

# **PATIENT AND PUBLIC INVOLVEMENT ANNUAL REPORT 2018/19**

NHS Castle Point and Rochford CCG  
NHS Southend CCG

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If you'd like to view a digital version of this report, you can find it on the link below:

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# WELCOME



## **Dr Kashif Siddiqui, Clinical Lead for Communications and Patient Engagement.**

It gives me great pleasure to welcome you to our very first Annual Report dedicated to Patient and Public Involvement.

As local Clinical Commissioning Groups (CCGs), it's our job to plan and fund health services across south east Essex. This report is about how we've involved and engaged with our local population from 1 April 2018 to 31 March 2019.

Understanding what our patients want and expect from the NHS allows us to design services that are efficient, effective, sustainable and responsive to patient's needs. By bringing people on the journey with us, we can ensure that we

provide the best models of clinically-led care for our patients and carers.

## **Our Vision**

We are working 'to improve the health and lives of people living in south east Essex both now and in the future'. To achieve this effectively, we need to ensure our partners in health and social care, members of the public and key stakeholders are all working towards common goals.

These common goals include achieving improvements in services and patient outcomes, whilst reducing health inequalities and ensuring a sustainable health service.

# CLINICAL COMMISSIONING GROUPS (CCGS)

## Who Are We?

We decide which health services to buy (commission) for the people living in south east Essex. Within south east Essex, there are two Clinical Commissioning Groups (CCGs); NHS Castle Point and Rochford CCG and NHS Southend CCG. The CCGs share a joint management team with a joint approach to external and internal communications and engagement. We work with our community to improve patient care, reduce health inequalities and raise quality and standards in a way which is efficient and financially sustainable.

## Why We Engage

The CCGs are committed to ensuring that patients are at the heart of everything we do. Our approach is to work in partnership with our patients, residents, partnership organisations, primary care membership and staff to deliver patient-centred, clinically-led, evidence-based healthcare. As CCGs we have a responsibility to ensure that local services effectively meet local needs. This includes proactively seeking patient and public feedback and promoting how local residents and community groups can influence and help to shape our work through engagement and consultation.

## Collaborative Working

In order to avoid duplication, reduce inequalities and increase efficiency, there is an increasing movement towards commissioning services across a wider area. Both CCGs are part of a [Sustainability and Transformation Partnership](#) that covers mid and south Essex. In terms of the CCGs' engagement approach, this will mean continuing and increasing our commitment to promoting involvement opportunities collaboratively with our partners.

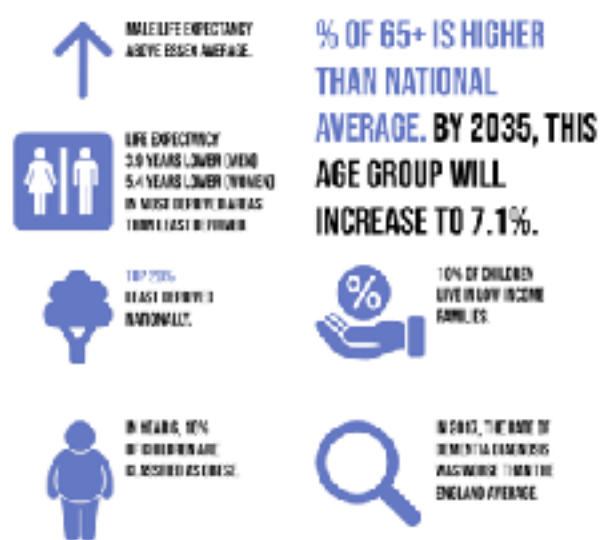
# THE AREA WE SERVE

## Demographics

It is essential to good public and patient involvement that we do our best to understand the diversity of our audience, and that this reflects back in our commissioning and planning of local health services. Our ultimate aim is to truly reflect the needs of the local people and improve outcomes for them, their friends and their families.

South east Essex has a combined population of just over 367,000 people. The people living in these areas are diverse and represent many different walks of life and backgrounds.

## Rochford



The life expectancy of males within Rochford District is above average compared to the rest of Essex, living on average to 80 years and females living to 84 years. Life expectancy is 3.9 years lower for men and 5.4 years lower for women in the most deprived areas of Rochford than in the least deprived.

Rochford District has an ageing population with a higher proportion of people aged over 65 compared to the national average. The number of people in this age group is expected to increase from 18,800 people to 27,700 by 2035 – a 7.1% increase.

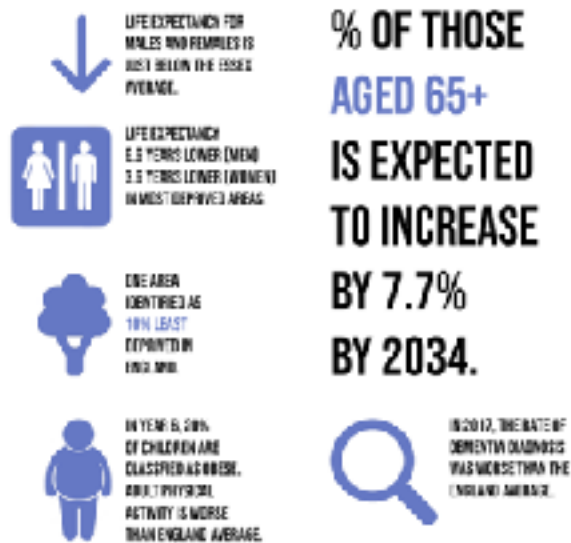
Rochford District score ranks it 285 out of 354 local authorities, putting it in the top

20% least deprived nationally. There are, however, pockets of deprivation. Around 10% (1,300) of children live in low income families.

In year 6, 16% (146) of children are classified as obese, compared to 20% across England.

In 2017, the rate of dementia diagnosis was significantly worse than the England average.

## Castle Point



The life expectancy of both males and females within Castle Point is just below the average compared to the rest of Essex with males living to 79.5 and females living to 83. Life expectancy is 6.6 years lower for men and 3.6 years lower for women in the most deprived areas of Castle Point than in the least deprived areas.

The number of residents living in Castle Point aged 65 and over is expected to increase from 21,700 to 31,600, taking the proportion of people in this age bracket from 24.5% to 32.2% by 2034.

Castle Point has low levels of deprivation compared with Essex, however, similar to Rochford, there are pockets of deprivation with one area identified as being within the

10% least deprived in the whole of England.

In year 6, 20% (183) of children are classified as obese, which mirrors the rise in obesity in Year 6 across England. Estimated levels of adult physical activity are worse than the England average.

In 2017, the rate of dementia diagnosis was significantly worse than the England average.

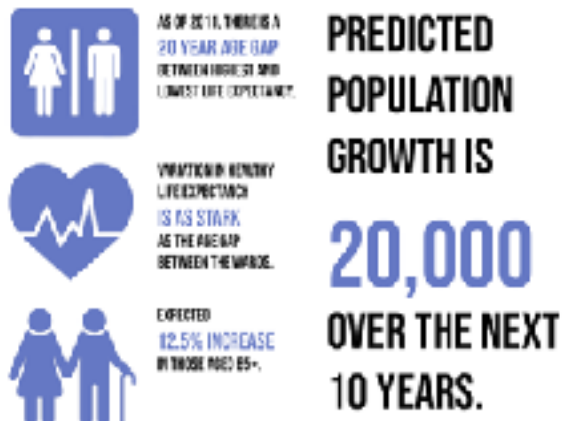
## Southend-on-Sea

In Southend-on-Sea, life expectancy of both males and females is below average compared to the rest of Essex, with males on average living to 78 and females to 83. The life expectancy gap between the most deprived and least deprived wards is just over 11 years for males, and just under 10 years for females. 18% of the adult population smoke. By 2031, the projected population for Southend-on-Sea will be 202,935. This assumes a growth rate of 12.87% which is higher than the projected growth rate for England (10.11%). The over 65 population is projected to increase by 4%.



Southend-on-Sea has high levels of deprivation compared with Essex and England as a whole. Nine areas have been identified as being in the top 10% most deprived areas in England. Just under 1 in 5 children live in low income families (households where income is less than 60% of the median income before housing costs). In comparison, 8 areas in Southend-on-Sea rank in the 10% least deprived, as a consequence Southend-on-Sea is rated as being in the 20% most deprived local authority areas on inequality. Rates of pregnancy in people under 18 is also statistically significantly worse than the England average.

## South East Essex Summary



As of the 2011 census there is a 10 year age gap between the areas with the highest and lowest expectancy levels across south east Essex. Men born within the Kursaal ward of Southend (within the Southend East Central locality) have a life expectancy of 73.58 years compared to men born in Rochford have a life expectancy of 83.3 years.

Variation in Healthy Life Expectancy is just as stark with men born within the Victoria ward of Southend (Southend East Central) having a Healthy Life Expectancy of 55.62 compared to 64.5 across Essex as a whole.

We will see a growth in population of 6% or 20,000 people over the next 10 years (2018-2027, Office for National Statistics 2016, based on sub-national population projections).

We are expecting a 12.5% growth in the population of those aged 65 and over.

We also know that we have a high number of people with learning disabilities living across south east Essex due to the number of the special needs schools.



# ETHNICITY

## Rochford District

The ethnic structure of Rochford is shown in the table below. Figures for England are shown for comparison purposes.

Percentage of resident population in ethnic groups	Rochford	England
White	98.3	90.3
Mixed	0.6	1.3
Asian or Asian British	0.5	4.6
Black or Black British	0.2	2.3
Chinese or Other	0.4	0.9

## Castle Point

Around 91% of people self-reported their ethnicity as White British in the last census (2011), compared to 85% nationally.

The religious make up of Castle Point was reported as 64.1% Christian, 26.8% No religion, 0.4% Muslim, 0.3% Hindu, 0.2% Buddhist, 0.2% Jewish in the last census.

The Jewish community in Canvey has grown since 2011, establishing a new synagogue, boarding school and community centre now located there. Families have been moving to Canvey from Stamford Hill since 2016, and it is estimated there could be up to 700-800 residents by 2020. The average family size is between 6-8 people, and they are part of the ultra-orthodox Haredi community.

In 2018/19, we established links with the Jewish Congregation of Canvey Island, attending an event in conjunction with Essex Police to understand more about spiritual requirements which are at least as important as physical problems for this community.

## Southend-on-Sea

The great majority of Southenders (87%) self-reported their ethnicity as White British in the last census (2011), compared to 85% nationally. Around 13% therefore self-reported as being from Black, Asian or Minority Ethnic or other groups (BAME) with 87 different ethnicity categories self-reported.

The most prevalent religion across south east Essex is Christianity.

In 2017/18 we built relationships with members of the community who are operating parish nurse schemes to ensure they have the support to refer into some of the wider community services to support people to remain independent at home.



## What does this all mean?

With such diversity across both the local residents and the area, means that a significant proportion of our local population could face barriers in accessing health services in the area.

Consequently, engagement with local people is vital for us to understand and identify how to provide the right services for them, in the right place.

## Meeting our legal duties for public involvement

We adhere to the statutory guidance set out by NHS England for “patient and public participation in commissioning health and care”, and this is embedded into the methodology we use to deliver engagement.

### This requires us to:

1. Involve the public in governance
2. Explain public involvement in commissioning plans/business plans
3. Demonstrate public involvement in annual reports
4. Promote and publicise public involvement
5. Assess, plan and take action to involve
6. Feedback and evaluate
7. Implement assurance and improvement systems
8. Advance equality and reduce health inequalities
9. Provide support for effective involvement
10. Hold providers to account

This report details how we fulfil these requirements as part of our work.

# OUR STRUCTURE AND GOVERNANCE

Our engagement function falls within the remit of the Quality, Finance and Performance committee. This committee reviews and monitors matters relating to the quality of commissioned services, meeting financial requirements and our performance against local and national priorities including public involvement.

## Our Lay Members



Pauline Stratford,  
Lay member for  
Patient and Public  
Engagement, NHS  
Southend CCG



Janis Gibson, Lay  
member for  
Patient and Public  
Engagement, NHS  
Southend CCG

Patient engagement is represented at Governing Body by a Lay Member for Patient & Public Involvement. Their role is to:

- Gain assurance that the CCG is meeting its patient and public involvement (PPI) duties, using expertise to support a particular focus on reducing identified health inequalities. This person will seek assurance that in all aspects of the CCGs' business, the voice of the local population is heard, including that of all vulnerable groups and communities
- Gain assurance that the CCG is meeting its duties under the Equality Act, and that a culture of equality and diversity is embedded within the organisation e.g. providing challenge and input around the CCGs' efforts to eliminate discrimination, advance equality of opportunity amongst people with protected characteristics and tackle prejudice by promoting understanding. Protected characteristics are the nine groups protected under the Equality Act 2010. They are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity and race.

We are also part of the mid and south Essex Sustainability and Transformation Partnership and align our engagement with the work of the group.

We have a number of ways in which patients and the public can get more involved in our work. During 2018/19, we took stock of what worked well and areas of development and opportunity. We have begun to refresh our involvement opportunities and the way we deliver engagement with our population.

## Patient and public engagement

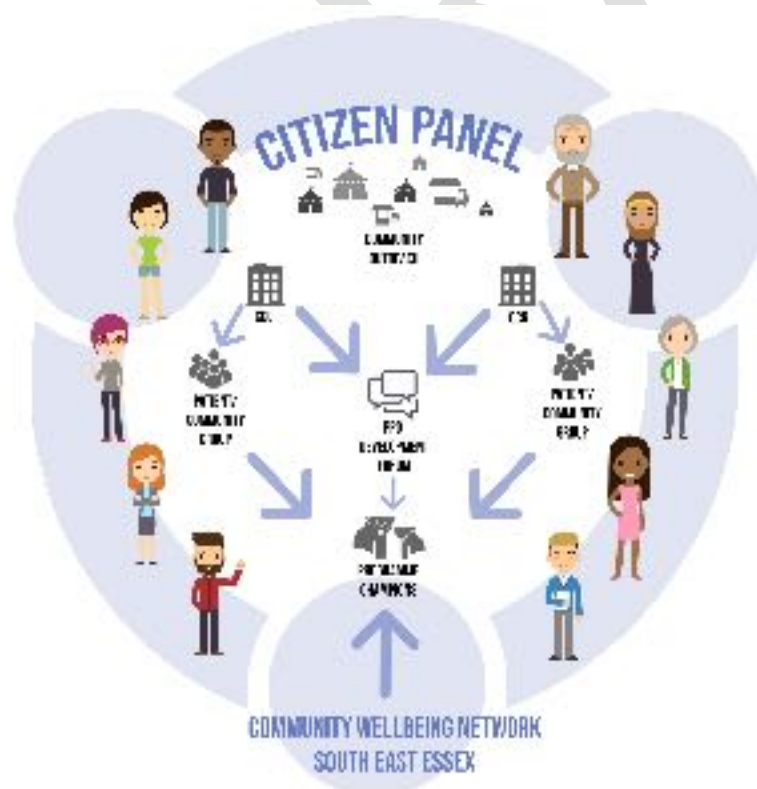
### Day to day practice

We work closely with the CCGs' Patient Groups – of which we have three: the Commissioning Reference Group in Castle Point and Rochford, the Community Engagement and Advisory Group and the Southend Patient Participation Group Forum. These groups bring together the nominated representatives of local Patient Participation Groups, as well as local voluntary and community organisations such as YMCA, Castle Point Association of Voluntary Services, Healthwatch and also special interest groups such as Trust Links, Breath-easy and Carers Choices.

Supported by the Communications and Engagement Team, the groups hear updates from the CCG and partners on the services commissioned by the CCG, as well as other wider issues affecting the NHS and Social Care.

The groups are also involved in elements of the commissioning cycle. This includes reviewing and informing our plans, supporting procurement and service redesign, and providing feedback to the CCGs on how services are being delivered from a patient perspective.

The diagram below is taken from our draft Communications and Engagement Strategy 2019-21 and illustrates all of the different ways in which we will be involving the public in our work.



Additional ways in which we engage include: focus groups, surveys, workshops, targeted outreach projects, community events and stalls, good relationships in the community, keeping an 'interested parties' database, using existing research/findings from Healthwatch, patient stories and demonstrating public involvement in our annual reports.

New areas to be explored/expanded include: closer partnerships with Voluntary Services, STP Citizen's Panel, GP practice SMS, targeted social media engagement and a new Patient Participation Group Development Forum.

Channels to be regularly reviewed following annual effectiveness surveys.

## **Patient Stories**

We present patient stories at our Governing Body meetings, to show how services or pathways are working, or could be improved, for the people of Castle Point and Rochford and Southend. Below are a few of the videos from previous meetings.

Pulmonary Rehab: <https://youtu.be/2lmWD4XJbDE>

Mental Health service: <https://youtu.be/qgq9ZaCnYKA>

Ways to Wellness: <https://youtu.be/vx4TFNycZwl>

SWIFT: <https://youtu.be/h2h2R7E4an0>

## **How we engage the community**

Every year, the CCGs must provide an annual report which sets out the work of the CCG over the previous 12 months and detailing how it fulfilled its statutory and regulatory obligations. Our annual report also includes information about some of our engagement highlights throughout the year.

A full copy of our annual reports can be found on the homepage of our CCG's websites:

<https://castlepointandrochfordccg.nhs.uk/about-us/key-documents/annual-report-and-accounts/3318-castle-point-and-rochford-ccg-annual-report-2017-18/file>

<https://southendccg.nhs.uk/about-us/key-documents/ccg-publications/2261-southend-ccg-annual-report-2017-18/file>

## **Our websites**

We have two dedicated CCG website:

- NHS Southend Clinical Commissioning Group
- NHS Castle Point and Rochford Clinical Commissioning Group

Our websites give members of the public information about how they can get involved in shaping the future of local healthcare in a number of ways.

For patients who wish to make a complaint about a service, we have a dedicated complaints email address, as well as a contact telephone number:

- Castle Point and Rochford CCG Complaints and Concerns

- Southend CCG Complaints Contact

Detailed information on how patients can complain is also available on our website, as well as links to Healthwatch and other providers.

## Other communications channels

Below are some of our external communications and engagement channels.

**Print:** Publications (e.g. annual report), engagement and consultation documents, presentations and advertisements, local newspapers, leaflets/flyers, booklets, posters, promotional materials.

**Social media / digital:** @SouthendCCG Twitter & Facebook, @CPRCCG Twitter & NHS Castle Point and Rochford CCG Facebook, video content, CCG websites/partner websites & social media channels.

**Face to face:** GPs and frontline staff, patient group members, community events, outreach and engagement events.

**Newsletters:** partner newsletters.

**Areas to be explored:** Community Champions, “NextDoor”, GP practice SMS, locality communications and engagement channels.

*Channels to be regularly reviewed following annual effectiveness surveys.*

## Partnerships and networks

### Councils and other statutory bodies

We work in partnership with both Southend-on-Sea Borough Council and Essex County Council and their teams.

### Working with partners across mid and south Essex

We all want to provide the best services for local people, to help them live well and enjoy life, and we know no individual organisation can do this on its own. The way to give patients the best service is to work more closely together. This is why we are working with our partners in a 'Sustainability and Transformation Partnership' (STP) so that together, we can develop and build a health and care system fit for the future, and catered to the people of mid and south Essex. We have worked closely with our colleagues across the STP to make sure local people in south east Essex are able to give us their views to help shape any proposals. INFO ON ACUTE? SUAG, Citizen's Panel? Patient Champions?

### Providers

We work in partnership with our providers to deliver engagement across south east Essex. Our providers include Southend University Hospital NHS Trust and Essex Partnership University Trust.

### Community and Voluntary sector

We work closely with the community and voluntary sector across the area.

Our relationships with them enable us to engage with those who are harder to reach amongst our population, such as those who are living with long term conditions, learning disabilities, mental health problems, our diverse communities, people with caring responsibilities, older people and more.

# EVENTS AND OUTREACH

In order to reach out to patients and the public we organise a number of events across the course of the year, and actively participate in community, voluntary and partner organisation events.

## Death Café

To help local people talk more openly about death and bereavement and collect local insight and experiences, we hosted a virtual death cafe on Facebook Live during Dying Matters Week in May.

The footage from the death café was viewed over 1,000 times, reaching over 1,750 people.

## Locality Stakeholder Event

The CCG held a successful engagement workshop on 1 November in partnership with local authorities. Over 100 community and voluntary organisations joined the conversation to help co-produce solutions to how we can meet the needs of the CCGs' eight localities.

Feedback/insight has been collated and will inform the development of new models of care and locality plans. The local design teams continue to work together with communities to co-design more proactive and pre-emptive models of care. Local design teams have subsequently been successful in attracting new membership.

## Primary Care Strategy

Following the publication of the mid and south Essex Sustainability and Transformation Plan (STP) in July 2018, both Southend CCG and Castle Point and Rochford CCG, together, embarked on a programme of communications and engagement to raise awareness of the pressures facing our GP practices and involve local people and stakeholders in developing local solutions.

Eight engagement events took place during September and October. A report of all feedback has been shared with Primary Care Committee members and with GP leads in each locality. In response to feedback during the events, we are exploring a new PPG Development Forum was developed.

To reach a wider audience, a local video was developed in-house communicating the key messages of the primary care strategy. The video reached over 600 views seizing the opportunity digital media offers to reach large numbers of people quickly and cost effectively.

<insert video from youtube>



## Winter Engagement

Winter-themed patient groups have also taken place in both Southend and Castle Point and Rochford to help cascade important messages in the community and gather further ideas to ensure preparedness.

## Quality Awards

Over 150 primary care staff attended the Quality Awards on 6 November, with six awards to recognise for outstanding work, care, innovation and services.

We engaged with all Patient Participation Groups and the wider public to gather over 200 nominations.

Winners included senior GPs, nurses and health care assistants, reception staff and other vital roles supporting people and GP practices day-to-day.

Resulting communications saw a double-page spread in the local newspaper and significant social media engagement.

## Community Outreach

In addition to events which we convened, we also regularly attend and support events and patient meetings held by our partners in both health and social care and the voluntary sector.

In 2017/18 we have taken stock and strengthened our relationships with local community representatives, particularly those representing seldom-heard communities:

We have supported a number of wider Community Wellbeing Events

*Rochford Methodist Church on 11 July 2018 and in Canvey Island on 22 August 2018 at a children's soft play centre.*

The event's offer advice on local support available to patients, lifestyle advice, a juice bike, health checks, dementia support, kids activities, seated exercise and relaxation sessions to name but a few activities. The events have run in conjunction with partners including:

- ACE,
- Age Concern,
- Carers Choices,
- CAVS,
- Community Agents,
- EPUT,
- Essex County Council,
- Essex Fire and Rescue,
- Peabody,

- Provide,
- RRAVS,
- Rochford District Council
- Southend Borough Council.

## **Learning Disability partner engagement**

Attending Scopes Local Programme Get Together meeting on 31 July 2018. <

Project 49 event on 13<sup>th</sup> July 2018 had an emphasis on wellbeing and community building. The CCG attended to promote and raise awareness of the importance of having annual learning disability health checks.

# INVOLVEMENT AND ENGAGEMENT ACTIVITIES IN 2017/18

Our goal is to put patients at the heart of everything we do, learning from their lived experiences, listening to their ideas and thoughts and designing and commissioning services which meet the needs of our diverse population.

Through the various engagement channels outlined earlier in the document, we strive to involve patients throughout the commissioning cycle. We have successfully engaged stakeholders, patients and the public in a range of activities to facilitate community involvement in how we design, deliver and improve local health services.

NHS England has developed 10 principles of participation based on a review of research, best practice reports and the views of stakeholders, which you can find on page X (or section x).

During 2017/18 we have taken stock and embedded new processes to ensure all of our work adheres to these principles.

Feedback is an integral part of our work, and we ensure that we keep those involved with our engagement work updated on what the next steps are. In the summer we distributed more than 5,000 leaflets to the community about of the hospital reconfiguration public consultation.

The following are some of the highlights of our work to involve patients in 2017/18.

## Reach Recovery College

### Brief summary of project <insert Reach logo> <insert video with Michelle Passfield>

The Reach Recovery College provides courses, social activities, and support, improving the quality of life of people living with mental health conditions.

REACH Recovery College was set up, developed and run as a pilot project in January 2017. In 2017/18 we started the process of looking to set up a permanent Recovery College to start in April 2019. In July 2018, we launched a survey to hear the views of people using the service, those who may encourage people to use the service and anyone else who has an opinion about how mental health recovery can be enabled in Southend and Castle Point and Rochford.

Following the initial research, we then began a process to identify what the future offer from the Recovery College would look like, how it would be delivered and by who.

#### Who did we ask?

**How many people did we reach via the survey?** 100 people

As part of the engagement and consultation process to inform this service specification, a stakeholder survey was answered by 57 professionals from a range of backgrounds, including GPs, social workers, mental health nurses, child and adolescent mental health service staff, Improving Access to Psychological Therapies (IAPT) staff, REACH recovery staff, job centre staff and voluntary and community providers.

A student survey was answered by 43 people. This was split into 75% of people who use the recovery college and 25% who care/support someone who attends the recovery college.

**Did you also run focus groups?** yes, 8-10 focus groups were held between July and October 2018

#### What did we ask?

We asked those that had used the Recovery College for feedback about the courses they'd attended, about how accessible they were and which courses people had gained the most from/ felt had helped the most and why. We asked how courses could be improved and if there were any suggestions for courses that weren't currently offered.

#### What did we find out?

The views of over 150 (57+43+ approx. 50 in focus groups) people ensured the Recovery College service of the future deliver the right offer and courses to people across Castle Point and Rochford and Southend.

#### Summary of findings?

As part of the engagement and consultation process to inform this service specification, a stakeholder survey was answered by 57 professionals from a range of backgrounds, including GPs, social workers, mental health nurses, child and adolescent mental health service staff, Improving Access to Psychological Therapies (IAPT) staff, REACH recovery staff, job centre staff and voluntary and community providers. Generally the responses supported the view of the pilot evaluation that the recovery college offer is supportive

and enables recovery. A third of respondents, which included GPs, were not aware of the college, but this was not surprising considering the offer to date has mainly focused on step down from secondary care.

As part of the engagement and consultation process to inform the service specification, a student survey was answered by 43 people. This was split into 75% of people who use the recovery college and 25% who care/support someone who attends the recovery college. Overall the response was extremely positive with respondents reporting an increase in coping skills, strategies and confidence.

We are seeking two main benefits from our recovery college. First, to assist individuals in their personal and collective journeys of recovery. Second, to assist local organisations and services to become more recovery-focused. The creation of recovery-focused services requires a major transformation in purpose and relationships; a focus on rebuilding lives rather than reducing symptoms alone and a partnership between equals, rather than experts and patients.

Feedback from two surveys plus focus groups informed the content of the 'brief' for what we were looking for.

Thanks to patient involvement in the procurement process, we were able to evaluate what success looked from the patient perspective and ensure the scoring was reflective of this. Training was provided to Michelle, our patient representative to ensure she felt comfortable with the process.

### **What did we do?**

Two surveys were launched, aimed at different groups. One was intended for people with mental health issues and their carers; the other for stakeholders such as GPs; social workers; Department of Work and Pensions; voluntary sector partners and others to complete.

Recruitment of two patient representatives ensured the patient voice was represented in the procurement process <insert video with Michelle Passfield>

## **Dementia Diagnosis rates <insert video mix of LCG/ Kath>**

### **Brief summary of project**

As noted on page X, the rate of dementia diagnosis in Castle Point in 2017 was significantly worse than the England average.

Thanks to close partnership working across south east Essex, a team who jointly work on behalf of Southend-on-Sea Borough Council and the NHS across south east Essex were introduced to Castle Point.

The team support local residents affected by dementia to make sure they get the support they need while ensuring the local area is as dementia-friendly as possible.

The local Dementia Community Support Team offers friendly advice and information to local residents and their families throughout the dementia experience along with support and guidance to help understand dementia and the day to day challenges it may bring.

The service is available to people pre-diagnosis as well as post diagnosis through to End of Life and provides the crucial link between the person with dementia, their carer and health, social care and community support.

At the point of launch, the service had established links to Canvey Island to help to embed the service.

### **Who did we ask?**

To help to launch the service in Castle Point, a member from the team came to present to the NHS Castle Point and Rochford Clinical Commissioning Group (CCG) established patient group that acts as a Commissioning Reference Group. The group has a diverse membership across many different areas of our local community. Membership consists of representatives from:

- Local voluntary organisations
- Religious groups with an area dean attending
- Patient Participation Groups
- Healthwatch Essex.

### **What did we ask?**

Members of the group were asked for ideas and local insight about how best to embed the new community dementia team into the local area.

### **What did we find out?**

Since learning about a number of new dementia services, one of our Canvey patient representatives, Kath, took it upon herself to make sure the services are embedded into existing community services and organisations.

Thanks to the extensive contacts and networks in the room, we very quickly had a lot of interest in helping to successfully roll out of the service, particularly on Canvey Island.

### **What did we do?**

Following the meeting, our patient representative, Kath put the team in contact with a number of key people on Canvey that led to:

- An awareness event at Knightswick shopping centre in Canvey on November 2018
- The development of a dementia hub at a day centre for the over 55s (Cisca House) every Thursday morning 9:30am-11:30am
- Free promotional materials donated by members of the community on Canvey
- Support in establishing links with all of the GP practices to ensure all staff were aware of the support available for those affected by dementia in the community
- Support in establishing links with local pharmacists and dentists
- Buy in from local businesses to raise local awareness of the team & staff being trained to become dementia friends
- Support from all of the churches to support help their congregations.

### **What was the impact?**

Since the service went live in April 2017, over 700 referrals have been received across south east Essex.

Thanks to Kath, we are a step closer to making Canvey as dementia friendly as possible.  
<insert quote from Kath taken from #MondayMotivation> <embed video of Kath>

The local dementia diagnosis rates have improved dramatically and most importantly, it means people affected by dementia are able to get the support they need.



## Transgender referrals

### Brief summary of project

We have been working proactively with the Transgender community to help educate and empower GPs to better understand and meet their needs and emphasise the correct pathways for transgender people (and impact of not doing these things).

### Who did we ask?

Transpire is community group which supports transgender people, their friends and family and the wider LGBTQ+ community in the Southend-on-Sea and surrounding areas.

As a member of the NHS Southend CCGs Community Engagement the Advisory and Reference Group have been proactive in undertaking research with the transgender community.

### What did we find out?

When discussing barriers to accessing healthcare, Transpire raised the issue of inappropriate referrals and conduct at local GP practices.

### What did we do?

We hosted a clinical education session for all our GPs across south east Essex. Jess from Transpire came to the event and presented information linked to the lived experience of the transgender community and the impact of inappropriate referrals.

We also re-shared a video that we co-produced with Transpire that was aimed at healthcare professionals in GP services <insert link to video>.

### What was the impact?

The video has been viewed nearly 500 times. GPs shared positive feedback following the event and felt better informed to undertake more appropriate and effective ways of meeting transgender patients' needs.

## Learning Disability Health Checks

### Brief summary of project

The NHS has a crucial role to play in helping people with a learning disability lead longer, happier, healthier lives. Improving the health of people with learning disabilities is a priority area for both Clinical Commissioning Group's. In 2018 the Clinical Commissioning Group established a local task and finish group with key partners reinforcing our commitment to focus on reducing health inequalities for our local Learning Disability Communities..

To make sure that people's physical and mental health needs are met, we sought to improve the uptake of annual health checks and expanded a programme to reduce inappropriate overmedication.

Involvement of those with learning disabilities and those that care for them has been key to this work to ensure local services make reasonable adjustments for people's needs.

### Who did we ask?

Together with close partnership working with community Health Facilitation Nurses at Essex Partnership University Trust, who specialise in supporting local people with Learning Disabilities and key local authority partners we engaged with a number of local advocacy and local support groups including:

- ✓ Scope
- ✓ RE House
- ✓ The Attic
- ✓ Shields
- ✓ BATIAS
- ✓ Project 49
- ✓ Castle Point and Rochford Local Action Groups

Southend Learning Disability Partnership Forum

### What did we ask?

We were keen to understand if there were any barriers stopping people accessing health checks and whether the local community could identify and share what worked well and what didn't work so well which. We co-designed easy read invitation letters and action plans for views on the examples provided.

### What did we find out?

***TBC - workshop to take place February 2019***

### What did we do?

We contacted local partners to host a workshop in February 2019 to gain ideas and local insight that would help improve the uptake of local Learning Disability health checks.

## Frailty

### Brief summary of project

As set out on pages X & X (section X and X), there are currently 78,000 people over the age of 65 in Southend and Castle Point and Rochford, with this set to increase by around 25% by 2025.

Frailty presents in more than 10% of those aged over 65 and 25-50% of those aged over 85, with any one of the frailty syndromes including falls, reduced/impaired mobility, cognitive decline / confusion, continence problems or increased susceptibility to the adverse effects of being on different medications.

Failure to detect frailty leads to poorer treatment, inaccurate assessment of care needs for both now and in the near future, and ultimately poorer health outcomes.

Locally, there is inconsistency in the early identification of a frail person and often care is reactive rather than proactive. This leads to missed opportunities to deliver preventative action when it has the greatest potential to improve outcomes and reverse or slow down the progression of frailty.

System partners therefore agreed to work together to define and drive forward the design of a better solution to support local people affected by dementia.

### Who did we ask?

In line with the NHS Long Term Plan, a collaborative approach across a wider range of key stakeholders; from health, social care, voluntary and third sector organisations, to patients and carers and our local communities was the agreed approach to inform this work.

*Any other details re. specifics of who is involved? E.g. Age UK?*

- CCG frailty leads
- Public Health
- Local GPs with a Specialist Interest
- Hospital and community service providers
- Third sector organisations
- Patients

### What did we find out?

Some emerging thoughts for consideration have included:

- Locality Frailty Teams aligned to the Primary Care Hubs which could include a GP with Extended Role in Frailty & Clinical Nurse Specialist.
- Step up virtual wards for multidisciplinary health, mental health and social care assessment and care planning.
- 

### What did we do?

A group made up of both professionals and those with lived experience of falls and frailty was established to help draw on best practice evidence from across the country and to help shape local thinking around better solutions to support those affected by frailty.

## Youth Council & Mental Health Survey

### Brief summary of project

Mental health problems affect about 1 in 10 children and young people.

In autumn of 2018, the Chair of the Youth Council attended the NHS Southend Clinical Commissioning Group (CCG) Patient Participation Group Forum to present the findings of a survey that had gathered the opinions of young people and identify the issues they have with accessing support for their mental health needs.

The overall aim of the survey was to provide evidence for the development of a Mental Health Charter that could be introduced in schools.

### Who was asked?

The survey received 1,757 responses from students, aged between 11-18, across five schools.

### What was asked?

Key questions about the school environment and how effective it was in helping young people to share issues and concerns about their mental wellbeing were asked alongside wider questions to determine other barriers to getting help. Data around prevalence of mental health issues and cyberbullying was also captured.

### What did we find out?

14% of young people indicated there were barriers to accessing support with waiting lists for counsellors, social stigma and a lack of anonymity listed as other barriers.

Reasons for not opening up included:

- Feeling embarrassed
- It may add to already stressful family situations
- Didn't want to 'play the victim'
- Would not be believed
- Being scared of being talked about (by peers and staff)
- Would be seen as being weak.

### What did we do?

Following the presentation, the CCG is keen to support the Youth Council in taking the findings forward especially relating to early intervention.

Further discussions have already taken place with stakeholders including Southend-on-Sea Borough Council as to how we can progress this. Two GP members of NHS Southend CCG Governing Body, Dr Taz Syed & Dr Kate Barusya and Lay Member of Patient and Public Involvement, Janis Gibson have all stepped forward to support members of the youth council in the development of the Mental Health Charter.

## Engaging patients in new ways of working in GP practices – Rushbottom Lane

### Brief summary of project

As mentioned on pX, as part of the wider Primary Care Strategy, both CCGs engaged patient groups across south east Essex in understanding the role of the extended GP practice team.

As part of this work, we supported a specific GP practice in Benfleet who were involved in testing out a new way of working to free up GPs time.

A big part of this was helping patients to become accustomed to the role of different healthcare professionals within the practice.

This included understanding the role of the reception team in coordinating/navigating their care to the right healthcare professional.

It was clear from the outset that in order for the practice to be successful in introducing new staff and a care navigation service, that we needed to engage with the patients registered with the practice to ask them to help us.

### Who did we ask?

The practice have an excellent and active Patient Participation Group who were keen to be involved and help the practice to deliver high-quality care for everyone.

### What did we ask?

We asked the Patient Group for ideas about how they could support the implementation of the project.

### What did we do?

The group agreed to support in developing communications materials in the right tone. Part of this included the co-production of a 'deal' to help patients share a little responsibility for the smooth running of the practice. <insert poster>

### What was the impact?

The pilot is due to launch in March 2019, and any impacts will be published in next years Patient and Public Involvement Annual Report.

## Development of a Neurodevelopment Pathway

### Brief summary of project

To involve people who use services, along with the organisation's that represent their interests, to agree a set of principles to improve the journey of care for children and young people living in south east Essex with neurodevelopmental needs. A key focus was improving outcomes at the earliest possible time, appreciating that children have needs which should be supported in a holistic way, including social, emotional and physical well-being.

**Neurodevelopmental disorders** are impairments of the growth and development of the brain or central nervous system that affects emotion, learning ability, self-control and memory and that unfold as an individual develops and grows. This project was to involve people who use services, along with the organisations that represent their interests, to agree a set of principles to improve the journey of care for children and young people living in south east Essex with neurodevelopmental needs. A key focus was improving outcomes at the earliest possible time appreciating that children have needs which should be supported in a holistic way, including social, emotional and physical well-being.

### Who did we ask?

We asked for input from parents with lived experience and local voluntary sector groups, our parent and carer forum for children and families, the Schools SENCO network for Southend, the Emotional Wellbeing and Mental Health Service, Community Paediatric Services, the Special Educational Needs teams for Essex and Southend, Early Help and social care practitioners, GP clinical leads for children and safeguarding.

### What did we ask?

We asked what the pathway should look like, what would be the best way to join up services to provide co-ordinated care and support, what are the current gaps with the system, what support and advice is currently available, what does the parent and child journey look like from the identification of initial need through to diagnosis outcome and follow-up support.

### What did we find out?

We found there was a lack of pre/post diagnosis support and sign-posting, variable information provided to make an informed decision, the current system was health centric, not outcome focused, appointments for paediatric assessments were compounded by having to gather further information from other agencies to inform the decision making process, the current pathway was driven by diagnostics driven rather than focusing on solutions, and we needed to be able to plan more effectively between system partners. Partners helped to identify a preferred neurodevelopmental screening tool that we could use locally. Thanks to the shared expertise of those involved, we developed a useful map of current services available for 'other' support both pre and post referral.

We also identified gaps within current services available and have been developing action plan to address those gaps which feeds into the wider Community Paediatric review? We found if we opened up the referral pathway to schools and school nursing teams we would be able to assist the process significantly.

## **What did we do?**

We held workshops with system partners in April and May about Community Paediatric provision and we then held specific workshops to look at the neurodevelopment issues in June and September. A working group is now meeting having designed the revised pathway to implement and commission the changes needed. We presented the changes to the Southend Borough network who were keen to be involved as principle refers under the new pathway model. We presented our key findings to the Community Paediatric Clinical Engagement Group and are working across Mid and South Essex to join up and standardise the pathways for families and agencies. As a consequence, we made changes to referral protocols based on feedback through the workshops. We are working to jointly commission the services needed with local authority partners in line with the Special Educational Needs and Disabilities Code of Practice under the Children and Families Act.

We held two workshops in June, one in Southend and one in Castle Point and Rochford.

As a consequence, we made changes to referral protocols based on feedback through the workshops.



## Ensuring our providers involve the public

Part of our duty for engagement is to ensure that our providers are communicating with and involving service users, the public and staff.

Members of the communications and engagement team attend monthly meetings as part of the mid and south Essex Sustainability and Transformation Partnership (STP) work, which brings together commissioners and providers to update on their current work, forward plan and review opportunities for collaboration.

We also work with our providers to jointly engage with local residents. Projects highlighted above such as the locality stakeholder event, improving dementia diagnosis rates, frailty, developing neurodevelopment pathways have all been delivered in partnership, allowing us to be assured that our providers are fulfilling their duties to engage and involve.

We ensure our providers are engaging with service users, the public and staff through regular meetings and discussion. We also jointly engage on projects and workstreams and involve providers and their staff in our engagement work.

## Supporting our staff to understand and action patient involvement

Through the communications and engagement team, we champion the importance of patient and public voice and ensure that it is reflected in commissioning activities. In November, we ran a staff education session to help raise awareness.

In 2018/19, we also introduced a new communications and engagement form for staff to complete at the beginning of all projects as part of the project management process, ensuring the patient voice is integral to all projects.

CCG staff are regularly supported by communications and engagement to deliver engagement activities, with the team suggesting appropriate mechanisms, facilitating engagement and supporting effective involvement.

# LOOKING FORWARD

## Communications and engagement aims

### **The change that we want to see:**

While 2018/19 has been an incredibly busy year, coming together as two CCGs in a joint team has given us the opportunity to take stock of what was working and areas of development and opportunity. This has allowed us to begin a refresh of our involvement opportunities and the way we deliver engagement with our population. Some of the ideas we are looking to explore can be found on page X.

Exciting times lie ahead and we are looking forward to working with our partners in both developing and delivering a new 2019-21 communications and engagement strategy that builds on the successes of previous work.

### **By April 2021 we want:**

- Effective partnerships with stakeholders to promote prevention and self-care
- Ensure that staff and key stakeholders fully understand the need for change and feel empowered to work together to create services/solutions that meet their local population's needs
- Ensure that local people feel actively involved in decision making and that we seek the views of all stakeholder groups, including those who are seldom heard (either directly or through advocates) to enable meaningful engagement at every stage of the commissioning cycle
- To adhere to communications and engagement principles co-produced with our patient and community representatives
- Ensure effective internal communication and staff engagement is in place to make effective change throughout the organisation.

Turning visions into action requires a shift in our approach to communication and engagement. Achieving this will require the active participation of everyone in our CCGs – not just the communications and engagement professionals, but also our Governing Bodies, our members and our staff. Everyone connected to the organisation shares a responsibility to ensure that our communities have confidence that their needs, both now and in the future, are integral to the decisions we make.