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CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

#BCUHBGetInvolved

Public & Stakeholder Engagement Strategy

2017 - 2019

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Introduction

In this document we set out how we intend to develop our engagement agenda through working with our population to help us deliver the best services we can. It builds on what we are learning from what residents are telling us about their priorities and how they want services to be delivered.

Our approach will be continually evolving on a model that is about *enabling effective engagement* rather than *doing engagement*. Through listening to our communities and stakeholders, our engagement framework will develop and grow to reflect the changing needs and ways our citizens wish to engage with us.

Our current approach has been informed by both national best practice such as ***The National Principles for Public Engagement in Wales*** set out by Participation Cymru and local approaches such as our review by Eley¹ of engagement with older people with dementia and their families in North Wales.

This work recommended the design of a credible means of engaging with patients and their carers.

*“Being listened to and having your views recognised and valued – even if they do not always lead to the precise outcome you would wish are crucial stepping stones to building trust ... Mechanisms need to be in place where it is **normal procedure** to seek out opinions and experience since the best ideas come from involved people.”*

This strategy outlines our aim to engage with people in a way we have not consistently done before. Through robust and systematic engagement we can:

- involve local people and stakeholders in the development and delivery of improved health for all
- provide better care through patient centred services and
- increase understanding of the challenges we face.

The strategy is intended to be a framework for the conduct of engagement activity and will be supported by a detailed delivery plan.

¹ *Eley et al (2014) *Strategic Review of Older Peoples Mental Health Services*

Section 1 - Why is engagement so important?

Involving people in the planning, design and delivery of services helps to build partnerships with communities, recognise local issues and identify areas for service improvement.

Continual and open dialogue builds a culture of transparency and trust, which is a critical element of what we want to achieve.

Being open about the challenges facing the local NHS and involving local people, staff and stakeholders in identifying solutions are fundamental building blocks in delivering high quality, safe and sustainable services that meet local needs.

Section 2 - Our principles for engagement

This strategy will reflect the National Principles for Engagement produced by Participation Cymru (see Appendix 2).

In addition, we have some further principles, which will underpin our engagement activities.

1) Sustainable – not just based on ‘one-off’ meetings

2) Practical – not too bureaucratic

3) Honest – so people can give their feedback about their experiences and share ideas

4) Responsive – so people will know they have been listened to and taken seriously

5) Creative – so people can help design improvements to services

We recognise the need for a mature dialogue with local people and our engagement model will be based on being:

1. Transparent and well communicated – to help build a trusting environment
2. Empowering to all, leading to meaningful change – making sure the public feel part of our process and able to influence our plans
3. Creative – we will need to adapt what we do to different audiences and use technology and innovation wherever appropriate
4. Accessible – we must go to people rather than expect them to come to us
5. Inclusive – we must give everyone the opportunity to participate
6. A bi-directional approach - where our conversations are two way, with feedback acted upon as an essential element of the process

We will regularly engage with our staff, stakeholders and communities, use the feedback we receive to influence our planning processes and work with communities to develop and design services. The process of engagement has to be meaningful and must be able to demonstrate that we have listened.

Section 3 - Tiers of engagement

We must engage stakeholders, staff and the wider public at a variety of levels.

People have different expectations and are concerned about different issues, which will require varying engagement approaches.

The tiers of engagement outlined below describe the levels of involvement we will adopt.

Devolving	Placing decision-making in the hands of the community and individuals. For example health budgets or a community development approach
Collaboration	Working in partnership with communities, patients and staff in each aspect of decision-making, including the development of alternatives and the identification of the preferred solution
Involving	Working directly with communities, patients and staff to ensure that concerns and aspirations are consistently understood and considered. For example locality groups, public members groups and staff forums
Consulting	Obtaining community and individual feedback on analysis, alternatives and / or decisions. For example, surveys, door knocking, locality and public members and staff groups
Informing	Providing communities, individuals and staff with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, websites, social media, open meetings, newsletters and press releases

Section 4 - Our duty to engage

All public services in Wales have a duty to engage and consult with citizens. This has been strengthened through a range of UK and Welsh Government policies and legislation.

The Welsh Government's 2004 policy document **Making the Connections** it emphasised the need for putting the citizen at centre stage, arguing for "greater participation by citizens, communities and businesses in the way that services are designed and delivered".

The **NHS (Wales) Act 2006** requires each Local Health Board to ensure it engages and consults communities on the planning of its services, proposals for changes to services or decisions made that will affect services.

The **Equalities Act 2010** requires us to consider ways of eliminating discrimination, promoting equality of opportunity and explore potential impacts on protected characteristic groups. These groups are based around: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation. The Act also requires us to undertake robust **Equality Impact Assessments (EqIA)** to ensure that any negative impacts on protected groups because of our policies or service changes are identified and addressed.

In 2014 the **Lessons learned independent review into NHS Service Change Engagement and Consultation Exercises by Health Boards in Wales** was published. As part of its recommendations this report states, *"Health boards should continuously engage with their local communities to help them plan and develop healthcare and services, not only when undertaking major service change."*

The **Social Services and Well Being (Wales) Act (2014)** changes the way people's needs are assessed and the way services are delivered, giving people more of a say in the care and support they receive. It also introduces a duty on local authorities and Health Boards to be proactive in promoting people's involvement in the design and delivery of services.

The **Health & Care Standards 2015** highlights the need for working in partnership to have a person centred approach: *"Co-production can support the delivery of person-centred care, which prioritises putting patients, their families and carers at the heart of all decisions and plans about health care. It sees patients as equal partners in planning, developing and assessing care to make sure it is most appropriate for their needs."*

Under the **Welsh Language (Wales) Measure 2011**, the Health Board is required to comply with a set of Welsh Language Standards, outlining how it will not treat the Welsh language less favourably than the English language. The Measure gives people in Wales the right to live their lives through the medium of Welsh. Welsh Government's Strategic Framework for Welsh Language Services in Health, Social Services and Social Care 2016-2019, **'More than just words'** requires us to ensure patients receive high-quality, language appropriate care through the "Active Offer" principle of asking patient what their preferred language is and acting on it. This will ensure language needs are mainstreamed into the planning and delivery of services so that people are able to communicate and take part in their care effectively through the medium of Welsh.

Section 5 - Outcomes

We will ensure that we comply with relevant legislation, however we do not want engagement to be something we only do because we are obliged to. We must have a genuine desire to work together with our communities and partners to achieve a number of key outcomes.

1) Reconnect with the public

2) Regain public confidence in the Health Board

3) Establish a different approach to engagement

4) Shift from “doing to” to “doing together”

Section 6 – The engagement cycle

The engagement cycle is underpinned by a belief that patient and public engagement is about **equal partnerships** and **effective relationships** between patients and professionals and between communities and the Health Board.

We will use this approach to maintain a continuous dialogue with communities ensuring we take views into account at every point in the planning, commissioning and delivery of services.

The engagement cycle also helps us to work with patients, carers and the public to transform and improve services so that patients receive more integrated services, high quality care and a better experience.



Section 7 - Building on what we have learnt

It is clear from our ongoing engagement that communities care passionately about the services they receive, want to influence and be involved in how care is delivered.

Although we know that people want to be involved, we have learnt that there are still a number of barriers that need to be lowered or removed if people are to be encouraged to engage with us.

In order to reduce barriers we will ensure language is clear, avoids technical terms and jargon, and materials are available in appropriate languages and formats. Translators will be provided as required. We will promote engagement opportunities in a way that does not exclude people. For instance, always trying to make sure venues are accessible for those with mobility needs or providing hearing loops.

North Wales has thousands of people who are involved in groups and local organisations driven by shared interests and common ideals. The experience of these individuals and groups provides us with an invaluable source of knowledge and information about the priorities and issues affecting their lives. However, no single agency or individual has the whole picture and we must ensure that we involve all of our citizens to gain an understanding of what matters to them.

It is particularly important that we involve and listen to seldom heard groups and those with protected characteristics and give those who do not generally want to engage the opportunity to be involved.

Involving people has to be part of everyone's role, not just something that happens when the Health Board decides it needs to make changes. It is essential that engagement is seen not as a corporate function or service but is embedded into core business right across the organisation. Mainstreaming engagement requires a significant cultural change that will not happen in the short term. It will need strong leadership from the Board and support from senior managers to secure an ongoing commitment from staff to adopt this new approach to planning and delivering services. Individuals and groups we want to engage with need to be nurtured and given assurances that they can influence decisions and that decision-makers genuinely listen to their views or comments.

Section 8 - Levels of engagement

Our strategy creates an approach to engagement based on following levels:

- 1. Individual level**
- 2. Service level**
- 3. Area level**
- 4. North Wales level**

The individual level

We have already introduced some positive ways that individuals can provide feedback, such as the '*I want great care*' initiative. This has enabled the Health Board to pick up early indicators of problems before they escalate. For example, an examination of some negative feedback about two wards revealed that staffing levels had dropped. An improvement plan was subsequently put in place, resulting in improved staffing levels and patient satisfaction.

The Community Health Council (CHC) carries out announced and unannounced visits to BCUHB facilities, talking to patients and staff as well as making its own observations. As an independent body, the insights gathered by the CHC provide invaluable feedback to the Board on the quality of care being provided.

There will always be people who do not step forward willingly to get involved or to give feedback – the 'silent majority'. We should not assume that they do not care about our services or would not benefit from receiving information from us. Even the most minimal of contact could generate useful feedback or lead to active involvement.

What we need to do

At an individual level patients, family members, carers and service users should always be involved in needs assessments, support plans and reviews of their care and treatment. They need to be asked for feedback on a regular basis and have opportunities to provide unsolicited feedback, for example, through comment cards in reception areas or online. They must be encouraged to use their experiences and expertise to help shape services and to get involved in service development and design at whichever level suits them.

Feedback should be routinely collated and outcomes shared and highlighted both within the relevant service and also across the organisation. This will support learning and improvement.

We will build on our *Involvement Scheme* to provide people with more opportunities of getting involved and to enable us to identify the health issues people want to get involved with.

The service level

It is essential that people are involved in helping to shape our services. We already have a series of examples of successful involvement, such as the involvement of service users in the procurement of dementia support services. We also undertake monthly quality audits on inpatient wards, which provide us with a rich source of qualitative information.

Involving our citizens in service planning and design however is patchy. At the service level, service leaders and managers need to build networks with community organisations and partner agencies. This will equip them with a good understanding of the perspective of patients, service users, family and carers.

What we need to do

We will encourage and support ways people can get involved in shaping services including identifying opportunities to establish new user groups or involve service users in influencing service delivery. We need to develop and support our service users, as well as their relatives and carers, to give feedback about service provision and to discuss their ideas for service improvements.

People should be informed of potential service changes and involved in designing what the changes should look like. This will mean that communities can have confidence that the Health Board wants to meet their needs and will listen to them. It is important that people are reassured that their questions and concerns will be answered promptly and they will be kept informed and involved.

The area level

At the area level, all service planning and major projects aimed at service development, change or redesign needs to engage with all those that the services will affect. An example of this is Public Health Wales' *Well North Wales* programme, which will focus on improving health outcomes in targeted neighbourhoods.

This provides a framework for supporting intensive engagement and coordinated action at a community level. The framework will identify community assets, strengths, resources and provide a forum for stakeholder engagement and cooperation in delivering solutions. The full implementation of the Social Services and Wellbeing (Wales) Act is another key opportunity for joint working and local learning.

What we need to do

The Health Board needs to work with local authorities, community and voluntary sector groups that represent service users and carers and draw on all their expertise. This ensures that people have the opportunity to have their voices heard and are confident that the Health Board is open to working with partners to share their experience and knowledge.

Our partner organisations and those groups representing communities need to know how to influence services and feel confident that their contributions do make a difference.

The North Wales level

We provide services across the whole of North Wales and in areas of Mid Wales. It is important therefore that our plans, strategies and activities are joined up, do not duplicate each other and avoid unnecessary waste and costs.

We need to work in partnership with Welsh Government and other national organisations and when necessary establish new partnerships, for example the Mid Wales Collaborative. This will help to ensure our plans take account of and reflect both national, regional and community priorities, and are implemented in a consistent manner across our areas. To do this we need to be able to call upon expert advice to help identify good practice and support our plans development and implementation.

What we need to do

It is essential that we take a lead in developing partnerships with networks, stakeholder groups and individuals. By doing this we can shape ideas and identify priority issues to inform our strategies and plans. A North Wales Regional Partnership Board (Part 9 of the SSWBA) has been established between the six North Wales Local Authorities and the Health Board. The key aim of the Partnership Board is one of co-operation, partnership and integration to ensure that together the seven statutory organisations undertake and respond to the population needs assessment, promote the establishment of pooled funds and oversee the allocation of monies and ensuring delivery against agreed priorities.

Section 9 - Linking it all together

This engagement framework has not been developed in isolation to the Health Board's purpose, vision and corporate goals. It cannot be a standalone strategy and must become embedded within our overall strategic approach, as outlined within our 2016-2017 Operational Plan and other organisational strategies such as our workforce plans, mental health and primary care strategies.

Our Purpose

- To improve health and deliver excellent care

Our Vision

- We will improve the health of the population, with a particular focus upon the most vulnerable in our society
- We will do this by developing an integrated health service which provides excellent care delivered in partnership with the public and other statutory and third sector organisations
- We will develop our workforce so that it has the right skills and operates in a research-rich learning culture

Our Corporate Strategic Goals

- Improve health and wellbeing for all and reduce health inequalities
- Work in partnership to design and deliver more care closer to home
- Improve the safety and outcomes of care to match the NHS' best
- Respect individuals and maintain dignity in care
- Listen to and learn from the experiences of individuals
- Support, train and develop our staff to excel
- Use resources wisely, transforming services through innovation and research

Alongside this a comprehensive communications strategy is being developed to promote the vital role of engagement with staff and Board Members.

This strategy will be part of a joined up and holistic approach which complements partnership plans, such as those created through the Public Service Boards.

We must recognise the diversity of our communities not only in terms of protected characteristics, but also those experiencing challenges such as rural isolation, deprivation, language barriers and health inequalities. We will work closely with our communities to ensure that all our citizens have opportunities to engage with us in a meaningful way. A robust **Equality Impact Assessment (EqIA)** must be undertaken by managers and service leads whenever new policies or services are being developed to ensure that any negative impacts on protected groups can be addressed.

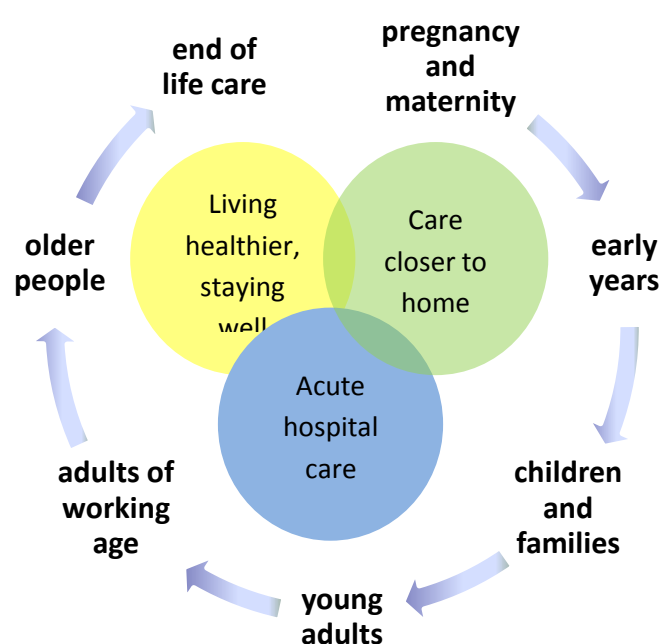
Section 10 - How will we get there?

Developing the infrastructure and building up networks of involved people takes time and resources. However, we already work with an established range of groups and partners, which we will build upon and sustain. We currently have a stakeholder database of individuals and organisations, and this number is continuously growing.

We are making increasing use of social media to enable us to share information and promote positive news directly to people who are interested in our work. Since 2016-17, we have had a 30 per cent increase in followers on Twitter (total 6,902) and an 87 per cent increase in likes on Facebook (total 7,789).

We will also work with our key public and third sector partners to make sure we share our resources wisely, reduce duplication of effort and achieve better outcomes for our communities.

Supporting the Health Board's strategy for health and healthcare



This engagement strategy sets out how we will support the shaping of a coherent, system-wide strategy for health, well-being and healthcare.

The Health Board has undertaken a significant amount of work in the recent past to engage clinicians, other staff, partners and stakeholders in the debate around improving the health of the population and ensuring efficient and effective health services when needed. The Board is now in a position to build on this work and take the opportunity to shape a coherent, system-wide strategy for health, well-being and healthcare.

Locality Engagement and Area Teams

The Area Teams will lead on the delivery of engagement activity for their areas. To ensure engagement is meaningful and communities have an opportunity to participate, each Area Team will tailor their approach to their locality, taking account of the geographical challenges and diversity of the communities they serve..

Our approach will be mindful not to impose engagement plans on communities without first considering opportunities to link into existing partner networks and groups, such as the Community Health Council, voluntary councils and local authorities, which in particular have a wealth of local knowledge.

Our Area Teams will scope out priorities and mechanisms for local engagement as part of their planning processes, including primary care services. Promotion of area engagement events will be undertaken using a range of channels including local press, social media and existing local networks.

Increasing involvement

The Health Board provides a range of opportunities for people to get involved in shaping our strategies, policies and services, such as the Public Members Scheme, stakeholder groups, participation in consultations and volunteering.

Our approach is to create an involvement scheme, hosted online, which provides a simple, integrated 'one stop shop' offering options for different levels and ways for communities to engage with us. Recognising that not all people are computer literate, we will also ensure that the scheme provides opportunities to get involved through paper-based and face-to-face solutions.

Our refreshed engagement website will bring all of this content together and promote all opportunities in one place, under the "get involved" tab. It will also feature links to external networks such as carers groups and support organisations.

The website will also signpost to our social media channels such as Twitter and Facebook where people can find out more about what is happening in the Health Board.

An e-registration form will be created to allow people to sign up to the involvement scheme and will increase numbers on our database of contacts. Demographic data collected as part of the sign-up process will help us to target engagement activities by region, age group or specific issues that people are interested in. For those people not wishing to use online communications we will introduce other approaches such as registration cards in primary and community care settings where people can sign up to the involvement scheme.

Stakeholder engagement and partnership working

Through genuine, effective partnership working there are opportunities to share information, ideas and demonstrate joined-up working at a local level. Local Service Boards will become a key vehicle for forging our partnership arrangements.

An audit of our key networks and partners is being carried out. We have started to build an engagement stakeholder database including key local networks and community group contacts. This will help us to get the right information to the right people.

We plan to improve the information about engagement activity through the establishment of a partnership events calendar. We will ensure we are fully involved and take the lead when appropriate on key strategic partnerships and networks such as the Local Service Boards PSBs

Increasing and using feedback

We ask for and receive a wide range of comments and views from patients, service users and communities. However, we do not systematically use this valuable information to inform service improvements or feedback how their input has been used. We will therefore develop more robust mechanisms to feed back to people.

Information and intelligence derived from individual assessment and care planning should feed into service reviews, planning and re-design. It requires effective internal communication channels that enable staff to contribute what they have learned and be confident that individuals' views are heard.

Communications

This is a cross cutting theme and will be reflected in all the actions being undertaken to implement this strategy. There will be a focus on high quality content and information and exploitation of web and social media platforms, local networks and the media. Our own staff are also key to delivering accurate information to our communities, whether at community events or during the course of their day to day work with patients and service users.

Measuring performance

Performance and evaluation measures will be developed to measure the progress of our engagement strategy.

We will ensure continuous engagement on our strategy and action plans to monitor if we are making progress towards achieving our key outcomes.

A combination of qualitative and quantitative measures will be established. Assessing against a range of metrics will be vital in monitoring progress on where we want to be and if we are getting there. An annual survey, focusing on issues such as perceptions of involvement, influence and feeling listened to will be undertaken. This will allow us to chart our progress in terms of building confidence in our ability to connect with our communities.

Strategy into action

To support the implementation of this strategy an annual action plan will be developed which will outline how the approach detailed in this document will be translated into tangible actions. This will include our Area Team engagement plans, toolkits to support both local engagement and formal consultation requirements, key performance measures and communications and information plans.

NATIONAL PRINCIPLES FOR PUBLIC ENGAGEMENT IN WALES



1 Engagement is effectively designed to make a difference
Engagement gives a real chance to influence policy, service design and delivery from an early stage.

2 Encourage and enable everyone affected to be involved, if they so choose
The people affected by an issue or change are included in opportunities to engage as an individual or as part of a group or community, with their views both respected and valued.

3 Engagement is planned and delivered in a timely and appropriate way
The engagement process is clear, communicated to everyone in a way that's easy to understand within a reasonable timescale, and the most suitable method/s for those involved is used.

4 Work with relevant partner organisations
Organisations should communicate with each other and work together wherever possible to ensure that people's time is used effectively and efficiently.

5 The information provided will be jargon free, appropriate and understandable
People are well placed to take part in the engagement process because they have easy access to relevant information that is tailored to meet their needs.

6 Make it easier for people to take part
People can engage easily because any barriers for different groups of people are identified and addressed.

7 Enable people to take part effectively
Engagement processes should try to develop the skills, knowledge and confidence of all participants.

8 Engagement is given the right resources and support to be effective
Appropriate training, guidance and support are provided to enable all participants to effectively engage, including both community participants and staff.

9 People are told the impact of their contribution
Timely feedback is given to all participants about the views they expressed and the decisions or actions taken as a result; methods and form of feedback should take account of participants' preferences.

10 Learn and share lessons to improve the process of engagement
People's experience of the process of engagement should be monitored and evaluated to measure its success in engaging people and the effectiveness of their participation; lessons should be shared and applied in future engagements.

These Principles were developed by Participation Cymru working with TPAS Cymru, under the guidance of the Participation Cymru partnership. Endorsed by The First Minister of Wales, The Right Hon. Carwyn Jones AM on behalf of the Welsh Government. Further guidance on the National Principles can be found at www.participationcymru.org.uk
March 2011

