

10 Community engagement in health

Public engagement is clearly key to the process of needs assessment. The findings from many surveys were outlined in [section 4.1](#). Early discussion with the Community Care Forum and Community Network took place through the Health and Social Care Development Group. Much material already exists, for example from the consultation on the [Vision for Adult Social Care](#), the surveys whose findings were outlined in [section 4.1](#) and the desk research conducted for the Overview and Scrutiny Committee into health implications of consultations carried out by the Council in the last few years. This section looks at further work around the process of consultation and then at some neighbourhood-specific work that is being carried out.

10.1 Communications, consultation and satisfaction

A review of communication, consultation and satisfaction took place in June 2009 and is summarised in Box 1. Its recommendations will be followed in subsequent consultations.

Box 1: review of communications, consultation and satisfaction (June 2009)

The review has been steered by a project team including representation from all groups. The review considered the life cycle of consultation and feedback – from the need to consult on a specific strategy or proposal, through to ensuring that the results of consultation are taken into account in decision making and also fed back to residents. It has identified the following recommendations:

- **Refreshed guidance, protocols and standards on ‘duty to involve’** – To produce guidance for all officers about how to conduct consultation, from planning stage, engaging members early in the process to feeding back to residents, including strengthened consultation section in Cabinet reports detailing what consultation took place, what was said and how it has influenced outcomes.
- **Develop the Timely Information to Citizens project as a means of coordinating consultation** - establish a consultation portal to co-ordinate consultation across the GSP, enable better targeting of consultation and address consultation fatigue and to build up intelligence on preferences and information from previous consultation.
- **More effective communication on the outcomes of consultation** - develop our communication with local people by outlining how people’s views have been acted upon in the decisions made and services delivered through a You Said, We Did campaign and timely feedback on decisions at cabinet and council and the influence of consultation on those decisions.
- **Renew and extend Viewpoint as a multi-faceted consultation mechanism** – extend the target groups and exploit new media, targeting under-represented groups and making use of new and social media technologies including web-based focus groups, forums, text responses, and online polls through the Your Gateshead project.

10.2 Gateshead Local Engagement Board

Gateshead Primary Care Trust is responsible for improving the health of the people of Gateshead and developing health services for them as well as making sure that those services are safe, of good quality, and that public money is spent wisely.

Local Engagement Boards are meetings between members of the Board, Healthcare Professionals and the Public to discuss how the Trust's responsibilities can be fulfilled.

Data [annex 5.1](#) gives further detail of the board's activities, with an example of discussion of alcohol issues.

10.3 Health scrutiny

The Healthier Communities Overview and Scrutiny Committee undertakes scrutiny and review in relation to:

- all the functions of the Council as a social services authority, except those relating to children and young people
- the provision of health services in the Borough

Gateshead Council Children and Young People Scrutiny Committee undertakes scrutiny and review in relation to:

- the Council's work as a local education authority
- services to children and young people

Further detail of scrutiny work can be found in [data annex section 5.3](#).

10.4 Focus on five areas

[Indicators of Health Status, Lifestyle Behaviours and Uptake of Services for Focus Neighbourhood Planning Areas](#) was prepared in order to assist a programme of community engagement roll out in 5 areas, focusing on health related issues; and to generate learning about the way that we can use data as a stimulus to community based action, as well as to monitor problems. An updated version ' *Health, Lifestyle and Service Usage among Communities in Gateshead* ' was produced in 2010.

The document provides detailed information about the way the 5 Neighbourhood Planning Areas selected for this work have been chosen. All have life expectancy significantly below that for Gateshead as a whole (except Highfield); and all have been chosen through the relevant Area Forum ([Lowest life expectancy neighbourhoods](#)). There is one in each Area to maximise the learning. Most of them align with the next

iteration of either the Neighbourhood Plan or a Best Value Review which should provide a way of taking issues forward.

A subset of the indicators has been chosen to give a visual profile of the 5 Areas. The spider diagrams spokes relate to the sections of the [Gateshead Director of Public Health Annual Report 2009](#): Adding years to life (all age all cause mortality – persons, proportion of the population diagnosed with diabetes, and immunisation rates); Choosing Health (smoking prevalence among adults, and proportion of adults that eat 5 portions of fruit and vegetables a day); and tackling inequalities in health (educational attainment at 16, and car ownership). This work is pilot work about ways to present the differences between neighbourhoods visually and so provide intelligence that inspires and underpins activity at a local level.

Social marketing tools can also be applied at the Neighbourhood Planning Area level. Social marketing analysis splits the population into groups with similar social and demographic characteristics: age, occupation, income, patterns of expenditure and pastimes. MOSAIC is the commercial name of the commercial product used to do this work across SOTW. It generates 12 groups, shown in comparison with the proportion in the English population. (See Table 1 below for an example of its use with regard to stop smoking services.)

[Indicators of Health Status, Lifestyle Behaviours and Uptake of Services for Focus Neighbourhood Planning Areas](#) shows its MOSAIC profile, using postcoded data. These maps are not intended to stereotype but add a new sort of information about the preferences and lifestyle of people living there which may give rise to fresh questions, interventions and ideas about the way they may engage with issues around their health and wellbeing. Central to social marketing is matching service delivery to identified and perceived need in line with what the service user wants and sees as attractive or useful.

Table 1: MOSAIC Types Under-Represented in the Stop Smoking Service User Profile

Type	Pop	%	Index of uptake	Index of prevalence	Description
8	1073	0.6	48	166	Families and singles living in developments built since 2001
49	4410	2	70	120	Low income older couples renting low rise social housing in industrial regions
39	7952	4	94	144	Older people living in crowded apartments in high density social housing
38	4540	2	102	163	Singles, childless couples and older people living in high rise social housing
25	1329	1	122	177	Centres of small market towns and resorts containing many hostels and refuges

[Indicators of Health Status, Lifestyle Behaviours and Uptake of Services for Focus Neighbourhood Planning Areas](#) also includes a map showing the GP surgeries, and an indication of which practices serve that particular population. Primary care is essential in addressing the needs of people at high risk of illness and early death through screening and prompt treatment. The new '[GP-led practice](#)' will also be commissioned to set a gold standard in these preventive services. A map showing other community facilities is also included to help initiate full discussion about the resources available in that neighbourhood planning area.

The community engagement roll out follows a Service Improvement Plan produced as a result of the [Overview and Scrutiny Committee Review of Inequalities](#). The process involves the Community Network, all the agencies involved in the Gateshead Strategic Partnership at both front line and senior management levels, and local residents. The principles follow those set out in the *Community Development Strategy*, applied to health and wellbeing, in particular:

- Communities that are active in identifying needs and opportunities for change and are committed to developing solutions and improving their local area.

Where we are concerned to address differences in life expectancy of 6-7 years for men and women within Gateshead, communities actively identifying the opportunities for change is central to the task. This may also generate opportunities for engaging with services, working with employees and organisations, and sharing skills, knowledge and resources in a co-ordinated way.