

# healthwatch

## Blackburn with Darwen

### Engagement Strategy

#### Background

- 1.0)** The purpose of this document is to provide a high level direction and guiding principles for Healthwatch BwD Engagement not to give details for exactly how such engagement should be carried out.

This Strategy is informed by:

- 1.1)** The key role of Healthwatch BwD to give local people a stronger local voice to influence and challenge how health and social care services are delivered locally and more specifically:
- 1.2)** The Statutory responsibilities of Healthwatch BwD that include to:
- 1.21) Provide information and advice to local people about accessing health and social care services and support for making informed choices.
  - 1.22) Promote, and support the involvement of local people in the monitoring, commissioning, provision and scrutiny of local health and social care services
  - 1.23) Obtain the views of local people about their needs for, and their experiences of, local health and social care services and making those views known to those involved in the commissioning, provision and scrutiny of local care services.
  - 1.24) Make the views and experiences of local people known to the Healthwatch England Committee of the Care Quality Commission
- 1.3)** Patient and public engagement as the 'lifeblood' of Healthwatch BwD, forming the very basis of its existence
- 1.4)** That engagement is the responsibility of every member of the Healthwatch BwD Board

- 1.5) There are different types of engagement appropriate to the situation
- 1.6) All engagement activity should be evaluated for effectiveness and provide feedback to patients and public of how it has worked
- 1.7) Recommendations and findings of the Healthwatch BwD Transition Engagement exercise
- 1.8) Engagement practice inherited from BwD Local Involvement Network
- 1.9) That the basis of our approach to engagement is rooted in equality and diversity and that our role is to ensure **ALL** residents of Blackburn and Darwen have a voice in health and social care services. There is particular emphasis in this respect on 'hard to reach'/'seldom heard' groups and using local expertise wherever possible to facilitate engagement with these groups.

## 2.0) Working Together- Third Sector

- 2.1) An important consensus of the Transition Engagement workshops held in 2011/12 states that 'There is a recognition that Healthwatch Blackburn with Darwen may not be able to deliver this service unless a multi-disciplinary and co-ordinated approach is adopted. There needs to be involvement of all players across the 3<sup>rd</sup> and public sector.' It was recognised that there is a necessity for Healthwatch Blackburn with Darwen to **develop positive working relationships with service providers over the sectors**
- 2.2) Developing partnerships across the sectors is seen as essential for the success of any Healthwatch Blackburn with Darwen Engagement Strategy. Ensuring the voluntary, community and faith sector partners are engaged with to enable information in particular to be cascaded out across the networks that are operating throughout Blackburn with Darwen was acknowledged as a key pathway to reach out into the community. Healthwatch needs to **make better use of local agencies and organisations in Blackburn with Darwen.**
- 2.3) Recognising potential in realising existing community assets is essential and this was referred to during the engagement exercise in the conclusion that 'There are many forums, informal and formal networks, agencies organisations and service providers operating across Blackburn with Darwen. CVS has a database of voluntary, community and faith organisations currently registered as members. Healthwatch needs to **consider methods that best use existing**

**systems'** The intention, therefore, is to wherever possible contract with suitable third sector organisations within the community to provide engagement expertise in relation to groups/communities they represent

**2.4)** As part of this thinking it was recommended that in the planning stage of Healthwatch Blackburn with Darwen that methods on how best to engage with and make contact with not only key 3<sup>rd</sup> sector organisations but also smaller voluntary, community and faith sector organisations working in Blackburn with Darwen are considered and that this could be achieved as part of a **stakeholder consultation consensus event**.

**2.5)** We also aim to build on the successful initiatives that have continued into Healthwatch BwD exist from BwD LINK in relation to Small Area Engagement and Young People that have facilitated engagement with poorer communities, BME groups and helped gather views on health and social care from a significant number of young people

### **3.0) Working Together -Statutory Sector-NHS**

**3.1)** The basis of our engagement strategy in relation to the NHS is informed by a key finding of the Keogh Review that found :‘A limited understanding of how important and simple it can be to genuinely listen to the views of patients and staff, and engage them in how to improve services.’

**3.2)** In particular a key ambition expressed by Keogh that directly impacts on the role of Local Healthwatch states:

**3.2)1.** *Ambition 3: Patients, carers and members of the public will increasingly feel like they are being treated as vital and equal partners in the design and assessment of their local NHS. They should also feel confident that their feedback is being listened to and see how this is impacting on their own care and the care of others*

**3.2)2.** Real time patient feedback and comment must become a normal part of provider organisations’ customer service and reach well beyond the Friend’s and Family Test

**3.2)3.** Providers should forge strong relationships with local Healthwatch who will be able to **help them engage with patients and support their journey to ensuring more comprehensive participation and involvement from patients, carers and public in their daily business**

**3.2)4.** The very best consumer-focused organisations, including some NHS trusts, embrace feedback, concerns and complaints from their customers as a powerful source of information for improvement. Patient and the public should have their

complaints welcomed. Transparent reporting of issues, lessons and actions arising from complaints is an important step that the NHS can take immediately to demonstrate that it has made the necessary shift in mindset

- 3.3) Following this a key comment in Healthwatch England response to Keogh states: 'Hospitals should see patients as part of the solution and not part of the problem. ***Local hospitals should be talking to their local Healthwatch to find out the best way to engage and listen to their patients about the full range of issues that impact on their care and treatment.***'
- 3.4) An important aspect of our engagement strategy is to therefore ensure a strong partnership with service providers in developing comprehensive and meaningful engagement

#### 4.0) Working Together- Local Authority

- 4.1) Much of our engagement strategy in relation to the Local Authority is predicated on our position on the Health and Well Being Board, developing partnership across the third sector and working more closely through Neighbourhoods in our Small Area Engagement while maintaining our independence and role as 'critical friend'
- 4.2) In relation to this working it is essential that HealthwatchBwD pays regard to the Integrated Strategic Needs Assessment and Local Strategic Service Reviews in order to locate itself within relevant engagement processes and contribute meaningfully to discussion on service development in this context
- 4.3) **Action**
  - 4.3)1. Arrive at Joint understandings through key relationships at Chair and CEO level with Providers and Commissioners
  - 4.3)2. Develop a comprehensive understanding of current engagement strategy and practice among NHS and LA providers, commissioners across the patch including developing a Joint Engagement Working Group of PPI leads and 'Working with Healthwatch Events'
  - 4.3)3. Critically review engagement practice in specific areas of NHS service development in relation to e.g. Keogh improvement areas e.g. Emergency Readmissions, Complaints and Stroke Care
  - 4.3)4. Agree engagement specific, communication and review protocols with providers and commissioners.
  - 4.3)5. Establish patterns of patient, carer and public, engagement across Blackburn with Darwen and overlapping commissioning

footprints including understanding of organisations potentially or actually providing patient and service user feedback

- 4.3)6.** Sharing and joint working with CQC, neighbouring Local Healthwatches, NHS England and Healthwatch England
- 4.3)7.** Build on the successful initiatives that have continued into Healthwatch BwD from BwD LINK in relation to Small Area Engagement and Young People that have facilitated engagement with poorer communities, BME groups and helped gather views on health and social care from a significant number of young people
- 4.3)8.** Develop detailed HealthwatchBwD engagement and contracting based on gaps in working as identified by 4.3)2 to 4.3)5