**IMPROVING HEALTHCARE TOGETHER 2020-2030 (IHT)**
**NHS SURREY DOWNS, SUTTON AND MERTON CLINICAL COMMISSIONING GROUPS**

**CONSULTATION OVERSIGHT GROUP**

**MEETING NOTES**
**Date:** 12th September
**Time:** 15:00-17:00
**Location:** Training Hall - Vestry Hall, 336 London Rd, Mitcham CR4 3UD

| Present | | |
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| **Name** | **Initials** | **Organisation** |
| David Williams (Chair) | DW | Healthwatch Sutton |
| Julian Lee | JL | Inspire |
| Samantha Aungthin | SA | Central Surrey Voluntary Action |
| Giselle Rothwell | GR | Associate Director of Communications and Engagement Surrey Heartlands |
| Murray Glenister | MG | Healthwatch Surrey, volunteer |
| Brian Dillon | BD | Chair Healthwatch Merton |
| Richard Stockley | RS | NHS England Insight and Feedback lead |

| Programme representatives | | |
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| Lisa Thomson | LT | Director of Communications and patients experience at Epsom and St Helier Hospitals and representative for Improving Healthcare Together 2020-2030 |
| Josie Weller | JW | Improving Healthcare Together 2020-2030 Programme Support Executive |

| Item | Discussion | Actions |
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| 1 | **Welcome, introductions and apologies** <br><br> The Chair introduced members to the forth Consultation Oversight Group meeting and asked everyone to introduce themselves. <br><br> The Chair introduced Richard Stockley from NHS England to the meeting. <br><br> <u>Apologies</u> <br> • Jackie Tapping – Healthwatch Surrey <br> • Pete Flavell – Healthwatch Sutton <br> • Kellie Heath – Communications Manager, Surrey Downs CCG <br> • Alison Navarro – Community Action Sutton <br> • Maria Hewson – Community Development working for Preston <br> • Liz Patroe - Head of Engagement, Diversity & Inclusion Guildford and Waverley, North West Surrey and Surrey Downs Clinical Commissioning Groups <br> • Nadine Wyatt – Communications, Sutton CCG <br> • Matthew Paris – Healthwatch Surrey | |

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| **2** | **Review and agree draft notes from the 14th August meeting** | |
| | The draft notes were agreed and signed off by members. | |
| **3** | **Presentation from NHS England Insight and Feedback lead** | |
| | Richard Stockley delivered a presentation on the methods that engagement data can be processed (please see appendix 1 on the IHT website for a copy of this presentation). | |
| | The following areas were covered: | |
| | Engagement problems and solutions | |

- How do we get people to adopt an approach to engagement that works, such as, the value of engagement is understood, appropriate and meaningful engagement objectives are decided, resources are balanced against the need for evidence, an engagement approach is decided that involves all the right people on the right topics and the timings feed in the data just at the right time?
- Think about how do we make decisions about that project in a way that is equitable for everyone who has a stake in the engagement. It's not just focused on what the Director of Transformation thinks is important but also what's important for patients, carers, workforce, project leads.
- How do we ensure that the outputs generated have some effect and change some things based on the evidence they have collected?

Meaningful engagement
- Is the engagement about demonstrating engagement or is it more about using the evidence from that engagement to develop better services?
- Are the outputs focused on EO or EF?

The engagement spectrum
- There is often a lot of confusion about what engagement is or can be. For example, what's the difference between surveys and consultations what is co-design. This can be part of the reason why there's this focus on showing you've done it rather than using the evidence.
- A lot of people think about traditional communications exercises – open consultations, stakeholder meetings. This type of engagement is about pushing information out – it's about people understanding us and what we do.
- Social research within the spectrum is where high quality input happens around co-design and patient experience. It's about understanding people through recognised and reliable intelligence gathering techniques and then using that insight to help develop services. This leads to involving representative, non-self-selecting groups of people because we're using robust techniques to gather their views and often triangulating the data from several of these types of exercises to reach a deeper understanding
- Committing to using this data to adapt your plans allows for a more focused approach on the needs of your users, therefore the

questions you're asking are focused on the answers you need.

Do you need quantitative data?

Yes, if you need:
- Numbers, incidence, prevalence
- Numbers which are statistically representative of the wider population
- Correlations
- Statistical trends
- Higher profile/PR impact

But:
- Issues pre-determined and may miss others which are relevant to public/users
- Complex/sensitive issues and motivation are difficult to explore
- You cannot capture context
- Not good for exploring new/poorly understood phenomena
- Don't tend to reach 'seldom heard' groups

Do you need qualitative data?

Yes, if you need to:
- Be responsive to issues which are relevant to public/users
- Be flexible and pick up / explore poorly understood phenomena
- Explore issues in depth
- Examine processes
- Identify underlying factors
- Provide explanations
- Access to 'hard to hear' groups

But:
- Cannot measure or estimate incidence
- Cannot make statistical generalisations
- Small sample size can mean lower profile/PR impact

Co-Lab
- Aims to enable mixed groups of staff, citizens and stakeholders to work collaboratively to develop a coherent proposal for delivering a meaningful programme of co-creation on any given project.
- Not about the engagement itself but about co-designing the what, when and how of engagement so it works anyone who will be affected by the output of the engagement
- Our method ensures that we hear from beyond the system ensuring that individual influence of senior managers or other powerful stakeholders are minimised so everyone gets to have their say about what's important, which leads to an appreciation of the co-creation process, it's value and how it can be used to help achieve core project objectives.

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| | <u>Why is lay input most useful?</u><br><br>• No one person can represent the views of patients, carers etc.<br>• People who sit on lay groups less like patients<br>• Think less audience and more critic<br>• Less Barry down the pub and more Barry Norman than, | |
| 4 | **Questions from members of the group to Richard Stockley:**<br><br>The Chair thanked RS for the presentation and opened questions to the group.<br><br>*Question SA:* How would you mitigate with cultural barriers such as the travelling community?<br>*Response RS:* This can depend on the topic we are working on; however, we may focus on qualitative depth interviews if the group is open, the more closed communities we would reach out to community groups that involve the hard to reach groups as an initial way to engage. | |
| 5 | **Review of draft consultation plan, engagement activities**<br><br>LT guided members of the groups through the documents.<br><br><u>Feedback from our early and pre-consultation engagement used to shape the consultation plan</u><br><br>Workstreams/orgnisations where feedback has been provided:<br>• Pre-engagement audiences<br>• Ongoing pre-consultation engagement with community forums<br>• Communications and engagement steering group<br>• Stakeholder Reference Group (SRG)<br>• Consultation Oversight Group<br>• Integrated Impact Assessment (IIA) Steering Group<br>• Travel and Access Working Group<br>• IHT Joint Health and Overview Scrutiny Sub-Committee<br><br><u>Engagement activities</u><br><br>Activities:<br>• Focus groups<br>• Public engagement events<br>• Workshops<br>• Information sessions with senior clinicians/experts<br>• Telephone survey<br>• Voluntary and community sector support<br>• Postal door drop<br><br>LT suggested sourcing feedback from the group on the draft consultation questions and GR also advised liaising with people such as Richard Stockley as they are experts in producing this content. | |

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| **6** | **Questions and answers**<br><br>Members reviewed the documents and provided the below feedback:<br><br>*Questions SA:* What documents will be received in the postal door drop?<br>*Response Chair:* The postal door drop aims to engage with people about the programme in the first instance and guide them towards more sources of information, if they are interested<br><br><ul><li>Suggestion on how to develop social media and include this as a specific workstream</li><li>Question raised on how the media and press will be used to engage</li><li>How will you use resident's associations to have meaningful participation?</li><li>Consider how we incentivise meetings and events to ensure we have the right people in the room</li><li>Consider how to source the voice of the user and potential user – utilise services users at the Trust and be 'smart with how we engage' with them. For example, past engagement has been through including leaflets in regular prescriptions</li></ul> | |
| **7** | **Any other business**<br><br>The group raised no other business. | |