Feedback report on proposed approach to patient and public engagement

1. Summary

A proposed approach to engagement was described by the engagement leads in the six south east London Boroughs based on their various current mechanisms. This has been taken to various groups of patients, their representatives and members of the public for discussion and development. Training for those involved is considered fundamental and the membership and working of the Engagement Assurance Committee, which will assure the South East London CCG Governing Body on its engagement duties, needs further development. The engagement approach is an iterative process and there will be on-going engagement to develop it.

2. Background

The engagement leads from the six south east London CCGs met 26 November 2019 to share and discuss how each CCG currently carries out patient and public engagement activity in order to identify a common approach for the new SEL CCG. This was refined into the proposed engagement approach discussion paper which was agreed by the South East London CCG executive meeting in December 2019, further refined at an engagement leads meeting on 13 January 2020 prior to discussing with patients and the public.

3. Engagement

The proposed approach has been discussed at the following meetings across south east London.

Date	Meeting	Attendees
14 Jan 20	South Southwark Patient Participation Group (PPG)	18 local people, 2 CCG officers
15 Jan 20	South East London Patient and Public Advisory Group (PPAG)	11 members, 4 OHSEL officers
16 Jan 20	Joint meeting of Bexley Patient Council and Engagement, Patient Experience and Equalities Committee	Approx. 24 local people
16 Jan 20	One to one meeting with Healthwatch Lewisham	1
28 Jan 20	Lewisham Public Engagement and Equalities Forum	6 members
31 Jan 20	Lewisham Public Reference Group	8 members (+ 2 BSL interpreters)
3 Feb 20	Meeting with Healthwatch Southwark and Southwark Council's Community Engagement Manager	2
4 Feb 20	Greenwich Patient Reference Group	7 lay committee members
5 Feb 20	Meeting with south east London Healthwatch organisations (Lambeth, Southwark, Lewisham, Bromley and Greenwich)	5 HW managers

6 Feb 20	Southwark Engagement and Patient Experience Committee	3 local people, HW Southwark, Forum for Equality and Human Rights, 3 officers and one CCG lay members
6 Feb 20	Bromley Patient Advisory Group focus group	20 local people
12 Feb 20	Greenwich PPG Network meeting	27 local people
11 March 20	North Southwark PPG	11 local people, 3 CCG officers
11 March 2020	Lambeth PPG Network	

In addition, the proposed approach was sent to 17 members of North Southwark PPG on 27 January and one written response was received. Three written responses were received from members of South Southwark PPG – one who was at the meeting on 14 January, one was who was not and one who was also at the Southwark Engagement and Patient Experience Committee on 6 February. The proposal has also been sent out to the Lambeth PPG Network and a meeting is scheduled for 11 March 2020.

4. Emerging themes

Overall people welcomed the fact that we are discussing our proposals with them, although some people were concerned about the pace of change and what they felt was late engagement on the proposed approach and some felt strongly that we need to carry out more proactive engagement and include them in further developing the approach. It was also noted that the CCG needs to clearly state what the next steps are.

There is concern about what will happen to existing borough-based engagement structures and how these may or may not fit with the proposed approach across south east London. There is acknowledgement that there is good practice in the boroughs which could be rolled out or adapted across south east London.

Feedback included the importance of hearing from across the diverse communities of south east London including from across protected characteristics and those who are seldom heard. People welcomed the exploration of using technology and exploring digital options for engagement to widen the voice to include people who may not normally become engaged in in having a say about NHS and care services, but at the same time were concerned that some approaches may exclude some groups

Some comments and suggestions about the approach generally include:

- The vision and approach needs to more clearly state how the CCG will proactively address inequalities, what will be different in two years, be in more plain English using less hyperbole
- We need to set principles for engagement
- There should be an annual engagement programme linked to the annual business plan with a written an annual engagement report demonstrating what has changed as a result of engagement
- All engagement activity needs to have a clear stated purpose and identified budget, clarity about what is in scope and what isn't and associated information about costs and budgets surrounding proposals

- There is a need to set out different levels of engagement (e.g. from information giving to engagement in service design, to engagement in procurement etc) and what level might be used for what issues

5. <u>Potential Engagement Mechanisms</u>

5.1 People's Panel

There was support for diversifying the range of voices the CCG hears through virtual engagement rather than having to attend meetings, though many people were unclear what was meant by a People's Panel and how it might operate and how it might be different from focus groups or an enhanced mailing list of people across south east London where we understand people's areas or interests, demographics and geographical areas of interest so we can target engagement better. It was also unclear to people how having feedback from a panel links or works with other face to face engagement mechanisms.

Some people felt that the term panel suggests a fixed number of people meeting; other suggestions of names for the panel included community panel, network or People's Voices.

It was also noted that this approach would not work for people with learning disabilities, autism or who do not have proficient English.   However, some deaf users noted that having a panel across a larger geographical area would strengthen the voice of the deaf community.

There were a lot of questions and queries about how people might be selected, whether people who are currently engaged would be on it, how we ensure demographic representation and the length of time people would stay on the panel.

5.2 Patient conference

There were mixed views to the suggestion of a regular conference as some people felt that it was not clear what the purpose would be. Others felt the idea of a conference was very positive and that being a delegate recognises you have expertise and something to offer as well as well as attending and being involved in genuine dialogue rather than merely receiving information from the CCG.

It was highlighted that people will not travel to one central conference and there was some preference for conferences being organised on a one or two borough basis with the acknowledgement that they should be held in venues that are accessible on good transport links and should allow people to travel to them outside of rush hour.   It was also noted that we would need to ensure that the conference(s) would need to be accessible to people who do not speak English or who have learning disabilities and other needs.

There was no consensus of how often conference(s) should take place but in the meeting with the five Healthwatch organisations it was suggested that they could take place twice a year to fit in with the commissioning cycle and any 'big changes' that are happening and so you could have one in the autumn and one in late spring.   It was also suggested that a conference could fit with the CCG's AGM and address the wider prevention agenda.

Other suggestions for workshops include feedback from the Engagement Assurance Committee on how it works and feedback / discussions from the panel. It was also suggested that Healthwatch could help plan agendas and we could use existing patient experience information including complaints and Healthwatch intelligence to inform these workshops.

It was also noted that the use of digital technology could enhance the accessibility of the conference with live steaming, video conferencing with venue hubs, webinars etc

5.3 Engagement Assurance Committee

The main area of feedback was around membership: the number of officers and local people, how people would be accountable, whether there was need for voluntary and community sector membership, how people might be selected, whether staff and residents would be balanced from across the boroughs. There was also some concern about diversity of membership.

There was some request of clarity of reporting lines and how the committee would provide assurance of borough level engagement and whether the frequency of meetings and membership is right to cover this. It was also queried whether there was a danger of the committee only looking at breadth of engagement rather than the depth of engagement undertaken and whether the committee would promote good practice and what the extent of the authority of the committee is if it regards that engagement is not good enough – would it have the power to stop a project going forward.

5.4 Project or theme based engagement

People acknowledged that local relationships are key and networking is important to ensure mutual support and that people like regular contact with commissioners. People know their current structures in the boroughs and how engagement is carried out locally and for many it is important to maintain local relationships.

It was also acknowledged that working at a borough level provides the opportunity to work more closely with the local councils and to develop digital engagement.   It was also thought important by some to engage with people who may use services in the brough and to get out on the street to do this. It was also thought important to engage locally across diverse communities at a local level including those who are seldom heard.

5.5 Training and support

This was seen positively with a number of suggestions of what is already working well locally including the Welcome Pack in Bromley, the three-hour deep dive sessions in Bexley and the Lewisham Patient Reference Group induction.

It was noted that different people have different training and development needs. Suggestions included:

- information on how the NHS is organised and works as it is very complex using external resources such as King's Fund animations
- training on systems such as procurement for those involved in procurement exercises
- sharing national assets such as NHS England training
- running sessions and providing a clear guide on how SEL CCG and the borough-based boards work explaining what is commissioned where, explaining the commissioning cycle and when and where decisions are taken
- training should be available for members of PPGs and practices need to follow through on action that arise from PPG meetings

It was noted that training should be available locally and in accessible venues and should not be too formal and off putting for people.

It was also acknowledged that engaging general practice in patient engagement is difficult so developing training for them which they might attend would be challenging.

5.6 Patient Participation Groups (PPGs)

A few issues were raised about PPGs including the fact that PPGs need investment, practices need training on how to involve and support people to be part of a PPG, patients need training on how to take a lead in PPGs and how they can advise and support other patients.

Appendix one: Word cloud from engagement meetings in Lewisham, Southwark and with five Healthwatch organisations demonstrating what participants think good engagement means

Appendix two: feedback from engagement

The table below outlines key themes that have arisen from the discussions that have taken place to date.

Area of engagement	Positive comments and suggestions	Areas to consider	Areas of concern
Vision	Need to reflect more in the vision how the CCG will take a proactive attempt to address inequalities	Add some information about how we can be held to account on the vision	Too hyperbolic and future based "we will"
		Green star doesn't mean much to local people so change language	
		Need to demonstrate how you will be accountable for delivering the vision	
Approach	Welcome the fact that we regard feedback as important and suggest an annual report of engagement and what has happened as a result of engagement	Can we include the requirement for good patient engagement from our providers and in contracts?	Less clear on local engagement structures. Anxiety about losing existing local engagement structures and that local voice may be lost
	Need continuity in engagement and continuous engagement	Need to ensure that local people can also raise issues on the agenda so that we are seen as responsive	Concern about pace of change and that engagement on engagement approach is happening now just before the new CCG come into being.
	Need to articulate what will be different in two years and what we are working towards	Need to develop an engagement approach that sits around commissioning cycle and enable people to understand when and where decisions are made and where they can most have impact	Equality and diversity group works well in Greenwich so shame that it will not continue
	"Great to see a focus on listening to the experienced patient/carer but think there is also a role for the interested	All engagement and consultation activity should have clarity around what is up for influence and proposed costs and savings and budgetary constraints so comments can be set in the real world	Lack of clarity about investment in engagement

Area of engagement	Positive comments and suggestions	Areas to consider	Areas of concern
Approach	constructive challenger more generally."		
	Need to assure approach includes approaches to engage with those who are seldom heard	Need to develop user incentive approach so no-one is out of pocket for engaging with the CCG	People may disengage unless approaches are clear and visible
	Timely to review rather than rolling forward existing ways	Content should be further developed through a process of engagement	Difficult to comment without understanding what issues will be proposed for engagement
	Clear structures for engagement at SEL level	Need to develop an annual programme of engagement and a key focus should be to monitor the impact of NHS changes, access to and experience of services, accountability and transparency of decision making.	
	Need to develop principles for engagement	Need clarity on purpose of engagement and methods to be used in annual workplan and how impact will be evaluated.	
	Need to set out different purposes of engagement (along engagement continuum from information giving to engagement in service development, to feedback etc) and what methods are used for what issues and be clearer about commitments. Need to acknowledge that good quality		

Area of engagement	Positive comments and suggestions	Areas to consider	Areas of concern
	accessible information is the bedrock of further engagement.		
	Useful to identify how technology can aid engagement		
	Important to identify who will be engaged for what issues		
People's Panel	Support for diversifying wider engagement and fresh voices though virtual engagement rather than having to attend meetings	How will members be selected? How do we ensure representativeness to reflect local areas (and parity in representation across and within borough and neighbourhood) and diversity of local areas? Across all protected characteristics including age and different minority ethnic groups? Different faith groups? Young people? Liaise with partners and use their mailing lists? Local newspapers? Direct recruitment? Would members of local structures be invited to be members of the panel? Time limit of membership? 3 years? 5 years?	Unclear of function and form follows function.
			Some people do not like the word panel as suggests too static and it is confusing – is it representative.
	Possible suggestions of name include network or	Need to consider how we keep people's details and areas of interest up to date.	Some members of Patient Council in Bexley do not see need for panel as they are already carrying out this role

Area of engagement	Positive comments and suggestions	Areas to consider	Areas of concern
People's Panel	membership, community panel and People's Voices		
	Could members of the panel become involved in delivering engagement activity	If engagement done online need to ensure accessibility? How would this work for people with LD or autism or the deaf community or other languages?	Some concern about using external org to recruit as they do not have the local contacts
	Having a panel across a wider geographical area brings the opportunity for a stronger voice – e.g. for the deaf community	How does the panel have genuine influence?	Concern about provision of local engagement through the panel
	Once analysed panel responses this may signal gaps and signal the need to run a focus group or an engagement activity with a particular population group or in a particular area. Some people felt that it needed to be followed up by regular seminars	Some think that panel members need to have no prior knowledge or experience to mitigate against bias and some people think it should be a mixture	Need to be clear that it does not replace targeted campaigns or more in depth engagement or consultation
	People like the idea that the panel could be used for special interest areas and LCPs	Need to ensure feedback out wider from what comes out of the panel.	Some people felt that too much segmentation would make the panel too diverse
		How have other areas (SW London) measured the impact of People's Panel	Concern that it is too distant, selective, top down and an unapproachable model
	Suggestion of each borough having a borough based Citizen's Forum three times a year to listen to issues of concern and interest of the	Need to understand what number of panel members would be regarded as representative	
		Panel indicates to people that it meets rather then it is virtual engagement and	

Area of engagement	Positive comments and suggestions	Areas to consider	Areas of concern
	public , to involve them in co production of a particular service change that needs engagement and to ensure good communication. Members of borough based forums could then nominate who would sit on a SEL forum	therefore queries about terms of reference, whether it is a large focus group	
Conference	Could be used to recruit people for further engagement and have induction sessions.	How do we invite people to events? If events not linked to specific area of interest or geographical area.	Some people felt that there was a lack of clarity about concept and purpose
	Some preference for 2 borough basis events as people will not travel although some people felt it needed to be locally Suggestion of having borough based conference with strong links to the borough based boards and teams	Need to consider how we would make events accessible for people with LD or autism	Some people didn't like term conference and prefer open day
	Could combine a conference with the AGM	Queries about where meetings would be held and how advertised? Would it be open to all? Suggestion that they need to be advertised for at least three months in advance	What would a SEL conference achieve that could not be achieved at a local level? Some people felt value of a SEL event would be minimal. Annual Bexley Ageing Well conference cited as a good event
	Some people thought they could be useful and that	There were different views on how often the conference should take place with	Not a good way of engaging with people. May get people who want to

Area of engagement	Positive comments and suggestions	Areas to consider	Areas of concern
	people would be willing to travel if it is meaningful, productive and they see some outcomes.	some people thinking it should fit with commissioning cycle and big changes – ie in autumn and spring and some people stating that it needs to be more than once a year but can't plan frequency so best to do as and when required. It was also noted that regular meetings provide continuity and understanding. Some people feltthat it should meet regularly.	complain about own care / experience. Best to talk to people on the street. Some concern that people may be talked at and not listened to
	Conference style. People need to understand bigger picture in order to input	Could address broader prevention agenda which might be attractive to local people	Some people think that having a conference is a tick box exercise
	Some people felt the idea of a conference was very positive and that being a delegate recognises you have expertise and something to offer as well as well as attending and being involved in genuine dialogue. Look at possibility of doing academic reviews	To consider having a workshop at the conference on how the Engagement Assurance Committee works and discuss its work with local people	
	Could develop shared agenda with the HW organisations - ending fragmented care, improving access, improving outcomes, cancer, outpatients, MH etc	Queries about whether travel costs would be provided	

Area of engagement	Positive comments and suggestions	Areas to consider	Areas of concern
	Opportunity to look at live steaming, video conferencing with venue hubs, webinars etc		
Engagement Assurance Committee	Local people membership should come from the membership of the People's Panel	Clarity required on reporting lines	Concern that this might be box ticking or rubber stamping and not actually promoting assurance. If it is to be of optimum value to the SEL population it will need to invite innovation and promote best practice and share national resources and knowledge to benefit the least well represented populations for whom equity and equality are hard to achieve. It would benefit from a strong public health input
	Need to ensure and demonstrate that EAs inform engagement	Clarity on selection / election of members required , knowledge and experience and length of term of office. Concerns about membership and numbers of officers and local people to be an effective committee and whether staff and residents would be balanced from boroughs. Some concern about diversity of membership.	Concern that this might look at breadth of engagement rather than depth and reach
	Role description is very important	Query role of VCS and whether it is a conflict of interest and whether it is meaningful. Some people felt that it needs independence so lay members /	Concern about having one person per borough and the risk that one person from a borough with a vested interest

Area of engagement	Positive comments and suggestions	Areas to consider	Areas of concern
		non execs more appropriate than VCS, though some people felt that providers should be members. A few people though that public health should be represented on the committee.	may have more influence than they should
	Seen as a good logical idea by some	Accountability needs to be visible and impact demonstrated. The local people need to be accountable and elected – concerns about accountability otherwise. Concern about managing conflict of interests if people are paid	What is the extent of the authority of the committee? If the committee is not assured by the engagement can they stop that project /programme from going forward?
		Need to ensure feedback loop works.	Concern that this represents les accountability than at present as only 6 local people to be members
		Query about assurance for borough level engagement will work and whether there is need for or to keep existing borough based assurance mechanisms and whether the lay members of BBB need to be members to ensure this link	
		Some felt that Director of C&E needs to be a member.	
		Query about remit of the equalities expert and whether they have the local intelligence and understanding?	
		Needs to be more frequent than quarterly	

Area of engagement	Positive comments and suggestions	Areas to consider	Areas of concern
		What will be the voting convention and how do you ensure independence of vote.	
		Where does scrutiny of NHSE specialised services and SEL services take place	
Project or theme based engagement	Ensure the feedback loop works	Mystery shopping scheme in Bexley is valued	A sum of money rather than unspecified support would help borough based engagement and would enable existing valued good practice to be built upon and ensure parity and fairness.
	Local relationships are key and networking is important to ensure mutual support	Keep the Bexley Patient Council as working well	
	Templates and toolkits (around GP mergers) would be useful	Keep Lewisham PRG as adds value and is working well and Public Engagement Forum to work with and assure the BBB on engagement	
	People like engaging in small groups for meaningfulness and impact.	Need to develop engagement with people who may use services in the future – talk to people in shopping centres and in the streets and move away from leaflets	
	People like regular contact with commissioners and engagement where people can influence.	Need to ensure that all engagement activity engages with those who are seldom heard so that the views of diverse communities area heard	
	This is an opportunity to develop digital engagement		
	Opportunity to work more closely with local councils		

Area of engagement	Positive comments and suggestions	Areas to consider	Areas of concern
	around wider determinants of health		
Training and support	This was seen positively and people welcomed a range of resources . Good examples of 3 hour deep dive sessions with CCG colleagues in Bexley and the Welcome Pack in Bromley	Events should be informal and environment accessible	Should not be too daunting, intensive or intimidating and put people off
	Refresher sessions are as important as induction sessions	Will training be open to panel members? Will there be training on the panel?	It was noted that it is hard to engage with general practice on engagement agenda
	Mentoring scheme (in Bexley?) is an excellent scheme	Will training be developed locally?	
	Lewisham PRG induction seen as a good model that could be adapted	Good to have a suite of training which people could choose from	
	People need information on how the NHS is organised and works as very complex – look at King's Fund resources	Need to explain how commissioning works and commissioning cycle	
	Signposting to other resources such as King's Fund videos thought to be useful.	Need training for those doing the engagement so that information provided is accessible	
	Training on systems such as procurement systems seen as a good for those involved in procurement exercises	Need to incentivise people to take part in training	

Area of engagement	Positive comments and suggestions	Areas to consider	Areas of concern
	Sharing national assets such as NHSE training for PPV partners was seen as good.		
	Need to run a session(s) or provide a clear guide on how SEL CCG and BBBs work explaining what is commissioned where. -		
GB meetings	Support for being able to ask questions on the day	Some people felt that rotating the venue may be confusing and may result in very few people attending and thought Tooley Street should be used consistently or a central London location should be used. Another option was to alternate between two venues only (e.g. Tooley Street and Bromley). Some people felt that if the meeting was to rotate around the boroughs the same central location in each borough should be used every time to generate familiarity	
	Agree meetings should be rotated even though this means just one a year in own borough	Need to avoid early starts if people have to travel to attend meetings	
	Look at use of technology so people do not have to travel to meetings	Chair need to be effective, fair and inclusive so everyone has opportunity to ask questions	

Area of engagement	Positive comments and suggestions	Areas to consider	Areas of concern
	Needs to be well publicised with venue and agenda published early	Avoid closed sessions where possible – things often classed as commercially sensitive when not	
	Look at using technology (live streaming) to enable people to watch and ask questions remotely	Some people felt that the Q&A session at the end of the meeting should focus on the agenda items discussed at the meeting. Some people felt that a 20 minute answer session not enough to generate discussion.	
PPGs	Need training on how to involve and support people to be part of the PPG and how patients can take a lead supported by surgery staff	Need to invest in PPGs so they function	Need surgeries to follow through on issues raised in PPGs
	Training for PPG members to advise and support other patients about issues such as services available, transport, volunteering	Greenwich PRG felt that there should be quarterly borough wide PPGs. Members of south Southwark PPG wanted to continue PPGS as they are (6 times a year and facilitated by CCG)	
Process of engagement		Who is ensuring engagement approach on approach to engagement	Concern about how widely we are engaging on this approach
		Need to clearly articulate next steps	Concern that we are not starting engagement process with a blank piece of paper
			Concern that we will not continue to engage once the CCG is setup and more time is needed for engagement

Area of engagement	Positive comments and suggestions	Areas to consider	Areas of concern
			Concern that the CCG is asking the public to take on trust that engagement will be strengthened post merger
			Concern that the discussion paper had no context about LTP and the response to it.
			Concern that the paper did not discuss statutory duties for engagement
Prospectus		Could we include visual representation of engagement structures?	
General issues / overall approach	Some people felt that this a good approach and good beginning	Some concern by a small number of people (in Southwark) about appointment process for CCG GB lay members and chair of engagement assurance committee	Need to consider how we monitor and report on concerns, complains etc
	Need to use patient experience data and intelligence better – complaints reports, HW report, survey data and track over time what providers do with this intelligence and how it informs quality and service improvement	Query about how we build relationships with partners agencies and other organisations	
	General support for better using technology across SEL to facilitate engagement	Need to develop incentive policy and share	