

# East Sussex Community Voice (ESCV)

## Delivering Healthwatch East Sussex

### Evaluation of Hastings Listening Tour: Pilot

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## Contents

Executive Summary.....	3
Headline Findings.....	4
Evaluation Conclusion.....	4
Headline Recommendations .....	4
Evaluation methodology .....	5
Community engagement .....	5
The national picture .....	5
Planning .....	5
Delivery of the project .....	6
The schedule .....	6
Promotion .....	7
Data collection .....	7
Partner involvement .....	8
Outcomes.....	8
Post tour activity.....	9
Lessons learnt .....	10
<b>Appendix A: Company information</b> .....	11
<b>Appendix B: Listening Tour Statistics</b> .....	11
<b>Appendix C: Document review</b> .....	14

## Executive Summary

The Hastings Listening Tour (HLT) organised by East Sussex Community Voice (ESCV) delivering Healthwatch East Sussex is a part of longer-term local community engagement activities with the aim to collect a wide range of community views and experiences on health and social care services. The previous 'Big Red Bus' tours had been deemed to be successful but a refreshed approach was required in response to a new model of working.

Based upon a similar activity in Healthwatch West Sussex ESCV designed the Hastings Listening Tour as a pilot to be run in June/July 2017. The experience gained from that would inform further tours in other parts of the County over the next two years. However the lead-in period coincided with bidding for the new Healthwatch contract and, more significantly, a change of senior personnel. As a result it was decided to reschedule and undertake the pilot in October 2017.

The main strategic objectives were to:

- arrange for both formal and informal opportunities for engaging with local people
- establish links with local businesses, services, groups and organisations raise awareness of Healthwatch and how it would amplify local voices through
  - Positive communication, social media, local press articles/editorials and distribution of marketing material i.e. leaflets, posters and merchandise.
- have a physical presence in a variety of forums
- walk the patch and undertake research

with the outcomes to:

- receive evidence and insight to share with the public and key strategic partners locally and nationally.
- raise awareness of the Information and Signposting service, what it offers and how to access it.
- drive an increase in contact from individuals with the feedback centre and the information and signposting services.
- promote, increase and sustain the number of Healthwatch Champions active in their local communities.
- establish effective channels of communication and amplify local voices
- gather usable evidence on new models of care i.e. detailed accounts that really shows an individual's experience, good and not so good and the opportunity to collect greater community insight
- present the benefits of community insight gathered by an independent organisation
- provide local views on specific topics to support the development of services
- establish and support a long-term and sustainable Healthwatch Champions Network made up of people and community groups/organisations within the area
- create simple but insightful evidence to help local decision-makers understand any unique challenges each area has and the views of local people
- provide opportunities that enables Healthwatch to work with local people to create local solutions
- ensure the Healthwatch East Sussex brand and its services becomes well known to local people / groups / organisations in each borough and district, especially to people who may not normally come across it
- demonstrate excellent partnership work between ESCV, public sector and voluntary and community sector colleagues, ensuring we make best use of specific local community knowledge for the benefit of the people of East Sussex

## Headline Findings

- Within the national context, the Listening Tour is an innovative and ambitious community engagement model which enabled Healthwatch to engage with sections of the community hitherto unheard and unseen
- The team actively pulled together at a pivotal point to ensure completion of activities and the overall success of the model
- Every activity raised awareness of Healthwatch East Sussex whilst the tour as a whole provided opportunities for round the clock community engagement
- The strategic objectives as stated were mainly achieved
- The project strengthened existing partnerships and developed new ones
- Rich data in relation to otherwise hard to reach groups was gathered
- A change in leadership at a critical stage of the project hampered decision making and planning

## Evaluation Conclusion

ESCV are a small, dedicated team and this was an ambitious project which stretched their capacity to its limits. Despite the difficulties encountered, in essence the pilot achieved its aims and the team should be commended for their achievement. The model is yet to reach its full potential however and should the recommendations in this evaluation be followed there is every indication that this will occur.

## Headline Recommendations

Should there be agreement that the model will be replicated in other areas of the County the following should be taken into account:

1. Ensure there is a project manager identified at the time of project conception and initiation with the expertise and protected time to effectively plan
2. Ensure comprehensive project planning tools are utilised to their full effect
3. Identify and allocate adequate resources to enable the project to meet its full outcomes and objectives
4. Identify quantitative as well as qualitative outcomes for a more robust evaluation
5. Model a 'whole team activity' approach for the period of the tour with clearly defined roles, responsibilities and a pro-active approach to encourage innovation, ensure flexibility and the ability to respond to opportunities and challenges
6. Further strengthen partnership working with new and existing partners and community groups so they are fully engaged from the outset and can provide additional support/resources
7. A more comprehensive marketing and social media strategy to be devised and implemented for pre, post and during the tour
8. Ensure there is appropriate training provided in marketing and promotion and 'on-street' engagement for those who do not have a high level of experience in these areas.

## Evaluation methodology

This report was based upon interviews with 8 staff and volunteers, consultation with partner organisations via an on-line survey and follow-up contact when required, an on-line survey to volunteers, observations of four Listening activities, a post-pilot feedback event, sight of social media posts during and post project, observation of the back office IT system and document review of material supplied by the project leader, and 21 research documents including regional and national reports relating to community engagement.

## Community engagement

### The national picture

With the emphasis from central government for local devolution and significant impacts on delivery of services, including changes to health and social care, there is a national drive to have more effective community engagement. There are a range of models which are being explored across the country of which the Listening Tour is one example

Extensive studies in Scotland have resulted in the 'Seven National Standards'<sup>1</sup> and in relation to planning where partners are involved in the activity, the following points are essential:

- a. Partners are involved at the start of the process in identifying and defining the focus that the engagement will explore.
- b. A clear and agreed engagement plan is in place.
- c. All available information which can affect the engagement process has been shared and used to develop the community engagement plan.
- d. Partners agree what the outcomes of the engagement process should be, what indicators will be used to measure success, and what evidence will be gathered.

Listening tours have been widely used by a variety of organisations from politicians to scientific bodies, from international health researchers to designing neighbourhood plans, each with their own interpretation of how they should be structured, implemented and the results distributed. The Hastings Listening Tour sits well then in the national scene of community engagement. What makes it stand out however is its emphasis on first using transects mapping and then operating within the identified area with a range of activities. Transect has been used for environmental studies around the world but research has been unable to identify where this approach is being used within the health arena outside of Sussex. This makes the Hastings Listening tour an innovative interpretation of what constitutes a Listening Tour.

## Planning

The project was first considered by the Volunteer and Community Liaison Manager as a means of better engaging with the local community and fulfilling the demand for a refreshed approach. Long-standing relationships with partners meant that their opinions could be taken on board. The manager took under consideration the experiences of Healthwatch West Sussex and used this as the basis for the East Sussex pilot. This was raised at a team day where the principles and expected implementation was outlined. This phase was planned well.

The reasonable expectation was that this would be a 'whole team activity' similar to that within West Sussex and resources would be forthcoming with volunteer and partner involvement. The transect activity (walking the patch beforehand) was an essential factor in the project definition and

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<sup>1</sup> <http://www.voicescotland.org.uk/Seven-NS/planning/>

planning and played a significant role in identifying appropriate 'walking routes' and locations for community engagement.

All acknowledged that this was an ambitious undertaking and relied on having sufficient capacity. Volunteer involvement was lower than anticipated and whilst some partners came on board at an early stage they did not necessarily cascade the information to the relevant attendees in a similarly timely fashion. In other instances the project activity within the first few days identified additional partners and they were therefore understandably 'late' in their engagement. Whilst capacity issues challenged the detailed planning of the pilot, nevertheless a comprehensive engagement programme was put together and resourced.

*"HWES are usually good at planning such events and this was no different, save the last minute cancellation of the original schedule."* Partner comment

*"They came up with a really diverse and inclusive programme."* Partner comment

### Communications

When undertaking evaluations the issue of communications invariably arise and this project was no exception. There were regular briefings to the team and partners and 'job descriptions' were readily available. Whilst this information was generally well received it did not always translate into clear operational communications across all organisations. Some considered it

*'very well planned, effective and worthwhile process'*

whilst others were less clear about their role.

*'Communication could be improved as I didn't receive all the information in advance and so could not promote and encourage engagement'. Partner comments*

Sharing information in a timely manner within any organisation can be problematic in periods of high activity. All participants have a role to play in ensuring that there is clear communication within and between the partnership.

### Delivery of the project

Without question the tour schedule was imaginative and comprehensive. The pilot intelligently covered a wide variety of areas, social groups and ages engaging with individuals, community groups and partners. They went beyond the 'usual suspects' approaching the private sector with the commuter engagement for example. The tour also importantly stepped outside of the working week to engage with sections of the community who would otherwise not have been reached and showed flexibility by cancelling when required (eg a forecast of exceptionally bad weather) and adding events when new opportunities arose.

*'I'm very pleased with what's been going on. Research in the evening and early morning is vital. Everyone wants to work 9-5 and they don't see the pressures on services out of hours'. Partner comment*

### The schedule

As a pilot some activities were inevitably more worthwhile than others in terms of numbers. However this pilot's focus was not solely on numbers and there will always be a variation in

outcomes with such a large range of events. The dilemma facing any community engagement event was nicely reflected in the following statement:

*'Connecting with the public on health and social care issues can be a bit 'hit and miss' sometimes. You're never quite sure what to expect, particularly if the focus of the event is not about your service or health and social care generally.'* Partner comment

In previous years ESCV have engaged with the community via the Red Bus tours. This had the advantage of being in a fixed spot, with an identifiable contact point, easily promotable and partners could utilise traditional methods of interaction through leaflets and conversation.

*'The Red Bus Tour's effectiveness was very much connected to the appropriateness of the venue provided to HWES.'* and

*'...is great for publicity/visibility, but not always a great environment for conversations about sensitive topics.'* whereas

*'A more intensive period of activity in an identified location at different times and in varied venues must be a better way to truly engaging with communities'.* [Partners comments]

Regardless of the numbers engaged, it should be emphasised that every activity achieved at least one of the outcomes required within the project brief and the quality of the information obtained and decisions about how that information is disseminated is the true test of the pilot.

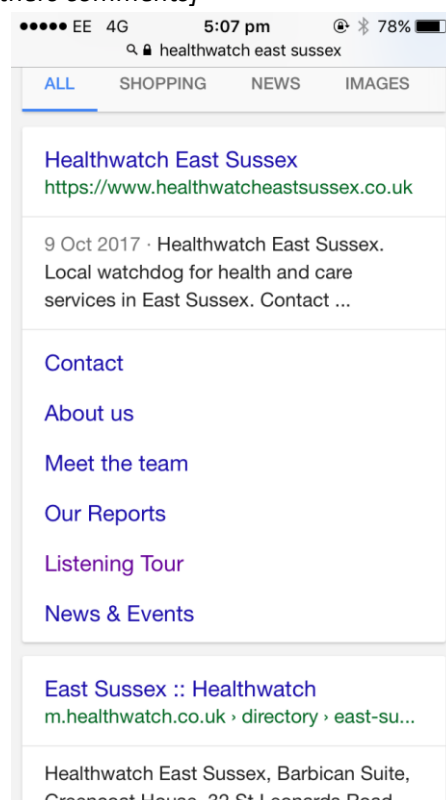
**The schedule of activities was ambitious and enabled community engagement with groups and individuals hitherto unseen or unheard.<sup>2</sup>**

## Promotion

On-line platforms play a major role in promoting any activity and the website, Facebook and Twitter feeds were utilised. There was a clear calendar on the site which was very user friendly. On Twitter the #ListeningTour reached approximately 7,500 and on Facebook reach was approximately 25,000. Levels of engagement are a truer reflection of how effective these platforms are and a comprehensive social media plan will help with planning and evaluating its impact in the future.

## Data collection

A survey was distributed at every activity with the prize draw to encourage completion. In some cases these were completed by a team member and other data obtained by taking case histories and stories. It was also available via the website. Unless you have a captive audience it is notoriously difficult to persuade people to complete surveys. By its very nature this was not a 'captive' audience so inclusion of a prize draw was a good incentive.



<sup>2</sup> For a full list of activities please see Appendix

Returns of between 9 and 15 percent are considered to be sufficiently representative and for this pilot there was in excess of 30% response rate. Data arising then would be considered to be statistically significant and results of detailed analysis of the surveys hold significant weight in any future discussions and/or reports. Rich data was also collected via the stories and case studies at the events. Phone contact also increased over the period suggesting that the tour met its objective of raising awareness of the service. There was a slight upward trajectory in visitors to the website although this was not significant and may be a reflection of a general upward trend rather than a causal link to the activity.

*‘it provided valuable intelligence about the quality of services locally.’ Partner comment*

### Partner involvement

The inclusion of the majority of partners in the pilot was the result of existing relationships and new partners were identified as the pilot progressed. It is to the immense credit of those involved that new groups and existing partners were willing to be involved, and would continue to be involved.

*‘We have worked positively with HWES over a number of years, understanding and appreciating the work they do as a force for good in East Sussex. [.....] we would always be keen to support them in endeavours that help raise awareness of the issues facing the people of East Sussex.’*

*‘We want to continue to build on our partnership working with Healthwatch.’*

Partners were aided by the partner briefing and the ability to use the activities to promote their own services. They were fully supportive of the concept of the listening tour.

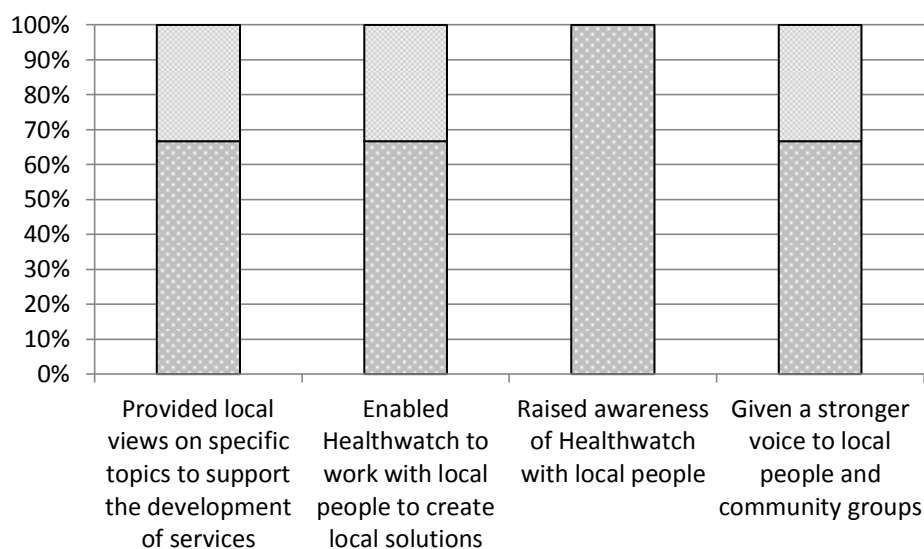
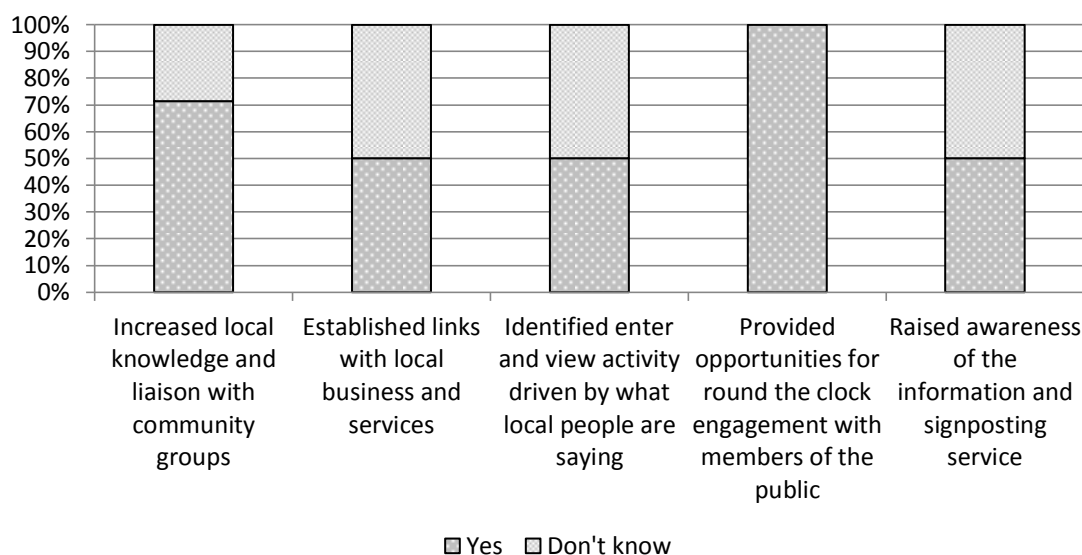
*‘I think it is important for public services to get involved with grass roots activities and provide direct opportunities for the public to express their views’*

### Outcomes

The on-line evaluation survey to volunteers and partners asked them to state whether the project had succeeded with its stated aims and objectives – a simple yes, no or don’t know. This had been sent out to partners who had been involved in the planning and/or its implementation. Some respondents would have been involved in the initial planning but then passed on to a colleague the task of attending an event. There were zero ‘no’ responses and as reported previously partners believed that every activity raised awareness of East Sussex Healthwatch, whilst the tour as a whole provided opportunities for round the clock engagement. The other outcomes inevitably had a mixed response due to the variable nature of involvement. It is worthwhile noting however that every outcome had a positive response of 50% or over.

Partner views are detailed in the two bar charts below.





The main area of uncertainty (in relation to the wider outcomes achieved), and which can only be determined by analysing detailed post-tour activity, is the increased numbers of active Healthwatch champions.

The volunteer responses were too low for there to be any statistical significance. However the volunteers agreed unanimously that the project a) raised awareness of the information and signposting service, b) provided local views on specific topics to support the development of services, and c) raised awareness of Healthwatch with local people.

## Post tour activity

The timing of submission of this evaluation does not allow for evaluation of the post-tour activity. Discussions regarding how the outcomes from the tour are to be reported back however indicate an innovative approach with a mix of media incorporating written, audio and visual reports. This should then be structured in a way that enables understanding and interrogation by organisations and individuals at different levels according to their need.

Data collected from the survey will be analysed and the results fed into planning for future actions. Observation of activities indicated a drive to follow up new community contacts enabling new entry points for hard to reach groups being utilised to a larger extent.

*'[We] managed to interact with many vulnerable and hard to reach groups whose views would normally go unheard'. Partner comment*

A feedback event for those involved was held attended by staff, Board representatives, volunteers and nearly 20 representatives of partners across health and social care. Evidence was presented by staff and partners which demonstrated the reach of the Listening Tour and that data was being disseminated to the right people. It was a good indication of the determination to ensure that the conversations are 'kept going' with partners and the local community. Subsequent work will focus on increasing the number of active Healthwatch Champions, developing the network and future Listening Tours.

## Lessons learnt

The HLT project was ambitious and far reaching and the pilot fulfilled its purpose in engaging with the community in an innovative manner. The key contributing factors which had a positive impact were:

1. A good overall strategy
2. The transect activity to identify key links in an unknown area
3. The vision of the Volunteer and Community Liaison Manager
4. The deployment of additional staff to organise the schedule
5. The team's desire to do the best they could do and ability to pull together when under pressure
6. Existing relationships with partners

The key contributing factors which had a potentially negative impact upon it were:

1. change of senior personnel at a critical period
2. the lack of a dedicated project lead at an early stage

Despite any drawbacks the aims and outcomes as per the project brief were largely fulfilled demonstrating that the model works. The pilot was also successful in demonstrating what worked well and what could be improved. With adjustments detailed in the recommendations it could easily be replicated around the county. Inclusion of quantitative measures would support good planning and aid future evaluations

## Appendix A: Company information

mtc2 Ltd, founded by Laura Murphy, is an award winning business consultancy, training and executive coaching company. The company works throughout the UK covering all sizes of business within the private, public and voluntary sectors and calls on a pool of specialists according to the nature of the work commissioned. For this evaluation Laura Murphy was the Independent Evaluator.

Laura is an experienced organisational development specialist with a background in behavioural sciences. She has a long track record of evaluating major and smaller projects within the private, public and charitable sectors. In 2012 she was commissioned to undertake a Legacy Evaluation of Link prior to its abolition and transference to Healthwatch. She has co-authored industry guidance notes and co-designed a national model for assessing return on investment for health and well being projects.

## Appendix B: Listening Tour Statistics

**Face to face contact:** 237 (approx. 800 printed) 30% response rate, as added value, this also generated

**Total on line surveys:** 108 entries, further 18 feedback forms handed out during the tour.

**Total:** 345

**Contacts:** generated to the enquiry line – 18

**Feedback Centre increase:** there was a slight upward trajectory in visitors to the website, not significant.

**Total Facebook reach** – Listening Tour 25,000 approx.

**Total Twitter reach** - #ListeningTour 7,500 approx.

### Combined results

- 522 surveys and face and face to face conversations
- 68,500 social media reach, with targeted reach i.e. maternity generating the most reach 36,000
- 31 individual conversation via focus groups

**Total:** 27

### Range of activities delivered (demonstrating HWES reach and functions)

- **Focus Group x 1** (with Young People raising awareness of MH 22 – 25 attended. Will be going back in January 2018, discussions already commenced.
- **Focus Group x 2** discussing Social isolation – further links established to work with ES&R in extending our reach – 6 people attended.
- **Enter and View x 2 Maternity services at the Conquest Hospital**, 17 face to face conversations, 133 on line responses approx. 36,000 reach via social media (Facebook)
- **Commuter Runs x 2** days including early morning and evening sessions (am worked better for handing out surveys)
- **Early morning walks x 2** – engaged with homeless people, rough sleepers and fishing community
- **Town centre engagement x 2** being available to talk to members of the public, raising HW profile and handing out surveys.
- **Rye Town activity x 1** – Market Day
- **Night time town engagement x 2** one session was for research, the second session invited partners. CQC inspector joined the activity, followed on by visit to A & E at midnight

- **Conquest Hospital lobby x 2** Information sessions, weekend activity.
- **GP Practices** – 3 sessions in Hastings 3 in Rye
- **Public events** – ESF&R Open day 600 people attended  
Senior Fayre, hosted by Amber Rudd
- **Bolt on sessions** – Joining existing activities:

Big Gig – people with LD, 900 people attended  
throughout the day  
3 Older People’s events  
1 Mums and Toddler group  
Women’s Hour

People with Multiple and complex health  
needs x 3 sessions  
Adults with mental health needs  
Young People

### **Partnership working**

Representatives from 4 organisations, joined sessions including seAp, SPFT, CQC, ESHT and 2 voluntary sector organisations, Fulfilling Lives project, PPG

## Appendix C: Document review

In addition to those in the footnotes of the report the following documents and websites were reviewed

1. [Community Engagement Local Government](#)
2. [Community Engagement Models Cymru](#)
3. [Community Engagement Planning Tool Kit 2014](#)
4. [Community Mapping through Transect walks](#)
5. ESCV HW Locality Engagement Model PROJECT BRIEF Aug 17
6. [Future of Science Listening Tour](#)
7. [Guidelines for carrying out a survey](#)
8. [Hastings Listening Tour feedback event](#)
9. Healthwatch East Sussex Three Year Locality Engagement Strategy\_updated August 2017
10. [Healthwatch Wolverhampton Listening Tour](#)
11. [Improving Community Engagement through Spatial and Visualisation methods](#)
12. Letter to partners informing them of the listening tour, April 2017
13. [Listening Tour The End Fund](#)
14. Locality Communication Marketing Strategy
15. Locality Engagement presentation
16. [National Standards for Community Participation, Scotland, 2015](#)
17. [Not another Consultation! Making community engagement informal and fun](#)
18. Organisation Champion Role Spec
19. Organisation Contact List
20. Partner specification
21. [Pathways through participation: What creates and sustains active citizenship?](#)
22. [Proposal for a Locality Engagement Group Structure: Wales](#)
23. [Survey Gizmo, response rates](#)
24. [Surveys: a guidance note, Nottingham University](#)
25. [The Manchester Community Engagement Toolkit](#)
26. [Toolkit for community engagement](#)
27. Volunteer advert
28. Volunteer specification
29. [West Sussex Listening Tour 2014 results](#)
30. [West Sussex Listening Tour 2016 results](#)