



Tameside & Glossop Partnership Engagement Network (PEN)

Joint Engagement Strategy scoping workshop

27 November 2017

As part of the wider development of the Partnership Engagement Network (PEN) approach a small task and finish workshop was held on 27 November 2017 to scope out a Joint Engagement Strategy for Tameside and Glossop.

The workshop was jointly facilitated by Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT), Tameside Metropolitan Borough Council (TMBC), NHS Tameside & Glossop Clinical Commissioning Group (CCG).

The following organisations and groups were represented at the workshop:

- Glossop Patient Neighbourhood Group
- Ashton Patient Neighbourhood Group
- Hyde Patient Neighbourhood Group
- Citizens Advice Bureau (Glossop)
- Job Centre Plus
- MIND
- Khush Amid
- Action Together
- The Bureau (Glossop)
- New Charter Housing
- Active Tameside
- Tameside Armed Service Community
- Tameside Council
- NHS Tameside & Glossop Clinical Commissioning Group
- Tameside & Glossop Integrated Care NHS Foundation Trust
- Derbyshire County Council
- Indian Older Women's Community Group

There was a general consensus that a joint engagement strategy/framework for Tameside and Glossop is appropriate – facilitated by the three organisations but with all partner agencies involved and paying due regard to it. Alongside this there was general agreement that any document should be a short and focused set of key principles.

Next steps

The outputs from the workshop will be used as part of the evidence base to develop the first draft of the Joint Engagement Strategy for Tameside and Glossop. Once a first draft is ready – in early 2018 – this will be shared for further comment and input from stakeholders.

Attached below at Appendix 1 are the feedback notes from the workshop.

Joint Engagement Strategy scoping workshop notes

Question 1

If a strategy is the answer, what is the question?

- What is the vision and how will it be implemented
- What are the end goals and what will be the timeline
- What does strategy mean to me as a service user
- What will the focus be and what is the approach
- Who, what, when, where, why, how?
- How information will be cascaded
- Organising information for population about change/proposed change
- All the information in one place that answers the questions and everyone can refer to
- How to legislate changes eg. Care Act
- Understand and describe the **impact** of changes
- How to avoid information overlaps – before/during/after
- The operational in stages
- Creating buy in and power to make the changes
- Includes what is achievable and its purpose
- Needs to be measurable and have ‘teeth’
- Lays out whether the conversation one way or two way (can’t only be engagement on our terms)
- How we will use innovative approaches with people on the street
- How to give ‘representatives’ some legitimacy
- How to create a culture of transparency/openness without fear of recourse
- How to be careful about the language we use to make is accessible to all
- Demonstrate how all three CT organisations and Derbyshire CC will work together
- Understanding of complexity and bring complexity to simplicity
- Demonstrate the need for co-production
- Explain what is the citizen’s role in this
- How you get the message out – the communication and engagement channels that will be used
- How the public and service users have been involved in coming up with the strategy

Question 2

What does good engagement look like?

- It is inclusive and accessible to all –many people have not got access to IT
- Available to all languages and must visit people who cannot leave the house – don’t just go to the groups or ask people to come to you
- Clear purpose and clear messages
- Has to be honest, transparent and genuine – not have a predisposed answer
- Engagement should be ongoing and not just when we have question to answer
- Draw out ongoing issues – admit where things are not resolved or not worked
- Got to work with practitioners – they can spread messages and signpost people
- Understanding of what we are trying to achieve – allow time to explain
- Creating the right environment/opportunities to get the right information

- Needs to be relationship based equal partnership but have to make sure that voices are heard and have impact
- Openly discussing a framework for co-production of wellbeing related services
- Building relationships and understanding limitations
- Accepting that there is often a lot of indifference
- Need to explain **why** changes are needed and what the benefits are
- Educating others whilst remaining neutral
- The person delivering messages needs to be informed/clear and trained
- Managing expectations
- Need to explain core goals
- Issues around how health professionals communicate – language, jargon! They need to improve and have more training
- Needs to be the right people engaging – people more receptive to ‘real’ people
- “non-traditional methods” – need to look at visiting people out of hours and weekends - Visit people in their homes and on the street
- Engagement needs to be two way – let people ask questions
- Need to be able to match our answers to people’s questions – what really matters to them and reassure them
- Needs to target those who the changes directly/potentially impact
- Got to know they are being listened to - value everyone’s views
- Explain and involve people in co-production of wellbeing related services

Question 3

What are the differences between strategic and operational engagement?

- Strategy is the plan/vision and operational is how we are going to do it
- Strategy is the system – operational is the working parts
- Strategy is the overarching model the operational is walking in people’s shoes – how individual services relate to them and their care

Comments on strategic and operational engagement:

- One won’t work without the other
- Works both ways i.e. public understanding workforce perspective
- Members of the public are good at finding solutions that we often miss
- Everyone has to have a clear role and responsibility
- Got to get the voluntary sector involved in planning and how the delivery will happen
- Both should be reviewed regularly
- Operational engagement - do engagement on the ground about specific services
- Citizens advice bureau pooled information – they need to be involved
- Use existing groups – like the dementia café
- Senior and frontline need to be involved in both
- Need to ensure conversations take place between strategic and operational leads.
- Who will own strategy? How do we ensure they work together?
- Ensuring the right people are involved
- Interdependent roles
- Strategic and operational need to work together
- Need for clear roadmap of how everything fits together
- Operational needs to link back to strategy – what is feedback loop?
- Constant reviewing is essential

Question 4

What should good engagement look like for the person in the street?

- Friendly, helpful, informative and two way
- No suits and go out of hours in the community
- Facilitated and tailored events - each cohort will require a different approach
- They need to be reassured what they say will be used and not ignored
- Impartial facilitators – no bias just community people (engagement champions)
- People don't want to engage until they have an issue - so you have to frame it right
- Need to choose our language carefully frame things in a way that makes sense to people
- Need to challenge climate of mistrust by being open earlier in the process
- Mistrust is perpetuated by public sector management culture
- If managers are open about pressures/issues early then the public will understand better
- Using a wide variety of ways to feed back
- System coming to the people rather than expecting the other way round
- Public need to feel listened to and that you are interested in their experience/opinions
- Service user opinion v non service user – engagement will be different so capture both
- Engaging with “non-engaged”- people who have never heard about the subject
- Using patient groups to engage with others
- Resources for staff to enable them to take criticism on board – resilience
- Making the complex simple to understand
- Ensure message is understood or if they don't understand - how to help them do so.
- Make people feel that this is about them and making things better for them
- Education about the subject – clear messages
- People must feel that the people talking to them are genuine
- Keep people updated on progress
- Let people ask questions – then you find out what people are really concerned about
- Organisations have to say sorry if they've got things wrong in the past
- People who will be engaging need training on how to deal with difficult people and how best to relate to the public - conflict management skills
- Must find the positives in situations – if people have an issue then find someone to help or advise them. Make sure people go away happy
- People need to go away feeling that their question has been answered
- People need feel like they are being talked to before the strategy is written rather than giving them a ready formed plan
- Nice to leave with information – a leaflet – card – website etc

Question 5

How do we know our approach is working and understand impact?

- Record not just numbers but people's opinions
- The quality will be in the broad range of people engaged -age/gender/disability/ethnicity etc. and their relevance to the issues being discussed
- If we attract new faces and new groups and gain their trust we will know it is working
- Engage on engagement – how was it for you – evaluate – survey
- Make sure unpopular decisions are properly understood
- Has to be embedded into the work we all do and be ongoing
- Make sure we complete the loop of feedback
- Evidence on the ground impact of engagement – public comments

- Need to educate the public about their duty to raise issues – that way feedback will be more authentic
- Measures of public engagement - also measures of whether the approach has worked from management perspective
- Regular reviews- evaluation ongoing process
- Is it measurable? Does it need to be? Quantitative and qualitative? Consider.
- Evaluate how well the organisations are working together – consistent message
- Broad engagement with all population or do we look at specific programmes/campaigns? latter more measureable
- Has approach delivered messages to the right people in the right way
- Need to use instinct/gut feeling – general opinion
- Demonstrate effectiveness by change – shows people have been listened to
- Data needs to be meaningful and used in the right way
- When reviewing, those originally involved in the strategy need to evaluate success
- Who decides on measures? – PEN – via a workshop at conference?
- Who are we collecting data for? Commissioners or for patients? Needs to be both
- Disaggregating data can identify different information/trends
- That a broad range of views have been expressed
- Evaluate – seek the views of a selection of people about if it is working rather than just whether the service is a success from the point of the organisations

Other comments

- IT systems don't talk to each other - linking up is needed
- Do we fully understand communities
- Do we fully understand and maximise knowledge
- Need to talk to each other more – network
- This is a framework not a strategy
- How do different strategies fit together?