

HEALTH AND WELLBEING BOARD

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MEDWAY AND SWALE HEALTH AND CARE PARTNERSHIP – ENGAGING STAKEHOLDERS

Report from: Martin Riley, Senior Responsible Officer, Medway and Swale Health and Care Partnership

Authors: Glynis Alexander, Communications Lead, Medway and Swale Health and Care Partnership

Nikki Teesdale, Director of Delivery Medway and Swale Health and Care Partnership

Summary

This report provides an update on the approach of the Medway and Swale Health and Care Partnership (HaCP) (formerly known as Integrated Care Partnership) to engaging stakeholders in its programme of work over the next 12 months.

1. Budget and policy framework

- 1.1. The engagement plans are still evolving and will develop over the course of the coming months, with input from partner organisations, community and voluntary sector organisations, patients and local residents.
- 1.2. The HaCP is keen to take a proactive, open and collaborative approach to developing programmes of work that will have a positive impact on the health of our community.
- 1.3. The HaCP has identified engagement as a key enabler to improving integrated health and care for our communities. The work programme is being developed and delivered by the Communications and Engagement Workstream comprising specialists from partner organisations.

2 Background

- 2.1. The Communications and Engagement Workstream has met regularly and implemented actions to communicate with the local community and to carry out initial engagement exercises.

- 2.2. The work was briefly paused during the first phase of the pandemic, after which we worked with colleagues to engage residents around the priorities for restarting services.
- 2.3. The Workstream has now been split to provide a dedicated Engagement Group, bringing together experts in this field to focus on best practice engagement linked to the HaCP's strategic objectives.
- 2.4. Communications professionals from partnership organisations continue to work closely to maintain a flow of information and dialogue with stakeholders through established channels of communication.
- 2.5. The Engagement Group is working with public health colleagues and the voluntary sector in utilising the 'Ladder of Engagement' to ensure, where possible, co-production for any service change:

Devolving = Placing decision-making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approach

Collaborating = Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution

Involving = Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example, partnership boards, reference groups and service users participating in policy groups

Consulting = Obtaining community and individual feedback on analysis, alternatives and/or decisions. For examples, surveys, door knocking, citizens' panels and focus groups

Informing = Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, websites, newsletters and press releases.

- 2.6. The Engagement Workstream's objectives are to:
 - a) Facilitate a consistent approach to communications and engagement across partner organisations.
 - b) Develop awareness, understanding, and support among key influencers.
 - c) Ensure the voice of the patients, residents and staff, including harder reaching audiences is clearly evidenced.
 - d) Provide support and advice to HaCP workstreams to ensure there is effective engagement.
 - e) Collate insights from local people to build a comprehensive picture of the lived experience of our communities.

The engagement strategy sets out the HaCP's intent in relation to engagement and describes how we will achieve the objectives described above.

- 2.7. The HaCP also aims to build shared purpose through meaningful engagement with communities / citizens / patients to build strong resilient communities that are empowered to deliver positive impacts on health and wellbeing.
- 2.8. Although delivery of these objectives is in the early stages, the HaCP will develop a plan that involves stakeholders to co-develop goals and report impact.
- 2.9. The HaCP recognises the importance of building confidence, transparency and trust if it is to succeed and make a lasting difference to the residents it serves. This will be achieved through evidencing system changes that make a positive impact on communities.
- 2.10. The HaCP engagement plans are aligned to the CCG framework objectives to:
 - strengthen engagement culture and capabilities
 - establish channels for on-going dialogue with communities, testing new ideas
 - establish systems that ICS partners can share
 - use engagement in healthcare to build community resilience and promote wellbeing
 - meet statutory duties to engage
 - enable timely effective consultation on multiple projects

3. Achievements to date

- 3.1 The engagement structure and governance for the future work programme has been agreed.
- 3.2 A draft engagement strategy has been circulated to partners for comment.
- 3.3 A system-wide engagement repository is being compiled.
- 3.4 A visual identity has been established to ensure communications and engagement materials are readily recognised, embedding the HaCP brand with staff and our community over time.
- 3.5 We have a web presence on the ICS and partner websites, with the ultimate aim being to create an HaCP website to promote achievements, initiatives and engagement opportunities.
- 3.6 Regular branded bulletins are distributed to staff and stakeholders providing updates and key dates.
- 3.7 A Memorandum of Understanding has been developed for working partnerships with statutory and voluntary organisations in development to support co-production methodology, with a framework now in development.
- 3.8 A Population Health Management programme is being progressed in partnership with community and voluntary organisations to reach a wider and more diverse audience.

3.9 Social media platforms are used to communicate with local residents and key stakeholders.

3.10 There is now clinical representation on transformation programmes.

4 Involving Medway

4.1 Involving Medway was set up in 2018 as a partnership between community-based organisations in Medway and the CCG to involve local communities in decisions about health and care and to explore effective ways of supporting healthy and joined up local communities.

4.2 Involving Medway is currently funded by Kent and Medway Clinical Commissioning Group until April 2022. Medway Voluntary Action, Tempo Time Credits and Kent Community Foundation deliver the programme for the CCG.

4.3 Involving Medway consists of:

Community-led engagement – local community organisations are trained and paid to deliver focus groups and interviews on health and care topics. Community health researchers are recruited and trained to carry out engagement within target communities.

A '**small grants programme**' to stimulate local action, encouraging individuals to become more connected in their local neighbourhood, addressing loneliness and social isolation.

Medway Time Credits; an evidence-based approach to encourage increased social action, particularly with individuals new to volunteering.

4.4 Since 2018:

£8,247 Time Credits have been issued – equating to 8,247 hours of volunteering.

£109,868 has been awarded in small grants to 88 local groups benefiting at least 4,600 local residents reduce social isolation and help communities through activities such as singing, outings, community meals, community cooking, Tai Chi, boxing, woodwork and crafts.

71 community health researchers have been trained.

25 community group leaders have been trained to carry out focus groups.

138 focus groups have been held in local community settings.

More than 7,500 residents have been directly engaged.

4.5 During the pandemic the partners adapted Involving Medway to engaging with local people remotely. During 2020 and 2021 Involving Medway trained community organisations to use remote platforms to run discussions, recruited community

health researchers from BAME communities to help develop COVID-19 messages and actions, adapted Medway Time Credits to a digital system and offered people the chance to earn Time Credits in the form of vouchers and gifts to contribute better to local need.

4.6 Recent impact assessment of the programme shows that getting involved has a positive effect on people’s well-being and their sense of community. Community groups have been able to provide local activities to improve engagement and organisations and individuals report they feel more valued and listened to.

5. Next steps

- 5.1
- a) Aligning co-production and engagement support through Population Health Management Steering Group.
 - b) Identifying existing engagement expertise across partner organisations (including the voluntary and business sector).
 - c) Aligning membership to ensure patient voice is represented.
 - d) Aligning communications support through PCN and ICP Development Board.
 - e) Agreeing engagement strategy.
 - f) Developing engagement plan.
 - g) Identifying priority for focus areas for engagement.
 - h) Scoping Population Health Management co-production programme.

6. Risk management

6.1 Table of risk and mitigation

Risk	Description	Action to avoid or mitigate risk	Risk rating
The HaCP fails to achieve its objectives due to a lack of engagement	Stakeholders, including partner organisations and/or members of the local community fail to engage with and have confidence in the HaCP	HaCP leaders are keen to engage proactively on the main workstreams, taking a co-design/co-production approach where appropriate.	D2

7. Climate change implications

7.1 The ICP will take account of climate change implications in its projects and programmes of work.

8. Financial implications

8.1 There are no financial implications for the Council arising directly from this report.

9. Legal implications

9.1 There are no direct legal implications for the Council arising from this report.

10. Recommendation

10.1 The Health and Wellbeing Board is asked to note the report.

Lead officer contact

Glynis Alexander
Executive Director of Communications and Engagement
Medway NHS Foundation Trust
Tel: 07769 935250
Email: glynis.alexander@nhs.net

Appendices

None

Background papers

None