



healthwatch
Brent

Healthwatch Brent: Engagement Strategy 2021-22



Introduction

Healthwatch Brent is committed to engaging with the diverse population of Brent to hear their experiences. Our organisational strategy sets out how we collate and theme those experiences, raise them with providers and commissioners, and bring about improvements.

The engagement undertaken by Healthwatch Brent is approached in three ways

- Continuous Engagement
- Focussed Engagement
- Projects

These are detailed below.

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 an online form on the website
- › Via email
- › Via our freephone number
- › Face to face to staff and volunteers at events and engagement on the high street when safe to do so.

We use a continuous engagement approach; capturing permissions to add people to our engagement database so we can contact them again about their experiences of other services. By doing this we develop a bank of patients and public we can contact during other projects and surveys.

This engagement is open to everyone and we work in partnership with local organisations and events. Recently this has been by attending the Vaccination Bus and other stakeholder events that are being planned as lockdown eases.

Focussed Engagement

We have used Brent Council's detailed data on the make up of each ward to understand the communities in the borough. We have produced a plan which focusses on each of these communities in turn, to ensure we plan our approach and use the right languages and community assets to reach people in those communities. The order is decided by approaching the largest communities and/or highest health inequalities first in certain wards.

| Plan order | Ward | Target Audience |
|------------|-------------------------------------|----------------------------------------------------------|
| 1 | StoneBridge, Harlesden | Black African and Caribbean |
| 2 | Stonebridge, Willesden Green | Those experiencing health inequalities and/or disability |
| 4 | Wembley Central, Kenton, Queensbury | Indian |
| 5 | Dollis Hill | Pakistani |

| Plan order | Ward | Target Audience |
|------------|---------------------------|-----------------|
| 6 | Barnhill, Fryent | Arab |
| 7 | Queensbury, Preston | Romanian |
| 8 | Wembley Central, Alperton | Portuguese |
| 9 | Alperton | Polish |
| 10 | Willesden Green | Italian |

As each group is a broad category, we will break down each category so we ensure we are using the appropriate languages and methods of contact.

We ensure we work with local community and voluntary sector partners, to maximise existing connections and knowledge. We will make online and printed materials available in a sufficient range of languages to reach the majority of people in those communities.

We ask for more detailed equalities monitoring information, encouraging people to self identify their culture and preferred language. As mentioned previously, we ask for permission to retain peoples details and contact them again in the future about relevant issues, thus developing a continuous engagement approach.

We use a project management approach to engagement planning with a template set of activities we use to ensure a systematic approach:

| Stage | Action |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |
| 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 |
| 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 |
| 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 |
| Engagement | Engage with the communities and groups |
| Collate feedback | Input hardcopy forms into online survey or database |
| Analyse feedback | Pull out key stats and themes |

| | |
|--------------------------------------------|---------------------------------------------------------------------------------|
| Produce report on themes | Short report on process and themes |
| Publish report and share with stakeholders | Publish on website. Ensure key stakeholders from comms plan receive a copy |
| Update everyone who contributed | Emails to everyone with a copy of the report and where else it has been shared. |
| Diarise follow up on any recommendations | |

Projects

Projects are larger pieces of work, identified by the Healthwatch Brent Advisory Group as set out in our Prioritisation Process. They are about specific services for example A&E or care homes, or specific conditions such as mental wellbeing or diabetes.

Priorities are selected from what we hear from the public, voluntary and community sector and health and social care providers and commissioners. We work with the services involved and commissioners to understand the issues and challenges, and then use surveys, face to face engagement and our statutory power to enter and view services to hear people's experiences, along with their carers, families and the staff involved in the service. We target project engagement at people who use the service or may have the condition.

We then publish a report on our findings along with any recommendations, and work with the provider and commissioner to monitor how the recommendations are actioned. We regularly publish the impacts and outcomes on services that come about because of our work.

