



Engaging our Communities Workshop – 15th October 2019

Feedback Report

Aim of the event

The workshop was to explore how as a Partnership we can develop the engagement with local communities in our joint work. The workshop marked the start of what will be a series of discussions as we develop a system-wide engagement framework which amplifies the voice of residents in our work whilst seeking to ensure opportunities to participant are locally based.



Attendance

We had a very good attendance from all sectors, including the voluntary sector, community groups, NHS England, patient representatives and partner organisations. The workshop provided lots of areas of good practice and also identified areas that needed further development. Thank you all for taking part – our visual trailer can be found on You Tube: <https://youtu.be/oR55BZMa1PU>

What happened

The session opened with a presentation from Lisa Allen, Clinical Accountable Officer, Basildon and Brentwood CCG, which provided the context for the Mid and South Essex system and how partnership and collaboration will operate at different levels, from the 28 newly formed primary care networks, based around groups of GP practices, the four “places” of South East Essex, Thurrock, Basildon and Brentwood and Mid Essex, and then at system level covering our 1.2 million population.

Frances Newell, Primary Care & System Transformation Group, NHS England then gave a talk about developing communications and engagement frameworks with systems and gave examples of how some other areas are working across their partnership to involve residents in their health and care at every level.

This was followed by an open question and answer session - please see Appendix 1 for notes of this.

Linda McGowan, Primary Care & System Transformation Group, NHS England, gave an introduction to the workshops forming the second half of the session.

Workshops

Highlights of the table top work taken from the flipcharts showing areas of current good practice and also where we can make improvements. It is apparent that there is lots of good work happening but equally there are areas that we need to concentrate on to improve.

Workshop One: Where we are now:

What Works Well

- Virtual groups – gives access to working people
- Trust governors – walk around sites
- GPs working in teams/cross surgery more
- Community-based schemes such as the Slipper Exchange which operates as part of the falls prevention approach
- Youth Council in Southend/Rochford/Thurrock
- People Panel in Thurrock being able to hold decision makers to account
- Maternity Patient Partners – who helped develop Maternity Direct app direct
- GP surgeries: advertise events on appointment screens etc.

What doesn't work as well?

- Lack of joined up working/fragmented services
- Culture change is needed
- People taking responsibility for raising awareness
- Under-representation of young people or diverse backgrounds in our engagement
- Need to establish trust with the public – be transparent
- Implementation takes longer than expected, therefore people become disengaged
- Voluntary organisations often left out or brought in late
- Out of date methods used
- We don't target engagement to the audience
- Membership of the Service User Advisory Group (SUAG) is drawn from a limited pool

Who are we missing?

- People with learning disabilities
- People with mental health conditions
- Young people
- Working adults
- Faith groups
- Unitary Councils
- Black and Minority Ethnic (BAME) groups
- Rough sleepers
- Public health colleagues
- People who are not in touch with services
- Traveller communities
- Commuters
- People living in deprived areas
- Non-English speakers

Workshop two – What we need for a good engagement strategy as a system:

How can we improve?

- We need to show progress but have joint responsibility and move to a “WE said,WE did” approach
- Local vs system wide – not all good practice will work at a larger scale – need to distinguish what happens between neighbourhood/place/system in strategy
- Empower community representatives – give the patient experts who lead, for example, diabetes self-help groups a `seat at the table’
- GPs don’t always signpost to support services e.g. Breathe Easy – improve info on services available and build on social prescribing
- Ensure discussions are at district/borough/locality to county/ICS level
- Ask service users better questions
- Clarify whether it is consultation or engagement and what influence people have
- Open dialogue about what is happening – be honest
- Engage more frequently rather than at beginning/end
- Have a clear brand that is recognisable across the patch – one that has a clear meaning – strapline – set of principles – developed from the bottom up
- Sharing resources from staff to insight
- Person centred and person outcomes based
- Have options for informal engagement events, face to face and on-line – one size doesn’t fit all
- Make building trusted relationships from the start a priority
- It’s not just patients – need to engage residents/citizens
- Learn from experience and don’t duplicate what others are already doing

What we need to consider

- Same terminology across the system, no jargon or acronyms
- Accessible to all
- Working together with partners
- Regular dissemination of information/messages
- Going out to people, rather than getting people to come
- Use different mediums for example radio, social media, face to face, virtual
- Ask people how they would like to be communicated with – test with 100 people

Themes we heard consistently



Throughout the day there were some very clear themes:

- **Feedback** – from any engagement/involvement - people need to know what will happen next and if nothing, why not. Tell people if you are not able to get back to them when you have said you would, and keep the communication/information flowing
- **Go out to the people** – don't expect everyone to come to you and be more inclusive – it is always the same people who are asked
- **Language** – we need to be clear what we are talking about; what things mean – people don't care about ICS/system, they care about getting a service
- **Leadership** – they need to be visible and committed to engaging the population.
- **Be clear on the difference between engagement/involvement and consultation.** It was clear that some people feel it is all the same but also cannot let go of some previous experience of consultation and their belief that everything is a “done deal” anyway because they never hear what has happened to their contributions
- **Resources** – there must be adequate resources available – and this includes people, time and finances This includes giving stakeholders time to go out and speak to their communities and do a proper job of engaging.

Next steps

These conversations and workshops aim to develop an overarching engagement framework which sets out the opportunities at neighbourhood, place and system for involvement and community engagement and, where appropriate. Formal consultation about proposals for change as we develop into an Integrated Care System.

At system level we are seeking to draw together existing good practice, avoid duplication and add value to ensure the voice of local people is recognised appropriately at all levels.

The framework will seek to demonstrate that different approaches will be needed taking into account the specific topic, but also recognise that we need to widen the scope of input across our population and offer varying methods of engagement.

Further sessions are being planned to include our wider voluntary sector partners and our youth councils to widen the scope of input. We are also working to launch Virtual Voices, our citizens' panel which will enable us to canvass the views of around 1,500 demographically representative members of our population via online surveys.

A follow-up session to this event is planned in February 2020 where we will then examine the feedback collated and the emerging models/frameworks to help us to develop our engagement strategy.

The output of that session will then feed into the engagement plan which the Partnership Board will adopt in March 2020.

Appendix 1 - Notes from Q&A session and suggestions made

Question/points raised	Answer
<p>We have to learn from past mistakes – SUAG members are losing interest as they don't feel that they are being listened to – Can I ask that when decisions have been made we are informed and informed of timelines for decision making? So far we haven't had the support we needed – this has to change! Meaningful working together – if this is to happen then you must take notice of both positive and negative feedback and not simply ignore what you don't like. Let's get it right this time</p>	<p>CH: We accept that we haven't always got it right and we should strive to do better together. Today is line in the sand; we need to learn and move forward and work together to engage wider representatives SUAG originally had a different purpose when it was convened. Now is the time to broaden engagement and move it in a different direction.</p>
<p>We need to make sure there is strong support from leadership: what are the roles; where do they sit? How will it work?</p>	<p>CH: We need to share today what hasn't worked but also what we want to look forward to: won't be decided today but it's important to hear your views – this work is start of developing our plan which the Partnership Board will approve.</p>
<p>I represent all three Healthwatches and sit on Programme Board. Lot of stuff/direction that comes directly from NHSE/I and we have often already started on earlier direction so always reacting to goal posts changing, and we have to change. What does NHSE/I do at a higher level to engage at national level; how do you test impact?</p>	<p>FN We do work closely with and use colleagues in the field to test things out and help shape things locally I accept we don't make it easy for yourselves or local managers and feel your pain, however we often get directives and have to implement. It's a reality of how we have to work at times unfortunately.</p>

<p>I am representing Collaborating Essex – our aim is to engage with people with learning disabilities.</p> <p>Re configuration on clinical changes, it felt like it was a “done deal” and we don’t see “care in communities” what is happening? Can we get that back on the agenda?</p> <p>We need to get messages out there and integrate the community aspects i.e. transport. Integrate acute and community care.</p>	<p>LA Our plans were always intended to look at acute services first and whole pathway including services in the home/community. We are looking at pathways now and that is the whole purpose of PCNs you may go in for an acute intervention but should then have your care picked up back in the community.</p> <p>The issue of concern about transport was highlighted in the decision-making business case and we identified steps the NHS could take in trying to mitigate these concerns. We set up a Transport Working Group and have worked with them to understand those concerns and develop ideas together..</p>
<p>Is there any definition of a GP service? i.e. when does it fall short of an effective service? We are losing staff to private sector</p> <p>GP contracts; PCN widening access but people are also responsible for their own care; people expect to access services “now”. And its these people who are blocking services</p>	<p>LA. Many people cannot get to see a GP so use A&E as a GP service or their illness is exacerbated due to lengthy delays then end up in hospital. This needs a national cultural shift but prevention has to be up front as described in the Long Term Plan.</p> <p>GP practices are bound by a GMS contract which describes what services they have to offer. Access is a challenge in all areas and there are many appointments which could be managed in a different way (eg on-line consultation, or a consultation with a different health or care professional) Also we have become a society that expects everything instantly - GP care navigators are trying to help signpost people to more appropriate places.</p> <p>Delayed transfers can also be a problem related to “move-on” accommodation being available i.e. care home; whether a step-down bed or care package is needed but not available; adaptations; homelessness etc – this is a fundamental change that we need to address, and the ICS model should assist with this.</p>
<p>Whole issue is that we do have some good practice and we need to understand and use these; we don’t always need to be reinvented. Stop looking at change and look to develop what we already have – some of which are high quality</p> <p>We need to look at specific areas and not just at system level, as we are not all the same.</p>	<p>CH: We recognise the need for engagement to be as local and as targeted as possible which is why we want to set this out in the plan. During the public consultation we undertook a lot of targeted engagement with groups most likely to be affected by the changes,</p> <p>FN: To throw a challenge out - change isn’t always a bad thing. We are not suggesting change for change sake, but everything is changing and moving: we are getting older; younger citizens want to get involved; technology; etc</p> <p>Advocate sharing good practice and not re-inventing where we can.</p>
<p>Citizen’s Panel seems to be something that will be used in future; what are they going to vote on? Decisions will have been made.</p>	<p>CH: A Citizen’s Panel aims to be a representative, consultative body of local residents.</p> <p>They are typically used by statutory agencies, particularly local</p>

	<p>authorities and their partners, to help identify local priorities earlier and to engage service users and non-users on specific issues.</p> <p>This provides a more market research based form of engagement to pool and gauge opinions on a regular basis around a range of transformation topics. The feedback reports from these online surveys can then be used as discuss in existing face- to-face groups at local level. It is aimed to complement existing engagement work, not replace.</p> <p>The STP was successful in its bid in to secure £40,000 of funding from the NHS England System Transformation Group to establish a citizens' panel in mid and south Essex.</p> <p>Work has now begun on delivering the initial 12 month programme of work to set up the panel. This includes procuring a service to assist in the recruitment of around 1,200 virtual panel members to ensure it is representative of our population.</p>
<p>PCNs: what will they do? How many of these will we need to work with?</p>	<p>LA: Primary care networks (PCNs) form a key building block of the NHS Long Term Plan. We have 28 across mid and south Essex. They are in early development but engaging and working with their local communities.</p>
<p>Who decided CCGs should go? There was no consultation on this.</p>	<p><i>(response sought outside of the meeting)</i> The NHS Long Term Plan published in December 2018 asked for there to be a single commissioning voice per ICS and stated that this would usually mean one CCG per ICS. In September 2019 the boards of each CCG passed a recommendation that work should commence on a merger application; the proposal is available to read in the board papers of each CCG on their website. The application for merger must be approved by the CCG's regulator NHS England. However, before the application can be made the CCGs want to embark a period of engagement with stakeholders to ensure that all views of any proposed merger are considered: the formal merger application must reflect how any concerns about merger have been addressed .Once a merger application is ready it must be voted on by the GP practices who make up the membership of the CCGs.</p> <p>At this stage, no decision at all has been made to merge. The five CCGs have only agreed to start work on the merger application and this will start with a period of stakeholder engagement from January 2020.</p>
<p>Good practice needs to be developed. Need to make contact with</p>	<p>CH: Lots of contact has been made previously with and continues with</p>

groups e.g. stroke clubs	local stroke groups and the Stroke Association. We did work with the Stroke Association during the public consultation last year locally and visited support groups and felt this was done well but we have to look at how we do things in wider partnership. We need to move forward including housing, education and social care in our plans.
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Question	Response
How can the learning difficulties community be properly engaged during transition to ICS with place-based commissioning?	We are working with our voluntary sectors to identify the best and most effective way to communicate to all groups. We will ensure that we link to existing groups that support these groups in the community – as we have said we are committed to engagement happening as locally to people as possible.
The Primary Care Networks have come in with a whimper! What plans are there to communicate this to local residents?	<p>Primary care networks (PCNs) form a key building block of the NHS Long Term Plan. Bringing general practices together to work at scale has been a policy priority for some years for a range of reasons, including improving the ability of practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system.</p> <p>While GP practices have been finding different ways of working together over many years – for example in super-partnerships, federations, clusters and networks – the NHS long-term plan and the new five-year framework for the GP contract, published in January 2019, put a more formal structure around this way of working, but without creating new statutory bodies.</p> <p>The main funding for networks comes in the form of large directly enhanced services payment (DES), which is an extension of the core GP contract. It includes money to support the operation of the network and to help fund additional staff, through an additional roles reimbursement scheme. Locally we have been running a #gettherightcare campaign to explain the extended roles in primary care – more details can be found here: https://www.msehealthandcarepartnership.co.uk/our-work-in-partnership/care-in-your-neighbourhood/</p>

Stop waiting to engage until the plan is well advanced! We have already complained about having to play catch up	Comments noted. We will endeavour to communicate any plans as soon as we can, unfortunately there are occasions when the contributing factors prevent this such as timescales imposed by others
Lack of respect for patient rep. Why was it that the first I heard about changes to eye services at Braintree Community Hospital – via a request to sign a petition?? Not good enough – I attend SUAG, PPG and locality meetings – I deserve better.	We recognise and acknowledge the frustration you must have felt. The STP is a Partnership and operates at system level - as such we are not always aware of plans that individual organisations may have around how they are engaging and communicating.
SUAG would work better with membership enlarged to include anyone interested and interactive website	These conversations and workshops aim to develop an overarching engagement framework which sets out the opportunities at neighbourhood, place and system for involvement and community engagement and where appropriate to be more formally consulted about proposals for change. At system level we will seek to build on existing good practice, avoid duplication and add value to ensure the voice of local people is recognised. And within in this we will explore the future role of SUAG. The engagement framework will seek to demonstrate that different approaches will be needed, taking into account the types of changes, but also recognise that we need to widen the scope of input across our population and offer varying methods of engagement. Our work to develop a system-wide citizens' panel, called Virtual Views, is part of this work and will help to seek and understand the opinions of a demographically representative, statistically significant sample of mid and south Essex residents.
We need to receive feedback from workshops already taken place – i.e. Transport to enable cascading and improve communication	We will try to ensure that feedback from workshops are provided in a timely manner to participants.

PARKING LOT

Question /Theme	Response
COMMUNICATION	
Have an email feed to communicate but don't overdo it, a monthly digest is useful	We are looking at ways that we can better communicate and how we can incorporate feedback and communication into our website
Creative ways to engage with people	The workshop is the start of dialogue into different ways to communicate, what works and what can be done better

<p>Social media is already effective could be harvested more efficiently with trust</p>	<p>We recognise the benefits social media can bring in reaching far more of our population than traditional methods. All of our partners have social media feeds alongside the system-wide feeds on Facebook and Twitter and we encourage all partners to share content and information across their platforms.</p>
<p>Why do the NHS not fully utilise technology? For e.g.</p> <ol style="list-style-type: none"> 1. Care navigator app 2. Consultations via social media 3. Invites to events etc. 	<p>We agree that technology has great potential to improve care through better information sharing, helping people to take more control over their health and helping them to access the right services and community support when needed.</p> <p>As a Partnership we have set up a system wide digital work stream to ensure we are able to collectively harness the benefits of technology. Our approach will include:</p> <ul style="list-style-type: none"> • Joining up your information – secure access to patient records for clinicians and care workers, where and when they are needed • Providing access for patients and their carers to their digital health records • Helping people to take greater responsibility for their health through use of technology • Developing on-line resources to guide people through their care and treatment, including community support information • Extending the role of technology to support direct patient care eg. E-consultations and video consultations.
<p>Building relationships</p> <ol style="list-style-type: none"> 1. Trust has been lost due to lack of response 2. Communication can only be effective with trust 	<p>We have taken on board the comments around communication and trust and are looking at ways that we can improve and gain the trust of our participants at all levels.</p>
<p>Engaging the disengaged?</p> <ul style="list-style-type: none"> - Sensory impaired - Very elderly/dementia affected - Housebound/bed bound - Learning disabilities 	<p>The workshop is the start of the process to ensure that we do engage effectively with harder to reach groups. There is a great deal of good practice amongst our partners and a number of voluntary organisations who already work with such groups and we are endeavouring to link with them to ensure their voice is heard.</p>
<p>People don't know about the MSE STP Board. What is its governance structure?</p>	<p>The Partnership Board draws together members from all of the statutory bodies in the health and care system – it is not an organisation in its own right. As the Partnership matures into an integrated care system as set out in the NHS Long Term plan, work is currently underway to develop a governance system which will help partners work in greater collaboration than they are currently able. This will be published on our website.</p>

How do patient representatives on different bodies link together? Each operates separately at present	This is part of the work we are currently looking at is to better link up our existing networks and to set out a clear framework for how we work.
Contact those at work through a social network avenue	Our Citizen's Panel will provide ways for people to engage who are not able to attend face to face events
FUNDING	
Funding for voluntary sector to engage with service users	We recognise the vital role voluntary sector colleagues have and will learn from the work already underway particularly in our local authorities through Asset Based Community Development (ABCD), This approach is based on the premise is that communities can drive the development process themselves by identifying and mobilizing existing, but often unrecognised assets. This will support a different approach to how we commission and fund community based initiatives.
Where is the resource to set up PCNs?	The main funding for networks comes in the form of large directly enhanced services payment (DES), which is an extension of the core GP contract. It includes money to support the operation of the network and to help fund additional staff, through an additional roles reimbursement scheme.
Where PIP assessments produce casualties, we need to redirect those affected and provide assistance to prevent serious casualties	This is outside the remit of discussions in this workshop but the comment has been shared with partners.
OTHER	
There needs to be an interactive space on STP website for patient reps	This has been discussed previously with SUAG members and whilst a fully interactive function is not possible due funds available and resource constraints – the website does have the ability for the public to ask questions. https://www.msehealthandcarepartnership.co.uk/
How will the questions be chosen for the Citizen's Panel?	A Citizen's Panel aims to be a representative, consultative body of local residents. (see above) The topics covered in the surveys will be aligned to the transformation work streams set out and agreed by the Partnership board.