

Ensuring Citizen Engagement is incorporated in the Essex Success Regime

Report of a conference held on 18 April 2016

DRAFT

A joint report by Healthwatch Essex and Essex County Council's Health Overview and Scrutiny Committee

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Summary of recommendations

Engagement (pages 9-12)

- That the following principles should be observed for all engagement:
 - To ensure that public understanding of the scope and purpose of the changes proposed are strong enough and thus the importance of their participation.
 - To distinguish between public engagement and service user and staff engagement and adapt communication approach accordingly.
 - Involve service users at the beginning of service redesign processes.
 - Patients should still have a choice
 - There needs to be a clear demonstration that all proposed changes will improve patient/ service user pathway
 - Communication should not build expectations to such an extent that they cannot be delivered. Be realistic – if cannot deliver then say why not.
 - Patients to be empowered with accurate and comprehensive information so that they can ‘own’ or manage their condition and situation.
 - Communication should be open and transparent to minimise patient fear and anxiety about change.
 - Engagement should ‘reach out’ to patients and go beyond just making information available via road shows and similar.
- There needs to be a strategy for including hard-to-reach groups
- Multi-channel and multiple forms of engagement should be used.
- There should be a dedicated website for the Success Regime so that patients and service users can access information easily and quickly.
- Commissioners should adopt a case study approach with individual service users so they can demonstrate how they will be impacted by certain changes being made.
- Commissioners should demonstrate how they will engage early with patient groups and community and voluntary organisations so that they can ‘drip-drip’ information into the local community.
- Commissioners should demonstrate how they will engage early with GP surgeries and wider primary care services.
- Commissioners should train information champions, using social prescribers and volunteers, to communicate NHS England messages to service users.
- Communications should clearly and unambiguously address what really matters to patients and service users and address those issues up-front.
- Commissioners should specifically seek feedback from, and consider the

impact of changes on, those patients who have on-going conditions which require repeated health appointments and treatment and for whom good accessibility to services was paramount

- Commissioners should specifically ask patients/carers and service users what changes they would like to see made?

Feedback (see Page 13)

- Commissioners should ensure that there is sufficient time allowed for meaningful engagement prior to formal proposals being determined
- Patient consultation should be embedded in all service planning, delivery, review and monitoring
- Commissioners should also consult complaints data and general patient feedback, and use questionnaires particularly post treatment
- The Success Regime should be obligated to show how they have used 'lived experience' to develop proposals for service change

Role of the Health Overview and Scrutiny Committee (HOSC) (see page 14)

- To have regular agenda items on the Success Regime so that it ensures a continued transparent public forum
- To be a conduit for messages and information for dissemination
- To use its influence to help the promotion of comprehensive consultation and good engagement activity
- To be a critical friend and scrutinise the clinical and financial case for change
- To look for opportunities for joint working with Southend and Thurrock HOSCs.

What was the event?

Healthwatch Essex (HWE) and the Health Overview and Scrutiny Committee (HOSC) jointly hosted a conference on 18 April 2016 to discuss how to ensure that patient and user engagement is incorporated into a strategic review of health services in mid and south Essex. Attendees on the day included members of the HOSC, officers from HWE, representatives from patient experience groups and the community and voluntary sector, and communications staff from health commissioners and providers.

Why was a conference needed?

NHS England has announced that Essex is one of three areas in England where local health and social care bodies would work in a more joined-up way to produce a single strategic health and social care plan (to be called ‘the Success Regime’). It would include looking at governance and other issues such as workforce, recruitment and retention. The intention was to focus in a more collaborative way to fix current problems in the local health economy. It was later announced that the review would focus on just Mid and South Essex areas.

The Success Regime will transform health services in mid and south Essex in a fundamental and long-lasting way. Therefore, it is important that patients, carers and users of these services are engaged in the development process and have an opportunity to feed-in to the discussion on proposed reconfigurations of services.

HWE and the HOSC have statutory duties to represent the patient voice. We want to encourage and facilitate good patient and service user engagement.



Who spoke at the event, and what did we learn?

During the day delegates heard from:

- **Andy Vowles, Programme Director, Essex Success Regime**, who outlined the challenges being faced in Essex.
- **Tom Nutt, Chief Officer at Healthwatch Essex**, who stressed that the ‘lived experience’ of patients and service users should be used to ensure that proposals are closely aligned to patient needs.
- **Rachel Harkes, Communications Manager, Mid Essex Clinical Commissioning Group**, who facilitated an afternoon session on how to get citizen experience into the Success Regime.

(Presentations available from <http://www.healthwatchessex.org.uk/news/getting-the-voice-of-the-people-into-the-success-regime/>)

Key findings

- The local health economy is both clinically and financially challenged.
- The demand for health and social care services will continue to grow.

NHS CP&R CCG
@CPRCCG



Andy Vowles, Programme Director for Mid & South Essex Success Regime: ‘if we do nothing, deficit could reach £216m by 2018/19’

#HOSCsr
10.32 am – 18 April 2016

- To date there has been limited collaborative working and data sharing.
- Under the Success Regime proposals would be developed to
 - address the clinical and financial sustainability of local hospitals,
 - accelerate changes in urgent and emergency care to make it more sustainable, including developing some urgent care in communities.

Key findings continued...

- make greater use of, and join-up, community based services,

JOANNE BEAVIS

@JoBeavis



The #Essex Success Regime – partnership – locality – community – implementation in the community clustered around GP practice.

#HOSCSR

10.48 am – 18 April 2016 - Chelmsford, East, United Kingdom

- simplify the commissioning of services, reducing workload and duplication,
- encourage a more flexible workforce and
- improve the data sharing between health bodies.

STEPHEN CANNING

@EssexCanning



Andy Vowles, Director at #Essex Success Regime, outlining this is about looking across org boundaries.

#HOSCSR

10.23 am – 18 April 2016

(Further information and background is available on the Success Regime from www.castlepointandrochfordccg.nhs.uk/success-regime)

- There is an important period of discussion planned for the summer of 2016 to determine options before formal consultations on proposed service changes begin from September 2016 onwards.
- The Success Regime brand is difficult for the general public to understand.
- The wider public do not understand why change is needed.
- Patient representatives want to be consulted but they do not want to be part of a 'tick-box' exercise. They want to contribute to a co-production.
- Engagement should not just be to solely inform citizens and stakeholders and get their consent to changes.

- Patient representatives want to see evidence that they will be listened to and that proposed changes will not be totally driven by financial considerations
- The ‘lived experience’ of patients and service users should be used to inform decision-making and shape service redesign so that it is ‘patient-centred’.
- Patients and service users had clear views and opinions on how engagement should be undertaken
- Patients and service users defined a specific role for the HOSC to undertake as part of its oversight of the Success Regime.



Rachel Harkes, Head of Communications and Engagement at Mid Essex Clinical Commissioning Group, talks to volunteer and campaigner Scott Waple. Chairman of the HOSC, Cllr Jill Reeves, and Healthwatch CEO, Tom Nutt, talk in the background.

What did delegates have to say?

A series of workshops were held throughout the day to gather input from attendees. They represented a broad range of voices ranging from charitable and voluntary support groups, through to commissioners and providers of services. We have analysed their input and drawn out the following themes in the form of recommendations:

Theme 1 – Engagement

Democratic Services
@ECC_DemSer



Tom Nutt from @HWEssex “What is Engagement? Capturing meaningful insight and evidence to inform decisions”

#HOSCsr
11.29 am – 18 April 2016

It was very clear from feedback received that the NHS England message around the Success Regime needed to be consistent, understandable and positive. Current terminology could be off-putting to people. This means that patients and service users may not be able to relate to, or understand, proposed service changes if everything is branded under the ‘Success Regime’ banner. Instead, messages should be highlighting the clinical case for change and not just a financial one. Service users need to see the anticipated positive clinical outcomes. Engagement also has to be timely, leaving enough time for it to be meaningful and for feedback to be able to influence the framing of the decision.



Tom Nutt, Chief Officer at Healthwatch Essex stressing the important role of ‘lived experience’ in redesigning services.

Recommendations on the theme of 'Engagement'

During discussion the following specific approaches for effective engagement emerged and were agreed and recommended to NHS England:

- That the following principles should be observed for all engagement:
 - To ensure that public understanding of the scope and purpose of the changes proposed are strong enough and thus the importance of their participation.
 - To distinguish between public engagement and service user and staff engagement and adapt communication approach accordingly.

Stephen Canning
@EssexCanning



#Essex #NHS #SuccessRegime: "First principle for clinical redesign: Start from a patient and user perspective"

#HOSCsr

10.57 am – 18 April 2016 –Chelmsford, East, United Kingdom

- Involve service users at the beginning of service redesign processes.
- Patients should still have a choice
- There needs to be a clear demonstration that all proposed changes will improve patient/service user pathway
- Communication should not build expectations to such an extent that they cannot be delivered. Be realistic – if cannot deliver then say why not.
- Patients to be empowered with accurate and comprehensive information so that they can 'own' or manage their condition and situation.
- Communication should be open and transparent to minimise patient fear and anxiety about change
- Engagement should 'reach out' to patients and go beyond just making information available via road shows and similar.
- There needs to be a strategy for including hard-to-reach groups

Recommendations on the theme of 'Engagement' continued..

- Multi-channel and multiple forms of engagement should be used including:
 - at the premises of health providers,
 - public meetings,
 - road-shows,
 - GP surgeries,
 - shopping centres,
 - libraries,
 - dental surgeries,
 - pharmacists,
 - parish councils,
 - social media,
 - focus groups and individual face-to-face interviews.



- There should be a clear dedicated website for the Success Regime so that patients and service users can access information easily and quickly.
- Commissioners should adopt a case study approach with individual service users so they can demonstrate how they will be impacted by certain changes being made.
- Commissioners should demonstrate how they will engage early with patient groups and community and voluntary organisations so that they can 'drip-drip' communication into the local community rather than rely on just a 'Big Bang' or 'Top Down' communication at a later date when it is too late to influence service redesign.
- Commissioners should demonstrate how they will engage early with GP surgeries and wider primary care services, as their support will be fundamental as part of the drive to locate more health services in the community.
- Commissioners should train information champions, using social prescribers and volunteers, to communicate NHS England messages to service users.

- Communications should clearly and unambiguously address what really matters to patients and service users and address those issues up-front: the issue of transport and accessibility to services and whether patients will be disadvantaged if services move further away, parking, support for carers and patient data sharing



Democratic Services
@ECC_DemSer



Flipcharts at the ready - what can you do to bring lived experience to #successregime #HOSCsr ?

11.48 am – 18 April 2016 –Chelmsford, East, United Kingdom

- Commissioners should specifically consider the impact of changes on those patients who have on-going conditions which require repeated health appointments and treatment and for whom good accessibility to services was paramount
- Commissioners should specifically ask patients/carers and service users what changes they would like to see made?

Theme 2 – Feedback

Delegates felt that NHS England did not always listen to feedback and queried how they would translate feedback into meaningful action. In particular, current specialist commissioning and primary care resource issues were cited as examples where it was not clear feedback was being listened to and acted upon.

Hearing the patient voice

Delegates wanted to see evidence that they were really being listened to and treated with respect and that changes were not just being driven for financial reasons. Furthermore patient experience and consultation should not be seen as solely a tick box exercise. Instead, patient feedback should contribute to service redesign being a co-production with commissioners and providers. Some concern was voiced about the proposed timetable and whether there was sufficient time for meaningful engagement.



Recommendations on the theme of ‘Feedback’

- Commissioners should ensure that there is sufficient time allowed for meaningful engagement prior to formal proposals being determined
- Patient consultation should be embedded in all service planning, delivery, review and monitoring
- Commissioners should also consult complaints data and general patient feedback, and use questionnaires particularly post treatment.
- The Success Regime should be obligated to show how they have used ‘lived experience’ to develop proposals for service change

Theme 3 – The role of the HOSC in the Success Regime

The statutory role of the HOSC is to review and scrutinise matters relating to the planning, provision and operation of the local health service.

“The primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe”

Local Authority Health Scrutiny Guidance
to support Local Authorities and their
partners to deliver effective health scrutiny.
(Department of Health, June 2014)

Delegates thought that HOSC’s profile needed to be raised. It had an important role to fulfil to represent patient views and be a conduit for reliable information.

“HOSC role is to scrutinise and make sure that engagement is done fairly for all”

(from a flip chart used for a break-out exercise held on the day)

Recommendations on the theme of ‘The role of the HOSC in the Success Regime’

- To have regular agenda items on the Success Regime so that it ensures a continued transparent public forum
- To be a conduit for messages and information to be disseminated to the wider public
- To use its influence to help the promotion of comprehensive consultation and good engagement activity
- To be a critical friend and scrutinise the clinical and financial case for change
- To look for opportunities for joint working with Southend and Thurrock HOSCs.

What will we do with this information?

This report will be submitted to the public meeting of the HOSC to be held on 1st June 2016. Representatives from NHS England will be asked to respond to the recommendations made within this report and to indicate how they can address them during the course of the Success Regime project.

The HOSC will seek regular updates from NHS England throughout the Success Regime process. In addition, the HOSC will need to be separately consulted for its views on any material reconfiguration and/or variation in service proposed as part of the wider formal public consultation exercise. This will provide a further opportunity for patients and service users to highlight issues of concern to the HOSC, particularly around the adequacy and comprehensiveness of the public consultation exercise itself.

In a joint press release issued by HWE and the HOSC after the event Councillor Jill Reeves, Chairman of HOSC, stated, “We have to see the Success Regime as an opportunity to deliver improved and consistent clinical care for all and the HOSC wants to help ensure that, despite the financial pressures on the NHS, there is meaningful engagement with the public.”

This information is issued by

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