JSNA). One way of making sense of these is to think of the JSNA as providing the evidence, the LAA looking to delivering the decisions made on the basis of that evidence and the LSP as making sure that all local stakeholders get a chance to have their say.

The August newsletter of the National Centre for Involvement makes the point that “‘integrated working’ practices will be critically important to the success of LINKs in this context”. (The context being the existence of these groupings and activities.)

The LINK needs to establish a relationship with these deliberative forums and make a contribution to the JSNA. The original Assessment Summary will be available at <http://www.wandsworth.gov.uk/moderngov/ieListMeetings.asp?Committeed=360>

It records how the Council and the PCT have worked together to produce the assessment which collects together evidence of health and social care issues that demand local solutions to Wandsworth-specific problems. The analysis will be used to identify the key service issues and the priorities for action and will feed into the commissioning process.

The LINK must also be a user of this evidence and use it in line with our commitment to outcomes. It follows that the LINK focus must remain targeted on commissioners since it is they who play the leading role in determining the services to be delivered on the ground.

So we do not recommend that the LINK seeks to be represented on these overarching bodies but rather that it clarifies its lines of communication with the principal relevant Oversight and Scrutiny Committees – Adult Social Services and Health and focuses in particular on their role as commissioners of health and social care. The other principal point of focus is the PCT.

For example, the Adult Social Services Department is responsible for 190 contracts for user services and while the contracts are not costed, we can surmise that it is care homes that attract the largest slice of the money. We suggest that the way to begin establishing priorities for the LINKs is to align them with the priorities of the commissioner but in doing so, bear in mind that while money is a valuable signal it is not a valid measurement for acute need amongst a minority community e.g. those with a long term neurological condition.

All these commissioning bodies and partnerships will be looking to get views from the public – it will be a statutory obligation in most cases – and this will place a great load on the capacities of the third sector organisations and networks to respond to this flood of consultations. There is something the LINK can do to make this easier.

## **Action Plan Recommendation No 4: Participation and Communication facilitated by a comprehensive Consultation Database**

We recommend that the LINK make strong representations via the OSCs to Wandsworth PCT and Council that they fund and create a database containing a comprehensive single listing of all current health and social care consultations in the Borough. An example of a consultation finder tool is described at <http://www.bristol.gov.uk/ccm/content/Council-Democracy/Consultations/consultation-finder-frequently-asked-questions.en.jsessionid=D2ADA2B152827B65771CDE185B6A2A29.tcwwwaplaws3>

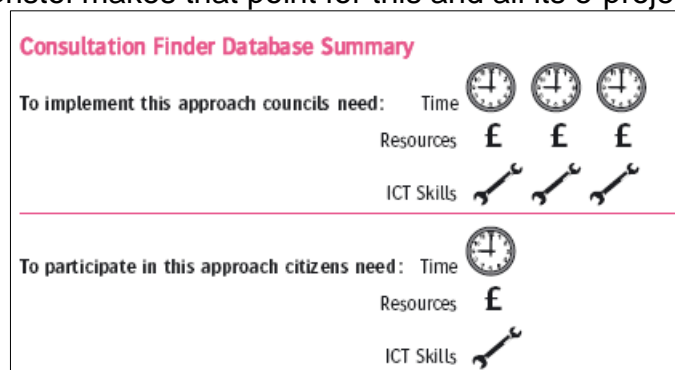
as follows:

### **What is Consultation Finder?**

- Consultation Finder is a web based application which helps co-ordinate consultation in a local authority
- Using this tool, organisations can detail past, present and forthcoming consultation in one convenient place on their website for their customers' benefit
- Consultation Finder features an easy-to-use interface so that users across an organisation can add details of their own consultations with minimal training
- Customers benefit through being able to easily identify consultations relating to an area of interest or geographic area and find the results of consultations
- The application can link to on-line questionnaires and other web pages for further information about a consultation.

Those interested can sign up for email bulletins of forthcoming consultations.

This is a complex project that requires time and high levels of IT and management skills to set up and sustain. Bristol makes that point for this and all its e-projects neatly:-



### **Consultation Watch for the LINK website now linked to commissioner decision making timetable**

The level of resource and skills needed is the reason why such a project has to be underwritten by money and resources from the Council and PCT. Whilst waiting for decision and action on the full database, the website is planned to feature such consultations as are known to the LINK. The feature would be called Consultation Watch or similar and the content for it can be actioned immediately by the MAC consultancy on request. (Budget resources have been reserved for this in the Phase 2 contract for the

website) It would be important to understand and integrate consultation responses to the decision-making timetable of commissioners – what are the principal decision-making processes and timetables that the LINK must plug into?

The building of relationships need not wait for technological support and we make a recommendation to get this underway immediately.

### ***Action Plan Recommendation No 5: Participation and Communication with Commissioners – the LINK Summit Conference***

We recommend that the LINK approaches commissioners of health and social care services and invites them to participate in what we can call 'A LINK Summit Conference' where senior commissioners meet with LINK in its role of Networks of Networks to discuss "The Impact of User Views on Transformation: how to collect them, how to understand them and how to use them". This will raise the LINK's profile and reputation with other networks as the people with the best access to commissioners and best able to influence their decisions using the evidence available. The conference will be timed to fall roughly on the anniversary of the LINK's start-up in April or May 2009. If such an ambitious event is to succeed, there needs to be a precursor programme of planned activities to feed into the Summit agenda.

### ***Action Plan Recommendation No 6: Participation and Communication by Open Agenda Setting***

We recommend the holding of an Issues Identification and Agenda Planning event 4 months or so before the Summit. If the previous recommendation is accepted, this can be seen as the first step on the way to the Summit. The IE development day in October can discuss and action this following it up by holding an open event where other networks, organisations and individuals can bring issues that they want to be addressed at the Summit and more broadly, by the LINKs over the coming 12 months. The LINK need not take them all on board – it has a duty to make choices based on the external environment and its own resources – but it can commit to the values of open-ness and transparency in setting its work plan, goals and targets for the coming 12 months.

### **The Template for the Future LINK Work Programme**

This sequence of events will be evaluated with a view to it being the basis for the process of the LINK agreeing its work programme and outputs on a rolling annual basis that harmonises with the planning processes of the major commissioning bodies and their committees.

### ***Action Plan Recommendation No 7: Participation and Communication by Work Planning***

We recommend the publication, in the 8 weeks after the 'issues fair', the publication of a work plan for the coming 12 months to be agreed at the first Executive meeting in the LINK's year i.e. April or May.

We can bring together the recommendations made above into a rough work plan to be

refined by discussion with the IE.

	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER	COMMENTS
ACTIVITY	PREPARATION	IDENTIFICATION	PARTICIPATION	OUTPUT	
ISSUE FAIRS/ SUMMIT	1.ISSUE INVITATIONS AND AGREE DATE/ VENUE 2. DISCUSS AT OCT MEETING	1. IDENTIFY PRIORITY ISSUES AT ISSUES FAIR AND SUMMIT AGENDA PLANNING 2. MEET WITH PCT AND OSC STAFF TO ALIGN ISSUES	RESEARCH ISSUES USING MEANS AVAILABLE EG E-SURVEY/ PAPER SURVEYS/ ORG ROUND ROBIN; LAUNCH ISSUE-BASED RECRUITING DRIVE	LINK SUMMIT	The end of this process is to present to commissioners evidence-based issue priorities to be reflected in their work
PROJECT TO SET UP THE WANDSWORTH LINK USER PANEL	DEVELOP SPECIFICATION AND BUDGET (SIZE AND SOURCE); LIST OF POSSIBLE TENDERERS	CHOOSE SUPPLIER AND SUPPORTING IT	AVAILABLE FOR USE IN THE EXERCISE ABOVE		Means to deliver evidence
CONSULTATION DATA BASE	EXPLORE POSSIBILITY OF INTEGRATED WORKING TO BRING ON STREAM	DEVELOP SPEC AND BUDGET WITH OTHER STAKEHOLDERS (assuming positive outcome from step 1)	APPOINT SUPPLIER AND WORK STARTED	BETA VERSION AVAILABLE FOR TEST	Means of managing better resources by forecasting demand and dealing with current work-flow

The existence of such a work plan together with an awareness of up-coming consultations and the decision cycles of the major commissioners will greatly improve recruitment in the way we explore next.

### ***Recruitment for Cause***

The initial recruitment campaign had to be general. It was an appeal to join in based on a description of what the LINKs was for in theory and how it would work again in theory. Those who came forward have provided a valuable bedrock of experience and have told us of their heartening readiness to join in in a number of ways. The LINK has moved beyond this phase in its recruitment campaign and now must look for different ways to enrol a membership and the way we recommend is round a cause.

How might this work with young people?

### **Engaging Young People – a LINKs approach**

We have characterised LINKs as an organisation that works with existing networks to achieve change by presenting arguments and evidence to commissioner working with the Oversight and Scrutiny Committees of the local authority and the PCT. We await the

findings of the mapping project to see there are few voluntary organisations that tap into that 54% of the Wandsworth population that consist of people aged 20-44.

We do know that people in this age group are under-represented in Wandsworth civic life and this is one of the reasons why a Wandsworth User Panel is needed as recommended earlier. This is engagement by standard market research methodology which in these times does mean payment for attendance at focus groups.

### **Issue-based Recruiting**

Recruiting for Cause is an approach which takes the opposite approach from the creation of a standing resource such as a panel to try a more opportunistic, issue-based approach. Relating this to the model outline work plan phases of (issue) Identification and Participation, once the issues were identified, we would promote engagement on those particular issues amongst those who can be presumed to have an interest. Their period of engagement would be time-limited and issue-defined and the way we communicate would be tailored to their preferences – SMS, deliberative poll or focus group.

What sort of issues would provide the basis for stories that interest this part of the population? The HSC in Wandsworth makes the point that this group is a major source of the huge pressure on local urgent care services. Other areas of health risk and vulnerability are identified in that paper as:-

□ *high rates of sexually transmitted infections (STIs), people living with HIV and Hepatitis, and unintended pregnancies. On balance this group tends to place high demand on particular areas of health provision, i.e. sexual health, substance misuse including “binge drinking”, or maternity services. Specific local plans to improve the health of the younger population include:*

- *A reconfiguration of family planning and sexual health services to increase integration and improve access;*
- *Implementation of an alcohol strategy, increasing the provision of brief intervention services for hazardous and harmful drinkers and offering a strengthened and more integrated service for dependent drinkers;*
- *Development of a health trainers programme to promote healthy living amongst more deprived population groups; and*
- *Strengthening the health and well-being services available to young people.”*

Which of these areas that the LINK chooses to play a part will depend on the existence of voluntary groups or networks involving both social care and health professionals as well as third sector organisations and whether commissioners are intending to spend money on it.

### **Action Plan Recommendation No 8: Focus and Organise Recruitment around Cause**

We recommend that future efforts to engage any other identifiable group in the civic life of Wandsworth be supported by focused campaigns that offer a chance to make a contribution to issues of interest to particular social groupings. We have offered an example of interest to younger people. A similar approach could be used to increase on whatever basis is appropriate to increase the membership of BME groups clustered

around issues of importance and relevance to them. Careline can provide segmented contact details from its database.

A current example is the involvement of members of the WCA mental health users group, Voicing Views, in the Redevelopment of Springfield Hospital. Here the representatives are consulted on and involved in discussion of all aspects of the project on an ongoing basis

Membership of the LINK is likely to increase if it is seen to have an influential role in discussions of this sort and is able to demonstrate that it can make a real difference to the design and delivery of services. It is this sense of being listened to and thereby helping to bring about change which attracts people to become involved in the first place and, perhaps even more importantly, to stay engaged.

It is clear that with the number of different structures and networks in place, from the statutory bodies down to the smallest voluntary and community groups, the LINK will need to be constantly focussed on how it can support and increase the influence of those already involved rather than either duplicating their efforts or treading on their toe.

### ***Advocacy by Proxy***

Where there is an absence of existing networks or people from particular groups are reluctant to join in the civil life of Wandsworth, as it the case with younger persons networks, this does not mean that other networks and organisations cannot take on board issues of importance to that user group. There is an excellent Wandsworth case history on how the Patients Liaison Group (PLG) at the Balham Park Surgery took up the issue of extending opening hours and won a famous victory in the face of PCT reluctance. The age profile of the PLG is much the same as that of the LINKs membership but their ability to make a connection with the needs of others and their general advocacy skills created change in a service of benefit to young working people who are mostly well but when they are not, need to visit the GP surgery after or before working hours.

### ***Action Plan Recommendation No 9: Participation and Communication by building on established local patient bodies***

It is at this level of primary care working through patient groups in Wandsworth GP practices that the LINK can begin to build capacity and awareness amongst younger people. We recommend that the LINK approach user representatives/ practice managers in the Practice-based Commissioning clusters and ask them to use their contacts in the individual practices to build a list of those who are ready to be what the tender response identified as being ready to *“volunteer for periodic involvement in one-off or time-limited activities; and iv) ask to be kept in touch as a member with specified preference for electronic or postal communication.”* Any form used in the practice to establish a registered patients wish to join the surgery group should incorporate a question about readiness to hear from other organisations in the area of health and social care such as the LINK. Those expressing such an interest would then be added to the LINK email list to receive newsletters and ad hoc mailings on topics of interest.

An example of current practice in this area is the use of these groups by Wandsworth PCT as it develops its commissioning strategy plan (CSP). We include this example since it may provide an opportunity to engage in the sort of 'integrated working' that the National Centre for Involvement was encouraging. It shows the PCT integrating its consultation and patient focus strategy with its support for patient involvement at primary care and world class commissioning practice based on patient input. The shaded area quotes PCT material directly.

The CSP Initiatives are:

Child Health  
 Obesity  
 Stop Smoking  
 Sexual Health  
 Healthy Living  
 Access and Primary Care Infrastructure  
 Mental Health  
 Long Term Conditions  
 Drug and Alcohol

Two key questions to explore during the Wandle Patient Group meeting are:

1. To what extent do the current CSP initiatives and schemes still reflect Wandsworth healthcare priorities, taking into account the national, regional and local drivers for change?
2. Are there additional schemes that we should be considering for each initiative?

The CSP (2007-2012) sets out 5 overarching commissioning goals for the PCT:

Improve life expectancy over and above the expected trends and focus on a greater health gain for those in deprived wards.

Young people will enter adulthood in a state of health that enables them to reach their full potential.

Improve the quality and responsiveness of services that address mental well-being, sexual health, drugs, alcohol and obesity.

Improve access to, and the responsiveness of, GP and other Primary Care services.

Improve the quality of services for people living with complex and/or long-term conditions.

The LINK will be seeking to build alliances and relationships with many bodies and will need to do so in a structured and organised way that can be replicated across a number of organisations and networks in Wandsworth. This will help minimise the amount of management time needed and ensure consistency and quality in the outputs from 'integrated working' practice.

## **Integrated Working and Building Alliances**

In the process of establishing productive relationships with commissioners and service planners, the LINK can also draw on the experience of the Wandsworth Older People's Network (WOPN) as an example of good practice in making its voice heard in the Local Strategic Partnership and contributing to the creation of the Strategy for Older People in Wandsworth for 2008-2013 with not just one but two sets of thoughts presented for consideration by decision makers.

The LINK can learn in working with the Network how to maximise impact and success when making joint representations to commissioners to turn the commitments in the strategy into realities on the ground. How would this work? In the case of a successful organisation supported financially by the Council with a track record of success, what value can a LINK add?

### ***Action Plan Recommendation No 10 - Participation and Integrated Working by Negotiating and production of a Memorandum of Understanding with Wandsworth Older People's Network (WOPN)***

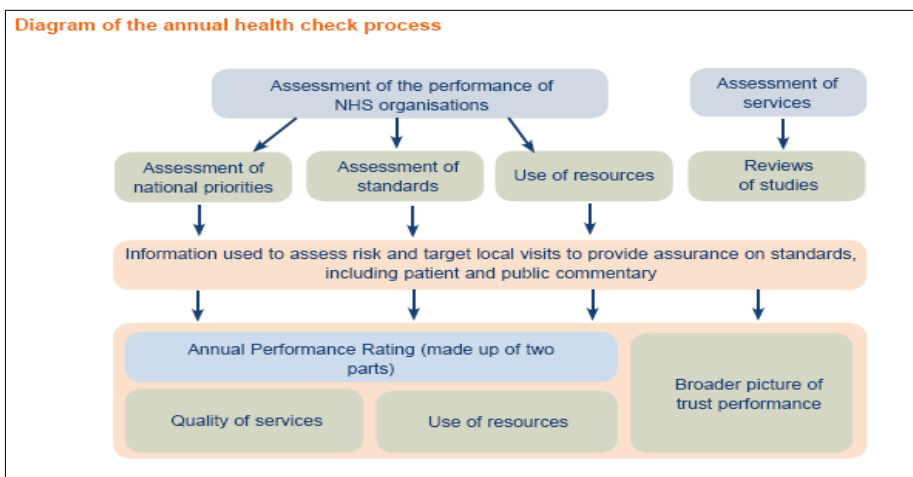
We recommend that the LINK sit down with the WOPN as a partner in a pilot to draw up a memorandum of understanding (MOU) that defines how the two organisations can and will collaborate for the good of users – particularly older users - of health and social care. This concordat or MOU will be then be tested as a template for co-operation with other bodies in the Borough. The content and approach of such a document is to be determined by the parties involved.

The LINK should consider whether its resources will permit another MOU to be negotiated with perhaps a mental health body as a basis for learning and comparison.

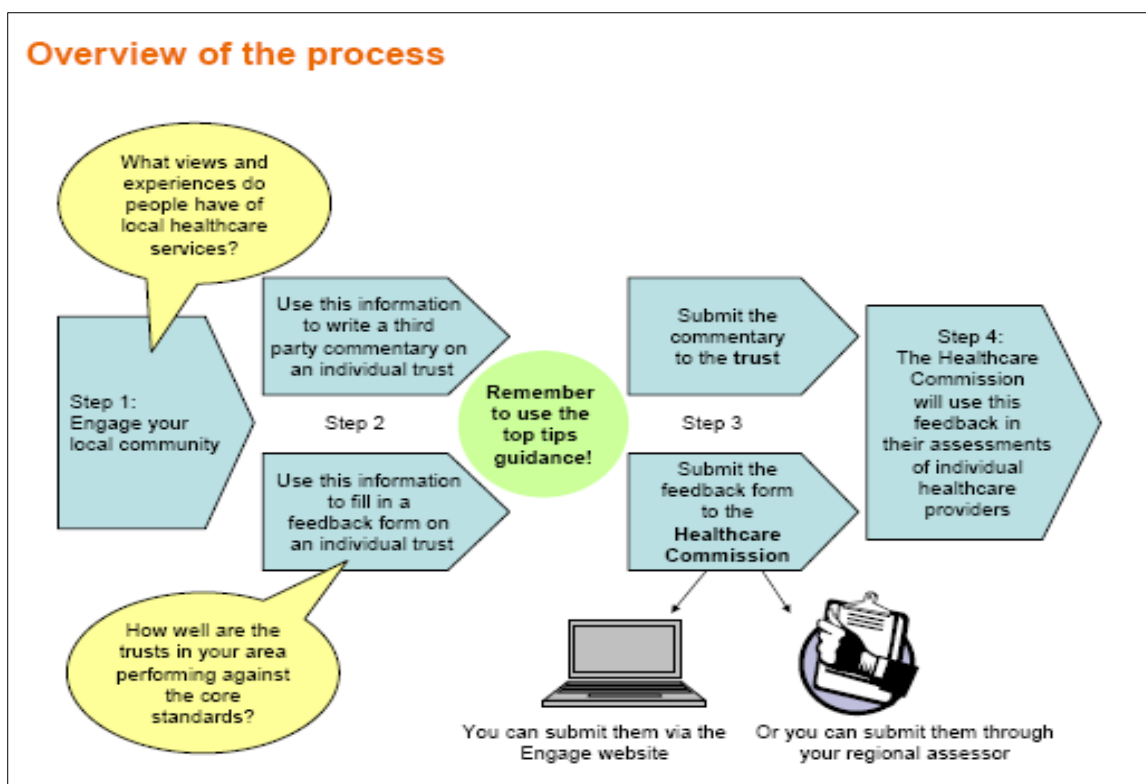
### ***Making Choices between local and national communication and participation***

There are considerable opportunities to engage with national organisations and their work. One example will be enough at this stage – working with the Healthcare Commission. The Commission has published on the topic "The LINKs Guide to working with the Healthcare Commission" <https://engage.healthcarecommission.org.uk/static/handbook>

and the web site <https://engage.healthcarecommission.org.uk/> is there specifically for LINKs. There are a number of ways that LINKs can work with Healthcare Commission with the major output being the Annual Health Check carried out by the Commission. The diagram shows that process with a stage specifically dedicated to local feedback.



Expanding on the LINKs input, we have a process:



The time line for contribution and participation begins in early 2009 with Trusts making their submissions by the end of April. The LINK can link its Summit to this timing.

For guidance on how to make your commentary more useful, see <a href="#">Top tips for high quality evidence</a>	<b>DATES</b>
<p><b>Key dates for the annual health check 2008-9*</b></p> <p>* Please note that these are provisional dates only and that the final dates will be published later in the year.</p> <ul style="list-style-type: none"> <li>• Early 2009 – Establish the deadline for submitting comments to your trust</li> <li>• Mid April 2009 – Trusts can begin to submit their declaration to us</li> <li>• End of April 2009 – Deadline for trusts to submit their declaration to us</li> <li>• Mid May 2009 – Trusts declarations are made public</li> <li>• October 2009 – Results of the annual health check published.</li> </ul>	
<small>continued...</small>	

The learning need for Wandsworth LINK is to understand the Core Standards of the Commission in order to align their submissions called 'third party commentaries' and submitted via the Wandsworth PCT with them. Our final recommendation is to make co

### ***Action Plan Recommendation for Communication and Participation No 11 – Wandsworth LINK liaise with the Healthcare Commission***

We recommend that the LINK contact the Healthcare Commission's regional assessor and Host staff attend regional briefing workshops held by the Healthcare Commission and the Commission for Social Care Inspection.

A MAC partner is already down to attend such a workshop in September and will report back and make recommendations on who else should attend future workshops of this kind. Workshop details are to be found on: <http://www.lx.nhs.uk/calendar/> and are described as follows

Following positive feedback from the pilot workshop held in London on 4 June, the Healthcare Commission and the Commission for Social Care Inspection are adding to their series of regional briefing workshops for LINK hosts between September and November of this year.

The events will give the health and social care regulators a chance to meet with LINK representatives, primarily hosts and local authority contacts at this stage, to explain their work and discuss how they can best support the emerging LINKs to contribute to the regulatory process. Overview and Scrutiny Committees and Foundation Trust boards of governors are also being invited.

## **SUMMARY**

### **Target Audience**

We were asked to define the target audience and have done so drawing on earlier papers and in anticipation of the output from the separate mapping project. (The two projects are running in simultaneously and therefore cannot take advantage at this stage of each other's outputs.) We have done some analysis of member information to provide data on age and ethnicity and recommended action to supplement members with a user panel that will contain a representative sample of Wandsworth residents.

### **The Message**

We have adopted an approach to the message to be communicated that is outcome-oriented. There is a clear distinction between an audience which is updated about events of interest to them and an audience which controls the quality of health and social care services - the commissioners. We have recommended that the LINK take advantage of the experience of one of Wandsworth most successful networks – the Older People's Forum – to develop a model concordat or memorandum of understanding. This will mean that all parties have a clear understanding of how they are best able to work together to address the needs of both sorts of audiences.

### **Terms of Participation and Personal Choice checklist**

We have analysed current member data to establish the way they want to be involved. This data needs to be refreshed and up-dated regularly but in its present form, does provide a basis for decision and orientation.

### **LINK as the Network of Networks**

We mentioned the need to avoid being seen as the cuckoo in the nest and to provide added value to existing groups and networks. We have recommended that the LINK lobbies to create a comprehensive consultation database the better to manage what can be anticipated as a surge of consultations around the transformation of health and adult social care. Finally we have recommended that a 'summit' conference be held on the anniversary of the LINKs start-up to bring together the Wandsworth health and social care networks with the commissioners of the services that are relevant to them.

Earlier investment decision mean that we have a flexible IT resource that can be used to support all e-based communication. We have recommended consideration of a software that enables deliberative consultations.

### **Successful Participation and Communication**

Wandsworth LINK will demonstrate its value by undertaking a work programme which is integrated with the work of other partners in the networks connected with Health and Social Care in Wandsworth and with the decision cycles of the major commissioning bodies. Its management of its own work plan will offer others a chance to contribute to the work of the LINK either formally with a memorandum of understanding or informally via a

poll or single issue event. It will use these local relationships as the platform to make a national contribution.

## **RECOMMENDATIONS LISTED**

- 1. The first recommendation is to establish a regular line of communication using the medium preferred by members.***

### **Action Plan Recommendation No 1: Communication - Newsletter to be produced from October 2008**

The Wandsworth LINK choice of content management software - Wordpress - facilitates the production of an electronic newsletter and this can be implemented quickly with a first issue planned for mid-October based on news items entered on an 'as and when' basis on the site over the previous weeks. A sum has been identified in the website development budget for MAC editorial support.

- 2. We can keep the readership involved by inviting participation in short surveys.***

### **Action Plan Recommendation No 2: Participation in Short Surveys and Chance to Record Personal Experiences**

The readiness of the members to be involved in polling or other participatory strategies is striking and must be kept alive. We recommend that in the short term, we use the existing website for very short - one question - surveys which collect information - very up to the minute - as well as being a means of maintaining interest and attracting people back to the site. The ability to carry out these surveys is already included on the current website and within the current contract.

- 3. However in the longer term, we need a more rigorous way of gathering opinion from a representative cross-section of the local population.***

### **Action Plan Recommendation No.3 - Participation by Setting up a Wandsworth Health and Social Care Users Panel**

Our longer-term recommendation in this area is to develop a specification and seek tenders to set up and maintain a user panel that will be representative of the population of Wandsworth. This piece of work could be undertaken by MAC.

- 4. *In organising the collection of evidence to be used when responding to requests for views, the LINK needs to be aware of what is coming down the consultation pipeline.***

**Action Plan Recommendation No 4: Participation and Communication facilitated by a comprehensive Consultation Database**

We recommend that the LINK make strong representations via the OSCs to Wandsworth PCT and Council that they fund and create a database containing a comprehensive single listing of all current health and social care consultations in the Borough. WCA is well placed to raise and pursue this with the OSC.

- 5. *The evidence gathered needs to be used for maximum impact with the principal decision-makers – commissioners.***

**Action Plan Recommendation No 5: Participation and Communication with Commissioners - the LINK Summit Conference**

We recommend that the LINK approaches commissioners of health and social care services and invites them to participate in what we can call 'A LINK Summit Conference' where senior commissioners meet with LINK in its role of Networks of Networks to discuss "The Impact of User Views on Transformation: how to collect them, how to understand them and how to use them". The Host would require additional resources to set up and run this event.

- 6. *The LINK needs to be confident that its agenda reflects that of other networks and organisations in Wandsworth.***

**Action Plan Recommendation No 6: Participation and Communication by Open Agenda Setting**

We recommend the holding of an Issues Identification and Agenda Planning event 4 months or so before the Summit. If the previous recommendation is accepted, this can be seen as the first step on the way to the Summit. Again the Host would require additional resources to deliver this.

- 7. *The LINK needs a robust management framework to process and prioritise all the views received.***

**Action Plan Recommendation No 7: Participation and Communication by Work Planning**

We recommend the publication in the 8 weeks after the 'issues fair', the publication of a work plan for the coming 12 months to be agreed at the first Executive meeting in the LINK's year i.e. April or May 2009. This would be a central function of WCA as the Host.

- 8. *When the LINK knows what it is going to be working on, it can seek to engage new members to contribute on issues of interest to them.***

**Action Plan Recommendation No 8: Focus and Organise Recruitment around Cause**

We recommend that future efforts to engage younger people or any other identifiable group in the civic life of Wandsworth be supported by focused campaigns that offer a chance to make a contribution to issues of interest to particular social groupings. We have offered examples of younger people and people with mental health issues. A similar approach could be used to increase on whatever basis is appropriate, the membership of BME groups clustered around issues of importance and relevance to them. Careline can provide segmented contact details from its database. This work could be carried out by WCA staff where they already have links into relevant networks or by MAC or others with the relevant knowledge and skills.

- 9. *In seeking to engage people and organisations, the LINK must take advantage of relationships and resources already in use locally.***

**Action Plan Recommendation No 9: Participation and Communication by building on established local patient bodies**

It is at this level of primary care working through patient groups in Wandsworth GP practices that the LINK can begin to build capacity and awareness amongst younger people. We recommend that the LINK approach user representatives/ practice managers in the PbC clusters and ask them to use their contacts in the individual practices to build a list of those who are ready to be what the tender response identified as being ready to "volunteer for periodic involvement in one-off or time-limited activities"; and "ask to be kept in touch as a member with specified preference for electronic or postal communication."

The mapping exercise which has been proposed will provide the Host with information as to where these existing networks are, how they operate and inter-relate and where gaps exist which the LINK might need to address in other ways.

This work could be carried out by MAC.

- 10. *The LINK needs to know how best to work with other bodies and networks.***

**Action Plan Recommendation No 10 - Participation and Integrated Working by Negotiating and production of a Memorandum of Understanding with Wandsworth Older People's Network (WOPN)**

We recommend that the LINK sit down with the WOPN as a partner in a pilot to draw up a memorandum of understanding (MOU) that defines how the two organisations can and will collaborate for the good of users - particularly older users - of health and social care. This concordat or MOU will be then be tested as a template for co-operation with other bodies in the Borough. The content and approach of such a document is to be determined by the parties involved. WCA is best placed to develop this relationship.

***11. The relationships and audiences the LINK needs to build are not just local – there are national bodies which will come looking for evidence and information.***

**Action Plan Recommendation for Communication and Participation No 11 –  
Wandsworth LINK liaise with the Healthcare Commission**

We recommend that the LINK contact the Healthcare Commission's regional assessor and Host staff attend regional briefing workshops held by the Healthcare Commission and the Commission for Social Care Inspection. This work could be carried out by MAC on behalf of the LINK.

**The Moore Adamson Craig Partnership  
September 2008**