

Community Engagement Proposal

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Trust Board 2.2.17

Trust Board paper L

Executive Summary

Context

This paper sets out a proposal to increase the Trust's public engagement activity. Previous engagement has indicated that communities would like the Trust to be more visible in localities and provide more opportunities to listen to their issues and concerns. The paper clarifies the aims and objectives of the community engagement proposal and seeks to improve the "outward face" of the organisation.

Conclusion

The paper outlines plans for a quarterly Community Engagement Forum, held in a variety of venues across LLR, as well as a rolling series of smaller scale engagement events. It is proposed that the larger events replace the current Public Engagement Forum meetings which have been running quarterly at UHL venues. The larger events would also present an opportunity for the Trust to promote a range of job and work experience opportunities to a diverse local audience, thus supporting the aspiration to improve workforce representation.

Input Sought

The Trust Board is asked to approve the engagement activity outlined in the paper, commit Board members to participate in the quarterly Community Engagement events and approve the budget indicated to manage this programme.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	Not applicable]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Not applicable]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Not applicable]
Financially sustainable NHS organisation	[Not applicable]
Enabled by excellent IM&T	[Not applicable]

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register [Yes]

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
2154	There is a risk that a lack of engagement with PPI processes by CMGs and Directorates could affect legal obligations	12	8	

b. Board Assurance Framework [No]

3. Related **Patient and Public Involvement** actions taken, or to be taken:

This report seeks approval to directly improve the Trust's engagement with patients and the wider community. It is informed by previous engagement which tells us that communities want the Trust to be more visible in the community.

4. Results of any **Equality Impact Assessment**, relating to this matter:

The proposal actively seeks to increase engagement with a more diverse range of local communities. As such, the programme of activity will strongly support the Trust's Equality aspirations.

5. Scheduled date for the **next paper** on this topic: N/A

6. Executive Summaries should not exceed **1 page**. [My paper does comply]

7. Papers should not exceed **7 pages**. [My paper does comply]

University Hospitals of Leicester NHS Trust

Report to: Trust Board

From: Karl Mayes, PPI & Membership Manager

Sponsors: Ballu Patel, Non-Executive Director
Mark Wightman, Director of Communications, integration and Engagement

Date: 2nd February 2017

Subject: **Community Engagement Proposal**

1. Introduction

This paper sets out a proposal to increase the Trust's public engagement activity. In particular it outlines plans for;

- a) a quarterly Community Engagement Forum
- b) a rolling series of smaller scale engagement events.

The aim of the larger events will be to enable Board members to be more visible in local communities, to listen to a diverse range of views on our services and promote and publicise the work of the Trust. The smaller events will focus on relationship building, understanding community experience of our services and encouraging greater and more diverse participation in UHL business from the communities we serve.

2. Aims and objectives

Public sector engagement is often viewed by communities with a degree of cynicism (e.g. as "engagement for engagement's sake"). It is important, therefore, that we are clear about why we wish to undertake a programme of community engagement. The activity outlined in this paper will seek to achieve the following aims and objectives;

- Listening to the experience of service users and the wider public
- Feeding issues and concerns back in to the organisation.
- Raising awareness of recruitment opportunities and work experience in our hospitals
- Encouraging community participation and involvement in UHL (through, for example, our membership, volunteering, Patient Partner group, ePartners etc.)
- Signposting to services, departments and personnel (i.e. PILS / complaints)
- Sharing information and engaging on service developments and evaluation
- Validating what have already learnt about community views and concerns
- Informing our decision making
- Developing an "outward face" for the organisation.
- Consultation on key reconfiguration plans

3. Principles

The following principles will guide and inform our engagement activity.

On-going dialogue: Community engagement is as much about building relationships and establishing an ongoing “conversation” as it is about giving information. As such, we will seek to build relationships, trust and networks, particularly among communities with whom we rarely engage.

Listening: It will be a key objective in our community engagement activity to create an environment in which we can genuinely listen to the issues and concerns of community groups.

Learning: We will actively seek a better understanding of the composition of local communities, how they function at a neighbourhood level and their aspirations in relation to our Hospital services. This will include the identification of poorly met and unmet needs.

Involvement and empowerment: We will empower and encourage individuals to become involved in the development of new policies and service changes.

Inclusivity: We will pay attention to “easily ignored” groups and communities; particularly those who are known to have poor health outcomes. We will employ a range of methods to ensure that our engagement events are accessible, culturally appropriate and worthwhile for participants.

Feedback: We will make a firm commitment to provide timely feedback to participants in our engagement activity.

4. Defining “communities”

Our region is well known for its diverse ethnic communities and these communities will certainly form a key focus for our engagement. However, we will work with a broader understanding of the term “community” which will include people linked to a particular locality as well as “communities of interest”: groups of people who come together through a shared experience. As such, our community engagement will include women’s, LGBT, sports and disability groups, faith communities, disease specific groups and social and philanthropic communities such as the WI and Rotary Clubs.

5. Methods

As noted above, the community engagement proposed here will comprise of two core activities; a rolling programme of small scale engagement with a diverse range of groups and quarterly, larger events which will provide opportunities for Board members to engage in localities.

5.1 Smaller events

The methodology for the smaller events will need to be flexible enough to accommodate the needs and preferences of our diverse local communities. We will speak with local groups who work with or involve people from minority ethnic communities, for example, and discuss how people prefer to be involved. Often,

informal methods of engagement work best. For example, small discussion groups which are relaxed and more sociable have proven popular and effective. We will seek to identify individuals who have influence and respect in local communities (e.g. local councillors, chairs of community organisations, professionals and religious leaders). Where relevant (e.g. when speaking with women's faith groups), we will pay attention to the gender of staff conducting the engagement.

Where possible we will engage with existing groups, allowing us to meet in familiar and established venues. This may take the form of a slot on a group's agenda or joining a social gathering. We will also identify opportunities around religious festivals such as Diwali, Eid and local cultural events such as Pride, Carnival and the Leicester and Loughborough Melas. During the course of this engagement there will be scope to develop partnership working with our NHS partners and with local Healthwatch organisations. We would commit to a minimum of one community engagement event per month.

As part of our community engagement activity we will explore how UHL Staff might act as conduits to local community groups, associations and clubs etc. This will help to involve our staff in community engagement and to further value the diverse backgrounds of our employees. We will also encourage our Patient Partners to get involved by engaging with their own communities and networks and facilitating at engagement events.

5.2 Quarterly Community Engagement events

This proposal is, in part, a response to the relatively low turn out at the Trust's Public Engagement Forum meetings and the limited diversity of its participants. It is anticipated that the establishment of a regular UHL event in localities across LLR will broaden the diversity of people with whom the Trust Board engage as well as increasing the numbers of participants at such events.

Background

The Trust has hosted a Public Engagement Forum for over 2 years. It was formed when the Trust's Prospective Governors' Group was dissolved (following the suspension of our Foundation Trust application). The Forum meets quarterly and provides a regular opportunity for members of the public and patient representative groups to engage with our Chairman and Board members. Patient Partners contribute an agenda item for each meeting, ensuring that issues and areas of concern they have may be discussed in an open public arena. One or two further agenda items are set by the Trust. These usually cover issues of topical interest and matters on which the Trust wishes to engage with a public audience. The Trust Board has committed to field a minimum of two Directors and two Non-Executive Directors at each meeting.

It is generally felt that the quality of engagement at these meetings is good. The Forum generates a good deal of debate and discussion and participants clearly value the opportunity to speak directly with our more senior staff. From the Trust's perspective, the Forum is a means by which it can demonstrate transparency and a willingness to discuss its business openly with the local population.

While the Forum represents a good model of engagement, attendance at the meetings could improve. The Forum tends to attract a core group of people who attend regularly and it has been difficult to attract new attendees. Current participants

are not particularly representative of our local population in terms of age, ethnicity, faith, disability etc.

5.3 Proposal

The Trust's PPI Strategy already sets out an intention to conduct some of the Trust's Board meetings in community venues. However, following a discussion with the Trust's Chairman, it was felt that the formality of the Board meetings and lack of opportunity for public dialogue may not represent the best opportunity for the Board to engage with local communities. As such, it was agreed that an alternative model be explored.

From our previous community engagement activity certain key themes regularly surface, namely;

- Community representatives have said that the Trust ought to be more visible in local community settings and not expect participants to always come to our hospital sites to engage.
- We are often asked about job and work experience opportunities in the Trust. There is also a general lack of awareness of other ways in which to get involved with UHL (i.e. as a Patient Partner, ePartner, volunteer or member).
- Participants often expect health checks and advice to be available when the Trust has a presence at community events.

With the above in mind it is proposed that the Board support the relocation of the Public Engagement Forum in to community venues. With a greater emphasis on listening to community views, the meetings would be fronted by two or three members of the Trust Board, supported by;

- Human Resources representatives who would provide information on the range of career opportunities within the Trust as well as work experience and shadowing opportunities.
- The PPI team, who would promote a range of ways in which members of the public may get more involved with the Trust (membership, Patient Partnership, events, ePartners, Engagement Forum, volunteering etc.)

We will also explore the feasibility of providing health checks and advice at these events. This may be something nursing and medical staff and students could get involved in. It may also present an opportunity to work with partners, for example Public Health, smoking cessation services etc. The format of the events will be tailored to specific audiences but will include a presentation by Board members or senior staff, followed by an opportunity to listen to the concerns of participants and respond to queries.

The core aims of this approach would be to provide opportunities for the Trust to be more visible and responsive to local communities, particularly those with whom we do not often engage. It also sets up opportunities for the Trust to engage on specific issues and projects as they arise.

This represents a new approach for the Trust and one which is untested. As such, it is proposed that the format is trialled over one year with quarterly events. During the year, variations on the style of event may be tested to determine the most advantageous format. Potential community settings would include;

- Localities with significant BME populations such as the St Matthews, Belgrave Road, Highfields and East Park Road areas.
- Rural localities across Rutland and the County.
- “Communities of interest” such as the Leicester LGBT community, deaf community and other disability groups
- Voluntary sector venues
- Faith communities and places of worship

If the evaluation of year one is positive we would anticipate moving to a bimonthly Community Engagement Forum in year two.

6. Risks and challenges

There are some clear challenges in establishing the above approach, not least being the staff commitment that would be required to make it work. Historically we have struggled to secure staff for out of hours and weekend events. The proposal will only work if it has the backing and commitment of all parties.

The marketing and promotion of these events would require some thought. They will need to be “pitched” in such a way as to encourage the attendance of a diverse audience and promoted in relevant community settings and community and social media.

The approach outlined above may take some time to become established and will require a degree of relationship building and preparatory work with local communities. There can be no guarantees that the turn out and engagement would be commensurate with the effort and time taken to set the events up. As such, and particularly for the trial period, expectations would have to be managed as awareness of the format grows.

7. Costs

It is a given that we should endeavour to keep the cost of engagement down. However, there will inevitably be a cost implication for any community engagement programme. Below is a breakdown of the anticipated community engagement budget. Where possible the PPI Team will seek to negotiate and reduce these costs.

Item	Estimated cost (£s)
room hire / refreshments (min 12 X small scale engagement events)	1800.00
venue hire / refreshments (4 X Community Engagement events)	2500.00
Event stall hire (e.g. Leicester Mela / Pride etc.)	1500.00

Display materials (posters, 2 X banners, 1 X display stand, flyers)	950.00
Interpretation (e.g. BSL, Gujarati, Polish etc.)	500.00
AGM Venue Hire and refreshments	2500
Total	£9,750.00

Karl Mayes
Patient & Public Involvement / Membership Manager
January 2017