

Healthwatch Essex: Revised Proxy Projects 28/06/2012

1. Issue

1.1 Executive members are asked to consider and endorse the revised recommendations set out in paragraph 4

2. Background

2.1 At the 31 May Healthwatch Essex executive meeting, Members considered the potential projects that could be delivered by Healthwatch Essex in the period up to April 2013. The projects for consideration had been reviewed and modified as part of multi-agency scoping and appraisal exercise. These projects are set out in the original project proposal Appendix A.

2.2 Executive Members provided a number of suggestions, which can be split into:

2.3 Project principles

- The projects where possible should cover all equality, social and user groups, such as carers, older people and learning disability
- The projects should be cross cutting and SMART
- The projects should involve the voluntary/third sector

2.4 Projects

- A need to focus the research projects on high impact issues – particularly areas suggested were prostate cancer and dementia

3. Project review

The potential revisions based on Member suggestions were again reviewed by a multi-agency exercise, which included Essex Community Budgets Pathfinder and Public Health.

- Essex Community Budgets Pathfinder is currently producing the first phase of business cases, which will go to the department of health. One of the work-streams identified focuses on dementia services. This presents an excellent opportunity for the Community Budgets pathfinder team and Healthwatch to work in partnership on this work and capture the voice of people with dementia and those close to them.
- The Essex Public health team agreed to review the health checks project, specifically with regard to prostate vs. bowel cancer as a focus. They were asked to produce a briefing, which summaries the issues and provide recommendations for a revised project outline. The public health team recommended 2 options for projects and both of these have been included in the recommendations. Any future project group leading on this project may wish to continue with both or focus on one. The briefing with embedded background information is set out in Appendix B.

4. Recommendations

4.1 The executive are asked to support the development of the revised projects:

1. Identifying and reducing barriers to screening and NHS health checks and/or commissioning an accessible abdominal aortic aneurysm screening programme.
2. Understanding young peoples experience of sexual health services and sex education, to improve appropriateness and accessibility.
3. Mechanisms to bring user/citizen input into the JSNA, which would support the development of our working structures.
4. Understanding user experience of maternity services, to improve county-wide commissioning and delivery
5. Understanding the experience and choices of those dealing with the impact of dementia as part of the Community Budgets Pathfinder work-stream.

6. Resources

6.1 The resources remain the same as detailed in the original project proposal Appendix A.

7. Next steps

7.1 The next steps remain the same as detailed in the original project proposal Appendix A

Appendix A

Healthwatch Essex: Proxy Projects Paper presented on 31st May

1. Issue

1.1 Whilst in its shadow form Healthwatch Essex will commission a limited number of projects to demonstrate scope, reach and impact.

1.2 Executive members are asked to consider and endorse the recommendations set out in paragraph 5

2. Background

2.1 At the 25 April Healthwatch Essex executive meeting, Members participated in an exercise to consider potential projects that could be delivered by Healthwatch Essex in the period up to April 2013. The projects are set out in detail in Appendix A.

2.2 Executive Members considered the following features of potential projects:

- Impact
- Engagement with partners
- Delivery mechanism
- Resource implications

3. Principles

3.1 In determining what project themes and projects should be taken forwards the following Principles need to be taken into consideration:

- **Additionality:** The projects commissioned by Healthwatch Essex have to provide value above and beyond what would be expected of usual statutory services.
- **Measurability:** Projects need to be deliverable and demonstrable within the tight timeframe of the shadow Healthwatch Executive (April 2013)
- **Ownership:** Projects need to be owned and driven by the Healthwatch Executive – which reflects the views of the citizens of Essex.
- **Integrative impact:** Projects need to be cross-cutting and engage across health, social care and public health
- **Practicability:** Projects need to act as proxies for what is achievable within the scope and reach of Healthwatch Essex
- **Profile:** The projects need to raise the profile of Healthwatch Essex and be an integral element of the communications plan
- **Reputation:** Projects need to be visible and enhance the reputation of the emerging Healthwatch Essex function
- **Replication:** Projects must not replicate work previously commissioned by LINKs, but where appropriate could build on the successes of previously undertaken work.

4. Scoping

4.1 The proposed projects set out in Appendix A were reviewed as part of a multi-agency scoping exercise. This identified a number of projects which would have the greatest impact. An options appraisal spreadsheet (to be tabled at the meeting) will be made available as a separate document.

4.2 The options appraisal exercise identified *inter alia* the following issues:

- Adult Social Care are undertaking work to review home from hospital services and the carer's strategy. These are very important areas; however some of the principles including additionally and ownership are not met.
- LINks has undertaken a number of research projects which include hospital discharge; mental health and dementia (See the principle of replication in paragraph 3).
- On review of the potential projects there were also some omissions from the list, these included 'hard to reach' groups, children and young people.

5. Recommendations

5.1 The executive are asked to support the development of the following projects:

6. The barriers to people accessing health checks, especially men with potentially high impact risks such as bowel cancer
7. Understanding young peoples experience of sexual health services and sex education, to improve appropriateness and accessibility.
8. Mechanisms to bring user/citizen input into the JSNA, which would support the development of our working structures.
9. Understanding user experience of maternity services, to improve county-wide commissioning and delivery

5.2 These recommendations include projects identified by the Executive and additional or refocused projects identified as part of the multi-agency scoping exercise. There may be the potential for additional project work as we move closer to March 2013.

6. Resources

6.1 The projects identified will require a dedicated project manager, which is outlined in the paper on staff resources, plus communications and the commissioning of researchers. The cost of the projects will be within budget constraints and full resource costs will be provided as part of detailed projects plans to be created.

7. Next steps

7.1 The next step will be to identify project champions from the executive to provide leadership on projects committees/steering groups. A project manager will need to be recruited to design and co-ordinate the implementation of the 4 projects.

Appendix B

Briefing for Healthwatch Essex on population screening - Dr Pam Hall, NHS North Essex

Healthwatch Essex is considering options for commissioning projects which contribute to improving the health of the population.

Prostate screening

One potential project under consideration by Healthwatch relates to screening for prostate cancer. Currently, there is no national prostate screening programme. Prostate cancer is the commonest type of cancer in men, and the second commonest cause of cancer death. By the age of 80, about 80% of men will have some cancer cells in their prostate gland, but many men will not be aware of any problem, and will not be harmed by the cancer.

The UK National Screening Programme makes decisions on national screening programmes, and has a rigorous process of assessment of potential programmes, taking into consideration the condition, the screening test, the treatment and the programme as a whole. Prostate screening meets some of the National Screening Committee's criteria for screening programmes. However, the current national policy is that there we should not introduce screening for prostate cancer because there is evidence that a universal screening programme would do more harm than good:

- PSA testing is not a good screening test – in particular, a high proportion of men with a raised PSA level do not have cancer.
- It is not clear which prostate cancers should be treated and which can safely be monitored.
- Some of the treatment options have significant potential for unpleasant side effects, including sexual dysfunction and urinary incontinence.

National policy is due for review in 2012/13, and research continues into an alternative test.

We recommend that Healthwatch Essex should not pursue a project on prostate screening.

Suggestions for projects for consideration by Healthwatch Essex

- **Identifying and reducing barriers to screening and NHS health checks**

NHS North Essex commissions screening programmes on behalf of its population. There may be potential for a project to improve uptake in the diabetic retinopathy screening programme, cancer screening programmes (bowel, breast and cervical) and NHS health checks, focusing on marginalised and hard to reach groups.

- **Commissioning an accessible abdominal aortic aneurysm screening programme**

The NHS abdominal aortic aneurysm screening programme is being rolled out across the country. Most of Essex will be covered by a programme to be set up and commissioned in 2012/13. There

may be potential for a project to define commissioning principles for the Essex programme, focussing on developing an acceptable and accessible programme.

We think that there is potential for mutual benefit in working together to improve access to services to improve health



Screening for
healthwatch 210612.

Background information