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**ENGAGEMENT STRATEGY 2023 –2028**

Our vision: Healthwatch Bristol, North Somerset and South Gloucestershire is a place where people’s experiences improve health and care.

Our mission: By offering all people of Bristol, North Somerset, and South Gloucestershire a strong voice, we will improve the quality of local health and social care.

Our values: Transparent, non-judgemental, independent, inclusive, dedicated to coproduction, having integrity, continually improving and following the Nolan Principles of public life.

Why we engage with the public.

The local Healthwatch remit is to create opportunities to engage with the public and collect their experiences of Health and Social Care services and share those. [What we do](https://www.healthwatch.co.uk/what-we-do) . Since our eight functions were set by the 2012 Health and care Act, health and care systems have been on a journey, and we continue to encourage them to achieve an improvement culture based on the integration of public feedback on quality, access and experiences of care. [Integrated Care Systems](https://www.england.nhs.uk/wp-content/uploads/2021/06/B0661-ics-working-with-people-and-communities.pdf) (ICS), set up in 2021 are guided by NHS England about the importance of working with people and communities, using insights and building them into designs for local health and care, including the priority of tackling systemic, unfair and avoidable differences in health resulting from lack of access, information or good quality care. Healthcare inequalities are especially prevalent amongst people who experience exclusion.

Healthwatch BNSSGs public feedback is collated as a quarterly report called *Local Voices*using the Power BI app and emails to the ICS, providers, commissioners and decision makers. Our ICS’s [People and Communities Strategy](https://bnssghealthiertogether.org.uk/library/people-communities-strategic-framework/) references Healthwatch's work to bring the voice of Lived Experience to achieve outcomes. In 2022 the BNSSGs ICS outlined strategic opportunities in [Our Future Health](https://bnssghealthiertogether.org.uk/wp-content/uploads/2022/11/OurFutureHealth-Sept-2022.pdfhttps:/bnssghealthiertogether.org.uk/wp-content/uploads/2022/11/OurFutureHealth-Sept-2022.pdf). In 2023 they published a [strategy](https://bnssghealthiertogether.org.uk/about-us/integrated-care-system-strategy/) listing their priorities. These markers, and the three Local Authority Health and Wellbeing Board [aims](https://democracy.bristol.gov.uk/documents/s90074/Joint%20Local%20Health%20and%20Wellbeing%20Strategy%202023%20Update.pdf) help us to direct our outreach and engagement with communities and in-reach into relevant meetings and forums.

Our work planning considers local evidence of need and national data sets that evidence issues which affect large numbers of people in the local population and the most excluded. For this reason, in 2024 we will include evidence from NHS England programme Core20plus5, in our planning, whose adult mandate defines a target population cohort and ‘5’ clinical areas requiring accelerated improvement, cancer diagnosis, mental health, hypertension, maternity and respiratory.

Our *Local Voices* data helps us to make decisions on equalities projects each year. This process, undertaken by our Prioritisation Panel leads to equalities research and published reports, evidencing recommendations to improve service quality, effectiveness and access. We track the outcomes and impact for our communities, publishing these in [annual reports](https://www.healthwatchsouthglos.co.uk/report/2023-07-04/annual-report-20222023) and our websites.

From 2024 we will pivot our engagement and commit **half of our 120-hour a week capacity** with ‘least heard from’ communities’. We will continue working across the wider population using our remaining capacity to manage broad engagement to bring about the wider change we set out in our vision. (see page 5)

Engagement methods

Our engagement with communities occurs in a variety of contexts. The majority are created as opportunities to collect public comments related to NHS and Social Care services. We elicit these through our engagement officer face-to-face work, and through online communications (Healthwatch BNSSG [communications strategy](https://www.healthwatchnorthsomerset.co.uk/report/2023-04-23/healthwatch-bnssgs-communications-strategy-2023-2024)) by email, post and telephone. Since mid-2023 we have a walk-in Public Engagement Hub in The Galleries Shopping centre, open five days a week.

The geography and population makeup of each area are relevant to planning appropriate engagement methods. In South Gloucestershire, where we have historically seen the least feedback, we will step up face to face engagement by building a stronger volunteer team and target additional communications through social media, print and website posting.

We collect demographic information from the public in line with best practice. We use this to understand how health and care issues impact on the dimensions of health inequality by categorising feedback into themes and subthemes.

Our project research focusses on precise target groups to gather their experiences and measure access and quality information. Engagement processes are achieved using surveys and semi-structured interviews or focus groups. They use tools such as Equality Impact Assessment, Theory of Change and stakeholder mapping.

A set of coproduction [principles](https://www.healthwatchbristol.co.uk/advice-and-information/2022-01-26/working-together-co-production-bristol) is described in our HW BNSSG Coproduction Toolkit. We elicit the early involvement of the public and voluntary sector stakeholders to steer projects, influence survey questions and develop recommendations. Coproduction colleagues are an essential part of all stages, from the creation of a projects focus to achieving outcomes and impact. We reimburse people individually and/or as a service-user group or organisation.

Our partners

We have statutory seats on Health and Wellbeing Boards and Scrutiny Committees, attend the BNSSG System Quality Group and the Integrated Care Partnership and Board, and contribute to Locality Partnerships. More recently we are sharing data to workstreams in the Health and Care Improvement Groups, the Research Engagement Network and the ICB Transformation Hub. In 2024 we will improve our links with academic colleagues by collaborating in a Research Innovation Network.

A close-working arrangement between Healthwatch BNSSG and the VCSE Alliance as it develops will support the health and care system to understand and react to the needs of our communities. We offer training for coproduction, support to engage and pool public insights, and the utilisation of our statutory remit to involve service-users in improving services. We aim to expand routes for public sources of evidence to make qualitative engagement insights part of the architecture of local change.

**Key elements in our engagement strategy in 2024**

* analysing our current public data to understand gaps
* spending more time listening to under-represented groups
* developing long-term trust by immersing ourselves with a range of ‘least heard from’ communities
* undertaking stakeholder analysis as a routine, improving our collaboration, reducing duplication and targeting our outreach & engagement
* Working more creatively in partnerships
* Representing more ‘inclusion‘ voices from our residents of BNSSG
* Strengthening the use of insights in local decision making

Our Power BI dashboard

Our dashboard developed in 2023 is helping us collate and share public feedback, and directs our engagement resources so that we address gaps in representation. We use ours and others’ data, needs assessments and regional profiles. Widening disparity can be seen amongst people with protected characteristics like age, disability and ethnicity, or due to long-term or multiple conditions. It includes socio-economic, financial deprivation, or geographic isolation. Our [Equality, Diversity, Equity and Inclusion Policy](https://www.healthwatchbristol.co.uk/report/2023-12-05/healthwatch-bnssgs-equality-diversity-equity-and-inclusion-policy) outlines inclusive practice that guides the way we work.

Locality partnerships (LPs).

We collaborate with LPs by understanding their area profiles and networks (See Appendix 1) and sharing engagement expertise and data. As these networks build, we will direct our engagement to where health inequalities are prevalent and help to tailor hyper-local work.

Health inequalities

These are identified across four main categories:

* socio-economic factors (income)
* geography (region, rurality)
* specific characteristics (for example sexuality or ethnicity)
* socially excluded groups (sex workers, asylum seekers or those experiencing homeless).

The effects of inequality are multiplied for people who have more than one type of disadvantage. Men with multiple conditions and/or who live in the most deprived areas of North Somerset can die ten years earlier than those in the least deprived areas.

Risk of dying associated with multiple conditions is higher across BNSSG for Pakistani, Black African, Black Caribbean and other Black ethnic groups compared with White ethnic groups.

The recent census shows BNSSG is changing, in age profile and ethnic mix and these factors influence our engagement planning. The diverse city of Bristol has a population made up from 22% non-white communities where 6% are Black, 6% are Asian, 4% are Mixed and 1% are ‘Other’ ethnicities.

Between 2019-2023 we have supported more people to have their say than ever before and expanded our networks and partnerships. In 2024 as health inequalities pervade and persist, people face cost of living pressures and interact with stretched public services, our focus is shifting.

We recognise health Inequalities are significantly worse amongst members of ‘least heard from’ groups. Population data tells us that the impact on both life expectancy and disability-free life expectancy is greatest for people with serious mental illness and physical health conditions. On average, their lives are cut short by 17 years compared to the general population. Most of this is because of a combination of preventable physical illnesses and deprivation.

In 2023 Healthwatch's staff, volunteer team and Board have had training in the five conditions identified by the Core20plus5 programme. We have supported a group of experienced volunteers to run a pilot to make connections with these communities. This work will be evaluated in 2024 to build engagement planning, trust with least heard from groups and forge stakeholder partnerships.

Useful links.

1. <https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/health-inequalities#:~:text=Health%20inequalities%20are%20experienced%20between,groups%20(people%20who%20are%20asylum>

2. <https://www.bristol.gov.uk/files/documents/4802-north-and-west-bristol-locality-partnership-health-profile-2022/file>

3. <https://www.bristol.gov.uk/files/documents/4801-inner-city-and-east-bristol-locality-partnership-health-profile-2022/file>

4. <https://bnssg.icb.nhs.uk/wp-content/uploads/2023/02/South-Bristol-Priorities-2023-28.pdf>

5. <https://bnssg.icb.nhs.uk/wp-content/uploads/2023/04/Woodspring-Locality-Partnership.pdf>

6. <https://www.n-somerset.gov.uk/sites/default/files/2021-11/Health%20and%20Wellbeing%20Strategy_web-acc.pdf>

7. <https://www.ons.gov.uk/visualisations/censusareachanges/E06000025/>

8. <https://www.bristol.gov.uk/files/documents/1840-bristol-key-facts-2022/file>

9. <https://n-somerset.gov.uk/sites/default/files/2022-04/JSNA%20support%20and%20safeguarding%20spotlight%20report_0.pdf>

10. <https://beta.southglos.gov.uk/key-facts-and-figures-about-the-area>