

Patient, Carer and Public Engagement Report

Governing Body meeting

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5 November 2015

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Sponsors	Professor Mark Gamsu, Lay Member Tim Furness, Director of Business Planning and Partnerships
Is your report for Approval / Consideration / Noting	
<p>For consideration</p> <p>We invite Governing Body to consider and comment on issues raised by patients, carers and the public that are detailed in this paper</p>	
Are there any Resource Implications (including Financial, Staffing etc)?	
No	
Audit Requirement	
<u>CCG Objectives</u>	
<p>Which of the CCG's objectives does this paper support?</p> <p>Objective 1: To improve patient experience and access to care</p> <p>Principal Risk 1.1: Insufficient communication and engagement with patients and the public on CCG priorities and service developments, leading to loss of confidence in CCG decisions.</p>	
<u>Equality impact assessment</u>	
<p><i>Have you carried out an Equality Impact Assessment and is it attached?</i> No</p> <p><i>If not, why not?</i> This paper is based on previous activity and therefore an EIA is not appropriate. Individual EIA screening processes have been carried out for specific pieces of work.</p>	
<u>PPE Activity</u>	
<p><i>How does your paper support involving patients, carers and the public?</i></p> <p>This paper provides highlights of what patients, carers and the public have said to the CCG in the last quarter. It also summarises the implementation of the Plan and Strategy.</p>	

Recommendations

The Governing Body is asked to:

- Pay particular attention to the patient, carer and public feedback in the 'Speaking with confidence' briefing in section 4 and the implications this has for the CCG.
- Consider the 'Successes, challenges and areas of interest' section with a view to provoking debate in the Governing Body meeting.
- Consider the 'update on progress' and 'development work' sections.

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Overview

Aims of this report:

- To highlight key challenges and areas of interest in the patient and public involvement arena.
- To highlight progress against the Patient and Public Involvement Plan between July and October 2015.
- Provide a snapshot of feedback from local people based on specific engagement activity.
- To receive an update from HealthWatch Sheffield.

Content

1. Successes, challenges and areas of interest
2. Retrospective update on progress of the Plan and Strategy
3. Development work – priorities for next quarter
4. 'Speaking with confidence' briefing
5. Appendix A - HealthWatch Sheffield Information for Sheffield CCG

1. Successes, challenges and areas of interest

1.1 Our next challenge - the refreshed engagement strategy

Our next challenge is to complete revising our Engagement Strategy and Action plan. As this report shows we continue to make progress. However, we understand that we need to do considerably more. Some of the areas that we are discussing include:

- How can we support General Practice in the city to have a consistent engagement with the public they serve? We know that there is now a requirement for all practices to have a patient reference group, however it is important to be clear about what the added value is, what good looks like and as importantly whether this is the only and best way of ensuring that public voice is heard.
- We understand that we need to do more work bringing together members of the public who are involved in Patient Reference Groups, HealthWatch Members, Involve Me members, Trust Members and Local Authority Citizen Panel members

in ongoing discussions about their views on the future of health and care services and how we can best achieve wellbeing more generally.

- Sheffield has a long tradition of investing in neighbourhood based community engagement and we have hundreds of health champions, practice champions and health trainers - many come from communities that are traditionally described as 'hard to reach' in engagement terms - yet they are clearly not hard to reach! We believe we could do more to systematically engage with these 'active' citizens to hear their perspective and voice more effectively.

These are just some of the examples of areas that we know we need to address. We are not claiming that the refreshed engagement strategy will solve these challenges - but we do hope it will continue to strengthen our work in these and other areas.

1.2 Kings Fund

We have been successful in our bid to present at the Kings Fund Transforming Patient Experience Conference 2015 on 4th November where we will be highlighting our transformational system-wide approach to engagement. The respiratory strategy work and Musculoskeletal 'commissioning for outcomes' project will provide illustrations of innovative approaches as we move from planning to implementation.

1.3 Partnership with Patient Opinion

The Patient Opinion team continue to praise our partnership approach to engagement, initially stating that the techniques used to develop the respiratory strategy were a "world first" and, in recent weeks, have asked us to participate in an "exemplar" film - <https://vimeo.com/138955046>.

1.4 Reimbursement of Expenses Policy for Volunteers and Citizens – Policy and Procedure

Following discussions with local partners, a revised policy has been developed. This policy was distributed through community networks asking for feedback and comment. We received 50 individual comments from 15 people. The policy is included on the agenda for approval.

1.5 Equalisation of Funding

An extraordinary Governing Body meeting was held in public to discuss the devolved decision from NHS England around the equalisation of funding to GP Practices on a PMS contract. Due to the interest from the public in this decision we made sure that the meeting was held at an accessible community venue, and that the meeting was run in a transparent manner. Half of the meeting was dedicated to receiving public questions and comments to make sure the voice of our communities was heard and considered in the decision making process.

1.6 Engagement Events

Eleven engagement events have been held over the last quarter including: 2020 Vision; Urgent Care; CASES; Annual Public Meeting. The meetings have been attended by 248

people in total, although this has varied between 71 and 6 attendees at specific events. The conversations have therefore taken a variety of forms, from in-depth patient/carer experience data collection to more general dialogue. In addition to this, 177 surveys have been completed and 26 community groups have been visited by the wider CCG team.

2. Retrospective update on progress of the Plan and Strategy

Key progress includes:

2.1 A 2020 Vision of Health and Social Care in Sheffield – ‘Changing the balance’

The engagement phase of this project has now concluded. Following on from the first engagement event held in May, a range of channels were used to allow people to engage on this topic. Over 150 people engaged across all our activities including five events, meeting with one community group, an online survey, and an engagement session at our Annual Public Meeting.

The event dates were:

28 May 2015 – Health and Wellbeing Board event, Town Hall

22 July 2015 – CCG event, The Circle

12 August 2015 – CCG event, The Circle

4 September 2015 – Sheffield Teaching Hospitals event, Northern General Hospital

16 September 2015 – HealthWatch event, The Circle

The meetings incorporated consistent messages about the City’s partners’ challenges, priorities and plans over the next five years:

- How can we improve the way we respond if you have an emergency?
- How can we better help you to stay well?
- What other areas are important? What’s missing?
- What do you want to know more about in relation to our vision and the need for change, and how do you want to be kept involved?
- What should health and social Care services do to help reduce health (and social care) inequalities?
- What should our priorities be in spending the money we have for health and social care in Sheffield?

The vast majority of people who participated recognised the issues, agreed we can’t do more of the same, agreed that our ideas were important and thought they would improve things for people in Sheffield.

A preliminary analysis of the feedback has been undertaken which is included in the ‘speaking with confidence’ briefing. A full analysis and report will be produced once all feedback has been received which will then be discussed and considered by the partner organisations.

2.2 Urgent Care

The engagement phase of the Urgent Care Services Review has now concluded. We estimate that through all activities we have made contact with over 14,000 people across Sheffield with direct feedback from 335 people.

All feedback that has been received as part of this engagement activity was analysed using a reflective analysis session. This incorporated six members of staff with varying experience and interaction with the engagement activities individually reading, analysing and theming the feedback and then sharing this with the group. The collective themes were then collated and described in a group activity to reach the final themes which are detailed in the 'speaking with confidence' briefing.

A full engagement report has been produced which details the activities undertaken and the feedback received.

2.3 Clinical Assessment, Services, Education, Support (CASES)

A public engagement event about CASES took place on Wednesday 15 July 2015 at the Holiday Inn Royal Victoria. Fifty four members of the public attended to hear about the CASES model and to discuss the principles and what effect they may have on patients like them.

Further activities are currently being planned including Patient interviews, a survey and promoting patients of the initial five specialities to share their stories on Patient Opinion.

2.4 Musculoskeletal development work

A patient group has been established by the CCG Musculoskeletal team who are co-producing appropriate methods to feed quarterly patient experience data into the Musculoskeletal Project Board. Advice and guidance has been offered for implementation of best practice and links have been made with the Patient Partnership team at Sheffield Teaching Hospitals to potentially gain anonymised real-time sample data.

2.5 Short breaks

Support has continued for the Children and Young People Team who are working in conjunction with Sheffield City Council around Short Breaks provision.

2.6 Cancer programme

Guidance has been provided to the Long Term Conditions portfolio team in the development of the CCG Cancer Work Programme, particularly initial engagement about local priorities following national guidance.

2.7 Mental Health Partnership Board

The development of systems and processes to support lay people who have a role on the Mental Health Partnership Board are underway, with particular emphasis being placed on a partnership approach with Healthwatch and the Local Authority.

2.8 Respiratory

Planning continues following the engagement phase of the respiratory strategy development, with links into local voluntary sector groups being maintained by the wider team to ensure a “you said, we did” approach.

2.9 Infrastructure for formal consultation

Formal links have been made with the new Chair of the Healthier Communities and Adult Social Care Scrutiny Committee, Councillor Cate McDonald. The team are also meeting with the NHS England gateway team to discuss potential service change structures and processes.

2.10 Summit Outcome: Strengthened operational links with partner organisations

A key outcome from the two Engagement Summits, held in September 2014 and April 2015, has been the establishment of links with other engagement teams in the NHS in Sheffield. A partnership approach to the 2020 Vision events has provided an initial platform for collaborative working and links with organisations in other sectors is beginning to provide a basis for greater dialogue about engagement with citizens in the city. These organisations include The Tinder Foundation, Westfield Health, Sheffield Hallam University and Sheffield University as well as wider organisations such as Bedford Citizen’s Advice Bureau (who are piloting a project on behalf of NHS England). In addition, projects with the Public Health, Health and Wellbeing Board and CitizenSpace team at Sheffield City Council are now firmly established and have been operationalised.

2.11 Summit Outcome: Learning disabilities

Establishing a multiple-agency group to plan a pilot for engagement with people with learning disabilities has begun and an initial scoping meeting has taken place. An event with wider stakeholders is planned for early November.

2.12 Involve Me

Two Involve Me newsletters have been sent out during this period. They included 15 articles about CCG events and projects, lay member opportunities, other engagement opportunities from local partners and national health partners.

The August newsletter was sent to e-mail contacts using an online subscriber management system called MailChimp. This allows a greater deal of analysis of the reach that our email newsletter achieves. This showed that out of the 428 email subscribers that we have for Involve Me, 40% opened these and 7% actively engaged by clicking through to links in the email. Although these percentages seem low, they are significantly higher than average for similar types of newsletters nationally at 21% open rate and 3% click rate. We continue to work with organisations such as The Tinder Foundation to offer opportunities to increase online and digital inclusion for the 286 people who have asked to be contacted by post.

2.13 PEEG speakers

The speakers at the Patient Engagement and Experience Group this quarter have included:

- Roz Davies – We Love Life / Digital Expert
- Paul Harvey – Centre Manager at Voluntary Action Sheffield
- Elaine Goddard – Public Health Principal, Sheffield City Council
- Dr StJohn Livesey, Alastair Mew, Lynda Liddament – Urgent Care Team

2.14 Working Together

A role description was created for a lay member to assist with the assessment of web development providers for the Commissioner programme of Working Together. This opportunity was then distributed through our community networks. Two individuals were recruited who both made a significant contribution to choosing a preferred web development provider. In addition, local stakeholder analysis has taken place to aid the Working Together Team as they begin to plan the conversation with local people.

Members of the engagement team also attended a regional learning and networking meeting that reflected on, and discussed, the lessons learned from the Children's Heart Surgery Review process.

2.15 Support for Annual Public Meeting

The team provided support and guidance in the planning stage for the event and, along with the wider CCG team, facilitated the 2020 Vision session at the meeting.

2.16 Student engagement

We have attended three Sheffield University student events where we raised awareness about NHS Sheffield CCG, Involve Me, Meningitis and the Choose Well campaign.

- Freebies Fair 21 September 2015
- Activities week event – 22 September 2015
- Freshers' Fair – 30 September 2015

In addition, a quarterly meeting has been established with the Welfare Officer at Sheffield University to ensure a partnership approach to engagement and student health issues.

2.17 Linking Practice-ing Community Centred Approaches Event

This event was held at The Sloan Practice and brought together national and local experts who are passionate about community-led patient engagement. Specific links were made with Janet Harris at SchARR in relation to her newly funded Community Based Participatory Research fellowship and with Dr Amir Hannan whose team at Tameside and Glossop CCG developed similar methodology for development of a respiratory strategy as we will be presenting at the Kings Fund event on 4th November.

2.18 Lay member recruitment

Both the Clinical Reference Group and Area Prescribing Group were interested in expanding their membership to include more public representation. It was agreed that a lay member role would be created for both groups. Role descriptions were developed in partnership with the Chairs of these groups. These opportunities have been sent through our community networks. One person has shown an interest in the Area Prescribing Group and details have been passed to the Chair to contact and discuss the role further.

3. Development Work – priorities for next quarter

3.1 Organisational Development

The Patient engagement plan and strategy both require review and a fresh approach. Sessions have been held with members of the Patient Engagement and Experience Group, with staff at one of the Innovation Sessions, with Governing Body at a dedicated organisational development session and feedback has been gathered from local people who are currently involved with our work. Specific emphasis is being placed on:

- National and local best practice.
- Increasing links with other local organisations in our role as system leader.
- Creating sustainability to enable the patient voice to be heard.
- Increasing transparency, accessibility, inclusivity and visibility of the CCG in local communities.
- Linking patient, carers and public engagement to the wider CCG organisational development agenda.
- Recognising and showcasing success and innovative practice locally and nationally.

3.2 Explore engagement with patients via GP Practices

Discussions have taken place regarding the aspiration to engage with patients via practices through Patient Reference Groups and other methods such as text messaging. This will be further explored as a way to engage with more patients. It will also build upon the review of Patient Reference Groups started by HealthWatch Sheffield.

3.3 Deprivation of Liberty Safeguards lay recruitment role

The CCG is to assemble a panel of lay people to run alongside the traditional recruitment panel, for the role of Quality Officer (Deprivation of Liberty Safeguards). This is the first time the CCG has taken this approach to recruitment. The approach will be trialled in partnership with Sheffield Health and Social Care Foundation Trust as they have trained lay people who routinely undertake this role.

3.4 HealthWatch Sheffield

Work is underway to develop more formal links with HealthWatch Sheffield and to particularly utilise their independence in the health and social care landscape. One aim will be to hear the voice of more local people in our engagement and consultation activity.

4. 'Speaking with confidence' briefing

Key messages from patient, carer and public engagement

The 'Speaking with confidence' briefing allows staff having conversations with the public to accurately reflect what our local communities have been telling us about health services. This briefing is based upon feedback from patient engagement that has been completed, analysed and themed in this period.

Access to GP appointments

A large amount of people feel that they are unable to get a GP appointment when they need one or at a suitable time which drives people to use urgent care services for convenience, or because their health issues escalate. People want longer consultations to discuss multiple, complex conditions. They want non-clinical advice being offered in GP Practices to alleviate the demand for clinical staff.

Confusion about what services to use

People want a simpler system. There is a lot of confusion about what services to use for what type of need. It is seen that there is too much choice and people default to services that they are comfortable with, know about or have used before. The language that is used to describe urgent care services is seen as confusing and inconsistent. People feel that there should be better signposting to, and education of, these services. Many people feel that the system should guide patients through rather than have to make the choice themselves.

System not working cohesively

People see the urgent care system and wider health and social care system as complicated, fragmented and lacking communication between services and organisations. People move around it, rather than the services moving around them. This has the impact of people having to repeat their story at every contact within the system and also affects the continuity of care that they receive. They feel that all organisations providing services need to be joined up better with greater integration across health and social care. People want professionals that work with them to have access to their medical records, using IT systems that work together and to use anonymous data between agencies intelligently for the benefit of improving health and wellbeing. Single assessments should be made where possible to reduce duplication.

Staff attitude and communication

There are mixed reviews around staff attitude. Some people have received the compassionate and friendly care that they expect, whereas others have felt that some staff have been dismissive and unhelpful. Communication between staff and patients, and especially being listened to, are big issues for people.

Differing experiences and knowledge of services

People are experiencing urgent care services very differently across Sheffield. Many factors affect their knowledge of, and confidence of using, the different urgent care

services that are available to them. These factors can include where people live, the language they speak, their education level, and their age.

Alternative services available closer to home

The types of services, both statutory and voluntary, that are available and known about in the community to support people are varied across Sheffield. People want flexible, rapid response services and specialist advice in the community that will help them to stay well, manage their conditions themselves and address their health issues before they escalate and require crisis services. Patients' feel that their care is often escalated to crisis care rather than being directly admitted to specialist care or advice. Out of hours care is seen as a particular gap.

Care planning and discharge failures

People want proactive care with clear pathways for crisis. They want a focus on prevention, identification of people at risk and effective interventions. The exit point of urgent care is seen as a particular problem. Unplanned discharges, a lack of follow ups and no continuity of care can create a feeling of falling off a cliff edge.

Mental Health

People want to be treated as a whole, with their mental health needs treated as equal to their physical needs. They want care plans with effective options to avoid, and help them in, a crisis. They want more specialist knowledge, focus and understanding. People's experiences of accessing urgent care services for mental health issues are generally poor.

Whole system approach

People recognise that everybody has a role to play to improve the health and wellbeing of Sheffield. They want all agencies throughout Sheffield to work together with a common purpose. These agencies include health organisations, social care, private care, education, employment and workplaces, housing, policing, voluntary, community and faith sector and leisure.

Investing in our communities

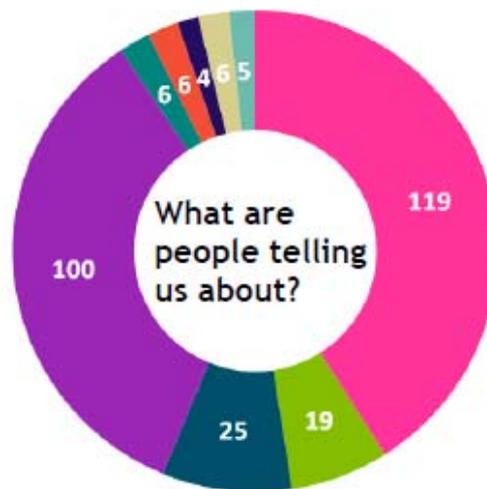
People want the voluntary, community and faith sector to be supported appropriately with information, knowledge and recognition, as well as consistent funding. People feel that we need to build and make better use of community resilience in order to improve the health of our communities.

healthwatch Sheffield

July to September 2015 - Facts and Figures

Total number of people spoken to: 981
Total number of experiences collected: 292

- Hospitals
- Mental Health
- Dental
- GPs
- Care Homes
- Care at Home
- Social Care
- Pharmacies
- Other



"I booked an appointment for 11.30. I wasn't seen until 1, by which time I'd been sick in reception."

"Our fantastic carer is really, really nice."

We have;

- Shared information about 19 services in Sheffield with the Care Quality Commission
- Taken part in 33 community events
- Held six discussion forums and focus groups. These looked at; dignity, issues for the BME community, adult social care, urgent care, the future of health and social care, and primary care practice participation groups
- Held 7 Young Healthwatch meetings

"Excellent meeting today - I admire the friendliness of the team. As a fairly able 69 yr old I feel there could be a glimmer of light left on in the tunnel if needed. Well done."

First time attendee at a Healthwatch event, August 2015

July to September 2015 - How have we changed things?



Nationally

We escalated the issue of finding out what people's oral health needs were if they had a learning disability to Healthwatch England. They met with Public Health England. Public Health England have agreed to do a separate piece of work as part of their Adult Dental Health Survey to capture the specific needs of this group of people.



Locally

We worked with three trusts to provide patient assessors to look at areas in which care was delivered. We fed back to one trust that patient assessors need to be better supported when visiting challenging environments. These changes have been made, ensuring that patients are properly supported to make recommendations.



Individual Providers of Services

We visited three GP practices using our power to 'Enter and View'. The CQC visited a care home we had previously visited and used our findings to inform their visit. We passed on information about a care provider which was a factor in prompting the CQC to visit the service.



Individually

We spoke to someone who thought that funding for their care was due to end that week. We clarified with the CCG that funding was continuing, and helped the person to access emergency advocacy support. This person was supported to raise their issues at the Healthier Communities Scrutiny Board and is now in direct touch with the Head of Adult Social Care to resolve any ongoing issues.