

Leicester City Council
ADULT SOCIAL CARE
STAKEHOLDER ENGAGEMENT STRATEGY
Status: Final

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Version: 4.0

17 May 2017

Working together with people to plan, design, commission, deliver and evaluate adult social care services (co-producing)



Revision History			
Version Number	Date	Summary of Changes	Initials
4.0	17.05.17	Update	YMJ

Comments received on drafts from:	
Name/Group	Date
Prior to first draft	
VCS Transformation Forum	11/12/2013
Leicester City Clinical Commissioning Group	19/12/2013
Jay Hardman – Corporate Research and Intelligence Team	11/11/2014
Carers' Action Group	23/1/2014
SUCRAN	8/1/2014
ASC Commissioning Team	14/12/2013
Contracts and Assurance	14/12/2013
Public Health	January 2014
Leicester CCG	18/12/2013
Healthwatch Leicester	8/1/2014
Recovery Project	17/12/2013
Akwaaba Ayeh Mental health Advocacy	18/12/2013
First Draft	
Transformation Team	15/2/2014
Strategic Commissioning	26/3/2014
Leicester CCG	19/3/2014
SUCRAN	8/1/2014
Healthwatch Leicester	24/3/2104
Childrens Services	4/3/2014

Corporate Research and Intelligence Team	4/3/2014
Equalities	25/2/2014
Partnership, Planning and Performance	24/3/2014
1 member from 50+ group	23/3/2014
Contracts and Assurance	20/3/2014
Head of Care Services and Commissioning	24/3/2104
Mental Health Partnership Board Members	24/3/2014
Learning Disability Partnership Board	24/3/2014
LAMP	18/3/2014
Ansar	17/3/2014
LCIL (one member)	20/3/2014

Approvals – This document requires the following approvals:		
Name	Role	Date of approval
Transformation Programme Board	Approval & Endorsement	7 April 2014

ADULT SOCIAL CARE STAKEHOLDER ENGAGEMENT STRATEGY

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Adult Social Care Stakeholder Engagement Strategy

Executive Summary

1 Purpose of this summary document

This document **summarises the key points** from our main adult social care stakeholder engagement strategy, which has been produced to:

improve the way we involve our **customers, their carers and families, our partners, other council services, provider organisations, statutory services and the local community (i.e. our stakeholders)** when we plan, design, commission, deliver and evaluate our services.

2 What is the 'adult social care stakeholder engagement strategy'?

The strategy provides key principles and our approach to help us get better at the way we involve people when we plan, design, commission, deliver and evaluate our services.

Our aim is to work in partnership with our stakeholders and co-produce adult social care services.

[The New Economics Foundation](#) (NEF) has suggested the following definition for co-production : -

forming equal and reciprocal partnerships between service providers, the people who use services and others, to design and deliver services.

(See appendix 8 in the main strategy for example of co-production good practice).

In this document we will be using The New Economics Foundation (NEF's) definition of co-production.

We hope the strategy will drive our work on co-production and show our commitment to achieving it.

3 Why does the council's adult social care department need a stakeholder engagement strategy?

We need a strategy to make sure we focus more towards co-production with our stakeholders and these are guidelines on how to do so (**see appendix 3 in the main strategy – the engagement and involvement cycle**)

The strategy will: -

- Help us to **improve** the way we involve our stakeholders when we plan, design, create, commission, deliver and evaluate our services.
- **Work in partnership** with our stakeholder when we are planning, designing, commissioning, delivering and evaluating services i.e. co-produce.
- Provide **guidance** to **staff** on involving our stakeholders as early as possible, to give them plenty of time to influence decisions.
- Have **consistency** throughout Adult Social Care of meeting **high standards** in involving our stakeholders.

4 What we have now

We have guidelines, which focus more on consulting rather than working in partnership with our stakeholders.

5 How we want to improve the way we involve our stakeholders when we commission, design, deliver and review services

The strategy includes some stakeholder engagement principles, which are also aligned to the core values of co-production as suggested by the [New Economics Foundation \(NEF\)](#).

The principles also incorporate the seven principles of personalisation of services (Prevention and early intervention, Personalisation, Partnerships, Plurality, Protection, Productivity and People) as identified in '[A Vision for Adult Social Care: Capable Communities and Active Citizens](#)'.

Staff will be asked to follow these principles to help them carry out active dialogue and effective and meaningful engagement. The principles are:

Principle one – improve partnership working	<p>Plan engagement activities well and identify appropriate partners to work together wherever possible, to avoid duplication and consultation fatigue.</p> <p>We will co-ordinate our engagement activities across our partners and different organisations so that we use our resources in the most effective way.</p> <p>Our work will be evidence based and we will use available research and knowledge from our partners to learn and support change effectively.</p> <p>We will not carry out engagement activities if the information we need is already available.</p>
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<p>Principle two –</p> <p>treat people as assets and involve them early</p>	<p>We will value the views and experiences of our stakeholders and will involve them as early as possible, to give them plenty of time to influence decisions, which works for everyone.</p> <p>We value the views and experiences of people who use our services, including their carers and families.</p> <p>We will work with them and anyone else affected from the start of any service or policy development, to give them plenty of time to influence decisions.</p> <p>We will show respect, recognise people’s capabilities and accept without criticism the differing views, backgrounds, knowledge, expertise and reasons for taking part.</p>
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<p>Principle three –</p> <p>Provide enough time to have a say, proportionate to impact</p>	<p>When we ask for views, we will give people enough time to respond, which is proportionate to impact.</p> <p>Different types of activities within the wider scheme of engagement may require more or less time for people to respond.</p> <p>We will make sure that the time allowed to respond during each stage of the engagement process is proportionate in scale to the potential impacts of any proposals.</p> <p>We will always consider the amount of time it is fair to give to our stakeholders to understand and to have their say, recognising that this will vary between individuals and groups.</p> <p>For statutory or major consultations, which will</p>
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	<p>have a significant impact on people, we will follow the legal requirements and make sure that people are given plenty of time, which is proportionate to the impact of any proposals, making sure that the way we communicate is tailored to the audience.</p>
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<p>Principle four –</p> <p>Provide opportunity for everyone</p>	<p>We will involve different groups within the community who may be affected by any proposed changes, making sure we use a variety of ways to reach all the different community groups, including the most disadvantaged, to give everyone the opportunity to be involved.</p> <p>It is important to us to find out the needs and views of different communities and groups in the city to make sure that people are treated fairly.</p> <p>For example, disabled people, older people, people who have difficulty reading, writing or speaking English may need us to use different methods of engagement.</p> <p>We will work to identify barriers to engagement and develop ways to overcome them with our stakeholders.</p> <p>It will mean that we gather their views in the way that is best for them, not easiest for us. (See Appendix 5 for example of engaging with people who have dementia).</p> <p>Some groups of people may not be as easy for us to get in touch with as others. But it’s our job to give <i>everyone</i> - including people that have found us hard to contact or talk to – the opportunity to be involved.</p> <p>To make sure we reach our target audiences in</p>
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	<p>the most effective way, we will work with voluntary and community groups, our partners, providers and other services, using their communication channels, which are already established and known by our target audience.</p> <p>We will ensure that the way we communicate is tailored to the audience which we intend to reach, e.g. for a customer who is deaf, having one named person who can communicate face to face with them using British Sign Language (BSL).</p> <p>We will make sure we create opportunities to involve as many different stakeholders as possible, to avoid the same people being asked over and over again and getting as many views as possible.</p>
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<p>Principle five –</p> <p>Be honest, open and report findings</p>	<p>We will be honest, transparent and accountable</p> <p>We will give people as much information as possible about what the engagement activities are about, the purpose, including any background information and why it is happening and who is being engaged so that they have all the information they need to take part in the process.</p> <p>We will tell people what the decision making route will be by being clear how the final decisions will be made and by when.</p> <p>We will also be clear from the start what the engagement activities can and can't influence, what will happen to the information provided and how it will help us make decisions, changes and improvements.</p> <p>We will ensure all communication is in plain</p>
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	<p>language and written clearly and concisely, tailoring it to the audience to make sure it is accessible and useful to everyone.</p> <p>When we ask for people’s views, we have an obligation to respond to what they have said within 12 weeks of the consultation or engagement activities ending.</p> <p>If we are unable to act upon what they have said we will give them a full explanation of the reasons why, so that they know that we have listened and they are kept informed of why we have made the decisions or changes we have made.</p> <p>We will use the most appropriate methods to tell people what has happened as result of the engagement activity, such as writing directly to everyone who gave us their views (if possible), letting them know via their preferred method, publishing it on our website, publishing on local newsletters (if available) or informing them via the relevant community or voluntary group who they belong to.</p>
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<p>Principle six</p> <p>learn from our partners</p>	<p>We will learn from our own, our partners and other organisations to improve the way we engage with our stakeholders</p> <p>Different organisations have different strengths. We will review how we work together and learn from our own and other organisations the lessons to support change, to make sure that we continue to improve how we engage with our stakeholders.</p>
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<p>Principle seven -</p>	<p>Use a central place for all public consultations and engagement activities</p>
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central place for all public consultations and engagement activities

Along with other methods, to reach our target audience, we will list all our public consultations and engagement activities on our website <http://consultations.leicester.gov.uk/> , which will be well communicated and accessible from one central location on the council website.

We want to give everyone the opportunity to be involved and work in partnership with us when we plan, design, create, commission, provide, deliver and evaluate services.

We will, therefore, along with other methods used to reach our target audience, always publish our public consultations and engagement activities on our website to make it easier to find and get involved.

If people are not able to access the information online we will make sure it is accessible from the councils customer access points located within the city e.g. libraries, customer services, housing offices.

We will also make sure that as well as reporting back via the preferred method to everyone involved, we will publish the findings and the effect peoples input has had on services or decisions onto the website.

We will try and do this within 12 weeks of the end of the engagement activities, or, if we can't, we will let people know when the results and actions will be made available.

1. INTRODUCTION

Leicester City Council Adult Social Care aims to develop social care services that are responsive to the needs of residents.

We therefore need to create opportunities that will drive **co-production** into all areas of commissioning and delivery of key local services, i.e. creating opportunities for our customers their carers and families, our partners, other council services, voluntary and community sector organisations, provider organisations, statutory services and the local community (**i.e. our stakeholders**) to be involved and work in partnership with us from the start of any plans to design, create and deliver services and shape local services, to reflect what matters most to them.

[The New Economics Foundation \(NEF\)](#) have suggested co-production can mean: -

forming equal and reciprocal partnerships between service providers, the people who use services and others, to design and deliver services.
(See appendix 8 in the main strategy for example of co-production good practice).

(this is the definition we have adopted for this strategy)

Stakeholders

When we use the word 'stakeholders' in this strategy we mean our customers their carers and families, our partners, other council services, voluntary and community sector organisations, provider organisations, statutory services and the local community

The term '**customer**' is used to describe people who use our services.

This strategy is a guide for Adult Social Care staff and it identifies the key principles necessary to have active dialogue, engage effectively and listen to the views of the many and varied stakeholders from our diverse community. It also tells our stakeholders what to expect from the council when they are asked to take part in any engagement activity.

1.1 Why we need this strategy – Our responsibilities

If we want to be sure our services are focused on customer need, are person centered, appropriate and provide a good service, we need to get better at engaging with our stakeholders.

The Social Care Institute of Excellence (SCIE) states :-

“Stakeholder involvement and participation is crucial to successful and lasting change in social care, and will be particularly important in achieving personalised services.

All successful change engages a wide network of stakeholders, including other health and social care organisations.

Engagement should begin early in service or policy development, when the service or policy is still under consideration and views can genuinely be taken into account. This could range from gathering new ideas to testing options.

There are many potential benefits for all concerned and by having active dialogue, **engaging effectively** and **listening** to our stakeholders:

- We can learn from our customers (or potential customers), ensuring that services provided are fit for purpose.
- We will increase the level of transparency.
- We can improve our relationship with our stakeholders.
- We may find ways to reach groups who might not otherwise access our services.
- Customer satisfaction can be improved.
- We can provide staff with a greater sense of purpose and fuller sense of how their work impacts on the community.
- People involved can feel an increased sense of purpose, ownership or usefulness.

- People may also benefit by learning and developing new skills, increasing their confidence and enjoyment of life, and improving their health and wellbeing.

1.2 What we want this strategy to do

In order to achieve personalisation Government policy and legislation is directing us towards the need to carry out good stakeholder engagement (See **Appendix 1** for key drivers for improving stakeholder engagement). Furthermore, the feedback from voluntary and community groups and carers backs up the need to be better at engaging (see section 1.6).

To do this, a clear strategy for engaging with our stakeholders is necessary.

This strategy has therefore been developed to assist adult social care staff on how best to engage with our stakeholders including engagement methods or tools to be used for a variety of different situations.

This **engagement** strategy has been consulted with services across the council, voluntary and community groups, customers, carers, Health and Healthwatch (Leicester),

We want this stakeholder engagement strategy to:

provide a clear and a high level framework within which Adult Social Care can develop increasingly effective and appropriate means of engaging with its many and varied stakeholders – in ways which involve people affected early, and work in partnership with them when creating, planning, designing, commissioning, delivering, and evaluating services i.e. **co-production**.

We want to achieve a more personalised service leading to improved outcomes.

1.3 Who this strategy is for

The strategy, which reflects both our statutory duties and corporate objectives, will:

- Give guidance to staff in adult social care for engaging effectively with our stakeholders when planning, designing, commissioning, delivering, reviewing and evaluating services.

- Inform our stakeholders how Adult Social Care will engage with them when we are planning, designing, commissioning, delivering, reviewing and evaluating services

1.4 Definition of stakeholder engagement

For the purpose of this strategy **stakeholder engagement refers to the many different ways in which** ‘our customers their carers and families, our partners, other council services, voluntary and community sector organisations, provider organisations, statutory services and the local community **are involved in, or participate** to provide input, feedback, advice and ideas on projects, policies, plans or services that the council is planning, designing, commissioning, delivering, reviewing and evaluating’.

Stakeholders can be defined as any person, group of people or organisation who have a significant interest in services provided, or can affect or will be affected by, any planned changes or project.

They can be internal or external to the council, and they include:

- Our Customers, cares and their families
- Politicians (City Mayor, Assistant Mayors, Councillors, MPs)
- Providers of services
- Clinical Commissioning Groups (CCGs)
- NHS
- Members of the public and the wider community
- Organisations representing the wider interests of those using our services
- Voluntary and community groups
- Other council services e.g. Housing, Children Services
- Statutory services
- Our partners

(In this strategy ‘stakeholders’ mean our customers their carers and families, our partners, other council services, voluntary and community sector organisations, provider organisations, statutory services and the local community).

1.5 What do we mean by consultation, involvement and engagement?

Throughout this document the terms consultation, involvement and engagement are used, terms, which are often used interchangeably. All are about listening to views of our stakeholders in order to shape services, develop policy or take action.

For the purposes of this document these terms are defined as follows:

Consultation is the process of asking for and listening to the views of stakeholders with the aim of influencing decisions, policies or actions. Consultation can be part of the wider engagement process and this may be the formal part of the process.

Involvement is a process in which stakeholders actively participate, and during which the council exchanges information with them and seeks their views.

Engagement involves active dialogue, which is mutually beneficial **two-way partnership** between the council and stakeholders when designing, planning, creating, commissioning, delivering and evaluating services. **Decision-making may be shared** between the parties.

The concept of a 'ladder of public engagement' has frequently been used to describe the different levels of participation.

The table below is simplified version:

1.6 Levels of engagement

Engagement can be at various levels ranging from being consulted about a plan or community needs, to very high levels of involvement such as co-production when power is shared and stakeholders can have influence over decisions made. The levels and types of engagement you choose will depend on what outcomes you require from the exercise: -

Inform – Tell people	Consult – Ask People	Collaborate – (Act together)	Co-produce – (produce with)
<p>Making the local community aware of local issues and initiatives</p> <p>This also forms the basis of all other levels of engagement, as it is essential that participants can make informed choices.</p>	<p>Where information is provided and views are sought from the public</p> <p>Generally, this is used when options are limited and specific feedback is required from the customers and community, and where we want to know where gaps are or new issues need to be discussed.</p> <p>Can be used when analysing and reviewing services</p>	<p>Where a partnership is created to develop a project, plan or progress an issue and consider advice into decision-making. This is where the community is involved early in the planning, design and delivery of services.</p>	<p>Forming equal and reciprocal partnerships between service providers, the people who use services and others, to design and deliver services. (New Economic Foundation)</p> <p>In practice, co-production involves people being included and working together from the start to the end of any project that affects them.</p> <p>Customers, carers and their families experience gained from using the service will be valuable in planning, designing and delivery of services. They work with organisations as equal partners.</p> <p>Work done by the New Economics Foundation highlights four core values underpinning the co-production approach:</p> <p>Recognising people as assets - This involves transforming the perception of people from passive recipients of services and burdens on the system into one where they are equal partners in designing and delivering services. The approach transforms the delivery model of public services from a deficit approach to one that provides opportunities to recognise and grow people’s capabilities and actively supports them to put these to use in their lives.</p>

Inform – Tell people	Consult – Ask People	Collaborate – (Act together)	Co-produce – (produce with)
			<p>Valuing work differently – When co-production works best the distinction between professionals and recipients, between producers and consumers of services, becomes blurred. Public service agencies become catalysts and facilitators of change rather than central providers of services themselves.</p> <p>Promoting reciprocity, giving and receiving - This involves offering people a range of incentives to engage, enabling us to work in reciprocal relationships with professionals and with each other where there are mutual responsibilities and expectations.</p> <p>Building Social Networks - It is important to develop peer support networks, which engage peer and personal networks alongside professionals and acknowledge that this is an effective way of transferring knowledge and supporting change.</p>



1.7 Key drivers for improving stakeholder engagement

Legislation and policy is driving the need for better engagement and there are a number of key policy drivers, which recognise the importance of good engagement in achieving personalised service. These are listed in **Appendix 1**.

1.8 What people have told us about our current engagement methods

A short survey was carried out recently **amongst voluntary and community groups** and **carers** to find out what their experience had been of being consulted about changes to adult social care services, which may affect them. They were:

Voluntary and community groups views	
a. Experience to date of being consulted	
	<ul style="list-style-type: none">- not being given enough time to give their views- been given long and complicated documents- not being informed of the outcome and what difference their input has made (if any).- “been generally poor, feels like we are a long way from true co-production”.- Not been shown much respect
b. How they would like to be involved/consulted/informed	
	<ul style="list-style-type: none">- In a timely manner and a variety of feedback options – one glove does not fit all- Higher level of engagement between commissioners and groups. Get out and visit the groups and actively engage in conversations with staff, volunteers and service users on their terms. Be clear about what is being asked of people and what the changes represent as well as the reasons for change
c. 3 most important things the council should do to make sure they listen to the views of people who use or may use services in the future	

- Meet people on their own terms and territories. If people are not willing to bring their views direct to the table give them other opportunities to do so. This could be through organisations individuals are represented by and have grown to trust
- Ensure they aim to involve people from the diverse culture of Leicester and in particular those whose voices are very seldom heard from the African, Caribbean and Bengali communities. Engage with all service users and not just those who are part of a service user group
- Be clear about what is being asked and why and always report back in order to show that you have listened and that it has made a difference

d. Other comments and suggestions

- Engagement needs to be in a timely manner
- The need for the council to look at the gaps in service users' feedback and aim to directly address this
- More recognition of the VCS – not having the usual sub departments as the LCC e.g. HR, IT. A need for much more understanding and real meaningful partnership
- Co-ordinate engagement activities: Health, Housing, Social Care partners should work together on joint strategies, not in isolation
- Share resources (buildings)

Carers Views

a. Experience to date of being consulted

- Not getting feedback
- Not asking the service users directly (e.g. not making special arrangements to use the appropriate method for communicating with an adult who can't speak due to disability)
- No effort has been made to consult with carers who provide care 24/7. Other methods to consult with them should be used – not just a survey online!
- Most carers don't have internet access or don't have time to go online

b. How they would like to be involved/consulted/informed

- Categorise carers by level of care they give, which will give an idea of their availability – Ask carers what their preferred method of communication is and use the carers preferred method of communication or various methods to make sure all carers are given the opportunity to give their views and take part in the engagement exercise
- Face-to-face meetings are preferred rather than questionnaires.
- Give service users plenty of notice of intention to consult and arrange mutually

convenient time. This would give time for the carer to make arrangements and for service user to prepare

c. 3 most important things the council should do to make sure they listen to the views of people who use or may use services in the future

- Involve carers individually face-to-face.
- Carers and service users must both be given the opportunity to be consulted separately.
- If using a questionnaire make sure there is a space for 'any other comments/suggestions'.

d. Other comments and suggestions

- Think about the time and commitments carers have and be sensitive to this. Carers have not got time to attend meetings away from the person they care for and if they do, time is very limited. Use various methods to consult with carers and give them feedback on what has been done with their responses and what decisions have been made.

2. WHAT GOOD EFFECTIVE CUSTOMER STAKEHOLDER ENGAGEMENT WILL LOOK LIKE

We want to make sure that the decisions we make and the services we provide achieve a personalised service to meet the needs of our customers, and any change is successful and long lasting.

To do this, we know that engaging with our stakeholders in a meaningful way is vital.

This is why:

We want people to be actively involved in the planning, designing, commissioning, delivery and evaluation of services, whenever this is possible.

By following the four core principles developed by the [New Economics Foundation](#) underpinning the co-production approach and the seven principles of personalisation of services

we will :

- **Recognise people as assets and provide opportunities** for our stakeholders to **work in partnership** and work as **equal partners** with us when we are planning, designing, commissioning, delivering and evaluating services.

When we work in partnership we will also:

- Give everyone that may be affected by any proposed changes the opportunity to be **included as early as possible** in the engagement activities.
- Be **clear** about the purpose of the engagement activity – why we are seeking views
- Give sufficient **time** to respond to an engagement activity
- Use **different ways** of engaging, that make it easy for everyone who wants to be involved, making sure engagement activities support the participation of seldom heard groups and those with

special requirements

- Ensure mechanisms are in place to tell everyone **what was said** and **what we have done** as a result of the engagement activities, within 12 weeks of the end of the engagement process.
- **Value working differently** - when we work together we will become catalysts and facilitators of change rather than central providers of services
- **Promote reciprocity, giving and receiving** - offer people a range of incentives to engage, to help us us to work in reciprocal relationships with professionals and with each other where there are mutual responsibilities and expectations.
- **Build Social Networks - Improving co-ordination** with our partners in engagement activities and share information and knowledge to support change.

2.1 Our Stakeholder Engagement Principles

To put co-production into practice we need to have a process of active dialogue and engagement between people who use services and those who provide them. This is not an add-on to our work but central to how we carry out our work.

Therefore engagement and the process of active dialogue should begin early in service or policy development, when the service or policy is still under consideration and views can genuinely be taken into account. For example, discussions in a targeted way can start at the very early stages of a wider scheme of engagement (use the diagram in **appendix 3** to guide you).

The principles below should be adopted by Adult Social Care when engaging stakeholders when changes to services/policy are being proposed and as part of service design, planning, commissioning, delivering and evaluating of services.

They are intended to give staff in Adult Social Care the guidance they need to carry out active dialogue and effective and meaningful engagement, which will : -

- help to improve services;
- achieve personalised services; and
- help us make good decisions for the city.

They are aligned to the [Governments' Consultation Principles](#) that government bodies and other public bodies should adopt when developing policy and legislation, the four core principles of co-production developed by the [New Economic Foundation \(NEF\)](#) and the council's corporate guidelines . The principles also incorporate The Seven Principles of Personalisation of Services as stated in the [Vision for Adult Social Care: Capable Communities and Active Citizens](#).

Adult Social Care Stakeholder Engagement Principles

Principle one - Improve partnership working

Plan engagement activities well and identify appropriate partners to work together wherever possible, to avoid duplication and consultation fatigue.

We will co-ordinate our engagement activities across our partners and different organisations so that we use our resources in the most effective way.

Our work will be evidence based and we will use available research and knowledge from our partners to learn and support change effectively.

We will not carry out engagement activities if the information we need is already available.

Principle two – Treat people as assets and involve them early

We will value the views and experiences of our stakeholders and will involve them as early as possible, to give them plenty of time to influence decisions, which works for everyone.

We value the views and experiences of people who use our services, including their carers and families.

We will work with them and anyone else affected from the start (day one) of any service or policy development, to give them plenty of time to influence decisions.

We will show respect, recognise people's capabilities and accept without criticism the differing views, backgrounds, knowledge, expertise and reasons for taking part.

Principle three – Enough time to have a say, proportionate to impact

When we ask for views, we will give people enough time to respond, which is proportionate to impact.

Different types of activities within the wider scheme of engagement may require more or less time for people to respond.

We will make sure that the time allowed to respond during each stage of the engagement process is proportionate in scale to the potential impacts of any proposals.

We will always consider the amount of time it is fair to give to our stakeholders to understand and to have their say, recognising that this will vary between individuals and groups.

For statutory or major consultations, which will have a significant impact on people, we will follow the legal requirements and make sure that people are given plenty of time, which is proportionate to the impact of any proposals, making sure that the way we communicate is tailored to the audience.

Principle four – Provide opportunity for everyone

We will involve different groups within the community who may be affected by any proposed changes, making sure we use a variety of ways to reach all the different community groups, including the most disadvantaged, to give everyone the opportunity to be involved.

It is important to us to find out the needs and views of different communities and groups in the city to make sure that people are treated fairly.

For example, disabled people, older people, people who have difficulty reading, writing or speaking English may need us to use different methods of

engagement.

We will work to identify barriers to engagement and develop ways to overcome them with our stakeholders.

It will mean that we gather their views in the way that is best for them, not easiest for us. (**See Appendix 5** for example of engaging with people who have dementia).

Some groups of people may not be as easy for us to get in touch with as others. But it's our job to give *everyone* - including people that have found us hard to contact or talk to – the opportunity to be involved.

To make sure we reach our target audiences in the most effective way, we will work with voluntary and community groups, our partners, providers and other services, using their communication channels, which are already established and known by our target audience.

We will ensure that the way we communicate is tailored to the audience which we intend to reach, e.g. for a customer who is deaf, having one named person who can communicate face to face with them using British Sign Language (BSL).

We will make sure we create opportunities to involve as many different stakeholders as possible, to avoid the same people being asked over and over again and getting as many views as possible.

Principle five – Be honest, open and report findings

We will be honest, transparent and accountable

We will give people as much information as possible about what the engagement activities are about, the purpose, including any background information and why it is happening and who is being engaged so that they have all the information they need to take part in the process.

We will tell people what the decision making route will be by being clear how the final decisions will be made and by when.

We will also be clear from the start what the engagement activities can and can't influence, what will happen to the information provided and how it will help us make decisions, changes and improvements.

We will ensure all communication is in plain language and written clearly and concisely, tailoring it to the audience to make sure it is accessible and useful to everyone.

When we ask for people's views, we have an obligation to respond to what they have said within 12 weeks of the consultation or engagement activities ending.

If we are unable to act upon what they have said we will give them a full explanation of the reasons why, so that they know that we have listened and they are kept informed of why we have made the decisions or changes we have made.

We will use the most appropriate methods to tell people what has happened as result of the engagement activity, such as writing directly to everyone who gave us their views (if possible), letting them know via their preferred method, publishing it on our website, publishing on local newsletters (if available) or informing them via the relevant community or voluntary group which they belong to.

Principle six - Learn from partners

We will learn from our own, our partners and other organisations to improve the way we engage with our stakeholders

Different organisations have different strengths. We will review how we work together and learn from our own and other organisations the lessons to support change, to make sure that we continue to improve how we engage with our stakeholders.

Principle seven – Use a central place for all public consultations and engagements

Along with other methods, to reach our target audience, we will list all our public consultations and engagement activities on our website <http://consultations.leicester.gov.uk/> , which will be well communicated and accessible from one central location on the council website.

We want to give everyone the opportunity to be involved and work in partnership with us when we plan, design, create, commission, provide, deliver and evaluate

services.

We will, therefore, along with other methods used to reach our target audience, always publish our public consultations and engagement activities on our website to make it easier to find and get involved.

If people are not able to access the information online we will make sure it is accessible from the councils customer access points located within the city e.g. libraries, customer services, housing offices.

We will also make sure that as well as reporting back via the preferred method to everyone involved, we will publish the findings and the effect peoples input has had on services or decisions onto the website.

We will try and do this within 12 weeks of the end of the engagement activities, or, if we can't, we will let people know when the results and actions will be made available.

See **Appendix 2** for a copy of the Adult Social Care Stakeholder Engagement Principles

3. HOW TO CARRY OUT EFFECTIVE STAKEHOLDER ENGAGEMENT

3.1 The engagement and Involvement cycle – when to engage?

It is vital to commission good quality services that are value for money and that meet people's needs. This means that people must be at the heart of the commissioning process. Therefore, we involve and engage with people when we:

- Plan and design services
- Deliver services
- Monitor and review the services

Appendix 3 The engagement and involvement cycle is based on the commissioning cycle and shows when to engage with stakeholders.

3.2 How to identify your stakeholders

3.2.1 Stakeholder Analysis

Early in the planning process, undertake an initial stakeholder analysis. Corporate guidelines on how to carry out a stakeholder analysis can be found on [interface](#)

When carrying out a stakeholder analysis, remember to consider:

- carers, friends and families of service users
- other staff.
- relevant pressure groups
- gender, disability, and ethnicity-specific groups
- community groups and community activists

Suggestion Box

Key questions to ask during a stakeholder analysis:

- Who is the decision-maker on this topic?
- Who will be affected by any decisions made?
- Who runs organisations with relevant interests?
- Who can obstruct a decision if not involved?
- Who has or hasn't been involved in this issue in the past?
- Certain groups are 'easy to overlook' (incorrectly referred to as 'hard to reach').

3.2.2 Managing Diversity

Leicester City Council is committed to equality of opportunity, elimination of discrimination, and promotion of good relations between all people.

Use the equality monitoring forms to help you think about how to undertake some engagement, and to think about the variety of aspects, which need to be teased out about how people use adult social care services.

The following documents also offer guidance on how to manage diversity: -

- [The Corporate Equality Strategy](#)

The strategy sets out the City Mayor's and Executive's commitment to ensuring that the council meets the needs of Leicester residents within the resources we have available and that equality considerations are embedded in all of our actions.

- [The Equality Framework for Local Government](#) gives guidance on how to deliver on the public sector equality duty (PSED).

The purpose of the Equality Framework for Local Government (EFLG) remains to help organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010.

By using the EFLG organisations can also be helped to deliver on the public sector equality duty (PSED).

3.3 Corporate guidelines

It is important that staff follow the corporate guidelines when carrying out public consultations.

The [Communications and Marketing Team](#) can give advice on how to carry out public consultations.

Information and advice for managing public consultations and a 'procedure manual for lead officers' can be found on interface at:

<http://interface.lcc.local/our-organisation/corporate-resources-and-support/dcpq/comms-digital-media/communications-and-marketing-team/public-consultation/>

3.4 **Methods to engage with stakeholders**

Different issues and situations will call for different engagement methods. **Appendix 4** provides a brief summary of a number of methods that may be appropriate to use in the involvement of stakeholders when planning and designing services, delivering, monitoring and reviewing services.

3.5 **Key contacts and channels for engaging with stakeholders**

You may want to consider using other services and partners communication channels, which are well established and known by colleagues.

At all times you should avoid sending out surveys with very short deadlines.

Advice is also available from the [corporate communications](#) and digital team.

3.6 Measuring engagement

It is important that you or your peers monitor the impact of your engagement event according to your objectives. The evaluation will assist in identifying what has been learned and what might be done better in the future.

A final evaluation will need to assess the following key criteria:

- a) Whether the (engagement) process met its own aims (i.e. desired outcomes) and originally agreed purpose
- b) Whether the process met the explicit and implicit demands of the participants.
- c) Whether the process met the Adult Social Care Stakeholder Engagement Principles

The final evaluation may also aim to evaluate whether:

- The level of participation (e.g. consultation or collaborative work) was appropriate
- The methods and techniques were appropriate and ensured that opportunities to be involved were available to all, including seldom heard groups or those who may have special requirements
- The costs were reasonable and within budget
- What was produced and organised (i.e. outputs) helped towards achieving the desired outcomes
- The ways in which the responses from the process (such as recommendations) were effectively dealt with

See Appendix 7 – Evaluation Matrix 4. GLOSSARY OF TERMS

TERM/WORD	DEFINITION/WHAT IT MEANS
Adult Social Care (ASC)	City council division responsible for assessing social-care need, and planning, commissioning and purchasing services for adults (often referred to externally as social services).
Carer	<p>A person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help.</p> <p>This is distinct from a care worker, who is paid to support people.</p>
Clinical Commissioning Groups (CCGs)	The CCGs are groups of GPs who are responsible for designing local health services in England. They will do this by commissioning or buying health and care services, including elective (non-emergency) hospital care, rehabilitation care, urgent and emergency care, most community health services, mental health and learning disability services.
Commissioning	is the process of planning local services to meet the needs of the local population. It includes developing and purchasing services, and checking and reviewing their development.
Compact	An agreement made between the Council and the voluntary and community sector on how they can best work together.
Consultation	Is the process of asking for, and listening to the views of local people or groups with the aim of influencing decisions, policies or actions.
Co-production	<p>The New Economics Foundation (NEF) has suggested co-production can mean: -</p> <p>forming equal and reciprocal partnerships between service providers, the people who use services and others, to design and deliver services.</p>

TERM/WORD	DEFINITION/WHAT IT MEANS
	(See appendix 8 in the main strategy for example of good practice).
Customers	In this strategy it is used to describe people who use our services.
Equality Impact Assessment (EIA)	An EIA helps public authorities make sure their policies and activities meet their statutory duties on equality. It involves looking at any new policy or activity to determine whether it will have a positive or negative effect on any particular protected characteristic/group in the community.
Healthwatch	Is a new independent consumer champion created to gather and represent the views of the public [replacing the Local Involvement Network (LINK) – see below]. Launched in April 2013, Healthwatch plays a role at both national and local level and will make sure that the views of people who use services, and all members of the public, are taken into account.
Health and Wellbeing Board	The Health and Social Care Bill established Health and Wellbeing Boards. The Boards have a major role in promoting shared commissioning and integrated services between health, public health and social care services.
Local Involvement Network (LINK)	Local Involvement Network (LINK) Individuals and community groups who worked together to improve health and social care services. Replaced by Healthwatch in April 2013.
Public Health	Public Health is responsible for improving and protecting health and reducing health inequalities in the local population. Under new legislation, many aspects of public health transferred from the NHS to councils in April 2013.

TERM/WORD	DEFINITION/WHAT IT MEANS
Stakeholder	Can be defined as any person, group of people or organisation who has a significant interest in services provided, or can affect or will be affected by, any planned changes or project.
Stakeholder engagement	The process by which an organisation involves people who may be affected by the decisions it makes or can influence the implementation of its decisions.

5. References

- Putting People First, a shared vision and commitment to the transformation of adult social care:
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118
- Practical approaches to co-production, DH Social Care Policy Team, 2010 Building effective partnerships with people using services, families, carers and citizens
http://www.thinklocalactpersonal.org.uk/library/PPF/NCAS/Practical_approaches_to_co-production_12_November_2010_v3_ACC.pdf
- Co-production definition: New Economics Foundation (NEF)
<http://www.neweconomics.org/teams/entry/social-policy/blog>
- A Vision for Adult Social Care: Capable Communities and Active Citizens
http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_121508
- Equalities Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/section/149>
- Best Value Statutory Guidance
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/5945/1976926.pdf
- Localism Act 2011 – <https://www.gov.uk/government/publications/localism-act-2011-overview>
- Leicester City Council Adult Social Care Vision
<http://www.cabinet.leicester.gov.uk/documents/s38472/ASC%20vision%20-%20v6.pdf>
- Leicester Compact <http://www.leicestercompact.org.uk/>
- Health and Social Care Act <http://services.parliament.uk/bills/2010-11/healthandsocialcare.html>

- The New Public Health Role of Local Authorities
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213009/Public-health-role-of-local-authorities-factsheet.pdf
- Draft Care and Support Bill <http://services.parliament.uk/bills/2013-14/care.html>
- Co-production
http://www.thinklocalactpersonal.org.uk/BCC/About_BCC/What_is_co-production/
- Not another consultation, making community engagement informal and fun
<http://www.involve.org.uk/wp-content/uploads/2011/09/Not-Another-Consultation.pdf>
- [Social Value – A Commissioning Framework Pt. 1 Lessons from Lambeth Tony Blue and Anna Randle](#)

APPENDICES

APPENDIX 1

Key drivers for improving stakeholder engagement

Legislation and policy is driving the need for better engagement and there are a number of key policy drivers, which recognise the importance of good engagement in achieving personalised services: -

Date	Legislation	What it says
July 2007	Putting People First	The implementation of this vision was launched as 'Transforming Adult Social Care. It pledged that partner organisations will work with councils to help them communicate effectively and involve people who use services, carers and other citizens in the transformation of adult social care.
4 October 2010	Leicester Compact	Through the Leicester Compact the city council is committed to working with public, voluntary and community sectors to build capacity and to commission services from the voluntary and community sectors where this can contribute most effectively.
November 2010	Social Care Vision	A Vision for Adult Social Care: Capable Communities and Active Citizens. - sets out seven principles for the personalisation of services: (Prevention and early intervention, Personalisation, Partnerships, Plurality, Protection, Productivity and People) This report also highlighted the valuable role local communities can play in helping people to retain their independence, as well as the need to break down barriers between health and social care funding.
April 2011	Equalities Act 2010 Public Sector Equality Duty	The Public Sector Equality Duty came into force across Great Britain on 5 April 2011. Under this Act all local authorities and other public bodies have a 'public sector equality duty' to advance equality of opportunity and encourage people from protected groups to participate in public life. One of the aims of doing this is to ensure that the needs of people from all groups protected by the legislation (protected characteristics) are understood and considered in commissioning, design and delivery of services. Their involvement through

Date	Legislation	What it says
		meaningful/appropriate consultation ensures that their needs are identified and thus, understood.
September 2011	Best Value Statutory Guidance	The Duty to Involve was scrapped and replaced with Best Value Statutory Guidance, retaining a requirement for councils to consult, but focusing on detail around the commissioning of services.
November 2011	Localism Act 2011	The Localism Act takes engagement a step further by giving people, including those who use services, the right to bid to provide some services themselves. This gives people the chance to turn their ideas for change into services that people, including themselves, will want to use.
February 2012	Leicester's Adult Social Care Vision (Endorsed by the City Mayor and Cabinet)	Adopted Capable Communities and Active Citizens seven principles for the personalisation of services, to ensure we deliver high quality personalised services to the older and vulnerable people of Leicester. Report also included a requirement for Improved communications and engagement with the wider public and service users about changes.
April 2012	Health and Social Care Act 2012	The Act (Section 192) imposes a statutory duty on health and wellbeing boards to involve the people who live or work in the local authority's area, for example, in preparing joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWs) for the area.
July 2012	Caring for Our Future	Outlines several key areas in which user-led organisations can play an important part in social care. These organisations can give people who use services a voice and also provide some support services directly, particularly around advocacy, peer support and joint purchasing by people with personal budgets.
January 2013	Public Services (Social Value) Act 2012	The Social Value Act requires public sector agencies, when commissioning a public service, to consider how the service they are procuring could bring added economic, environmental and social benefits. Commissioners also have to consider whether they should consult on these issues (for instance with potential users or suppliers of the service in question).

Date	Legislation	What it says
April 2013	Healthwatch	The Local Involvement Network (LINK) was replaced by Healthwatch. Their function is to make sure that the views of people who use services and other members of the public are taken into account.
April 2013	Public Health transferred to the council	Under the Health and Social Care Act 2012 responsibility for many aspects of public health transferred from the NHS to the council. This offers lots of challenges and opportunities as we work towards an integrated public health system
May 2017	Care Act 2014	<p>Includes some plans that may support and encourage the use of co-production. The Act requires local authorities to work much more closely with partners, service users, carers and providers. These include:</p> <p>More of a focus on outcomes for people who use services.</p> <p>More support for joint commissioning of services and a pooling of budgets. Requirement for promoting greater integration and collaboration between Health and Social Care services when we think it would promote peoples well-being, prevent or delay the development of need, and/or improve the quality of support - (includes both adults and carers).</p> <p>A duty to cooperate – local authorities must work with partners (and our partners must work with us) when delivering adult social care or relevant services. This is specifically between ASC, Housing services, Children Services and Public Health, and also lists other partners. It lists reasons why we must work with partners (e.g. promoting well-being, addressing safeguarding risks – covers both adults and carers).</p> <p>Local authorities must work with partners (and partners must work with us) on specific cases unless it would</p>

Date	Legislation	What it says
		<p>have an adverse effect on delivering its own services (includes adults, carers, young carers and carers of children). This requires Adult Social Care to strengthen its relationships with a number of key stakeholders including the Clinical Commissioning Groups (CCGs), Children Services, Housing, Health and Well-being Board & Health and Well-being Scrutiny Commission.</p>

APPENDIX 2 – ASC CUSTOMER STAKEHOLDER ENGAGEMENT PRINCIPLES

Our Principles set out how Adult Social Care will carry out engagement activities. They are intended to give staff in Adult Social Care the guidance they need to carry out effective and meaningful engagement, which will help to improve services, achieve personalised services and help us make good decisions for the city.

Principle one - Improve partnership working

Plan engagement activities well and identify appropriate partners to work together wherever possible, to avoid duplication and consultation fatigue.

We will co-ordinate our engagement activities across our partners and different organisations so that we use our resources in the most effective way.

Our work will be evidence based and we will use available research and knowledge from our partners to learn and support change effectively.

We will not carry out engagement activities if the information we need is already available.

Principle two – Treat people as assets and involve them early

We will value the views and experiences of our stakeholders and will involve them as early as possible, to give them plenty of time to influence decisions, which works for everyone.

We value the views and experiences of people who use our services, including their carers and families.

We will work with them and anyone else affected from the start of any service or policy development, to give them plenty of time to influence decisions.

We will show respect, recognise people's capabilities and accept without criticism the differing views, backgrounds, knowledge, expertise and reasons for taking part.

Principle three – Enough time to have a say, proportionate to impact

When we ask for views, we will give people enough time to respond, which is proportionate to impact.

Different types of activities within the wider scheme of engagement may require more or less time for people to respond.

We will make sure that the time allowed to respond during each stage of the engagement process is proportionate in scale to the potential impacts of any proposals.

We will always consider the amount of time it is fair to give to our stakeholders to understand and to have their say, recognising that this will vary between individuals and groups.

For statutory or major consultations, which will have a significant impact on people, we will follow the legal requirements and make sure that people are given plenty of time, which is proportionate to the impact of any proposals, making sure that the way we communicate is tailored to the audience.

Principle four – Provide opportunity for everyone

We will involve different groups within the community who may be affected by any proposed changes, making sure we use a variety of ways to reach all the different community groups, including the most disadvantaged, to give everyone the opportunity to be involved.

It is important to us to find out the needs and views of different communities and groups in the city to make sure that people are treated fairly.

For example, disabled people, older people, people who have difficulty reading, writing or speaking English may need us to use different methods of engagement.

We will work to identify barriers to engagement and develop ways to overcome them with our stakeholders.

It will mean that we gather their views in the way that is best for them, not easiest for us. (**See Appendix 5** for example of engaging with people who have dementia).

Some groups of people may not be as easy for us to get in touch with as others. But it's our job to give *everyone* - including people that have found us hard to contact or talk to – the opportunity to be involved.

To make sure we reach our target audiences in the most effective way, we will work with voluntary and community groups, our partners, providers and other services, using their communication channels, which are already established and known by our target audience.

We will ensure that the way we communicate is tailored to the audience which we intend to reach, e.g. for a customer who is deaf, having one named person who can communicate face to face with them using British Sign Language (BSL).

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Principle five – Be honest, open and report findings

We will be honest, transparent and accountable

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When we ask for people's views, we have an obligation to respond to what they have said within 12 weeks of the consultation or engagement activities ending.

If we are unable to act upon what they have said we will give them a full explanation of the reasons why, so that they know that we have listened and they are kept informed of why we have made the decisions or changes we have made.

We will use the most appropriate methods to tell people what has happened as result of the engagement activity, such as writing directly to everyone who gave us their views (if possible), letting them know via their preferred method, publishing it on our website, publishing on local newsletters (if available) or informing them via the relevant community or voluntary group which they belong to.

Principle six - Learn from partners

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Different organisations have different strengths. We will review how we work together and learn from our own and other organisations the lessons to support change, to make sure that we continue to improve how we engage with our stakeholders.

Principle seven – Use a central place for all public consultations and engagements

Along with other methods, to reach our target audience, we will list all our public consultations and engagement activities on our website <http://consultations.leicester.gov.uk/> , which will be well communicated and accessible from one central location on the council website.

We want to give everyone the opportunity to be involved and work in partnership with us when we plan, design, create, commission, provide, deliver and evaluate services.

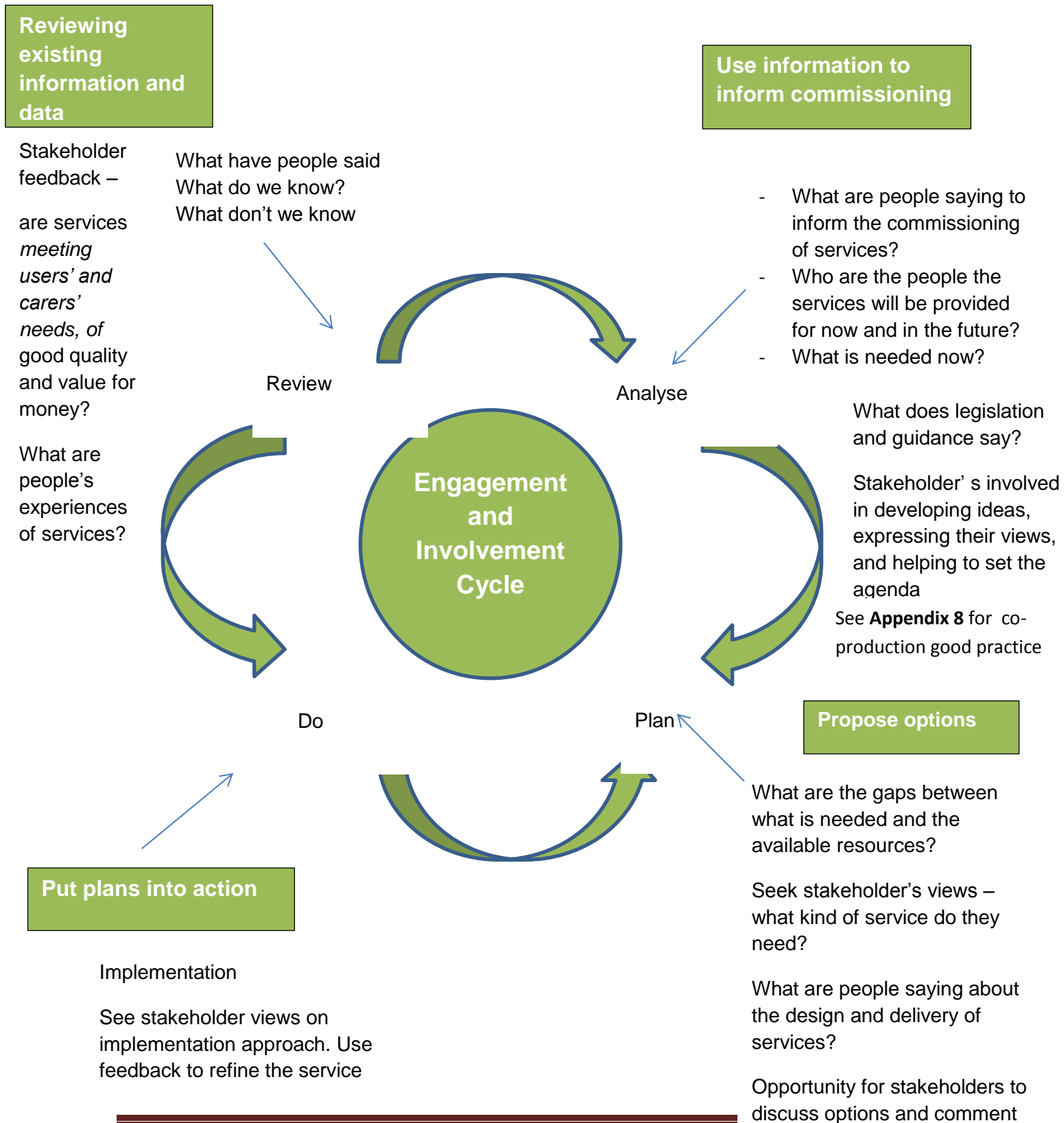
We will, therefore, along with other methods used to reach our target audience, always publish our public consultations and engagement activities on our website to make it easier to find and get involved.

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We will also make sure that as well as reporting back via the preferred method to everyone involved, we will publish the findings and the effect peoples input has had on services or decisions onto the website.

We will try and do this within 12 weeks of the end of the engagement activities, or, if we can't, we will let people know when the results and actions will be made available.

APPENDIX 3 - THE ENGAGEMENT AND INVOLVEMENT CYCLE



APPENDIX 4 – METHODS OF ENGAGEMENT

Example methodologies to involve stakeholders	Comments
Invitation Letters	Useful in early stages of public consultation to provide information regarding the process and disseminate instructions on how to respond/get involved.
Questionnaires and Surveys	<p>Structured way of obtaining basic information which can be easily analysed statistically.</p> <p>Able to reach a large number of people, they are convenient, economic and thus a good starting point.</p> <p>They need to be well structured and ensure that the questions are not leading.</p>
Exhibitions and Road Shows	<p>Useful way of presenting basic information and options to the public, especially local communities.</p> <p>Able to reach large numbers of people if well advertised.</p> <p>Allows face to face feedback of information.</p>
Public Meetings	Enable presentation of basic information to the general public. Allow large numbers of people to be involved in some limited discussion. Need to be carefully managed to ensure all views are heard. Cheaper than exhibitions and road shows.
<p>Use of the full range of the media</p> <p>Council public consultation website: http://consultations.leicester.gov.uk (all consultations should be published here)</p>	<p>Engages large numbers of the population via newspapers and radio.</p> <p>Useful at reaching those who may be more difficult to involve. Internet, websites, online questionnaires, chat rooms and notice boards have become increasingly popular ways of providing information and seeking feedback.</p> <p>Media can be used throughout the engagement process. You will need to seek advice from the Communications and Digital Media Team Ext 37 4158 (454 4158).</p> <p>To publish your public consultation page at http://consultations.leicester.gov.uk contact Research and Intelligence ext 37 2491 (Tel: 4542491)</p>

Example methodologies to involve stakeholders	Comments
Structured Interviews	Useful for obtaining specific information and attitudes from a range of stakeholders in the early stages.
Semi-Structured interviews	Useful in exploring more complex issues from key stakeholders later in the engagement process. The more open questions together with some structure allow a compromise between a thorough exploration of the issues and ease of analysis of responses.
Forums	Flexible in terms of representation, size, outcome and timing.
Methodology which allows for open discussion	
Focus Groups	Involves small groups (6-12) of people, which are asked questions by an experienced facilitator. Allows facilitator to probe emerging issues. It is resource intensive and may be more appropriately used later in the process.
Advisory Committee	Representative group of stakeholders, which can meet regularly throughout the engagement process to provide advice.
Workshop	Structured group discussions designed to solve problems and identify ways forward. Useful in bringing different groups of experts together and requires experienced facilitators as well as careful explanation of what is required to the attendees.
Round Table Discussions	Facilitated debates between groups holding different views with the aim of reaching consensus. Useful for engaging specialist interest and single-issue groups.

APPENIDX 5: EXAMPLE OF INVOLVING PEOPLE WITH DEMENTIA

GOOD PRACTICE

Example: Involving people with communication difficulties – NHS Ayrshire and Arran

In order to gather the views of people with dementia, the NHS Ayrshire and Arran Health Board organised two 'Getting Together' days where dementia sufferers were invited with a carer to discuss their needs and experiences of public services.

The terminology used throughout the course was carefully chosen so that the word 'dementia' was replaced with phrases such as 'people with memory problems' and 'people having problems with words'.

Participants and carers were encouraged to record their thoughts using pictures, words and photographs, which could be used in the future to remind participants of their involvement.

Discussion included **how participants get information on local services**, where they get it from and what they want to know.

Service providers were present to note the views and experiences arising from the discussion. The second day focused on the **promotion of dementia services**.

Health care professionals attending the event believed that participants were able to make a positive contribution to the discussions.

Source: <http://www.involve.org.uk/wp-content/uploads/2011/09/Not-Another-Consultation.pdf>

APPENDIX 6 - Stakeholder Engagement Process Evaluation Matrix

This table will help you monitor the impact of your engagement event according to your objectives.

Elements Include		1 (strong)	2	3	4 (weak)
Scoping process	Clear evidence of purpose, scope, context, stakeholder identification and desired outcomes.				
Purpose	Clearly defined aims and objectives, agreed by all parties involved in commissioning it. Clear how the outputs will be used to ensure the desired outcomes are achieved.				
Scope	Level of engagement clearly defined. Elements that can or cannot be changed identified. Potential risks thoroughly been identified & evaluated.				
Context	Wider issues detailed and communicated to participants early on, i.e. historical, political, physical and cultural context of the issue. Links with past or present related activities, organisations or consultations, policy legal or decision-making parameters, timescale constraints, participants' characteristics and capabilities				
Stakeholder Identification	Transparent and documented stakeholder identification process. All appropriate stakeholders in relevant parts of the process, including hard-to-reach (seldom heard) groups.				
Desired Outcomes	Clarity on exactly what is sought as a result of the engagement process, and consideration given to the most appropriate methods to achieve this.				
Key decision makers buy-in	Key decision-makers (e.g. politicians, directors, Boards, Committees, partnerships) fully informed and supportive of the engagement plan				
Engagement plan	Based on the result of the scoping process & does it have the backing of all the key decision makers.				
Engagement Methods	Different methodologies researched & selected to give everyone the opportunity to be involved... Careful planning for methods to be complementary and work together to make the overall process successful.				
Resources	Budget allocation sufficient to undertake an engagement process that will achieve desired outcomes. Clear roles and responsibilities detailed and time-lined for all involved in running the process. Those with appropriate skills allocated & if necessary trained to undertake specific tasks.				
Time schedule	Realistic time allocations, including that needed between events for work to be completed and to be taken to the next stage. Key dates, actions & decision deadlines detailed.				
Outputs	Clear & tangible outputs agreed prior to engagement activity and aligned with specific methodologies to lead to the desired outcome of the engagement process.				
Engagement process	There is a flexible approach to managing the process that would help in responding to the unpredictable. This is informed through an ongoing review process.				
Feedback	Feedback given to all stakeholders on time in their preferred method				
Review process	The review process is structured to inform those involved in the engagement process (and others) with the information to judge whether or not the process is likely to be, or has been, a success, to manage risk and to make responsive amendments to the process. Contains qualitative and quantitative evaluation criteria.				
Final evaluation	Evaluates if the process achieved its desired outcomes through appropriate level and methods of engagement, involving appropriate outputs, number of stakeholders engaging for each method, and use of budget & staff resources, effective response to feedback. Includes log of lessons learnt for future engagements.				

SOURCE : http://www.revit-nweurope.org/selfguidingtrail/27_Stakeholder_engagement_a_toolkit-2.pdf

APPENDIX 7 – LESSONS LEARNED LOG

Project/Service/Policy:
Date:

Item	Issue	Corrective Action
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Planning process *Examples: • What planning processes worked well? • What could have been improved or done differently? • Was there adequate time and resources for planning? • Did we forget any stakeholders? • Were the stakeholder groups representative?*

Engagement *Examples: -What engagement methods worked well? • What could have been improved or done differently? • Did we have enough time and resources? • Did we adequately identify and manage logistics and risks? • Were the stakeholders supportive/were they adequately engaged? • Were the numbers of stakeholders involved sufficient?*

Benefits/outcomes *Examples: • What has changed in terms of policy or project intentions? • How has the quality of services, projects or programs improved? • How did commitment to the wider policy or project change? • How has the relationship with the stakeholder changed? • What is the likely nature of any future relationship with this stakeholder?*

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[The New Economics Foundation](#) (NEF) have said **co-production** can mean: - forming equal and reciprocal partnerships between service providers, the people who use services and others, to design and deliver services. (See appendix 8 in the main strategy for example of good practice).

Case Study: Lambeth Council's Youth Offending Service Cooperative Commissioning

The commissioning process brought together commissioners and Youth Offending Service (YOS) practitioners with a group of young offenders to set the outcomes of a grant funded project and be involved at every stage including evaluating bids and assigning funding to the most appropriate project.

An outcomes based approach was used so that the project group could focus on the change that would occur as a result of particular activities and interventions and to allow providers and young people to innovate.

The commissioning team was made up of three young people, one council commissioner, two YOS practitioners and a psychiatrist.

The project used an asset-based approach to help the young people realise their own abilities and visualise a different future for themselves and other young people in Lambeth.

This helped them to appreciate their potential and built their confidence for later in the process when they were responsible for allocating funding.

The second part of the project involved the allocation of the grant. The young people prioritised the outcomes for the project and chaired the interviews of short-listed candidates.

They worked in partnership with the professionals within the group to allocate funding. The process also called for the organisations who are applying for grant funding to co-produce all the activities delivered.

Learning from this project is now being scaled up via the Young Lambeth Cooperative – a commissioning organisation, co-designed with Lambeth residents, that will be responsible for £8.8 million of play and youth services over the next 3 years

Source: Lambeth Council