

Engagement Strategy

Healthwatch Brent
2023/24 – 2025/26
2023/24

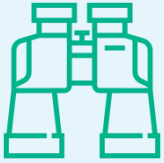


Contents

Introduction	3
Vision and purpose	4
Working with communities	5
Engagement with stakeholders and partners	6
Continuous engagement	8
Data driven focused engagement	9
Target groups	10
Project based engagement	12
Current projects	13
How we report on our engagement	14
Strategy outcomes	15
Outcomes for 2022/23	16
Appendix 1	17
Appendix 2	18
Appendix 3	21
Appendix 4	22

Vision and Purpose

Brent's health and social care champion



Our vision

That the people of Brent understand and can access health and social care; that the people of Brent receive the health and care they require; and health and care services are fit and fair for all communities, in design and delivery.



Our mission

To understand our communities and their needs, finding the common concerns. We will use our voice and statutory role to amplify community voices at the right time, in the right place. We will bring about change in the health and care system. We provide a check and balance to ensure services are fit and fair.



Our values

- We provide an independent voice that amplifies what we hear from our engagement work
- We will be fair, accessible, and accountable
- We will be creative, solutions focused partners – adding value to or leading service improvement
- We will be nimble – fast, flexible and active
- We collaborate and support other groups in the same space.
- We connect and support communities so they can drive change locally, while we work at borough level.
- We will be actively engaged with Brent's wide and diverse communities
- We will empower communities – not data mine, but build sustainable networks, skills and knowledge.
- We keep our finger on the pulse, identify key issues and amplifying them to decision makers
- We will provide a check and balance to ensure services are fit and fair

Working with communities

Healthwatch Brent wants to create informed and empowered communities. Our role is not simply to harvest and share opinion, but to add value to those communities experiencing multiple layers of disadvantage.

Where we identify common health and care issues across disadvantaged communities, we encourage and support shared conversations. Through our engagement we encourage opportunities for grassroots knowledge-building and lobbying.

Our engagement approach and toolkit has been updated to help capacity-build communities. We build conversation networks to empower people through partnership. We support these networks by identifying issues, joining people together, informing and networking them, creating knowledge and excellence. See Appendix 4 for some our engagement methods.

We build on the connections we have already made and mapped across Brent. Knowing where we have insight and where we need to focus is critical.



Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.



www.healthwatchbrent.org



020 3869 9730



info@healthwatchbrent.org.uk

Engagement with stakeholders and partners

While we need to listen to, and engage with the public, the point is not only to hear their views but to give them a voice within health and social care services, and influence over how those services are developed and delivered. We can only give power to their voices if we are understood and seen to be a trusted partner by our key stakeholders.

Healthwatch Brent can only do this effectively if it has strong relationships within the health and social care sector, which is why working in partnership and networking with our stakeholders is the next vital element of this strategy.

We have a two-pronged approach for our non-community stakeholder engagement:

- Health and care partners – we work across statutory, voluntary, private and community groups working within the field of health and social care in Brent. We understand the provision and service offers across the system, and build relationships to enable service improvements (see Appendix 4)
- Systems leaders – we work with the key players within the local place-based partnership and the Health and Wellbeing Board and develop strong formal and informal relationships. We understand the timetable of decision making and how we can influence decisions at early stages – systemising our project and engagement work accordingly. This work is led by our Advisory Board.

We recognise the regional context of our work and the importance of the North West London Integrated Care System (NWL ICS), and we will work with the other Healthwatch services, working together to find the common themes to amplify at the system level.

Our parent organisation, The Advocacy Project (TAP) is a key stakeholder, as are other Healthwatch services provided by TAP.

Ways of working

Healthwatch Brent recognises the many changes in the health and care landscape, and the rapid pace of change across the system. This has included the introduction of new statutory bodies, revised governance, new ways of working and new services and interventions. The Covid19 pandemic has also had a huge impact on the health and care sector, with many services having to adapt, workforces changing and longer term impacts now being felt. This context has been tough for us all.

Recognising this, Healthwatch Brent has also changed some of its ways of working. We focus on supporting our health and care partners to engage with communities, supporting codesign and coproduction efforts. We add value to work that is already ongoing or work that will be led by partners. Where partners are leading complementary projects we will add value rather than conducting separate work.

We build strong, formal and informal relationships with members of the Health and Wellbeing Board, and other key decision makers shown within the governance map. We provide the voice of services users and remain solution focused to ensure difficult decisions are made as robustly as possible.

When we are working alongside Health and Wellbeing Board partners we will make use of our continuous engagement databases (within data protection guidelines). This will ensure partners are able to access already informed communities of conversations. We will also support them with the applications of our engagement toolkit and other tools, dependent on the focus.



Continuous engagement

Anyone can contact Healthwatch Brent with the experiences of health and social care services, at a time and in a way that works best for them:

- Via online forms on the website
- Via email
- Via telephone
- Face to face to staff and volunteers at events and engagement on the high street

Through this we build our continuous engagement database, capturing permissions so we can contact service users again about their experiences of health and social care, where relevant to them. By doing this we develop a bank of people that we can have an ongoing conversation with.

We work in partnership with local organisations and events to take advantage of opportunities to build our core base, and in Brent we maintain healthy links with a variety of partners across the statutory, voluntary and community sectors.

We provide regular opportunities for community groups to talk with us, share their views and co-produce projects with us, to help grow, build, and strengthen relationships across Brent. We build this work into our engagement plan.

The next sections of this strategy will set out our focused engagement and projects-based engagement approaches.



Data driven focused engagement

Our approach to engaging with all our communities and stakeholders starts by knowing and understanding who lives in Brent – what kind of social and health care needs they have, and the best methods we can put in place to listen to their views and encourage them to share their experiences with us. We do not assume what communities might need or want, or what their concerns are. We find out by listening to them and encouraging them to share their stories and experiences. Healthwatch Brent needs to have effective data and intelligence about the communities we serve before we can begin to start engaging them effectively.

Understanding the communities we serve is crucial in order to effectively target our resource to the places where we can have most impact.

Healthwatch Brent reviews available data to identify health inequalities by:

- Protected characteristics
- Location and geography
- Health conditions

We then seek to explore the intersectionalities within these datasets to understand those whose voices need to be amplified the most.



Target groups

With additional data from the Healthwatch Brent Data Pack (published as a separate document) we have identified the following priority groups for 2023:

- Residents of the most deprived wards, including Stonebridge and Harlesden and Kensal Green, experiencing multiple disadvantages and health inequalities
- Young people affected by mental health, obesity and dental decay in the most deprived wards, and their parents
- Black and Minority Ethnic groups most impacted by diabetes and related issues, such as obesity in the most deprived wards
- People with learning disabilities and those with limiting long term conditions
- Pregnant women across ethnicities with the poorest maternity outcomes
- Those who do not speak English well or those requiring translation services to gain meaningful health and care services



Target groups

The below table sets out the targeted work we will undertake in 2023.

	A p r	M a y	J u n	J u l	A u g	S e p	O c t	N o v	D e c	J a n	F e b	M a r
Mental health in key communities and geographical hotspots:												
Somalian community – focusing on community mental health and psychological services												
Pakistani community – focusing on mental health												
Those requiring translation or additional support to access services:												
Romanian community – focusing on barriers to accessing healthcare and translations and understanding of health systems												
Maternity voices												
Residents of the most deprived wards experiencing multiple disadvantages												
Those affected by cancers – increasing uptake of cancer screenings in Stonebridge and Harlesden												

Project based engagement

Each year we set our priorities for what areas of work we should focus on. When certain themes emerge, from the feedback we receive, we consider whether we should carry out a piece of work focusing on that particular issue.

We will liaise with our commissioners as appropriate to ensure that the work we are doing isn't going to clash with something they are already doing and that we can complement any work they might be doing or planning.

In some cases, a possible area of work for us might come from local partners who might request our support in gathering views around a particular service, its development or design. We compile a list of our potential priorities, in a proposal paper, and share it with our Advisory Board members and our wider Healthwatch membership, for comment and suggestion (please see the templates at Appendices 2 and 3).

The Advisory Board will oversee project planning, ensuring all stakeholders in the project space are included in the mechanisms for engagement. Early conversations will ensure we are inputting the correct decision-making processes. A systemised and targeted approach will enable the collection of data that informs and supports better service provision.

How we will report on our engagement

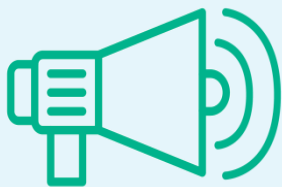
We know that closing the feedback loop is key to ongoing effective engagement. We must ensure communities and stakeholders understand what we did as a result of engagement, and how it has made a difference. There are a number of ways we will do this, as outlined in the below table.

Monthly
Summary reports to Advisory Board
Website updates and social media alerts
Quarterly
Contract management – performance report to bi-borough leads
Contract management – performance report highlights to Health and Wellbeing Board partners
Quarterly newsletter
Biannually
Update report to Health and Wellbeing Board
Annually
Healthwatch Brent Annual Report published
Ad hoc
Project end events held and updates published on our website and via social media
Verbal updates and feedback shared with our community and voluntary sector partners through our continuous engagement
Project reports published on our website and shared across Health and Wellbeing Board partners
Enter and view reports published on our website or shared across Health and Wellbeing Board partners

Year 1 (2023) outcomes

We have created outcomes for each year of the strategy so that we are able to effectively manage our journey. Our expected outcomes in year 1 of this strategy are:

Reaching out



A new toolkit, with new approaches added

We have established effective engagement working practices, including the development of our engagement toolkit. Based on learning, we refine it over the year.

Those from target communities added to our communities of conversations

1 group per quarter is added from the target community groups outlined in this engagement strategy

Those from target communities report they feel able to influence decisions

60% of those involved in our communities of conversation who when surveyed report they feel able to influence health and social care decisions

2 project end events

We have delivered 2 project end events, with good rates of attendance and clear feedback provided

20 - 25 volunteers and 50 days

We have added 5+ to our active volunteers and these volunteers gave up x days to improve health and social care

Making a difference



Effective representation

We are represented on the relevant stakeholder boards and groups, and we have developed our formal and formal relationships with stakeholders

We published 10 reports

We have been commissioned or have produced 10 reports about the improvements people would like to see to health and social care services, and these reports were accepted by decision makers

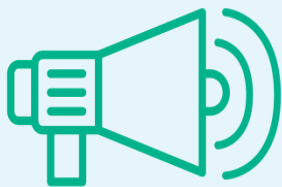
We supported 8 partners in their engagement work

We supported partners and added value to existing engagement work

Year 3 (2026) outcomes

We will monitor the implementation of our engagement strategy as part of our regular management and contract management processes and reporting methods. Our expected outcomes of this strategy are:

Reaching out



Those from target communities added to our communities of conversations

12 community groups have been added from the target community groups outlined in this engagement strategy

Those from target communities report they feel able to influence decisions

80% of those involved in our communities of conversation who when surveyed report they feel able to influence health and social care decisions

8 project end events

We have delivered 8 project end events, with good rates of attendance and clear feedback provided. 8 communities of conversation will have been created, and the community of conversation will continue to engage in health and care decision making processes beyond the life of the original project.

25 - 35 volunteers and 50 days

We have between 20 and 25 active volunteers and these volunteers gave up 80 days per year to improve health and social care

Making a difference



Effective and systematised representation

We are represented on the relevant stakeholder boards and groups, and we have been able to influence the decision making process through effective engagement at the right time in the decision making cycle

We have published 30 reports

30 reports to the Brent Health and Wellbeing Board, or other decision makers have been published, and recommendations have been implemented as a result.

We supported 12 partners in their engagement work

We supported partners and added value to existing engagement work

Appendix 1 – Our engagement methods

Healthwatch Brent will use several methods to engagement with people, based on what is most appropriate to the piece of work we are doing. Our face-to-face engagement has been reduced due to the ongoing impacts of the Covid19 pandemic, but we will rebuild it as it becomes safe to do so.

The engagement methods we use include, but are not limited to:

- Telephone
- Email
- Website and our online feedback forms
- Social media
- Quarterly newsletters
- Outreach to community and voluntary groups
- Market place stalls at community events or in key locations
- Outreach to and working with community and voluntary sector partners working with target audiences
- Surveys – online and on paper
- Listening events, workshops and meetings – in person and via Zoom
- Project specific events and meetings – in person and via Zoom
- Feedback events – in person and via Zoom
- Enter and view
- Communication channels via our partners across the borough e.g. Brent Council communications and engagement mechanisms
- Through our Advisory Board and their networks
- Our volunteers
- Working with community champions and leaders – especially for focused and projects-based engagement
- Building from existing strong engagement mechanisms already in place

Appendix 2 – Project plan on a page template



Project Plan on a Page

Title of project	
------------------	--

Gathering information for Advisory Group

Stage	Description	Actions	Timescale	Done
A	Potential issue identified	<p>This may be from:</p> <ul style="list-style-type: none"> Trends or significant single issues from public Joint work request with neighbouring Healthwatch Requests at meetings Follow up to previous projects 		✓
B	Gather relevant information	<p>Review the questions you need to answer for the HWB Advisory group These are in the Priority Setting Information form. Use the existing information you have and add any other data, intelligence and feedback you think you the Advisory Group will need to make a decision.</p>		
C	Speak with stakeholders	<p>Speak with others in health, social care, voluntary sector etc. who would have a view on the issue. Ask their views on how best to approach the project and if they are happy to assist if the project happens.</p>		
D	Prepare paper for Advisory Group	<p>The Priority Setting Information form is completed prior to the meeting for the group to consider.</p>		
E	Decision from Advisory Group	<p>If the group agree you can progress with the project planning below.</p>		

Appendix 2 – Project plan on a page template

Carrying out the project

Aims	
Outcomes anticipated	

Stage	Description	Actions	Timescale	Done
1	Stakeholder engagement	Speak with stakeholders again to confirm start of project and see if there are any other connections you need to make.		✓
2	Confirm what methods you will be using	<p>These could include:</p> <ul style="list-style-type: none"> • Survey • Enter & View • Focus Groups • Community engagement 		
3	Project lead and team	Confirm who will be leading the project and what part each staff member or volunteer will play.		
4	Set regular project meetings and deadline for report publishing	At least a monthly review of progress and whether changes need to happen, team meetings could also be used for updates		
5	Plan of activities and timescales	Project Plan document which sets out tasks and due dates		
6	Prepare for engagement	Draft surveys, key messages, materials		
7	Undertake engagement	Carry out survey, enter & views focus groups etc		
8	Collate feedback	Review raw data from your engagement		
9	Analyse feedback	Pull out key stats and themes		
10	Produce report	<p><u>Proof read</u></p> <p>Make recommendations as specific as possible and measurable</p> <p>Give HWB look and feel</p>		
11	Publish report and share with stakeholders	Publish on website. Ensure key stakeholders from comms plan receive a copy		
12	Update everyone who contributed	Emails to everyone with a copy of the report and where else it has been shared.		
13	Diarise follow up on any recommendations	Confirm when you will ask for updates from the service/commissioner on how recommendations have been implemented		

Appendix 2 – Engagement plan on a page template



Project Plan on a Page

Description	
Aims	
Outcomes anticipated	

Stage	Description	Actions	Timescale	Done
1	Research communities and groups to contact	List known groups Research other databases for further groups Make contact with key stakeholders about best way to approach groups	2 weeks	✓
2	Confirm message and presentation	Agree wording of question to be asked or information to be shared Arrange design, alternative languages and formats, online and hardcopy	2 weeks	
3	Identify team involved and how they will do the work	Confirm staff and volunteers undertaking the project, brief them and give them the questions and information	2 weeks	
4	Make contact with groups and community champions	Contact people and groups who will provide a way into the wider community. Agree opportunities to meet people and gather their views	2 weeks	
5	Engagement	Engage with the communities and groups	4 weeks	
6	Collate feedback	Input hardcopy forms into online survey or database	2 weeks	
7	Analyse feedback	Pull out key stats and themes	2 weeks	
8	Produce report on themes	Short report on process and themes	1 week	
9	Publish report and share with stakeholders	Publish on website. Ensure key stakeholders from comms plan receive a copy	1 week	
10	Update everyone who contributed	Emails to everyone with a copy of the report and where else it has been shared.	2 weeks	
10	Diarise follow up on any recommendations			

Appendix 3 – Engagement plan on a page template

Engagement Plan Timeline

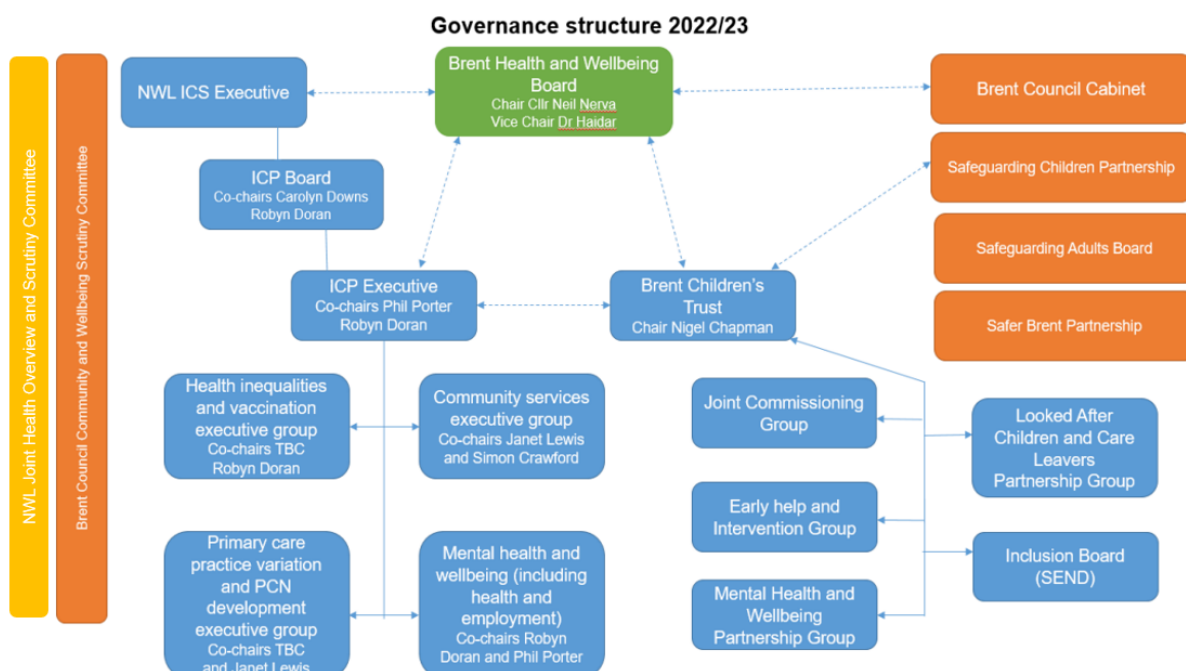
Focus	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Black African	Active	Active	Active	Active	Active							
Black Caribbean		Active	Active	Active	Active	Active						
Somali			Active	Active	Active	Active	Active					
Indian				Active	Active	Active	Active	Active				
Pakistani				Active	Active	Active	Active	Active	Active			
Arab						Active	Active	Active	Active	Active		
Romanian							Active	Active	Active	Active	Active	
Portuguese								Active	Active	Active	Active	Active
Polish									Active	Active	Active	Active
Italian										Active	Active	Active
Health deprivation and disability											Active	Active

Appendix 4 - Brent Health and Wellbeing Board

Health and Wellbeing Boards (HWBs) were established under the Health and Social Care Act 2012 to act as a forum for the local health and care system to work together to improve the health and wellbeing of their local population. They are also a partnership with a remit to promote greater integration and partnership between the public sector and voluntary and community sector to benefit local people. They also have a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) and a Health and Wellbeing Strategy for their local population to address health inequalities within communities.

With greater complexity around how the public sector works, alongside increasing demand and widening of health inequalities within our communities, the role of Health and Wellbeing Boards becomes more important to ensure there is increased collaborative working to address wider system issues.

Healthwatch Brent is a statutory member of the Brent Health and Wellbeing Board (BHWB). The governance of the BHWB is outlined below:





healthwatch

Healthwatch Brent

www.healthwatchbrent.org.uk

t: 020 3869 9730

e: info@healthwatchbrent.org.uk