

The challenge

The implications of COVID-19 for health and care in every region of the country are unique and far reaching and in many respects will never be the same again. The nature of the pandemic and its impact on health and care systems means that many decisions have been made quickly: an essential and necessary response that has ensured services could be provided and that lives could be saved. But as we move into the next phase of learning to live with the impact of COVID-19, it is important to reflect on the decisions and changes that were made.

We are able to help you engage people who use health and care services in order to find out about their experiences and views of new care models that have been introduced or accelerated in recent weeks. The information gathered can inform a process of learning and reflection that will help with planning and decision making moving forward.

Our approach

Based on our extensive experience working, nationally, regionally and locally, and recent online engagement with people on the consequences of coronavirus, Traverse is able to offer a bespoke model of engagement designed for these extraordinary times, to explore changes to services from the perspective of those using them.

We have identified **four key tools** that we recommend using to build a process that meets your needs. There is scope to:

- Scale each approach up or down depending on your requirements
- Focus on a range of key content areas across the project, or choose 1 specific topic
- Mix and match elements to complement each other

We have provided indicative costs for each element in the budget, to allow you to piece together a programme that makes best use of your existing resources, evidence and priorities.



1. Inclusion

In our experience patient voice work can all too easily be dominated by those with the time and privilege to make themselves heard. While these voices are no less valid, they can drown out the experiences of those who have less ready access. Given the existing context of health inequalities, and the unequal impacts of covid-19 we recommend using a range of techniques to bring in new voices to the conversation.

We use a range of virtual engagement methods and provide personal support to individuals to make sure we can speak to a broad sample of people without discrimination. We tailor our approach to individual needs, whether this means working with a BSL interpreter, paired interviews with a carer, adapted materials for those with lower levels of literacy or simply adapting the research schedule to accommodate the different daily routines of people with complex needs. We pay an incentive payment



to all participants to recognise the value of their contribution and to overcome a number of initial barriers to taking part (e.g. the perception that individuals don't have something to contribute, time/resource poverty).

Recommended approach: We will develop a sampling frame based on your existing health inequality data to ensure that we are targeting our resources effectively. We will design an adaptable discussion guide and undertake telephone interviews carried out by an experienced researcher with a focus on lived experience. We will use a mix of recruitment via intermediaries (e.g. local interest groups), and market research recruitment (e.g. via locally targeted social media and street recruitment when feasible) to reach those with no prior engagement in patient voice work.

Example: ¹Our recent research to understand the knock-on effects of COVID-19 on people with a wide range of conditions who had chosen not to seek care, as well as people whose appointments had been cancelled or postponed, involved a series of depth interviews that provided a unique view of how people were experiencing these challenges. This led to a series of recommendations and further engagement focusing in on virtual and remote consultations and appointments.

Approximate timeframe: 6 weeks (assuming 20 or fewer participants)

- Design of sampling frame and discussion guide: 1 week
- Recruitment: 2 weeks
- Telephone interviews: 2 weeks
- Write-up: 1 week

2. Shared narrative

Covid-19 has caused profound and far-reaching changes to the health system, the opportunity for a reset that is patient and citizen led depends in part on developing a shared understanding of the context, goals and trade-offs. We think that focusing on the narratives of patient experience offers a powerful way to triangulate the issues identified by the system alongside the issues identified by people who use services. We value the insight of lived experience and know how powerful it is in providing coherence and demonstrating the impact of changes.

We use a range of digital tools to crowdsource input from wider communities as part of a mixed approach that includes more deliberative or structured research activities. By using digital tools that allow people to quickly share their experiences, ideas or suggestions, and also to see how their contributions sit alongside their peers can help to build a shared sense of what is important to a community.

Recommended approach: We will set up a digital platform to collate stories from people who have experienced changes to the way in which health and care has been delivered. The platform will be open to all, advertised both through existing H&C networks, geographically targeted social media advertising and snowballing from the other strands of work. The platform will invite people to tell their stories of how their experience of health and care has changed, and tag them with simple keywords to categorise them. As more stories are added the keywords will evolve and begin to form a citizen-led narrative about the evolution of health and social care. We can evolve the prompts on the panel over time, moving from an initial phase of crowd-sourcing stories to a second phase of reflecting back the themes and inviting suggestions. Depending on the timing of the other elements we could involve the deliberative panel in developing this reflection phase, making the whole process citizen led.

Example: we recently ran a citizens' assembly for Brent Council on climate change. In advance of the four weekends of deliberation with a panel of 50 people we hosted an online conversation where anyone in the borough could pitch their ideas for achieving net zero, comment on each other's

¹ <https://traverse.ltd/recent-work/blogs/knock-effects-coronavirus-healthcare>



suggestions, tag their ideas with key themes that others could then respond to and more². This meant that when the assembly met for the first time they already had access to a curated archive of the views and experiences of their peers to draw on.

Approximate timeframe: 8-12 weeks (can be longer, running alongside other project elements)

- Platform set-up: 2 weeks
- Promotion and engagement: 4 – 8 weeks
- Analysis and reporting: 2 weeks

3. Deliberation

Delivering health and care to a varied population without an infinite budget inevitably leads to trade-offs. Our experience is that citizens bring valuable and often distinctive perspectives to these trade-offs when they are given the time and space to interrogate and debate a topic to consider it fully. This is particularly important in a conversation that has the potential to range from local and very specific issues to system-level changes.

We use deliberative processes to help move beyond the issues and stated positions of stakeholders to consider the underlying values and priorities of the people who use and pay for health and care services. When working online we typically work over a period of several weeks, with the same participants joining a mix of small group discussions, Q&A with professionals, and more research-style activities, to generate rich qualitative data on both what they think and why.

Recommended approach: we will recruit a panel of around 30 citizens that are broadly representative the population in terms of demographics. We recommend focusing recruitment in small geographical locations (e.g. one rural and one urban) so participants share some local knowledge and context. We will work with the panel over a period of around 3 weeks, with two video sessions a week, one small group and one full group with speakers. Depending on the priority for the research we see two possible areas of focus: one would be to work with this panel as a type of steering group, presenting them with the evidence generated in other strands and working collaboratively with them to interpret the findings and direct the next stage of the process. Alternately we can work with this group on some of the most complex and controversial aspects of the reset, taking a more jury-style approach and supporting them to fully explore a small number of the most pressing topics.

Example: Our recent ³Lock Down Debate deliberation has engaged 26 people over a 3-week period to better understand the views of ordinary citizens on strategies for exiting lockdown. We used a mix of small group discussions, presentations from stakeholders including Sage members, and ethnographic activities to help ground the discussion in the lived experience of lockdown.

Approximate timeframe: 10 weeks

- Agreeing objectives and scope: 1 week
- Recruitment of participants: 2 weeks
- Design and materials preparation: 2 weeks
- Sessions with participants: 3 weeks
- Analysis and reporting: 2 weeks

² <https://brentclimateassembly.commonplace.is/schemes/proposals/have-your-say/details>

³ <https://traverse.ltd/recent-work/blogs/online-deliberation-covid-19-lessons-weeks-12>



4. Strategic development

We recognise that sustainable change needs to be motivated by a need, led from the top and driven by a coalition of people who believe in a vision and can take it forward. We can help the senior teams and partnerships to define questions and topics that need to be explored; to scope and co-design a programme of engagement to bring people with them; and to consider the findings that engagement generates and what next steps that points towards. We use a variety of organisational development approaches such as co-design, advisory groups, scenario and simulation design,⁴ and routes to action work⁵ to help us achieve this.

Recommended approach: we will design and run an initial workshop with some of your senior managers plus partners, which will constitute an advisory group for the work that follows. This group would act as an important sounding board as we develop the engagement and would be brought together at key points in the process to respond to emerging messages and consider what these mean in terms of leading system change. The group will consider what the engagement reveals, what actions and behaviours it indicates as being most necessary, and wider implications for the local system. A final workshop would support the group to develop clear routes to action, and a webinar that reaches out to stakeholders across the patch would invite that core group of partners to share what they've discussed during the process and what their vision is for the 'resetting' that needs to follow. This will be an important opportunity for the advisory group to visibly lead the discussion forward with colleagues across the locality, building momentum behind change whilst continuing to build the coalition needed to deliver it.

Example: Over the last three years our work with Southend-on-Sea Borough Council has combined engagement with OD, designing and supporting the delivery of mass engagement on the borough's new 2050 vision whilst also working with senior leaders and the wider staff to locate that engagement work in a wider strategic context and make the vision actionable. We helped council officers to plan and deliver a range of engagement activities across the council and community, which resulted in 55 events being hosted and over 2000 people contributing their views, ideas and experiences.

Approximate timeframe: 7-15 weeks, dependent on process

- *Design and prep of initial workshop: 1 week*
- *Engagement throughout the process: TBC based on agreed process (between 4 and 12 weeks)*
- *Design and prep of final workshop: 1 week*
- *Design and prep of webinar: 1 week*

Project management, quality and timeline

Traverse has a comprehensive quality management system in place to ensure that we provide services of a consistently high quality. This has been designed to meet the requirements of the International Standard for Quality and is subject to regular internal and external assessment and review. Traverse's quality management system has been approved and certified as complying with BS EN ISO 9001:2015.

Timing is of the essence as we navigate our way through the implications of COVID-19 and as such we would welcome the opportunity to agree with you a realistic timeframe to deliver the work that balances the need to work at pace in order to influence service changes and improvements towards a potential second wave and a 'new normal' that recognises the on-going presence of COVID-19 in our lives.

For more information or to discuss your requirements please contact Jessie Cunnett, Head of Health and Social Care on jessie.cunnett@traverse.ltd

⁴ <https://traverse.ltd/recent-work/blogs/scenarios-and-simulations-preparing-new-realities>

⁵ <https://traverse.ltd/recent-work/blogs/routes-action-workshops>