

Members' Suite

PO Box 11,
County Hall,
Chelmsford CM1 1LX
Email: cllr.jillian.reeves@essex.gov.uk



7 June 2016

BY EMAIL

Wendy Smith
Interim Communications Lead,
Mid and South Essex Success Regime,
NHS England, Swift House,
Hedgerows Business Park,
Colchester Road, Chelmsford, CM2 5PF

Dear Wendy

**NHS ENGLAND
MID AND SOUTH ESSEX SUCCESS REGIME**

I write further to the Health Overview and Scrutiny Committee (HOSC) and Healthwatch Essex jointly holding a conference on 18 April 2016 to discuss ensuring citizen engagement in the Success Regime.

A copy of the draft report of the conference is attached. The recommendations in the report were endorsed by the HOSC last week. The HOSC requested that NHS England formally respond to each of the recommendations. Accordingly, the recommendations are reproduced overleaf for this purpose. Can I ask that the HOSC receives a response to these in time for its 29 June 2016 meeting and that you liaise with Graham Hughes, the HOSC's Scrutiny Officer, on the submission of your response.

Yours sincerely

A handwritten signature in black ink, appearing to read "Jill Reeves", with a long horizontal line extending to the right.

Councillor Jillian Reeves
Chairman
Health Overview and Scrutiny Committee

c.c. Members of the Health Overview and Scrutiny Committee
David Sollis, Engagement Manager, Healthwatch Essex

Summary of recommendations arising from the Citizen Engagement in the Success Regime conference held on 18 April 2016

Engagement (pages 9-12 of the report)

- That the following principles should be observed for all engagement:
 - To ensure that public understanding of the scope and purpose of the changes proposed are strong enough and thus the importance of their participation.
 - To distinguish between public engagement and service user and staff engagement and adapt communication approach accordingly.
 - Involve service users at the beginning of service redesign processes.
 - Patients should still have a choice
 - There needs to be a clear demonstration that all proposed changes will improve patient/service user pathway
 - Communication should not build expectations to such an extent that they cannot be delivered. Be realistic – if cannot deliver then say why not.
 - Patients to be empowered with accurate and comprehensive information so that they can 'own' or manage their condition and situation.
 - Communication should be open and transparent to minimise patient fear and anxiety about change.
 - Engagement should 'reach out' to patients and go beyond just making information available via road shows and similar.
 - There needs to be a strategy for including hard-to-reach groups
- Multi-channel and multiple forms of engagement should be used.
- There should be a dedicated website for the Success Regime so that patients and service users can access information easily and quickly.

- 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.
- 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.
- Commissioners should demonstrate how they will engage early with GP surgeries and wider primary care services.
- Commissioners should train information champions, using social prescribers and volunteers, to communicate NHS England messages to service users.
- Communications should clearly and unambiguously address what really matters to patients and service users and address those issues up-front.
- 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
- Commissioners should specifically ask patients/carers and service users what changes they would like to see made?

Feedback (see Page 13 of the report)

- Commissioners should ensure that there is sufficient time allowed for meaningful engagement prior to formal proposals being determined
- Patient consultation should be embedded in all service planning, delivery, review and monitoring
- Commissioners should also consult complaints data and general patient feedback, and use questionnaires particularly post treatment
- The Success Regime should be obligated to show how they have used 'lived experience' to develop proposals for service change