Shaping Health and Care

Spring 2017

Feedback Report

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact 01273 403687 or email hrccg.accessibility@nhs.net

Contents

1. Introduction

We hold Shaping Health and Care events twice a year with local people; reflecting our East Sussex Better Together programme and our increasingly integrated approach. Your views are central to how we build a local system that promotes and enables good physical and mental health; helps people to help themselves stay well; offers excellent treatment when they do require health or care services; and supports people and communities to thrive.

In May 2017, we held one Shaping Health and Care event in each CCG area, offering the opportunity to hear about local achievements and challenges and to inform how we plan and develop services as part of our ESBT Alliance.

Hastings and Rother CCG Hastings Wednesday 3 May 2017	Eastbourne, Hailsham and Seaford CCG Eastbourne Wednesday 10 May 2017

East Sussex Better Together

You've helped us make our ESBT programme a success through your feedback, ideas and commitment which is enabling us to work together in a more integrated way. This means we are now closer than ever before to achieving a fully integrated and sustainable health and social care system for local people.

Our new model of accountable care is the vehicle that will help us cross the 'finishing line' together and complete the transformation we began with ESBT back in August 2014.

Who came along and how did they take part?

Shaping Health and Care events are one of the ways that we listen to local people, using what we hear to inform how local health and care services are designed. We engage with local people to influence local health and care services in a range of ways. If you would like to find out more about how to stay involved please go to section 6 of this report.

We promoted these events through our websites, email, social media channels, patient participation groups, voluntary organisations, community groups and strategic partners. There were around 100 delegates who participated at both events. These included local people, together with CCG governing body members and local health and social care staff. The spring events were a way for local people to:

- Find out about how the CCGs and County Council had acted on the learning from the previous events in autumn 2016

- Hear an update on ESBT and our future plans

- Offer suggestions to inform how we design services and support in key areas

- Discuss and share insight into quality of support services in their local community

- Ask questions and raise issues directly to CCG Governing Body members and senior health and social care professionals

- Find out about local services and support that is available at our marketplace

2. What we talked about

We asked people for their experiences, opinions and suggestions about…

At this, our ninth event, we began by setting out our latest thinking on how health and care services might look in the future. Local people were given an update about ESBT, our key achievements so far and the opportunities that lie ahead. We then gave a further update on our progress in moving to a new model of accountable care.

Our first group session presented information on a checklist to help decide our future model of accountable care (see session 1 below). Following this, there was an opportunity to learn about local health and care activities at our marketplace stands. In the second group

session, we then invited debate about our proposed ESBT outcomes framework (see session 2 below). The third group session comprised a presentation and discussion of involvement in locality planning (see session 3 below). The three areas of focus were:

- Are the checklist items meaningful, useful and understandable, and is the checklist comprehensive?

- What do people think of the proposed outcomes that we are piloting to measure our progress?

- How can we make the structure of engagement, collaboration, co-design and co-production most effective, with local people influencing decision making?

This report is a summary of what we learned from the spring 2017 Shaping Health and Care events. It describes each topic area that was discussed, including the key themes from the discussion and the answers to the questions that you asked.

Session 1: Checklist to help decide a future model of accountable care

We shared a checklist containing the criteria that will help us decide the best option for formally bringing together the ESBT Alliance organisations (Eastbourne Hailsham and Seaford CCG, Hastings and Rother CCG, East Sussex County Council, East Sussex Healthcare NHS Trust and Sussex Partnership Foundation NHS Trust).

What is the checklist?

The checklist serves as a summary document, providing a way of working out how well an option, for how we organise ourselves in the future, best meets our needs. We explained that we had arrived at the headings in the checklist based on what local people had told us, as well as issues such as governance. The seven checklist headings were:

- Transformation
- Governance and accountability
- Quality and safety
- Clinical and professional sustainability
- Access and choice
- Deliverability
- Financial sustainability

For context, we outlined the composition of the ESBT Alliance. In addition to the five local partners, we clarified that we are involving other key services, such as primary care, and independent or charitable organisations such as Healthwatch.

We asked you

- Do you agree with the checklist criteria used? Is there anything missing?

- How can we improve the language used in the checklist so that it can be easily understood?

- How would you rank each heading in terms of importance?

What you said

The responses below reflect the issues that seemed most important to people.

Checklist criteria

Greater emphasis should be placed on the patient/person experience, and on prevention (and preventing hospital readmission)

The checklist should be more explicit about the range of services on offer (choice) and how to make use of them (access)

Some of you said that increased sustainability across social care providers, the need for flexibility in localities, and mention of the charity and voluntary sector, are not prominent in the checklist.

Data sharing protocols/agreements, and compatible IT systems, are needed to maximise awareness of choice and to enable alliance organisations to communicate.

There are concerns about sustainability – both in terms of health and social care providers and staff.

We need an inclusive approach which takes account of seldom heard or isolated groups, and those of all ages.

Improving the checklist language

The language should be simpler; the document does not use plain English.

Consider producing an easy read version.

Reduce the amount of information.

To improve coherence, use organisational charts to accompany text.

Ranking checklist items

Access & Choice is considered the most important criterion.

Deliverability is ranked lower than other criteria.

Each criterion affects all others; they are interdependent and overlap. There may be a way of clustering them.

Communication to GPs – and getting feedback – should also be included here.

How we have used this information

The feedback from the group discussions on the checklist for our future ESBT accountable care model, in particular the feedback about the weighting of the criteria, have contributed to the further development of the checklist, alongside other discussions that have taken place.

Now that we have been able to test key areas of the evaluation checklist with stakeholders, we will use the checklist to carry out an appraisal of these options to help us to identify the best legal vehicle to deliver our ESBT objectives of a fully integrated and sustainable health and social care system for our local population in the long term. There will then be an implementation period where much greater detail will emerge and we will continue to engage and involve local people in this.

The vehicle for our future model must help us to improve the quality of services, improve health outcomes and reduce inequalities across ESBT so that we have integrated, person-centred care in a clinically and financially sustainable way.

Session 2: Developing our ESBT outcomes framework

We provided delegates with information about our outcomes framework. The aim was to ensure that we all know whether we are delivering the best health and care we can.

What is the outcomes framework?

The outcomes framework sets out our priorities and how, as an ESBT Alliance, we think we might measure our performance against these. At our Shaping Health and Care events in 2016, we discussed the design of outcomes to reflect people's health and care priorities. The outcomes framework reflects the results of this process.

Four priorities were identified for discussion at the May events:

- Population health and wellbeing – focusing on the impact of services on the health of the population, such as preventing premature death and overall prevalence of disease
- Transformed services – focusing on the way services work and how effective they are at impacting positively on the people who use them

- Quality care and support – focusing on making sure we have safe and effective care and support
- Experience of local people – focusing on the experience people have of their health and care services

Each priority contained two or three objectives, setting out the aims we are intending to achieve. Each of these objectives had multiple associated outcomes, describing the results you have previously told us you expect to see.

We asked you

- Does the outcomes framework reflect what is important to local people about their health and care services?

- Is there anything missing from the outcomes and objectives?

- Is the outcomes framework easy to understand?

- What is the best way of sharing our progress in delivering these outcomes?

What you said

The responses below reflect the issues that seemed most important to people.

Reflecting what is important

The complexity of the language prevents people judging whether the framework reflects what's important to them.

There is no mention of housing.

People would like a strong voice in determining their own care, and in identifying what they want to achieve overall.

Clarity is needed about whether this framework refers to outcomes for staff/organisations or patients/people.

There is no mention of safeguarding recording.

Identifying anything that is missing

More prominence for the voluntary sector.

Outcomes must ensure equitable and inclusive access for anyone who might use services.

Ease of understanding

There is less jargon than in the checklist criteria; however, some terms are not easy to understand and lack precision.

The framework would benefit from more plain English – possibly with a glossary of terms.

Including ideas on how to measure the quality of people's experiences would be beneficial.

How best to share progress in delivering outcomes

Both formally and informally.

Via outlets that already exist and that people already know about and use.

Through people's experiences.

Across all types of media – but stick to what's appropriate/relevant to each individual audience, and keep it simple/jargon free.

How we have used this information

Feedback from the events has already been used to shape the next version of the framework. We have now included a means of measuring the 'People are kept safe' outcome.

We are also looking at ways to let people know how we are progressing with the framework, and we will include suggestions from the events in our communications plan.

Finally, we are having another look at the language in the framework document, so that it is easier for everyone to understand.

Session 3: Getting involved in locality planning

We gave a brief presentation covering the background to locality planning, and what it aims to achieve. This was followed by an opportunity for local people to discuss how they would like to be involved in their own locality.

What is locality planning?

Locality planning involves the development of opportunities for shaping and contributing to the improvement, coordination and integration of services, and the reduction of health inequalities. The session aimed to gather views, from all sectors, on how they could

influence decision making, in order to make the structure of engagement, collaboration, co-design and co-production most effective.

We asked you

- What methods or processes can we use as a health and social care system to identify priorities within your locality?
- To choose the single most important method for identifying local priorities

What you said

The responses below reflect the issues that seemed most important to people.

Methods and processes for identifying locality priorities

Use a number of means, as appropriate to the circumstances, so that all voices can be represented.

Some methods/processes received multiple mentions (Community Police, parish/residents' association newsletters, community noticeboards, libraries, Healthwatch, HVA).

Proactivity, through visits to community groups/schools and colleges/winter shelters/carers forums, offers opportunities for dialogue and interaction.

Explore whether some currently underused sources, such as nursing homes, and screens at GP surgeries; can help identify priorities.

Make sure that information from sources is kept up to date and therefore valuable.

Single most important method for identifying priorities

There is no "one size fits all" approach. Use whichever methods are locally appropriate and relevant.

If possible, use existing engagement methods that already exist. Reinventing the wheel may be time-consuming and unnecessary.

Methods can draw on the views of staff, volunteers and patients/people alike.

How we have used this information

The strongest point that came through from these events was the need to use a mix of methods, and the message that 'one size doesn't fit all'. A second message was the

preference for using existing engagement methods (such as staff feedback, networks, partnership boards, and 'Fulfilling Lives').

We will use your feedback and suggestions as we continue to think about how best to identify priorities for locality planning. Your intelligence about ways of joint working across the voluntary and community sector, Integrated Locality Teams, local business and wider partners is really valued.

3. Marketplace

Our marketplace provides organisations and colleagues across ESBT Alliance with the chance to promote their work, canvas support and network with other organisations, whilst also providing useful information to local people about local health and care services and support that is available.

Marketplace stands

- Age UK East Sussex
- Beat the Street – East Sussex
- Coffee Pot Computing
- Domestic Abuse
- East Sussex Recovery Alliance
- ESBT Alliance
- Health and Social Care Connect
- Healthwatch East Sussex
- Healthy Hastings and Rother

- Home Works
- Isabel Blackman Centre
- Local Pharmaceutical Committee
- Patient Online
- Sexual Health – East Sussex
- STEPS to stay independent
- Support with Confidence
- You Said, We Did

4. Your feedback about the events

We asked for your feedback on several features of the event:

- Your experience of each session or activity at the events

- Was there was anything about the events you particularly liked or did not like?

- Suggestions on how future events should be run or on future topics to cover

- Would you attend similar events in future?

- Any other comments or feedback

Who attended, and how did they hear about the event?

Most attendees at both events were there to represent a group. In Hastings, this was true of all 6 people who answered the question; in Eastbourne it applied to 21 of the 27 who answered.

The single most common way of finding out about the event had been via the CCG or ESCC; All 5 of you who answered the question at Hastings said this, along with 16 out of the 24 of you who answered at Eastbourne.

Rating sessions and activities

At Hastings the venue itself, classed as "excellent" by 3 of the 6 people who answered, was the highest rated element. No one at this event described any of the eight elements as "Poor". Those of you who attended Eastbourne rated the marketplace as the single most impressive element – 15 out of 31 said this was "excellent".

Elements you liked

Hastings attendees mentioned the sharing of ideas. At Eastbourne, the calibre of the facilitating, and the breadth and quality of information available at the marketplace, were especially appreciated.

Elements you did not like

- Send out topic information beforehand, so that people can consider it ahead of the event and think about what questions to ask.
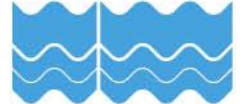
- People would have preferred greater use of plain English; some of the language used in the documents was seen as too complex.

- At Eastbourne, some had venue-related concerns, either because they had difficulty parking, or because they considered the room in which the event was held to be too small.

Future events and future topics

Mirroring some of the concerns you had already raised, you said that in future, information on topics should be provided ahead of the event, and feedback on ESBT progress should be regularly distributed.

Attending similar events

Across both events, all 33 people who expressed a view said they would attend a similar event in future. No one said they would not attend.

Any other comments or feedback

In all, you made 7 comments. Networking opportunities, and session content, were seen as positives; lack of time to cover topics in sufficient detail, and (in Eastbourne) insufficient parking options, was mentioned as negatives.

5. Next steps

Your views are important and helpful as we continue to shape and develop our health and care services. Information collected at our events has been shared within the CCGs and social care so that the lead managers responsible for commissioning services can consider your ideas as they design services.

The learning is directly informing the development of our ESBT Alliance and we look forward to continuing our work together going forward.

6. How to stay involved

Subscribe to our ESBT newsletter

To receive news briefings: you can do this on our website:
https://news.eastsussex.gov.uk/east-sussex-better-together/get-involved

Attend an event

We post all planned events on our website, and email everyone who signs up for our briefings. In addition, we always contact community groups and key contacts to spread the word and promote events in the usual ways.

Shaping Health and Care – autumn 2017

Wednesday 1 November 2017, 1400-1630, Cooden Beach Hotel, Bexhill

Wednesday 8 November 2017, 1800-2030, Hailsham Community Hall, Hailsham