

Community Engagement

Julia Clarke, Director of Corporate Governance
Trust Board July 2017



A Statutory Duty and National Drivers

You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services. **The NHS also commits** to encourage and welcome feedback on your health and care experiences and use this to improve services (pledge).

27th July 2015, NHS Constitution pp9, 10

- **NHS Constitution (2009)**
- **NHS Act 2006 – Section 242**
- **Equalities Act 2010**

SaTH's Strategic mission

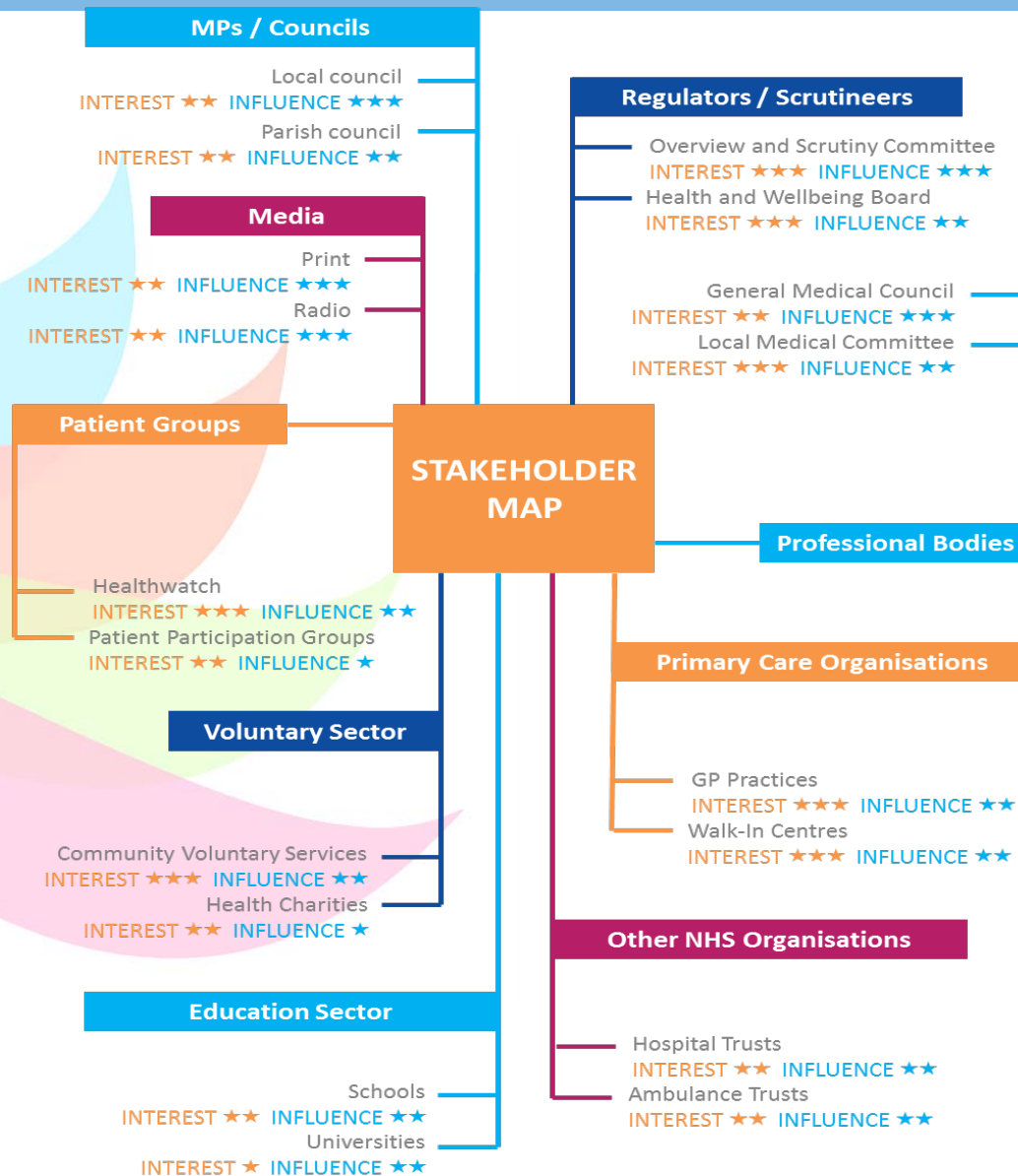
Mission: healthiest half million

Build resilience and social capital so our communities live healthier and happier lives and become the healthiest 0.5 million on the planet through distributed models of health

Involving our communities to develop healthcare without walls to become the healthiest half million on the planet



Some of our stakeholders



INVOLVEMENT

Where are we on the ladder?

**Patient
Leadership**

**Patient
Voice/influence**

Passive Patient



Source: new economics foundation

Passive Patient

“Fall into line. We need you here!”



EDUCATING

COERCING

DOING TO

Informing

Over 10,000 public Foundation Trust Members

- A regular newsletter – Safest & Kindest
- Health Lectures
- Events and information about how to get involved
- Volunteers



Consulting

Duty is to ensure that service users are involved (whether by being consulted, provided with information or by other ways)

- Level of involvement depends on the nature and impact of the change being proposed.
- Cabinet Office guidance – 12 week consultation – has been replaced.
- Latest guidance – Consultation Principles - typically 2 – 12 weeks.



Engaging (1)



ENGAGING

CONSULTING

INFORMING

DOING FOR

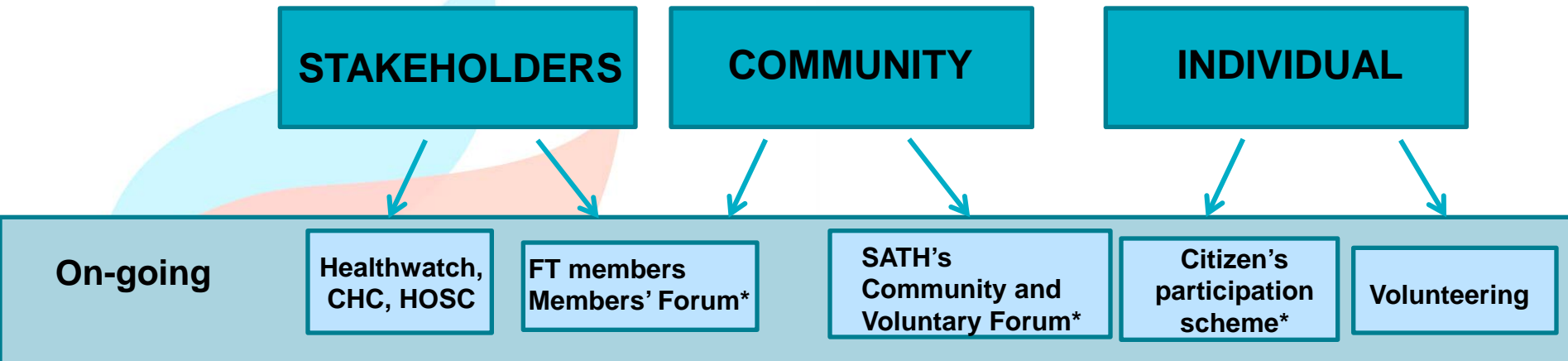


Engaging (2)

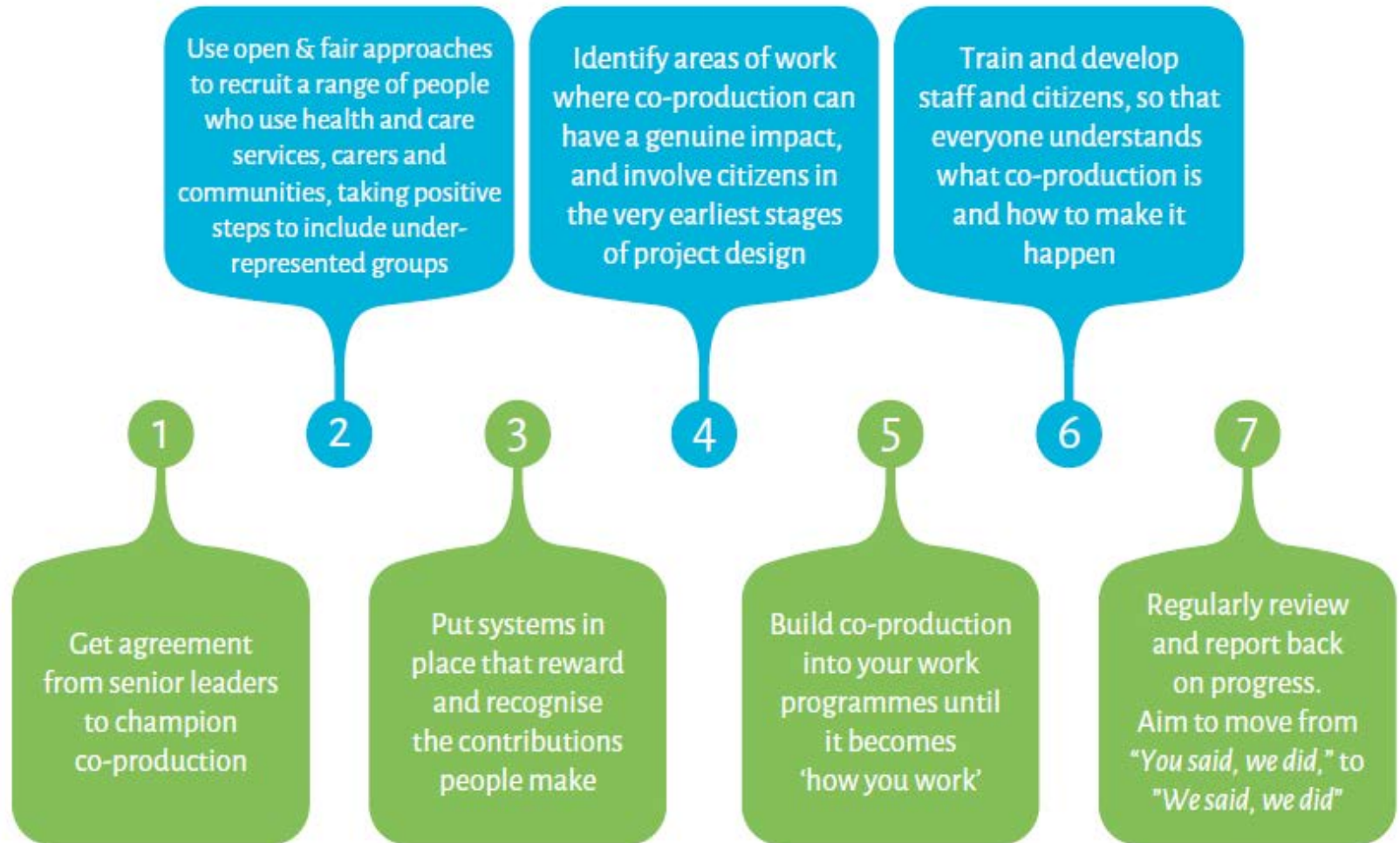


What we currently developing...

SaTH Public and Community Engagement



Co-production / Co-Design



CO-PRODUCING

CO-DESIGNING

DOING WITH

Designing healthcare services



Co-Production / Co-Design



- Ophthalmology – Copthorne Building
- Transforming Care Institute – Value Streams
- Emergency Department – Transitional Services
- Lingen Davies – Chemotherapy Centre

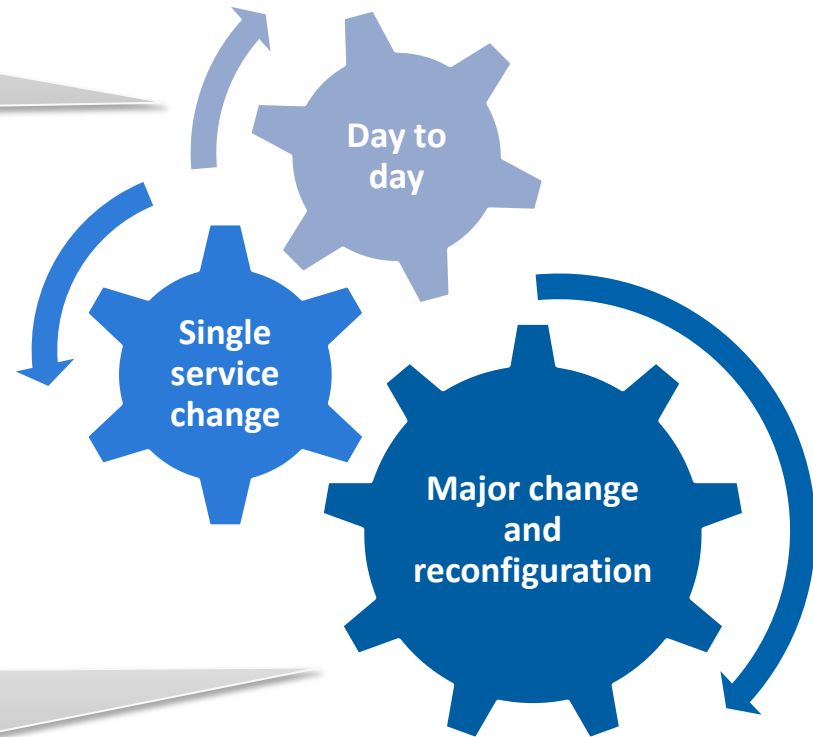
Co-Production / Co-Design in planning and change

Annual planning process –
working with Care Group and Corporate
teams to understand the current position
and shape the year ahead

Having been part of the annual
process – work with teams to
address single service challenges

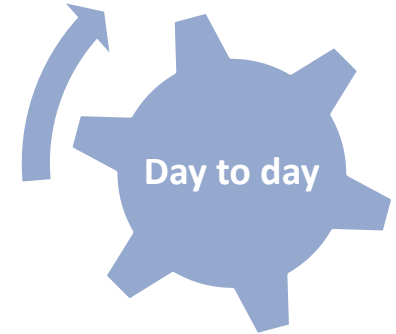
Two levels:

- 1) Building on work undertaken in the two streams above, work to develop significant change plans
- 2) Widespread public engagement and involvement



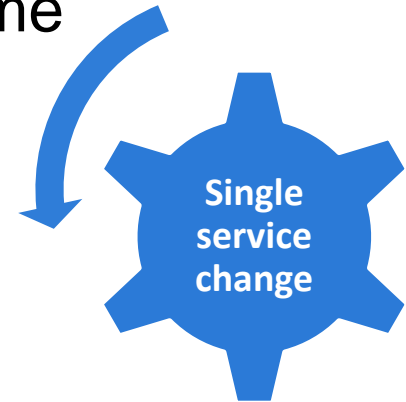
Annual planning process

- Involvement of Care Group aligned patients or patient reps
- Part of operational and business planning workshops – September to March
- Building relationships, understanding the challenges and being part of the team
- Reinforcing patient story's as part of the process
- Shaping the objectives that form the Trust's Operational Plan



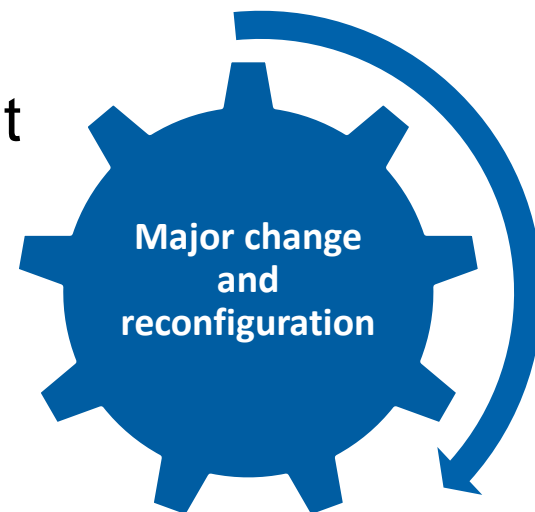
Single service change

- Building on the planning process – the same patients and patient reps form part of the specialty project team
- No surprise of a need to act – part of the process and part of the team
- Members of detailed Task and Finish Groups and being the team's 'critical friend'
- Reminding everyone involved of the patient's story
- Helping shape the communication messages and formats
- Include patient involvement requirements in business cases and committee cover sheet.
- Identify Patient Involvement Champions.



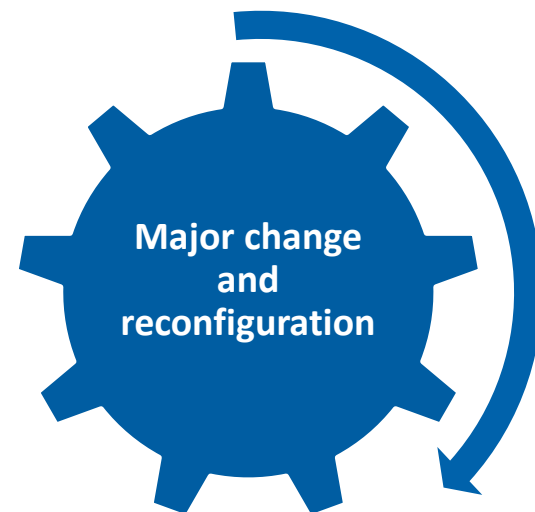
Major change and reconfiguration 1

- Building on the single service change processes – the same patients and patient reps form part of the programme team
- No surprise of a need to act – part of the process and part of the team
- Members of detailed Task and Finish Groups
- A specific 'critical friend' group
- Reminding everyone involved of the patient's story
- Helping shape the communication messages and formats for the second stream of involvement...



Major change and reconfiguration 2

- Widespread engagement and involvement activities:
 - Presentations, discussions and 'meet the clinicians' at existing meetings and groups
 - Use of social media
 - Drop in sessions and opportunities to get involved
 - Written, spoken and visual information and time and space to feedback
 - Focus Groups
 - Look and feel discussions



Proud to **Cure**
Make It **Happen**
We Value **Respect**
Together We **Achieve**

Some Involvement Methods



Next Steps

1. Hold second Community Engagement Workshop in September.
2. Involve Community Engagement Facilitator in Business Planning processes from September.
3. Identify Involvement Champions in Care Groups.
4. Re-design processes to include Patient Involvement requirements.