

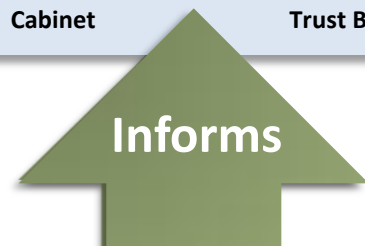


Appendix 1 - PEN Diagram

Decision Makers can use PEN to **cascade messages to the public** through established forums, networks and communication channels of Stakeholders



Decision Makers can use PEN to **cascade messages to the public** through established forums, networks and communication channels of the public and patients



- Stakeholders**
- Formal Stakeholders**
- Overview and Scrutiny
 - Councillors & MPs
 - Strategic Neighbourhood Forums
 - All Clinical Committees within the SCF
 - T&G ICFT Governors
- Partners**
- Police
 - GMFRS
 - Voluntary & Community, Faith
 - Housing Associations
 - Schools & Colleges
 - Business
 - Health
 - DWP
 - Dental
 - Optical
 - Pharmaceutical
- Public reps**
- Healthwatch
 - Action Together
 - Residents Associations
 - High Peak CVS – The Bureau
 - Patient Neighbourhood Groups

- Public and Patients**
- Members of the Public**
- Patients**
- Service users**
- Networks – Examples below (this list is not exhaustive)**
- Patient Participation Groups
 - Faith United Tameside
 - Equality and Diversity Group
 - Town Teams
 - Youth Council
 - Children in Care Council
 - Carers Forum
 - Age UK
 - MIND
 - Tameside Sight
 - Glossop Visually Impaired
 - People First
 - The Stroke Association
 - Hyde Bangladeshi Welfare
 - Glossop LGBT
 - West African Development
 - Kush Amdid

*Play active part in shaping public services
Proactively feed in issues and ideas*

*Play active part in shaping public services
Proactively feed in issues and ideas*

Integrated Neighbourhoods
Feed in, develop local participation and contribute local voice





PEN Forum

When: Three times a year

Who: A limited number of representatives from stakeholders (multi-agency) plus representatives of organisations or groups that represent the public and patients.

Purpose: To undertake more detailed discussion around 'place shaping' and to explore key issues in greater depth.

Participants would have subject specialism and capacity to provide advice on key issues.

The forum will review forward plan of engagement and consultation activity, review the outputs from previous work and ensure the feedback loop is closed.

PEN Conference

When: Three times a year

Who: Up to one hundred and forty representatives from stakeholders (multi-agency) plus representatives of organisations or groups that represent the public.

Purpose: To share best practice and learning, and to build relationships across the multi-agency partnership.

Half day facilitated workshop, content will be a combination of public service led presentations seeking input on specific issues, along with some structured discussions around specific issues/challenges.

PEN Family

When: Ongoing

Who: A growing database of people who are interested in, and want to take part in, engagement and consultation work in Tameside and Glossop

Purpose: Opportunity to reach out to a much wider variety of people than would traditionally engage. A resource to call on people to be directly involved in the development of new models and options through ad hoc and targeted workshop activity. A network to share key messages and sign-post to engagement activity outside of the Conference and Forum meetings.

Public and Patients

For Public and Patients the Partnership Engagement Network is a space where they have genuine influence and can forge connections that enable them to progress their own agendas.

PEN provides the opportunity for collaboration around key, public service wide issues, that might result in specific partnerships working on areas of further integration.



Appendix 2 - PEN Conference Topic Planner

PEN ACTIVITY TRACKER

Key

Conference

Forum

Update E mail

Format	Date	Topics
Conference	Friday 13 October 2017	<p><u>Presentations</u></p> <ul style="list-style-type: none"> Partnership Engagement Network (Chris Easton) Care Together (Jess Williams) <p><u>Workshops</u></p> <ul style="list-style-type: none"> Integrated Neighbourhoods (Claire Galt and Kristian Jura) Intermediate Care Proposals (Ali Lewin) Patient Voice in Care and Support Planning (Chris Easton/Nicola Wood) Mental Health (Pat McKelvey/Chris Pimlott) Homelessness Strategy (Diane Barkley/Sally Ateuyi) Air Quality (Sharon Smith/Gary Mongan)
Forum (Task & Finish Workshop)	Monday 27 November 2017	<ul style="list-style-type: none"> Scoping of joint Engagement Strategy for Tameside & Glossop
Forum (Task & Finish Workshop)	Friday 9 February 2018	<ul style="list-style-type: none"> Feedback on the draft Engagement Strategy for Tameside & Glossop
Conference	Wednesday 28 February 2018	<p><u>Presentation</u></p> <ul style="list-style-type: none"> Patient Choice (Joanne Brooks) Active Ageing (Sandra Whitehead) PEN Update (Chris Easton/Simon Brunet) <p><u>Workshops</u></p> <ul style="list-style-type: none"> Active Ageing (Sandra Whitehead) Preventing Hateful Extremism and Promoting Social Cohesion (Diane Barkley) Patient Choice (Joanne Brooks) One Equality Scheme (Jody Smith) Compact (Anna Moloney) Public Behaviour Change (Rachel Lord)
Forum	Wednesday 30th May 2018	<ul style="list-style-type: none"> Palliative & End of Life Care in Tameside & Glossop (Dr. Mariam George (Consultant in Palliative Medicine), Margaret Hayes (Macmillan Lead for Specialist Palliative Care) and Teresa Hopley (Service Improvement Manager), Tameside & Glossop Integrated Care NHS Foundation Trust) PEN Update (Simon Brunet, TMBC)
Update Email	Thursday 31st May 2018	<ul style="list-style-type: none"> Engagement Strategy for Tameside and Glossop What Matters to You Tameside Strategic Neighbourhood Forums Integrated Communities Strategy Green Paper Consultation (Ministry of Housing, Communities & Local Government) Personal Health Budgets-Consultation (NHSE) Police and Crime Commissioner for Derbyshire 2018 National Rural Crime Survey (Police & Crime Commissioner Derbyshire) NHS England public consultation feedback on reducing prescription of over-the-counter medicines Healthwatch Derbyshire feedback on the availability and quality of care and support in Derbyshire for people living with dementia
Update Email	Friday 22 June 2018	<ul style="list-style-type: none"> Upcoming Partnership Engagement Network Conference (27 June 2018) Update on PEN Forum (30 May) Tameside Shared Lives Scheme consultation (TMBC) Integrated Communities Strategy Green Paper Consultation (GMHSCP) Conditions for which over-the-counter items should not be routinely prescribed consultation (T&G response to NHSE consultation) Libraries for Derbyshire consultation (Derbyshire CC) Tier 4 Child and Adolescent Mental Health Services (CAMHS) consultation Clean Air Strategy 2018 consultation (Defra) Cross Country Rail Franchise consultation (DfT)
Conference	Wednesday 27 June 2018	<p><u>Presentations</u></p> <ul style="list-style-type: none"> PEN Update (Simon Brunet) Improving Access to Primary Care (Jessica Williams and Dr Kate Hebden) What Matters to You (Maggie Murdoch) <p><u>Workshops</u></p> <ul style="list-style-type: none"> Improving Access to Primary Care (Janna Rigby and Tori O'Hare) Working Together to Tackle and Prevent Homelessness (Sally Ateuyi) Identifying & Supporting Ex-Service Personnel in the Armed Forces Covenant (Vanessa Rothwell and David Brown) Increasing Digital Skills and Employment (David Berry) Prescribing of Over the Counter Medicine (Peter Howarth) Planning at End of Life (Fionna Horrocks, Lisa Walsh and Lisa Byrne)
Update Email	Wednesday 25 July 2018	<ul style="list-style-type: none"> Feedback from the June 2018 Partnership Engagement Network Conference One Equality Scheme published Healthwatch Reports Cardiology and Respiratory consultations (GMHSCP) Evidence Based Interventions consultation (NHSE) Conditions for which over-the-counter items should not routinely be prescribed (T&G response to NHSE consultation) Beelines (TfGM) Healthwatch Derbyshire-Carers Engagement Tier 4 Child and Adolescent Mental Health Services (CAMHS) Government's draft Clean Air Strategy 2018 (Defra) Next Cross Country rail franchise (DfT) Gender Recognition Act 2004 (Gov Equalities Office)
Forum (Age Friendly Tameside Focus Group)	Thursday 2 August 2018	<ul style="list-style-type: none"> Focus Group to develop Age Friendly Tameside Strategy
Forum	Wednesday 26 September 2018	<p>Potential topics include:</p> <ul style="list-style-type: none"> Frailty (Jess Williams)
Conference	Monday 15 October 2018	<p>Potential topics include:</p> <ul style="list-style-type: none"> Mental Health Model for Localities (Pat MacKelvey) Community Safety Strategy Consultation (Vanessa Rothwell) Awareness of national GP survey (Tori O'Hare) Frailty (Jess Williams) Young People and Children Focused Conference (Debbie Watson)

Engagement Strategy for Tameside and Glossop



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Tameside and Glossop
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Introduction

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Tameside and Glossop Strategic Commission (Tameside Council (TMBC) and NHS Tameside and Glossop Clinical Commissioning Group (CCG)) and Tameside and Glossop Integrated Care NHS Foundation Trust (T&G ICFT) are committed to ensuring that the public, stakeholders, partners and the voluntary, community and faith sectors are central in shaping the way we commission and deliver the best possible outcomes for our population.

Our ambitions for a fully integrated approach and the fact that the things that affect our population traverse traditional organisational boundaries and department is reflected in the single approach to engagement described in this strategy.

Developed in partnership with key stakeholders, this strategy creates a single framework, guiding principles and ambitions that will enable us:

- To create the space for ongoing conversation with the public, starting conversations early and developing collaborative solutions;
- Ensure that our plans, strategies and policies are informed by the voice of the public;

- Have systems that allow us to engage with a broad cross section of the population that is as representative as possible of the communities of Tameside and Glossop;
- Ensure that officers working for the statutory agencies in Tameside and Glossop have ready access to engagement opportunities to inform their work;

Involving the public is key to successful public service delivery and results in better services, more appropriately tailored to people's needs. This strategy sets out our approach but will require the organisations across the public sector, their partners – and community and patient groups – to embrace it and turn it into practice making reality of the principle of ensuring the voice of the public is at the heart of everything we do.



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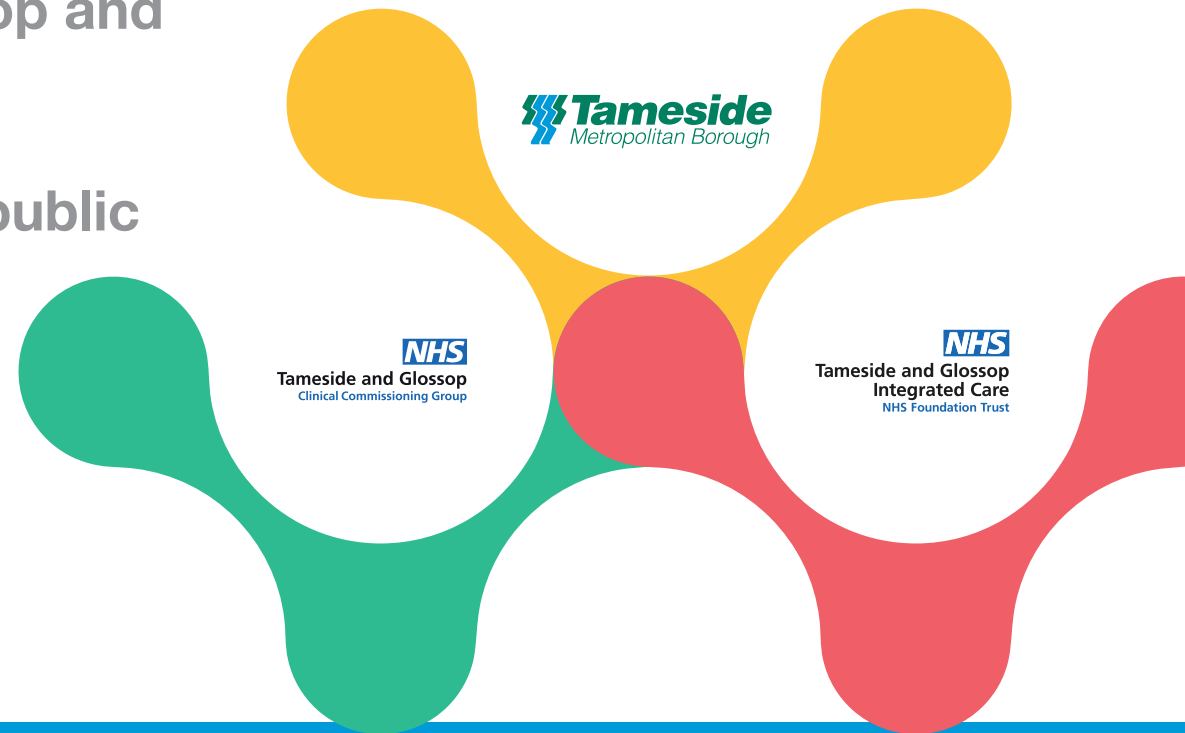
Vision

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Our vision for Tameside and Glossop puts people at the heart of decisions about their local services.

Working together we will create a sense of collective ownership of the issues faced by the communities of Tameside and Glossop and how we address them together.

We will start conversations with the public and stakeholders early, shaping our plans from the start.



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Outcomes

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The success of this strategy should be assessed by the extent to which:

- People have an opportunity to express their views and feel confident that their voices are heard;
- People feel their opinions and ideas will influence the commissioning, design and delivery of local services;
- Our services will be better as a consequence of engagement and consultation;
- High quality engagement will be something that occurs routinely within our organisations, and is ongoing.



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Objectives

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In order to realise the outcomes identified above we have identified the following key objectives, critical to success:

1. Strengthen partnership working, developing and sustaining constructive relationships between local communities, partner organisations and decision makers.
2. Ensure meaningful and continuing conversations with public, partners and key stakeholders and embed an ongoing dialogue with the public in the practice of commissioners and providers;
3. Reduce inefficiency and duplication in engagement and consultation practice so the work we do has maximum influence and impact.
4. Ensure that the voice of all parts of our communities are heard and everyone has the opportunity to express their views.
5. Share information, knowledge, experience and best practice so that the development of new ideas is informed by existing learning.
6. Provide timely engagement and consultation activity and the commissioning and the service development it has fed in to.



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Who is this strategy for?

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This strategy outlines how Tameside and Glossop Strategic Commission (Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group) and Tameside and Glossop Integrated Care NHS Foundation Trust will involve local residents and stakeholders in decision making, policy development and service delivery.

While facilitated by the three organisations and overseen by the Tameside and Glossop Partnership Engagement Network it is expected that all organisations and groups will have due regard to the strategy.

Those involved include:

- People who live in Tameside and Glossop.
- People who use services in Tameside and Glossop.
- Voluntary, community, faith groups and social enterprises and charities.
- Businesses in Tameside and Glossop.
- Public sector partners (e.g. Council, police, fire, NHS, colleges).



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What do we mean by consultation and engagement?

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Engagement is the continuous conversation with, and involvement of stakeholders and residents.

Consultation is the time-limited seeking of views on specific proposals or options.

In simple terms engagement informs the development of services, commissioning plans and alternative proposals and options for change.

Consultation is then used to understand the impact of those proposals and options to inform further development before making decisions. Engagement can then be used to understand the ongoing impact of that change.

Why engage?

Conversation between statutory agencies and members of the public and stakeholders is vital for a wide range of reasons.

It is the right thing to do

The public are shareholders in public services. It is their right, both legally and morally to have a say in how public funds are spent, the strategic direction of the organisations delivering public services and how public services evolve and change over time.

It improves the quality of services

Listening to the voice of the public in shaping services, improves their capacity to meet the outcomes we expect of them. By talking to stakeholders, especially service users, we can commission and provide more effective services that meet their needs.

It ensures transparency and shared ownership

Vital insight derived from high quality engagement, reduces the risk of poor decision making and allows members of the public to understand better the decisions that are being taken, why they are being taken and play a full role in evaluating the alternatives.

It's a legal duty

The legal duties on public bodies relating to engagement and consultation participation are many and varied, but primary consideration should be given to:

- NHS Act 2006
- Health and Social Care Act 2012
- The 'Gunning' Principles
- Public Sector Equality Duty and Equality Act 2010

Brief summaries of these duties can be found at Appendix 1.



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Our principles

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Our principles demonstrate how we will approach engagement and consultation in Tameside and Glossop to involve residents in decision making, policy development and service delivery.

We will:

INCLUSIVE

Be Inclusive

We will work to ensure all protected characteristics and communities are well represented and focus on enabling participation from those voices who are least heard.

TRANSPARENT

Be Transparent

Our engagement and consultation will be transparent – we are committed to being open and honest about the process, parameters, information that emerges from engagement exercises and how it influences the decision making process.

RESPECTFUL

Be Respectful

Everybody's views will be treated with respect and consideration. Different and varied opinions will be treated fairly irrespective of the individual or group and the views expressed.

Be Effective

We will ensure that all consultation and engagement represents good value for money by better co-ordination between organisations and services, the use of new technology and using feedback effectively.

Be Genuine

Our engagement will be a genuine opportunity to influence decision making we will ensure that the views of those involved will genuinely contribute to the decision-making.

Strengthen Relationships

We will strengthen our relationships with the public and with local organisations, partners, businesses and the voluntary community sector. Working together is the best way to improve local services.

EFFECTIVE

GENUINE

RELATIONSHIPS



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Our principles

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FEEDBACK

Provide Feedback

We believe it is important that those involved in the engagement process are told how their involvement has contributed. We will ensure that people receive feedback.

Evaluate and Learn

We incorporate evaluation and learning into all our consultation and engagement activity. Ascertaining the perception of participants, staff and partners enables us to constantly make improvements to our engagement practice.

EVALUATE

BE
EFFECTIVE

BE
GENUINE

STRENGTHEN
RELATIONSHIPS

PROVIDE
FEEDBACK

EVALUATE
AND LEARN

BE
INCLUSIVE

BE
TRANSPARENT

BE
RESPECTFUL

OUR
PRINCIPLES



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What we will do

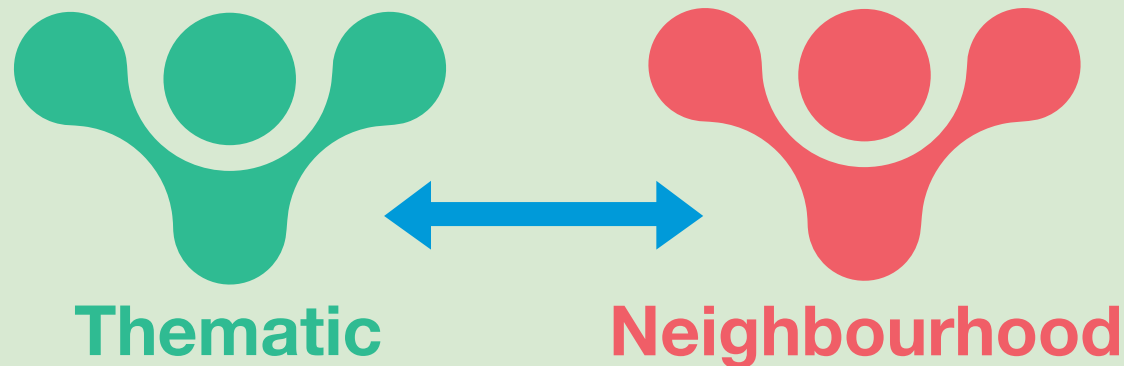
Our approach to consultation and engagement has three broad elements - strategic engagement, thematic engagement and neighbourhood engagement.

Strategic engagement is about engaging on the approach, principles and direction of travel, and identifying any key themes that emerge from operational engagement activity.

Strategic engagement



Operational engagement



Operational engagement is about engaging on services, new and developing models, emerging ideas and also includes consultation on service changes.



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What we will do

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Strategic Engagement

The Partnership Engagement Network (PEN) was established as part of a multi-agency approach to provide public and partners with an identified and structured method to influence the work of public services and to proactively feed in issues and ideas.

The Partnership Engagement Network (PEN) is a mechanism that facilitates strategic discussion, direction setting and buy-in. It does not make decisions, but it forges networks and partnerships out of which work programmes could develop.

Operational engagement

We need to ensure that engagement is a core part of all the work we do. Operational engagement broadly takes two forms:

- **Thematic engagement** where services need to seek views on a specific issue or project;
- **Neighbourhood engagement** where services in their area should have an ongoing conversation with their service users/customers in their local area to ensure they are meeting need and striving to continuously improve;

Feedback

We will develop approaches to ensure that people who participate in engagement activity receive feedback in relation to impact and decisions that are taken as a consequence. Feedback will need to take place in a variety of ways depending on the type of engagement taking place.

Evaluating and learning

We know we won't always get things right. In addition to building the processes described in this strategy to support engagement, we will listen to people's views relating to our engagement processes and seek to continuously improve.



Assurance and accountability

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As with any strategy we need to be confident that the principles and approaches suggested, translate into action and impact. As this strategy is designed to cut across all statutory agencies working in Tameside it is impossible to define a single approach.

However the following should be considered by all constituent organisations:

- Ensure engagement is core to development plan or commissioning strategies where appropriate;
- Ensure operational engagement is part of all operational managers' remits;
- Ensure engagement features in all approved strategic documents and plans;
- Ensure the public and key stakeholders have early awareness of emerging issues and programmes of work, and are involved at the pre-planning stage;
- Ensure agencies work together and have shared ownership and accountability for engagement and consultation and the decision they inform;



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Resources and contacts

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NHS England

www.england.nhs.uk/participation/involvementguidance/

Local Government Association (LGA)

www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/integration-and-better-care-fund/better-care-fund/integration-resource-library/communication-and-engagement

Cabinet Office

www.gov.uk/government/publications/consultation-principles-guidance

The Consultation Institute

www.consultationinstitute.org/

Tameside Metropolitan Borough Council

www.tameside.gov.uk

Tameside and Glossop Integrated Care NHS Foundation Trust

www.tamesidehospital.nhs.uk

Tameside and Glossop Clinical Commissioning Group

www.tamesideandglossopccg.org

If you have any questions or would like any further information on anything contained in this document please contact:

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Appendix 1 - Summary of Legal Duties

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NHS Act 2006

Section 242, of the NHS Act 2006, places a duty on the NHS (including NHS Foundation Trusts) to make arrangements to involve patients and the public in planning services, developing and considering proposals for changes in the way services are provided and decisions to be made that affect how those services operate.

Section 244 requires NHS bodies to consult relevant local authority Overview and Scrutiny Committees (OSCs) on any proposals for substantial variations or substantial developments of health services.

Health and Social Care Act 2012

Section 14Z2 of the Health and Social Care Act 2012 places a duty on CCGs to ensure that patients and the public are involved in the planning of services, developing proposals for any changes to services, and the operation of services.

The “Gunning Principles”

The Gunning Principles apply once it has been agreed that consultation should take place. The “Gunning Principles provide a set of fundamental consultation propositions, established through case law, that must be adhered to.

The Gunning principles are that:

1. Consultation must take place when the proposal is still at a formative stage;

2. Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response;
3. Adequate time must be given for consideration and response;
4. The product of consultation must be conscientiously taken into account.

Public Sector Equality Duty (PSED) / Equality Act 2010

The Public Sector Equality Duty (PSED) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities.

Under the Public Sector Equality Duty and the Equality Act 2010, there are nine protected characteristics groups:

- i) Age
- ii) Disability
- iii) Gender Reassignment
- iv) Pregnancy and Maternity
- v) Race
- vi) Religion/Belief
- vii) Sex
- viii) Sexual Orientation
- ix) Marital/civil partnership status – is also relevant for some areas of the Public Sector Equalities Duty.

In Tameside and Glossop we have also identified four other groups: Mental health, carers, military veterans and breastfeeding.

