



North Somerset

Involvement and Engagement Strategy

Working with the people of North Somerset to improve services

1. Purpose of this Strategy:

To ensure meaningful, consistent and timely involvement and engagement of patients, service users, carers, the public, staff, clinicians, partners and stakeholders in driving health and healthcare improvements in North Somerset

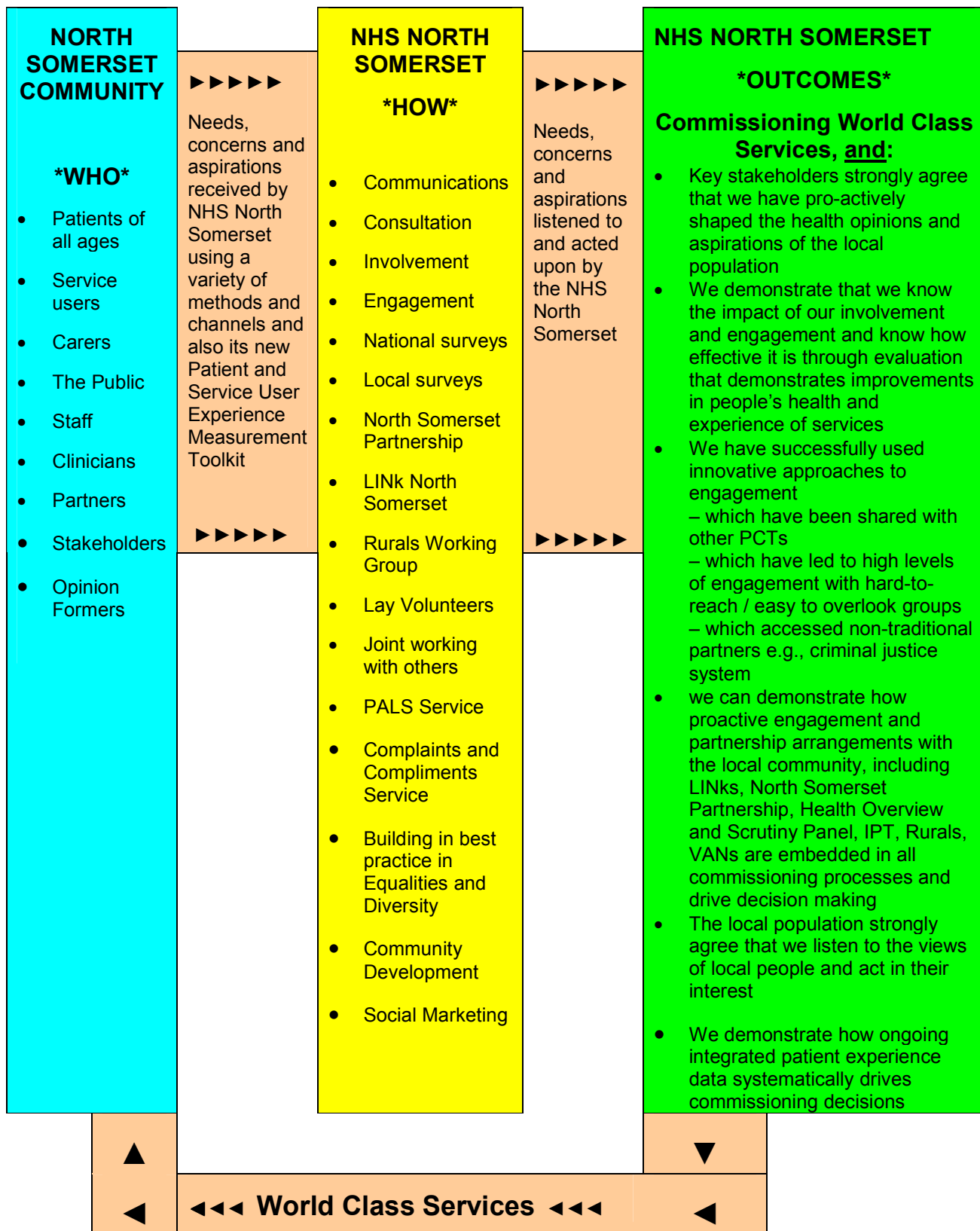
2. Objectives of this Strategy:

- 2.1 To deliver a more strategic approach to involvement and engagement that enables effective planning of activity and the best use of resources;
- 2.2 To ensure that all communities (geographic or interest) within North Somerset are able to participate effectively in involvement and engagement, with particular emphasis on those who are currently not involved in our activities;
- 2.3 To ensure that the outcomes of involvement and engagement activities are used to drive NHS North Somerset's decision-making process;
- 2.4 To provide clear guidance and promote consistent standards of involvement and engagement across NHS North Somerset.

3. Background to this Strategy

- 3.1 We have, as part of our review of both our Strategic Framework development and our World Class Commissioning preparations, been looking for innovative ways in which we can make our communications, consultations, involvement and engagement with our patients, service users, carers, the public, staff, clinicians, partners and stakeholders even more interactive and meaningful for all concerned.

- 3.2 We also want to build upon the excellent work done during 2008/2009 by the Involving People Lay Team members and other lay volunteers. They have ensured high quality lay involvement on, and input to, a variety of health and healthcare workstreams and committees during the year
- 3.3 'Shaping Our Future' was the outcome of our highly successful involvement and engagement programme, and forms the bedrock for much of our development and service redesign work we have undertaken since 2006. Those outcomes still hold good in 2009
- 3.4 This strategy also builds on our new Communications Strategy by:
- defining levels of involvement and engagement
 - providing clear guiding principles for involvement and engagement
 - identifying the main challenges for us in ensuring effective involvement and engagement
 - demonstrating Board level commitment to addressing these challenges.
- 3.5 This Strategy applies to statutory processes, service commissioning, projects, strategic planning and policy development, and other key activities that will have measurable impacts on health and healthcare in North Somerset
- 3.6 The Communications Strategy, the Single Equality Scheme and the new Patient and Service User Experience Measurement Toolkit (currently being tested), together with this Strategy will form a really strong base from which we can ensure ongoing and robust two-way interaction with our patients, service users, carers, the public, staff, clinicians, partners and stakeholders about improving health and healthcare.
- 3.7 This can be diagrammatically represented as an integrated and multi-level approach in the following way:



4. NHS North Somerset – *Making it Right for You*’:

Our core principles for involvement and engagement

- 4.1 We are committed to strengthening and co-ordinating our range of appropriate, effective and inclusive involvement and engagement activities;
- 4.2 We pride ourselves on working hard to get to know, and respond to, our patients, service users, carers, the public, staff, clinicians, partners and stakeholders so that we can improve our service culture and enhance our performance;
- 4.3 We have a strong and demonstrable commitment from our Board to involving and engaging patients, service users, carers, the public, staff, clinicians, partners and stakeholders in the services we commission and the ways in which we work.
- 4.4 We intend to respond to the duties to involve and to report on consultation by:
 - ⇒ Reviewing the information we already have to make sure we are making the best use of existing information about the health and healthcare needs of our community;
 - ⇒ Taking stock of the groups and people we already involve and engage to ensure we are including as much of our community as possible;
 - ⇒ Identifying the outcomes we want from future involvement and engagement activity;
 - ⇒ Joining up involvement and engagement activity with work on joint needs assessments;
 - ⇒ Implementing the actions we will need to take to embed involvement and engagement;
 - ⇒ Identifying and acquiring the resources we will need to have in place to meet the new duties

5 The key challenges:

- 5.1 We recognise the value and limitations of traditional approaches to involvement and engagement, and are determined to meet any challenges arising through changing circumstances and expectations.

- 5.2 We are improving our involvement and engagement practices, increasing patient, service user, carer, public, staff, clinician, partner and stakeholder access to information, and framing information in ways that are most useful and understandable to them. However, a commitment to involvement and engagement also requires more co-ordinated practices by the members of North Somerset Partnership, including aligning involvement and engagement activities and sharing resources and information. The feedback received during our drafting period has confirmed a welcome commitment from North Somerset Council and other key stakeholders to scope out how we can work together on this
- 5.3 This is important because, in some communities, patients, service users, carers, the public, staff, clinicians, partners and stakeholders describe '*consultation fatigue*', where large amounts of time and commitment are required to participate in frequent, single-agency involvement and engagement sessions and after which, on some occasions, they have felt that they did not get any feedback on how their input made a difference. We have, this year, done a lot to address that (as demonstrated in the Patient and Public Relations quarterly Board reports), and we are planning to do more in the future.
- 5.4 We remain committed to encouraging those easy to overlook to get involved with both us and other North Somerset Partnership members, and we will work with others to develop approaches more tailored to their interests and needs. We continue to learn more from our Public Health Team, North Somerset Council, Somerset Race Equality Council, LINK, Lay Volunteers and HOSP colleagues, and also are continuing to increase our knowledge base through the findings of our Community Development Workers.

6. Benefits of effective involvement and engagement:

6.1 Effective involvement and engagement will:

- Provide us with a better understanding of the needs of our local community;
- Help us to make better decisions;
- Help us to design services that reflect patients' / service users' needs;
- Help us to provide services that are efficient, effective and more accessible;
- Increase patient / service user satisfaction
- Minimise conflict and adverse media attention

and our practices will always strive to be:

- Clear, accessible and transparent
- Open

- Inclusive
- Responsive
- Sustainable
- Proactive
- Focused on improvement

7. Actions resulting from this Strategy:

Full details are contained within in the Appendices, but the headlines can be summarised as:

- 7.1 Work with others to produce** an Action Plan for 2009 / 2010 (see Appendix D), resources and tools to help in developing and delivering effective involvement and engagement programmes and activities across North Somerset;
- 7.2 Highlight and develop** excellent involvement and engagement practices across North Somerset, making sure we find and include those who are ‘easy to overlook’;
- 7.3 Work with others to reach out** to those members of our North Somerset community who have been unaccustomed, uncomfortable of uninterested in working with us;
- 7.4 Further enhance** involvement and engagement co-ordination across the North Somerset Partnership;
- 7.5 Increase** opportunities for active participation by patients, service users, carers, the public, staff, clinicians, partners and stakeholders in our processes;
- 7.6 Build** leadership capability for more effective involvement and engagement; and
- 7.7 Build** involvement and engagement skills and knowledge into recruitment and selection processes, and into performance management systems.
- 8 How we will work with our patients, service users, carers, the public, staff, partners and stakeholders to produce a consultation and community involvement and engagement guide and resource package:**
- 8.1** The ‘*North Somerset Involvement and Engagement Toolkit*’ and the ‘*Patient & Service User Experience Measurement Toolkit*’ will be the first

user guides produced as a result of this Strategy and will be the initial components of a comprehensive resource package to be produced in stages during 2009/2010.

8.2 The packages will include a range of tools to improve connections between us and our patients, service users, carers, the public, staff, clinicians, partners and stakeholders, and to involve those who are easy to overlook.

8.3 It will incorporate resources with themes such as:

- Involvement and engagement methods and techniques, including associated costs and benefits;
- Developing and implementing more inclusive involvement and engagement practices;
- Toolkit for helping Managers and teams to contribute to NHS North Somerset's involvement and engagement priority;
- Evaluating involvement and engagement programmes and activities;
- Involvement and engagement with those easy to overlook; and
- Managing challenges associated with consultation and community involvement and engagement activities

9. Next steps:

9.1 The Patient and Public Relations Team have now collected feedback on this Strategy using a self-completion questionnaire

9.2 The Involvement and Engagement database and Corporate Diary were also used as the basis for the contact list for this survey and we contacted people by one of the following methods:

- E-mail
- Post
- Existing meeting
- New meeting

9.3 The survey period ran from 24 November 2008 to 15 December 2008, and we received 51 much welcomed and very full responses from a wide range of interested parties. Anonymised responses are contained within Appendix F

9.4 The feedback has been analysed and much of it incorporated into this final strategy and action plan. Feedback will be provided to the 51 respondents

9.5 This Strategy was presented to the Board for final sign off in February 2009. It was also presented to the Health Overview and Scrutiny Panel in February 2009

Appendix B:

New national thinking and guidance:

1. NHS Constitution. (Department of Health: Jan 2009):

*“You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.
We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals outside the NHS. We put the needs of patients and communities before organisational boundaries”.*

2. Real Involvement: working with people to improve services. (Department of Health: 30 October 2008):

“As commissioners PCTs have a particularly important role in gathering and acting on the views of users, including those who are ‘easy to overlook’. Some PCTs are already testing out new approaches such as building up a local membership, forming joint governance and planning arrangements with their local council, and finding innovative ways to target and seek the views of their populations.”

3. The ‘Duty to Involve’:

3.1 The changes to the law introduced by the Local Government and Public Involvement to Health Act 2007 aims to make clearer when and how to involve people.

3.2 A strengthened ‘duty to involve’ came into force on 3 November 2008 and requires Primary Care Trusts to involve service users in:

- The planning and provision of services
- The development and consideration of proposals for changes in the way services are provided, and
- Decisions affecting the operation of services.

3.3 The duty applies where the proposals or decisions have an effect on the way in which services are delivered to users or on the range of health services available to users.

4. The new 'Duty to Report on Consultation':

- 4.1 The NHS currently gets a range of feedback from people and communities about services. This feedback includes results of consultations, complaints by patients and results of surveys.

- 4.2 From October 2009, NHS North Somerset will have to report on how people's views have shaped the decisions they make when commissioning services**

Appendix C

Potential involvement and engagement methods and channels which will help us both to measure patient and service user experience and to ensure real involvement and engagement in idea generation and service development

| What: | How: | Using: |
|--|--|--|
| Information: Giving information – <i>'providing information to ...'</i> | Displaying information | <ul style="list-style-type: none"> • Leaflets- targeted or blanket • Newsletters – including minority and niche • Email bulletins • Posters • Display boards • Exhibitions • Website – ours and maybe partners • Podcasts / DVDs • PALS • Involving People Lay Team quarterly newsletter • Membership Scheme quarterly newsletter |
| | Media | <ul style="list-style-type: none"> • The North Somerset press • Local radio • Local television |
| | Public meetings | <ul style="list-style-type: none"> • Open invitation • Actively canvassing participation from 'easy to overlook' communities and groups, including facilitating their means of attendance |
| Research: Getting information <i>'gathering information from'</i> | PALS and Complaints service | <ul style="list-style-type: none"> • PALS – including monitoring numbers of responses received in relation to throughput • Complaints received • Compliments received |
| | Involving People Lay Team | <ul style="list-style-type: none"> • Feedback /input into work groups and focus groups |
| | Membership Scheme | <ul style="list-style-type: none"> • Giving and getting information from members using 2-way dialogue |
| | LINK North Somerset | <ul style="list-style-type: none"> • Receiving and acting upon findings of their research |
| | Citizens' Panel | <ul style="list-style-type: none"> • Citizens' Panel (North Somerset Council) |
| | Focus groups | <ul style="list-style-type: none"> • Focus groups – based upon pre-defined segmentation characteristics |
| | Surveys / E-surveys | <ul style="list-style-type: none"> • Self-completed questionnaires • Semi-structured one-to-one interviews • Structured one-to-one interviews • Online surveys – maybe link to / learn from North Somerset Council's Mosaic system • Telephone surveys |
| Shadowing | <ul style="list-style-type: none"> • Shadowing patient / service user | |

| | | |
|---|---|--|
| | Artwork, photography and other creative means | <ul style="list-style-type: none"> • Digital stories • Video diaries • Photography • Sculpture • Painting and drawing |
| | Mystery shopping | <ul style="list-style-type: none"> • Mystery shoppers |
| | Requested and spontaneous views | <ul style="list-style-type: none"> • Comments cards – at point of healthcare service • Polling • Telephone responses • Electronic responses – email responses / video diaries / online consultations |
| | Open surgeries / conversation cafes | <ul style="list-style-type: none"> • Open surgeries / conversation cafes – maybe use existing one in Weston-super-Mare |
| Consultation : Forums for debate <i>‘deliberating with ...’</i> | Discussion groups | <ul style="list-style-type: none"> • Facilitated, face-to-face • Electronic – Blogs / Chatrooms / Webchat |
| | Health panels | <ul style="list-style-type: none"> • Health panel on ‘live’ health policy – maybe through new Membership Scheme |
| | Nominal group technique | <ul style="list-style-type: none"> • Nominal group technique |
| | Overview and Scrutiny Committees | <ul style="list-style-type: none"> • Health Overview and Scrutiny Panel • Joint Health Overview and Scrutiny Committees |
| | LINK | <ul style="list-style-type: none"> • LINK North Somerset |
| | Lay people | <ul style="list-style-type: none"> • Involving People Lay Team |
| Participation / Engagement; <i>‘active continuous involvement with ...’</i> | Co-design / co-planning | <ul style="list-style-type: none"> • Co-design / co-planning of services using, for example Involving People Lay Team Members, Membership Scheme Members, etc. |
| | Deliberative events / 21 st Century town meeting | <ul style="list-style-type: none"> • With or without polling • Face-to-face and/or electronic • 21st century town meeting (500-5000 people) • Round table workshops |
| | Citizens’ juries | Citizens’ jury |
| | User groups | <ul style="list-style-type: none"> • E.g. Cancer network partnership groups – tap into existing groups • Involving People Lay Team |
| | Story telling / patient diaries | <ul style="list-style-type: none"> • Story telling / patient diaries - |
| | Participatory appraisal | <ul style="list-style-type: none"> • Participatory appraisal (uses mainly visual methods) |
| | Forum theatre | <ul style="list-style-type: none"> • Forum theatre – used to work with socially excluded and disempowered groups |
| | World cafe | <ul style="list-style-type: none"> • World café – discussion held in multiple rounds of 20-30 minutes with plenary at end |
| | Citizens’ summits | <ul style="list-style-type: none"> • Future search • Open space |
| | Peer review | <ul style="list-style-type: none"> • Peer review |
| | Deliberative mapping | <ul style="list-style-type: none"> • Deliberative mapping |

Appendix D
Action Plans for 2009/2010:

Four key objectives of this Involvement and Engagement Strategy were set out at the beginning of the Strategy document.

Below are Action Plans describing the key activities that will need to be carried out to meet each of the objectives in the Strategy.

| Objective One | | | | |
|---|--|---|--|-------------------------------|
| To deliver a more strategic approach to involvement and engagement that enables effective planning of activity and the best use of resources | | | | |
| Ref. | Activity | Lead(s) | Output | Timescales |
| IE1 | Promote the Involvement and Engagement Strategy within North Somerset and start to develop a pan-North Somerset action plan with patients, service users, carers, the public, staff, clinicians, partners and stakeholders | <ul style="list-style-type: none"> • Lynne Liptrot • Mary Adams • Marilyn Edwards • David Jones | <ul style="list-style-type: none"> • Attending meetings • Circulating the Strategy to key partners and stakeholders • Articles in newsletters. • Seminars for staff on 'A Toolkit for Real Involvement' • Developing pan- North Somerset strategy developed through joint meetings with North Somerset partners | February 2009 - December 2009 |
| IE2 | With our partners and stakeholders, update and maintain our Stakeholder database and Corporate Diary | <ul style="list-style-type: none"> • Marilyn Edwards • Danielle Delaney | <ul style="list-style-type: none"> • Details of meetings and planned, current and future involvement and engagement activity available to view • Undertake audit of involvement and engagement information systems across North Somerset | February 2009 – March 2010 |
| IE3 | Ensure that information / data obtained from surveys and involvement and engagement events is shared corporately and reported to decision-makers | <ul style="list-style-type: none"> • Julie Clatworthy • Lynne Liptrot | <ul style="list-style-type: none"> • Information from involvement and engagement activity reported to Governance and Risk Committee, PEC, Board and HOSP every quarter • Review the mechanisms for reporting the outcomes of involvement and engagement into decision making | April 2009 – March 2010 |

| Objective Two | | | | |
|--|---|--|--|----------------------------|
| To ensure that all communities (geographic or interest) within North Somerset are able to participate effectively in involvement and engagement, with particular emphasis on those who are currently not involved in our activities | | | | |
| Ref. | Activity | Lead(s) | Output | Timescales |
| IE4 | Maintain the Involvement and Engagement Stakeholder database and the Corporate Diary | <ul style="list-style-type: none"> Marilyn Edwards Danielle Delaney | <ul style="list-style-type: none"> Evidence of increased opportunities and ability to engage more widely with our community | February 2009 – March 2010 |
| IE5 | Raise awareness of the Involvement and Engagement Stakeholder database, the Corporate Diary and other involvement and engagement mechanisms amongst Directorates and partners | <ul style="list-style-type: none"> Lynne Liptrot Mary Adams | <ul style="list-style-type: none"> Arrange seminars promoting involvement and engagement best practice Share resources with members of North Somerset Partnership and LINK | February 2009 – March 2010 |
| IE6 | Set up an Involvement Scheme to better reach our patients, service users, carers, the public, staff, clinicians, partners and stakeholders | <ul style="list-style-type: none"> Lynne Liptrot David Jones Mary Adams | <ul style="list-style-type: none"> Roll out the NHS North Somerset Involvement Scheme 'Voices for Health' | By end of July 2009 |
| IE7 | Build a complete database of local community and voluntary organisations | <ul style="list-style-type: none"> Marilyn Edwards | <ul style="list-style-type: none"> Requested access to VANS database of local and community and voluntary organisations Build into our database and share as appropriate | February 2009 |
| IE8 | Evaluate patient, service user, carer, the public, staff, clinician, partner and stakeholder representation at meetings and forums | <ul style="list-style-type: none"> Lynne Liptrot Mary Adams | <ul style="list-style-type: none"> Evaluate representation at meetings and forums Take action to address under-representation of groups | May 2009 – March 2010 |
| Objective Three | | | | |
| To ensure that the outcomes of involvement and engagement activities are used to drive NHS North Somerset's decision-making process | | | | |
| Ref. | Activity | Lead(s) | Output | Timescales |
| IE9 | Key outcomes of involvement and engagement activity to be recorded in new Involvement and Engagement database | <ul style="list-style-type: none"> Mary Adams Marilyn Edwards | <ul style="list-style-type: none"> Data from involvement and engagement activity to be available to Directors and to decision makers | April 2009 – March 2010 |

| IE10 | Develop an effective process for recording the outcome of comments and suggestions from 'informal' involvement and engagement activity | <ul style="list-style-type: none"> Lynne Liptrot Mary Adams | Review and monitor process for reporting results of involvement and engagement and the impact of involvement and engagement on decision making | February 2009 – March 2010 |
|---|--|--|---|-------------------------------|
| IE11 | Undertake evaluation of the impact of involvement and engagement on decision-making | <ul style="list-style-type: none"> Lynne Liptrot Mary Adams | Report produced and presented to Board, PEC and Governance & Risk Committee. Also to HOSP | April 2009 – March 2010 |
| Objective Four | | | | |
| To provide clear guidance and promote consistent standards of involvement and engagement across NHS North Somerset | | | | |
| Ref. | Activity | Lead(s) | Output | Timescales |
| IE12 | Work with patients, service users, carers, the public, staff, clinicians, partners and stakeholders to prepare the ' NHS North Somerset Involvement and Engagement Toolkit ' and the ' Patient & Service User Experience Measurement Toolkit ' | <ul style="list-style-type: none"> Lynne Liptrot Mary Adams Marilyn Edwards Andrew May Vanessa Dando Jay Akerele | <ul style="list-style-type: none"> Publish the 'NHS North Somerset Involvement and Engagement Toolkit' and the 'Patient & Service User Experience Measurement Toolkit' Staff development on use of Toolkits | February 2009 – December 2009 |
| IE13 | Develop, update and maintain the Involvement and Engagement pages on North Somerset websites | <ul style="list-style-type: none"> Mary Adams David Jones Lynne Liptrot Marilyn Edwards | <ul style="list-style-type: none"> Launch the Involvement and Engagement pages on North Somerset websites Establish protocols for the sites' management | February 2009 – March 2010 |
| IE14 | Arrange training for staff and clinicians on basic research and facilitation skills | <ul style="list-style-type: none"> Lynne Liptrot Mary Adams | <ul style="list-style-type: none"> Training events held quarterly Develop a network of staff and clinicians with facilitation skills | April 2009 – December 2009 |
| IE15 | Raise awareness of the Involvement and Engagement Principles and Standards through the development of guidance and training | <ul style="list-style-type: none"> Lynne Liptrot Mary Adams Marilyn Edwards | <ul style="list-style-type: none"> Produce and circulate laminated copies of the Principles and Standards Include in Corporate Induction material, etc. | February 2009 – December 2009 |
| IE16 | Integrate the new involvement an engagement process into the organisation | <ul style="list-style-type: none"> Lynne Liptrot Mary Adams | <ul style="list-style-type: none"> Involvement and engagement incorporated into training & development Conduct regular briefings to staff and clinicians | February 2009 – December 2009 |

Appendix E

Meaning of terms used in Involvement & Engagement

| Term | Definition: |
|-------------------------------|---|
| Appropriate engagement | We will apply the goals and methods that are most appropriate to each project and circumstance. This may be affected by variables such as the scope for patient, service user, carer, the public, staff, partner and stakeholder influence, legal requirements, available time and resources. |
| Capacity building | We will support the capacity, confidence and willingness of patients, service users, carers, the public, staff, partners and stakeholders through creating fulfilling and positive experiences of consultation and community involvement and engagement and providing necessary training and information |
| Citizens' Juries | Comprise between 12 and 16 people who, as with the Citizens' Panel broadly reflect the demographic and socio-economic profile. They spend two to four days in intensive sessions with access to expert witnesses and policy makers. The additional time and energy more than compensates for the limited number of people |
| Citizens' Panel | Is broadly a representative sample of 1,500 North Somerset residents who are consulted and involved on strategic as well as service-related issues |
| Collaborating | Working in partnership with patients, carers, the public, staff, partners and stakeholders on each aspect of the decision making process, including understanding of the issues, developing alternatives and identifying the solution |
| Communities of interest | Share a common interest or attribute. Are not necessarily confined to a specific geographical area. Some examples are age groups, lifestyle situations, physical attributes, cultural attributes, industries of work, or personal interests. Can include individuals, service providers, community groups and other forms of organisation. |
| Community | 'Interacting individuals or organisations that have something in common'. |
| Consulting | Obtaining patient, carer, public, staff, partner and stakeholder input on issues, draft documents and/or decisions, and also acknowledging and considering public concerns |
| Empowering | Fully delegating control of the decision making process to patients, carers, the public, staff, partners and stakeholders. NHS North Somerset (the PCT) participates in this process as one of the stakeholders and works with stakeholders to implement the decision |
| Engagement | See 'Appropriate engagement' |
| Equalities Impact Assessments | Apply to race, gender, disabilities, sexual orientation, age and religion. Consultation is a key part of any Equalities Impact Assessment. Involves systematically analysing a policy or strategy to identify what effect it will have on different groups. Reviewing existing consultation data or undertaking consultation with those who are likely to be directly affected by the policy, for example patients/service users or potential patients/service users is a key part of this process |
| Evaluation | We will gather and analyse appropriate information to evaluate the process. Feedback and results will inform the review of this Strategy and continual improvements to NHS North Somerset's (the PCT) overall consultation and community involvement and engagement practices and outcomes |

| | |
|---------------------------|--|
| Geographical communities | Defined by a physical area and can consist of people who live, work or study in the area, people who own property in the area, people who visit the area, community groups and service agencies whose catchment covers the area, businesses based in the area and government representatives of the area. Some examples of North Somerset geographical communities are the 'Rurals Group', the Clevedon community, the community of a particular town, or the community of a particular neighbourhood area or ward |
| Inclusiveness | We will seek to identify all stakeholders and will design engagement activities and processes in such ways that minimise barriers and provide all those affected with equal opportunities for involvement. We will use methods appropriate to each target group and circumstance and, where possible, will use multiple methods. We will strengthen the North Somerset patients', service users', carers', the public's, staff, partners' and stakeholders' ability to be involved in our processes through maximising access for individuals, organisations, partners and groups to such opportunities. |
| Informed comment | We will provide accessible and relevant information on the issue under consideration and the opportunities for patient, service user, carer, the public, staff, partner and stakeholder input to all affected groups, and allow sufficient time to enable them to gain a full understanding of the issue |
| Informing | Providing patients, carers, the public, staff, clinicians, partners and stakeholders, with information to assist you in understanding the problems, alternatives and/or solutions, and to keep you informed of the issue & decision. |
| Involving | Working directly with patients, carers, the public, staff, clinicians, partners and stakeholders to determine public concerns and opinions and ensuring that these are directly reflected in the alternatives developed and decision made |
| Privacy | Our consultation and community involvement and engagement practices will comply with all NHS North Somerset (the PCT) and NHS information governance policies and national legislation. We will only collect personal information that is necessary for the particular activity and will inform participants about the reasons for information collection and use of the collected information |
| Receptiveness | NHS North Somerset (the PCT) will respect all ideas that arise from the process and will make decisions that reflect and respond to expressed views. |
| Responsible governance | Good governance is achieved when we are responsive to patients', service users', carers', the public's, staff, clinicians', partners' and stakeholders' needs and ensure that they are engaged in governance activities." We will continue to ensure that our patients, service users, carers, the public, staff, partners and stakeholders have suitable opportunities to be involved in making decisions about issues that affect them, and will act in a way that considers their needs and opinions |
| Stakeholders | All individuals, organisations, agencies and groups that are affected, either directly or indirectly, by the issue under consideration. Usually a part of the community. They vary in the degree to which they are affected by the issue and this can influence the level to which they are involved and engaged in the decision making |
| Sufficient time | We will ensure that our patients, service users, carers, the public, staff, clinicians, partners and stakeholders have sufficient time to be informed about the issue under consideration, be notified of consultation, involvement and engagement opportunities and be involved in the process, and also for their contributions to appropriately inform decision making |
| Transparency and feedback | To ensure transparency in the our decision making processes, and in recognition of the contribution of participants, we will provide feedback, in a timely manner, to participants on the results of the process and on how these results have been taken into consideration in decision making |



Appendix F

Analysis of Feedback Forms Received

Number of Respondents : 51 – from wide range of partner, stakeholder, staff and user organizations and groups. In order to respect confidentiality, their personal details are not included here

1. What is your overall impression of the draft Involvement and Engagement Strategy?

Comments

- Extremely comprehensive
- Sets out well proposed action to be taken
- Possibly too much jargon for lay persons, perhaps a summary (jargon free) document could be prepared in addition
- It does not provide any new services to the community and is just providing unnecessary paperwork and using valuable funding which can be better used
- Seems very comprehensive and addresses considerations of involvement and engagement
- I think this is a complicated piece of work. Surely most of these questions have been asked before under a different format
- Anything which involves patients' (or others) participation must be good
- Verbose and boring with constant repetition and use of jargon straight from management training courses, not used by most people
- Reading the first 2 or 3 pages would result in 'consultation fatigue' – e.g. page 1 – phrase 'involvement and engagement' used 6 times – and don't 2 world have same meaning?
- Some abbreviations (acronyms) used without explanation e.g. PALS, VANS
- Any document requiring 22 words with explanations is not worth paper written on. Some explanations needed much understanding in themselves
- Demonstrates clear intention to achieve a step change in engagement and responsiveness
- Sets out an action plan but will need firm management against intermediate milestones and focus on achieving overall deadlines in order to be effective and not go way of previous initiatives
- Phrases like 'purpose of strategy' are not too user friendly for general audience
- Who is document aimed at? Is style right for intended audience?
- Another very long document – not have time to read in detail – sorry
- Comprehensive, well organized
- Good – couple of issues re: consistency, but overall an interesting document very comprehensive
- Overall impression of draft is that it is unintelligible
- Approve of intention to involve people in your planning but think that you need to be clear yourselves as

- to who those people are and to write your plans accordingly
- Presume that you need to [a] put your plans within NHS and legislative context for staff, managers, etc., and [b] outline them for people who use services – patients, etc. – and any of general public who might be interested. Suggest you write separately for these purposes, keeping jargon for [a] and making simple statements for [b]
 - What is difference between involvement and engagement? Why use both? Is confusing
 - If you really want to get response from patients and public you need to think of best ways of approaching them and will need to allow time for such a group to respond or, better still, arrange to visit them and talk to them directly
 - I am sorry if these comments seem very negative. I have had large number of official documents to deal with in last 6 months, mostly unintelligible to me although I am of average intelligence and well educated. Unfortunately for you, you are the first to ask for comments ... I do not think that you lack information or ideas but you seem to have lost the link to the real world of patients, etc
 - Well thought through and consistent with Duty to Involve and Duty to Report
 - Ambitious with clear desire to engage with and involve widest community whilst at same time putting PPI into internal performance framework
 - Clear and comprehensive with appropriate ambitions for engagement of wide range of interested groups/individuals
 - Disappointing and not relevant to providing 'actual' health provision for Clevedon
 - Strategy could benefit from focus on quality and cost-effectiveness if involvement/engagement/consultation
 - While laudable to emphasise inclusiveness, surely primary duty we owe to consultees (and taxpayers) is that involvement/engagement work we do is professional, cost effective and we are organized in such a way that it can be used. This is first best thing we can do for people whatever their ethnicity, level of social exclusion, etc. this is crystallized in section IE14 on training a wide range of people in facilitation/research. It suggests broad and shallow approach where lots of people do research among their clientele, rather than being primarily work of people with deeper training and experience
 - Quality issue is key, as all benefits aimed at in strategy are downstream of quality. At very practical level, how/what can you give feedback to respondents when project design was bad because run by under-qualified people?
 - While statements about inclusivity and completing feedback loop are laudable, without quality control and governance, can easily end up meaningless
 - Explain what systems in place to ensure quality and governance or explain why not there
 - Many would argue that each team should do own involvement/engagement/consultation work, as helps foster customer insights and relationships
 - Trouble is that scale is key here – if, as do more involvement/engagement/consultation work, scale and volume of projects increases, you have dozens of large scale projects run by people with a day's training, all working at cross purposes
 - If want team to do small-scale but not big stuff, need to say that, why desirable, and define size cut-off (see Poole). Issue is whether small scale projects really much more than day-to-day stuff of meetings and customer-handling. Strategy should be looking at other than day-to-day stuff
 - Cost of not building governance and quality assurance into strategy centrally is that end up encouraging lots of (often large scale and ambitious) 'rate my team' types of activity with critical errors
 - Think term and concept 'consultation fatigue' reveals misconstrual of problem. Think there is irritation with amateurish projects. Compared to private sector, we have enormous reserve of goodwill to help us whenever we organize it well and communicate that
 - Not think Draft would be given Crystal Mark, i.e. be approved by Plain English Campaign – do you think it would?
 - Think 24 page draft will not have engaged all communities effectively in giving feedback
 - How can draft strategy really provide clear guiding principles for involvement and engagement when 24 pages long and not easy to understand?
 - If you had put yourself in shoes of service users/carers (i.e. Max Weber's notion of Verstehen), you would have identified some of basic challenges in getting effective involvement/ engagement
 - Giving under 3 weeks for feedback, not engaged in robust 2-way process of interaction with

- stakeholders and may well have restricted amount of replies you get – why was period so short?
- Not user friendly document and is full of specialist language (Deliberative mapping, PEC and Team Talk not included in Appendix B) which can alienate, frighten and intimidate some stakeholders, turning them off completely from involvement
 - Too long, too wordy, idealistic and very short survey period
 - I feel North Somerset would benefit from an overarching engagement strategy for NSC and NHS NS – promoting joint working between two on many aspects that involve direct engagement with local population. Co-ordinated for partners would help minimise any duplicate demands on population and demonstrate whole system thinking.
 - NSC has database of people who complete customer surveys on regular basis, any opportunity to link?
 - Have obviously given strategy great deal of thought
 - Would benefit from longer consultation period and opportunity to take engagement strategy out to people to discuss to increase accessibility. Bit 'chicken and egg', how to engage people about engagement strategy
 - On reading document, we agree with overall strategy. However, implementation of strategy concerning people of BME origin does require awareness and knowledge of specific needs of this group. For 2 years, we have been gathering data which feel will be helpful towards our common aim of ensuring that BME individuals are fully involved and engaged our work with BME community is giving us valuable knowledge which feel should be helpful in aiding NHS NS improve their services
 - Definitely good idea that will give benefits
 - Structure of document hard to follow – use same groupings as different lists could cause confusion
 - 'Involvement continuum' – hardly a user friendly phrase
 - Will form sound basis for work to be done
 - Seems very comprehensive and thoroughly researched
 - You may have been ambitious with some of commitments, however, and I do hope you will be able to achieve them – or some of them
 - I believe that makes good attempt to explain how NHS NS will try to meet its duty to involve and engage a variety of NHS stakeholders
 - Good overview, but limited in saying what you will do specifically, e.g. accessible formats, accessible meeting places
 - Would like to see something in about what support mechanisms you intend putting in place to ensure that disabled people, people with sensory loss and other vulnerable hard to reach groups can participate. Staff beginning on engagement need to be very aware of this issue from start
 - Who is it aimed at?
 - Too wordy not 'plain English' and repetitive within same sentences
 - Purpose and objectives lack clarity – what is it actually going to deliver?
 - Too lengthy
 - Of any relevance only to NHS managers and, possibly, some other public sector managers because of way presented
 - Unfortunately, language of strategy regarded as inaccessible to most people
 - Very short time allocation for feedback makes it highly unlikely that Town and Parish councils will have time to consider this properly
 - Clear document setting out changing national context on public involvement, with local tasks facing NHS NS. Implementing draft strategy will enable you to build on previous experience and expertise you have on involving local community, patients and wider public to influence your future planning decisions
 - Good references to linking this strategy with the Communications and Single equality Scheme. All 3 do overlap significantly
 - Page 1 – Title and throughout document – would retitle simply as 'Involvement Strategy' and drop word 'engagement'. My thinking is that would make it consistent with the Real Involvement guidance that focuses on involvement as word used to encompass all other words used to describe the activity (engagement, consultation, informing, etc.
 - Page 1 paragraph 1 – rephrase without using consultation fatigue
 - Page 2 – consistency – use PCT or NHS North Somerset and stick with it. Paragraph 2 – 'this NHS NS' not scan. Paragraph 4 – statutory processes – not sure what this means – all involvement activity is a statutory

process. S242 includes requirement that NHS organizations should have regard to statutory guidance that has been published when planning activity

- Page 5 paragraph 3 – new duty to report will cover year April 2009 – March 2010. report must be published between April and September 2010. remains unclear what format report requires
- Page 6 first arrow – in identifying outcomes PCT may want, is also crucial that these are shared outcomes with other stakeholders and local people. Their outcomes may be different to PCT's. Jointly agreed process would be useful
- Page 7, second set bullets, 3rd one – of should be or. Not sure about 'uninterested'
- Page 11 paragraph 3 – would redraft to lose consultation fatigue reference
- Appendix A – just use 'involvement'. Reword objective one
- Very comprehensive document – think NS LINK will be large part of the future work
- Intentions good and wide-ranging
- Strategy strong on language re patient and public involvement but Action Plan elements relating to connections with public are limited
- Lot of thought been given for this draft
- Could have been shorter in volume without reducing overall aims
- Too overwhelming for the ordinary person
- My impression is that group producing it have included everything they can think of rather than focusing on a few practical and realistic things
- What on earth are: 21st century town meeting / forum theatre / citizens' summits / mystery shopping / nominal group technique / world café – this is North Somerset not the universe
- How many staff have to be employed to run all this and how are you going to attract the numbers of patients to justify the costs?
- Where do LINKs fit into all this?
- Worthy, weighted, not costed
- We read document twice and could not see that it actually said anything at all – also very concerned about cost and time involved in producing all this paper
- Overall impression is positive one and NHS NS should be commended on its objectives
- Document is a little wordy but necessarily so and language is suitable for such documentation and broadly accessible
- Diagram on page 3 a little convoluted especially in outcomes column but is useful explanatory tool
- Principles are commendable but is too wordy – short document with appendices would read better
- Shame that strategy document so long and wordy that not succeed in engaging reader in subject
- Well prepared document – however, my initial reaction was highlighted in concluding clause of objective 1 – '... and avoids consultation fatigue among participants'
- Draft particularly strong on action, and support, that staff will need to effectively implement real involvement. Couple of suggestions you might want to develop:
 - Importance of involvement happening early enough in change process to make a difference – think NHS been guilty in past of involvement too late in process
 - Internal quality control re PPI processes – NHS Bristol adapted a UH Bristol process which provides way of ensuring that any patient questionnaires, proposals for focus groups, etc. have to go through a 'quality control' check before are used on unsuspecting patients
- Very detailed – understands concepts behind need for document like this, including legislative context
- Very good!
- Found watermark distracting and made it bit difficult to read
- Purpose – not read like a purpose statement. Have this strategy in order to ... do/create what? E.g. to ensure meaningful, inclusive and timely involvement and engagement to drive improvements to health and healthcare in North Somerset
- Objectives bit wordy – e.g. 'more strategic approach to involvement and engagement' to 'produce effective planning'
- Should 'involvement continuum' be included in text
- Plans to engage people in consultation process appear to be very thorough. However, not very specific about types of outcomes that may be achieved and extent to which people will be able to influence services
- Outcomes – not clear enough about what will actually be done and more detail is required in order to give

real sense of types of change that occur

- On the whole, very timely and ambitious strategy deserving applause. Clearly lot of work and thought gone into it
- Should treat even the final draft of this current document as 'work in progress' designed to be tweaked but, having been signed off by your Board, cannot be changed fundamentally
- Applaud journey embarked on – World Class Commissioning communicates inclusiveness, raising bar on standards, and emphasizes core function of commissioning – concisely and effectively conjures up image of sharp, bold, ambitious and focused organization taking courageous steps to deliver on its very raison d'être, making effort to find out actual health needs and wants of people of North Somerset, using expertise built up over many years to articulate and craft them into specification that delivers on what people seek, making tough but equitable decisions along the way with one eye firmly on using data collected to continue to argue for resources for that which they cannot have if deemed legitimate – then procure those needs by way of a contract that secures provision in financially efficient way – that is what we imagine from it
- Encouraged by deployment often of word 'ensure' – driver word that show unequivocal, no excuses commitment
- Objective 4 – hopefully provide, up front, justification for why special efforts and resources may have to, from time to time, be necessarily deployed in order to achieve comprehensive standards of involvement and engagement (geographic and interest)
- For your own preparations, certain amount of critical analysis work may need to be done to evaluate parameters and full implications of 'engagement', and fine tune arguments to those uninitiated to equalities. Word has different imports and means different expectations to different interests, providers, service users – may need to set some negotiated published or understood parameters within wider framework of current capabilities
- Revisit 'background' – what can do, may be able to 'stretch' to do, what is for future based on what successful representations able to make to others who manage and resource you, and what maybe be beyond control. May need overt statement on this in action plan
- Diagrammatic chart – use driver words – e.g. secured / sought / canvassed
- New thinking and national guidance – all reassuring and do change the dynamics considerably putting onus on NHS NS to do the running – we look forward to the matching action plans
- New duty to report on consultation – introduces another exacting dynamic between fine words and sincere wishes, the actions, and desired outcomes sought, introducing measurement – lately overseer executive agencies are going above heads of owners of consultations to stakeholders and other consultees to extract their views on quality of consultations carried out
- Actions resulting from strategy – some very good aspirations and targets worth applauding here – the communities, partners, stakeholders and other interested parties will be watching this space
- Salute your recognition of value, but limitations of, traditional approaches to involvement and engagement and your determination to meet challenge of changing circumstances and expectations – would argue that requires the unique contribution of Community Development Workers
- Needs – section on training / costings / contents page / define engagement in 'glossary'
- Key to wording is to make it as simple and straightforward as possible
- If we ask for feedback, need to show we have acted on it
- How get efficient at consultations and cut out inefficiencies

2. What do you think might be the barriers we will face in trying to engage patients, service users, carers, the public, staff, partners and stakeholders?

Comments

- Patients/service users/carers/public – draft strategy is jargon heavy (5 page appendix needed to explain terms). this may cause difficulty for this group
- Staff/partners/stakeholders – time restraints in considering such a detailed document / availability for meetings / consultation fatigue
- Another talking shop not actually providing anything new
- Some categories may be less willing to be engaged than others
- Engagement may well be intermittent
- Engagement may only occur for key high profile issues
- too many questionnaires
- Action is needed to be seen – not too many teams or committees – these tend to put people off. They want results, not endless discussions
- Failing to grip public interest
- Languages used in documents, would be different to that used at meetings or 1-1s causing different understanding
- Methods of communication
- Difficulty in collation of information from all sources
- Numbers of seen to be unnecessary meetings, panels, committees, etc.
- Relating all different schemes and strategies
- Changing name of PCT to NHS North Somerset is unnecessary and confusing. Everybody knows what PCT stands for
- Public apathy in responding to formal surveys
- Is something of circular problem – people not used to being involved – therefore, are skeptical of involvement
- 1-1 surveys at appropriate levels might be productive
- Good way to spend time in surgery / hospital / dentist waiting rooms
- People only need simple clear facts of where to find information if they want to
- Users would not normally need to be bombarded with expensive literature, etc. unless they have necessity to address issue in which case simply knowing who to ask is all that is needed
- Patients – genuine fear if get involved and discuss problems, staff will think are trouble maker and give less attentive help. May get bias in sample as older people who can give more time may be biggest users too. Children, adolescents and young families as well as working age men often most difficult to involve
- Service users – barriers of time. People who work full time and/or have caring responsibilities find it difficult to commit to long term input
- Carers – by very nature of 24 hour commitment whether with children or with adults with learning disabilities, mental health problems, physical disabilities and degenerative problems, the carers are under financed and not be able to afford extra care, and often not be able to leave home to participate or meet. Engaging them will be difficult when they may feel let down by local and national health and social care
- Public – generally only engaged when issue going to hugely affect them personally such as withdrawal of services. Being proactive not easy, have to see something in it for them
- Staff – is change fatigue amongst staff. Every part of job has changed in last 40 years. Is fear of redundancy, more paperwork, changes of work venue, more meetings and not enough hours to do job already. May not see that patient/user should have formal input
- Partners and stakeholders – use of funding for consultations will be barrier. Everything takes so much longer when consultations have to be done and so much more money spent on staffing the system and documentation could be spent on services. This forms barrier if are unwilling to commit resources
- Getting 'hard to reach' groups to be involved

- Reaching people in care homes and housebound people
- Keeping papers to be commented on informative but user friendly and brief enough to inform but not bore people
- Engaging those who are often overlooked or seldom heard
- Making it relevant to communities of interest
- Demonstrating that engagement in commissioning makes a difference
- Addressing any internal blocks that get in way of effective PPI work
- Consultation fatigue (mentioned in document), cynicism about whether it will really make difference, particularly in current financial constraints
- NHS structure and its inherent ways of engaging with others
- People have other commitments on their time and service users have to allow for fact that not always well/robust enough to engage
- Resources in terms of transport – cost of transport, accessibility/inaccessibility of venues used for engagement events
- Resources in terms of ability and equipment – not everyone has IT skills, nor a 'phone – maybe has limited communication skills, written, read and verbal
- Apathy – some people think why bother, they just listen and nothing changes
- Some people not trust system and will be reluctant to commit, could be because fear possible adverse consequences for having 'put heads above parapet'
- Language
- Accessibility
- Unwillingness to write comments
- Inabilities to express
- Page 7 – highlight and develop – who are easy to overlook/ why?
- Accessing full range of people – including hard to engage – and eliciting response
- Time to build trust and rapport
- Consultation fatigue, apathy, concern over development of another 'talking shop' which not linked to any existing proactive forums
- Information overload
- Lack of understanding of processes for strategic determination of services and impact on them as individuals
- Reaching meaningful representative groups, not just those actively engaged for their own issue resolution
- Availability of individuals (including carers) to participate – need coordination of carer support services
- Transport – to forum/meetings, etc.
- Trying to encourage BME community to take up services, though, historically, feeling used to be that such services not easily available or geared to their needs. NHS NS will need to show willingness to acknowledge past ignorance and move forward in implementing this strategy. In this, we would like to offer our knowledge. May be barriers both culturally and linguistically which will need to be overcome. Particular efforts need to be made from both sides if this strategy is to be successful
- Information overload
- Inability to understand what being communicated – i.e. need to understand context and resulting benefits
- May not be convinced until some actual changes start to be seen
- Words 'easy to overlook' do not appear in proposals and I do not receive strong messages that forming joint governance and planning arrangements with their local council is taking place or that ways to target and seek views is innovative
- Do not see that hard to reach sector in Weston-super-Mare Central Ward will be involved
- Page 5 – not clear how gaps will be plugged
- Page 9 – trust that full information will be provided for scrutiny by Health Overview and Scrutiny Panel
- Page 11 – pleased to see section on involving those easy to overlook
- Big challenge here in communication with Local Rural Groups and LINK – these should help you in engaging patients, service users, etc.
- Think it will be difficult contacting or engaging carers – engaging and helping these people proves difficult
- Lots of hard work been done here – but much more to come
- Apathy

- Suspect that there will be no problem engaging those people who have genuine interest in the strategy and its implementation – however, majority of people probably just want a ‘good service’ without getting involved or engaged
- Inertia
- Reaching people
- Accessibility - large print / tape / other languages
- Complexity of many engagements – keep it simple – bite-size chunks
- Over-burdening people with consultation
- Insufficient time for consultation – especially if you want groups to engage their members – this takes time
- Usual one of general apathy. People like to complain but are not too keen on working to make things better
- Have to give them something to take part, e.g. event with prizes. If get something, will help and work
- Need to be creative to get people involved
- Main barrier will be obtaining views from ‘unaccustomed and uncomfortable’ relying on existing media, electronics and survey tools
- Existing resistance and distrust of officialdom and jargon will remain
- Patients’ and public’s views are private, personal and anecdotal and need to be teased out and combined into actionable issues
- More thought needed in the public notification – telephone surveys, not popular with older people – email, not everyone from older population owns computer. From own experience with older groups, newsletters are very popular as are easy to read and handle
- Bewilderment and a reluctance to get caught up in something so immense
- Public feels strongly about one or two matters that concern them, e.g. Clevedon Hospital, shortage of NHS dentists – but very difficult to get them involved to any great extent in things they are reasonably happy with
- Same consultation fatigue you identify in document
- Cynicism that liberal use of word ‘engagement’ and furious activity to promote it are somehow substitute for fixing the known problems of the service
- Will need to write your documents in plain English
- Communication – getting message out / overcoming language barrier by removing PCT lingo and making information accessible to all
- Scepticism – reassuring involves parties that this not just box-ticking exercise – organized and disciplined strategy with high degree of feedback required to counter this
- Time – avoiding consultation fatigue / working creatively to engage public who are unavailable between 9-5, e.g. online interaction / evening meetings
- Making it understandable to all sections of community
- Specific example of how process might work would help as appendix
- Many members of public not heard about NHS NS and probably not understand how fits into picture – what public interest there is is probably limited to whether it delivers services that benefit local community, e.g. Cottage Hospital – see tangible output – believe general public not really worry about who runs local services as long as it delivers
- People, from whichever group, faced with substantial amount of reading likely to avoid getting involved
- Perhaps be wise to develop face-to-face situation with groups (small numbers) listed in a forum environment of participation such as brainstorming meetings – then follow up could demonstrate results that initial brainstorming session produced
- Suggest further group added – relative(s) of patients and service users
- Standard stuff – too much consultation without enough feedback (or no feedback) – poorly managed consultation, or consultation for sake of it. Consultation and engagement must be continuous process with consultee at centre of it, not a tick-box exercise – if consultation not useful, not being done properly. Think this strategy addresses these concerns, but not address issue of proper feedback to consultees
- Engagement overload
- Not being creative enough / too much paper/reports
- Not segmenting our audiences clearly enough
- Our experience that barriers are apathy from service users who have experienced number of consultations but not necessarily seen real change in their local services
- Being involved in these types of processes takes up time and requires lot of motivation – to be motivated

service users need to know there will be visible differences

- Key to breaking down apathy is for NHS NS to report back to those consulted about how it is doing and to answer questions about failures
- Good critical observation about 'consultation fatigue' within community at large – if put in just as passing observation without tangible steps in action plan to address it, may be vital opportunity missed to endeavour to capture real hard un-fatigued data for your purposes. Particularly true with communities work with, many of whom English is second language, and find sterile traditional methods of consultation tortuous, detached, unrewarding and, based on experiences they recount, only leads to disappointing outcomes which then makes them suspicious of real intentions and motives of owners of consultation
- To capture 'coalface' information from 'hard to reach' or 'not involved' would require additional specialized effort – encouraged that Community Development route been correctly identified as one of major resource routes to achieve this
- Making it right for you – you state how arrived at laudable claims and how intend to strengthen them – concerned that while right that main avenues would still be via website, as many older people not have computers nor confidence or competence to use them, the other appropriate channels should be stipulated and mainstreamed too
- When you are obligated to engage and involve persons who have been marginalized and ignored for so long that they do not feel that anything have to say matters anyway, or even that it could backfire badly – when you eventually succeed in winning their trust, getting into their confidence, so that they are comfortable to talk freely with you – when you succeed in getting them in their home environment say, in their secure comfort and confidence zone and in their element and for the over 50s for example, surrounded by their routines and daily limitations to quality of life – when their partners can chip in freely when they are being coy or just brave - and when they project to 2-3 years down the line how bleak that outlook is – something humane happens and there is a real connection between a big statutory provider and a powerless ordinary person
- Cost of all your proposals
- Research capability in your team??
- Wording of privacy form
- Questionnaires / data collection – use images or pictures?
- Is there a process for hard to reach groups in place? Need to highlight this and how we do it

3 Do you think that this draft Strategy is designed to do the right things?

What would you add in or take out?

Comments

- Yes – as strategy acknowledges, all parties concerned have right to have say in decisions that affect them. Strategy sets out action to be taken in great detail
- Strategy should stay in same form but a summary version (without jargon) may be required for consultation with lay persons. They may feel 'swamped' by volume of information contained in draft strategy
- All of it
- Yes
- Draft strategy is designed to do the right things – but so much has gone on before, why be repetitive?
- Take out at least half of Getting Information methods (pages 8 and 9) – many of which are very expensive with results being very debatable
- Take out all repetitions and simplify all text, making sure that messages are clear
- Highlight fact that consumer input is as important as that of providers
- Broadly speaking at strategic level – yes
- Section 5 – need for consistency in use of 'PCT' and 'NHS North Somerset' – probably best to define up front and then reinforce NHS North Somerset identity
- Excuse me if I have limited knowledge of whole picture, but appears to me that there are many teams, focus groups, strategy planners with variety of 'buzz 'phrases springing up on regular basis. These seem to over complicate some simple matters where often a common sense method could be implemented
- Seems that measuring and evaluating has gone crazy which must cost organization a massive amount of money which I would guess that most rational people would prefer to be utilized for actual patient care. Health care professionals seem to be unanimous that they no longer have time to perform their roles effectively
- Phrase 'you can't fatten a pig by constantly weighing it' is most appropriate
- Diagram/flow chart (page 3) worth several pages of discussion. Needs to be clear about tenses used in 3rd column and 'equalities and diversity' in 2nd column not sit as well as 'how'. Landscape possibly work better
- Appendix B – Governance needs clearer explanation and acronyms such as PALS, VANS, PEC need to be explained in appendix/glossary
- Page 7 – typo – Reach out – uncomfortable OR would be better
- Pages 9 and 10 – what and how columns sometimes repeated, e.g. open surgeries on page 9 could be changed to 'informal meetings' and 'how' then makes sense. Nominal groups needs explanation/change in How column, as well as citizens' juries and story telling are both How rather than What
- Timescales important to leave in/make clear in Appendix A
- Yes – strategy is clear to understand and includes all necessary information
- Yes – trick will be to turn the principles of the strategy into practice that is easy to engage with and has a good outcome for service user and organization
- Yes – but I am concerned that there is no specific mention of children and young people – this could be addressed by identifying links with Participation Strategy which has been ratified by Children's Trust Management Board (of which PCT is key member)
- Overall, yes – though could be simplified and shortened
- All seems very relevant
- No mention of mental health specifically – are we one of the 'easily overlooked'?
- Page 11 – 'consultation fatigue' – action is needed not just deliberating
- Yes, but strategy documents always feel bit heavy on text and, therefore, not as accessible as could be to all members of population
- Has strategy been drafted with citizen/patient input?
- We would endorse content of strategy as indicated above and that it will lead to action rather than just words

- Outcomes/measurement – i.e. how can you assess whether each objective or involvement continuum been completed successfully
- Would not change content beyond incorporating matters referred to in previous sections but consider most important that reference on page 24 to transparency and feedback be fully implemented
- Perhaps too big a challenge – must be spread over a period of time. How much time are you giving yourselves?
- Excellent idea of trying to link things together – social and health problems go hand in hand
- Probably does do right things
- Cannot think of anything to take out
- Appears to address all issues apart from explaining how you will support people to enable them to participate
- Not really clear what these are other than more and better engagement aspiration
- Take out +/- 20 pages and add Executive Summary
- We are all here to consult but needs to be done sparingly as people not want to attend meetings all time – also need feedback as soon as possible
- Using GP surgeries will help and it is not mentioned
- Add in outreach programme and face-to-face discussions
- Yes – would need to know lot more about existing involvements before presuming to change new draft strategy – sincerely hope that does end with actions and not just rules and words as many previous NHS ideas
- Since it covers everything, must do something right
- PALS is good, so is talking to people in surgeries – contacting some user groups could be OK
- 17 lines of activity feels like too many and adds to bureaucracy more than does to clarity – every line should be costed, but only to 1 significant digit –
 - IE3 – doubtful of value beyond proving PPRT are industrious – look in 1 year to see what use anyone has made of these reports
 - IE5 – this does NOT need seminars
 - IE6 – OK, providing ‘explore’ is value of, not just flexibility of
 - IE7 – BRILLIANT – the most useful bit – but finish off the job and make sure is presented, indexed and available as those who might use it might wish
 - IE10 – does this really deserve a line in strategy document itself?
 - IE12 – ditch
 - IE16 – laminate copies implies expectation of constant use as reference. Most appropriate or realistic. Website
- It might be if we could understand it
- Yes – perhaps add in some sense of scale
- Page 6 – would like to see ‘innovative/creative’ included in engagement practices list
- Make it appropriate to how services are provided – people tend to be impressed by efficiently delivered services and good communications on available services and individual progress – services judged by actions compared to what was promised
- Think strategy of more use to NHS NS as way of monitoring what doing and how to do it
- Danger of over-consulting and often people not really interested unless big local issue such as Cottage Hospital redevelopment
- Consultation should also be balanced with need to make timely decisions when required
- Overall, answer yes – would suggest that document be reviewed relative to target recipients
- Order of objectives important to ensure all readers appreciate purpose of document – would suggest order reversed, with change of ‘to deliver’ in objective 1 to ‘thereby delivering’
- Schedule of contents be helpful, particularly in relation to appendix B
- Page 7 – paragraph ‘reach out ...’ or not of
- Page 16 – IE7 – NS Council will no doubt have built database of local community and voluntary organisations in formation process for LINK
- Would add an action point on feedback. Although this is mentioned in preamble to action plan, not mentioned in action plan itself. Keeping database of current, future and past activity (IE2) probably not be

enough. Must be proactive in responding to consultees

- Are lots of formal groups, committees and standing panels referred to, but nothing that directly reports to public/patients/carers. Website and other promotional activity may be your vehicle for this (if so, state) but suggest more work be done on HOW used engagement to improve services
- In IE6 refer to using on-line consultation tool and other technologies. North Somerset Council already has e-consult facility – perhaps opportunities to combine efforts and explore joint processes
- North Somerset Council researching how can develop its engagement/empowerment/customer insight process – combine efforts?
- Yes – not sure action plan will ensure list of methods will actually happen – does action plan ensure methods will be used
- Strategy has identified number of ways of making contact with service users and promoting their involvement

4. NHS North Somerset (the PCT) is about to launch its Membership Scheme through which we would be able to have regular, ongoing two-way contact with you, would you be interested in becoming a Member?

Comments

- I would be happy with regular contact providing the contact was time limited (e.g. 2-5 hours per month)
- What is this actually providing
- Yes – if appropriate to a Parish Council
- Yes
- Yes, I would – please send details of what this involves
- Yes
- Not really – happy to get any necessary info from emails or look on website if needed
- Am already in Involving People Lay Team and would prefer to access information through this scheme. Probably some overlap which I would not have time to address
- Possibly – please provide more details
- I already get enough contact via PCT being a member of staff
- Yes –interested in joining
- I may be when I know more about what may be involved
- Yes, always happy to progress joint working – what is it, what will it entail?
- We feel that this would be of interest though we would need to put this to Forum for future consideration
- Yes
- I think present type of involvement and my other work will be sufficient. Please keep in touch with me
- I am sorry but I would not be able to help on regular basis – already member of LINK and Local Rurals Working Group
- Not really – no, thank you
- Contact about what?
- Yes – would find it very useful with my other work across range of organizations
- Strategy proposes multiple information sources – membership / citizens' panels / focus groups / e-panel / patient shadowing / LINK – will be major task to direct and co-ordinate activities to get coherent information stream
- Would be very interested in becoming a Member – drawbacks are that I do not drive and cannot travel on public transport or leave my house without door-to-door transport
- As former member of NS PPI Forum, have some experience of trying to get public involvement. Would not want to join membership scheme
- Would welcome someone coming to one of our meetings occasionally to discuss policy and practice with our members who are all patients – better than setting up more groups/structures
- What does this mean?
- Yes
- No
- Yes
- Yes
- Can I as a member of staff? If so, make clear

- Unfortunately we do not have staff resources to be more heavily involved, though information about scheme would be helpful
- Would encourage individuals to join

5. Do you have any additional feedback for NHS North Somerset about the draft Involvement and Engagement Strategy?

For example:

Is it user-friendly, readable, and easily understandable?

Does it address the right things?

Are there any gaps?

Comments

- No, thank you
- No – total waste of resources and unnecessary expenditure
- It seems somewhat repetitive and overly pedantic but this is probably necessary
- Bad timing for any response just before Christmas – but good luck
- No – many lay people would be bored by second page and read no further
- I feel we should be willing the patients (or others) to take responsibility for their own health and realize simple measures are as good as a bottle of medicine or any drug. The NHS is marvelous when serious illness occurs, let us try to avoid them becoming serious. Chemists are able to provide the basic needs
- I am sorry that I cannot offer more constructive comment, but I am quite overwhelmed by magnitude of things seemingly needed to procure input of whole populace, or their representatives
- Also, I am left thinking how is all this to be paid for, and end of day what will actually be achieved
- Have made some suggestions to text to address user-friendly and readable
- Very thorough – unlikely any gaps
- Appears no stone been unturned regardless as to whether was already well placed or not
- Please accept my apologies if I sound negative, which I am not. Just my humble opinion on subject which I probably know little about and a small amount on how this (as with many organizations) seems to work
- Acronyms need to be explained in glossary
- Diagrams make it more user friendly such as with timescales and actions to be taken. Seems very long for short attention spans, may need to amalgamate some parts. Still lot of professional jargon for users and carers to use
- Clearly this is a first communication and more needs to follow
- Gap – who service users and stakeholders are, sometimes appendix not make things any clearer
- Liked use of colour chart
- Possible gap – what is relationship with LINK in this document?
- Yes – overall achieves what sets out to do

- Unreasonable short consultation period and deadline – not acceptable to enable circulation, consideration and comment
- Many service users not 'into' 24 page documents and just not want to know – but are all experts by experience and have lot to offer
- Approaches need to be flexible and have to invest over time to build up trusting and fruitful partnership working with people who experience mental distress and their carers. Equally, this applies to you and other customers
- Not think for quite a lot of people draft is user friendly
- How many service users and carers were involved in constructing this draft?
- Was Reader's Panel employed?
- Empowering – explanation of this term interesting – what about DoH dictates, targets, payment by results, etc.
- Why has term 'difficult to engage, seem to have turned into 'easy to overlook'?
- Page 14 IE3 – not good enough – what is in it for experts by experience? To get meaningful involvement, will have to evidence what do with information/data got, i.e. once collected, will it then be ignored or translated into service development which improves patient or carer experience?
- Will service users be paid for their involvement?
- Fine for me who has an interest, has benefit of Grammar School education and enjoys words. Many people would not look past first line. Mental health clients are deep thinking, intelligent beings who would contribute a lot
- I found it bit heavy going – but was reading it in a hurry
- Would be interested in linking your Community Development Workers to work undertaken with POPP to ensure coordinated effort – reducing isolation and seeking proactive engagement
- Unclear how this links with LINK development locally
- No mention of active engagement undertaken through North Somerset POPP to create 5 older people panels (now renamed 'Senior Community Link by members). Panels developing as people led entities supported by Age Concern Somerset to ensure consultation and proactive engagement in developing local services, raising and resolving issues affecting older people (including health). Meet monthly. Have secured half page in North Somerset Life magazine. One panel consists of elders from BME population to ensure specific issues are raised and addressed. Also have representation from local senior citizens' forums – which themselves hold membership of 1000+. Representatives from panels links quarterly with older people champions group in NS Council to monitor and develop older people's strategy. Would benefit from joint approach with health
- POPPINS community cafes provide local information and social opportunity for number of locations. Some Councillors use them in which to conduct their surgeries. Health involvement within these as means to engage people would be useful
- NS Council also recently marketed consultation processes within NSC for people to get involved – any scope for joint work?
- I feel it would be useful to scope out existing forums and contacts for use rather than create a lot of new outlets – this could reduce expense, increase participation and ownership of issues raised
- In Action Plans, timescales often 'ongoing' rather than specific. Would be good to see actual timetable for implementation of same and hopefully positive results. Decision about any particular action often shows lack of future planning in case planned timescale not fulfil original aim
- Potential gap could be fast-changing nature of medical science and financial constraints. Is an increasingly aging population within NS BME community of which NHS NS needs to be aware
- Not feel user-friendly, readable and easily understandable
- Feel addresses right things. Suggest date determined at which will be reviewed and updated to reflect experience gained
- I found it readable

- Rather wordy – could not understand any of this when I first read it
- Document is reasonably user-friendly but I do wonder if there is rather too much jargon at times, e.g. what is an ‘involvement continuum’?
- Found it easy to understand and comprehensive
- Instead of having lots of different consultations throughout the year, consider having 2 major stakeholder events, providing transport, etc. – breaking into workshops facilitated for specific topics. Draw from all groups, service users and professionals. Thus direct meaningful consultation
- Usually, people find these documents very wordy and not always understand format
- Think quite long enough – but could have mention of financial matters included – both as risks and positives
- Some people could find it very lengthy
- Mostly addresses right things
- Patients need to know how to help themselves according to their individual ability. Easy to rely on others from professionals to relatives, etc. need to know our own worth. Have been very fortunate with amount of ways been taught to stay within my physical limits but many have spoken to are scared to try many simple tasks. Very frightening to think that next breath could be last. Thank you for opportunity to take part
- Got tired half way through
- Know patient involvement is Government’s big idea, but it needs to be more closely related to places where patients are
- Who can tell!
- Surprised that IPT not included in document
- Page 6 – minimise conflict and promote positive image through increase in patient / service user satisfaction – instead of minimizing adverse media attention, NHS NS should be proactive, promoting positive aspects
- Page 7 – spellinguncomfortable ‘or’
- Not find document user friendly and if any of this is to be publicized, will need to be précised considerably
- THIS PRACTICE HAS VERY MUCH APPRECIATED THE RECENT NHS NS DISCUSSIONS AND OPENNESS WITH LOCAL GPs ON COTTAGE HOSPITAL PLANS
- User friendly, etc. – if intended recipients are NHS NS staff only, answer is yes – if NS wider communities, requires more work to make user friendly and readable – perhaps much briefer paper with reference to availability of full document produce better results
- Consideration should be given to: consultation fatigue / community interest much higher only when is need for service provided
- Not think will be user friendly for people outside NHS, stakeholder, professional partners – communicating your intent (perhaps not through this document) should be a priority
- It does address right things
- Make use of the North Somerset Partnership to promote this
- Document is lengthy and not very appealing visually – a more user-friendly booklet may be more accessible
- Believe is need for clearer information about extent to which consultation will affect decision making and commissioning of services – how will those consulted know whether their opinions are affecting services? How will impact of consultation be measured? Will anyone be accountable if changes are not made based on public feedback?
- Examples of kind of changes consultation brings about within the engagement strategy will motivate more people to be involved
- Sometimes strategies and documents have to necessarily be contained and restricted in circulation for sound management reasons but, in this context, an independent person evaluating processes by which you have arrived at eventual document would have to ask whether enough time and outreach have been allowed to be built in for process to deliver to best outcomes you seek
- Making it right for you – document comes into its own here – very good for morale to celebrate successes and talk up Brand pride, especially when can be corroborated by many well wishers and others outside organization – a few attributable quotes from ‘compliments’ database from PALS might

augment this

- 'displaying information' – may wish to consider adding 'taking space in minority and niche newsletters
- 'public meetings' – may wish to consider adding – actively canvassing participation from hard to reach communities including facilitating their means of attendance as deemed critical and appropriate
- 'research' –
 - PALS – may wish to consider adding 'monitoring numbers of responses received in relation to throughput and continually striving to improve this'
 - Gathering information from – may wish to add 'Community Development Work feedback'
- Action Plans – feels as if 'rushed' – could do with more work and detail to be specific and convincing – nevertheless, has ingredients to deliver if elements are linked to personnel at high enough levels within hierarchy and who have 'clout', creativity, sensitivity and style to make things happen – who is the real power behind this particular strategy? Where is it located in governance structure and who is directly accountable responsibility is it to make it happen? Overt public statement on this would reassure cynics and demonstrate seriousness of intent to public and stakeholders alike
- How would Impact Assessment systems and Quality feed into and lend to the processes of verification and corroboration
- Some Boards have patient stories fed back to them – could we include this and is there a way to measure impact of consultation for real patients – testing whether has any benefit or makes difference to them
- Clarity on different strategies – what do and how and where overlap

Appendix G
'Voices for Health'
NHS North Somerset Involvement Scheme

Key Message / Strap line:



Making it Right for You

Do **you** care what happens to your local NHS?

Do **you** care about your own health?

Do **you** want to see better health and healthcare here in North Somerset?

So do we!

Why are we setting up the NHS North Somerset involvement scheme?

- We want to work even more closely with our partners and local people to create an affordable healthcare system that exceeds minimum standards for quality and access
- We want to work with you, the people of North Somerset, to improve your health and well-being, as well as your healthcare
- In order to realise these ambitions, we are extending our ways of engaging with you, the people of North Somerset, through the development of this Involvement Scheme

Membership – what will it mean for you?

- By registering as a NHS North Somerset 'Voice for Health', you will be able to really influence local health services
- You will:
 - learn more about the NHS
 - have a real say in the development of services and where they will be located
 - get involved with health services in your local area

Who can register as a 'Voice for Health'?

Anyone over 14 years of age* who is:

- **Individual - Patient, Carer ,Public**
- **NHS Staff – clinical, non-clinical**
- **Volunteer Groups and Community Groups** – discussions will take place with all local voluntary/community organisations
- **Other Healthcare Partners and Professionals**
- **NHS North Somerset Lay Volunteers**

(* 14 and 15 year olds will need to get agreement of a Parent/Guardian before becoming registering)

Will it cost you anything to register as a 'Voice for Health'?

- No – joining is easy and completely free to you

What are the benefits of registering as a 'Voice for Health'?

- Quarterly Newsletter
- Feedback on changes made to services, and commissioning of services, in response to your input
- Invitations to special '*Members' Events*' and to take part in specific relevant training
- Opportunity to take part in polling and discussion about NHS North Somerset services
- Registration Card

As a 'Voice for Health', what will you be expected to do?

- Only as much or as little as you want
- We may:
 - send you questionnaires about services from time to time
 - invite you along to meetings or events
- How much you or how little you get involved is entirely up to you

How do you register as a 'Voice for Health'?

- Click here voicesforhealth@nsomerset-pct.nhs.uk to fill in our online Registration Form
- Complete a leaflet – FREEPOST
- Print off a Registration Form from here voicesforhealth@nsomerset-pct.nhs.uk
- Email : voicesforhealth@nsomerset-pct.nhs.uk
- Telephone: 01257-546770

'Voices for Health' Newsletter:

Frequency:

- Quarterly

Contents - range:

- Welcome to NHS North Somerset – message from the Chief Executive
- Big headlines
- Listening events / Public Meetings this Quarter
- Seasonal public health messages
- Smoking Cessation messages
- Expert Patients Programme – messages and course details
- Weight management- messages and local activity groups/events
- Becoming more involved as a 'Voice for Health' – for example, as a North Somerset Lay Volunteer.
- Key dates – e.g. Annual Public Meeting
- Where the money goes
- Working for us – work experience and job opportunities
- How your local NHS works
- PALS and Complaints – how to use
- Patient Participation Groups – how to get involved
- LINK North Somerset
- Patient Experience Satisfaction 'cut out' feedback forms
- Useful contacts
- Involvement Schemes explained
 - NHS North Somerset 'Voices for Health'
 - Local Involvement Network (LINK) Membership
 - Foundation Trust Membership

Promoting Lay Involvement via 'Voices for Health':

- In first 'Voices for Health' Scheme newsletter, promote Lay Volunteering