



# Community engagement – a strategy to connect with our community



## 1. Introduction

For too long Medway operated in isolation. Its inability to see beyond its own walls contributed to the problems which beset it in recent years. A crucial part of its recovery has been the process of reconnecting with the external world – with partners in the health economy, and with the community it serves, to ensure that it truly serves the needs of the local population.

## 2. Why should we have a community engagement strategy?

a) It aligns to our **vision and values**.

- Our vision is to deliver the best of care. We can only do that by listening to people who use and care about our services, understanding their diverse health needs better, responding to what matters to them, and by harnessing their information, intelligence and expertise to plan, design and deliver services.
- Two of our values are “Together” and “Every person counts.” As part of “Together,” we commit to being inclusive. We cannot be inclusive if we do not listen to, and engage with, our community.

b) Evidence and evaluation shows **that good public involvement benefits both the community and the organisation** – the organisation develops better services, and the community benefits from better health outcomes.<sup>1</sup> The Francis inquiry into Mid Staffs shows that things went wrong when the Trust stopped listening to the needs of the local population.

c) The **NHS Constitution** enshrines the right of the public to be involved in the provision of healthcare. It says: “You [the public] 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 services.”

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<sup>1</sup> See for example NHS England’s Patient and Public Participation Policy, 2015

### 3. Where are we now – a SWOT analysis

Strengths	Weaknesses
<p>We are getting better at communicating what we are doing</p> <p>Lots of commitment to community engagement from the chair, chief executive, NEDs and governors</p> <p>Large membership base – over 11,000 public members</p> <p>We have a lot of support in the community</p> <p>We have good relationships with the local politicians and certain organisations, such as Healthwatch</p> <p>We are building relationships with community groups who are new to us, such as the universities</p> <p>We have done a bit of this before – eg community events to shape the quality priorities for the year.</p>	<p>Engaging / consulting with, and communicating to, the public about service developments, is not embedded in the organisation's psyche – colleagues don't recognise it's something we should do</p> <p>There are various tactical pieces of engagement across the Trust but no co-ordinated plan underpinning it</p> <p>Although we have 11,000 members most of them are not actively involved</p> <p>Unclear what, if any, links we have with schools</p>

Opportunities	Threats
<p>As the largest (or one of the largest) organisations and employers in the area, which is regularly in the news, community organisations ought to be bursting with interest to hear what we have to say – recent governor coffee mornings were an indication of that interest</p> <p>STP and strategy development provides a good reason for beginning to engage with certain groups in the community</p> <p>Governors are enthusiastic and want to get out into the community – plus the forthcoming elections should bring some further new energy</p> <p>Local Healthwatch want to support us</p>	<p>There could be latent hostility towards us that will spill out when we engage because:</p> <ul style="list-style-type: none"> <li>- Certain people / groups have had bad experiences at the hospital</li> <li>- We haven't engaged before</li> </ul> <p>Engagement around strategy / integration can be quite challenging.</p>

#### 4. Our aims

The aims of our community engagement strategy should be:

- To **ensure that our services are developed in the best possible way**, taking into account the needs, desires and ideas from the community – and through this, improve patient experience.
- To **promote good health and wellbeing** among the population, educate on how to prevent illness and how to tackle illnesses when they occur. This will benefit the community, but in turn the Trust, because the result should be fewer people needing to come to hospital and to ED in particular.
- To gain **community input** into, and over time, support for, **integration** of services
- To **improve the reputation** of the Trust in the community, to foster trust and to enhance the view that we are “their hospital”
- To **aid our recruitment efforts**, because:
  - We will be tapping into places where future employees will come from
  - We will be enhancing the Trust’s reputation in the community

- To provide **development opportunities for our staff** for example by enabling them to talk to schools, community groups and others about health prevention and health education colleagues

## **5. Translating aims into action: principles underpinning our approach**

We commit that we will:

- Inform, engage or consult the public before we make any significant changes that affect services
- Forge links with all sections of the diverse community we serve – so we truly represent people of different genders, races, sexual orientations, abilities / disabilities, ages, nationalities and cultures.
- Target hard to reach groups of people who are likely to need our services regularly, such as prisoners, homeless people and the elderly.
- Be proactive in our engagement rather than reactive, and two-way – we won't just inform, but will listen to suggestions on how to improve what we do, and act upon what we hear, and involve those with suggestions in our work
- Ensure that our engagement in Medway is matched by similar engagement in Swale

## **6. Translating aims into action: the tactics we deploy**

- Individual engagement plans for significant Trust / wider health economy initiatives.
- A round of bilateral meetings with key local groups that the Trust wants to know better
- Participation in existing community forum events
- A speaker programme where we will give talks to community groups
- Holding our own community engagement round tables to discuss and gain input into our strategy and plans
- A drive to solicit patient stories from the contacts we form and recruit potential patient / community representatives to sit on our own improvement / programme boards
- A schools engagement programme
- A refresh of our Foundation Trust member engagement to encourage more members to actively participate in the Trust's activities.

Further details of how this might be implemented are set out in section 11 below.

## **7. Audiences**

We already have strong relationships in place with our local MPs, health leads on both Medway and Swale councils and our local Healthwatch, with frequent meetings taking place with the Chairman and Chief Executive and regular dialogue with the communications team.

We have strong relationships with our health partners and the Director of Strategy and Partnerships has been working hard to widen and deepen these.

We also have an 11,000 strong membership with whom we correspond regularly.

Beyond these groups, as part of our community engagement, we will want to engage with the following groups.

### **Professional and business organisations**

- Police
- Prison Service
- Armed Forces
- Kent Invicta Chamber of Commerce
- Housing Associations
- Royal British Legion Gillingham Branch

### **Education**

- Schools / FE colleagues / academies
- Universities

### **Inclusivity groups / those representing vulnerable groups / hard to reach**

- Medway Pensioners' Forum
- Swale Seniors Forum
- Age UK Medway / Faversham and Sittingbourne / Sheppey
- MIND Rochester
- Mencap Kent
- Medway Citizens Advice / Citizens Advice Swale
- Medway Ethnic Minority Forum (if this still exists)
- Kent Association for the Blind
- Hi Kent (for people with hearing loss)
- Medway Credit Union
- Medway Foodbank

- Family Food Bank (operates in Sittingbourne and Sheppey)

**Other residents’ organisations**

- Religious leaders
- Patient participation groups
- Residents’ associations
- Community groups – Rotary Club, Round Table, Lions etc.

This list does not seek to be exhaustive – we will want to refine it, taking into account in particular, the views of the governors on any omissions, the relative influence and reach of these groups and how to engage with them.

**8. Types of engagement**

The “Ladder of Engagement and Participation” is a widely recognised model for implementing different forms and degrees of patient and public involvement. There are five steps of the ladder.

<b>Devolving</b>	Placing decision-making in the hands of the community and individuals
<b>Collaborating</b>	Working in partnership with communities and patients in each aspect of the decision
<b>Involving</b>	Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered
<b>Consulting</b>	Obtaining community and individual feedback eg surveys, door-knocking, citizens’ panels
<b>Informing</b>	Providing communities and individuals with objective information

For each individual project on initiative we take within the Trust, we will take a decision on how we would like to engage with each audience.

It may be helpful to demonstrate how this can work in practice, using a current example. The table below shows how we are engaging with different audiences around our initiative to go smoke-free.

Audience	Type of engagement	Specifics
Ward councillors	Involve	Individual meetings to discuss the plans in detail, hear any concerns and ideas for improving our plans
Residents living around the hospital	Involve	Public meeting to discuss the plans, hear concerns and ideas for improvement and work through potential solutions with them
Healthwatch	Involve	Individual meetings to go through the plans, and hear ideas for improvement and on how they can support us
Other local residents or regular patients	Consult	Local councillors / Healthwatch have offered to do surveys to help gain local views to feed into the process
Patients more broadly	Inform	Through the media, local council publications which reach all households, posters etc
Partners – police, Prison Service, SECAMB	Inform and consult	Let them know our plans but hear any views they have for improvements
Staff	Inform, consult and involve	<p>Involve: Committee of staff Trust-wide to help shape the plans</p> <p>Consult: Staff roadshows, meeting with Joint Staff Committee</p> <p>Inform: Extensive communications about our plans</p>

## 9. Roles and responsibilities

**The Board:** responsible for owning the community engagement strategy

**The Executive:** responsible for regular review of the strategy and engagement plans

**Communications and Engagement team:** responsible for setting the strategy, co-ordinating the engagement activities undertaken by staff and governors and pulling together engagement plans for individual projects.

**Stakeholder and community engagement manager:** individual person within the communications team responsible for co-ordinating this activity and undertaking a significant amount of engagement themselves. This is a new position, for which there is funding under the 2016/17 budget.

**All staff:** will have a duty to consider whether community engagement is desirable or necessary when devising a new initiative

**Governors:** have a statutory duty to represent the views of members of the public, seeking the public's views, reporting these to Trust directors and feeding back to the public on what is happening within the Trust. We will encourage governors to be active in doing this, ensure that we (the Trust and governors) engage with all the organisations with whom individual governors have contacts; however, we want to ensure that their activity is more closely co-ordinated by the Trust than at present and integrated with all other community engagement activities. In addition, they will continue their programme of engagement with Foundation Trust members, again ensuring this is aligned to the overall strategy and plan.

## 10. Measurement, evaluation and monitoring

We measure how successful we are in meeting our objectives of the strategy in a number of ways:

- An increase in the number of people signing up as Trust members, or of Trust members becoming active participants (this is an objective for the Trust and the Council of Governors).
- Compliments and complaints
- PALS enquiries
- Improved family and friends test scores
- Positive comments from local groups in the media
- Feedback at formal meetings (e.g. Board meetings)
- Comments on Patient websites e.g. NHS Choices, Patient Opinion and on social media sites.

We regularly report to the Executive on progress with community engagement.