



Name of project: Community Engagement Group – East Kent

Project leads: Anmarie Hirst (Clinical Resource Manager) and Sam Leech (Strategic Support Officer) - July 2021



Kent Community Health
NHS Foundation Trust

What was our aim?

To improve and increase patient engagement across east Kent Adult Clinical Services by implementing and embedding robust patient experience groups. This will support our organisation's vision of a community that supports each other to live well.

Why is it important to service users and carers?

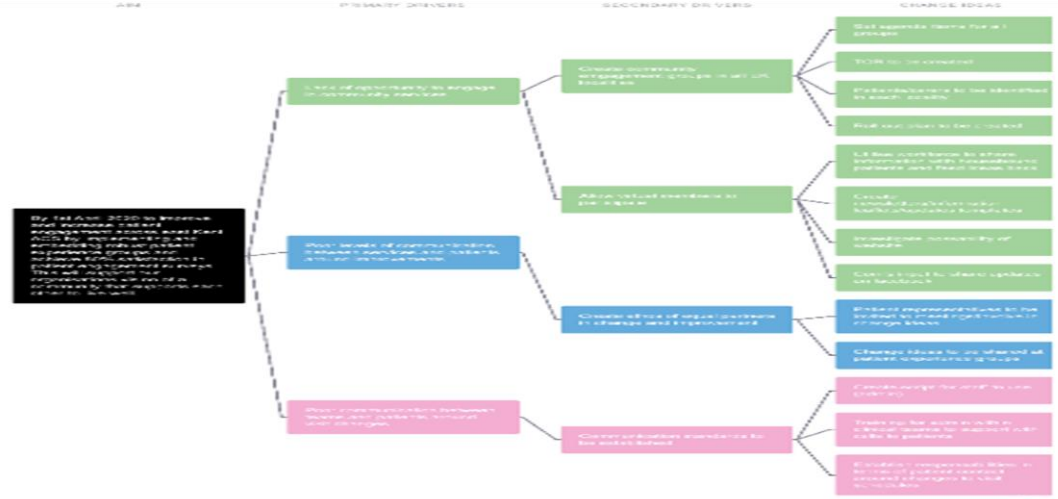
This project has been developed with community at the heart of thinking. With the development of the Community Engagement Group we have supported the community to have a voice and share in the innovation within east Kent.
The group works together to influence change by sharing what is important to the community and inputting into development. They have led and supported on various projects over the project period with positive outcomes.
The group utilise their external links to share and inform work and to move initiatives forward. There is two-way communication between the community and the organisation via this group supporting our trust values and allowing our community to lead on improvements.

Ideas and tests of change

Change ideas were designed to be achievable and specific to support required outcomes – meetings with community and staff attendance with set agendas, Terms of Reference (TOR) were developed collaboratively, workflows to share information with patient group and ideas fed back, newsletter to be created, public facing web page to be created, community representatives to be included in change discussions, training for admin staff to be comfortable speaking with patients.
We used plan, do, study, act (PDSA) cycles to enable changes to be implemented, evaluated, changed and monitored as the project progressed.
Originally, we set out to establish a community group within each locality of east Kent. This got underway with a group in Thanet being established and plans in place to roll the model out across the remaining three localities within six months. However, due to the COVID-19 pandemic and lockdown restrictions we took a three month break from meetings while the services dealt with the challenges of the pandemic. In September 2020 we took the decision to utilise digital platforms available and held the meetings via Microsoft Teams. A decision was made to create one east Kent group inviting all that had expressed an interest in joining local groups due to the pressures of working through the pandemic and ability to facilitate multiple meetings with smaller memberships. There were a small number of invitees that chose not to continue with the commitment of meetings due to personal circumstances.

The tools we used

Fishbone – We identified three key factors that contributed to the need for an increase in community engagement across the east Kent Adults directorate and enable us to support our community to live well.
1. Lack of opportunity to engage in community services.
2. Poor levels of communication between services and patients around improvements.
3. Poor communication between teams and patients around service changes.
Brainstorming – Brainstorming the three major factors allowed us to determine possible causes and barriers and we identified communication between services and their community is key.
Driver diagram – Using the information collected from quality, service improvement and redesign (QSIR) tools, we produced a driver diagram. The primary drivers were overarching problems identified in the fishbone analysis and secondary drivers were identified through brainstorming



Fresh eyes – To allow us to look at this project from a community members perspective we used Fresh Eyes. In order to drive the organisations mission 'Supporting our Community to Live Well', patients and

Results/How did we do/Anticipated outcome

Local meetings implemented moved to a single east Kent virtual meeting at the start of the pandemic. A newsletter following each meeting was produced to share the discussion and information. Joint creation of TOR, giving the group focus on own outcomes. Other KCHFT services adopting approach and model of working alongside community.
Several projects now underway being supported by or led by the group:
- Community booklet
- Filming of video to show how community members can get involved
- Podiatry interservice huddle project
- Research study – James Lind Alliance
- Refresh of the community nursing web page
- Postural stability exercise video.
All change/QI projects within east Kent Adults are to be shared with the group making sure there is opportunity for involvement and feedback.
During lockdown, we celebrated our group with a 'hug in a mug' idea. All group members were sent a mug, tea bag, coffee and biscuits. We make a point at each meeting to take a short break together with a cup of tea which has supported the engagement of the group greatly.

What we learned and what's next

What we've learned:
- Community voice counts
- Challenge from our community helps improve working practices
- To be more supportive and encouraging
- Small groups don't work, one team is a better approach.
Next:
- Develop recognition of volunteer impact on KCHFT
- 'This is Me' booklet
- Bladder diary QI project
- Increase membership numbers and widen diversity to reflect population
- Public facing web space/live blog/information sharing
- Communications to housebound patients
- Encourage the involvement of the community within recruitment/service redesign/hand in hand working
- Participation and inclusion rather than just information sharing.