Partnership Engagement Network Conference: 15th February 2023

About PEN

The Tameside and Glossop Partnership Engagement Network (PEN) – established by Tameside Metropolitan Borough Council (TMBC), NHS Tameside and Glossop CCG (T&G CCG), and NHS Tameside and Glossop Integrated Care Foundation Trust (T&G ICFT) – is a multi-agency approach to engagement. It provides the public and partners with a structured method to influence public services, and to proactively feed in issues and ideas.

Introduction

On 15th February 2023, representatives from Tameside Council, NHS Greater Manchester Integrated Care Tameside, and Tameside and Glossop Integrated Care NHS Foundation Trust along with public, stakeholders, partners, and representatives from VCSE organisations came together for the first PEN Conference in 2023. This conference was held virtually in the evening, and was attended by 20 people. This was followed by a face-to-face workshop on Tameside Council's draft Engagement Strategy on 27th February 2023 held at Tameside One, which was attended by 6 people.

Facilitated Sessions

There were two topics on the agenda:

1. Greater Manchester's Elective Care Services
2. Tameside Council's Engagement Strategy

Greater Manchester's Elective Care Services

A presentation was provided aiming to:

- Provide an understanding of the current status of planned hospital care waiting lists in Greater Manchester and associated challenges
- Inform how hospitals in Greater Manchester are working together to address waiting list backlogs

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Tameside
Metropolitan Borough

NHS
Tameside and Glossop
Integrated Care
NHS Foundation Trust

An overview of the elective care process was provided:

This does not apply to cancer, community health, primary care, or mental health services.

Two avenues are being pursued by healthcare services to reduce waiting list backlogs: treating more people and reducing referrals into hospitals. To treat more people, healthcare services are aiming to use existing resources (theatres, equipment, and staff) as efficiently as possible; increase capacity to offer more appointments and operations; and conjoined working across hospitals to offer people the opportunity to be treated sooner at different hospitals where there is capacity. Regarding the reduction of referrals into hospitals, a number of people referred get discharged after their first outpatient appointments, so they could have been supported in primary care. Healthcare services thus aim to increase advice and guidance services in primary care, so that GPs can obtain advice from hospitals on how to manage patients without needing to refer, and increase the number of services available in primary care or the community.

Several challenges in addressing waiting lists were highlighted:

- Long waiting lists are likely to persist for some time
- No single organisation can address the waiting lists backlog
- Pressures throughout the healthcare system are interconnected
- Barriers to accessing care need to be understood in terms of health inequalities
- Supporting people to manage and prepare whilst they wait
- Supporting patients to take up offers of being treated sooner in other places if the option arises
- Reducing the number of missed appointments

Examples of initiatives to reduce waiting list backlogs were provided, including patient initiated follow-up. Herein, patients are given the chance to initiate their own follow-up appointments (if

appropriate) when they need one, rather than being sent appointments automatically. This should help free up capacity. This has already been used in some specialties and works well with some long-term conditions.

The While You Wait Scheme was introduced. This was launched in November 2021 to help people whilst they are on waiting lists. This includes help with managing physical and mental health whilst on waiting lists and where more support can be found.

Discussion

The discussion was split into the following questions:

Does anyone have experience of any of the services mentioned and do you have any feedback/thoughts?

Several participants provided feedback regarding experiences of inefficiency whilst on waiting lists, including being sent for continuous scans without treatment being started yet the scans do not reveal anything new. Another participant mentioned that they had seen a consultant in November 2022, but they only wrote to their GP in February 2023, and questioned whether there was sufficient admin support. Amongst participants, there was general unease and uncertainty about when their treatments would occur particularly amongst those whose health is deteriorating.

The option to go further afield for treatments where possible through conjoined working between hospitals was well received. It was mentioned that GPs seemed to be unaware of this, and GPs often use referrals processes differently that there is no consistency. Training for GPs on where to refer may be required. However, one participant highlighted that travelling further afield may be difficult for some.

Have you heard of the While You Wait website?

Very few participants had heard of the While You Wait website. Of those who had, it was generally through work. This indicates a need to publicise more to the public. Participants generally thought this was a good idea.

What's the most important thing you think the NHS could do to help people manage their physical and mental health while they wait?

More broadly, it was highlighted that the NHS needs to do better with prevention of ill health. If ill health was prevented, waiting lists would be reduced.

In the current predicament, better communication with patients on waiting lists was desired by participants. Waiting can last for months or years. There can be an uncertainty amongst patients that they have been forgotten or left behind. They should be notified that they are still under care. This lack of communication can have negative psychological impacts.

<u>Do you think there are any other ways we can promote While You Wait in your local area</u>?

Social media on which the While You Wait website is advertised tends to be NHS accounts, which have limited reach. The channels which have the greatest reach need to be identified and utilised. It was suggested that it should be included on patient letters.

Tameside Council's Engagement Strategy

A presentation was provided giving an overview of Tameside Council's draft Engagement Strategy.

A broad definition of "engagement" was first provided. Engagement entails meaningful, two-way conversations between the Council and local communities, and should lead to the development of effective relationships. At the minimum, communities should be able to provide input into the development or changes in services and strategies.

The draft Engagement Strategy was based on a public consultation that ran for six weeks from Tuesday 4th July 2022 to Tuesday 15th August 2022. Additionally, Tameside Council sought expert advice from think tanks that specialise in engagement and consultation, e.g. the Consultation Institute. Informal discussions with council colleagues and partners from healthcare and VCSE organisations also occurred.

From the consultation, the following feedback was received:

- Engagement opportunities need to be advertised better using social media and in physical locations.
- The Council needs to evidence listening to and acting on input, particularly input that is contrary to proposals.
- The Council needs to be more visible and active, going out and engaging directly with communities, particularly those who are "seldom-heard", rather than expect communities to approach the Council.
- Engagement should be continuous and open, not restricted to time-limited consultation exercises.

- The Council should adopt an approach that places greater value on co-design and co-production, so that engagement is not "doing to" but "doing with".
- The Council should embrace an assets-based approach that recognises the strengths, talents, and knowledge in the communities that we serve, that we treat residents as experts of their own experiences.

Derived from the above feedback, six priorities in the draft Engagement Strategy were highlighted:

1. **Outreach and Relationship Building:** *Reach out and build relationships with residents and communities (particularly protected groups and those under-represented in our engagement) to enhance two-way, continuous, meaningful engagement, as well as mutual collaboration and involvement.*

2. **Partnership Approach to Engagement:** *Review and enhance our partnership model of engagement with partners, stakeholders, residents, and the VCFSE sector, orienting towards an assets-based approach.*

3. **Accessibility of Engagement:** *Maximise awareness and publicity of engagement and opportunities to be involved, so that more voices are heard.*

4. **Cultivate Seldom Heard Voices:** *Maximise and tailor engagement opportunities to residents and communities considered "seldom heard", removing any barriers that prevent them from having their say, so that more diverse voices are captured.*

5. **Build Trust Through Transparency:** *Improve communications and sharing of engagement outcomes to provide assurance and build trust with communities that their voices influence and shape council strategies, policies, and programmes.*

6. **Collaboration with Communities and Stakeholders:** *Improve collaboration with communities and stakeholders by embedding an ethos of co-design and co-production in engagement across Tameside to strengthen their democratic voice in strategy, policy, and service development.*

Discussion

Each of these priorities were discussed in breakout groups.

Priority 1: Outreach and Relationship Building

- A lot of community groups are being reached out to without effort being put into relationship building. This has lead to consultation fatigue.
- One key person/contact should be used to engage with groups to further build up trust, instead of rotating faces. Engagement requests should be filtered through this point of contact
- When engagement is requested, organisations often don't include the basics: what it is, how long will it take, what is being asked, how it will be fed back, how to protect community groups against box-ticking exercises.

Priority 2: Partnership Approach to Engagement

- The phrase "assets-based approach" should be dropped; this was met with criticism for being too technical and impersonal.
- A framework and guidance for engagement should be developed. Examples of best practice should be given. The guidance should also include how to approach groups, to ensure that facilitators understand what will be asked, and how the information will be fed back.
- There are discrepancies within council departments on how engagement occurs, so a framework and guidance should help with generating consistency.

Priority 3: Accessibility of Engagement

- People often follow the Council's social media accounts but don't actively engage, it would be helpful to engage in communities themselves.
- Young people think that the Council is "out of touch". Showing young people involved may change perceptions. For example, young people often don't want to fill in surveys. Reaching out to students at schools and colleges and conducting face-to-face engagement, e.g. focus groups would be preferable. They desire "actual communication", e.g. more personalised. A potential option would be to conduct vox pops.

Priority 4: Cultivate Seldom Heard Voices

- Digital exclusion must be accounted for. Libraries are recently being used as hubs. They have done a lot to bring people together and increase awareness of what's on offer.
- An "every contact counts approach" should be considered, engaging with people through whatever point of contact and between areas, e.g. the workforce out in community

generally understand what issues the community faces and should feed this information back.

- Religious and cultural groups have their own groups and networks. Building relationships with these community leaders may generate more feedback from groups which aren't usually too forthcoming.

Priority 5: Build Trust Through Transparency

- Building a "feedback loop" is key. People should be informed of what has been done with their input via the appropriate channels.
- Why certain input is not being actioned or taken up needs to be fed back. People will be more willing to accept "no" when the time is taken to talk to them and to explain the reasons behind these choices. It is impossible to please everyone all the time, but by being open can reduce any antagonism.
- Case studies of successful engagement from members of the public should be publicised. These should detail how it was, what the outcome was, whether they received feedback. Showing the process will increase the likelihood that people will engage.

Priority 6: Collaboration with Communities and Stakeholders

- Co-production conducted properly will help create community buy-in.
- Expectations must be managed and the limitations should be communicated clearly – how much is actually available to be co-produced/co-designed.
- Meaningful collaboration and co-production may entail cultural change within the Council. Workshops should be conducted to discuss how different services engage and what can be done.
- People are being asked to be involved in co-production for free. This is problematic if those involved are on low incomes. Providing incentives may need to be considered.

Post-Event Feedback

Of those who provided feedback, all felt that the event was informative and interesting. One participant felt that there was a healthy balance of presentation and discussion.

Hosting the event in the evening was generally well-received. In the future, participants would like a mixture of formats: virtual, hybrid, and more events during the evening.