



**Mid and South Essex
Success Regime**

Mid and South Essex Success Regime Programme Office
c/o NHS England
Swift House
Hedgerows Business Park
Colchester Road
Chelmsford, CM2 5PF

By email to:

Councillor Jillian Reeves
Chairman, Health Overview and Scrutiny Committee
Members' Suite
PO Box 11
County Hall,
Chelmsford, CM1 1LX

21 June 2016

Dear Councillor Jillian Reeves,

Thank you very much for your letter of 7 June and the copy of the draft report from the Health Overview and Scrutiny Committee (HOSC) and Healthwatch Essex conference on 18 April.

I have read the report with great interest and the recommendations, which you also highlighted in your letter. Many of the recommendations concur with the principles and operational details of the original communications and engagement strategy for the Success Regime (SR) and some of the recommendations have informed our development of operational plans.

We are currently refreshing the strategy and operational plan to take account of developments within the SR programme itself and this is an opportunity to adopt nearly all of your recommendations in the next version of the plan. There is just one recommendation, which may require further discussion to understand its meaning and implications. I have addressed each point in the table attached, as you requested.

This letter, your letter and the report has been shared with the SR Programme Executive and Communications and Engagement Group, which has representatives from every partner organisation, including Healthwatch. I will also feed back to the SR System Leaders Group as part of my update at the next meeting on Thursday

this week.

As you may know, Graham Hughes and I speak regularly about these matters and recently had a most productive meeting to discuss next steps. We are looking forward to our next discussion with HOSC on 29 June 2016, where we will provide further details on the SR programme itself and the communications and engagement strategy and operational plan.

Yours sincerely

Wendy Smith

Interim Communications Lead

Mid and South Essex Success Regime

Cc: SR Communications and Engagement Group and Programme Executive
David Sollis, Engagement Manager, Healthwatch Essex

Responses to recommendations from Essex HOSC

Based on a report on the Citizen Engagement in the Success Regime conference held on 18 April 2016

21 June 2016

Recommendation	Response
To ensure that public understanding of the scope and purpose of the changes proposed are strong enough and thus the importance of their participation	Agreed and adopted as a principle in the communications and engagement strategy. Operational plans include a range of information to be available from July, which meets this recommendation.
To distinguish between public engagement and service user and staff engagement and adapt communication approach accordingly.	Agreed and adopted as a principle in the communications and engagement strategy. The communications plan already has a distinction between overall SR engagement with local stakeholders and public and targeted service user engagement for which there are specific and separate plans for each of the SR workstreams.
Involve service users at the beginning of service redesign processes	<p>Agreed and adopted as a principle in the communications and engagement strategy.</p> <p>This was agreed early on in the SR programme by the Clinical and Professional Leaders Group as the advisory group for clinically-led change. The “In hospital” side of the work programme has already gathered service user input through a structured method called “In Your Shoes”. Other workstreams are employing a range of methods as appropriate to the nature of the work.</p> <p>In addition, we are collating the outcomes of engagement work that has gone before as part of the commissioners’ ongoing patient and public engagement in strategies and plans. There are a number of examples of this including work previously undertaken by Healthwatch.</p> <p>All of this work and future plans will be the subject of discussions with a Service User Forum that will be part of the SR governance structure. The first meeting for this group is on 8 July.</p>

Patients should still have a choice	This is a very broad statement and we would like to discuss this further with your officer and/or members to understand fully what this principle covers.
There needs to be a clear demonstration that all proposed changes will improve patient/service user pathway	Agreed and adopted as a principle in the communications and engagement strategy. This was agreed early on in the SR programme by the Clinical and Professional Leaders Group as the advisory group for clinically-led change.
Communication should not build expectations to such an extent that they cannot be delivered. Be realistic – if cannot deliver then say why not.	Agreed and adopted as a principle in the communications and engagement strategy.
Patients to be empowered with accurate and comprehensive information so that they can 'own' or manage their condition and situation.	This is part of the vision for new models care across the whole SR plan. Part of the engagement activities in July and September will include gaining insight into how this may be implemented.
Communication should be open and transparent to minimise patient fear and anxiety about change	Agreed and adopted as a principle in the communications and engagement strategy.
Engagement should 'reach out' to patients and go beyond just making information available via road shows and similar.	Agreed and adopted as a principle in the communications and engagement strategy. The operational plans for communications and engagement will show how we propose to reach out to patients using a range of methods. A complete plan will be available and sent via the HOSC officer for circulation following the 29 June HOSC meeting.
There needs to be a strategy for including hard-to-reach groups	Agreed and adopted as a principle in the communications and engagement strategy. We will be developing this with local advocates for protected groups and we welcome further help and advice from HOSC when we share the operational plan following the 29 June.

Multi-channel and multiple forms of engagement should be used	<p>We have been working with Healthwatch to establish a multi-channel engagement programme. This now includes written information, website, online surveys, short films, workshop exercises, public events, social networking and “on the street” engagement.</p> <p>The operational plans for communications and engagement will show how we the range of methods. A complete plan will be available and sent via the HOSC officer for circulation following the 29 June HOSC meeting.</p>
There should be a dedicated website for the Success Regime so that patients and service users can access information easily and quickly	This is in progress and will be online from July.
Commissioners should adopt a case study approach with individual service users so they can demonstrate how they will be impacted by certain changes being made.	We welcome this recommendation and will adopt this approach in the information and consultation packages.
Commissioners should demonstrate how they will engage early with patient groups and community and voluntary organisations so that they can ‘drip-drip’ information into the local community.	Agreed. We are engaging with these groups during July and continuing in September/October prior to consultation later in the year.
Commissioners should demonstrate how they will engage early with GP surgeries and wider primary care services.	Agreed. SR plans have already been discussed with primary care communities across the five CCGs involved. There will be more of this in July and September.
Commissioners should train information champions, using social prescribers and volunteers, to communicate NHS England messages to service users	We welcome this recommendation and will pursue the idea with the Service User Forum, as mentioned above.
Communications should clearly and unambiguously address what really matters to patients and service users and address those issues up-front.	Agreed. This will be adopted within the communications and engagement strategy and will be the explicit aim of activities in July and September to gain insight into what matters to patients.

Commissioners should specifically seek feedback from, and consider the impact of changes on, those patients who have on-going conditions which require repeated health appointments and treatment and for whom good accessibility to services was paramount	Agreed. This will be adopted within the communications and engagement strategy and will be the explicit aim of workstream-based communications and engagement plans, which will be ongoing in future years, not just as part of lead up to public consultation this year.
Commissioners should specifically ask patients/carers and service users what changes they would like to see made?	As above.
Commissioners should ensure that there is sufficient time allowed for meaningful engagement prior to formal proposals being determined	Agreed. This is driving our detailed activities starting in July and continuing in September, as mentioned above.
Patient consultation should be embedded in all service planning, delivery, review and monitoring	Agreed. This will be adopted within the communications and engagement strategy and will be the explicit aim of workstream-based communications and engagement plans, which will be ongoing in future years, not just as part of lead up to public consultation this year.
Commissioners should also consult complaints data and general patient feedback, and use questionnaires particularly post treatment	Agreed. This already happens within the CCGs and trusts, who keep details track of complaints and report these to their boards in public business. This is part of the ongoing responsibilities of patient experience teams.
The Success Regime should be obligated to show how they have used 'lived experience' to develop proposals for service change	Agreed. This will be adopted within the communications and engagement strategy and will be the explicit aim of workstream-based communications and engagement plans, which will be ongoing in future years, not just as part of lead up to public consultation this year.