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Appendix 1

How did we engage

The Think Healthy consultation's success depended on meaningful engagement to gather patient experiences. For the duration of the consultation, the Healthwatch Derby team has engaged with or attended events at the following organisations to discuss patient experiences, and have spoken to members of the public, carers, service users, staff, support group organisations about their experiences of accessing services at the Trust. Some of the groups visited were:

- Cancer Self-help and Support Group
- Carers Ambassador Group
- Coping Derbyshire Chronic Pain Support Group
- Derbyshire Voice
- Ladies Group at the Indian Community Centre
- Mental Health Action Group (MHAG)
- Transition 2
- Mental Health Forum



(Healthwatch Derby & Mental Health Forum Partnership Meeting, 14th August 2014)

As well as working with or visiting these groups, the Healthwatch Derby team has also run or attended regular engagement events at the following organisations and establishments:

- Allenton Library
- Alvaston Library
- Blagreaves Library
- Central Library
- Chellaston Library
- Derby City Council
- Eagle Centre Market
- Kingsway Hospital
- Mackworth Library
- Mickleover Library
- Spondon Library
- Royal Derby Hospital

The team has also attended a number of consultation events, forums and special events, these have included:

- British Deaf Association film for users of British Sign Language (BSL)
- Carers Ambassador Event
- Dementia Awareness Event
- Derby Engagement Networking Forum
- Derby Hospitals Derby Winter Listening Event
- Derby Integrated Sexual Health (DISH) consultation and Equality Impact Assessments (EIA)
- Derby Men's Health Forum
- Emotional eating awareness event All Nations for Christ Church
- Learning Disability Partnership Board
- Mandela Centre re-launch
- New Communities Networking Forum
- Our Voice
- Out Derby
- Royal Derby Hospital Focus Group Trauma and Orthopaedic Ward
- Stroke event at the Indian Community Centre
- Your Life your Choice consultation

The Healthwatch Derby team has undertaken 10 specific outreach sessions at the Trust's service points. The aim of these sessions was to gather feedback from the Trust's patients and for some of them to complete the Think Healthy survey. Morning sessions of three hours took place at the Radbourne Unit, Resource Centre Day Hospital and St Andrew's House. At the Radbourne Unit we were based in Jackie's Pantry, a relaxed environment where patients can come and go for recreational

activities, something to eat in the café or just to relax with fellow patients or visitors. One session at the Radbourne Unit took place in the evening (25th September 2014 6:30pm to 8:30pm) as we were advised by the Trust that often the patients are more relaxed in an evening and that we would probably be able to also speak to some visitors. We also spent eight hours at the Hartington Unit in Chesterfield (7th October 2014, 11am to 7pm). We were located in The Hub, similar to Jacky's Pantry, and were also invited to undertake food tasting of the patients' lunch menu.



(Healthwatch Derby Stall – 4Es, Think Healthy)

We also attended the Trust's own engagement platform the 4Es, and held a stall, as well as take part in 4E presentations. There were several meetings with key partners such as the CQC, and clinical commissioning groups (Hardwick & Southern Derbyshire). We also attended the mental health stakeholder event in Belper, as well as meeting substance misuse commissioners, and support groups such as Lauren's Link. Our engagement with the Trust also saw us attending the launch of the mental health street triage unit. Opportunities to explore and gather patient voices were fully utilised leading up to the consultation, and during the consultation period with a view to including as many voices as possible through our diverse outreach, forums, meetings, networking, and other engagement activities.

Social media

Healthwatch Derby generated interest for the consultation and its various platforms through the use of social media in the period July to the end of October 2014. Some highlights included

Twitter was abuzz with regular updates about our consultation which included details of outreach, workshops, survey links as well as health issues in the news. A news article tweeted about self harm in mental health patients (August 2014) received 1030 views and 8 retweets. Another article tweeted related to mental health waiting time targets (October 2014) linking in with Think Healthy generating 601 views with 4 retweets. Our tweets about the workshops were widely viewed. Our website in the consultation period received over 200 views, with Facebook totalling 140 views in this period. Our Healthwatch Derby blog received 122 views in the duration of the 'Think Healthy' consultation.

Limitations and barriers

No consultation can confidently claim to be wholly and successfully representative either of the groups of people it seeks to consult, or the services it aims to fully review. Think Healthy had an ambitious proposal to try and capture extensive feedback using a combination of methods. However, the Trust has in excess of 90 services, and Healthwatch Derby only has a team comprising 7 full time members of staff. This means, logistically we would not be able to cover all of the Trust's services to the extent a fully commissioned piece of consultation could do. This consultation is not funded by the Trust, although the Trust has generously provided internal venues and hospitality (food taster) for two workshops, and has paid the Indian Community Centre directly for venue and hospitality of the third workshop. No other moneys have been paid to or requested by HWD.

Consultations by their nature are sometimes seen as a means of inflicting unnecessary changes into a system that is currently working, or perceived as working internally by staff. In the current climate of funding cuts, and wholescale reorganisation of NHS bodies, there is understandably an element of fear and scrutiny associated with service reviews. The HWD team came across this barrier in its attempts to fully engage and involve all parts of the Trust.

Attempts were made at various stages of the consultation to provide information and publicise the consultation Trust wide. However many of

our excursions into Trust services found a level of resistance to the consultation, this was evident in some services being totally unaware of a consultation actually taking place. This may be reflected in the number of feedback we received from specific areas of the Trust.

We are also aware that Healthwatch Derby is primarily focused on the services within the city, and the Trust serves the whole shire. Think Healthy was an aspirational project for us, as the Trust does have its headquarters here in Derby, with quite a few services located in Derby city. We have reached out to the shire through our engagement leading up to and during the consultation period – we have visited and attended support group engagements in the shire (Derbyshire voice, MHAG forum, Belper stakeholder event), we have also carried out outreach at the Hartington Unit. It is also worth noting that a good consultation needs to be timely, and we had a strict deadline to follow which meant we tried and concentrated on as much as was practically possible – falling within realistic engagement and reporting streams. We wanted residents in the shire to feel included, and their views were sought through our surveys, and through active promotion of our generic Think Healthy workshops being open to all those who accessed services, carers, staff, or anyone else who felt affected by services at the Trust in the city or shire. We had a very good turnout of attendees for all three workshops, and quite a few delegates attending were from the shire. To the best of our intentions the consultation was designed to be inclusive and meaningful to all.

It is also important to recognise an ownership of services, and an unfamiliar new body given access to service users will cause a certain amount of anxiety. As part of the final report we would like to acknowledge that barriers do exist, and can only be removed by being open to independent feedback of what the Trust best, and where it needs to improve. Ultimately the Trust does not exist for itself, rather it has been structured and designed to serve the most vulnerable. HWD will continue to champion patient voices, and work in collaboration with the Trust.

