

7 July 2016

Better Health Programme - Project Executive

Report on Engagement to date (phases 1 and 2) and next steps (phase 3)

Purpose

To outline to the Joint OSC members engagement work undertaken and planned as part of the Better Health programme

Attachments

- Appendix 1 Better Health Programme communications and engagement strategy
- Appendix 2 Market research report (2015)
- Appendix 3 Independent analysis report on Phase 1 engagement (to February 2016)
- Appendix 4 Independent analysis report on Phase 2 engagement (May 2016)
- Appendix 5 Phase 2 narrative – basis of video and other communications for Phase 2 engagement
- Appendix 6 Phase 3 narrative – basis of video and other communications for Phase 3 engagement

Link

- Engagement video, May 2016 https://www.youtube.com/watch?v=W_ZeGWxQFKc

Background

Communications and Engagement work is being delivered by a working group comprising communications and engagement staff from the NHS commissioning organisations and foundation trusts. It reports to the Programme Board.

Our approach to engagement and consultation is informed by national guidance on the public sector duty to involve and the advice of the Consultation Institute. See Appendix 1 Better Health Programme communications and engagement strategy

Our engagement is an iterative process, building on the feedback we receive and using this to develop further iterations. Engagement and consultation is being managed in five phases:

Phase 1 pre-engagement (to February 2016) focus on the experience of people using current health services and the ways in which those people, and the wider general public, think health services could be improved

Phase 2 pre-engagement (May 2016) focus on the case for change and the draft principles and framework of care

Phase 3 pre-engagement (July 2016) focus on development of the decision making criteria and long list of scenarios (possible solutions) for how services could be designed in the future

Phase 4 pre-engagement (September 2016) will focus on the short list of scenarios and the consultation process

Phase 5 formal consultation (beginning November 2016)

Phase 1 – feedback

More details in Appendix 2 and 3

This engagement included:

- Market research (May 2015) including 1,000 telephone interviews and 6 focus groups
- Stakeholder event (27 January) – attended by 116 people including 54 stakeholder representatives
- 12 patient and public engagement events (February/March 2016) attended by 168 people

Market research feedback - Priorities among the local public with regard to hospital services, identified by the market research, are:

- Knowledgeable, professional staff
- Quality of care - Particularly effectiveness of treatment
- Cleanliness and hygiene

In an ideal world residents would like all services available at their local hospital; however there is a general acceptance that sometimes there may be the need to travel for specialist care. If travelling further, residents expect a higher standard of care.

Stakeholder Forum (27 January 2016) - feedback shows attendees:

- Acknowledge pressures on the system
- Believe decisions from BHP will be influenced by local politics
- Many felt that the public need to be educated and to have more realistic expectations about their local health services
- We need to change unnecessary demand and make things less complicated.
- Workforce pressures are understood and in most cases accepted
- Provision of care needs careful consideration and NHS should not compromise on quality when looking at reforms
- Transport - When it comes to the location of services it is not an issue of where it is, but how to get there and back
- The right technology needs to be in place to support BHP's potential changes

- Clarity is needed around public engagement
- Clarify the specialist pathways that need to new model of delivery

Patient and public events (February-March 2016) - feedback from the 12 locality events show that people:

- Value the “A&E brand”, and have confidence in it
- Not sure how/where to access other unplanned care and feel communication is poor
- Not confident in 111, ambulance response times
- Want local services in their local hospital
- Want more community based services
- Understand the need to travel for specialist care BUT different views on what this might mean
- Concerned about access to primary care and mental health services
- Concerned about travel and transport
- Interested in technological solutions
- Would like better public health education

Phase 2: Engagement

Phase 2 engagement (May 2016) focused on the case for change and the draft principle and framework of care. Engagement was based around “narrative” on these issues presented as a video. The narrative is attached as Appendix 5.

Key elements of phase 2:

- 130 delegates attended the stakeholder forum on 4 May, including clinicians, patient representatives and stakeholder organisations
- 17 local public engagement events took place to ensure a good geographical spread across the CCG localities. 278 people have attended these meetings in total, including around 115 at one event in Darlington.
- Staff events are being held across our Foundation Trusts and CCGs using existing systems, supplemented where necessary by special briefing events
- Continuing briefings with patient reference groups, MPs, health and wellbeing boards

The purpose of Phase 2 has been to establish whether there is consensus on the model across hospital, community and primary care clinicians, commissioner boards and membership, FT boards and governors and key stakeholders.

The feedback from our Phase 2 events has been analysed independently. The executive summary states:

“The majority of attendees from all events broadly agreed with the direction of travel of the BHP programme but were keen to see a clear definition of specialist services that would be made known to the public.

“There was wide acknowledgement of the benefits of specialisation and the prospect of increased travel but there is some scepticism and untested conditional support of the programme at this early stage as detailed scenarios were not presented.”

Key messages:

- Most people were supportive of the draft principles and framework as the future direction of travel
- There was a broad support and understanding of the benefits of specialist care
- Understanding that this may mean further travel for some patients, which was a concern for some people
- There was support for more services closer to home and people are keen to have more detail
- Availability of funding and staff, especially GPs.
- Receptive to the idea of shared hubs and other clinicians, such as pharmacists, providing more care
- Assurance wanted that resources will be available for more services in the community, and the effective integration of these services
- There was a lot of discussion about effective discharge and support when patients leave hospital
- The importance of people feeling “confident” in services outside hospital, and the responsiveness of NHS 111 and the ambulance service.
- They supported sharing more information electronically across health services. Many were surprised that, for example, GPs and hospitals still do not share a single record for patients.

More details are included as Appendix 4.

Phase 3 engagement

Phase 3 of engagement will focus on development of the decision making criteria and long list of scenarios (possible solutions) for how services could be designed in the future

The purpose of Phase 3 is to support the development of the decision making criteria and long list of scenarios for how services could be designed in the future.

Engagement will be based around a Phase 3 “narrative” which focuses on these issues. See Appendix 6.

During Phase 2, we have achieved a wide geographical engagement of the communities we serve, including local stakeholders and representatives of the public and patients.

In the next phase of engagement there are key areas where we want to take forward further work:

- Engaging with voluntary sector and hard to reach community groups, ensuring that we cover protected characteristics identified in the Equalities Act
- Further engagement with staff in FTs and CCG GP membership and CCG staff, facilitated by the communications teams within those organisations
- Further and more detailed conversations with MPs and Health and Wellbeing Boards, and other key stakeholders led by CCGs and FTs

Recommendation

The Joint OSC is asked to consider the engagement work to date in Phases 1 and 2, and planned for Phase 3 and provide feedback as to additional areas where we could engage further.

Edmund Lovell

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Attachments

<p>Appendix 1 Better Health Programme communications and engagement strategy</p>	 BHP C&E strategy May 2016.docx
<p>Appendix 2 Market research report (2015)</p>	 MRUK Report 29th May 2015.pdf
<p>Appendix 3 Independent analysis report on Phase 1 engagement (to February 2016)</p>	 Phase 1 Engagement Events Feedback.pdf
<p>Appendix 4 Independent analysis report on Phase 2 engagement (May 2016)</p>	 PML2840 BHP Engagement PHASE 2
<p>Appendix 5 Phase 2 narrative — basis of video and other communications for Phase 2 engagement</p>	 Final narrative 260416.docx
<p>Appendix 6 Phase 3 narrative — basis of video and other communications for Phase 3 engagement</p>	 Phase 3 video script amended.docx