

INNOVATIVE APPROACH TO STAKEHOLDER ENGAGEMENT¹

This case study describes the comprehensive and innovative approach that this PCT has taken to stakeholder engagement. It reflects the commitment of the organisation to putting stakeholder engagement at the heart of the work that they do. It outlines an approach that builds a strong ongoing relationship with the population served rather than engaging in episodic 'consultation' exercises and looks at creative ways of harnessing existing PCT resources to support this work.

Liverpool Primary Care Trust

Liverpool PCT was formed in October 2006 as the result of the merger of the three primary care trusts that had formerly served the city. From the start, we took the view that commissioning should be a mainstream activity of the trust, not the sole responsibility of a 'traditional' director of commissioning. The structure of the PCT breaks commissioning into its component parts: health outcomes, public health and health improvement, planning and strategy, medical and nursing, and stakeholder engagement.

Activities are managed under three core functions:

- the strategic commissioning unit
- business support (HR, Finance, Information and Contracting)
- arms length provider arm

The health of Liverpool's people is generally worse than that of people in other parts of the country, and there are also marked health inequalities between different parts of the city and different groups within Liverpool. As a new PCT our immediate priority was to develop our Outside of Hospital strategy. At the same time, two of the city's hospitals and the mental health trust have been developing their plans for the future, plans which will involve a shift to more community based services. We recognised that we could not do this without fully understanding the needs and wishes of our communities.

At Liverpool Primary Care Trust we put stakeholder engagement at the heart of our work. And for us stakeholder engagement is not a euphemism for consultation – it's a

¹ Case study drawn from 'Towards World Class Commissioning: Engaging Stakeholders' Liverpool PCT and interview with lead for stakeholder engagement

systematic process that is driving commissioning, underpinning strategy development and playing a pivotal role in our efforts to tackle health inequalities.

Stakeholder engagement is not about giving patients and the public a list of options to choose from – it's about drawing them in right from the start so that their views, needs and ideas shape those options and the services that flow from them.

Stakeholder engagement is led from the top of the organisation – we have a Board level Director of Stakeholder Engagement and we have a directorate of stakeholder engagement based in our strategic commissioning unit – but based on work on the ground carried out mainly by our social inclusion and community engagement teams. Alongside these functions sit the expertise of our innovative social marketing department and an effective communications team.

Oversight is through a subcommittee of the main board. The purpose of stakeholder engagement is to work with local people and organisations to resolve important local healthcare issues. The PCT does not enter the process with preconceived ideas about 'what's best' – it provides the context for discussion and ensures that the views that feed into the process are genuinely representative of patients and the public.

Stakeholder engagement is based on knowing who our stakeholders are. Up-to-date knowledge of the community ensures that the views we hear are representative and that we have good intelligence about service needs.

We work directly with people and organisations in Liverpool in a number of ways, but two teams in particular have been crucial in developing our stakeholder engagement programme – the Social Inclusion Team and the Community Engagement Team.

The Social Inclusion Team emerged from the Asylum Seekers Support Team – a multi-lingual, advocacy and outreach team. Working with GPs and health workers, it became apparent that groups other than asylum seekers could benefit from the team's support. It has developed an excellent network of contacts, particularly with groups traditionally regarded as 'hard to reach'.

The five-strong Community Engagement team is based in the five neighbourhoods defined by the local authority. Team members keep in close contact with local groups, GP practices and patient groups. They help to promote PCT activities and initiatives and play an important role in health promotion. Each of our four practice based commissioning consortia is supported by a member of the team.

The Big Health Debate was Liverpool PCT's first major attempt to engage the public in commissioning. The objective was to help to talk to people in a meaningful way about how they would like health services to develop in Liverpool. The first stage involved a questionnaire and whilst the target was for 2000 responses, 10 000 were received. This excellent response was achieved because of the way we mobilised staff including community services staff and the community engagement team. Members of the community engagement team went to GP surgeries, local supermarkets and even bingo halls and because the team members are well known in neighbourhoods they got a positive response from local people. At the same time they used their contacts with local organisations to get the questionnaires widely distributed. The communications team also played an important role at an early stage helping to set the context for the debate in the local media and in communications with local groups.

Deliberative workshops with groups of approximately 150 people focussing on specific issues and themes emerging from the questionnaire followed. The final stage of the Big Health debate involved intense engagement both regular users of primary care and specific groups within the community (e.g. Somali women or deaf residents) through focus groups. The Social Inclusion and Community Engagement teams played a lead role in recruiting to these groups and facilitating the discussion. The emphasis here was on moving towards their hopes and fears as the basis for the strategy that emerged.

The principles developed and tested in the Big Health Debate remain at the heart of the Liverpool approach to stakeholder engagement. These include:

- A Board that takes stakeholder engagement seriously and is prepared to invest in a meaningful approach to stakeholder engagement – understanding that the benefits and rewards of this approach take time to become obvious. The corollary of this Board commitment involves ensuring that the Board is appropriately assured that issues that emerge through engagement are being systematically tackled.
- Starting with a truly open mind – but being honest about the 'givens' – there is no point engaging around something that can't change
- Stakeholder engagement and perspectives at the heart of all commissioning activity underpinning strategy development and playing a pivotal role in our efforts to tackle health inequalities.
- Careful and detailed stakeholder mapping – as a basis for the development of a comprehensive database. Understanding that one size doesn't fit all and adapting and adjusting approaches to gain access to seldom heard groups. Going out to people rather than expecting them to come to us.

- Creative deployment of staff in teams that build ongoing relationships with people and groups across the city. This includes using the 'right' staff at the appropriate times – at times this might be members of the social inclusion team and at other times leading clinicians might be the best at engaging.
- Building a base of trust with local people and groups understanding that engagement is about building ongoing relationships rather than undertaking specific consultation. Closing the communication loop – systematically going back to people and groups with 'You said ... we did'

Liverpool's track record of innovative approaches to engagement continues with the recent acquisition of a 'trailer' that is towed into different neighbourhoods across the city and serves as a locus for ongoing engagement work. The whole spectrum of staff including NEDs serve on a rota to staff the trailer and value the opportunity to hear directly the experience and needs of local people.