

People's Panel Engagement Survey

Research Report

17 December 2021



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Engagement Survey

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Research Method

Fieldwork dates: 1-12 December 2021

Online survey emailed to all 1,103 current members of the Staffordshire People's Panel

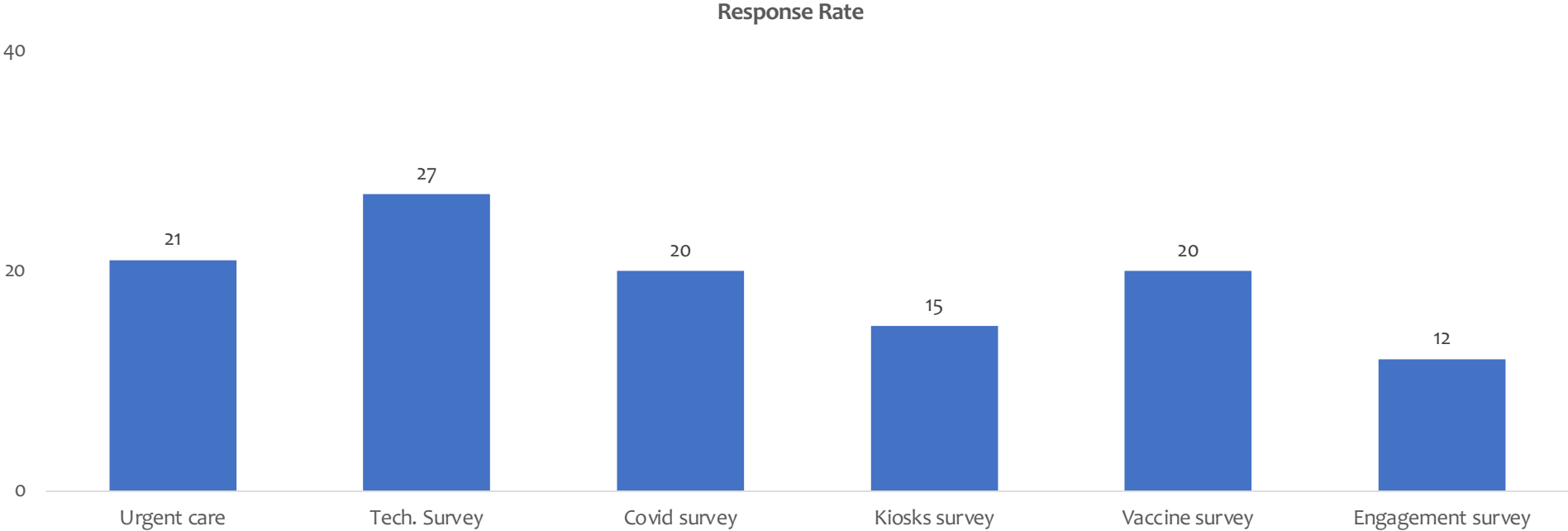
| | |
|---|--------------------------------|
| Emailed out invite: | 1103 |
| Bounced back: | 20 |
| Unsubscribed: | 5 |
| Opened the survey but did not complete: | 25 |
| Completes: | 137 (12% response rate) |

Responses:

| | |
|---------------------------|----|
| Initial Mail Out: | 52 |
| 1 st Reminder: | 30 |
| 2 nd reminder: | 25 |
| Final call: | 30 |

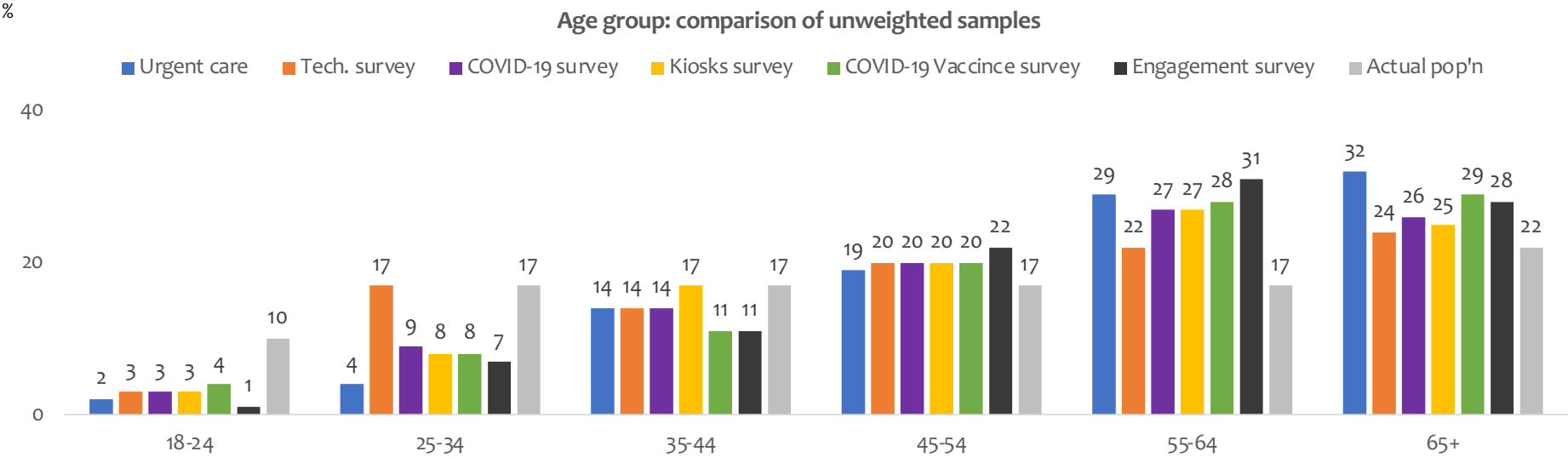
Comparison of Response Rates

- Unfortunately, the response rate for this survey slipped back and was the lowest we've achieved to date.
- This seems likely to be mainly due to the timing of the survey – the weeks leading up to Christmas generally see lower response rates due to email clutter, and also people being busy with Christmas preparations and celebrations



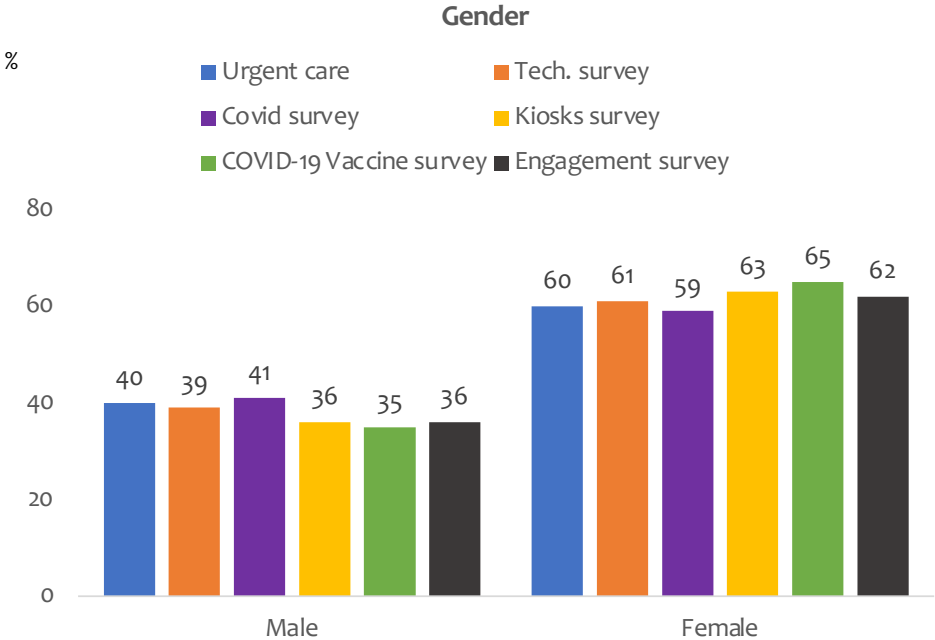
Age group

- The sample for this engagement survey is very similar to the previous 2021 surveys in terms of age profile, with a strong skew towards the mid-older age groups.
- This is due to the fact that we had even lower responses from the under 35s (despite them being representative within the Panel itself)
- The sample size is however not big enough to allow reliable weighting and so all results are unweighted.



Gender & Children

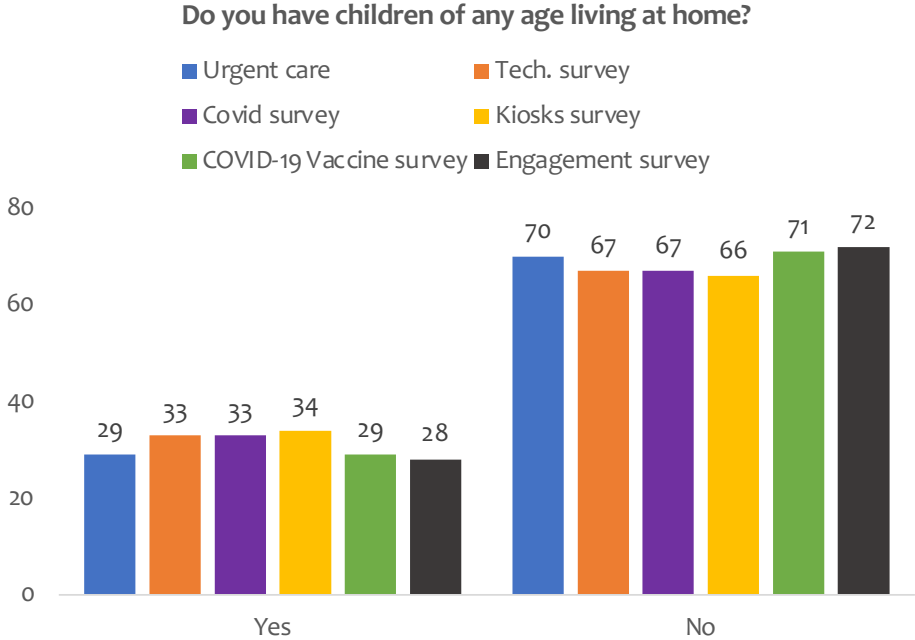
- The sample for this survey is similar to previous surveys in terms of gender profile – the majority again being female
- NB 55% of Panel members are female
- The same is true of the percentage with children living at home



Base: Total Sample (263 Tech Survey)

(176 Urgent Care)

(238 Covid Survey) (189 Kiosks Survey)

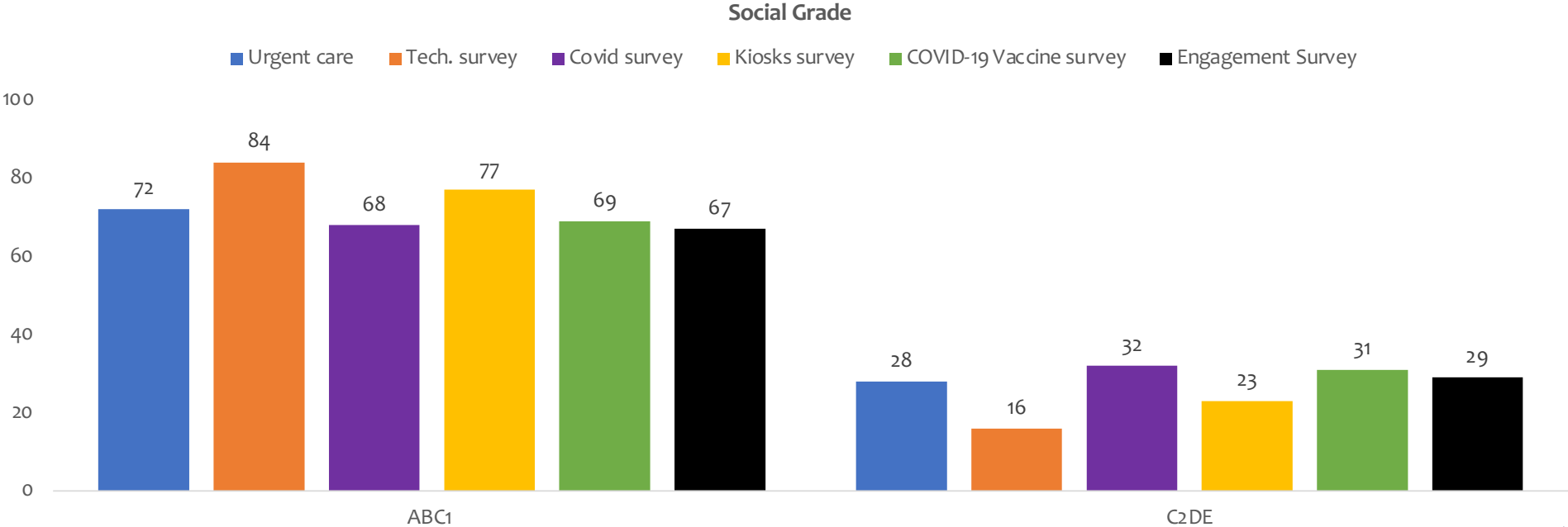


(226 COVID-19 vaccine survey)

(137 Engagement Survey)

Social Grade

- The sample continues to be skewed towards higher social grades
- 55% of Panel members are ABC1, and so it is again evident that C2DEs are significantly less likely to answer surveys, even if they agree to be members of the People’s Panel.



Base: Total Sample (263 Tech Survey)

(176 Urgent Care)

(238 Covid Survey) (189 Kiosks Survey)

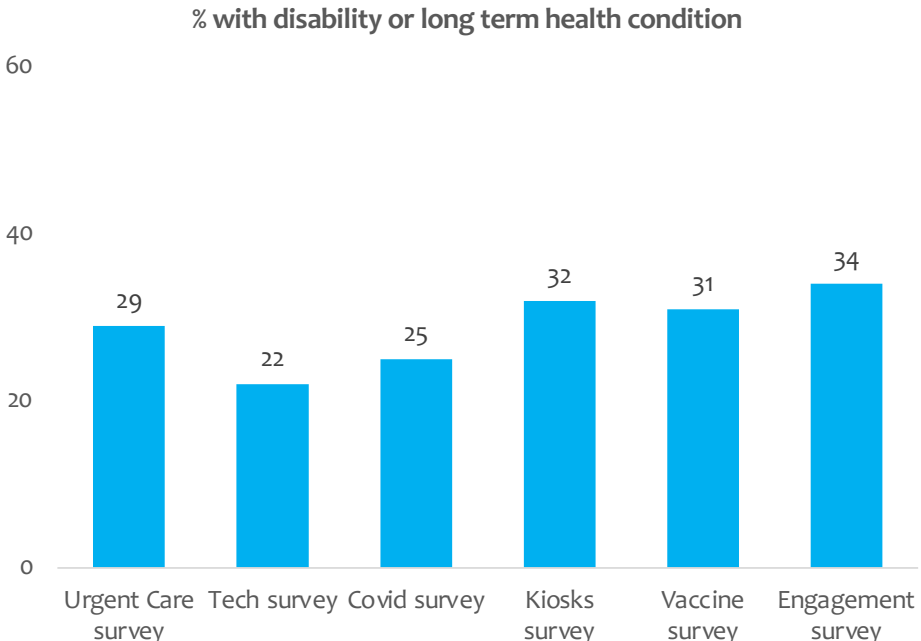
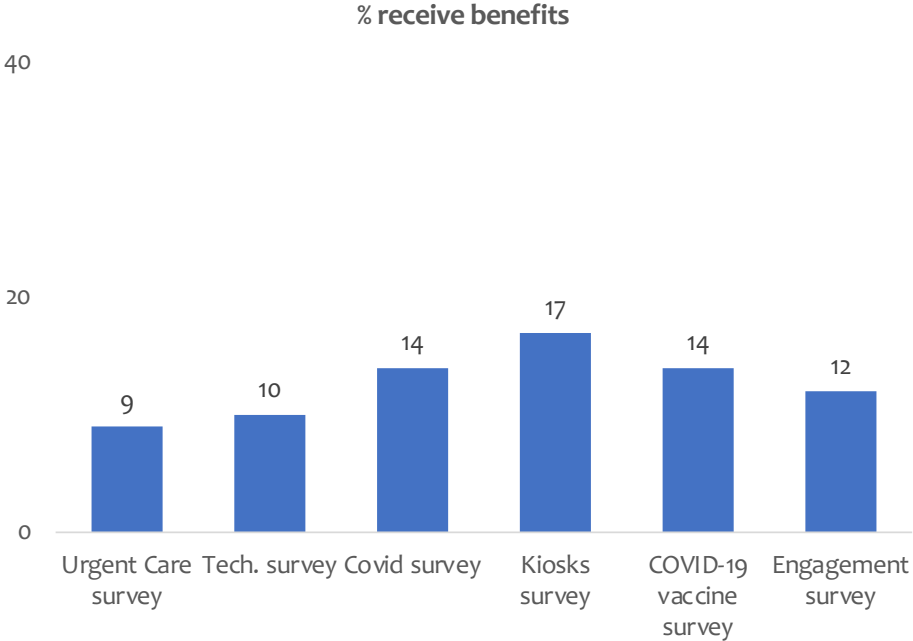
(226 COVID-19 vaccine survey)

(137 Engagement Survey)



Vulnerable groups

- 12% of survey participants receive some form of benefits, which is similar to previous surveys
- While a third have some form of disability or long-standing health condition.
- Therefore we're getting a good representation of these groups (indeed higher than their representation within the Panel – 20%)



Key Insights:

Priorities

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Feelings about the 10 Principles listed in NHS Guidance

- The survey clearly showed that People’s Panel members (who took part in the survey) strongly feel that the ICS needs to understand the local community’s needs, experiences and aspirations
- And also to put the voice of the people at the centre of decision making, at every level

| % choosing as one of the 5 things they feel most strongly about | % |
|--|----|
| Understand the local community's needs, experiences and aspirations for health and care, and identify whether changes made are having the desired effect | 79 |
| Put the voices of the people and communities at the centre of decision making, at every level | 60 |
| Work in partnership with people and communities to develop new and existing services | 52 |
| Provide clear information to the public about vision, plans and progress, to build understanding and trust | 47 |
| Start engagement early when developing plans, ensuring people receive feedback on how they have influenced decisions | 42 |
| Learn from what works by sharing best practice across all partners | 41 |
| Build relationships with excluded groups, especially those affected by inequalities such as those who make up ethnically diverse communities or who have lived in deprived areas | 35 |
| Use public engagement and surveys to make sure health and care services are accountable (i.e. to measure performance) | 32 |
| Work with Healthwatch services and the voluntary, community and social enterprise (VCSE) sector as key partners | 26 |
| Make connections by building on existing community links and networks to reach people | 22 |
| Don't know/difficult to say | 3 |

Feelings about the additional Principles emerging from other work

- People's Panel members also strongly feel that ICS engagement must be inclusive, accessible, honest and transparent
- And that communications must be clear and easy to understand
- They also feel the ICS should build on, rather than replicate, existing knowledge and share intelligence between partners

| % choosing as one of the 5 things they feel most strongly about | % |
|---|----|
| Health and wellbeing are everyone's business – engagement needs to be inclusive and accessible | 72 |
| Be honest, open and transparent | 70 |
| Clear communication that can be understood by all – be clear on what you are asking and consider your audience | 64 |
| Build on what is already there – use existing local knowledge and experience, including within the community and voluntary sector | 59 |
| Don't make assumptions – ask how best to engage | 47 |
| Do it once and do it well – share intelligence between partners | 45 |
| Put the public voice at the heart of decision making | 42 |
| Commit to feedback – tell people the impact engagement has made | 28 |
| Don't know/difficult to say | 3 |

Feelings about the issues emerging from other work

- People’s Panel members also want to see visible accountability, effective engagement and tailored approaches for different groups
- Just over half chose ‘You Said, We Did’ feedback as something they feel strongly about

| % choosing as one of the 5 things they feel most strongly about | % |
|---|----|
| Visible accountability – communities want to see the public voice influencing decision-making at board level | 71 |
| Structures alone don’t mean good engagement, i.e. simply putting on a monthly group/meeting or running a network isn’t effective by itself | 65 |
| Tailored approaches – one size does not fit all e.g. difference approaches for different ethnicities/disabilities. What is right for one group may not be right for another | 62 |
| Feedback on engagement is essential – You Said, We Did | 56 |
| Independence – wherever possible, feedback should be independently collected and analysed | 49 |
| Need time to engage properly and accessibly – especially with seldom heard groups | 39 |
| There is duplication between partners – groups feel they are providing the same information to multiple organisations | 28 |
| Don’t know/difficult to say | 6 |

Key Insights:

Other comments



Comments about the ICS

True engagement is vital but needs to be with all sectors of the community not the usual groups/individuals. Get to the lonely and marginalised people

Listening the the local community, people, experts is essential. Stop using sticking plasters & determine a strategy that works, can be adjusted as & when the need arises without having to go back to grass routes & make people accountable for ensuring they do what they agreed to do

You do too much asking how to engage with you and not enough actual engagement. I seem to have filled in numerous surveys like this from you but have no idea what are the actual health issues are that you are working on at the moment

Every stage of any change needs to be open, transparent and agreed through public forum and committee

I'd like to see the weak areas - those where organisations are forced to somehow 'tick the box' and acknowledge the weakness and look to address same with the smaller voices - rather than the loud drum-bangers we all want to avoid.

Engagement with both the well (tax payers) and the unwell will always give the best outcomes

Listen learn prioritise perform

Comments about the ICS

Care companies need to be accountable to to protect people in their homes

Scoping individual/ public / minority opinions is important as it should form the basis, if not the foundations of processes and deliverables. However these inputs should not influence at every tier of the pyramid. Everyone should be accountable in a public forum.

NHS management often appear to be out of touch with the recipients of services. The creation of pathways is a classic example, leading to a silo mentality with patients being passed around various services, rather than a holistic approach. Find out what the patients need

Should be more protection for A&E staff and better triage to filter out time wasters.

Disadvantaged members of communities should be at the heart of decision-making. They are often left out.

Communication accountability and to report against timescales

Public need to be advised in advance of changes. For example our Dr's Surgery changed to online appt/prescriptions overnight. No advance warning was given so this created panic, confusion and a lot of extra work and stress for the GP staff on reception

Communication is key and everyone needs to be on the same page.

Comments about the People's Panel

A lot of folk don't know that the People's Panel exists, so raising awareness I think is essential to getting more engagement

It's important for panels to be made up of appropriate people who do not have one agenda but for the community as a whole.

This is really interesting. I'm looking forward to hearing of the outcomes. I'm very much enjoying the involvement I have

I hope that People's Panel helps to improve services

Having these surveys are good as I feel I am having a small say in things that are needed being a long term life dependent on the NHS....

Panel doing a great job.

It's important to capture views and opinions in different ways to get an accurate understanding, not just be using traditional research methods but rather thinking outside of the box

Comments about the People's Panel

I'd like to know what influences the Peoples' Panel has been involved in and any new outcomes resulting from its input

To have meaningful engagement, the People's Panel needs to be more than a box ticking exercise for service planning. Patient and Public participation needs to be 'real' and undertaken in the initial stages of any new service or changes to existing services.

It's good to be able to put our views across...

The Panel's continued commitment and enactment of key principles is appreciated.

No, keep up the great work

Need to take into account the needs of the housebound to ensure they get full access to services

Provide results feedback

Conclusions

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Conclusions

Although the response rate for this survey was lower than we would have liked, the insights from it are significant.

People's Panel members (who took part in the survey) feel strongly that the ICS must:

1. Understand the local community's needs, experiences and aspirations for health and care, and identify whether changes made are having the desired effect
2. Ensure that engagement is inclusive, accessible and effective
3. Be honest, open and transparent
4. Ensure that there is visible accountability throughout the organisation
5. Clearly communicate in a way that can be understood by all – be clear on what you are asking and consider your audience
6. Put the voices of the people and communities at the centre of decision making, at every level
7. Build on what is already there – use existing local knowledge and experience, including within the community and voluntary sector

And so, from their perspective, these are the areas for immediate focus and priority.

Whilst the sample size is not large enough for detailed analysis of demographic sub-groups, there are no significant differences apparent – people seem united in their opinions.

Conclusions

Comments made on the People's Panel itself were positive. The strong desire for engagement to be inclusive means that the Panel (being representative of the local population) should have a major role within the overall engagement strategy.

Its current role could be enhanced by:

- Recognising that C2DE's are less likely to respond to our surveys but are vitally important service users. Consider:
 - Upweighting them within the overall Panel
 - Asking them what would increase their engagement and involvement, and then making the necessary changes
- Introducing some surveys targeted to specific demographic groups (tailored both in subject and wording)
- Ensuring that Panel members are aware that the Panel is independent, diverse, representative and inclusive. And that their participation really does make a difference and helps enable positive change.
- Promoting the presence and role of the People's Panel to the wider Staffordshire and Stoke-on-Trent population (to help recruitment, boost participation and especially to make members feel they are part of something important)
- Providing more feedback on survey results and their outcomes

Thank You!

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