

Birmingham Community Healthcare NHS Foundation Trust review of the 2017-2020 Engagement Strategy

Healthwatch Birmingham welcomes the opportunity to respond to Birmingham Community Trust's review of the 2017 - 202 engagement strategy. Our key role is to make sure that patients, the public, service users, and carers (PPSuC) are at the heart of service improvement in health and social care.

We welcome that the Trust is reviewing its engagement strategy to ensure that it is effectively engaging with its various stakeholders. In particular, reviewing how best the Trust engages with patients, the public and carers. An engagement strategy demonstrates the Trusts desire to understand and act on the views of its patients, the public and carers.

General Comments

Objectives of the engagement and involvement

We welcome the objectives outlined on page 4 for undertaking engagement or involvement. However, we believe that one of the objectives should be 'to identify unintended consequences of the Trusts plans and their potential to lead to unavoidable inequity'. At Healthwatch Birmingham, we believe that patient and public involvement in any aspect of the provision (planning, development and consideration of proposals for change, or decision about the operation of services) of healthcare services can only be fully effective if it is tied to the identification, understanding and addressing of health inequalities.

Although the section on objectives does indicate elements of 'using insights to understand what people's, especially disadvantaged groups, needs and preferences are' it is not explicit about the duty of the Trust to address equality and health inequalities. It is important that this statement goes beyond enabling access for different groups to share their feedback. We believe that this Engagement Strategy would be strengthened if one of its objectives is '*to use patient and public insight, experience and involvement to identify, understand and address the potential consequences of service improvement, design and development on health inequalities and barriers to improvements in health outcomes (including increasing*



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independence and preventing worsening ill-health)’. This would enable the Trust to meet its two public sector legislative duties:

- Engage/involve the public and patients; and
- Reduce health inequality and improve health outcomes

General Questions about the strategy

Below are some general questions we thought the Trust might want to consider in reviewing the strategy:

- Is there a decision-making tool for selecting methods for obtaining views and feedback? How will you prioritise and decide on a method and consequently the level of engagement?
- How will you decide who to target in each engagement? What processes will be used?
- How will you promote opportunities to engage or get involved?
- How will you use equality impact assessments in the engagement or involvement process? How will equality impact assessments inform your engagement plans in terms of who to engage or involve in relation to the impact of plans? How will you ensure impact assessments capture demographics of those patients and members of the public participating in engagement activities to understand who the trust is engaging and who is being excluded? This would lead the Trust to confidently say that they are engaging with hard to reach groups or those under the equality act.
- How will you determine what quality feedback looks like?
- How will you actively seek to engage or involve ‘seldom heard’ people and communities? How will you understand the engagement preferences and barriers of these groups?
- How will you ensure that there is buy-in across the Trust (all teams, service leads and managers) to the use of service user feedback? How will you ensure that leaders agree, understand and promote a strategic approach to the use of service user feedback, ensuring that decision-making is informed by feedback and continually seek ways to improve their departments use of feedback?
- Is staff aware of their patient engagement and involvement responsibilities and of their role in collecting feedback? Is their patient engagement and involvement responsibility captured in their job descriptions?
- How will the Trust evidence that engagement or involvement is happening across the Trust?
- How will the Trust store data from engagement and involvement and share patient feedback across the Trust? How will you ensure that there is learning within the department but also across the Trust and that this is shared across the Trust?



- How will the Trust feedback to patients, the public and carers about how their feedback and insight has been used in decision-making?
- How will the Trust ensure that feedback from engagement and involvement is 'speaking to' or triangulated against data from complaints, compliments, friends and family test surveys? etc.

Responses to specific questions in the review

Question 1: What does good look like in identifying and removing barriers to engagement?

It is important to understand the audience of your engagement or involvement and the people who are likely to be affected by any plans and decisions around service provision. This then guides the identification of methods of engagement or involvement. It is important to use a wide-range of engagement and involvement methods in order to capture different groups and ensure that different views are heard.

Also, it is important to consider accessibility issues, such as how well are plans or decisions explained to patients, the public and carers including why things may need to change; is the language used simple and easy to understand; have patients, the public and carers been given enough information including justification of plans/decisions to enable them to engage effectively; have they been offered different ways to access plans, for instance in a language that is suitable including communication that is suitable to people with sensory issues for instance.

Are patients, the public and carers aware of how their feedback will be used? Are there plans to produce a post engagement report that outlines how their feedback has been used and has this been communicated? Have you given them enough time to consider the plans and provide feedback?

It is important to also ensure that the public are involved throughout the various decision points especially in the development of options or potential solutions.

Question 2: What are the top 3 things you think Birmingham Community Health Care (BCHC) could do to better engage with patients and members of our community about the services we offer?

- Ensure that one of the objectives of the engagement and involvement is to identify the unintended consequences that might lead to inequality of the plans being engaged on.



- Ensure that there is buy-in across the trust to the importance of engagement and involvement and that staff understand why the Trust engages, how, when and who it engages with.
- Ensure that you are communicating with patients, the public and carers how their experiences have informed decision-making.
- Ensure that you are evaluating engagement and involvement carried out to improve how people are engaged or involved.
- Ensure that learning from the conduct of engagement or involvement as well as learning from the feedback heard is shared across the Trust.

Question 3: What is the best example of community engagement you've seen, where, and what made it a success?

The Birmingham City Council's consultation on the 2019+ budget.

- The Council provided adequate information to support the proposals that were being made in the budget. The Council made it much clearer the areas that were being earmarked for savings/cuts under each proposal, the reasons for this, and an explanation of what this meant for the public and service users. The Council also made it easier for people to access the documents by providing individual links to different areas being considered for savings/cuts and documents on cross-cutting issues and so on. This was welcome as it meant people were well-informed about the plans and could therefore make well-informed decisions.
- There were clear examples in the budget document that consideration had been taken on the potential impact of the proposed savings/cuts. There was an indication in the budget documents of impact assessments carried out in the development of the proposals and plans for further consultations to help the Council identify specific groups that would be impacted by these plans.

Question 4: How can we **best reach members of our community who are currently poorly served by BCHC?**

- Define and identify who these members of the community are.
- Where do you find them.
- Why are they poorly served, why are they not engaging...is it barriers that the provider has put in place so that the service is hard to reach i.e. location or opening times? (times of engagement - meeting held only during the day do not engage working people, if at night those with caring responsibilities, use of only one method



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of engagement such as online. This excludes those who are not tech savvy or have no access due to social and economic disadvantage etc, Or have they engaged with the Trust but have been let down; how well is the Trust using 3rd sector organisations to better engage with hard to reach groups or using Council resources such as NNS, how flexible is the Trust in engaging with these communities

Yours Sincerely,



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