

## **Roles and responsibilities of Public Involvement Network representatives on Health and Wellbeing Partnership Boards**

### **Public Involvement Network**

A Public Involvement Network (PIN) has been set up in Oxfordshire to support the new Health and Wellbeing Board in the County. The Health and Wellbeing Board is the principal structure in Oxfordshire responsible for improving the health and wellbeing of the people of the county through partnership working; it is a key requirement of the Government's new Health and Social Care Act, and is in shadow form until April 2013.

In addition to the main board there are three partnership boards and each will have one or more members of the public on them. Members of the public are elected through a process designed and run by the PIN Core group, with agreed job roles:

- Health and Wellbeing Board: chair of LINKs (and subsequently a member of HealthWatch Oxfordshire)
- Health Improvement Board (HIB) - one representative (elected for 1 year)
- Adult Health and Social Care Board (AHSC) - two representatives (one elected for one year/one topic expert invited according to the issues being discussed)
- Children and Young People's Board - one parent and one young person (both elected for one year).

The PIN is the mechanism for ensuring that the Health and Wellbeing Board, the three partnership boards, the Health and Wellbeing Strategy and the Joint Strategic Needs Assessment are informed by the opinions and experiences of the people of Oxfordshire. It is jointly co-ordinated by Engagement Managers within OCC and OCCG in conjunction with a 'Core Group'.

The PIN will:

- co-ordinate robust routes and processes to engage people of all ages, circumstances, abilities, faiths and cultures, equality groups and geographical areas in Oxfordshire, using existing routes through OCC/OCCG/LINKs/City/District Councils/VCS/PPG's/LHW/carers/user/advocacy groups etc and developing new ones as necessary. It will do this in numerous ways as appropriate, including online surveys and consultations, digital engagement, focus groups, public meetings, targeted discussions with specific groups etc
- ensure these views/experiences influence the existing priorities of the boards
- create space to raise emerging issues and concerns
- design and run fair and transparent processes for the recruitment of partnership board representatives, and train and support reps thereafter
- ensure the voluntary, community and faith sectors, advocacy and carers groups, are able to contribute fully and appropriately to discussions, in their role as advocates of public/patient voices/views
- involve and support relevant people as co-participants in subsequent commissioning and service development
- collate key messages and analyse outcomes in relation to what people have said matters to them and the impact these views have had on the board/s.

The specific roles of the representatives selected by the PIN are to:

- attend the 3 partnership board meetings, and up to 3 workshops a year
- read the documents produced by the board
- use a range of routes through the PIN and their own personal networks to canvass views on particular topics relevant to the board and feedback as appropriate (within their own capacity)
- make a contribution to the discussions and activities based on personal experience and the views of others that have been gathered through the PIN
- constructively challenge and question, to support the board with decision making
- attend the PIN core group meetings to feedback their experience from the board/workshops
- attend training as required.

PIN representatives will be offered training to fulfil this role and members of the boards will also be offered training in effectively involving members of the public in meetings. PIN representatives will be supported by the PIN co-ordinator and their time and expertise recognised in line with the OCC/OCCG Policy.

Alison Partridge, Public Engagement Manager, OCC  
Sarah Adair, Head of Communications and Engagement, OCCG

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