



Blackburn with Darwen HealthWatch Transitions Project Team

A Case Study: Community Engagement Approach to Developing a Local HealthWatch Full Report

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Blackburn with Darwen Context

Blackburn with Darwen in Lancashire has a diverse population of 140,000. The non- white population is amongst the highest in the region (+23%) being almost four times higher than the national average. The Borough has a young population with 31% aged 0-19 compared with 24% nationally.

Overall there are proportionally fewer people in work in the Borough than in the North West or nationally with high numbers of people claiming benefits. Blackburn with Darwen experiences high levels of material deprivation and is ranked the 17th most deprived Borough based on the 2010 Index of Multiple deprivation, with five small neighbourhoods amongst the most deprived 1% nationally.

There are substantial health problems associated with high levels of social deprivation; with the second highest mortality rate from circulatory diseases, and a prominence of lifestyle-related issues like alcohol and diabetes. Life expectancy in Blackburn with Darwen for both males and females is the third worst in England.

There are significant internal inequalities too, especially for males, where there is a gap of almost 13 years in life expectancy between those in the most and least deprived areas of the Borough. Over a range of health indicators, such as alcohol-related hospital admissions, smoking-related mortality, early deaths from cancer and circulatory disease and infant mortality, Blackburn with Darwen's rates are significantly higher than both England and the North West.

Details of previous community engagement and how it has been used in Blackburn with Darwen

Public consultation and engagement in the Borough takes place through a number of vehicles such as a Citizen's Panel, Older People's Forum, LINK, 50+ Partnership, Blackburn with Darwen CVS and Neighbourhood Teams. There is a long history of residents, communities and business being involved in the development of strategic priorities and neighbourhood working. There are ward solutions meetings held in different wards with strong efforts being made to further engage people in developing assets based approaches to improving Blackburn with Darwen as a place.

Over the last two years, Blackburn with Darwen LINK Engagement Task Group used a three-fold process to enable engagement with residents. Door to door surveys, focus groups and five small area engagement events have been carried out. Schools were used as a vehicle to engage parents, teachers, children and residents, using one school in each of the five neighbourhoods covering Blackburn with Darwen.

Rationale behind community engagement approaches adopted

A HealthWatch Pathfinder Transitions Project Team for Blackburn with Darwen was established in May 2011 led by Blackburn with Darwen Council in partnership with Blackburn with Darwen

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Care Trust Plus, Blackburn with Darwen LINK and the LINK host. The team discussed and shared ideas on community engagement techniques that had been tried and tested in the past in Blackburn with Darwen and identified key approaches that would be adopted throughout stakeholder engagement related to HealthWatch.

A HealthWatch Pathfinder Transition Management Plan was produced setting out a scheduled plan of community engagement for the Borough between May 2011 and March 2012. There were both budgetary and capacity constraints which limited the engagement that could be carried out, with, and through stakeholders. The delay of the launch of HealthWatch, initially to October 2012 and a further delay to March 2013 resulted in a number of changes to the management engagement plan evolving.

Key rationale behind the community engagement approaches that were adopted initially by the HealthWatch Pathfinder Transitions Project Team was to engage with and communicate with as many stakeholders as possible over the geographical area, making use of a wide variety of accessible community venues, with stakeholders from the public, voluntary and community sector and with as many people from the protected groups as possible during the ten month period of the developmental stage of Blackburn with Darwen HealthWatch.

Changes to the HealthWatch Pathfinder Plan due to the delay in the launch of HealthWatch

Three Stakeholder HealthWatch development events were scheduled to take place between August and September 2011. One with the Health & Well Being Board and LINK steering group, one with the voluntary & community sector and LINK volunteers, and one for statutory sector representatives. These events have not taken place as first envisaged. The Health & Well Being Board have been engaged through discussions and regular updates at their meetings. The community have had opportunities to be engaged via a Roadshow and focus groups. The voluntary and statutory sector have been had opportunities to be engaged via one to one interviews and two HealthWatch feedback & development workshops.

The HealthWatch Pathfinder Transitions Project Team were scheduled to review the feedback from the stakeholder engagement October – November 2011 this is now scheduled to take place March 2012. A learning event for stakeholders was scheduled for October 2011 this has now been scheduled to take place in June 2012. A further event to agree a draft operational plan for Blackburn with Darwen HealthWatch was originally scheduled for January 2012 this is now planned for September 2012 with the formation of a Shadow HealthWatch Board.

Explanation of the engagement techniques adopted and their outcomes

Stakeholders involved in the development of Blackburn with Darwen HealthWatch through focus groups, one to one interviews and the development workshops were invited to be part of this

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case study. A questionnaire was produced to gain feedback on the approaches used to community engagement. Due to budgetary constraints only two days of interviews with a total of sixteen stakeholders undertaking one to one interviews was scheduled. All interviews took place in the same venue to enable the independent interviewer's time to be used effectively. A further eight stakeholders wanted to be part of the case study so responded to the questionnaire. A number of participants volunteering for this case study had been engaged in more than one of the engagement techniques.

A variety of engagement techniques were adopted during the engagement phase. Initial information about Blackburn with Darwen HealthWatch was provided to stakeholders in February 2011 via Blackburn with Darwen's LINK newsletter. Three further HealthWatch updates articles have been provided through the LINK newsletter between August 2011 and February 2012. 993 copies of the LINK newsletter are distributed electronically or as hard copies. Information about HealthWatch can be found on Blackburn with LINK website. The section on HealthWatch has had on average 21 visits per month since May 2011. A HealthWatch flyer and HealthWatch briefing paper have been produced. Information has been distributed to interested individuals and stakeholder organisations. HealthWatch flyers have been placed in key community facilities e.g. libraries, community centres. A total of 450 flyers have so far been distributed.

LBV TV was commissioned to produce a one minute HealthWatch DVD, carry out a Roadshow in Blackburn and Darwen, hand out HealthWatch flyers and carry out a short consultation questionnaire. The key requirement of the remit was to raise awareness about and encourage interest in a local HealthWatch. The consultation questionnaire asked if people had complained or knew how to complain about health or care service. How they found out about services available and if they were interested in shaping a local HealthWatch. The LBV TV Roadshow took place in the Blackburn Shopping Mall 29th August 2011 - 4th September 2011.

The Roadshow did not extend out into the community in Blackburn or Darwen but was stationary staying in one venue for a week in Blackburn so was only accessible to people who used the Blackburn Mall during this period.

A total of 217 individuals were provided with information and completed the short consultation questionnaire, the number who watched the DVD is not known. Key findings showed 58.5% did not know how to complain about health or care services. 87.6% had never complained about health or care services, 28.4% would complain via their GP, 25.4% via PALS. 23% would go to their GP for information on health and social care services 18.1% would access information via the internet. 79.3% were not interested in being involved in shaping a local HealthWatch. Forty two (19.4%) individuals registered an interest in being involved in a HealthWatch community focus group. The DVD has been watched on average of six views per month, and a further 79 views on YouTube since September 2011.

Two phases of HealthWatch community focus groups were initially planned to take place between June and August 2011. Focus groups were regarded as a controlled method to

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engage with people. For phase one of the focus groups it was decided that ten was a feasible number to carry out. Professionals working with existing groups and neighbourhood team staff working in the community were asked to help with recruiting to and facilitating the focus groups. A short presentation on HealthWatch followed by a questionnaire which had six questions was used at focus groups. For phase two, three in depth focus groups one for Darwen two for Blackburn were planned.

For phase one, ten community HealthWatch focus groups were held between October and November 2011. Six community focus groups ran through the neighbourhood teams, eighty six people attended. Four ran through voluntary & community organisations, twenty eight attended. A total of one hundred and fourteen participants attended the phase one focus groups. Although forty two individuals had registered an interest in shaping their local HealthWatch, through being involved in a community focus group during the LBV TV Roadshow, only one individual attended the reasons for this are unknown.

The focus groups delivered through the neighbourhood team to community groups, through existing meetings were well attended. Two of the groups delivered through voluntary and community groups were well attended. There was poor engagement with some of the protected group's e.g. young people, pregnant women, disabled groups, religious groups.

Feedback from participants in the phase one focus groups showed 80% felt signposting to health services was an essential role for HealthWatch in Blackburn with Darwen, 58% expressed that a drop-in facility was needed when accessing HealthWatch in Blackburn with Darwen. 50% felt they would like HealthWatch to inform them of its work through public meetings where people can ask questions. 12% signed up to receive more information about the in-depth phase two focus groups.

Two in depth focus groups for the phase two engagement took place in Blackburn during November 2011. Recruitment was targeted at those who had expressed an interest in being involved in the development of Blackburn with Darwen HealthWatch at the LBV TV Roadshow and through those who had taken part in the phase one of the focus groups. The Darwen focus group was cancelled due to lack of interest. An incentive of a £5 shopping voucher for Blackburn Mall for those who attended a phase two focus group was offered to encourage attendance. A total of eleven individuals participated in the second phase of focus groups for Blackburn with Darwen.

When asked who people would contact to find out about health and care services there was consensus that their GP would be the first point of contact. Looking at how HealthWatch in Blackburn with Darwen could ensure that it is a success, there was agreement that HealthWatch needs to provide good publicity, accurate signposting, be a confidential and high profile effective service. 79.8% expressing the need for an accessible drop in service, with a shop front approach in both Blackburn and Darwen.

Evidence would suggest that there was little interest in the phase two in - depth focus groups. Feedback from stakeholders regarding the phase one focus groups indicated that facilitators

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were not well enough briefed and that some discussions did not flow, which could have contributed to the poor attendance at the in - depth phase two focus groups. None of the venues used were centrally based, the time of year (November) and timing of meetings could be a contributing factor to the poor attendance of the phase two focus groups. Phase two focus group attendance may have been improved if the model used for phase one to engage people through community group meeting's.

A stakeholder scoping study was identified as a structured method to gain input, gather intelligence, views and seek opinions from key stakeholders. It was envisaged that this approach would enable stakeholders to feel part of the process of assisting with the shaping and development of their local HealthWatch and assist stakeholders to gain a clearer insight into the responsibilities of a local Blackburn with Darwen HealthWatch. An independent interviewer who had in depth knowledge about Blackburn with Darwen and experience of working with the voluntary, community and statutory was recruited to assist with identifying stakeholders, encourage participation and give stakeholders an opportunity for honest and open discussions.

This engagement was viewed as a valuable process that would enable the commencement of consensus building, direct and inform future stakeholder focus group discussion and enable interest and support for a consensus event. The independent interviewer was to carry out twenty in- depth one to one key stakeholder interviews using a questionnaire with six key question areas and draw findings together within a report. The independent interviewer travelled to numerous venues within and outside the Borough to stakeholder offices at times that were convenient to people's schedules to enable engagement with senior managers.

Key concerns were expressed about HealthWatch taking on the responsibilities to deliver a complaints and advocacy service from 2013. Consensus indicated Blackburn with Darwen HealthWatch needs to employ appropriately skilled knowledgeable staff to deliver services, or contract out and commission experts to deliver specific services. HealthWatch needs to be accessible and centrally based and identifiable through its branding. Clear organisational processes are vital with clear routes to signposting, complaints and advocacy.

The scrutiny role that LINK carries out through Enter and Views needs to be expanded with adequate training to carrying out inspections. Clarity on the role and function of HealthWatch is paramount for all stakeholders. The relationship between HealthWatch, the Health & Well Being Board and Children and Health Overview Scrutiny Committee needs to be unravelled, to reduce confusion about who is accountable to who and where each sit or fit in the grand scheme of things.

There was 100% unanimity from the stakeholders interviewed that they would like to be engaged in the future development of HealthWatch. The majority of third sector organisations interviewed are not currently involved with the Blackburn with Darwen LINK. Communication, consultation, engagement, awareness raising and promotion about HealthWatch is vital. An

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effective communication strategy is pivotal to the success of the Blackburn with Darwen HealthWatch.

The local HealthWatch needs to build positive working relationships with all sectors to enable effective communication. All Third Sector organisations involved in this consultation have effective communication systems. The local HealthWatch needs to maximize these networks utilising finite resources that exist. HealthWatch needs to have financial backing from the local authority and the government to deliver its responsibilities and develop in the future. Stakeholders acknowledged the LINK Steering Group do not have the expertise, knowledge or skills to deliver the additional responsibilities of HealthWatch or the legal responsibilities that becoming a body corporate might entail. Although potential organisational risks were identified, risks could be reduced by good governance through ensuring an appropriately skilled Board was in place.

A capacity building exercise is needed as a wide range of skills and knowledge to support the work and responsibilities of HealthWatch is essential. A clear service specification and service level agreement that ensures that standards are formalised, embedded, monitored and evaluated is needed with nationally agreed quality standards with clarity on the role that HealthWatch England will have in monitoring these.

Two Healthwatch development workshops took place in January 2012 one in Blackburn one in Darwen. A letter inviting the forty two stakeholders who had been involved in a one to one interview, was sent either by post or email. The invitation was further extended to other stakeholders, a total of eighty eight organisations were invited to attend. The aim of workshops was to enable key feedback on the engagement campaign and provide an update on the development of HealthWatch nationally and assist with consensus building.

Table facilitators were identified for each development workshop. Attendees were pre allocated to working groups ensuring that there was a mix of male and female, public sector and voluntary sector stakeholders on each table. There were five working groups at the Blackburn workshop and three at the Darwen one. Table numbers were kept to a manageable number with maximum of ten people.

Three question areas were covered during the table discussions:-

1. The board and who should be on it?
2. What are the priorities for HealthWatch in the first year?
3. What are the main risks to successful development of an effective HealthWatch for Blackburn with Darwen?

Thirty four stakeholders attended the first workshop. Twenty seven attended the second one. A total of fifty nine people attended the two events, two attended both workshops, a total of twenty eight organisations were represented.

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Discussion about the board focused on the skills required for board members, the necessity for appropriately skilled representatives with either an elected or selected process to board positions. Consensus was a wide range of stakeholders were needed on the board to represent communities views and communicate effectively.

Key priorities for the first year were to identify accessible facilities, recruit appropriate board members and staff, launch the organisation and develop robust organisational processes and develop a marketing, communication and promotion strategy. A training and development programme for members, staff and the board is needed. Positive partnerships and working relationships with all sectors was emphasised

Key risks were, appointing the wrong people to the board and paid positions, failure to engage effectively with stakeholders, funding being withdrawn if it is not ring fenced, not having the capacity to cope with the demand for services, not being seen to have an independent voice with political interference and being poorly perceived and having a bad reputation.

Stakeholders identified six topic areas for future development workshops;

- 1) The development of HealthWatch
 - 2) Clarification on roles and relationships with other bodies,
 - 3) How to engage and involve all stakeholders,
 - 4) Further discussion about the Board,
 - 5) Organisational governance and structures
 - 6) Commissioning and contracting out HealthWatch services

The public awareness campaign and stakeholder engagement has resulted in 400 people being involved in the development of Blackburn with Darwen HealthWatch. A particular area where engagement was not effective was that it did not reach young people in Blackburn with Darwen.

How the outcomes of the community engagement has affected the development of HealthWatch in Blackburn with Darwen.

The schedule of Blackburn with Darwen's HealthWatch Pathfinder Transitions Team Plan changed as announcements about the delay of the launch of HealthWatch were made public. With the delay in launch of HealthWatch and the period of development extended to March 2013 the team have used the opportunity to communicate with and have in -depth discussions with a wider range of stakeholders and further develop contacts with individuals and organisations than originally planned.

The outcomes from the community engagement affected several areas of the development of Blackburn with Darwen's HealthWatch. There was an unanticipated interest in the scoping study one to one interviews with requests from organisations to be part of this process. The independent interviewer was commissioned to carry out more interviews. A total of forty two

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interviews took place. The timescale for the stakeholder scoping study was extended to between October and December 2011.

Key findings have been further embedded through the two workshops which generated discussion and enabled ideas and thinking about Blackburn with Darwen's HealthWatch. The HealthWatch Pathfinder Transitions Project Team now has a broader range of stakeholder opinions on the risks and priorities for a local HealthWatch than it initially had as a direct result of this engagement

A review the stakeholder engagement, techniques, processes, what has worked well, weaknesses and improvements that can be implemented for future engagement will be discussed at the next HealthWatch Pathfinder Transitions Project Team meeting. The HealthWatch Pathfinder Plan will be updated and timescales for further stakeholder engagement will be firmed up. Stakeholders will have opportunities to be involved in HealthWatch consensus development workshops to ensure that stakeholder interest is not only maintained but increased in the run up to the launch of HealthWatch.

Discussions with stakeholders have enabled ideas and thinking about the development of Blackburn with Darwen's HealthWatch from a broad range of stakeholders which will contribute to how the local HealthWatch is shaped up.

What worked for Blackburn with Darwen in their methods of engagement and feedback from stakeholders

- 1) Identifying representatives to form the HealthWatch Pathfinder Transitions Team to drive the HealthWatch agenda forward for the Borough
- 2) Focus group engagement via the neighbourhood teams and two voluntary organisations
- 3) Having an independent interviewer to carry out the scoping study one to one interviews who had knowledge and experience of working with the sectors.
- 4) Having planned and focused HealthWatch development workshops
- 5) Giving stakeholders opportunities to feed in their views and opinions on the development of their local HealthWatch

Feedback from stakeholders taking part in the case study identified several areas of engagement that worked well. The approaches used with focus groups, interviews and workshops helped to manage public expectation. Stakeholders found the scoping study in-depth one to one interviews a positive experience. People felt they were given quality time to express their views and be listened too. Stakeholders found the scoping study informative and got them interested in HealthWatch with 97.5% of organisations being represented at a development workshop.

Using an independent person to carry out the scoping study one to one interviews and assist with the development workshops gave credibility to the engagement to stakeholders. There was

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recognition and positive acknowledgement that HealthWatch development workshops had taken place in both geographical areas of Blackburn and Darwen they were well structured and planned and brought together a good mix of stakeholders from all sectors to give feedback and gain wider views and opinions about what is needed for the local HealthWatch.

A number of stakeholders complained about the poor communication and lack of feedback on any HealthWatch engagement that they had been involved in. A key gap to the engagement process identified by key stakeholders was around engaging with individuals other than the usual suspects. The development workshops and one to one interviews used a top down only approach to engagement and were seen to exclude the community.

Although limited, feedback regarding the focus groups indicated that some were poorly facilitated and that facilitators lacked knowledge about HealthWatch. The majority of voluntary organisations interviewed feel they are not currently communicated well with or engaged with through Blackburn with Darwen LINK and that their organisations could be better used to enable wider engagement. Making better use of local media, newsletters and websites to communicate and promote information about HealthWatch was highlighted as an area that needs to be improved.

Summary of the Findings

Public awareness campaign key findings from the consultation exercise, 58.5% did not know how to complain about health or care services. 87.6% had never complained about health or care services.

Focus groups key findings; 80% felt signposting to health services was an essential role for HealthWatch in Blackburn with Darwen, 58% expressed that a drop-in facility was needed in Blackburn with Darwen. Key findings from the second phase focus groups showed Healthwatch needs to provide a drop in facility, accurate signposting, be accessible and effective, ensure confidentiality and be a high profile organisation.

Scoping study key findings 100% did not feel that the LINK had the skills to deliver the new responsibilities for HealthWatch. (47%) assumed Blackburn with Darwen HealthWatch would have a Board directing the work of the organisation with a robust recruitment process. Specialist knowledge skills and training in signposting, navigation, complaints and advocacy were identified (36%) HealthWatch needs be knowledgeable, be identifiable by its branding, accessible and have good communication to inform people where to go for information and signposting 33%.

A key risk identified was associated to future funding and resources for HealthWatch (36%) Central to reducing organisational risk (36%) is that of having good and competent governance. A service specification and service level agreement was needed to ensure effective monitoring of the delivery of the service (36%) Stakeholders wanted to know where HealthWatch, Health

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Overview Scrutiny and the Health & Well-Being Board all fit. Although a HealthWatch briefing paper had been forwarded, further clarity on the role and function of HealthWatch was needed as little information was available for stakeholders.

Development workshops key themes that emerged from the discussion about the board highlighted scoping what skills were needed for the board and the necessity for appropriately skilled representatives to be elected or selected onto the board from a wide range of stakeholders. Key priorities identified for the first year were to identify accessible facilities to deliver the service. Recruit appropriate board members and paid staff, launch the organisation and develop robust organisational processes and strategies and developing positive partnerships across all sectors. Key risks were appointing the wrong people to the board and paid positions. Failure to engage effectively, funding being withdrawn if it is not ring fenced. Not having the capacity to cope with the demand for services. Being poorly perceived and having a bad reputation.

Conclusion

It is doubtful that there is a single model for community engagement that could be adopted in the development of all local HealthWatches. Techniques that work well in some areas will not necessarily work in others. Community engagement will work best if there is a good relationship with the community. Blackburn with Darwen has a diverse community hence different techniques were adopted to engage effectively with the public, community and key stakeholders.

The HealthWatch Pathfinder Transitions Project Team adopted a flexible approach in implementing their engagement plan in response to the delay in HealthWatch. As a result they now have a broader range of stakeholder opinions on the risks and priorities for a local HealthWatch than it initially had. Over 400 stakeholders have been involved in the Blackburn with Darwen HealthWatch consultation and engagement process.

How effective the LBV TV Roadshow campaign has been in raising awareness public awareness about and interest in HealthWatch is not known. Recruitment to community focus groups using existing voluntary and community groups worked. Facilitation for future focus groups needs to be considered. Community engagement in Darwen needs to be improved as does that with protected groups and young people. How the third sector is engaged in the development of HealthWatch needs to be considered. Improved communication and relationship building with the voluntary and community sector is needed as many organisations are not currently being engaged with.

Key stakeholders had opportunities to be involved in a scoping study to enable consensus building for Blackburn with Darwen HealthWatch. Commissioning an independent person to carry out the interviews and assist with the workshops gave credibility to key stakeholder engagement. The study proved instrumental in enabling key stakeholders interest and

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commitment to future engagement. Findings from the study were pivotal in how future engagement through HealthWatch development workshops were shaped. Key stakeholders committed to being involved in workshop discussions which were well attended.

Stakeholders have had a number of opportunities to voice views and opinions on the development of their local HealthWatch and be part of its shaping. It is essential that interest is maintained with the delay in the launch of HealthWatch. Providing future development workshops would ensure that interest is maintained and enable not only development but ownership of a local HealthWatch.

Appendices

A. Blackburn with Darwen HealthWatch Case Study Stakeholder Questionnaire

What information about HealthWatch have you received?

HealthWatch briefing paper

Yes = 15

No = 3

HealthWatch update

Yes = 11

No = 8

1 = As far as I know

1 = Had picked one up at the stakeholder workshop

1 = Don't recall receiving it

How has information about Blackburn with Darwen HealthWatch been communicated?

Email	Telephone	Posted to me	Word of mouth	Radio	Leaflet/poster
14		5	4	1	

Comments passed

None of the above which concerns me

From the website

Through Ken Barnsley

Information is not filtered down. I don't think anyone knows where things are up to with HealthWatch

There's not much information coming through. I'm concerned just where HealthWatch is going. Everyone involved must be involved in a monthly update meeting/briefing , monthly email updates

I get information at the LINK Steering Group meetings

I receive information at meetings in printed form

I pick things up out of media because I'm interested in it my ears pick up

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Who have you received information from?

Host/LINK staff

Neighbourhood staff

Other please state

11

Comments passed

I'm part of the HealthWatch Transition group.

Other project lead for HW and internally from my organisation.

I get a small amount from Host/LINK but mainly Ken Barnsley

I don't I get the odd email from Ken Barnsley

Ken Barnsley has forwarded some information

Ken Barnsley head of Corporate Research

I got information from the Learning Disability Partnership Board meeting about the development workshop. I had no knowledge of HealthWatch prior to this which concerns me as I'm involved in commissioning of some of the types of service that HealthWatch will be providing. I don't really feel very involved in the development so far.

I'm not sure who I get information from as I don't get much

I have been concerned that I have not received any information so far about HealthWatch and would like to be involved. As a community representative I have not had any information from LINK staff. I receive information about LINK meetings but have had nothing on HealthWatch.

I don't expect to have to ask for a report from something that I have been involved in. It has felt like information has been withheld by LINK. If they are going to engage with stakeholders they need to be clear about the responsibility they have to feedback as this should be part of the process of the whole engagement

Via the chair of LINK Steering Group who sits on the HealthWatch Transitions Team

There is a real problem with how stakeholders are being engaged about HealthWatch the simple solution to this is better communication is needed

This week only by email from the Host normally I have to hunt for information on HealthWatch. I don't get any as a rep for my Community Association or as an individual. I have fingers in enough pies yet don't receive information

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What HealthWatch stakeholder engagement have you been involved in?

Focus groups	One to one interview	Stakeholder development workshop	Other
3	14	16	

2 = organisations were involved because their organisations had pulled together focus groups for the Host

1 = had facilitated at the development workshop

4 = had been involved in focus groups, interviews and workshop

Other attendee (non- voting) at the HW project group

Comment regarding workshop:-

It was better than I thought it was going to be. There were more people there than I expected. It's proving that people are interested.

I've been involved in the Transitions Team and am the representative on the Health & Well Being Board

Nothing at all as I've not been aware of these things. I would have been if they had sent me information.

I was going to be involved in the Darwen Focus group but it got cancelled due to lack of interest.

I wasn't aware of the focus groups. I would have attended had I known about them.

I took part in a little film that was made.

Across my patch there are three pathfinder organisations. The Host organisation is LINK we've been involved through these structures.

Through our relationship with LINK this has progressed into HealthWatch

I've had direct conversations with Ken's team.

What feedback have you received?

Focus group report	Interview report	Stakeholder development Workshop report
2	2	11

Executive Summary re stakeholder development interviews

HealthWatch presentation 11

No Feedback 7

Comments passed

I've had feedback on the focus groups but nothing else yet I usually get feedback at committee meetings (LINK Steering Group Member)

I've not had any feedback. This is a common problem for carers and service users we do not get feedback from anything. I do not receive feedback from anything that LINK ask me to attend be it consultation or events. (interviewed Monday)

I've had no feedback from anything that I've been involved in. This is really poorly communicated we are not being kept informed. There is a lack of coordination on this who is holding information back? (interviewed Monday)

I have not seen any of the reports myself. I keep going to all of the meetings and things the chair gives me an update that's about it really. (interviewed Monday)

I've not had anything but I have asked for them. If I'm honest I didn't expect anything as I don't usually get any information. I write my own reports on the things I've been involved in for my management committee as that ticks my box. I can't say I was any the wiser from the focus group we put on it was a disaster as the facilitator who is from the Host organisation was either not fully briefed or had not read up on HealthWatch. (interviewed Monday)

I haven't had any feedback yet. It would be good to have feedback especially as I have been heavily involved in this. It would be good to get more of the updated material as it becomes available. As yet I have had nothing. (interviewed Monday)

Nothing as yet. Why is it taking so long to get reports back? Who is responsible for not getting the reports done is it you? I know you have been busy but why have you not got these reports finished it's not good enough. How do you expect to keep people interested? (interviewed Monday)

Not had any feedback on the bits I've been involved in (interviewed Monday)

Nothing at all (email response)

I have had to request the full reports and have only received them this week I think it was Wednesday. (interview Friday)

Just got the report this week on the workshop and the Executive Summary from the other thing prior to this I have had no feedback (interviewed Friday)

Stuff has come through by email this week is that so they can tick the box to here to say we have got it. It's taken too long to get copies of the reports then it's only the Executive Summary . (interviewed Friday)

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It's only just this week that I have had anything (interviewed Friday)

I have just received reports on Wednesday We have relationships with 24 LINKs. Blackburn with Darwen is positive and pro- active on feeding back received email this week (interviewed Friday)

I have requested the full reports and received them this week. (interviewed Friday)

I've had something through this week only prior to this I'd had nothing feedback. (interviewed Friday)

I've just had what's gone out this week can't remember what the email including three attachments I think (interviewed Friday)

I have received verbal and/or written feedback on the Focus group, Stakeholder Interviews and Stakeholder development workshop (Transitions Team Member by email)

What worked well in how you have been engaged in Blackburn with Darwen's HealthWatch development?

I thought that the workshop/event worked well, it was quite constructive and got me interested and engaged in what HealthWatch was about. It gave people an opportunity on a very practical way to be involved in things like discussions on the board and roles which was useful

I work very closely with Ken Barnsley who is head of Corporate Research and I am leading Health Watch development on a political level.

I think that I have been listened to in the interview and the workshop that I attended and that people take note of what I have to say. Professional still do not engage with carers and service users at the workshop type events. There is a good opportunity to network at these things but they stay in their comfort zones.

In a word nothing. The workshop I was in got took over by an individual. I ended up having to tell him to shut up as the facilitator lost control. I did enjoy the one to one interview and conversation that I had with the interviewer as I found out about HealthWatch during that meeting. I don't know a lot about LINK and am quite pessimistic about citizen engagement. I can't see HealthWatch working if on the Board you have eight citizens out of a panel of fifteen. It will go down the pan if it is not populated with enough people to give it enough clout.

The workshops have worked well and got a large cross section of views. That was first class, fantastic they were good and interactive. My interview gave me the opportunity to be involved at the beginning.

The good aspects of what I have been involved in the interview and workshop has been good feedback from the public and an opportunity to get views expressed. The engagement has got different opinions like at the workshops different tables showed the different views of stakeholders.

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I think that it took a structured approach to engaging which is commendable it showed that they are committed to engaging with us. It's been transparent we have had the opportunity to engage and be part of the process. We've been able to be involved and work with you in a very straight forward process.

Inviting people to be involved in workshops, interviews and events shows differences in approaches. This is bringing people along at the right rate. It's not an easy task a lot more needs to be done.

Once it got started communication of one to one interviews and workshops has worked well. There has been a fairly good level of involvement. Although engagement with the public appears tokenistic. For example I would have expected the Older Peoples Forum and the 50+ Partnership as one of the biggest users of Health & Well Being services to have been engaged with. It was critical that an independent person was involved in this process. The added bonus was that this person knew the third sector and ensured that organisations like ours were involved. I'm not necessarily confident that LINK pick up on everyone where engagement is concerned but the independent person assisted with this.

I think the split between the public and professional stakeholders worked well. It asked the same questions but in different formats which worked well. The time I was given at the interview made me feel that my views were important.

Having the chat at my interview and the fact I was sent the briefing paper by the interviewer was good. Only because I took part in the interview did I receive the paper because LINK had not sent me anything yet I pulled together a focus group for them that is not good. It was good to talk to a group of my people to pass on information and talk to them further about HealthWatch.

Initially when my organisation first got contacted it was through LINK staff as they wanted the Carers Forum to be one of the focus groups that meeting was okay but should have been widened out.

The workshop event was good and the fact that there was one held in Darwen was good. The structure and information given was fine and it was well organised.

Meeting at the Enterprise Centre for interviews and workshops has worked well. The focus groups I attended at Bangor Street in Blackburn was very disappointing it worked to a point but it could have been improved. Some of the focus groups were very poorly attended.

I can't comment at all on this as I have had no involvement at all or information

It concerns me that we are just ticking boxes. Until someone puts some meat on the bones I can't see where it's going. I don't want it to be the same as LINK or PPI as it's the same people, the same ideas but just in a different wrapping. Come for lunch with spare plates and bags to take food home. I don't want to be part of that. We have a good opportunity here which we should grasp with both hands. What are the guidelines on how this works to ensure that we are not just a talking shop

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The one to one interviews were good as they were face to face and made recommendations. The workshops for the community and stakeholders were well attended. There were more professional than people from the community attending the workshops who override the views of the community. For professional attending it depends on their remit as to why they are there but they are not there for or representing the community so more community engagement is needed.

The bit that I was involved in (focus group and workshop) appeared to listen to what people had to say. I thought it was disappointing that there were so few people at the workshop but then I've been disappointed that so few are interested in LINK. I think the general public just don't know about HealthWatch.

As the regulator, understanding and linking how information is gathered and could potentially flow at a local level through to the regulator has been beneficial. Understanding the direction of travel of HW is also of great benefit to future working.

Interview at a mutually convenient time

Involved in the Transition group has allowed me to gain a sound understanding on local developments

What were the benefits and value of the approach used in engaging stakeholders?

There has been value in that a few people have been given the opportunity to express their views. Unfortunately it has not engaged a lot of people at all. There are only a few interested in this the rest have not got the message.

The current model used has generated a lot of interest in HealthWatch. Professional stakeholders are interested in it. Professionals want to be involved it feels like there has been a lot of uptake on this. Professionals totally want to be involved in this partnership. For LINK to move forward it has to have professional input as people on the Steering Group are not up to scratch running HealthWatch. The message that the Steering Group gives out is that this is not important.

People have been listened to even if nothing happens they have had the opportunity to their concerns. You only get people there that are interested or want to get their point across.

From the lack of communication that I have had on this I can't say much on this at all.

There has been value in that a small number of carers were engaged with. The plan of action wasn't bad getting professional around the table asking how to get information out to people. Should LINK not already have known how to get information to people? it was almost as if the officer did not know how to engage with people and wanted us to do the work and engage for them. As the engagement officer that's her role to engage for our organisation it's just another task for a busy organisation.

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A benefit of involving people is that when you are more involved you are the more you remember . It's good to have a mixed group as it's more challenging. The workshops were very good one of the successful aspects of the engagement.

They are getting wider views because people can be a bit blinkered. Having other people's views and opinions can widen people's views but these must be acted upon. There was a good mix of opinions at the stakeholder workshop.

It was quite good having the third sector involved as they were able to have their say, but some come with the same script. There was more of an opportunity to take the high ground to look at solutions.

Listening to different views as everyone has a different outlook. Listening to someone else opens up different pathways to listen to. Sometimes a person may be dedicated to specific activities on subjects they can further inform and share their knowledge. I thought that there was good interaction at the workshops.

Members of the public get to meet with us (LINK steering group) but it's limited as only a small proportion turn up to things. People are glad to express their views and be able to get them listened to.

For Lancashire care we have developed a relationship with LINK and helped to shape up HealthWatch from the beginning. We are keen to see a robust HealthWatch as we can have and have been able to make that commitment in a straightforward way. Looking at benefits we have been able to take part in the process and can't say that we have not been asked. We can take a shared responsibility in what the final outcome is for HealthWatch. The fact that you have been able to engage senior managers and executive members has been helpful for my role acknowledging stakeholder engagement for Lancashire care.

Trying to bring everyone to gether along the journey is good. A lot are not as well informed about HealthWatch but you have tried to be inclusive. People can contribute in a way that is comfortable to them which is very important. It's good to have a general mix of people at things.

You have got to take the public and professional along with you otherwise it will be an uphill struggle. At the beginning the public's expectations may be too high. This approach helped to manage public expectation.

The only value was the chat I had with the independent interviewer really. There was some value in being able to tell my members what HealthWatch is about but there are mixed messages as the Host was not prepared or informed for the focus group that they were leading on. Staff should have been able to answer questions be informed and knowledgeable when they are leading things.

I think the combinations of the ways that were used was good in principle with a good mixture of people this is the way to go. It's the detail on how well this engagement was marketed and targeted. It was good using the neighbourhood staff to engage that's a good structure to use

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but how effective was it? There appears to have been a good focus on both Blackburn and Darwen for the workshops as they were carried out in both geographical areas. Having the stakeholder engagement facilitated independently was positive and of value.

I was very happy with how the workshops were run. I liked the format for the table discussions.

Using an independent mediator worked well as this role was an independent honest broker who was not the chair of the Steering Group, not employed by Link or the council which gave the interviews and stakeholder events credibility for stakeholders. This was a very good idea to do.

What gaps do you think there were to the engagement process used?

On paper there are no gaps but in a practical way there have been gaps. The one to one interviews engaged well with community advisors and professionals. But have you really reached out no. There is a gap outside the usual suspects. How well was this engagement communicated and circulated? With the focus groups there was a lack of communication. There should have been a 50/50 split of people at the workshop but the community were not involved why?

Suck it and see what comes out and play with it afterwards.

The gaps are enormous when you look at how poorly the community have been engaged.

I think they should have engaged more with young people. Gone out more and got them engaged. There are some youngsters out there who are keen to be involved but we didn't find them. It's a shame I did not see teenagers involved being engaged.

Doing more one to one interviews with carers and service users as that was a real gap of engagement. Sometimes the CPN's and social workers should be helping with this engagement as it is almost part of their job to collect views as they go along.

Is it that there are so many unknowns e.g timescales changing trying to plan around the unknown.

Engagement has been limited so there are limited views expressed. There is a gap in how this engagement happened if there wasn't then more people other than the usual suspects would have come along.

I'm not sure I'm not close enough to this to say. It's pointless trying to guess.

Not sure enough has been done with the community. You can never do too much engagement. There needs to be regular engagement to keep people engaged. It's important to share information and keep people with you.

Timescales and capacity have been an issue. They probably did what they could in the time that they had and with the resources that they have got. With more you could have connected more.

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People have been unable to answer questions. It's not clear what engagement process they used with the community. We are not engaged with LINK as an organisation so I don't know if this process is their norm or not.

Definitely continuity and giving feedback. This engagement captured only a very small number of people. For example they only looked at carers from the Carers forum they did not target other groups that use Kingsway for example, residents through tenants meetings, the local community, the Church who use the building. Our organisation has not got the capacity to organise this but we could have worked in partnership to help to make things happen. There were not enough stakeholders involved when we discussed focus groups. Another gap is that you might get an initial email but then there is no follow up. I receive so many emails that I can't always respond as it is not a priority for me unless someone makes the effort to pick the phone up some things simply get lost.

In terms of opportunities to engage the face to face interviews seem to have gone for a range of stakeholder organisations with relatively few individuals being involved. It's incumbent on representatives to canvas opinion and feedback on engagement I'm not convinced this happens. Has the engagement been a bit too top down with key speeches, officials from the council. Blackburn with Darwen have taken a realistic approach to manage this transition.

Older people the 50+ Partnership. It has felt hit and miss if they come they come rather than focusing and making a particular effort with groups. All groups representing there seems to be much weaker engagement with individuals. Also it's not clear how well engaged minority groups in the community have been engaged. For example carers of people with dementia, carers in general. If that engagement hasn't happened at this stage then it needs to be part of the engagement plan. Structure needs to be in place for all to access.

When I rang to book into the development workshop I was informed that it was open to anyone. Yet when I arrived it was evident that it was not open unless you had booked in. If this LINK had had a Town Centre presence that was evident to the public saying this is your local LINK then more people from the public would have been interested in LINK and HealthWatch. It's obvious to me that LINK have not been able to engage well with the public effectively it is seen as ineffective rather than a serious organisation.

There has been a gap in communicating with commissioners. Commissioners of other services would have liked to have been made much more aware of HealthWatch and be able to influence where it all fits. The challenge is there are different organisations, with different drivers, different frameworks not always working together. There needs to be more alignment and working together. It will be important to get providers and commissioners engaged with where it fits so they are all working in keeping with HealthWatch.

What improvements could be made to further community/stakeholder engagement?

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More communication with the local community is needed.

Go out to them get more involved with partnerships and networks.

It's hard work but try to engage more people. Do you just get professionals involved or cast your net further to get more local residents involved. Currently you only get those there that want to be there.

There should be better links with voluntary bodies and the community. Inform them how they can engage. Feed more information into groups than is currently happening. As they may want to get involved in particular areas such as health.

Get more youngsters involved through council and neighbourhood officers.

Get more publicity about HealthWatch out there leaflets, information.

People laying aside their own agendas or organisations agendas. Stick to the tasks be more focused.

Improve communication and coordination about HealthWatch

Unable to comment due to nature of role.

Look at how to promote and publicise what is done. Don't think that is something that Link does but it is probably something we should pursue.

Engagement using focus groups has to be structured as it didn't work well. The workshops went well look at why and try to put that stamp on focus groups.

Try something different stop repeating the same mistakes.

Feedback needs to be improved.

It feels like it's just been summarising what we already know. There needs to be a strategy to keep up the momentum with stakeholders on HealthWatch going improved communication would help.

I think on the whole it went well it would be good to get more users and carers involved but I appreciate that it can be very difficult to do this. Maybe they need to look at how people can be supported to attend events in the future. Maybe the HealthWatch transitions Team could look at how support staff can be used to engage more with users.

The approach taken was very good. Something around being more focused on the bits we do know about and finding a way of keeping people engaged. Is there anything we could do with other LINKs? Combine put something on together for people.

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Engaging and involving of Citizens is a top priority for BWD BC. We want to make sure that all the citizens are fully aware of new changes.

Interact talk to people more.

Feedback information in a timely manner not months later.

Communicate by telephone and face to face would improve things.

It's the hardest thing engaging but they have got to be more creative.

There needs to be better communication, planning and speaking to the community. Put a better plan together. Learn from what didn't work with the focus groups.

Think outside the box work with colleagues find out where people are and communicate with them.

I need to ask the question have you engaged meaningfully with as many people as you could have in this engagement. Obviously you are dancing to the tune of the national agenda. The timetable has been pushed back twelve months so there's an hiatus for Pathfinders there is a better chance to manage the transition. If LINK hasn't been effective in some ways that needs to be addressed. You need to keep the momentum going which is going to be difficult to manage.

Make better use of the whole structures that there are in place so capturing the views of organisations. There need to be mechanisms in place to do more work with smaller voluntary and community groups this needs to be planned properly through a structured work programme. For examples small organisations are not resourced so can't find the money to pay for meetings if a venue is needed or pay for refreshments if they need to be provided.

Piggy back on the back of others meetings and events.

Get out there talk to people about HealthWatch.

One would have expected the council and LINK to know all the voluntary, community & faith groups out there and to make contact with them but they didn't so they need to improve on that.

Really it's about communication there's a lot more to communication than just sending information out to people by email. You need to make people feel important so talk to them.

There needs to be slicker communication.

Timelines on what's happening when, with regular updates would be useful.

It needs to be made clear to stakeholders what is or what is not the role of HealthWatch.

Resources need to be targeted effectively particularly regarding commissioning of advocacy services to ensure that services are there for people. There are currently four contracts for

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advocacy Is HealthWatch simply picking up genetic advocacy or the bits most at risk like learning disability and mental health issues.

I thought there should have been more focus groups. I attended one at Bangor Street Community Centre but there were only two or three Asian ladies at that. I had to help out as there wasn't much of a discussion LINK did a reasonable job but could have done better.

The Borough has standards in place for quality engagement processes which makes it clear people will get feedback. There is consultation fatigue in Blackburn but at least with feedback it tells you where that has gone and what's going to happen to it. I think the only reason that information has been fed back is because people have asked for it. It needs to be seen as more than a tokenistic opportunity to feedback to people don't wait for them to ask.

By being clear if it is for the public or users/carers or service providers or strategic stakeholders

Train the trainer type approach, i.e. work with key residents/community members to help develop understanding and gain skills in helping disseminate key messages and carryout small consultation activities with their peers.

How can Blackburn with Darwen HealthWatch reach more people in the community?

Pay people to become more involved in engagement if it works.

Get out into the community or the town centre put on a free car wash and talk to people at the same time to get people involved and informed

For focus groups you need to do more outreach work to get people involved. You need to do more leg work to make sure that the community are engaged and involved as LINK are not getting the community members to things.

Professional have incentives to be there as it's their role it's on their organisations agenda it's different for the community what's in it for them you need to tell them

Go to Bangor Street Community Centre sit on reception you'll see people talk to them get them engaged it's not rocket science really.

LINK are on their own no one really engages with them from the voluntary, community & faith sector. If stakeholders take over the sector will get more involved. The current LINK Steering Group don't really want others to be involved.

Think outside the box give the community incentives and freebies. You need to go to the community rather than they come to you.

Look at putting a flyer out at Audley Community Centre and give an incentive to attend something.

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Advertise on screens at health centres and GP practices. Put something on that asks are you happy with your GP then people will turn up

Show the difference that you can make use examples of the sort of things that HealthWatch will do for you as a resident

Be available to people inform them about HealthWatch recognise they may not wish to be identified or seen to be involved especially if it's about patient feedback

Do you need to pay someone to be interested in it? If you do make sure things are done professionally.

Get GP surgeries to get together have an open day to promote HealthWatch and reach more people. I want to be involved in the future stakeholder engagement as I want to help people to improve their health and improve the health in the town use people like me to get messages into the community.

Get into the community and talk to people more openly

You could go into schools, colleges and churches to get more people involved. Why not have more people involved in going out into the community.

Put leaflets in all libraries, community centres the Town Hall, GP surgeries, health centres. It's drip, drip, drip. If you can get peoples interest they'll become more involved so get out there.

That's the 64 million dollar question. My personal view is it's the same people round the table discussing the same things they don't have enough clout. I can't see where this is going to end up if it gets the usual suspects involved. You need to reach patients particularly if HealthWatch is the consumer voice so speak to patients.

At local level beef up HealthWatch. There needs to be serious leadership and strong governance employ high calibre staff get in right in the early days get proper big hitters involved. Get a good reputation then people will respect what HealthWatch does and people will then be more involved. I'm fairly despondent on how this will work. It has got to be of interest to people if you want them involved. How do you get them out of the house to talk to them about their problems it's difficult but incentives do work.

Could you get a personality involved promoting HealthWatch to attract the community to get them to come out. I don't think leaflets necessarily work that well.

Look at what hasn't worked well in spreading the word in the community. There is an awful lot in the public media yet I've heard nothing about Link or HealthWatch which is a little odd as the governments preferred option is public engagement so maybe better media coverage would help to reach the community.

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The focus groups and stakeholder engagement about HealthWatch didn't get a mention in the local Shuttle paper could the Local Authority help with this as the Shuttle goes into every home in the Borough and could help the message about HealthWatch get into the community.

On a neighbourhood level more use needs to be made of Community Associations, resident groups and groups that meet in neighbourhoods. Why not give groups say £200 to get people to attend something and get them involved. Dangling a financial carrot is good for groups as a lot are strapped for money with all the cutbacks. Funding has dried up for Community Associations so they'd bite your arm off for some funding.

Free lunches get the community to things it depends what involvement you want from people.

When LINK had a stand in the mall that worked do that again. To get people involved.

Have one to one conversations with people in different places in the Borough. Use supermarkets, B&Q, M&S as well as community centres and other venues.

You've got to do different things for different groups of people to get them involved as your trying to target a wide audience. Find where the difficult to reach groups are and go to them.

Do we need to bribe people to come to things?

I'm not sure what work LINK does in the community other than their committee is made up of community members. I don't know how they engage with the wider community they certainly don't engage with us.

Could engage through the LSP structure through neighbourhood wards. LINK need to have a strategy to engage with the community if they have

The best way to engage with the community is to build up relationships with them this takes time and effort. People like personal invitations and approaches. General invitations just don't work you have to go to people they won't come to you I would have though Link would have known this if they'd engaged effectively.

On the whole I don't think incentives work. Older people resent incentives as they see them as a waste of money e.g. LINK providing lunch at their meetings is an unnecessary extravagance it's not good use of finances.

A lot depends on who is leading on engagement if you are not prepared to go out and get people involved it won't work. I don't think providers fully understand what's involved for example for every hundred people you invite to something only about ten% get involved and attend things.

Effective engagement with the community is often down to individuals and how well they engage with people it's about developing positive relationships with the community

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There could be opportunities to negotiate and commission organisations to engage with groups on HealthWatch. Engagement has costs attached so organisations need to be compensated for their engagement as they have few resources to do things for free.

LINK has not really used the existing networks out there other than letting us do all the work for them.

Pay people to be involved

Look at going out into the local neighbourhoods. Smaller group engagement is still often through word of mouth. A lot of communication and promotion is needed on HealthWatch. I have only picked up information from LINK because I'm involved in a sub group. There is nothing out there in the community promoting this where are the flyers?

The whole communication is really bad I haven't had any feedback from LINK on anything that I've been involved and engaged in it's a real problem.

Personal encouragement from your GP might work

You need to cover people's out of pocket expenses some meetings used to pay people to be engaged they worked especially when you only get paid if you attend the full meeting. When I was involved in LIT meetings I got paid £5 an hour. CANDU meetings used to pay carers and service users £10 to attend a three hour meetings it was really well attended and people really inputted.

You need to show people what's in it for them. Talk to them find out what their problems and concerns are.

Put something on in the community and talk to them to get them to attend. Listen to people.

Make use of other events that are put on by being part of the agenda to get messages out. Work more effectively with existing partners and networks

Is there some kind of incentive provide a nice buffet, nice venue.

Give young people a top up voucher for their mobile phone. Give out vouchers for bowling the cinema the Mall this shows that people's time is valued and that their opinions are valued.

You need to get people round the table to gain ideas to take away and develop in the future. You need to be out there in the middle of the community. You need to know your community and be out there working in the community.

It's about going out there going to the people attending events, visiting groups. HealthWatch needs to use all of these opportunities to engage the community.

Depending on an organisations mandate will depend on how far reaching engagement is.

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Provide incentives at focus groups in terms of peoples valuing peoples time and input. There is strength in giving something to people in the form of a reward for engagement.

Use the strength of the NHS brand and build on to this brand for HealthWatch. So if something is being promoted piggy back onto it if possible. If you are out in the community engaging you probably need to be delivering basic messages and information about HealthWatch.

Put on an open event 'come and tell us what HealthWatch should be like here'

I know the 50+ Partnership which we coordinate would see this as part of their role to assist communicating with the public. If it's helpful we could communicate things out through Age UK as we do have systems and resources to communicate out to other groups as part of role to offer that resource. From an organisation that runs an advice service it would be important that what is happening with PALS is clearly communicated to people as to be communicated correctly to people.

Email is a useful tool but not the only mechanism for communicating certainly not with the public. But by staying silent does not give out a good message so please ensure that there is regular communication

It will be much harder to get people involved than it was twenty years ago. Use existing groups to reach people. If there was a PR organisation it might help.

Currently LINK have not got people involved to do things as well as they could have. Be out in the community . At the moment they are in plush offices three storeys up out of the town so people don't know that they are there.

Work in partnership with the Centre for Independent Living (CIL) then people would know that they exists have an office there.

Direct information to Community associations although the council may be reluctant to do this as they may wish to have a ward solutions meeting.

Repeating messages and being able to demonstrate the worth of HW...which is difficult before it has been established or guidance clarified.

Use CVS to make more contact with groups and people. Provide colourful leaflets and get them out there.

You need to make people understand why HealthWatch is important for them. The chestnut of awareness raising is often you only become aware of things when you or a family member needs a particular service. I don't know what the public's awareness of LINK is as what's in it for them?

I don't think that people know the current system for making complaints and getting advocacy and advice or that they have any notion on what HealthWatch is about or why they should be

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involved so there needs to be massive campaign, a proper communication plan and strategy to get information to the community.

The minority community don't take leaflets. The mosque can help to promote things as they give e time slots on topics.

Use the media, radio and newsletters that reach the community.

More information should be done through LINK to get things into the community to people.

Do a leaflet drop. Target the Asian community they are better at engaging as I as a community

By using other existing networks – there are dozens.

HealthWatch on the road – mini consultation event in various community venues to engage with the wider community

Council Website, media, Citizen Panel

With the delay of the launch of HealthWatch until April 2013 how can stakeholders interest and the momentum be further encouraged and maintained?

Have regular events at least quarterly as you have got to keep people interested. Look at the priorities that were identified in the one to one interviews and other engagement and work on these.

It's going to be difficult have regular meetings. Keep focused get the message out to stakeholders regarding the delay in the launch of starting HealthWatch. I've only just been made aware today.

We have a shadow HealthWatch this should encourage people to get involved in it. We must make the most of the extra time and not just let things die off because of the delay. We should go ahead with the shadow Board get it up and running and functioning let us use it and work with it.

Scrutiny will look at HealthWatch through its meetings looking at how Blackburn with Darwen set up HealthWatch and how they are making it work.

It's going to be part of the problem keeping the momentum going. Do more focus groups and stakeholder workshop events. Avoid repeating what hasn't worked in the past.

It's important to keep people informed and updated on things. In theory LINK will evolve into HealthWatch. I don't think that will happen it will be a new organisation replacing LINK with a two tier organisation.

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LINK has been extended until April 2013 they need to think how this will be supported and who will hoist it.

Keep the task groups going.

There needs to be more communication between stakeholders and the steering group.

Continue with stakeholder engagement on a six weekly basis extended out to secondary schools and colleges to reach young people.

Have quarterly stakeholder workshops/events to communicate and maintain interest. I'm not so concerned with stakeholders it's more important to get the community involved. The LINK people don't seem to understand what it takes for this or what engagement means

Got to have an interim period LINK have got to start changing now so that it metamorphosis's into HealthWatch without people realising it. This next twelve months gives time to hit the ground running. You need to look at what's needed. Get a shadow Board set up and running. Get the right chair, set up sub committees.

Make sure that stakeholders are kept up to speed keep communication open. There's no need for offices at the enterprise centre use council facilities or facilities in the community be more central so people can see the presence.

Keep me informed to keep my interest. Don't have me coming to things and not use the skills I have like helping with facilitation. Use this time to build up positive relationships with organisations that currently don't exist.

You have to keep revisiting engagement build on things look at what improvements can be made and learn from what's already been done. In a way it's an insult as an individual to give my time and get nothing in return as professional re getting paid and expenses are covered.

Provide regular email updates provide stakeholder workshops/events and when partners are providing events do something with them.

Definitely provide more workshop type events. Have stands in the Mall get leaflets and information printed and out into the community. Have regular updates. Contribute to others newsletters e.g. CVS, council, Carers service Older People's Forum.

You need to use the next twelve months wisely and not leave things to the last minute tag on to other events if given the opportunity.

Keep the relationship with other organisations going ensure that they get a monthly update even if there isn't much to say.

Make sure that information is fed to the Children & families Health & Well-Being Consortium and that HealthWatch is on their agenda so that they get regular updates.

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Face to face communication and telephone calls work as a good means to keep people engaged especially when you receive many emails daily it's just another email that may need answering and may not be top priority for me.

Once it's up and running what is it supposed to do. If it (LINK) carries on the way it currently does we would not be involved it needs to change.

You've got to sell this as an opportunity to reflect on the initial engagement that's been done. Get clarity from National HealthWatch regarding local HealthWatches responsibilities. Use this as an opportunity to have conversations with GP's key stakeholders, clinical commissioning and take things more steadily.

Get out in the community not engaging with just the usual suspects build up alliances and relationships so that by April 2013 you've got a head up on things and understand the national picture use this extended time to identify groups, talk to them and play with them.

Have more development type workshops. The one I attended worked well do more of them.

From an information point of view regular updates are needed.

Use the interim to think through detail on how powers would work. Have debate on how that would work as a model.

Remind me that this is something that will be an informative part of the accountability framework.

There needs to be information on exactly what is going to be delivered in this whole new set up. It's important that it's right. If the scrutiny is not right it won't work effectively. It needs to be ready to roll on day one.

There needs to be a shadow board, policies and procedures in place so that by 1st April 2013 it's ready to run.

Keep reminding stakeholders about HealthWatch. Provide development workshops that help stakeholders to come together to help to progress things. Provide regular email updates. The transitions Team need to involve stakeholders in the development so that they can influence it's development and running.

I don't know how it will take on the views and experiences of the current LINK. Look at what's been learnt from past engagement. Have a Health & Well- Being Shadow Board as there has been no effort to include Voluntary Community & Faith groups other than the chair of the LINK

If you want a HealthWatch up and running April 2013 you could set up a Shadow HealthWatch board. Spend time mapping out groups and explain what's going on about HealthWatch to people and gain their views

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There needs to be three or four development meetings use King Georges Hall. Look at development.

Have a summer fun day about HealthWatch at Witton Park. You've got to give something free to get people involved.

There is a lot that we could still influence in the development of a local HealthWatch so use this time to make people more aware and be involved in development. People are confused with all the changes going on in the NHS. Just because you are consulted doesn't mean that you take any more notice. People won't come along if they feel it's a waste of time so sell it to them during this time and get them on board.

When HealthWatch lands next year they need to hit the ground running. LINK had a huge potential that they wasted let's not let HealthWatch do the same.

Something about clear action plans and structures. Given that its twelve months until HealthWatch launches I'd be producing a monthly or bi monthly update for stakeholders on where things were up to. The worst thing would be a deathly silence leaving it until November 2012 it would be totally unacceptable for us as stakeholders that this disappears and we don't hear any more until November or worst still February next year then try to get us all back on board and together it won't work as you'll have lost the current interest that's there.

You could create like a reference panel to keep interest going task organisations to use their systems to help communicate out to others.

Workshops are probably the way to go with stakeholders particularly if there are any key discussions and key decisions to be made.

This delay may marginalise the patient voice. There is almost a professional class in the Borough who know their way around. Get people like this involved.

B. Blackburn with Darwen HealthWatch Key Stakeholder Consultation Executive Summary

The HealthWatch Transition Project Team identified a budget to undertake one to one engagement with key stakeholders in Blackburn with Darwen to gather intelligence, views and opinions about the development of a local HealthWatch which is scheduled to become operational in October 2012.

An independent interviewer was recruited to undertake the interviews to give stakeholders the opportunity for honest and open discussions about their thoughts on a local HealthWatch.

This engagement was viewed as a valuable process that would enable the commencement of consensus building, direct and inform future stakeholder focus group discussion and enable interest and support for a consensus event scheduled for spring 2012.

A briefing paper about HealthWatch was forwarded to interviewees to provide background information about the purpose of HealthWatch. It was envisaged that approximately twenty people would be interviewed over four days during October 2011. A total of forty two people were interviewed as it became evident that wider consultation would be of value. The interview schedule was between the 4th October and the 8th December 2011 and took place over seventeen day period to accommodate stakeholder's availability.

Representatives from Blackburn with Darwen Health & Well - Being Board, Children and Health Overview & Scrutiny Committee, Care Quality Commission, North West Ambulance Service, Blackburn with Darwen Care Trust Plus staff and Board members, Blackburn with Darwen Executive Councillors, LINK Steering Group and Task Group representatives, East Lancs Health Trust, PEC Chair and Medical Lead, Lancashire Care NHS Foundation Trust, key Third Sector organisations were interviewed.

Six key question areas were identified and the following questions were posed to all interviewees:-

1a) What is needed to ensure that the public and patients are provided with information from HealthWatch to enable choice?

1b) What is required to ensure that HealthWatch best delivers services around complaints & advocacy?

1c) How can the local HealthWatch ensure that it investigates and reports on the effective delivery of NHS Services?

2a) How best can HealthWatch promote the views of all NHS patients by being a voice for the consumer?

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- 2b) How can HealthWatch provide a mechanism through which informed public opinion influences the regulation of healthcare?
- 3) What training will be needed to ensure the local HealthWatch provides an effective service?
- 4) What do you see as most important to ensure a successful local HealthWatch?
- 5a) What risks do you think there are for a local HealthWatch?
- 5b) How could these risks be reduced or avoided?
- 6a) What operational standards should the local HealthWatch for BwD have?
- 6b) How should these standards be enforced?
- 6c) How should the local HealthWatch be held accountable?

The key findings from the stakeholder interviews

A major concern expressed during interviews was around HealthWatch taking on the responsibilities to deliver a complaints and advocacy service from 2013. There was strong opinion that this service needed staff with expertise and knowledge as complaints need to be dealt with in a timely, efficient and effective manner. The complexity of advocacy was highlighted, with acknowledgement of the resources and skills required in this area of work.

There was a consensus that the Blackburn with Darwen HealthWatch needs to ensure that it employs people who have the appropriate expertise and knowledge to deliver the service, or that services are contracted and commissioned out to organisations who are experts in delivering specific services.

There was general agreement that HealthWatch needs to be accessible to people. Blackburn with Darwen HealthWatch needs to be centrally based and identifiable through its branding. Clear organisational processes are vital with clear routes to signposting, complaints and advocacy.

Those aware of the current scrutiny role that LINK carries out through Enter and View visits in some health and social care settings indicated that this needs to be expanded wider with adequate and on - going training for those carrying out inspections.

Clarity on the role and function of HealthWatch is paramount for all stakeholders as information about HealthWatch is slowly evolving. Some stakeholders are not as aware as others. The relationship between the HealthWatch, the Health & Well Being Board and Children and Health Overview Scrutiny Committee needs to be unravelled as there was serious confusion about who is accountable to who and where each sit or fit in the

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grand scheme of things. The role and relationship between HealthWatch and the Care Quality Commission also need clarification.

There was 100% unanimity from the stakeholders interviewed that they would like to be kept informed of , be part of or engaged and involved in some way with the future development of their local HealthWatch.

All of the Third Sector organisations interviewed are keen to be involved in the development of Blackburn with Darwen HealthWatch, although interestingly the majority are not currently involved with the Blackburn with Darwen LINK. There is evidence that suggests this is due to either, past experiences, lack of engagement on LINKs part or a lack of confidence in the LINK Steering Group.

More alarmingly organisational representatives made it very clear that if LINK merely evolved into HealthWatch with the current Steering Group becoming the HealthWatch Board or Management Committee they would categorically not want to be part of its development.

Interviewees highlighted the importance of informing people from all sectors about what HealthWatch is about, what it can do for you and how people can become involved. Communication, consultation, engagement, raising awareness and promotion about HealthWatch is vital. An effective communication strategy is pivotal to the success of the Blackburn with Darwen HealthWatch. A poor one could do the reverse and cause downfall and failure.

Stakeholders identified a variety of intelligence gathering methods and a wide variety of process that could be used to enable Blackburn with Darwen HealthWatch to collect and disseminate data through, to and from stakeholders.

There is recognition that HealthWatch needs to have financial backing to not only deliver all of its responsibilities but to survive and develop in the future. Opinion indicates this should be through financial support from the local authority and the government. However people surmised and expressed concern that this would not be the case with the current financial climate and cut backs to funding.

There was unanimity from LINK volunteers that they do not have the expertise, knowledge or skills to deliver the additional responsibilities that HealthWatch will have. Concerns were raised regarding the added and legal responsibilities that becoming a body corporate might bring.

This view was echoed by other stakeholders. A significant number made it very clear that there is a serious lack of confidence in the current LINK Steering Group being able to take on the responsibilities of steering the work of the Blackburn with Darwen HealthWatch.

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There was recognition that there is a massive capacity building exercise needed. A comprehensive training programme is going to have to be developed and implemented to staff, volunteers and Board members. There was acknowledgement that there will need to be a wide range of skills and knowledge to support the work and responsibilities that HealthWatch is going to have to serve the people of the Borough effectively.

A number of potential risks were identified for the local HealthWatch including failure, reputational, not changing, financial, inappropriate recruitment, becoming political and alienating stakeholders. There was strong conviction that risks could be reduced by good governance having a clear code of conduct and a robust recruitment process to the Board.

There was significant appreciation that the Blackburn with Darwen HealthWatch will need to be managed by a Board. How this Board is formed and the process to selection or election caused much debate. HealthWatch needs to analysis what skills are needed at Board level then identify people with appropriate skills, experience and knowledge to carry out the role.

There was compelling affirmation that a clear service specification and service level agreement that ensures that standards are formalised, embedded, monitored and evaluated is in place for the Blackburn with Darwen HealthWatch. Nationally agreed quality standards are needed with clarity on the role that HealthWatch England will have in monitoring these.

There was realisation that ultimately Blackburn with Darwen HealthWatch will be accountable to all stakeholders, all consumers of health and social care services each and every resident in the Borough which is a massive ask and an impossible task to fulfil.

A key way of disseminating information to people about HealthWatch is through the infrastructure that exists in Blackburn with Darwen. The local HealthWatch needs to build positive working relationships with all sectors to enable effective communication. All of the Third Sector organisations involved in this consultation have effective communication systems the local HealthWatch needs to maximize these networks, build positive relationships and utilise the finite resources that exist.

HealthWatch will be the voice of the consumer for the people of Blackburn with Darwen on health and social care matters. Every resident in the Borough needs to be made aware of the services that HealthWatch will provide and how they can access them. Ultimately HealthWatch needs adequate and appropriate resources to carry out its responsibilities become sustainable and become successful.

C. Blackburn with Darwen HealthWatch Development Workshop Executive Summary

Two Healthwatch development workshops were planned, organised, promoted and delivered in Blackburn and Darwen in January 2012. Eighty eight groups and organisations were invited to attend a workshop. Twenty eight groups and organisations were represented at the two workshops.

The aim of workshops was to enable key feedback for stakeholders on the public awareness, engagement campaign, stakeholder engagement and consensus building to date. Stakeholders were updated on the development of HealthWatch nationally. A questions and answer session was scheduled into each of the workshops.

An opportunity was given to stakeholders to assist further with consensus building through table workshops that were provided at each of the development sessions. Three question areas were covered during the table discussions:-

1. The board and who should be on it?
2. What are the priorities for HealthWatch in the first year?
3. What are the main risks to successful development of an effective HealthWatch for Blackburn with Darwen?

Key themes that emerged from the discussion about the board were around the need to identify the skills required for the board and the necessity for appropriately skilled representatives to be elected or selected onto the board. There was consensus that there needed to be a wide range of stakeholders taking up board positions who had the ability to represent communities views and communicate effectively.

Key priorities identified for the first year were to identify accessible facilities to deliver the service. Recruit appropriate board members and paid staff, launch the organisation and develop robust organisational processes. Develop a marketing, communication and promotion strategy. Provide a training and development programme for members, staff and the board. Developing positive partnerships and working relationships with all sectors with an emphasis on the importance of community engagement.

Key risks that were identified were appointing the wrong people to the board and paid positions. Failure to engage effectively hence alienating stakeholders. Funding being withdrawn if it is not ring fenced. Not having the capacity to cope with the demand for services. Not being seen to have an independent voice with political interference. Being poorly perceived and having a bad reputation.

Stakeholders identified six topic areas that they would like discussion on during future development workshops. The development of HealthWatch, clarification on roles and relationships with other bodies, how to engage and involve all stakeholders, further discussion about the Board, governance and structures and commissioning and contracting out of HealthWatch services are key areas identified for future discussions.

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Feedback from stakeholders about the two development workshops was extremely positive. Stakeholders are keen to be involved in the future development of Blackburn with Darwen's HealthWatch with 99% committing to future consensus development workshops scheduled for March and July 2012.