



<b>Report Title</b>	<b>Patient and public involvement: Co-design plan for the new Frimley Park Hospital programme</b>
<b>Meeting and date</b>	Frimley Park Hospital JHOSC 6 September 2024
<b>Agenda item</b>	3. An update on working with Healthwatch on our co-design plans
<b>Author and Lead</b>	<b>Ellie Davies Associate Director of Communications and Engagement, ICB</b> <b>Carol Deans, Director of Communications and Engagement</b>
<b>Executive summary</b>	<p><b>Purpose of this paper</b>                  The development of a new hospital is a monumental undertaking that will significantly impact our community. Building on our established commitment to equality and accessibility and to ensure that the process is inclusive, transparent, and effective, we are committed to involving local people and key stakeholders in the co-design of our engagement and consultation process. The purpose of this co-design plan is to outline a comprehensive approach for involving local people, particularly those who may face barriers to engagement, in planning how we communicate, inform, engage and consult with them throughout the life of the programme.</p> <p><b>Importance of co-design</b>                  Robust co-design will maximise the effectiveness of any engagement or consultation and minimise the chance of challenge (such as judicial review).</p> <p><b>Identifying stakeholders</b>                  In developing principles for inclusive communication and engagement, a data-driven approach has been adopted. Comprehensive local population health data and the Trust usage data, alongside demographic information such as ethnicity, gender, geography, deprivation, and health status, forms the basis of our approach to identifying stakeholders.</p> <p>A robust stakeholder mapping exercise is taking place to guarantee targeted and proportionate approaches to support the ongoing engagement activities.</p> <p><b>Co-design methodology</b>                  To ensure consistency and depth in these conversations, we will employ a 'structured conversation' methodology. This approach will facilitate systematic and comprehensive discussions, allowing us to capture detailed insights and specific needs from community leaders and representatives.</p> <p>In addition to the targeted co-design work, we will develop a public survey to capture the views of the broader public. This survey will help us gather a wide range of perspectives on how to effectively engage and involve the community in the hospital programme.</p> <p><b>Involvement of Healthwatch</b>                  Independent facilitators from Healthwatch will be engaged to lead these conversations. These facilitators bring the necessary skills, expertise and understanding of cultural sensitivities to navigate complex community dynamics and ensure that all voices are heard and respected.</p> <p>A full report and evaluation summary will be produced on the form of an independent report from Healthwatch Surrey, alongside analysis of the public survey results that will be carried out by the New Hospital Programme Communications and Engagement Team.</p>

	<p><b>Launch and timeframes</b></p> <p>The Trust and ICB will work in partnership to promote the survey for a minimum of four weeks. The survey will be promoted via numerous external and internal channels, including websites and the New Frimley Park Hospital newsletter. Healthwatch will complete their conversations within the four weeks as well.</p>
<p><b>Action</b></p>	<p>The JHOSC are asked to endorse the Co-design plan and to acknowledge and support the following recommendations:</p> <ul style="list-style-type: none"> <li>- Co-design activity takes place ahead of any engagement or consultation activity to ensure a robust approach that reaches all parts of our community.</li> <li>- Independent facilitators (Healthwatch) should be engaged to lead conversations and produce a summary report which will be shared at a future meeting.</li> </ul>

# Patient and public involvement

## Co-design plan for the new Frimley Park Hospital programme

### 1. Introduction

**Purpose:** The development of a new hospital is a monumental undertaking that will significantly impact our community. Building on our established commitment to equality and accessibility and to ensure that the process is inclusive, transparent, and effective, we are committed to involving local people and key stakeholders in the co-design of our engagement and consultation process. The purpose of this co-design plan is to outline a comprehensive approach for involving people, particularly those who may face barriers to engagement, in planning how we communicate, inform, engage and consult with them throughout the life of the programme.

**Importance of co-design:** Engaging in a co-design process for our engagement and consultation strategy is crucial for several reasons:

- **Inclusivity and accessibility:** Our community is diverse, including individuals who speak English as a second language, those with learning disabilities, individuals with additional communication requirements, and members of seldom heard communities. Recognising and addressing these diverse needs will ensure that our engagement process is accessible to as many people as possible. We can also use the process to identify and mitigate potential barriers to engagement.
- **Insight, ownership and trust:** Our local communities have valuable insights and experiences that can inform the development of more relevant and effective engagement methods. Their input helps us to design approaches that resonate with, and are practical for, the community. When actively involved in the planning process, they are more likely to feel a sense of ownership and trust in the programme. This fosters stronger relationships and encourages ongoing participation.
- **Reducing health inequalities through targeted engagement:** Co-designing our engagement process with those in the most deprived areas facing significant health inequalities will ensure that their specific needs and challenges are addressed, contributing to more equitable health outcomes.

### Outcomes:

- **Enhanced engagement strategies:** Development of tailored engagement and consultation methods that effectively address the specific needs of diverse community groups, leading to higher participation rates and more meaningful input.
- **Increased community trust and ownership:** Strengthened relationships between the hospital programme and the community, fostering a sense of trust, ownership, and commitment to the project's success among stakeholders.
- **Improved accessibility and inclusivity:** The ability to implement accessible and inclusive communication practices that ensure all community members, including those with language barriers and disabilities can be well-informed and actively involved in future engagement processes.

## 2. Identifying groups for in depth conversations

In developing principles for inclusive communication and engagement, a data-driven approach has been adopted. Comprehensive local population health data and the Trust usage data, alongside demographic information such as ethnicity, gender, geography, deprivation, and health status, forms the basis of our approach. This ensures that our engagement efforts are tailored to the unique needs of the diverse Frimley population.

Furthermore, a robust stakeholder map is being developed to guarantee targeted and proportionate approaches to support the ongoing engagement activities. By identifying and understanding key groups and stakeholders, we aim to ensure that our efforts are impactful and responsive to the specific concerns and aspirations of different groups within the community.

**Key groups:** The following groups have been identified as those that are most likely to face barriers to engaging with the new hospital programme using traditional methods.

- Those who speak English as a second language
- People who face language or literacy barriers
- Those with learning disabilities
- Those with additional communication requirements
- Unpaid carers
- Seldom heard communities
- Parents and carers with young children
- Young people
- Those in deprived areas facing significant health inequalities

## 3. Co-design methodology

The co-design process for our engagement and consultation strategy is focused on obtaining meaningful input that will enhance our broader communications and engagement efforts for the New Hospital programme. Unlike traditional engagement methods that aim to reach large numbers of people, this process is targeted and emphasises quality conversations with individuals who have in-depth knowledge of and strong connections to their communities. These stakeholders include community and voluntary sector leaders, representatives from seldom heard communities, and those working closely with individuals who face significant health inequalities.

To ensure consistency and depth in these conversations, we will employ a 'structured conversation' methodology. This approach will facilitate systematic and comprehensive discussions, allowing us to capture detailed insights and specific needs from community leaders and representatives. Independent facilitators, from local Healthwatch organisations, will be engaged to lead these conversations. These facilitators bring the necessary skills, expertise and understanding of cultural

sensitivities, to navigate complex community dynamics and ensure that all voices are heard and respected.

In addition to the targeted co-design work, we will develop a public survey to capture the views of the broader public. This survey will help us gather a wide range of perspectives on how to effectively engage and involve the community in the hospital programme. By combining in-depth, targeted conversations with broad public input, we aim to create a robust and inclusive approach that reflects the diverse needs and preferences of our entire community. To promote the survey, a multi-channel approach will be used, including social media, community newsletters, websites and working with local media.

Key stakeholders will also continue to be informed of progress throughout the co-design phase. As part of our continued commitment, we will inform JHOSC, MPs, and leaders of councils of the plan and intentions via existing meetings and bespoke briefings where required.

#### **4. Monitoring and evaluation**

A full report and evaluation summary will be produced. This is likely to be in the form of an independent report, alongside analysis of the public survey results, which will be carried out by the New Frimley Park Hospital Programme communications and engagement team.

It is essential that the findings from the co-design work are effectively communicated to the wider New Hospital programme team and that there are clearly defined opportunities to integrate these insights into the programme's development. To achieve this, we will share the findings through various channels, including written briefings, detailed project reports, and presentations to relevant programme task and finish groups. Additionally, we will facilitate discussions at the programme's steering group and at Board level to ensure that the insights are considered in strategic decision-making processes. By embedding these findings into the core activities of the programme, we aim to ensure that the engagement and consultation process is both comprehensive and impactful.

Metrics to evaluate the effectiveness and success of the co-design engagement include:

- Increased awareness and engagement of the programme with local people and communities:
  - Increases to the number of people signed up to the New Hospital Programme newsletter,
  - Increase to the number of website hits.
- Being able to demonstrate representation of identified communities and stakeholders including a commitment to supporting future engagement or consultation work.

## 5. Resources and budget

This work will utilise the budget allocated for communications and engagement for the New Hospital Programme. It is not anticipated that this would be a large cost but will need to cover the costs for independent project delivery including planning, facilitation, reporting, evaluation and project management costs. The NHP communications and engagement team will lead this process ensuring appropriate processes are followed and value for money is obtained.

The NHP communications and engagement team will also lead on the development, distribution and analysis of a public facing survey. This will be delivered within the existing capacity and resource of the combined ICB and Trust team.

## 6. Proposed phasing

<b>Project phase</b>	<b>Further information</b>
Co-design planning	Overarching plan and draft survey complete
NHP Steering group	Review and approve
Securing a delivery partner	Healthwatch proposal in development
Public survey launch	Draft survey complete
JHOSC Meeting(s)	Review and endorse plan. Provide update and briefing
Co-design delivery	Dates to be agreed
Analysis and report development	Independent reporting subject to proposals. NHP communications and engagement team will report on survey results
Final reporting and evaluation	Arrange appropriate opportunities to share with programme teams and wider stakeholders