

## **Examples of the impact of participation 2016 - 2018**

### **Health Action Champions**

Health Action Champions is the young people's forum for health supported by the CCG and Greater Manchester Youth Network. The forum gives members the chance to learn about the local NHS and to influence decisions made by the CCG. Over the last 6 months forum members assisted the CCG Engagement Lead to design and develop a board game based on "Choose Well" principles. The CCG Engagement lead discussed the idea of an app with the forum but they challenged the Engagement Lead to invent a board game instead. They thought an app on their phone should be used for fun, not learning which health services to use when. The idea of the board game is:

- Players pick up a condition card from the pile, look at the condition described and decide where on the board they will go for treatment. They cannot tell other players what their condition is.
- Each player moves round the board to their treatment destination by throwing a dice and moving the correct number of places.
- When they reach their destination they pick up a card showing their condition. The back of the card tells the player where to go for treatment for this condition. If they chose well they are credited with the cost of that service, if not they are debited with the charge. The person with the highest credit figure after a set time wins.

The game is designed to get young people and their families to think which services are best for a given set of circumstances so that in real life they will begin to make those links and choose the right service. This fits with the "Prevent" theme in the Locality Plan.

### **New and Emerging communities project**

This project aimed to connect with those new and emerging communities who struggle to engage with and access services.

Recognising the serious challenges for health professionals to meet the health needs of an increasingly diverse population, this time-limited project wanted to work with new and emerging communities, in particular refugees and asylum seekers to raise awareness and promote access to health services.

The project:

- Identified the needs of these communities and any gaps in service provision;
- Investigated whether (and how) these communities are engaging with health services or other service providers. It identified the barriers they faced in getting services, and focused on the following issues:

- Were service pathways obvious or easy to navigate?
- Language and interpretation
- How the experience and expectations associated with their status (new and emerging communities) formed a further barrier.
- Explored how best to engage with these communities, and looked at best practice to inform culturally sensitive service delivery.
- This time-limited project wanted to engage with new and emerging communities, challenge the barriers and stigma often linked with poor access, and support people with knowledge and understanding of available services and how to get them.

It is hoped the ultimate outcomes from this project will be:

- More understanding of new and emerging communities, in particular with refugees and asylum seekers
- A reduction of the stigma and lack of awareness for individuals leading to more people seeking help at an earlier stage.
- Reduction in crisis situations developing
- Better assessment outcomes and treatment for individuals at primary and secondary care level.
- The CCG is more able to develop culturally sensitive approaches to meet the needs of these communities.

### **Older People**

The Engagement Lead attends two regular forums for older people. They are:

- Rochdale User carer Forum
- Rochdale Senior Citizens

These forums give the Engagement Lead the opportunity to update older people on issues which may affect them and can give them the opportunity to comment on local healthcare plans such as the themes in the Locality Plan. This gives older people a voice and enables them to influence decision making.

### **Commissioning**

Where appropriate the CCG forms services user panels to assist in the procurement process. Service user panels scrutinise service specifications, score tenders, participate in the moderation of scores and interview providers in partnership with the CCG. This enables

service users to input directly to the procurement process and take decisions in partnership with the CCG.

Wherever possible the CCG also involves service users in the co design of new services, currently this includes a new integrated cardiology service and has previously included the children and young people mental health and wellbeing service. The process enables users to have a direct input into the design of services.

This enables:

- Local people feel they can influence and take part in commissioning decisions
- Local people are aware of the way commissioning services works

### **Challenge organisation visits (Dragons Den)**

Each July/August the CCG with the Challenge Organisation hold 4 or 5 sessions for young people aged 17 years with approximately twelve young people each session.

The sessions have a dual purpose:

- To give the young people the chance to experience a work environment and learn something about the work of the CCG
- To enable the young people to pitch an idea to a panel of “Dragons” who provide feedback

Each session followed a similar format:

- The group split into tables and after introductions were told about the CCG and what it does. This led to some lively debate about health issues for young people. Mental health and depression were seen as key issues. This was followed by an exercise where each table received a list of medical services and their related costs. They were also given a budget. The tables were asked to rank the services they would provide with the budget available to them. Some had sufficient funds to deliver all their services others did not. The exercise lasted about half an hour, and with around 5 minutes to go the tables were informed that regardless of their priorities they must spend £2m on Dementia care. This caused some very quick recalculations and in one case caused a resignation.
- Following the exercise the young people made their pitch. Some of the ideas groups had were:
  - To bring some happiness to Rochdale for a day. They aimed to do this by offering a cookie for a smile. They would set up a stall on the Butts in Rochdale offering a free cookie to anyone would smile and have their photo



## **Survey work**

The CCG regularly use Survey Monkey an on line tool to carry out survey work. Surveys are a good way to quickly gauge the views of a lot of people about key issues.

In 2016 387 people gave their views on the CCG proposals for 7 day access to GP practices, 469 people responded to a survey measuring the awareness of safeguarding in the borough, 169 people responded to a survey about the CCG's proposals to stop prescribing some Gluten free foods or minor ailment medications which could be purchased cheaply or had no real clinical benefit.

## Examples of the impact of engagement for the year 2017 - 2018

Determining the effectiveness of public and patient engagement can be difficult. It is not just about numbers engaged it is also about the difference that engagement made to those who took part. The examples below have different levels of provenance, for example the cds for Asian ladies was a material result of their issues with the written word even in their mother tongue, whereas the feedback from the board game came from players saying how they felt it needed to be improved.

- HMR CCG was engaging with Asian ladies groups about the transformation of local healthcare services. To assist with this briefings were prepared in Urdu and Bangla, however roughly half of the ladies could not read and therefore the briefings did not meet their needs. To mitigate this a local third sector organisation was commissioned to transfer the briefing to cds so that the ladies could listen to them in their own language. This could be done in a community setting or in the comfort of their own home. The result was the ladies had a far better chance of understanding local transformation.
- The CCG took the Healthy Steps board game to Lowerplace primary school to try the game with year 6 pupils. The pupils said they enjoyed the game because it was fun but they learned something as well. They also suggested changes to the format of the game, some of which will be adopted
- HMR CCG engages with many older peoples groups, the main ones being the User Carer forum and Rochdale Senior Citizens. Both of these groups have stated:
  - They value the meetings because it keeps them up to date with NHS and other changes or plans
  - The meetings have a social value and help the feel part of the community.
- Better Health for Middleton are a community group in Middleton who frequently send representatives to Governing Body meetings. They raised an important issue on cross border service delivery. Some local people who lived in Manchester but had a GP in Middleton and visa versa. Those with a GP in Middleton were able to receive the same services as other Middleton residents from their healthcare providers even though they lived in Manchester. However the reverse did not happen for those living in Middleton with a Manchester GP. This led to an investigation by HMR CCG into cross border service agreements.
- The Public and Patient Engagement Committee gives third sector organisations the opportunity to influence the actions of the CCG by:

- Bringing issues direct to the lay member of governing body responsible for engagement
- Highlighting the services provided by the third sector
- Advising on issues relevant to third sector organisations and healthcare
- Inputting to policy and service development.