



## A plan for Patient, Public and Carers in North East Essex to help delivery change

### 1. Introduction

The Health Forum committee (HFC) recently asked you about what you felt was needed in a plan (or strategy) to raise concerns with the North East Essex Clinical Commissioning Group that ensure it influences decisions about your health better.

The reason we ask you was because as elected members:

- We must work for you in the right way
- We listen to you in a very genuine way;
- A plan will help show how we can do this together
- There is more focus on doing.

### 2. What we asked you

We asked you these three questions:

1. What should be the main areas that the Health Forum Committee should focus on? *For example* listening to you on where there are gaps in local services
2. How would you want us to achieve success in these areas? *For example* making sure there is enough input from people to shape decisions on local health services
3. What would you want the main results to be? *For example* improving patient and carer experience

We have had a huge amount of feedback including:

- A consultation and survey last year (November 2012)
- Workstations which gathered your ideas at our launch (February 2013)
- Helping us score what people said at a Local Engagement Forum (April 2013)

At the Health Forum Committee in April we agreed for each of the general themes:

- A main priority
- An action to deliver this priority
- A measure of success

As volunteers we wanted to focus on key areas in the first year. We will need the help of patients, public and carers in helping us deliver these and we also expect the Clinical Commissioning Group to support us too.

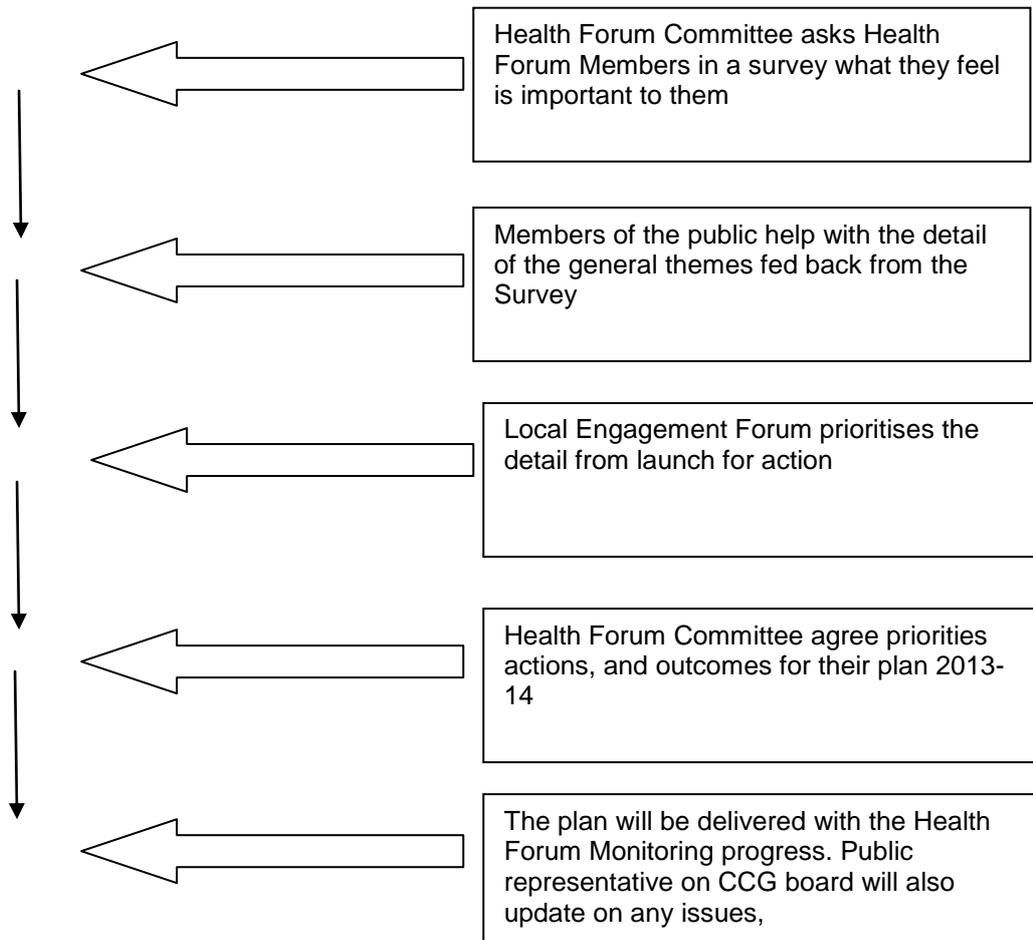
### 3. In summary – what are the key themes

The general themes are:

1. **Consultation and Engagement** (including the Clinical Commissioning Group's ability to involve a wide, diverse and inclusive group of people) ;
2. **Development** - Developing the people who are asked to be involved in engagement;
3. Improving the **information for patients, service users and Carers**;
4. Increasing **research**;
5. **Performance/monitoring**;
6. Improving the way patients, service users and Carers are involved in **decision making**;
7. **Improving patient experience** (Inc. Access);
8. **Encouraging the Clinical Commissioning group to work in partnership** in a coordinated way with other parts of the system (i.e. Social Care).

### 4. What happens now

The next step is for us to start achieving the areas you felt were important to you. We will be monitoring this in our monthly committee meetings to make sure we are on track:



## 5. Priorities for the strategy

Over the next year the Health Forum Committee shall be focusing on the priorities set out in **Appendix 1**

This work will sit alongside:

- The Health Forum Committee raising your issues for you with the people who buy your health services
- Members of the Health Forum being able to influence change through setting Local Engagement Forum agendas on local issues
- Helping to influence decision making on the CCG board and other committees patients and public sit on
- Supporting ad hoc or planned consultation which seek public views

# APPENDIX 1

| Theme  | Priority | Action (top level)   | Measure of success ( <i>and <u>one</u> example of how Health Forum Members can get involved</i> )   |
|--|----------|--|---|
| <b>1.Consultation and Engagement</b>                         |          |  |   |
|  | 1.1      | Increase Membership numbers  | Membership drive<br>Increase in numbers by 25% 01.04.14. With specific improvements in non “White British” group and patients from Harwich catchment area.<br><br><b><i>Promote the forum with friends and family. If you belong to any clubs ask them to join up.</i></b>  |
|  | 1.2      | CCG to engage more with groups in local community                                | Map out groups across NEE and record their details<br>Collect and record community groups on the CCG database<br><br><b><i>Help us become aware of any groups that exists so the Clinical Commissioning Group can engage with them</i></b>  |
| <b>2. Development</b>  |          |  |   |
|  | 2.1      | Knowledge and skills training available for stakeholders who the CCG engage with | <ul style="list-style-type: none"> <li>• Use LEF agenda to provide skills to public</li> <li>• Publish a programme of on-going training for public</li> </ul> Feedback and evaluation results<br>Numbers using taking up these opportunities<br><br><b><i>Take part in any training sessions or let us know what ideas you have for future sessions. For example, is there something you would like to know more about to help you in your role of engaging with the Clinical Commissioning Group</i></b> |
| <b>3. Information for patients, service users and Carers</b> |          |  |   |
|  | 3.1      | Information is patient friendly  | Set up a readers Panel<br>Numbers of people who sign up to a readers panel<br><br><b><i>Join the Readers Panel and take part in making sure that publications include the right information for others</i></b>  |
| <b>4. Research &amp; improving patient Experience</b>        |          |  |   |

|                           |  |  |   |
|---------------------------|--|--|---|
| 4.1                       | CCG to use patient experience to inform decision making or improvement in care | <ul style="list-style-type: none"> <li>Recruit a public member to Quality Committee</li> <li>Quality Committee to develop a process for receiving patient experience</li> </ul>                                | <p>Improvement in patient experience indicators. These to be defined more specifically in the quality committee</p> <p><b>Support any patient experience work that takes place.</b></p>   |
|                           |  | <p>CCG to recruit to:</p> <ul style="list-style-type: none"> <li>Quality Committee</li> <li>Care closer to home Service Group</li> <li>End of life Service Group</li> <li>Urgent Care Service Group</li> </ul> | <p>To be developed in each group seperatly</p> <p><b>Put yourself forward for membership of these groups when they are advertised</b></p>   |
| 4.2                       | Using a range of information to make improvements in care                      | <p>HFC to receive monthly report showing trends in:</p> <ul style="list-style-type: none"> <li>Issues from PALS</li> <li>Complaints</li> <li>Issue by HFC member</li> </ul>                                    | <p>Numbers of identified trends escalated to CCG and given an outcome</p> <p><b>Let the Health Forum Committee aware of any issues. These can be mapped against other information we have to see what areas need focus.</b></p>   |
| <b>5. Decision making</b> |  |  |   |
| 5.1                       | Public members to be involved in as many formal committees as possible         | <p>CCG and HFC to promote ways in which public can raise point via the public member on committee</p>  | <ul style="list-style-type: none"> <li>CCG to recruit to committees and groups</li> <li>Develop a process that is well promoted to community groups which allow the public rep to raise relevant points</li> </ul> <p><b>You can look at future agendas of meetings and let the public member of the group know what issues you have so you can influence decision making</b></p> |

|  |  |                                   |  |
|--|--|-----------------------------------|--|
| 6. Encouraging the Clinical Commissioning group to work in partnership (including Social Care) |  |                                   |  |
| 6.1  | Joint working and improved communication between formal patient/client groups in other organisations | Establish links with these groups | Numbers of established links made<br><br><b><i>Are there any other groups or forums in other organisations that you know about? Let us know.</i></b> |
| 7. Performance and monitoring  |  |                                   |  |
| 7.1  | To be agreed   | To be Developed                   | Improvement in CCG indicators  |

