SLOUGH WELLBEING BOARD
FOLLOW UP SESSION ON COMMUNITY ENGAGEMENT

Wednesday 11th January 2017

Summary

This session was held to allow more time to explore the issues raised during the discussion on community engagement at the Slough Wellbeing Board on 16 November 2016. This report captures the key issues raised and how we can build on best practice examples to support the delivery of our priorities as a Wellbeing Board to improve outcomes for Slough. A proposal would be brought back to the Wellbeing Board to recommend how best to capture opportunities for future collaboration between partners where we are engaging with the community.

Introduction

The session was structured to consider why we do community engagement; the issues we focus on; who is involved; examples of good practice and when and how we need to start doing something more collaboratively as a Board.

This report summarises the discussion at the workshop session but is by no means intended to be exhaustive. Feedback is therefore welcomed to add to the content and development of more collaborative working. Comments should be sent to dean.tyler@slough.gov.uk

This report is being presented to the Wellbeing Board's meeting on 26 January for information with further work to follow as directed.

Summary of discussion

### 1.	Why do we do community engagement and what are our strategic objectives?

The group concluded that community engagement was important if we are to ensure that we are designing services to meet the needs of the community.

Involving the community in identifying local issues will help to build on our existing knowledge of need and demand which is based on data and facts (e.g. JSNA). If we are able to make the community part of the process (i.e. co-production of services) rather than imposing services that suit the needs of organisations we would have a better chance of realising our strategic objective to develop trust and confidence. Some of the best practice examples point to evidence of how increased community participation leads to capacity and community resilience to deliver better outcomes and reduce demand on services.

We can measure the effectiveness of our approach in time with public satisfaction, feedback on services and how relations with the community have improved.

2.   What issues are we focussing on when we are engaging with the community and how are these to be measured?

There was an initial discussion on scope and whether we are looking at the 'health and wellbeing' agenda or something else. We wouldn't be constrained by health specific issues although we agreed that most issues could be described as the wider determinants of health – housing, employment, leisure etc.

The 'five questions' about wellbeing were a good starting point and if used consistently across organisations so that we share answers could also help as a measure of how we can grow satisfaction with services. *[insert 'five questions']*

However the questions we use will change depending on the nature of the conversation and whether we are engaging to:

- Inform
- Consult
- Involve
- Collaborate
- Empower

In some cases we may not label activity as 'community engagement' specifically but what we are doing will provide a window of opportunity to share messages with elements of the community.

3.   Who is involved with community engagement, is there scope for collaboration and a need for a central body/individual/entity who can help streamline the approach, hold it together and be accountable for the outcomes going forward?

The simple answer is 'all of us are involved.' There is therefore scope for collaboration and it was agreed that the Wellbeing Board could facilitate this. There was caution about assigning a single point of accountability as, depending on the nature of the issue, this could sit in a number of places.

Given its strategic membership the Wellbeing Board would trial the introduction of a shared calendar to capture opportunities for collaboration and was well placed to hold this together. The onus would be on all partners to contribute.

We would also explore how to better coordinate and share intelligence we already have, building on the best practice in the joint protocols that have been developed.

4.   What examples if any are available where community engagement has worked well and perhaps not worked so well? Sharing best practice

Police – starting 'intensive engagement' to identify people in the community to work with the police to take ownership and find solutions to local issues

Youth Voice – This incorporates various youth voice mechanisms including the youth parliament. A key to the success here is the collaborative approach between the Council, the voluntary sector through the YES consortium and young people.

Slough Allotments – collaborative working between the council's parks & open spaces team and Slough Allotments Federation. In early 2016 a joint working group was established between the Council and the Slough Allotments Federation which has transformed the relationship between the Council and the federation (who represent allotment holders) and has led to significant progress being made.

Leisure – Involving communities to influence the Leisure Strategy and service design Parks & open Spaces – a variety of 'friends of' groups or similar mechanisms helping to ensure our parks are of a good standard and have community ownership; examples include Baylis Park and Hershel Park

Langley community project – coproduction with community on adult social care

Neighbourhood Services Resident Board and Housing Service work with tenants on RMI contracts

Fire service – trusted more than some other organisations

Private sector examples [to add e.g. O2]

Co-production: the ladder of participation – see link to increasing levels of engagement http://www.thinklocalactpersonal.org.uk/Latest/Co-production-The-ladder-of-participation/]

An example of a communication that hasn't worked so well was the campaign to discourage people to seek antibiotics which the Wellbeing Board supported at its November meeting. Evidence seems to suggest that demand for antibiotics has increased over the winter with people asking for treatment for colds whereas the campaign sought to assure people that antibiotics would not help and just adds demand on GP's and the health service at a very busy time of year.

5.   When do we need to start something more collaboratively and how will the Wellbeing Board manage the outcomes and expectations?

We should start now. Initially we will trial a shared calendar to look at forthcoming opportunities and prioritise these – see proposal below.

We need to be realistic in what we can achieve so should be initially focussed for example on the 4 priorities in the Wellbeing Strategy which was launched in September 2016.

This will be a partnership effort and while the Council may facilitate a good deal of activity it is expected that partners will work with each other to collaborate on their priorities for Slough where this will add value. This will build on good frontline partnership experience that we have in Slough.

The nature of the Wellbeing Board in having representatives that go beyond statutory requirements means we have a more strategic partnership and so have opportunities to collaborate on issues of importance across the borough.

The Board will hold itself to account and review the success of collaboration during the year, including at the annual conference in September.By the end of the year we should be able to start to look at what has changed and what we have learnt - whether services have improved, levels of uptake, % returns etc.

Proposed format for shared calendar

Month	Lead partner	Issue / priority	Engaging with – all residents or a section of the community	Duration
February	E.g. SBC with Slough Urban Renewal	E.g. proposed new housing development (Housing priority in Wellbeing Strategy)	E.g. Britwell residents, businesses and community organisations	E.g. 6 weeks
March				
April etc.				
Activity planned by timing not yet scheduled				

The session was attended by:

Slough Wellbeing Board representatives:

- Naveed Ahmed   (Vice-Chair) - Business representative
- Roger Parkin – Interim Chief Executive, Slough Borough Council
- Nicola Clemo - Slough Children's Services Trust
- Superintendent Gavin Wong - Thames Valley Police
- Ramesh Kukar – Slough CVS
- Jesal Dhokia – Slough CVS
- Lise Llewellyn - Director of Public Health, Berkshire
- Les O'Gorman - Business representative
- Colin Pill - Slough Healthwatch
- Alan Sinclair - Director of Adult Social Services, SBC
- Councillor Wayne Strutton (Health Scrutiny Panel)

Slough Borough Council officers:

- Ketan Gandhi
- Zulf Awan
- Amanda Renn
- Sally Kitson
- Beth Reed
- Simon Hall
- Dean Tyler