Community Engagement

Julia Clarke, Director of Corporate Governance
Trust Board July 2017
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).
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

STAKEHOLDER MAP

MPs / Councils
- Local council
  - INTEREST ★★ ★★ ★★
  - INFLUENCE ★★★★★
- Parish council
  - INTEREST ★★ ★★
  - INFLUENCE ★★

Regulators / Scrutineers
- Overview and Scrutiny Committee
  - INTEREST ★★★★★
  - INFLUENCE ★★★★★
- Health and Wellbeing Board
  - INTEREST ★★★★
  - INFLUENCE ★★

Media
- Print
  - INTEREST ★★ ★★
  - INFLUENCE ★★★★
- Radio
  - INTEREST ★★ ★★
  - INFLUENCE ★★★★

Patient Groups
- Healthwatch
  - INTEREST ★★★★★
  - INFLUENCE ★★★★
- Patient Participation Groups
  - INTEREST ★★ ★★
  - INFLUENCE ★★

Voluntary Sector
- Community Voluntary Services
  - INTEREST ★★★★★
  - INFLUENCE ★★★★
- Health Charities
  - INTEREST ★★ ★★
  - INFLUENCE ★★

Education Sector
- Schools
  - INTEREST ★★ ★★
  - INFLUENCE ★★★
- Universities
  - INTEREST ★★ ★★
  - INFLUENCE ★★★

Professional Bodies

Primary Care Organisations
- GP Practices
  - INTEREST ★★★★
  - INFLUENCE ★★★
- Walk-In Centres
  - INTEREST ★★★
  - INFLUENCE ★★

Other NHS Organisations
- Hospital Trusts
  - INTEREST ★★ ★★
  - INFLUENCE ★★
- Ambulance Trusts
  - INTEREST ★★ ★★
  - INFLUENCE ★★
Where are we on the ladder?

Patient Leadership

Patient Voice/influence

Passive Patient

Doing to

Doing for

Consulting

Informing

Educating

Coercing

Engaging

Co-designing

Co-producing

Source: new economics foundation
Passive Patient

“Fall into line. We need you here!”
Informing

Over 10,000 public Foundation Trust Members
• A regular newsletter – Safest & Kindest
• Health Lectures
• Events and information about how to get involved
• Volunteers
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.
Engaging (1)
Engaging (2)
What we currently developing...

SaTH Public and Community Engagement

STAKEHOLDERS
- Healthwatch, CHC, HOSC

COMMUNITY
- FT members Members’ Forum*
- SATH’s Community and Voluntary Forum*

INDIVIDUAL
- Citizen’s participation scheme*
- Volunteering

On-going
Co-production / Co-Design

1. Get agreement from senior leaders to champion co-production
2. Use open & fair approaches to recruit a range of people who use health and care services, carers and communities, taking positive steps to include under-represented groups
3. Put systems in place that reward and recognise the contributions people make
4. Identify areas of work where co-production can have a genuine impact, and involve citizens in the very earliest stages of project design
5. Build co-production into your work programmes until it becomes ‘how you work’
6. Train and develop staff and citizens, so that everyone understands what co-production is and how to make it happen
7. Regularly review and report back on progress. Aim to move from “You said, we did,” to “We said, we did”
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
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.