South East London Integrated Care System

ICS strategy development – evaluation of public webinars – July and November 2022

Engagement Assurance Committee

24 January 2023

Background

- Eventbrite links were created for each webinar and the webinars were advertised via direct mailing to ICB public mailing lists, on the ICS website, the ICS Let's talk health and care platform and via social media.
- Partners through the ICS Engagement Practitioners' Network and the ICS communications and engagement workstream were asked to cascade the invite.

July

- 22 July, 2 – 4 pm - 153 people booked to attend 22 July and approx. 80 attended
- 25 July, 5 – 7 pm - 120 people booked to attend 25 July and approx. 60 attended

November

- 21 Nov, 3 – 5 pm - 117 people booked to attend 21 Nov and approx. 60 attended
- 25 Nov, 5 – 7 pm - 120 people booked to attend 25 Nov and approach 70 attended
- All who booked to attend were sent a follow up email with links to the Let's talk platform to continue the conversation and a link to an evaluation survey.

Attendance

July

- 31 people responded : 16 people who attended 22 July, 11 people who attended 25 July,
- 2 respondents were aged 25 – 34, 3 were 35 – 44, 4 were 45 – 54, 10 were 55 – 64, 5 were 65 – 74 and 3 were 75+.
- 14 people identified as White British, 4 as White English, 2 as Black or Black British African, 1 as Black or Black British Caribbean, 2 as Black or Black British, 1 as Asian or Asian British – Indian, 1 as White Welsh and 1 person preferred not to say.
- 19 people identified as female (including transgender women) and 5 as male (including transgender men), 1 person preferred not to say.
- 10 people identified as being Christian, 1 as Muslim, 8 as having no religion, 1 as Rastafarian, 1 as Buddhist and 4 people preferred not to say.
- 19 people identified as heterosexual, 1 as bisexual, 3 preferred not to say, 1 preferred to self describe as queer and 1 as no longer interested.
- 1 person has a physical disability, 2 experience mental ill health, 10 as having long term condition, 2 as having other disabilities, 7 no disabilities, 5 preferred not to say.
- 9 people were carers.

Nov

- 32 people responded : 16 people who attended 21 November, 14 people who attended 25 November
- 1 respondent was aged 25 – 34, 2 were 35 – 44, 3 were 45 – 54, 7 were 55 – 64, 7 were 65 – 74 and 9 were 75+.
- 19 people identified as White British, 3 as Black or Black British African, 2 as White English, 2 as White Welsh, 1 as Asian or Asian British – Bangladeshi, 1 as Black or Black British Caribbean, 1 as White Irish, 1 person preferred not to say.
- 16 people identified as female (including transgender women) and 12 as male (including transgender men), 1 person preferred to self identify as male and 1 person preferred not to say.
- 12 people identified as being Christian, 12 as having no religion, 2 as Humanist, 1 as Muslim, 2 people preferred not to say.
- 27 people identified as heterosexual and 2 preferred not to say
- 13 people identified as having a long term illness or condition, 10 as no disabilities, 2 as having a physical disability, 1 experiencing mental ill health, 1 as having developmental issues and 2 preferred not to say.
- 9 people identified as carers.

Usefulness of sessions

July

The most useful sessions were identified as:

- Priority areas discussion in break out rooms (14 very useful and 6 extremely useful)
- Discussion on future of health care in SEL (12 very useful and 7 extremely useful)
- Setting the scene – what we want to do differently (13 very useful and 3 extremely useful)
- Closing and next steps (10 very useful and 2 extremely useful)

The least useful sessions were identified as:

- Covid: reflections from the front line (3 not at all useful and 5 not so useful)
- Panel session (1 not at all useful and 4 not so useful)

Nov

The most useful sessions were identified as:

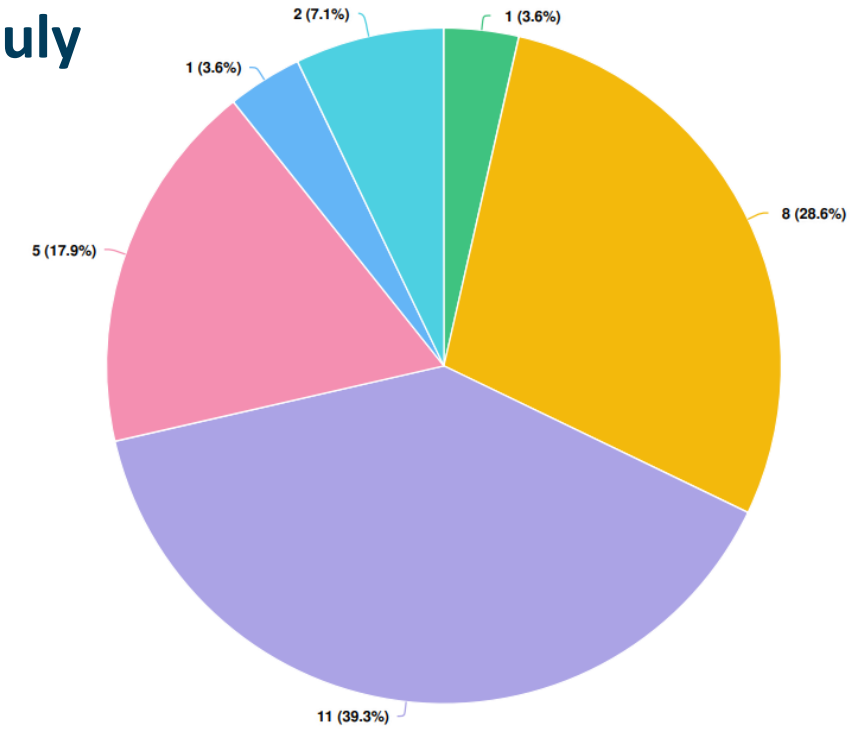
- Break out room discussion on priorities (12 very useful and 9 extremely useful)
- Ability to ask questions in the chat (12 very useful and 9 extremely useful)
- Introducing the 5 priority areas (12 very useful and 7 extremely useful)
- Presentation on what the future of health and care looks and feels like (15 very useful and 2 extremely useful)
- Reflections and next steps (10 very useful and 5 extremely useful)

The least useful sessions were identified as:

- Personal reflections and purpose of the session (5 not so useful)
- Presentation on what the future of health and care looks and feels like (4 not so useful)
- Break out rooms discussions on priorities (4 not so useful)
- Reflections and next steps (1 not at all useful and 3 not so useful)

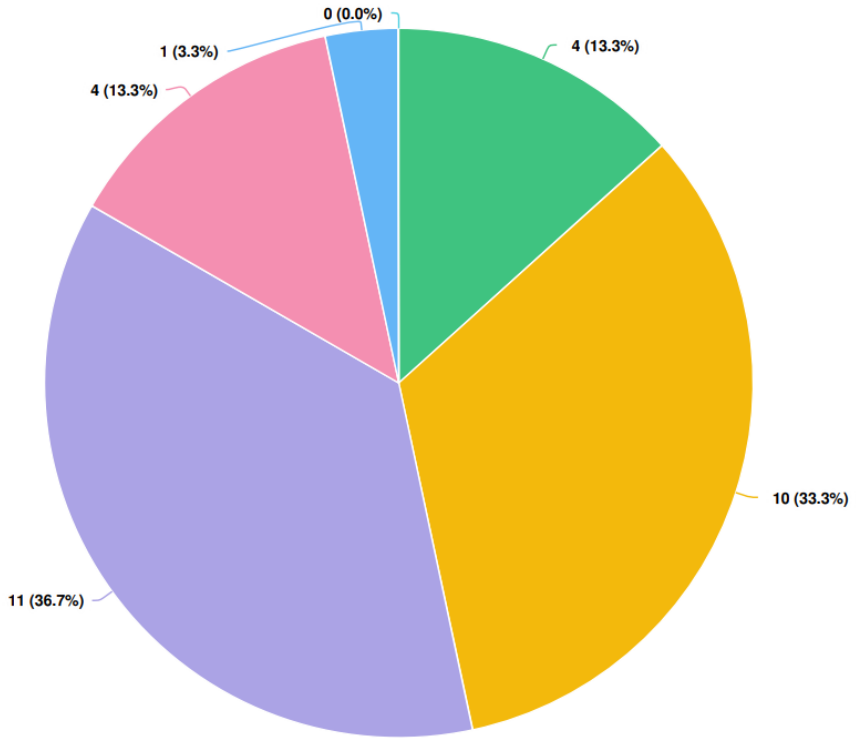
Feeding in views

July



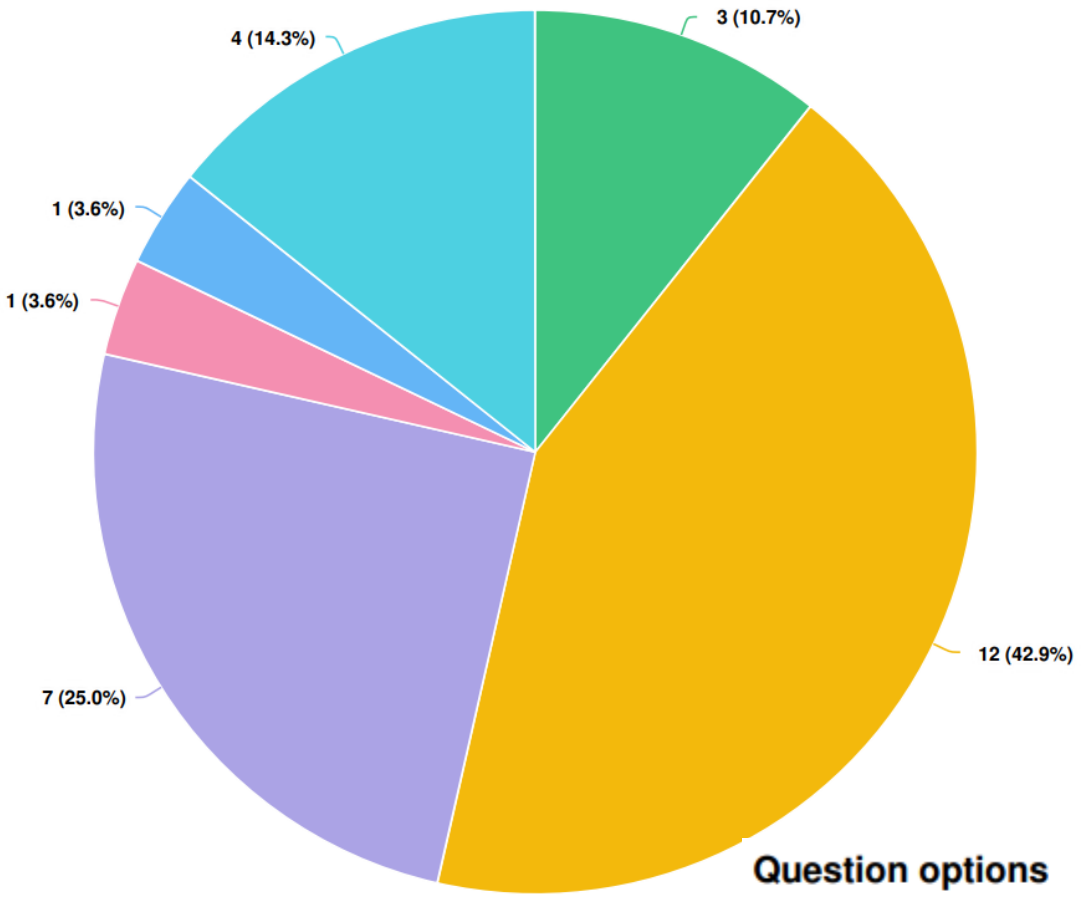
The majority of respondents felt that they were only able to feed in their views a moderate amount (11 people) or a little (5 people) with 8 people stating they could feed in a lot and 1 person a great deal.

Nov



A slight majority of respondents felt that they were only able to feed in their views a moderate amount (11 people) or a little (4 people) with 10 people stating that they could feed in a lot and 4 a great deal.

Using Mentimeter - July



- Majority of respondents found mentimeter easy to use (3 very easy, 12 easy, 7 somewhat easy)
- 10 respondents found mentimeter very useful and 2 found it extremely useful
- 3 respondents found mentimeter not so useful and 2 found it not at all useful

What worked well - July

Opportunity in break out rooms to air views verbally,

Quickly adding feedback via Mentimeter.

The webinar was genial and well facilitated , though the chair should have been more assertive in keeping speakers to time.

I think the beginning with slow explanations of how to use the software.

The wish to consult the public appeared to be genuine, though the statement that the ICP is looking for BIG ideas and the listing of themes or discussion made this less of a reality.

The input by people who worked on the frontline of health and social care.

Overview of how the ICS will affect people who use healthcare.

The subject areas for breakouts were well chosen, and quite well managed; people were given a chance to express their views in a variety of ways.

I felt there could have been more time for questions in the open space for all to hear.

Ability to present the background and look to the future and get a lot of feedback in both panels and chat functions.

Nothing – it was a waste of time.

What worked well - Nov

The breakout room discussion although could have been longer timewise.

The introduction was excellent and the priorities were put forward well.

The facilitator was very good and encouraged discussion

There was space to input and be listened too. Also made some useful contacts

Break out rooms and chat you were able to give your view and discuss

It was useful to be able to record points and ask questions in the chat while the live discussion was on-going, but it's important to demonstrate that these were heard, and for responses and answers to be published. Good to have breakout group leaders summarising the sessions, but this could have been done by feedback post-event, thus freeing up more time for discussion.

That someone with a hearing deficit could actively engage in the situation.

General top level view of the future

Good to have breakout rooms, but no feeling of involvement.

Using smaller groups to discuss things was great. I think sometimes only being able to join one topic for discussion is quite limiting.

The small groups sessions

It was really interactive.

What could be improved - July

Time and give space for community members.

Shorter presentations, more time for engagement.

I think you tried to do too much in too many complex ways. Something simpler and more focussed might be better.

I feel that there were some subjects off the agenda … e.g. GPs are taking the brunt of a lot of problems. They are doing a good job in such difficult circumstances and I would like to discuss how we improve their standing as they will [be] an integral part in the new ICS.

Email out slides in advance so people have a chance to put questions in early… [let] people sign up for what interests them

Ask participants to state what main themes should be, rather than telling them, or be clear and honest [about having identified main areas where ICS can make a difference].

If you ask for people's views in Mentimeter than acknowledge and discuss them – it's not worth putting information if it's going to be ignored.

Make better use of people's questions sent in before the webinar.

Better structuring of group discussions which should be problem-solution focussed e.g. how to grow the workforce.

More time for discussion .. Break out rooms had real potential to be useful and productive.

What could be improved - Nov

I need far more time to read so much information. the slides needed to be shorter and more concise. overall I think it must have been very useful for yourselves Lets hope you can implement some of the great ideas.

Less of the general introduction … More time to focus on discussion in the breakout sessions and brisker chairing to stop people rambling on about individual issues. Drop the icebreaker … remain unconvinced that a meaningful strategy can be developed without an acknowledgement of what needs addressing now and some plan for doing so. For example, if patients cannot access care the nature and quality of the care are irrelevant

Less talking at participants, and involving participants in constructing the sessions. Face to face sessions. Circulating background briefings in advance, so allowing more productive sessions

1. A more realistic sense of what can actually be achieved. 2. Not repeating lots of things said before. 3. Details about budgets. 4. Stop being so constantly enthusiastic and upbeat - sounds so insincere.

Give more time to breakout room discussions

Don't use Zoom, it is not user friendly and I could not get the chat working so could not send notes or respond to the four questions.

More detail on the specifics especially standards to be set and how continuous improvements can be achieved and maintained

What could be improved - Nov

Less talk from the 'powers that be'. More interaction with the public. Perhaps more discussion as to how the new processes work at the coal face. More scenarios from the public.

There is much to learn from previous iterations of consultation and involvement , where agendas were set by and with patient/ public representatives, and there was more accountability with questions asked to leaders, and debate about solutions, not just asking about needs. Integratio work requires trust and real listening no sign that is happening.

We were told that our input/questions would be replied to - there were no clear guides as to when and how that would happen. It would be of use if participation involves an agreement to have questions and answers published on a regular basis to enable transparency and

Feedback from some panel members was lengthy and dull.

Having answers to all question asked

smaller breakout rooms - more than one on same topic if necessary

More communication with ICS beforehand

Perhaps more specific areas for discussion and suggestions such as GP Services and their relationship to other areas

The types of care that are being proposed for conditions such as diebetes [sic]and how these are treated