Surrey Heartlands Partnership Forum meeting – 21st March 2019

NOTES FROM BREAKOUT SESSIONS

1. ICE BREAKER - Share ONE example of positive engagement you have experienced

The following are general examples of positive engagement given by table delegates:

- Encouraging staff to engage with patients during care

- Use of targeted engagement – using online football management games to engage with young men to make use of and shape mental health services

- University of the Third Age (U3A). U3A is a nationwide network of learning groups aimed at encouraging older people to share their knowledge, skills and interests in a friendly environment. For example German conversation group, widows can attend the group to learn a new skill and also meet other people.

- A good example of co-operation is Queen Elizabeth's Foundation for Disabled People (QEF)'s Neuro Rehabilitation Services working in partnership with East Surrey Clinical Commissioning Group to provide more inpatient rehabilitation closer to their homes. East Surrey needed step down beds which lead to Queen Elizabeth's Foundation to work with East Surrey CCG in this way

- Age Concern – engage with health, churches, anywhere older people need support (e.g. flu jabs). Getting involved with as many organisations as possible.

- BHF – raising awareness of high blood pressure – with football clubs – taking blood pressures

The following are more specific examples of positive engagement within Surrey Heartlands:

- GW CCG has funded two matrons to go into care homes and help staff their feel more confident about supporting residents when unwell and avoid unnecessary hospital visits and stays

- The League of Friends of Epsom Hospital engage with both Epsom & St Helier Hospitals NHS Trust and Surrey and Borders Partnership NHS Foundation Trust. Charitable aims is to include patients, former patients and the community

- Recent wheelchair service engagement across Surrey (mentioned several times)

- Revamping the wards at Ashford & St Peter's (assisting with difficult conversations, visitors, sensitive conversations)

- Engagement with GPs to promote flu japs

- HomeStart- working closely with St Peter's Hospital

- Social Prescribing - sign posting

- Cobham Health Centre PPG has very good collaborative approach which has developed some great working relationships with practice staff, this has really benefitted patients and the surgery

- Claire Fuller has attended Surrey County Council meetings, championing new ways of working and getting local councillors involved in taking this approach out to Surrey residents.

- Representatives from Surrey Heartlands regularly attend a youth charity CEOs meeting.

- Surrey Heartlands holds regular VCFS meetings with various partners, building essential relationships, and this is important to us

- The chief exec of Epsom and St Helier Hospitals is attending local committee meetings to engage with the committee members and the public with the aim of making these meetings a local forum

- We recently formed a new constitution for [our] Patient Participation Group with [our] GP practice, there was a lack of collaboration historically, and the new constitution reinstated trust and re-established the working relationship. It set out a new way of working which showed PPG wants to work with GPs not against them. The PPG attended an evening health check session which sparked interest and engagement with the GPs. Now they are looking to celebrate and hold an event around diabetes prevention.

- Secamb is actively engaging with five ICSs. Doing their best to be as involved as possible

- Scale up of social prescribing – widening out engagement to community and voluntary sector - has opened doors

- Epsom health and care – positive improvements – ward improvements – relatives' room, shared doors, appropriate facilities.

- Age Concern going to practices to provide advice/help (flu jabs)

- Sam Beare Hospice over 700 volunteers – engaging them with charity. Personalities can make a real difference, need involvement with everyone in the community

- Community Skills project in Guildford - look into giving meaningful employment and volunteering opportunities to people in challenging circumstances, to work in the care sector. First cohort of trainees (8) has gone through.

- VASWS, Job Centre, Employers, Training provider - level 1 health and social care training, year's support from the coordinator beyond the training to employment and volunteering. Didn't work in Epsom as there wasn't a good partner there; VASWS were keen to be involved. The model could be applied to other areas. A lot of the people who have done the training were socially isolated; struggled with mental health - keen to get back into work.

- Emergence of primary care networks – potential

One group agreed some key themes that illustrate positive engagement:

- it is broad and inclusive (engaging different groups of people)

- it is personal (e.g. when people reach out to someone on a particular issue)

- it is genuine i.e. the person engaging listens and responds to what you have to say

2. ICE BREAKER:

- How can we *engage* and *communicate* with you as we move forward?

- How would you like to be involved?

- Are there other pieces of work going on that we should be aware of?

General comments relating to engagement and involvement:

- More meetings when I can advise and support. Governors have to make sure the organisation is fit for purpose so we need to have the opportunity to see what's going on for ourselves, and offer our advice.

- Co-production is key, and statutory organisations should look at 'must have, should have, nice to have'.

- Engagement should be early and throughout, not a tick box at the end of a process.

- When engaging need to be clear what you are engaging on and why.

- Recognition that there are groups who struggle to have a voice, how do we engage with them?

- People need to know the overall strategy and context so individual organisations can decide if they want to put themselves forward to be involved. Once people know they will try to shape themselves to fit what is needed. Healthwatch Surrey is moving away from a pan-Surrey model to split for the three CCG localities to communicate more relevant information. The information flow is absolutely key.

- There is need to be honest, if there are things which cannot be changed be clear about these to build trust.

- Wanted engagement to result in action, even if it was a small change

- We want to be assured that two-way engagement is happening.

- We need to get the data that would help us provide our service e.g. how many adults with head injuries in the country - sharing our business intelligence.

- You could do more on the co-design stuff - monitoring and lay member sitting on the board.

- You need to work better with Secamb (ambulance trust).

- Continue to organise events like this, maybe three times a year. Alternate the attendance with different trustees.

- Co-design priority programmes with the VCF sector.

- Specific topics and invite appropriate people. Mapping of who needs to be involved – who are players?

- Not enough staff to attend all meetings (voluntary sector staff) - need way of linking in without attending meetings.

- Define what it is you want to work and get people involved then.

- Recommendations from each meeting that are acted on, otherwise just talking shop.

- Try things and learn from them, don't wait until it is perfect.

- Need lived experience advisors, there are people willing to do this – need to pay people bank rates for their time

- Focus in on clinical groups and work through under patient pathway.

- Would like to learn more from others about how to get citizen ambassadors and how this works - need more citizen ambassadors.

- Has to be understanding and respect, and understanding others' points of view.

- Importance of coming out to the community – rather than expecting them to come to the system – voluntary and other not for profit organisations are small and can't get to meetings – e.g. in Epsom Town Hall they are all there together.

- Can we get everyone in local communities together once, rather than expecting everyone to come to everyone else's meetings.

- Need good understanding of what other (not for profit) organisations are doing.

On the importance of ICPs engaging the Lay and VCFS sector (voluntary, community and faith sector):

- How do we (ICPs) engage with lay/vols/charities in a real way without having a 1,000s additional members at board? How can we move forward? Work with and listen to our public and communities.

- Need a voluntary sector representative (for ICPs) e.g. on ICP board.

- We need to get the right people around the table.

- Keep the third sector at the top table when you're discussing key issues so our voice is heard.

- It's worrying that there were no logos from third sector providers on the ICP presentation slides. We want to feel involved and informed.

- We can help the ICP link with the wide range of VCF organisations.

- To be at the table; to be a permanent member at the table - that way we can actually feed in our capabilities and our development all designed to increment the patient experience - Living Well, Dying Well.

- Funding is key to engagement of voluntary sector.

- Need to understand the voluntary sector isn't free – providing transport costs, doing checks, all costs money.

General comments relating to ICPs:

- Charities and 3rd sector providers who work with wider systems need to know the structure of the organisations within it. The members on the table didn't fully understand the concept

of ICPs. Many of them kept referring to them as CCGs rather than partnerships. Citing the fact that that it is sometime difficult to keep up because of 'constant change'. Also, large systems need to know what is available within the community to tap into. This was felt to be vitally important and some engagement needs to be done around this. A repeated theme was around building trust and relationships.

- It was felt the ICPs need to think strategically about what is being delivering on the ground across the county and need to be visible to these organisations. There was some clarification provided that the ICPs work to CCG geographical footprints but were not CCGs. There was further discussion around how all the various voluntary, faith sector providers could be represented on an ICP. A discussion around the role of 'Voluntary Action' – second tier voluntary sector infrastructure sand how they might support this but no conclusions were drawn.

- Age Concern and other organisations (Home-Start etc) can support with forms (financial support/claims), signposting to services, home visits, equipment.

- Challenge is – organisations that can help knowing about these individuals + ICP partners knowing which organisations can help – need to connect the two. It is often complicated to understand who to contact.

- How do we shift activity/care from acute trust to closer to home?

- The voice of the carer is fundamental (part of 2030 vision). When are concerns raised? Bringing together partnership. Take down barriers. Identify good practice. Create communities – knowing were to go. Carers' prescription (Action for Carers). Infrastructure needs to be in place. Challenges – workforce.

- Look at loneliness – champions in the community. Little things can have big impact.

- Neighbourhood Plans need to be about community – Health Checks.

- Local people worried about level of dementia in community. People not knowing how to deal with this – don't know what to do/where to go. Nothing in Cranleigh only Haslemere. For example, local meeting talk about dementia at Arts Centre – promoted via Facebook – importance of community. Facilitated – wanted a place to meet for patients and carers.

- Make links with community sector – contracts via voluntary sector.

- Untapped potential of volunteers.

- Would 'one lanyard' help breakdown organisational barriers?

Examples of good practice locally:

- Catalyst – Drug and Alcohol Charity – Surrey wide - working with nental Health. An example of bringing charity working closely with GPs & primary care, focussing care around the patient.

- Working better with care and nursing homes over managing and reacting to falls.

- Idea of using the inflatable kit that ambulances use in those areas to help get older people back up off the floor in a safe and managed way.

- Development of services such as the Care Coordination Centre in Guildford, bringing systems together to support patients and avoid hospital admissions.

Learning from others:

- All sectors could learn from large companies on how to improve engagement. This is especially true looking at the retail sector with various customer satisfaction surveys which they run on a continual basis vie paper and on-line models. The statutory provider felt this should be BAU for her service but didn't happen.

- Members discussed how they use service user feedback within their organisations and how this was scaled up to inform wider system. Some organisations fed information into their local systems via the trustees of the organisation. The trustees in turn would feed this back to front line staff to develop service. Some organisations also have a co-production group to develop service delivery. The group were unsure how this model would feed into a wider strategic model outside of their own organisations. They found it challenging to interpret the information provided in the main sessions and consider how their organisation might impact e.g. health in equalities with in Surrey Heartlands.

- One group ran a patient experience questionnaire which comprised of 5 questions, which in turn is fed into KPI's which is fed to commissioners and NHS England. The findings were fed back to front line staff. The last survey produced a satisfaction rate of 98%. However, the provider had misgivings around the survey and felt the content was target orientated rather than experience orientated. She felt some people who did not respond did not feel they could feedback for various reasons.

On the importance of good communication:

- Communicate regularly, there is fear of the unknown

- Can be difficult to explain what Surrey Heartlands is

- We would like information to share with Surrey County Council residents, to keep them updated and informed, so please share whenever you can so we can take it to committee meetings and add to our websites.

- Keep the language simple. Don't use acronyms.

- Keep public-facing websites easy for residents to understand.

- Keep us informed of your plans and pieces of work.

- Use multiple channels – not just digital.

- When you engage, you must effectively feedback what you're doing with that feedback - you said, we did.

- Social media an important channel.

- Need to be clear through communications on partnership structure (ICS, ICP, PCN – Integrated Care System, Integrated Care Partnerships, Primary Care Networks) – practical – organisational chart showing workstreams/people.

- Share examples – what is working/what is different?

- Telling the story once – digital connectivity

- Communicate through residents. Experts within the community – 'timebank'.

- Requirement v need – websites to find what someone needs locally.

- Regular newsletter and emails useful for updates and work going on – big gap in terms of what comes from the health sector (compared to Council, University) – how do we share the work and keep up the momentum of progress being made?

- NO NHS jargon or synonyms and easy to understand

Comments relating to Patient Participation Groups (PPGs):

- If I were asked to feedback to PPG as to what this event was about they would probably say ok but when will we feel it locally, will people ask us when changes will be made.

- PPGs seem to be quite key in communicating this moving forward. If there are questions the PPGs can be utilised to create better access into the community, they are all serial volunteers. Joining it up is key.

- It is difficult to get people to join and remain a PPG, many often do not stay for even 12 months, the practice will not engage on recruiting members. Practice staff could sign post appropriate patients to PPGs.

General comments:

The following are more general comments captured during both sessions:

- Organisations feel there is confusion around potential funding streams and there was a lack of access/awareness to funding provided through the Heartlands. Organisations may have to work together or combine resources to effectively deliver services within the cash envelope.

- Bringing together integrated approaches is an important facet in all of our work.

- Sight for Surrey (a small charity for the whole of Surrey) – there is a huge amount of loneliness with people who are visually impaired. There are five Eye Clinic Liaison Officers working across five Hospitals. People are not aware of the services Sight for Surrey provides. Surrey County Council provide the contract for services. Fund raising is required for additional extras. Organisations need to be aware of who can fund services.

- Home-Start Elmbridge – work closely with health – need more funding

- Local organisations forged good relationships with a wide sector of organisations across Surrey Heartlands. However, they felt they did struggle with engagement with the community. Most felt that the culture between providers and commissioners was adversarial. One member felt that commissioners end up commissioning the same service year on year. Another point raised was around the lack of social care practitioners shaping commissioning

- Members felt Children were not well represented within the Heartland model and there was some discussion on the best ways forward around this. E.g. Surrey Heartlands Children Ambassadors or young carer ambassadors for example. People felt there was a need for a specialist to encourage young people to be involved and the messages would have to be age

appropriate but never the less it was essential and something currently missing within the stakeholder group.

- Charities who work within the system felt they adopted more flexible approaches to issues than statutory social care and health providers. However, they felt that at some points they were being asked to step over the line to do what the statutory sector was supposed to be doing.

- Mencap – frustrations over partner willingness to engage (due to financial constraints, priorities etc)

- New 111 service coming in and involved for past 3 years encouraging awareness of young carers

- Bowel cancer - Poo tests issued but low responses in particular, parts of population – trying to overcome barriers, now reducing to over 50's in England.

- Who should organisations approach for funding/engagement on specific issues?

- Surrey dysfunctional in its own way

- Need to know what people really want from NHS

- Social prescribing – awareness of what is available

- Who monitors third sector? We don't know the quality of the service. Evaluation?

- People don't know where to go for help

- Concerns raised re the Epsom Hospital land sale and call for more public meetings around these developments – openness and transparency.

- Concerns raised around plans for additional housing in the Epsom Borough and that this could lead to higher levels of economic and social deprivation.

- One provider told the group they were expected to form a consortium within 2 weeks prior to funding. This was totally unrealistic. In this case the consortium was expected to reach beyond the scope of the organisational constitution.

Some clear outputs/asks:

From the comments above, there are some clear outputs/asks:

- A programme of larger stakeholder meetings like this one, several times a year to keep people engaged and informed, and to continue building relationships

- Genuine engagement that is built into programmes at the outset

- Clear communication and closing the loop on engagement – 'you said, we did' – and what has actually happened as a result (where that's possible to quantify)

- Ensuring stakeholder engagement within our three ICPs

- Continued clear communication, in easily accessible language, no jargon, and that goes out regularly – telling the story once – and tapping into local communities

- Accessing a variety of communication channels, up to date website, other digital channels but not relying totally on digital