



Northern Devon Healthcare
NHS Trust

Northern Devon Healthcare NHS Trust

Engagement and Involvement Strategy 2014-17

www.northdevonhealth.nhs.uk

FOREWORD FROM THE CHAIR

This Trust is committed to giving patients and the general public and a greater voice.

The NHS continues to face the challenge of driving up the quality of care and improving patient experience, whilst also achieving levels of sustained efficiency and good management of all services. In this environment good communication and engagement is crucial.

The ever-increasing pace and scope of change facing the NHS means all those involved in providing NHS care and related services need to work together in a culture of mutual trust, to ensure the delivery of the highest-quality of care as well as value for money.

The need to communicate and engage well with our staff, the public, patients and users of our services, partners and key stakeholders is central to the success of the organisation. Through effective communication and engagement we can manage, motivate, influence, explain and create conditions for change.

Our organisational values are at the heart of this strategy in ensuring we provide quality care and be a good place to work.

Communicating and engaging with patients, public, staff, our partners and other organisations is part of our every-day work and involves everyone within the Trust.

It is everyone's responsibility to ensure we engage and involve and that our values are adopted in our daily work.

This strategy recognises the need to put patients and the public at the heart of our business and to give greater emphasis on improving communication and engagement with our staff to create a well-

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informed workforce which, in turn, is able to communicate and engage effectively with patients, the public and other organisations.

Everything we do in the Trust is aimed at improving the experience that our patients have of our services. All our patients should feel confident that we provide safe, effective and compassionate care in the best possible environment. In order to do this, we need to have communication with our patients and carers and understand what matters to them.

We need to work, listen and learn from our patients, families and carers to make sure that the services we provide improve in response to their views and needs.

This strategy describes the importance of engaging with our patients and the public and how we can place people at the heart of our care.

It also outlines how the Trust will demonstrate one of the four tests that are mandated by the Government to apply to all service change, namely: **Strong public and patient engagement.**

We are committed for all of our engagement work to be guided by legislation and driven by a genuine desire to work in partnership with local communities.

ROGER FRENCH
CHAIRMAN

FOREWORD FROM INVOLVING PEOPLE STEERING GROUP

*Katherine Allen, Head of Communications and Patient Experience
Nellie Guttmann, Engagement and Involvement Lead*

The Involving People Steering Group plays an important role in supporting and advising the Trust on all its engagement and involvement work.

Groups and bodies that are represented on IPSG include learning disability, mental health, BME, LGBT, Senior Voice, Healthwatch, sensory impairment, patient groups (eg Cancer Link), Devon Carers and Citizens Advice Bureau. We welcome anyone with an interest in ensuring the voice of patients is heard by the local NHS organisations.

Those that attend IPSG then engage with their own membership which equates to 1000s of people across Devon.

We are committed to ensuring the needs of the communities that we represent are reflected in the engagement and involvement work of the Trust. We also ensure that opportunities to be involved are accessible by all.

We will continue to encourage and support the Trust to hear the voices from members of the public who experience the most discrimination and alienation within society.

We will also hold the Trust to account by ensuring recommendations made by the group are acted upon.

We will encourage queries via the ndht.involve@nhs.net email address. We have influenced and contributed to this strategy and we look forward to working with the Northern Devon Healthcare Trust to involve people in their local health services.

EXECUTIVE SUMMARY

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***“Engaging with patients and the public strengthens accountability and helps NHS bodies develop a relationship of trust and confidence with their local communities”
NHS Confederation 2013***

This Engagement Strategy replaces the Trust’s Patient and Public Involvement Strategy of 2005 and is aligned and linked to the Communications Strategy, Membership Strategy, Patient Experience Strategy and Staff Engagement Strategy.

Effective involvement and engagement will build relationships with the community, demonstrating greater accountability and sharing experiences to improve services.

The primary functions of the involvement and engagement lead will be:

- i) To support Trust staff fulfil our collective duties of engaging and involving the community in service design, improvement and change (See Appendix 1 for Engagement Plan template)
- ii) Ensure there are mechanisms and opportunities for the public to raise service issues to the attention of the Trust.

The engagement and involvement tools used by the Trust range from focus groups, patient stories, workshops, questionnaires to formal approaches such as consultations and public meetings.

The strategy is supported by a detailed annual work plan, as well as a work plan for membership. The key outputs for the Engagement and Involvement will be listed in the Work plan.

PURPOSE

*Katherine Allen, Head of Communications and Patient Experience
Nellie Guttmann, Engagement and Involvement Lead*

This strategy outlines the ways in which the Northern Devon Healthcare NHS Trust (Trust) will involve patients and the public when making changes in the way services are provided.

We will ensure the public are given genuine, relevant and meaningful ways to influence decisions.

The central point of the recommendations following the many recent reports into failings at NHS organisations is to listen to patients and work in partnership to do something about what they say in a way that works for them.

Engagement and public participation can help to build partnerships with communities and identify areas for service improvement.

Furthermore, engaging and involving communities in the planning, design and delivery of health and care services can lead to more joined up, co-ordinated and efficient services that are more responsive to local community needs.

This strategy is published in a context of financial constraint (Devon having a financially challenged health economy) and increasing demand. Against this backdrop the strategy aims to support the Trust:

- Define our engagement approach to ensure it consistent and robust and meets our legal duty to engage
- Generate constructive debate with communities to create sustainable, vibrant and valued NHS services
- Identify and address existing areas of weaknesses
- Set out a work plan which describes the steps we will take to continually improve our engagement and involvement activities
- Respond to engagement requests positively and openly.

The strategy applies to all clinical and corporate services delivered by Northern Devon Healthcare NHS Trust, and to all staff delivering those services to patients, their families, and carers.

We wish to provide opportunities for involvement to everyone who lives in Devon who currently accesses our services, have previously accessed our services or who may access them in the future.

This strategy is concerned with engagement of external parties. The activities surrounding engagement with our staff is set out in the Staff Engagement Strategy.

The strategy also aims to address the Foundation Trust application feedback which outlined that “The Trust does not have an understanding of the perceptions of staff, patients and stakeholders.”

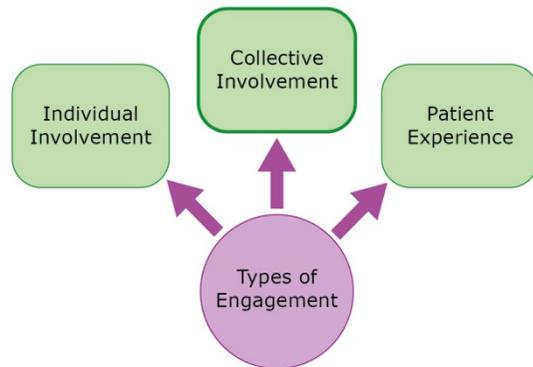
WHAT DO WE MEAN BY ENGAGEMENT AND INVOLVEMENT

Northern Devon Healthcare Trust is committed to developing an approach to engagement and involvement to ensure we are patient focused. The diagram overleaf highlights the three elements to our approach to engagement and involvement.

- **Patient Experience** – Direct feedback from people who have experience of using our services.
- **Individual level** – 'my say' in decisions about my own care and treatment (often referred to as shared decision-making)

- **Collective level** – ‘my’ or ‘our say’ in decisions about commissioning and delivery of services

This strategy focuses on the **collective level**.



Community engagement is about developing and maintaining relationships that we will have with local people, communities and their representatives. We have a responsibility and desire to understand our communities to ensure that decisions that are made are informed by what patients want and needs, by putting patients first.

EQUALITY AND DIVERSITY

We are committed to promoting equality and human rights in all that we do and recognise that many sections of our communities have been marginalised and under-represented in local NHS engagement activities. Successful engagement of all sections of the population is essential if we are to improve health outcomes for all communities. We will undertake targeted activity to involve under-represented

groups and those who experience the highest levels of health inequalities e.g Black, Minority and Ethnic groups.

LEGAL REQUIREMENTS TO ENGAGE

In 2010, the Government introduced the “Four Tests” that are intended to apply in all cases of major service change during normal stable operations. These are:

1. **Strong public and patient engagement**
2. Consistency with current and prospective need for patient choice
3. A clear clinical evidence base
4. Support for proposals from clinical commissioners

In 2012 and 2013 there was a strengthening of national policy to ensure the NHS fulfilled its duty to engage and involve people in the future direction of its services. The Health and Social Care Act in 2012 and the NHS Constitution 2013 states that patients and the public have a right to be involved in the planning of healthcare services, and that information and support will be provided in order to do this.

As an NHS trust we have a legal obligation to consult when proposing changes to the way local services are provided, operated or developed in two ways; they are:

- The duty to consult and involve patients and the public in an on-going way, not just when major changes are proposed.
- A duty to consult with Local Authority Overview and Scrutiny Committees on proposals for substantial changes

The Northern Devon Healthcare Trust must therefore provide a strong platform where the views and experiences of patients, carers and the

public can influence the decision making process and improve the quality of health and social care services regarding the following:

- **The planning and provision of services**
- **The development and consideration of proposals for changes in the way those services are provided**
- **Decision being made that affect the operation of services**

In December 2013, NHS England published its guidance on Planning and Delivering Service Changes for Patients. This strategy and all the resulting engagement and involvement work that the Trust undertakes will be informed by this guidance, ensuring we meet NHS England's robust engagement standards.

See appendix 1 for the Trusts engagement template

DEVELOPMENT OF THE STRATEGY

This strategy builds on the Patient and Public Involvement Strategy 2010 – 2013 which was informed by public meetings and engagement activities. Key points that arose from these meetings were:

- To be involved at the start of any project – partnership working
- Communication to be open and two way
- To be informed of how patient feedback and involvement had made a difference
- To be assured that involvement and feedback do make a difference

To ensure this new strategy continues to reflect the views of patients and the public, feedback from on-going consultations along with national engagement guidelines have been used to inform this engagement and involvement strategy.

Feedback from previous involvement exercises has highlighted that our engagement approach has sometimes been inconsistent. This means there have been occasions when patients and the public have not felt fully informed in the engagement and involvement process, nor have they understood the impact that their contributions have had or would have. The Trust is committed to avoiding this occurrence because it results in people disengaging in the involvement process.

This strategy aims to help address this feedback. Forward planning and a clear strategy will facilitate smooth, efficient and relevant consultations with engaged and informed communities.

This strategy informs one of the key aspects of the Corporate Communications strategy which is to ensure that service changes and re-design have full cognisance of the views of many.

The Involving People Steering Group continues to grow with wider participation from a variety of groups in the community. The purpose of this group continues to be to advise the Trust on appropriate methods of involvement regarding the following:

- The planning or provision of healthcare services
- The development and consideration of proposals for changes in the way those services are provided
- Decisions to be made affecting the operation of those services

The development process

The development of this strategy is led by the Engagement and Involvement Lead and is overseen by the Head of Communications and Patient Experience and the Trust Board. Several groups and committees have been asked to input into the development of this strategy including Learning from Patient Experience Group, Involving Patient Steering Group, Healthwatch Devon, NEW Devon CCG and the Trust Board.

AIMS OF THE STRATEGY

Our aim is to be engaged in on-going, two-way, conversations with the communities we serve across Devon (and to a lesser extent Cornwall and Somerset) to ensure the Trust understands what matters most to patients and the public and to co-produce services that meet these needs accordingly.

1. Objectives of the strategy

- Ensure the Trust meets its legal duty to engage
- Enable the Trust to understand the needs of the local community
- Provide a platform for the community to feed into involvement exercises and consultations that the Trust undertakes
- To ensure that clinicians understand the importance of public engagement and involvement and actively encourage it in their work
- To work in partnership with local communities to develop services

OUR APPROACH

INFORM	ENGAGE
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<p>Open and transparent information sharing that is timely and circulated widely using various communication channels. E.g. press releases in local and regional newspapers and includes key stakeholders including Healthwatch Local Health and Wellbeing Board Local and Regional Health and Wellbeing Committee</p>	<p>Engagement will be both continuous (Community-led) and specific (Trust-led). We will continuously build relationships with patients, public and stakeholders and respond accordingly to feedback received about our services. We will also engage on specific activities where the Trust is looking at service developments</p>
<p>FEEDBACK Timely, continuous and specific feedback will be given throughout the engagement and involvement process. The public will be informed of the specific impact of their involvement, and explanations will be provided where suggestions were not carried forward. Evaluation of all engagement and involvement will take place and continue to shape this work.</p>	<p>INVOLVE AND CO-PRODUCE Working in partnership with local communities and stakeholders (including scrutiny committees) in genuine and meaningful ways to ensure the voice of patients and the public influences service development and re-design</p>

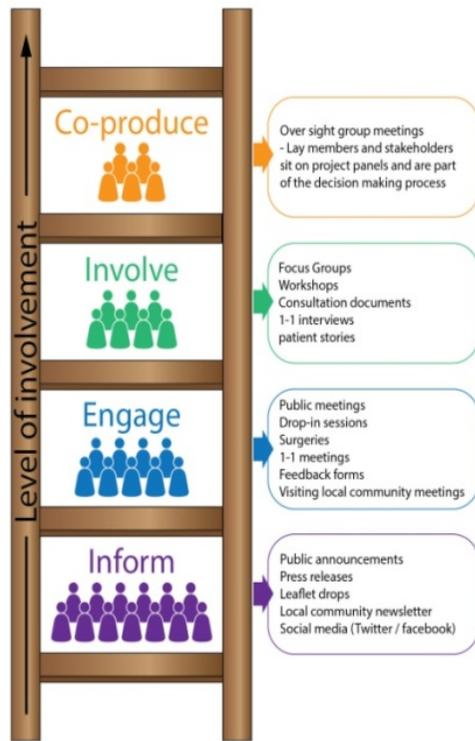


Figure 3: Ladder of Participation adaptation

Figure 3 is an adaptation of Sherry Arnstein's Ladder of Participation. It is a representation of the many different ways that people chose to or are able to get involved, depending on their interests and personal circumstances. The different levels of the ladder represent the different stages of involvement; the further up the ladder you go, the greater the level of involvement but also the fewer the mass of people involved. Engagement and Involvement work that the Trust undertakes will incorporate all levels of the ladder.

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DELIVERY OF THE STRATEGY

INFORM

Keeping the public informed about the work of the Trust will be both continuous and consultation-specific. The trust will endeavour to ensure patients and the public are kept well informed about the work of the trust. In addition to good practice, this will help to mitigate against communities being taken by surprise when public consultations about service changes take place.

Continuous information sharing with the public will be:

- Planned and strategically managed
- Timely
- Targeted and two-way
- Easy to understand
- Open and transparent

Consultation specific informing will follow all of the above principles with the addition of:

- Clear articulation of the engagement process with an outline of which aspects of the decision making process the public will influence.
- Reinforcement that public opinion will be one of a number of considerations in making funding and operational decisions.

We know that different people and communities take on information in different ways, we will therefore use various media tools, outlined below to communicate our messages. These will

evolve as we engage with different communities and understand the best ways in which to get message out to their groups.

Tools used to inform the public include:

Press releases
Public meetings
Announcements
Leaflet drops
Spotlight
Radio
Local newspapers
Local newsletters
Council meetings
Pulse

ENGAGE

Through engagement, our aim is to build relationships with patients and the public to help us understand what healthcare needs are important to them.

Our engagement will:

Be Proactive
Be Proportional
Be Appropriate
Be Accessible and convenient to the local population
Use various activities

Have a clear identification of how stakeholders will feed into the decision making process

We know that different people will engage in different ways and about different things. Our approach to engagement will therefore be varied and guided by the local population. We will identify the different ways in which communities want to get involved and use a range of engagement and involvement initiatives to ensure this can happen.

We also plan to work in close partnership with our local Healthwatch, and welcome input from them about issues that have been raised with them by the community.

Engagement work across the trust will take on two forms, continuous and specific:

1. Continuous (Community Led)

Continuous engagement will be pro-active and informed by the public. Our aim is to be engaged in on-going and two-way conversations with local communities, patients and the public about what healthcare matters are important to them. The below diagram represents the principles of the feedback loop we intend to develop as a result of our continuous engagement work.

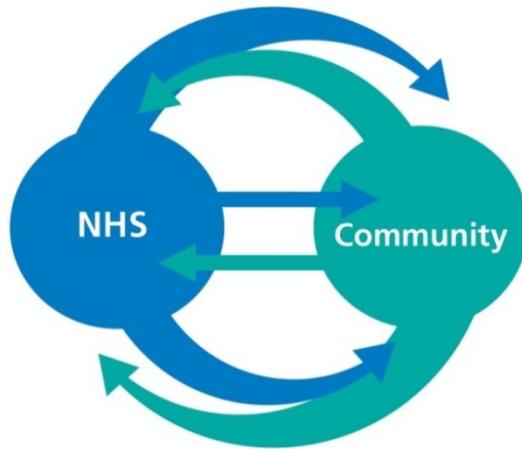


Figure 4: Continuous Community led Engagement

We know that people will engage on matters that are relevant to them, we will therefore categorise engagement activity in the following ways:

- Location (ie Community Hospital)
- Condition specific
- Socio-economic group
- Age group
- Gender
- Sexual orientation
- Ethnic origin

Our engagement plan focuses on the following areas:

Membership

We will use the data held about our members such as age, location, special interests to ensure we are asking the right people to engage on the right topics. We will tap into the existing 5500 people who have already said they are interested in being involved and start our work with them.

Identifying the areas that we have interested people will help us to also identify where the gaps are and which groups of people we need to carry out further out reach work with.

Community groups

We will attend community group meetings especially amongst those who are hardest to reach ie – working mums, BME groups, younger people and those who fall into protected characteristic groups. The aim will be to develop the voice of these people and ensure they have the capabilities to feed into the work of the trust.

Engagement and Involvement events

We will run trust wide events to publicise the engagement work that we are doing; informing people of why we want to hear from them and include ‘you said we did’ to encourage and support further engagement.

Pulse

We will have a regular feature in Pulse magazine which will inform patients and the public of the engagement and involvement work currently underway. This will also form one of ways that we feedback to people about the impact their involvement has had.

Contact details and feedback forms will also be available to encourage continuous feedback and conversations via ndht.involve@nhs.net

Involving People steering group

We will aim to increase the awareness and community representation at this group which aims to facilitate the dissemination of engagement and involvement activities. We will actively encourage representatives to bring issues that are important to the groups they represent which the Trust can then look into.

While well established and attended for the Northern area, we are aware that this group does not have representation from communities based in the Eastern area. We plan to work with local Community Development Workers to develop another IPSG specifically for this area to ensure we are engaged with communities across the entire patch and not just the North.

2. Specific (Trust-Led)

Specific engagement with patients and the public will take place when the Trust looks at service developments and or re-design. It is hoped that the work around continuous engagement will support effective specific engagement activities.

The aim of engagement around specific topics will be to understand the impact that the developments will have on the local population. This will be achieved through the following activities:

Local Health and Wellbeing Boards
Public meetings

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Drop-in sessions

Surgeries

1-1 meetings

Feedback forms

PALS

Questionnaires

Attending community meetings (ie WI or PTA)

And anything else that becomes apparent through working with the local communities

Patients and the public highly value the healthcare services that are provided to their local communities, therefore changes and re-design can cause distress and anxiety to the local population. Transparent, timely and continuous information sharing will be essential in supporting communities through this process and will help people to remain engaged. This will in turn facilitate genuine, worthwhile and productive involvement and co-production to service developments and re-design.

CASE STUDY 1: Patient and Family Centred Care - improving the experience for people with dementia

INVOLVE AND CO-PRODUCE

Involvement and co-production will form an integral part of the development and evaluation of service changes and implementation where relevant. We will follow the Experienced Based Design approach to inform and support our co-production work

*Katherine Allen, Head of Communications and Patient Experience
Nellie Guttmann, Engagement and Involvement Lead*



Involvement and co-production will be based around the following principles:

Meaningful: The motivation behind involving members of the public will be to offer insight and answers to questions that the Trust cannot answer alone. Relevant measurements that will be used in evaluation will also be agreed with the public.

Relevant: We will ask people to be involved in areas that are relevant to them and their experiences.

Informed: For input to be valuable, people need to be informed. The trust will provide all required information to ensure members of the public have an adequate understanding of the context and background to the service re-design in question.

The aim of the trust will be to involve as many people in the work that we do as possible. It is therefore our commitment to support people to become involved through:

- **Training** – providing training to people who are keen to be involved on group work, offering feedback, understanding the NHS [and any other relevant topics that people may require]
- **Instilling confidence** – Ensure that people understand what aspect of the project planning they will be informing, and what impact their involvement will have
- **Offer Support** – We will work closely with people to ensure they feel confident in the involvement process and feel able to contribute their views in meaningful ways. Each project group will have a lay members’ lead who will be the main point of call for all lay members coordination and support.

The following outlines the various forums by which we will involve people in service developments and re-design

Focus groups (using specific themes that have arisen from the engagement phase)

Virtual workshops

Consultation documents

Develop task groups which include lay members

1-1 Interviews

Patient stories

Public meeting

Develop a working group with key representatives of the public -

Invite and advertise, create terms of reference

Questionnaires

**CASE STUDY 2: Torrington Community Cares:
Summary engagement Report**

*Katherine Allen, Head of Communications and Patient Experience
Nellie Guttmann, Engagement and Involvement Lead*

FEEDBACK

Feedback will form an essential part of the entire engagement and involvement strategy. Feedback will be given continuously as a means of informing the public and maintaining transparency around development work that is happening.

Key principles to feedback are:

Timely : people who have been directly involved will receive feedback in advance of public announcements

Specific: People will be informed on the specific impact of their involvement. This will include feedback on what, if any, ideas or input were not used in the decision making process and the reasons for this.

Widespread: from 1-1 meetings to public announcements and media releases. We will implement the lessons learned through engagement to ensure that everyone who is impacted on by service developments is informed of the changes that are likely to occur.

Accessible: information will be published in formats that are accessible to the public, avoiding NHS jargon and presented to the public in ways that are relevant to them.

EVALUATION OF THE INVOLVEMENT

Development of our engagement and involvement work will be directly informed by the feedback we receive relating to our engagement and involvement processes. We will regularly seek input from patients and the public on the ways in which we involve people and how this can be improved on a continuous basis.

A key part of the evaluation will look at whether people felt that the input they gave had a genuine impact on the overall development work. We will learn from all of the engagement and involvement work we do and use feedback to inform future work.

SUPPORTING STRATEGIES AND POLICIES

Corporate Communications strategy

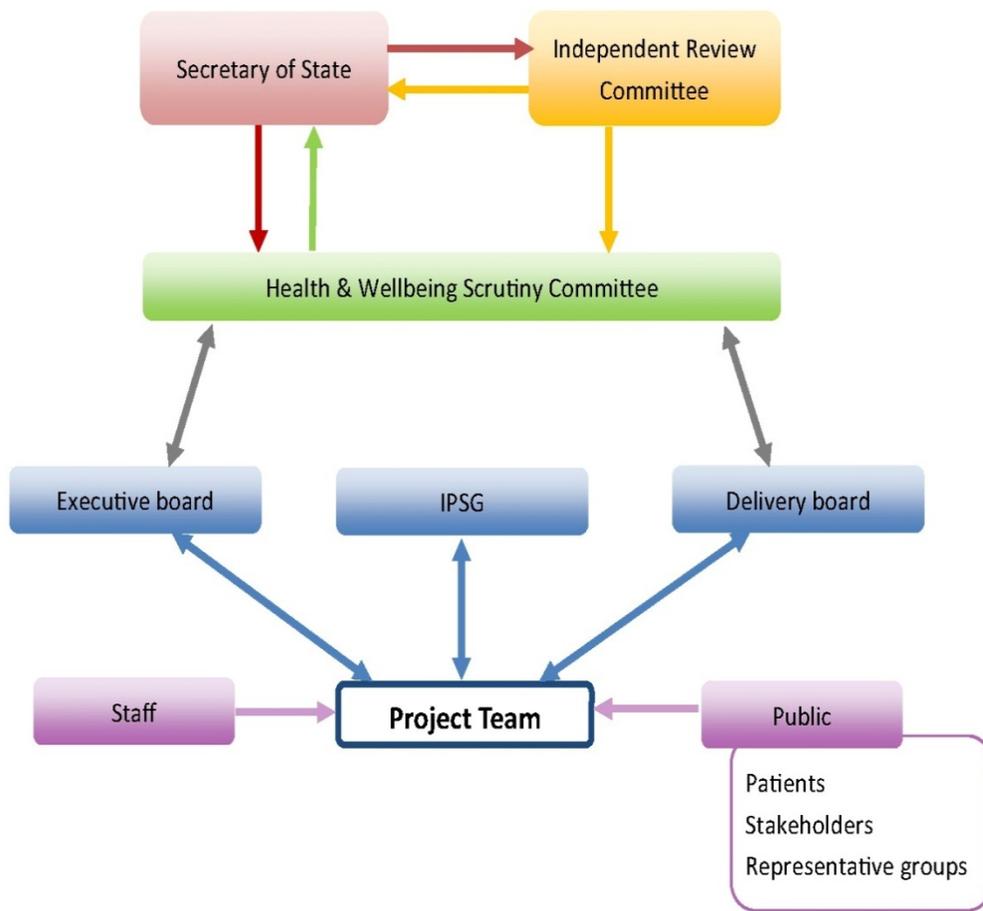
Membership strategy

Equality and Diversity strategy

Patient Experience strategy

Staff Engagement Strategy

GOVERNANCE (TRUST-LED)



References

- The NHS Constitution, Department of Health, 2013
- The Health and Social Care Act, Department of Health, 2012
- The Health and Social Care Act, Department of Health 2013
- Planning and Delivering Service Changes for Patients, NHS England, 2013
- Public Involvement and Engagement Action Plan 2013/14, Birmingham CrossCity CCG, 2013
- Transforming Participation in Health and Care, NHS England, 2013
- Smart Guides to Engagement, NHS Networks, 2012-14
- Patient and Public Engagement in the New Commissioning system – Discussion Paper, NHS Confederation, 2011
- Public Consultation in the NHS: Update 2012, Ursula Pearce