



The purpose of this paper is to inform Members of progress with the Town Council's initiative to establish effective community engagement in the proposals for radical developments in the delivery of the Island's Health and Wellbeing services.

**No.   DETAIL**

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**1)   BACKGROUND**

- a) Report 72/16 to the Town Council meeting of 10 October provided the detailed background of the discussions between the Town Council and the My Life a Full Life programme ending with a reference to another meeting due on 14 October at Salisbury Gardens for its Director Nicola Longson and Communications Consultant Claire Robertson to meet with the Mayor, Clerk and Community Development Officer to continue those discussions.
  - b) Report 72/16 asked Members to provide guidance to the Mayor and Clerk on their approach to the 14 October meeting
  - c) Minute 144/16 in response was a unanimous resolution that:  
*The Town Council continue discussions with the My Life a Full Life Programme Director to secure the constructive engagement of Town and Parish Council with the programme by delivering effective community engagement.*
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**2)   THE MODEL**

- a) Nicola Longson began the meeting of 14 October by tabling a new model with a new, clear role of the role of Town and Parish Councils in securing their and their communities' engagement in the developments affecting their Locality: a copy of that model is attached to this Report.
  - b) The model is based on identifying a lead Town or Parish Council for each of the three Localities – South, North East and West & Central - with responsibility, for establishing a meeting of Advocates for health and wellbeing services from each of the Town & Parish Councils in their Locality and direct connection with+ the area's Locality Management Group.
  - c) Advocates may be a Member of the Council, a member of the Council's staff or a resident known to be well connected with their community and with a real interest in the area's health and wellbeing.
  - d) Freshwater has already indicated its willingness to take on the lead role for West & Central and discussions are ongoing to identify one for the North East.
  - e) The lead Council will be responsible for delivering the objectives list in the right hand block of the model and funding of £5,000 for that role is being made available to each lead Council.
  - f) Ventnor Town Council has the lead role for the South Locality and has agreed to pilot the setting up of the community engagement structures.
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### 3) THE PILOT

- a) Requests have been emailed to the Clerks and Chairs of each of the other 12 Town & Parish Councils in the South Locality, with supporting Briefing Note (attached for Members' information), asking them to formally nominate a Health & Wellbeing Advocate for their area during their November meetings.
- b) We will provide each participating Town and Parish Council and their Advocates with information on all aspects of the MLAFL programme and the community engagement element of it and will develop a dedicated digital Forum to facilitate that.
- c) Advocates will be expected to attend bi-monthly meetings in venues around the Locality, the first of which will agree the group's priorities and working practices and all following meetings will be attended by one or more senior staff members of MLAFL or the Locality Management Group.
- d) The purpose of the meetings will be to contribute to – and challenge – the Locality Management Group's Agenda and plans.
- e) Advocates will have their travel costs refunded and all meetings will be provided with light refreshments.
- f) Notes will be prepared from each of the meetings and circulated to an agreed distribution list.
- g) It has been agreed that our Community Development Officer will be a member of the Locality Management Group.
- h) In order to deliver the other listed objectives we have committed to work with Community Action IW to develop a rolling programme of events at venues throughout the South Locality to provide local residents with access to information about the available health and wellbeing services and how to access them.
- i) These will be smaller in scale and staffing commitment than the centrally organised Road Shows allowing their delivery in the community meeting places of as many as possible of individual parishes.
- j) We have also committed to TC will build on its already established relationships with other agencies providing related services to engage them more directly in the Locality-based structures including the Police, the Housing Associations, Charities and community organisations.

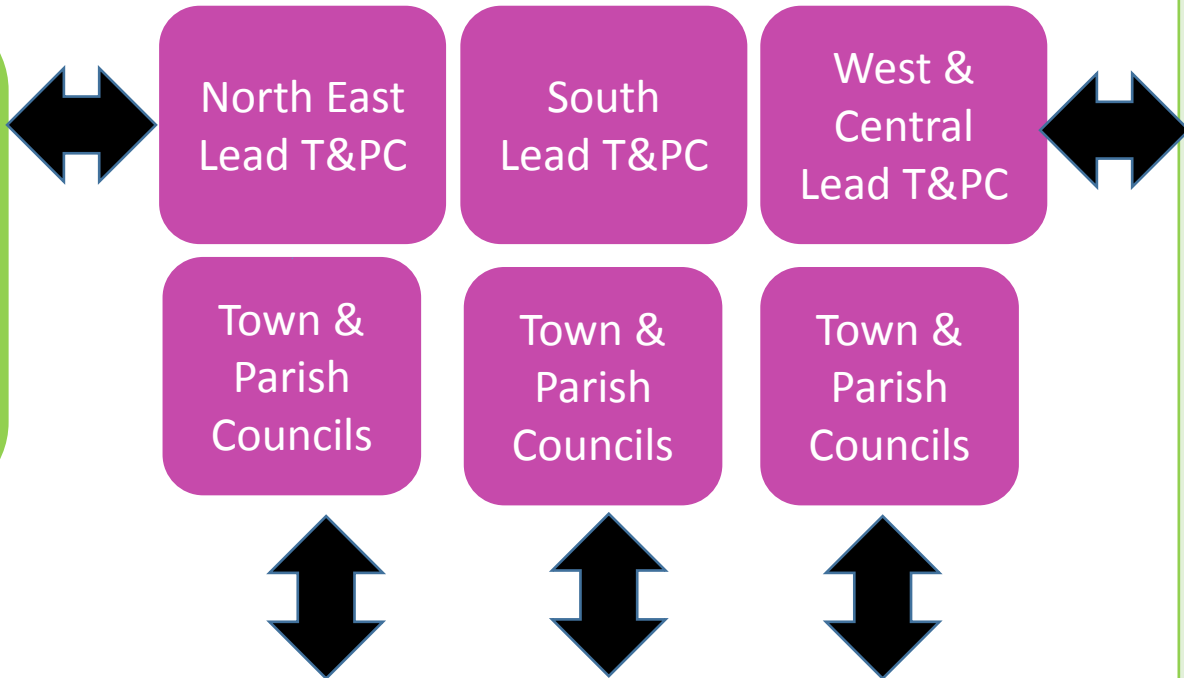
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### 4) RECOMMENDATION

Members are recommended to support these developments and propose any particular additional actions in connection with them.

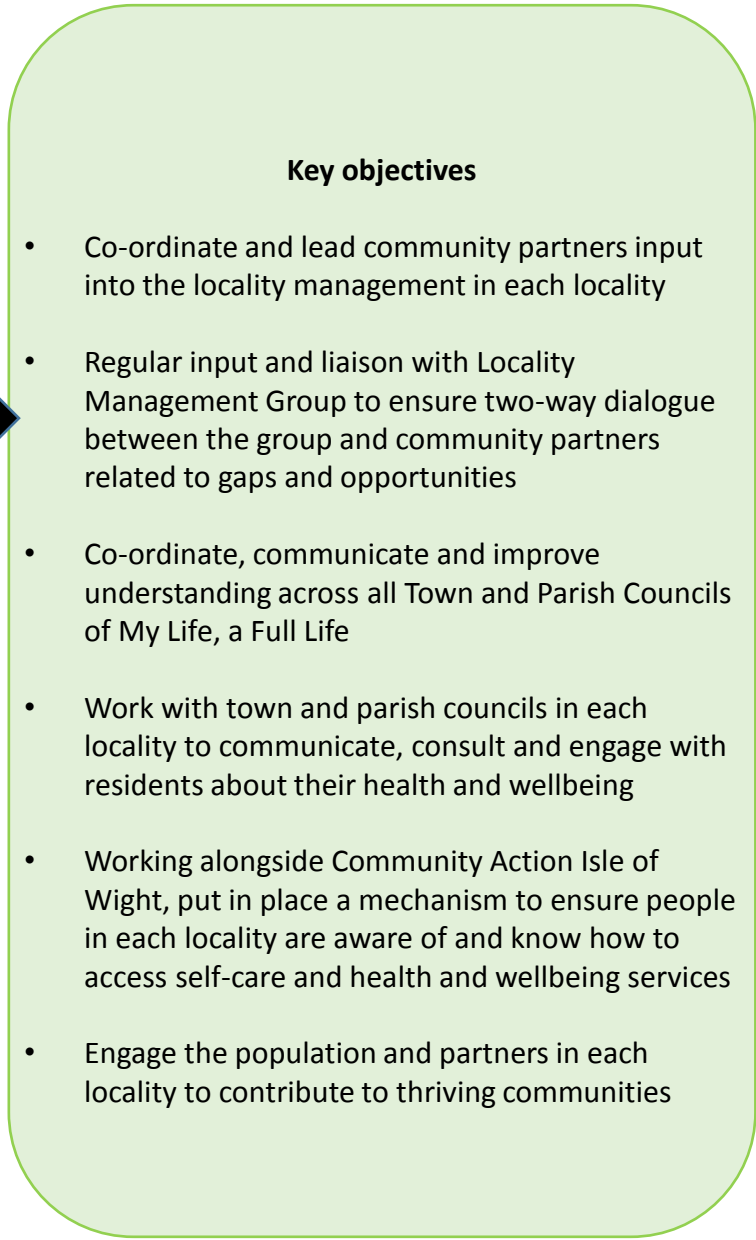
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## Town & Parish Community & Partnership Engagement Discussion



### Community Engagement (all partners and residents)

- Police
- Fire
- Housing
- Voluntary Sector
- Community Groups
- Existing partnerships eg Community Safety Partnership





## 1) PREAMBLE

- a) The Island's My Life a Full Life (MLAFL) Programme was established to achieve the maximum integration of the Island's health and wellbeing services between the NHS Trust, the Isle of Wight Council and the Clinical Commissioning Group.
- b) Last year it successfully applied for involvement in NHS England's Vanguard Project as one of the areas funded to explore the development of New Models of Care.
- c) As part of that process it was required to put in place a Whole Integrated System Review (WISR) process with a Director and Lay Chair with a brief to develop a Pre-Consultation Business Plan for submission to NHS England in July. The Plan was rejected by NHS England's Assurance process with further work required.
- d) Now, NHS England's Sustainability and Transformation Plans has become the latest initiative to drive the integration of services delivery and achieve major savings. In this scheme, the Island is part of the old Wessex area – essentially Hampshire & the Island – for which a Sustainability & Transformation Plan is at the draft stage.

## 2) COMMUNITY ENGAGEMENT

- a) Although the MLAFL programme has invested heavily in publicity and public events – Road Shows – as well as organising quarterly Forums in each of its three Locality Areas, it has failed to achieve effective connections with communities and their residents.
- b) The MLAFL programme's early models had no place at all for Town & Parish Councils and then designated them as simply part of the Voluntary Sector, represented by a staff post it funded within Community Action IW.
- c) Even that arrangement ceased on 31 August when the funding for that post ended.
- d) The failure to develop realistic and routine engagement with communities has now been acknowledged in recent meetings with both the WISR Director James Seward and MLAFL Director Nicola Longson.
- e) They have also recognised that Town & Parish Councils are uniquely placed to provide those linkages given our already established communications with and connections to the communities and residents we represent.
- f) From that recognition and the value that evidence of genuine engagement would add to their submissions has led to their support of a model for it.
- g) That model (attached) is based on identifying a lead Town or Parish Council for each of the three Localities – South, North East and West & Central - with responsibility, for establishing a meeting of Advocates for health and wellbeing services from each of the Town & Parish Councils in their Locality and direct connection with the area's Locality Management Group.
- h) Funding will be available for staff time, meeting arrangements and volunteer travel costs.
- i) The model will be tested with a Pilot in the South Locality with Ventnor Town Council (VTC) as the lead.

## 3) THE PILOT

- a) VTC will invite the other 12 T&PCs in the South Locality to formally nominate a Health & Wellbeing Advocate for their area.
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- b) The Advocate may be a Member of the Council, a member of the Council's staff or a resident known to be well connected with their community and with a real interest in the area's health and wellbeing.
  - c) VTC will provide each T&PC and its Advocate with information on all aspects of the MLAFL programme and the community engagement element of it and will develop a dedicated digital Forum to facilitate that.
  - d) Advocates will be expected to attend bi-monthly meetings in venues around the Locality, the first of which will agree its priorities and working practices and all following meetings will be attended by one or more senior staff members of MLAFL or the Locality Management Group.
  - e) The purpose of the meetings will be to contribute to – and challenge – the Locality Management Group's Agenda and plans.
  - f) Advocates will have their travel costs refunded and all meetings will be provided with light refreshments.
  - g) Notes will be prepared from each of the meetings and circulated to an agreed distribution list.

#### 4) STAFFING

- a) VTC will make available five hours a week from its Community Development Officer Tony McCarthy to lead the development of the Pilot and its roll-out to the other two Localities.
- b) Attendance at meetings of the South Locality Management Group will be available to Tony McCarthy as a standing arrangement for lead officers in the other two Localities and their Management Group.
- c) VTC will provide the equivalent of an hour a week of admin time for the arranging and servicing of meetings.

#### 5) TIMEFRAME

- a) Work in contacting and engaging the other 12 T&PCs of the South Locality will begin in the week commencing 24 October in anticipation of being able to connect with as many as possible of the November round of T&CP meetings.
- b) The initial Advocates meeting will be planned for the first week in December and the first meeting with MLAFL/LMG for the second week in December.

#### 6) EVENTS

- a) VTC will work with Community Action IW to develop a rolling programme of events at venues throughout the South Locality to provide local residents with access to information about the available health and wellbeing services and how to access them.
- b) These will be smaller in scale and staffing commitment than the centrally organised Road Shows, allowing their delivery in the community meeting places of as many as possible of individual parishes.

#### 7) PARTNERS

- a) VTC will build on its already established relationships with other agencies providing related services and/or with an interest in the development of health and wellbeing services for their clients to include them more directly in the emerging Locality-based structures.
  - b) These will include the Police, relevant Housing Associations, Charities and Community Organisations.
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