The Health and Wellbeing Board’s vision for patient and public engagement (PPE) in Stoke-on-Trent is crucial in the development and delivery of the Joint Health and Wellbeing Strategy (JHWBS) and also in the on-going development and refresh of the Joint Strategic Needs Assessment (JSNA). It also supports delivery of the Mandate for Change.

VISION

“Work in partnership with individuals and communities to shape communities and services which promote independence and healthy lives and make Stoke-on-Trent a great place to live.”

What is Patient and Public Engagement?

Patient and Public engagement is the process of involving people in decisions that affect them.

Informing
Providing the patients and the public with balanced and objective information to help them understand the problem, alternatives, opportunities and/or solutions e.g. websites, newsletters, press releases

Consulting
Listening to patient and public feedback on analysis and choices and considering their input, and feedback results e.g. surveys, focus groups

Involving
Working directly with patients and the public throughout a process to ensure that concerns and aspirations are consistently understood and taken into consideration e.g. Partnership Boards, Reference Groups

Collaborating
Partnering with patients and the public in each aspect of the decision, including the development of alternatives and the identification and delivery of the preferred solution e.g. local action teams and neighbourhood action groups which involve community groups, residents and public organisations working together to tackle neighbourhood issues.

Empowering
Giving decision-making power to the patient and public e.g. neighbourhood health chests and estate development budgets both of which are pots of funding for community activity to improve either health or housing in an area. Allocation of the funding is decided by local representative forums.
Why is PPE important?
The HWBB recognise the value and contribution of citizens individually and collectively, in identifying and shaping requirements and services within their local community. Working in partnership with citizens the board aims to build on people’s strengths to develop individual and community resilience, mobilising communities through co-production for independent and healthy lives. It is an innovative approach to long-term culture change and health improvement across the City and is crucial in enabling the board to achieve its vision for health and wellbeing that *Stoke-on-Trent to be ‘a vibrant, healthy and caring city which supports its citizens to live more fulfilling, independent and healthy lives’*. 

What does successful PPE look like?
Engagement by the Health and Wellbeing Board (HWBB) involves a number of different organisations; the City Council, the Clinical Commissioning Group, Public Health, the Police and Fire service, and Healthwatch. It also involves different types of communities. Namely;

1. Communities of place – people linked to a particular geographical area
2. Communities of interest or identity – people who share a particular experience, interest, or characteristic, such as older people, faith-based groups, people from Black Asian Minority Ethnic groups etc.

Patients and the public may belong to one or more of these different types of community and may be involved in engagement with one or more organisation.

Each organisation will have its own approach to engagement to reflect different needs and requirements. Whilst individual organisational strategies may differ, the guiding principles and standards that underpin the engagement activity should share common principles and standards that reflect the vision for PPE by the HWBB.

To reflect its commitment to PPE and to achieve its vision for engagement the HWBB has set the following aims, principles and standards to be implemented in any engagement activity by the board and its member organisations.

Aims:

1. All organisations, partnerships and sectors represented on the HWBB have a common understanding of and commitment to PPE and use clear and agreed standards for engagement
2. All key partners share and maximise their knowledge and resources for PPE
3. All individuals and communities understand how they can shape and influence services that affect their health and wellbeing and are given the opportunity to do so
Key principles for engagement

The HWBB has adopted the following key principles which underpin its engagement activity:

- Engagement will be woven into the culture of the board throughout its work;
- There will be different types and levels of appropriate engagement depending on the situation;
- Patient and public engagement will be the business of every board member;
- The board has a responsibility to ensure effective engagement is embedded within its day-to-day business and is taking place through the commissioning and delivery of services;
- Patient and public engagement will influence decision making;
- Engagement activities will be informed by evidence of what works; and
- The effectiveness of patient and public engagement will be rigorously evaluated involving local communities concerned.

Standards for patient and public engagement

1. Planning and Resources

Clarity of Purpose
Before beginning any engagement activity, we will be clear about why it is happening, what we want to achieve, which engagement activity we will use, who we are seeking to engage with, what can and cannot be influenced, how we will use the information gathered through the engagement activity and what the benefit of being involved will be.

Evidence Base
We will use all available research, knowledge and community intelligence to help us plan engagement activities. We will not carry out engagement activities if the information we need is already available.

Timing
We will allow sufficient time to design and carry out engagement activities that are inclusive and encourage participation from all affected communities. We will also allow sufficient time to ensure that the results of engagement activities can shape our policies, plans and services and that we can ‘test back’ with communities what they have told us. When timing for activity is set for us by another, for example, national government, we will clearly communicate this to participants.

Resources
We will plan engagement activity carefully in accordance with what the activity seeks to achieve and in the context of available resources and will communicate any constraints clearly. We will recognise the need to resource practical support that helps people to be involved. This includes ensuring participants have access to timely, relevant information and where appropriate access to training and development.
2. Communication and Partnership Working

Communication
We will always be open, honest, and accountable when sharing information and responding to contributions from all participants. All communication will be jargon free and relevant to the intended audience. We will seek to use a wide range of methods to maximise the opportunity for communication between communities and partners. We will clearly communicate how participants can seek redress if they are unsatisfied with the process. We will also communicate between partners to create joined-up engagement activities and avoid duplication of effort.

Partnership
We will work in partnership with other organisations when and where they have additional or greater expertise, knowledge or experience about engaging with specific communities, with particular recognition of the knowledge and expertise of the voluntary and community sector. Healthwatch Stoke-on-Trent in particular will be a key partner. The independence of the voluntary and community sector will be respected and recognised in all partnership working.

Quality
We will work to ensure that staff responsible for engagement have the skills and capacity to achieve high quality engagement. Equally, we will work to ensure that communities have the opportunity to develop their skills and capacity to engage if they wish.

Accessibility
We will support a variety of engagement activities to reflect the diversity of the communities in Stoke-on-Trent. We will be flexible and responsive to the ways that the community wants to engage with us. We will recognise the need to make engagement both formal and informal at different times and for different people and purposes. We will provide practical support to help overcome barriers that some individuals and communities may face to engagement, particularly vulnerable and seldom heard groups in order that they are represented in all engagement activity and not just single issue activity.

3. Feedback and Learning

Feedback
We will provide feedback to the community about the engagement activities we carry out and will explain how the community’s input contributed to the decision-making process. We will explain how and when we will provide feedback to the community at the same time as we carry out the engagement exercise. We will also make the feedback as widely available as possible.

Monitoring & Review
In partnership with stakeholders, we will monitor and review the engagement activities we carry out to ensure that all sections of the community have the opportunity to engage should they choose to, particularly those whose voices are often not heard, and change our practices accordingly. We will learn from our own practice.