

Agenda Item: 05.3



Healthwatch Telford and Wrekin Board Meeting

Date of meeting:	13 January 2016
Title:	Draft Engagement Strategy
Author:	David Bell
	For Decision
Executive Summary:	<ul style="list-style-type: none">• Our past engagement & issues• Our statutory duties• A wider concept for engagement• Key venues & Special Groups• Deprived areas• Way forward & recommendations
Financial Implications:	This is a statutory role & one of our key purposes to be funded largely from the Council grant or partners in engagement. A sub budget should be identified.
Equality and Diversity:	Our statutory duties require us to target special groups as set out in the Draft Strategy
Public Engagement:	It is our key means of Public Involvement
Legal Impact:	Statutory Duty
HR Impact:	Role & Responsibilities of HWTW staff
Recommendations:	<ul style="list-style-type: none">• As set out in the Draft Strategy
Is there a need to consider inclusion in the Corporate Risk Register?	<ul style="list-style-type: none">• Yes

Healthwatch Telford & Wrekin

Thoughts towards an Engagement Strategy

Public Board – 13 January 2016

Introduction

Engagement has been a key part of Healthwatch activity since our foundation in 2013. Despite difficulties caused by the indisposition of and gaps in support provided by our Engagement officers, in general, we have been able to produce (until recently) monthly lists of engagement events which have been organised and supported by staff, Board members and volunteers.

These have so far included information & engagement tables regularly at a range of Telford community events (even in wind and rain), at Telford Town Centre, at the Princes Royal Hospital Café and Women & Children's Unit, at supermarkets and at a variety of other venues. Armed with clipboards and Speak Out Forms, tables and gazebos we have had some success in engaging with patients, carers and the community and feeding feedback into our trends reports etc,

Nearly three years on it is timely to **review and renew** our thinking about engagement and to ask what effective engagement means following novation, in the light of our experience so far and given our new circumstances including:

- Our reduced budget and resources
- Difficulty in effectively allocating staff responsibility for engagement and giving leadership
- The need to develop our volunteers base for engagement
- The advent of the LHM and CRM systems linking to engagement
- Our statutory responsibilities for communication and engagement
- The expectations of our Commissioners and the use of public survey tools to measure our outreach and effectiveness.
- The growing need to accurately reflect public views and concerns around Future Fit plans, A&E & Winter crisis situations & effective alternatives, Care Homes and issues and the general concern about the robustness of the NHS to meet current and future needs
- The need for engagement to go beyond the "usual subjects" to hear the missing voices from the BME and migrant communities, from protected groups, from the young and old (and those in-between) from patients in each part of Health & Care services and their carers, from staff in the NHS and Care situations to reach out to Whistleblowers (The Stafford Hospital situation) and those on the margins and on the edge including deprived communities.
- The need to consider Training & Support for those engaging in collecting public views
- Aware that Health and Care are 24 hour, 7 day a week and whole year activities
- Widening the definition of engagement to cover other Healthwatch activities

In conclusion this draft document is designed to fill an unmet void, to provide something solid to start with and to be a discussion document to promote development of our strategy and further work **NB as I have drafted this paper I have realised that the best way to look at it is as a WORKBOOK for discussion.**

A Dictionary Definition of Engagement

The Oxford Dictionary does not provide a clean and simple definition but offers some words and phrases to provoke thought. To me this is an unsatisfactory definition – can you do better?

- Reaching out
- Listening
- Effort to connect
- Linking together
- Gauging opinion

Our Statutory Role in Engagement

Our Statutory roles in engagement is set out in considerable detail in the T&WC “Service Specification” including “ Having a clear communications and engagement plan which reflects the wider needs of the communities it will serve and the mechanism for capturing and conveying clear messages back to commissioners”

“Healthwatch Telford & Wrekin has a duty to capture the experiences of people accessing health or care services in order to influence service improvements. Therefore HWT&W will actively seek the views and experiences of local people, including seldom heard’ groups. Using a variety of engagement activities and communication mechanisms including the HWT&W website, digital/online surveys, phone, letter, office access, First Point, HWT&W must be able to demonstrate meeting the individual access and engagement needs of the diverse communities it serves” The key principles of engagement set out are:

- Systematic and ongoing engagement so that a wide cross section of views is represented
- Looking at current provision, utilising research to identify gaps and improvements required.
- Analysing and channelling high quality service user feedback to commissioners to influence service design and delivery.
- Producing reports and recommendations
- Being approachable, non-judgemental, passionate and a ‘Listening’ organisation
- Representing Telford communities through existing forums and service user groups
- Using existing channels and networks and bringing together and enhancing the existing infrastructure for engagement and support
- Linking to individuals and all ages and not limited to established groups and organisations
- Reflecting the diverse needs of its communities by use of modern & social media
- Providing information and accessing community views at a variety of locations including GP surgeries, hospitals and clinics, libraries, schools and colleges, supermarkets, entertainment & leisure centres, churches, pubs and where local people gather e.g. Town Park events.
- Using a broad range of evidence based stakeholder engagement techniques to maximise feedback.
- Having evidence and a strong and credible voice to challenge statutory bodies
- Having robust measures for data protection, confidentiality and record keeping to build community confidence in HWT&W

What Have We Learned From Engagement 2013 -2015?

We need to consider first **Why** we have done engagement and **Where** do we get the highest response rates.

- We want to know what the public feels are its top views and concerns about local health and care provision
 - We want to meet the recommendations of the Francis Report to make sure another Stafford Hospital situation does not recur
- We want to fulfil our Statutory duty and meet our Commissioners monitoring requirements
- We want to get out of the office and to where the community are
- We want to get HWT&W in front of the public so they know us and our roles and we raise our profile.
- It creates opportunities for conversations and the sharing of views and concerns
- It enables us to log and record those views and concerns and pass them to influence leaders
- It keeps our finger on the pulse and taking the temperature of the local Health and Care economy
- It's an opportunity to provide information e.g. on Future Fit and on other health & care issues
- It enables us to cover the geography of Telford and Wrekin and connect with all communities
- It provides an opportunity to listen to the seldom heard
- It enables us to reach out to different and special communities and groups

Where have we done Engagement in the last 3 Years?

In the short period of writing this I have not had access to our full list of engagement venues and locations – but they need to be analysed to answer the questions above. I have made a start

Venue	For	Against
Princes Royal Entry Corridor	<ul style="list-style-type: none"> • Can put up table & display • High numbers 	<ul style="list-style-type: none"> • Rushing past
Princes Royal Cafe	<ul style="list-style-type: none"> • High numbers of carers & some patients • People have real experiences to comment on. • People sitting and relaxing so talk possible 	<ul style="list-style-type: none"> • Can be crowded and noisy
Princes Royal Outpatients	<ul style="list-style-type: none"> • High number sitting and waiting • Have issues to talk about 	<ul style="list-style-type: none"> • Patients can get called away
Princes Royal Women & Children	<ul style="list-style-type: none"> • New facility • Lot of teething issues in move from Shrewsbury • Important health issues 	<ul style="list-style-type: none"> • An important location

Supermarket e.g. Asda	<ul style="list-style-type: none"> • High numbers of Public • Lot of families 	<ul style="list-style-type: none"> • Public busy shopping • Not a health setting
Community Events e.g. Dawley Day	<ul style="list-style-type: none"> • Summer Community Festival • Stalls & Entertainments • High numbers • Can have stall • People will talk • Focus on community 	
Community Events – Town Park Concerts	<ul style="list-style-type: none"> • High numbers • Evening • Lots Young People 	<ul style="list-style-type: none"> • Weather important
Town Centre	<ul style="list-style-type: none"> • Indoors • Lots of People? 	<ul style="list-style-type: none"> • People often not local • Intent on shops
GP Surgeries	<ul style="list-style-type: none"> • E.g. our survey of appointment systems 	<ul style="list-style-type: none"> • Patients waiting • Other issues get raised
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

Special Groups

There has also been an aspiration and some work on reaching special groups but I do not know how many groups have been contacted or what has been recorded. Contact has also been made by other HWT&W activity. Examples of groups are:

GROUP	CONTACT
Polish Community	Largest in-bound community in Telford
Asian Male Community e.g. Mosques & Business	Telford has about 6 Mosques & an Asian Business Network.
Asian Female Community	Age UK have day centre in Telford for Asian ladies
Caribbean	?
African	?
Chinese Community	Chinese Centre in Halesfield
Traveller Community	Council's provide sites & may have officer
Gay Women	SAND & Border Women
Gay Men	Raft & younger gay men's group (Telford) & Three Furnaces Pub and in Shropshire there is FRESH & Rainbow Film Festival & C21 etc.,
Bisexual Men & Women	Always a hidden issue
Transsexual	Loss of provision locally – escalating issue & delays in hospital treatments.
Older over 65	The active older group – these days often still working or active volunteers
Older over 75	Most Age UK clients - age brings higher level needs

Mental health issues	Chorus Group at Redwoods – Issue of closed provision in Telford – Telford Mind in Sutton Hill
Cognitive/ Memory issues	Age UK Diamond Drop In's, Alzheimer's & Admiral Nurses etc.
Sight issues	Opticians & Eye Clinic in Euston House
Hearing Issues	Audiology
Learning Disability	Taking Part/ A4U
Physical Disability	?
Young People (all groups)	Activity of Youth Network & contact with Colleges and Academies also CAMS issues
Deprived Communities	(see below)
Multi Problem Families	A target these days for multi-agency solutions

There will be special groups I have missed or not divided properly but the question for HWT&W is what engagement we have with these groups or what engagement do our Health & Care partners have? There are also other ways of dividing up special groups;

Hospice /End of Life	
Stroke victims & carers	
The Overweight	
Those with Cancer	
Respiratory cases	
Diabetes	
Older People awaiting discharge	
A&E Patients	
Alcohol & Drugs	
Other	

A Wider Concept of Engagement

Because health and care are a jungle of competing issues we often create silos so we have seen Engagement as separate from Enter and View or our Representation Meetings or the activities of the Youth Network. **The Question I am asking is in how many different ways do we actually engage and if engaging is all about collecting views and concerns where else can these be collected?**

ENTER & VIEW	
REPRESENTATION MEETINGS	
YOUTH NETWORK	
Office & Telephone Enquiries	
Meeting Point House & its groups	
The Telford Voluntary Sector & Charities	
PROJECT Work	
LHM & CRM	
Telford Information & Advice Alliance	
Telford CAB	
Local Church's	
PALS	

Senior Citizens Forum	
Telford FC	
Gyms and Leisure Centres	
Other?	

Levels Of Deprivation and Health Priorities

The argument made here is that we may wish to **target** engagement and other activity and that this could link to levels and areas of higher deprivation and more serious health issues.

Telford & Wrekin is in the top 30% most deprived Local Authority areas. Although Telford is a mixed area overall in terms of deprivation there are significant pockets of deprivation and 10 wards in Telford are ranked as within the 10% most deprived nationally. It is estimated that 8,800 children are living within deprived families. The key areas are:

Woodside	Malinsee
Cuckoo Oak	Brookside
Hadley	Leegomery
Dawley Manor	College
Donnington	

In 2007 there were only six deprived areas so the situation has got worse. In Telford (and linked to the areas of deprivation above) life expectancy for men is seven years behind the national average. The Public Health Report also indicates that although the rates of early death from heart disease and stroke have fallen we are still worse than the national average. This is linked to high rates of adult and children's obesity (which also links to bad diets) 18.7% of children in year six are judged obese. Deprivation also links to high levels of teenage pregnancy, Initiation to and poor rates of breast feeding and levels of smoking in pregnancy. Deprivation also adds to mental health issues.

Levels of deprivation and the need to maximise the attractiveness of Telford to inward business and employment development are part of the case to keep Hospital Services and A&E type provision within Telford. A thriving economy and high levels of services and health provision and preventative approaches to health are contributors to reducing levels of deprivation and tackling key health issues.

Looking Forward – Engagement Strategy 2016 Onwards

In addition to what has gone before there are a number of issues we must consider:

- Where **must** we do engagement?
- What **venues & events** give us the highest levels of **feedback**?
- Where is engagement **not a good use of time and resources**?
- Where have we **never done** engagement and why?
- How do we **train and support staff and volunteers** for engagement?
- How do we operate engagement with **LHM and CRM**?
- Have we the right **materials, kit and leaflets** for engagement?
- Given our **reduced resources** what engagement can we actually do?
- How do we engage with Telford's **rural areas**?
- How do we record the **views and concerns**?
- How do we **measure the effectiveness** of each engagement event?

- Is our engagement plan **seasonal**?

A Recommended Plan for Engagement

Recommendation	Reason	Resources
<p>1. That there be four engagement events each month giving 48 per year</p> <ul style="list-style-type: none"> • Hospital area • Community events in summer • Other venues by level of feedback 	<ul style="list-style-type: none"> • Reduced resources • Leadership & organisation • Communication with Volunteers team • Each event to have a clear aim • Event Follow Up 	
<p>2. That Kate gives leadership to the Engagement Strategy & Plan using her skills in that area</p>	<ul style="list-style-type: none"> • That Kate works with DB to finalise the Engagement Strategy and Plan. 	
<p>3. That a three month engagement plan with dates & venues be circulated quarterly</p>	<ul style="list-style-type: none"> • To ensure timely communication with volunteers • To ensure all arrangements in place. • To reflect the priorities for engagement 	
<p>4. That there be a Board Lead for Engagement</p>	<ul style="list-style-type: none"> • For Board discussion 	
<p>5. That Engagement links to LHM and CRM</p>	<ul style="list-style-type: none"> • Work with Matt on Arrangements • Ensure clear feedback to Statutory Partners 	
<p>7. That there be a review of equipment & materials for engagement</p>	<ul style="list-style-type: none"> • Table • Gazebo • Displays appropriate & updated • Leaflets • Giveaways 	
<p>8. That engagement is carried out with partners e.g. Future Fit when appropriate & planned</p>	<ul style="list-style-type: none"> • Partner to provide staff & resources 	
<p>9 That engagement fits with 3 monthly monitoring</p>	<ul style="list-style-type: none"> • Engagement Report from LHM/CRM 	
<p>10. That when finalised the Engagement Plan is reviewed each 3 months</p>	<ul style="list-style-type: none"> • By Kate and Board member 	

Conclusion

This draft Engagement Strategy/ Workbook is a contribution to discussion on future Engagement. It seeks to build on our considerable experience 2013-2015 and seeks to get a regular published schedule of engagements back on track. It has reviewed our contractual and statutory responsibilities for engagement and communication and given examples of current engagement venues and activity. It looks at the range of special groups and a wider concept of engagement and the range of issues to be considered for effective future engagement (including areas of deprivation and key health issues) and has made some suggested recommendations for a way forward. It written within the limits of my knowledge to fill the gap in production of a final strategy and to seek to move things forward. Any errors are my own.

David Bell