**NHS Sheffield CCG Engagement Plan for pre-consultation engagement with communities**

**Background**

During 2015 and early 2016, a variety of events and surveys were carried out by the CCG team and staff at Healthwatch Sheffield to understand the experiences of people who utilise urgent care services in the city. Pre-consultation engagement was then carried out in February and March 2017 with specific communities who could be affected by changes to the Walk-In Centre particularly, these included:

* People with no fixed abode (including refugees, asylum seekers and travellers)
* People dependent on drugs and alcohol
* People living in deprived communities (particularly Lowedges, Sharrow and Darnall)
* City Workers
* Students

Between September 2017-January 2018, a full consultation with stakeholders, members of the public, patients and carers was undertaken. A decision was taken in October 2018 not to implement the proposals and to re-consider options. This has provided an opportunity to target communities who we haven’t heard from in large numbers previously, particularly those who are ‘harder to reach’ and to ensure that the information we received from other communities during the previous engagement, from 2015 onwards, is still current.

**Aim of this plan**

To describe engagement activity that we plan to undertake in January and February 2019 with specific communities and the general public, to help inform future plans.

**Methodology**

We intend to utilise links with existing services, who have established support, therapeutic and signposting relationships with people who belong to the target groups. Some of those organisations will be part of the Voluntary, Community and Faith sector in Sheffield and others will be statutory services such as the NHS, local authority and Healthwatch Sheffield.

**Outcomes**

The information that is gathered will be used to understand how people are using the urgent care system, what could be improved and what should be prioritised. This will help inform future planning.

**Resources**

CCG staff, from the Urgent Care, Quality, Communication and Engagement teams, will be required to support this work. This will involve: developing materials (including questionnaire and written messages); contacting and talking to community organisations about the aim of this work, the journey so far and establishing the best way of engaging with target communities they are in contact with; undertaking conversations and recording feedback; analysing data and compiling a report of the findings.

| **Community Group** | **Possible Access routes** | **Reason** | **Methods** | **Resource requirement** |
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| Community in Lowedges, Batemoor and Jordanthorpe | Terminus Initiative,  Local Faith organisations, GP surgeries, Schools and nurseries, Tenants and Residents Association | Area of deprivation and geographically remote from NGH site, particularly on public transport. Limited engagement previously (11 responses during 2017 engagement, some feedback via Louise Haigh during consultation) | Conversation clubs, lunch clubs, faith group meetings, newsletter articles (e.g. via schools to parents, from the Terminus Initiative), questionnaires in GP surgeries, Terminus Café etc | Staff time + Budget: To pay for room hire, refreshments, incentive for community organisations if required, print materials etc |
| Communities in Stocksbridge and Outibridge | Community Forums, Library, community groups | Geographically remote from secondary care services and unique challenges regarding transport | Guided by staff with direct links to the community | Staff time + Budget: To pay for room hire, refreshments, incentive for community organisations if required, print materials |
| Roma and Slovak Community, Traveller community | Darnall Wellbeing, LA team (DWB has established links with this community but as their reach is wider they will be able to engage with other communities such as Pakistani Community, people who live with respiratory conditions, and other LTCs, people with disabilities etc) | Information received during engagement in early 2017, unable to target this group during consultation due to lack of capacity at Darnall Wellbeing) | Guided by staff with direct links to the community | Staff time + Budget: To pay Darnall Wellbeing for their input and capacity if required |
| Pakistani Community | Pakistani Muslim Centre, Faithstar, Mosques, BME worker at the Carers Centre, Darnall Wellbeing | Information from A&E and MIU about usage | Guided by staff with direct links to the community | Staff time |
| People who live with respiratory conditions | Breathe Easy groups, local British Lung Foundation networks, GP surgeries (perhaps targeted communication to patients in LBJ) | Information from A&E and MIU about usage | Group meetings, newsletter articles, flyers, questionnaires etc | Staff time |
| People who are likely to break /dislocate joints | Sports and leisure centre, Football academies, running clubs, other sports clubs  Frail elderly | Information from A&E and MIU about usage | Information in venues – flyers, questionnaires etc | Staff time |
| Deepend Practices | Contact with Deepend Practice team and overarching project group | Broad reach into areas of greater deprivation – keen to hear from communities beyond those being targeted specifically due to their geographic or demographic significance to this project | Guided by staff with direct links – case studies | Staff time |
| People with physical impairments and mobility challenges | Disability Sheffield Advocacy Service, The Centre For Independent Living, AccessAble venues, Sheffield Carers Centre, Disability Information Service (DIALs) | Didn’t distinguish between physical and learning disability or sensory impairment in previous consultation, nor people who live with mental health conditions - heard from 331 people via main consultation document, 161 via telephone survey control group (both 15% of total responses) and 432 in the specific postcode survey (41%) | Information in venues – flyers, questionnaires etc, Online – Twitter, facebook etc | Staff time |
| People with learning disabilities | Mencap, Community learning disabilities team, | Guided by staff with direct links | Staff time |
| People with mental health conditions | Flourish, MIND, SunRise, Older adults mental health recovery team, Early intervention services, | Guided by staff with direct links | Staff time |
| People living with sensory impairment | Deaf Advice Centre via Citizen’s Advice Centre, Sheffield Talking News, Sheffield Royal Society for the Blind | Guided by staff with direct links | Staff time |
| Homeless community | Homeless Health Service, Cathedral Archer Project, Nomad, Salvation Army, Ben’s Centre, Devonshire Green | Different messages received between pre-consultation engagement and consultation (and from Nomad?) | Guided by staff with direct links | Staff time |
| Students | Student Access to Mental Health Support (SAMHs), University Student Union (Hallam and SU), Communications team in Student Services | Continue the dialogue with students, due to the transient nature of demographic and due to high use of services | Guided by staff with direct links – Online traffic via Twitter, Facebook etc  (PM to contact SU staff to arrange on line distribution of questionnaires or specific questions via personal email system). Beach Hut opportunity | Staff time |
| People with experience of substance misuse | Drink Wise, Age Well, AddAction, DACT, Change Grow Live, | Low numbers contributed to the consultation, pre-consultation engagement reached low numbers of people directly and concentrated on service staff feedback | TBC – Guided by staff with direct links | Staff time |
| Parents | Schools, Nurseries, Parent groups, Sheffield Parent Carer Forum, Local online forums, Surestart Children’s Centre, Shipshape | Continue to receive feedback from parents, particularly those using multiple services | Online, Newsletters, flyers, ‘GP or A&E?’ course at Shipshape | Staff time |
| Users of service at the Walk In Centre, Minor Injuries Unit, Adult A&E, Children’s A&E | Offer Healthwatch the opportunity to undertake in-situ 1-2-1 interviews with patients and carers | To help meet the Healthwatch strategic objectives and update information collected and collated in 2015/16 | Questionnaires 1-2-1 semi-structured interviews | Healthwatch proposal / discussion re: their priorities initially  Request proposal to complete the work |
| General Public | Website, Twitter, Facebook etc | Offer general opportunity to have their say | Online | Staff time |