

EVENT FULL REPORT

Connecting CCG patient and public involvement to changes in health and social care services in Hampshire and Isle of Wight

It needs to be done brilliantly



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Wessex Voices

local healthwatch
working together

NHS
England

Setting the scene

Significant, long-term changes are taking place for health and social care services nationally, and across Hampshire and the Isle of Wight (HIOW).

Key to the successful implementation of these changes will be meaningful involvement of residents and services users on this journey.

Clinical Commissioning Group (CCG) Lay Members for Patient and Public Involvement (PPI) have a role in championing the voice of people in decision-making, and challenging their organisations to do this well. They have this in common with local Healthwatch, who are commissioned to gather feedback from the public about their experiences of health and social care in order to influence those services. As well as gathering people's views, Healthwatch have specific powers which give them a right of reply; voting rights on Health and Well-Being Boards; and to 'Enter and View' service providers. Both PPI Lay Members and Healthwatch want to see local people involved in decision-making about changing health and social care services.

Event background

We held an event in June 2017, to strengthen relationships between CCG Lay Members, local Healthwatch, NHS Communication and Engagement leads and the HIOW Sustainability and Transformation Partnership (STP) office, in order to streamline and enhance PPI to help shape the sustainability and transformation of health services in HIOW.

Participants had the opportunity to:

1. Understand each other's roles more clearly in relation to PPI and the long-term strategic and local health service changes
2. Consider how successful current PPI mechanisms are in addressing the challenges facing changing health services
3. Create an action plan to enhance PPI to support strategic NHS service changes in HIOW

Twenty-seven people came to the event (see Appendix A Attendee List) organised by Susanne Hasselmann, Chair of NHS Commissioners National CCG Lay Member Network / CCG Lay Member for South Eastern Hampshire CCG and Wessex Voices. Wessex Voices works with NHS England (Wessex) and local Healthwatch to support NHS colleagues to improve their PPI activities across the region.

Delegates said that the event had been a good use of their time. Just over half said that the aims of the event had been partially met. They reflected in comments that further work needs to be done and there is much ground to cover as discussions are at a very early stage. An action plan has been developed from the event and is set out on page 10. Relationships are beginning to be established. There was an opportunity to critique public and patient involvement to date in Hampshire and Isle of Wight.

Context for the event

Why we are here today

Susanne Hasselmann set the tone for the event by reminding people about the importance of involving patients and the public in service change. She encouraged attendees to consider National Voices' 'Six principles for engaging communities and people' in our discussions.

These should be that:

- Services are created in partnership with citizens and communities
- Care and support is person-centred: personalised, coordinated, and empowering
- Focus is on equality and narrowing inequality
- Carers are identified, supported and involved
- Voluntary, community and social enterprise, and housing sectors are involved as key partners and enablers
- Volunteering and social action are key enablers

She also outlined the need to streamline and connect PPI activity happening at a local, regional and national level. By linking the activity all together it will make sure the NHS and its partners respond in a timely way.

Suzanne then asked Richard Samuel, Senior Responsible Officer for the HIOW STP, to set the context by explaining more about the forthcoming changes and the drivers for change.

What are the challenges facing HIOW's health systems and how should patient and public involvement form part of the Sustainability and Transformation Partnership governance arrangements?

Richard Samuel said that the 'STP' journey has evolved over the last year from a Plan to a Programme and now a Partnership and will continue to evolve. Putting it on a partnership footing recognises that the changes needed are about the relationships between health services and the citizens that use them.

Richard said it is important firstly to take stock of the **achievements** of the health and care system today. The NHS has the highest levels of public satisfaction rates of any public service. Better health services amongst other factors have contributed to us all living longer. Recent tragedies show how resilient the NHS is in being able to mobilise emergency responses very quickly and effectively. There have been significant improvements in outcomes for people who experience major trauma, stroke or cancer. Genomics and precision medicine are also transforming outcomes for patients. Hospital acquired infections are moving towards the lowest in Europe. These demonstrate that when the NHS focuses its activity improvements can be made.

That said, nationally the NHS is facing **five paradoxes**. Whilst people are getting healthier they are using the NHS more. Even though the quality of care is improving we need more transparency about care gaps and mistakes. Staff numbers are increasing but they are working under greater pressure. The public remain highly satisfied with the NHS but are still concerned for its future. Finally, even though the NHS is transforming it is also reaching breaking point. The job of

the collective leadership of health and care is to work together to prevent the NHS from reaching crisis and to not lose the unique character of the NHS.

Richard then went on to say that there are particular **local challenges** for Hampshire and the Isle of Wight. The local Sustainability and Transformation Partnership work programme for 2017/18 sets out activity that needs to be concluded and improvements to be made. These form part of CCGs' current delivery plans. Examples are the improvements to the waiting times for cancer patients to receive treatment, and the accessibility of mental health services. There are also major challenges around workforce and finances facing primary care.

The STP is also focussed on **transforming service delivery** to ensure they are fit for the future. For example, by getting rid of the complexity and confusion of how to access services, or by reversing the reliance on acute services. To be able to transform services, the NHS will need to have the trust of the citizen, clinicians and other stakeholders.

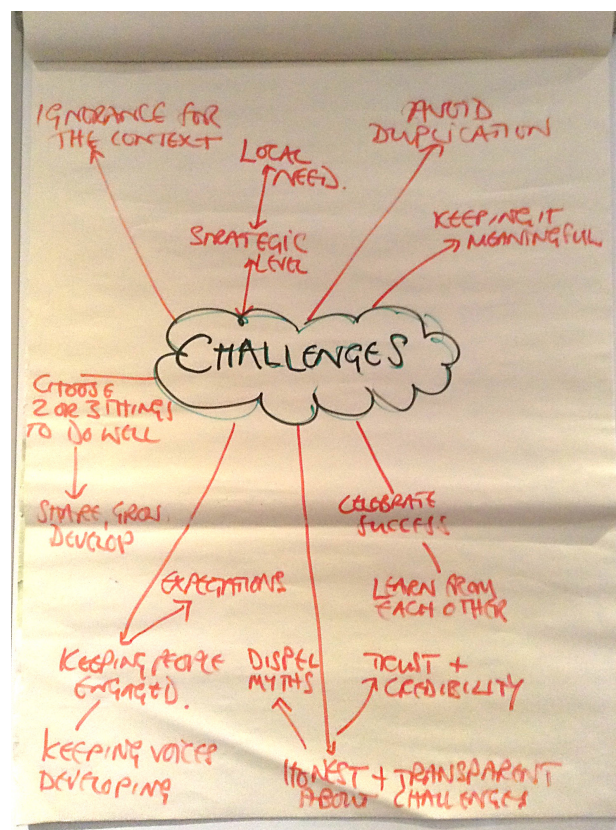
Richard said it is imperative that citizens are given a clear way to **connect into** the changes. He explained that health services have already begun talking with local people about some of these complex issues. Over 10,000 people have been involved over the last three years. From now on there needs to be clarity, transparency and consistency about how to continue this dialogue along the journey.

There is a need to involve and work with clinicians, patients and the public from their starting point. There is no public support for revolution in health services but the change conditions require 'paced evolution'. Political and clinical ownership remains key. There needs to be an

evolution to personalised care and co-production as a default. Whilst there is evidence of in-depth engagement at a local level, there has not been enough done with seldom heard groups or those experiencing isolation. There is also a question about how we achieve large scale involvement that connects to people and does not feel remote and irrelevant.

Feedback about other challenges and the building blocks for good PPI and Sustainability and Transformation Partnership governance

Following Richard's presentation, participants were asked if there are other challenges in terms of involving people in the sustainability and transformation of health services.



These are the questions and comments they made:

- Avoid duplication and share all the existing good work
- How do you involve people in strategic conversations?
- Local need verses strategic priorities
- Explaining how local challenges and changes fit with the wider picture
- Need to focus on doing 2-3 things well across the area
- Keeping people engaged over time
- Ensuring people understand the value of them sharing their experiences
- Having an open, honest conversation about the challenges
- Raising and then managing public expectations in a realistic way
- Making it meaningful for people - what does it mean for individuals? Not oversimplifying the message
- Creating trust and credibility in the process
- Celebrating success and translating it to other area
- Dispelling the myths about the 'STP'. It is good that it is now called a Partnership but needs to be clear that activities are part of and built into CCG's existing operating plans.

Richard concluded by saying he felt that health services have in the past avoided some key issues about quality and outcomes. There has perhaps been a lack of will or foresight to transform services. **The NHS needs to do this work brilliantly** as it will not be an easy ride and there needs to be challenging conversations with the public.

Key feedback so far

At the end of the "context setting" part of the event, delegates were asked for their key feedback. These are their comments and questions:

1. We have started to collate engagement from across the patch. We need to value it and provide feedback on how this has/will influence the sustainability and transformation of health services.
2. How do we address the scale and scope of what needs to be done around engagement about these significant changes, distinguishing it from the local and selling a vision for the future?
3. We need to help the public understand the bigger picture BEFORE actual changes happen at a local level, particularly when these are closures.
4. It will be critical to analyse and use what we already know. E.g. can we use what we understand about people in Gosport in another part of the county?
5. We need to work with other providers and others to understand what they are hearing.
6. We need to take people on a journey over the longer term and not ping from one thing to another.

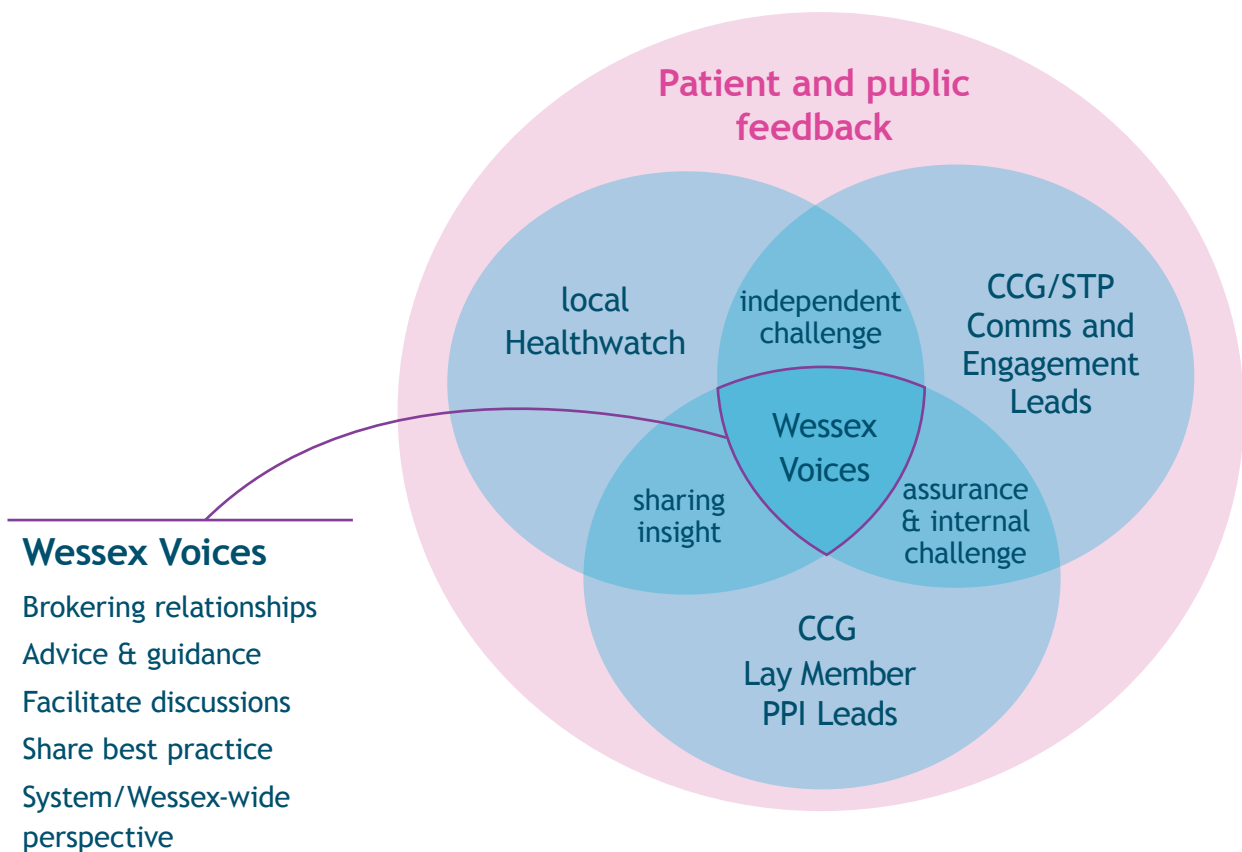
Our inter-relationships

Representatives from each of the four organisations/roles present were asked to share who they are and what their roles are, particularly in relation to PPI.

They were:

- Wessex Voices
- Local Healthwatch
- a CCG Communications and Engagement Lead
- a CCG PPI Lay Member

Here is a diagram to show delegates' complementary and distinct roles. More detailed information can be found in Appendix B.



Workshop discussions

Part one

The workshop session was held in two parts. Firstly, delegates were asked to work in groups to discuss the following questions:

- Q1** What are we currently doing to support effective patient and public engagement?
- Q2** How successful is this in promoting and supporting a strong public voice in the development of the STP/Local Delivery Systems?
- Q3** How could this be better? Where are the gaps?



Feedback summary

Full notes of the discussions can be found in Appendix C. Here is a summary of key feedback points:

- The STP needs to remain focussed on its transformative role in improving outcomes for people.
- This is an opportunity to identify 2-3 things to engage the public on across the patch without forgetting local PPI. This needs leadership. This will need to recognise that CCG Lay Members are accountable to their own governing bodies.

- There needs to be a way to bring together engagement around the strategic and local changes.
- Key stakeholders need to be mapped.
- There is already lots going on around PPI, some of it across the system. It needs pulling together in one place to identify which geographies and issues are covered.
- PPI is not currently consistent, joined up or planned together.
- It needs to be clear to the public why engagement is being done and what impact changes may have on them
- Providing feedback as to what has changed as a result - 'You said, we did' - is important.
- People need to be at the centre of the changes rather than the system getting tied up in process. People are all different and they are not going to all fit neatly into a process. It needs to be organic, marry up the local and the strategic. It needs to be built on trust.
- Useful tools, like Crisis Concordats, already exist and should be made best use of.
- This is an opportunity for sharing good practice and knowledge.
- Local Healthwatch and CCG Lay Members could link up more.

Part two

The Groups were then asked:

Q4 What can we individually and collectively do over the next 6-12 months to make PPI more effective at an STP and Local Delivery System Level?

Q5 What support do you need from the STP to deliver this?

Feedback summary

Full feedback from this discussion can be found in Appendix C. Below are some ideas from delegates about the key things partners could do together:

- Create a shared narrative with patients and the public, about the sustainability and transformation of health services, the priorities and the case for change.
- Develop patient champions to shout about the change.
- Focus on prevention, carers and the mid/north Hampshire changes as these all impact on the whole of HIOW.
- Local engagement is being done well but it needs to link to the strategic and be complementary.
- Could CCG Lay Members have an advocacy role around the changes?
- There is a need to generate democratic and political buy in to the changes.

Summary of key messages

These key messages need to inform how patient and public involvement can be effectively carried at to shape changes to health services in HIOW.

KEY MESSAGES

People need to be involved early and in a meaningful way in open, honest, challenging conversations about the long-term changes to health and care services. Trust and credibility is key.

People need to understand how their involvement has and will influence decision-making around the sustainability and transformation of future health care. People's contribution needs recognising.

Mapping existing patient and public involvement (PPI) activity across Hampshire and Isle of Wight (HIOW) is underway. There is evidence of good practice, particularly at a local level. More could be done to use all partners' knowledge, including Local Authorities, providers and the voluntary sector, and there are new opportunities to plan and coordinate involvement better together.

The changes provide a significant opportunity to involve people in both local and strategic decisions affecting them. There will be challenges to marry both together but this could be achieved by focusing on 2–3 key strategic issues for the whole area.

Headline action plan	Recommended lead
Develop and agree with patients and the public, a short, shared narrative about the sustainability and transformation of health and care services, the priorities and the case for change.	
Identify 2–3 key strategic changes or issues taking place across Hampshire and Isle of Wight and create focused engagement and communication plans to enable a dialogue with people across the area on these.	HIOW Sustainability and Transformation Partnership (STP) Engagement and Communications Network
Undertake a stakeholder mapping and analysis for the sustainability and transformation of health care service changes across HIOW.	
Develop and promote opportunities for people to get involved in the changes or issues that they are most interested in. This should involve genuine opportunities for co-production.	HIOW STP Engagement and Communications Network Wessex Voices Local Healthwatch
Consider how to focus on galvanising local democratic involvement in these significant changes.	HIOW STP office
Establish how CCG Lay Members can challenge and assure PPI related to both large scale, strategic and local changes to health services.	HIOW STP office Chair of NHS Commissioners National CCG Lay Member Network / CCG Lay Member for South Eastern Hampshire CCG Wessex Voices
Further develop the relationships between Wessex Voices, local Healthwatch, the voluntary sector, CCG PPI Lay Members, Local Authority and NHS colleagues involved in shaping PPI activity, and the national PPI and Lay Member programme enabling best practice sharing and joint initiatives.	HIOW STP office CCG PPI Lay Members Wessex Voices
Consider how Wessex Voices and local Healthwatch can provide constructive challenge to support the development of meaningful and good quality, ongoing engagement around changes.	Wessex Voices Local Healthwatch
Provide leadership development opportunities for HIOW STP programme leaders to create culture change around PPI and co-production.	Wessex Voices North East Hampshire and Farnham CCG

Next Steps

Since holding the event progress has already been made in terms of developing structures and relationships to harness patient and public involvement across HIOW. Some commissioners are already seeking support and taking advice about how best to involve people in the changes to health services.

The report action plan will be discussed with the independent chair for HIOW Sustainability and Transformation Partnership and the Senior Responsible Officer to seek their support to move this from words into action. We recognise there is still a long way to go but are confident these early conversations can bring about meaningful patient and public involvement if we work together.

For a summarised version of this report see our publications on



www.wessexvoices.org

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Appendix A List of attendees

Wessex Voices

Nicola Priest,
Assistant Director of Nursing (Safeguarding and
Patient Experience) and Wessex Voices Chair

Emma Leatherbarrow,
Director of Partnerships, Help and Care

Jessie Cunnett,
Director, Public and Patient Involvement
Solutions Ltd

Sue Newell,
Wessex Voices Project Manager

Local Healthwatch

Jo Smith,
Healthwatch Isle of Wight Manager

Patrick Fowler,
Head of Health & Wellbeing Partnerships,
Learning Links / Healthwatch Portsmouth

Rob Kurn,
Healthwatch Southampton Manager

Steve Manley,
Healthwatch Hampshire Manager

Fiona Biggs,
Healthwatch Hampshire Engagement and
Project Officer

Hampshire and Isle of Wight Sustainability and Transformation Partnership Office

Richard Samuel, Senior Responsible Officer

Sarah Grintzevitch, Communications Lead

CCG Lay Members

Carole Truman, Isle of Wight

Caroline Ward, West Hants

Jackie Poxwell, Portsmouth

Nick Wilson, South Eastern

Pat Shirley, Fareham and Gosport

Peter Kelly, North Hants

Simon Garlick, West Hants

Susanne Hasselmann,
Chair of NHS Commissioners National CCG Lay
Member Network / CCG Lay Member for South
Eastern Hampshire

CCG Communications and Engagement Leads

Claire Robertson,
Isle of Wight's MLAFI Communications lead

Dawn Buck, Southampton

David Barker and Elizabeth Kerwood, Fareham
and Gosport, Portsmouth and South Eastern
Hampshire CCGs

James Day, Isle of Wight

Siobhan Hand, North Hants

Sharon Ward,
North East Hants and Farnham

Appendix B An overview of our organisations/roles

Wessex Voices

Emma Leatherbarrow, Help and Care

Wessex Voices is a partnership between NHS England and the 5 local Healthwatch across Wessex - Hampshire, IoW, Southampton, Portsmouth and Dorset.

Funded by NHS E and the Clinical Networks but managed by a Bournemouth charity so we are independent of health services.

Our aim is to use our collective expertise to transform how PPI is done and enable more people to be involved in the commissioning of health services.

We are passionate about involving people in designing and delivering health services, believing that this will ensure they are sustainable and will empower individuals to take more responsibility for their own health.

We help commissioners plan PPI, giving them practical tools and advice, guidance and support - rather than do PPI for them - that remains the responsibility of NHS colleagues.

We bring people together from across a wide geography to have discussions around involving people in longer-term changes to health services.

We provide training to both NHS colleagues and people around PPI.

We help recruit people to get involved.

We connect commissioners to HWs intelligence, skills and experiences as well as those in the community and voluntary sector and local authorities.

For the STP we can:

Cover the whole of Wessex - so the HIOW STP footprint but also Dorset so we can share learning from their Clinical Services Review.

Share good practice and development opportunities.

Help clarify and challenge some of the myths about the STP.

Link what people are telling Healthwatch across Wessex to give them an amplified voice.

Or if changes are happening in one area that may impact on another HW patch we can highlight this and share people's views.

Our independence means we are less restricted in our approach. We can provide a neutral space to have conversations with the public about national / big drivers of change.

Draw on our own small group of volunteers who are interested in influencing health but also those of HWs and our voluntary sector partners.

Help join up conversations we are having across departments and teams.

Link to Healthwatch England - and what they are learning from across the country.

Finally we held the 'Positively engaging in NHS change' event, attended by 35-40 members of the public. People came up with some great recommendations about how the public can best be involved in changes in the NHS over the longer term. We are keen to share the recommendations and continue the conversation with the public.

Local Healthwatch

Rob Kurn, Healthwatch Southampton

Since 1974 there have been a number of different organisations to enable people to have a voice in the NHS.

Healthwatch was set up in 2012 as a result of the Health and Social Care Act and is commissioned by Local Authorities.

HW go out into local areas and gather people's views on health and social care issues.

HW priorities come from what people are telling them. In Southampton these are around primary care, social care and mental health. HW also work with Local Authorities, CCGs and providers to represent what they have heard and to avoid duplication.

HW have statutory powers:

- Voting membership on Health and Well Being Boards
- Right to reply within 20 working days
- Enter and view powers

HW also provide a signposting service and Independent Health Complaints Advocacy Service (does not cover social care).

Nationally they share and gather learning from Healthwatch England and work with the Care Quality Commission.

CCG Engagement & Communications Lead

Sharon Ward, North East Hants and Farnham (NEHF) CCG

NEHF CCG are part of the Hampshire Partnership with 3 other CCGs, as well as part of the HIOW STP.

The CCG has a Communications and Engagement Strategy setting out their commitment to involving people in planning services. It supports their legal duties to do this.

Important considerations are to:

- Make involvement meaningful
- Set out what we will do differently as a result of talking to people
- Avoid duplication

- Develop deep relationships with the voluntary sector
- Share the benefits of learning from people's experiences

On the communications side, it is important that this supports the engagement and vice versa.

CCG Lay Member role - a personal perspective

Nick Wilson, South Eastern Hants CCG

Nick felt *not* having a health background was important to do this role, which is:

1. To provide assurance to the governing body that PPI is being done effectively.
2. Not an executive which means he can get to parts of the community they may not be able to reach.
3. Sit on certain committees including around quality
4. Act as a catalyst or agent provocateur, e.g. arguing that the voluntary sector should have a more substantial role in health and social care provision

He has set himself some goals - like to promote the idea of coproduction. An example is in the outcomes of the Multi Care Provider contract.

He believes we need to get engagement right; shouldn't involve people for involvement sake; should work more with partners like HW and the community sector but should make better use and analysis of existing intelligence to help focus on what needs to be done now.

He feels there is lots of existing good PPI work. More could be done online. There needs to be closer working with providers, building on their knowledge. He didn't think that we should engage on the STP as a whole but to pick 2-3 things to do across HIOW and focus on PPI in the local delivery systems.

Appendix C Full notes of workshop

Q1 What are we currently doing to support effective patient and public engagement?

Southampton/loW CCG

- Continued progress of engagement: strategic level, core business e.g. MH services review
- Voluntary groups
- 'We make Southampton' bus
- loW conversation My Life a Full Life
- Working with HW and vol sector - a powerful asset
- Engagement with town and parish councils - working in partnership
- Engaging with PPGs and patients - loW wide, connect with patient council

North, North East Hants and Farnham and West Hampshire CCGs

- Targeted surveys for PPGs
- Test different language styles/ techniques - to effective surveys
- Bi-monthly meetings in West Hants CCG - these are working now and targeting families!
- Have engaged a partner to analyse response rate, including hard to reach groups - successful so far
- Some PGs work well to engage with public, use the successful templates - replicate what works well
- Make good use of local Healthwatch and other groups of employers e.g. IBM
- Primary care, dev survey re new working practical - all groups, eg minority, train surveys, colleges

Portsmouth, Fareham and Gosport and South Eastern CCGs

- Early engagement to support ideas rather than just engagement on a specific project
- New mental health forum
- Ongoing 'on-the-ground' engagement with different groups so lots of local knowledge
- Support NHS England and national consultations and lead consultants - IVF, gluten etc
- Primary care support, GP surgery moves/merges/closures
- Urgent care - ongoing
- Beginning to scope how we can better engage with young people in Portsmouth
- Public board meetings
- Provide information about: services/organisations, systems, rights, commissioning
- HW Hants - Chair H&WB Board community participation sub-group with STP focus
- Scrutinise providers and commissioners, absorb their PPI systems and plans
- HW Hants - defined projects work that feeds into provider/ commissioner decision making
- Involvement in vol sector health forum
- City wide PPG
- Close engagement with Healthwatch, big conversation, linking with vols and providers
- Coproduction on MCP outcomes
- Community engagement committee - locality PG - PPG
- Big conversation with 2000 patients. Strategic but may become operational in later phases
- Regular briefings to staff
- PPG development initiative
- Patient activation measure (PAM) pilot
- Including voluntary and community organisation in MCP market engagement
- Provide info/advice and opportunities for patient and public feedback throughout Hants

Q2 How successful is this in promoting and supporting a strong public voice in the development of the STP/Local Delivery systems?

Southampton/loW CCG

- How we deliver the 'change' message?
- Taking people with you
- Check - how is the message being received

North, North East Hants and Farnham and West Hampshire CCGs

- Have an IBM staff member in meetings, this works - widest engagement
- Wide range of survey approaches is more inclusive - working in primary care
- PPG West Hants Awareness week - films that can be used to encourage awareness and engagement
- Dorset said be clear about the messaging, so response rates are relatable
- More from a single 'briefing meeting' to more action orientated meetings = 2 way = more useful
- Wide range of groups, changes mind set, encourages mind set and engagement

Portsmouth, Fareham and Gosport and South Eastern CCGs

- Comms and engagement team across three CCGs
- Primary care engagement and Healthwatch support around process
- Operational and strategic - Portsmouth/South East/Fareham and Gosport CCG, crisis concordat for MH
- MH forum, MH alliance, STP

Q3 How could this be better? Where are the gaps?

Southampton/loW CCG

- We could link up better as part of a high level comms plan
- Better for communities and staff
- We need to be clearer about the impact of what we do
- MLaFL - STP delay in consultation TRUST
- Next step - raising awareness with project managers - public
- Engagement - better outcomes
- Coproduction training
- Clinicians delivering the message
- PPGs would provide reach in a new way

North, North East Hants and Farnham and West Hampshire CCGs

- ‘You said’ so ‘We did’
- Communicate key messages better - more widely > educate/inform better comms with the public
- Be sure to be representative in surveying, how do we do this?
- How to make it more relevant to engagement?
- How do we give feedback later on the input that’s been gathered? Measure progress?
- How to get people involved, beyond their own personal need/ agenda?
- Have we really engaged re PPI?
- How to discuss issues in layman’s terms and make it relevant - communicate progress
- Dorset had great response to their surveying
- Promote diversity in discussion/ decision groups e.g. this group!
- Joined up e.g. across issues = ‘don’t stop that bus route’
- What are the things that effect everyone around engagement?
- How not to allow ‘closures’ or ‘parking’ to dominate? Think about more practical issues
- Survey was better at linking Health with Social and Wellbeing - new board in Hants, engage me!
- Hampshire now has a junior Health Minister! Engage more!
- How to manage range of reactions
- Is sharing best practice across the CCGs good enough? How can we make it better?
- Develop more independent discussion
- One pager - familiarity: public and staff
- Replicate success and be sure to follow through - of we start something we must complete
- Improve consistency of messaging
- Simplify! ‘This is about health’

Portsmouth, Fareham and Gosport and South Eastern CCGs

- STP to transfer and share best practice - role of STP to identify key issues
- Undertake research on what matters to local people and share findings
- MCP contract - engagement and support development and delivery
- Big conversation involvement with Healthwatch constant need to check back - need greater empowerment
- PPI lay meetings and Healthwatch direct relationship; LM = Healthwatch advocates at board table
- Need to define what we do at STP and local level e.g. crisis concordat
- Comms and engagement strategy on few STP wide issues but default needs to be engagement at local level e.g. mental health across STP, urgent care is local

Q4 What can we individually and collectively do over the next 6-12 months to make PPI more effective at an STP and Local Delivery System Level?

Southampton/loW CCG

- Identify and engage those who may not otherwise be heard
- Shared examples of what's worked well (together)
- Impact of local change at system level
- Lay member contacts/network
- Shared themes on which to engage i.e. MH
- Shared narrative
- Shared messages

North, North East Hants and Farnham and West Hampshire CCGs

- Healthwatch subgroup of HWB Board to drive STP issues e.g. over involvement
- Connecting Healthwatch subgroup and engagement group
- Start having conversations about collating patient experience data more effectively and sharing it
- Take a step back to provide information about context/ Healthwatch and CCGs to work on FAQs
- Develop lay and Healthwatch links and info feed

Portsmouth, Fareham and Gosport and South Eastern CCGs

- Join up across sector - involve other partners outside Health and within Health, consumers and providers, cross boundary, PH and social care.
- Raise awareness of what everyone is doing? What are priorities? Understand what we're trying to achieve?
- Try to define a simple message of what we're trying to achieve and our motivation - shared messages
- Honesty is the best policy - clear, open communications

Q5 What support do you need to deliver this?

Southampton/loW CCG

- Clear leadership and support in liaising with local stakeholders - at strategic level
- What is the best use of NEDS time?
- How do we get information through to NEDS?
- Need to invest time in a deeper level of engagement to get to key issues

- Political buy-in through STP leadership
- Provide a narrative
- Design of engagement on specific issues i.e. digital
- Develop a pool of people's champions and experiences

North, North East Hants and Farnham and West Hampshire CCGs

- Raising profile of PPI with providers to get providers round the table and breaking down organisational barriers and use our resources better
- Coordination of difficult messages across systems e.g. vascular
- Provide analysis, challenge, share best practice
- We need a discussion about capacity

Portsmouth, Fareham and Gosport and South Eastern CCGs

- Map (STP comms?), what resources (Wessex Voices?), capacity expertise exists - PPI
- One page/video describes what 'it' is - (might be more than one)
- Step back and elevate message - quality of life, new population - recommunicate and get consistency within this
- Stories to help shine a light on the 2/3 big things - what PPI is delivering

Q6 Issues STP can deal with

North, North East Hants and Farnham and West Hampshire CCGs

- Mental health (but some local) and commissioning arrangements
- Workforce
- Prevention (but some local) and self-management
- Carers engagement = STP standard
- Transforming care services North and Mid-Hants and impacts across country

Portsmouth, Fareham and Gosport and South Eastern CCGs

- Big picture story (21) healthcare
- Hospitals - changes
- Integrated and effective health and social care
- Primary care transformation

Appendix D Other related information

Event evaluation

Of the 27 people came to the event 19 completed an evaluation. Delegates said that the event had been a good use of their time. Just over half said that the aims of the event had been partially met. They reflected in comments that further work needs to be done and there is much ground to cover as discussions are at a very early stage.

For a copy of the full evaluation report contact the Wessex Voices Project Manager.

Further reading

- [HIOW STP event presentation](#)
- [Hampshire and Isle of Wight Sustainability and Transformation Plan](#)
- [National report summarising the discussions at four regional workshops which focused on the role of lay members and non-executive directors in STPs](#)
- [Healthwatch Hampshire Annual Report](#)
- [Healthwatch Isle of Wight Annual Report](#)
- [Healthwatch Portsmouth Annual Report](#)
- [Healthwatch Southampton Annual Report](#)

Acronyms

CCG	Clinical Commissioning Group
CSR	Clinical Services Review
HIOW	Hampshire and the Isle of Wight
HW	Healthwatch
HWB	Health and Well-Being
IoW	Isle of Wight
MCP	Multi-speciality Provider
MH	Mental Health
MLAFL	My Life A Full Life
NEDS	Non-Executive Directors
NEHF CCG	North East Hampshire and Farnham Clinical Commissioning Group
PG	Patient Group
PH	Public Health
PPG	Public and Patient Group
PPI	Patient and public involvement
STP	Sustainability and Transformation Partnership

NHS jargon buster

www.nhsconfed.org/acronym-buster

For a summarised version of this report see our publications on

 www.wessexvoices.org

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