

## Patient and Public Engagement Committee 2020/2021

<b>Date of Meeting:</b>	14 January 2021
<b>Agenda Item:</b>	4.4
<b>Subject:</b>	Integrated Commissioning Intentions Engagement Update
<b>Reporting Officer:</b>	Katie Gregg, Integrated Systems Development Programme Co-ordinator
<b>Aim of Paper:</b>	To update members on engagement taken place in relation to the Integrated Commissioning Intentions

Governance route prior to PPEC	Meeting Date	Objective/Outcome
Governing Body	Select date of meeting.	Click to Select
Audit Committee	Select date of meeting.	Click to Select
Strategic Place Board	Select date of meeting.	Click to Select
Integrated Commissioning Board	27 October 2020	Approved
Locality Engagement Group	Select date of meeting.	Click to Select
Patient and Public Engagement Committee	Select date of meeting.	Click to Select
Quality and Safeguarding Committee	Select date of meeting.	Click to Select
Remuneration Committee	Select date of meeting.	Click to Select
Clinical and Professional Advisory Panel	Select date of meeting.	Click to Select
Primary Care Commissioning Committee	Select date of meeting.	Click to Select
Information Governance Management Group	Select date of meeting.	Click to Select
Other	Click here to enter text.	

<b>Patient and Public Engagement Committee Resolution Required:</b>	For Information Only
<b>Recommendation</b>	For members to note the contents of the update.

Link to Strategic Objectives	Contributes to: (Select Yes or No)
<b>SO1:</b> To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population.	Yes
<b>SO2:</b> To deliver on the outcomes of the Locality Plan in respect of <b>Prevention and Access</b> (Prevention and Self Care)	Yes
<b>SO3:</b> To deliver on the outcomes of the Locality Plan in respect of <b>Neighbourhoods &amp; Primary Care</b> (Getting help in the Community)	Yes
<b>SO4:</b> To deliver on the outcomes of the Locality Plan in respect of <b>In Hospital - Planned</b> (Getting more help)	Yes
<b>SO5:</b> To deliver on the outcomes of the Locality Plan in respect of <b>In Hospital - Urgent Care</b> (Getting more help)	Yes
<b>SO6:</b> To deliver on the outcomes of the Locality Plan in respect of <b>Children, young people and families</b>	Yes
<b>SO7:</b> To deliver on the outcomes of the Locality Plan in respect of <b>Mental Health</b>	Yes

<b>Risk Level:</b> (To be reviewed in line with Risk Policy)	Not Applicable
<b>Comments</b> (Document should detail how the risk will be mitigated)	Click here to enter text.

<b>Content Approval/Sign Off:</b>	
<b>The contents of this paper have been reviewed and approved by:</b>	Director of Integrated Systems Development, Sandra Croasdale
<b>Clinical Content signed off by:</b>	Not applicable
<b>Financial content signed off by:</b>	Not applicable

	<b>Completed:</b>
Clinical Engagement taken place	No
Patient and Public Involvement	Yes
Patient Data Impact Assessment	No
Equality Analysis / Human Rights Assessment completed	No

## **Executive Summary**

The system commissioning intentions were agreed at ICB in October 2020 following engagement with the Local Care Organisation and the public. This update sets out the engagement that has taken place so far as part of this process, the work currently underway to further scope out the priorities and the next steps proposed for engagement.

### **Progress to Date**

Public engagement was undertaken during September 2020 to inform the final proposed commissioning intentions agreed by ICB. The engagement was designed and delivered through a task and finish group led by HMR CCG and Rochdale Council involving communications and engagement leads from across the health and social care system, commissioners, Rochdale's LCO, Health watch and the VCFSE sector facilitated by Action Together. The group worked in an integrated way to deliver the engagement using co-operative engagement principles to co-design the engagement approach.

The messages utilised in the engagement and the method of engagement itself was co-designed with the Inclusive Message Group, a group led by Action Together and made up of different community and voluntary sector groups who have access and connection to typically 'hard to reach' groups of people and individuals. The commissioning intentions task and finish group developed a presentation, informed by the inclusive messaging group recommendations, which described in an accessible way:

- what the Clinical Commissioning Group (CCG) and Local Authority (LA) do
- what commissioning intentions are
- how they are chosen as the CCG's and LA's priorities and what the intended health and care priorities for 2021/22 are.

A series of online focus groups were held throughout September led by Healthwatch and Action Together where the commissioning intentions were presented via the presentation described and reflections sought. This was complemented by an online survey which was published on the Council and HMR CCG website as well as being widely promoted by system partners.

A report was produced that outlined the key outcomes of the findings from the focus groups and

survey and was incorporated into the final report to ICB outlining the commissioning intentions for 2020/21. The engagement report can be found in the embedded documents at the end of this executive summary.

Following the agreement from ICB, Executive sponsors and Senior Responsible Officers have been established for each of the priority areas across the LCO. However, due to the impact of COVID wave 2 and the preparations required for the roll out of the Pfizer vaccine through the end of October and November/early December and the system pressures felt because of this, progress in terms of the development of the project mandates and the subsequent engagement plans aligned to this was halted.

The project mandates are now currently being developed which will set out the scope of each priority and who needs to be engaged at each stage of the project. Following the completion of the mandates, detailed engagement plans will be developed informed by the mandates and in collaboration with system partners overseen by the aforementioned task and finish group. The current timeline for completion of the mandates is the end of January 2021 with the caveat that this may be impacted by the expected COVID wave 3 during January due to the people involved in developing the mandates being impacted by any potential wave 3.

### **Next Steps**

The Commissioning Intentions Engagement Task and Finish Group will develop feedback to the public to advise how their reflections have been incorporated into the proposed health and care priorities. An engagement programme will be developed taking into consideration the comments received during the focus groups as to how the public would like to continue to be engaged going forwards and utilising the relationships with Healthwatch and the VCFSE sector via Action Together. The plan will ensure that there are opportunities to engage, co-design and co-produce services as health and care plans are progressed and will enable public and patient voice to be integrated into the services developed. The plan will also be informed by the recent Healthwatch communications survey that sought to determine the systems communications reach. All engagement will adhere to the Gunning Principles for engagement and the legal duty which the CCG is bound by. Updates to PPEC and other subsequent committees can be provided as and when required.

## **Commissioning Intentions Engagement Outcome Report**

### **What did we do & Who did we do it with?**

Public engagement was undertaken to inform the final proposed commissioning intentions. The engagement was designed and delivered through a task and finish group led by HMR CCG and Rochdale Council involving communications and engagement leads from across the health and social care system, commissioners, Rochdale's LCO, Health watch and the VCFSE sector facilitated by Action Together. The group worked in an integrated way to deliver the engagement using co-operative engagement principles to co-design by the engagement approach.

The Commissioning Intentions Engagement Task and Finish Group asked The Inclusive Messaging Group to help co-design the messages to be used during the period of engagement planned and to make some recommendations about how the engagement could be undertaken inclusively within the tight timescales. The Inclusive Messaging Group is a group led by Action Together and made up of different community and voluntary sector groups who have access and connection to typically 'hard to reach' groups of people and individuals. The inclusive messaging group have supported to ensure that key messages are accessible by advising on approaches, methods and types of language as well as practically providing 24 hour translation services amongst other support. This group has helped to support the development of messages directed at those negatively impacted by COVID or had their health inequalities worsened.

The commissioning intentions task and finish group developed a presentation informed by the inclusive messaging group recommendations. The presentation described, in an accessible way, what the Clinical Commissioning Group (CCG) and Local Authority (LA) do, what commissioning intentions are, how they are chosen as the CCG's and LA's priorities and what the intended health and care priorities for 2021/22 are.

A series of online focus groups were held throughout September led by Healthwatch and Action Together where the commissioning intentions were presented via the presentation described and reflections sought by focussing on the following three questions:

- Initial reflections?
- Would you like to continue to be engaged on these plans?
- How would you like us to engage with you going forwards?

The groups that were engaged through this process are outlined below:

1. HWR Advisory Group
2. HWR Volunteers
3. Black Asian Minority Ethnic Covid Focus Group
4. Youth Parliament
5. Real Change Partnership (Partnership of VCFSE orgs tackling homelessness, in attendance: Action Together, The Sanctuary Trust, Petrus, The Bond Board)
6. Action Together system change managers

7. Inclusive Messaging group (Action Together, Europia, Healthwatch, Rochdale and District Disability Action Group (RADDAG), Rochdale & District Mind, Up CIC, Awakening Minds, Rochdale Council, Living Well)
8. Grassroots Gathering (x23 VCFSE organisations)

The focus groups were complemented by a public survey that was also developed by commissioning intentions engagement task and finish group, supported by the Inclusive Messaging Group.

Respondents to the survey were asked the following:

- Question 1: Do you agree with the priorities?
  - Do you agree with the priorities for Children and Young People's Health and Care in Rochdale?
  - Do you agree with the priorities for Adults Health and Care in Rochdale?
  - Do you agree with the priorities for Covid-19 Services in Rochdale?
- Question 2: Why do you agree or disagree with the priorities?
- Question 3: Are there other areas of Health and Care that are important to you?
- Question 4: Would you like to engage with us further regarding the priorities?

The survey published on the Council website, the Council and CCG social media channels and shared widely by health and social care partners and non-statutory partners to staff and stakeholders. The focus groups and community conversations were also held online via video conference.

It is recognised that outlets for engagement are limited to online by the current COVID-19 rules and restriction and it is acknowledged that undertaking the engagement digitally is not fully inclusive. However, the organisations that took part in the focus groups and community conversations represent wider members of the community who may not have access to digital. The engagement task group also developed a statement of commitment to highlight to the public that this initial engagement activity is the start of a conversation with them. The group are dedicated to further develop a full engagement programme, giving opportunities to engage, co-design and co-produce services as health and care plans are progressed.

## **Demographics**

### **Demographics from the Community Led Conversations**

Community Conversations led by Healthwatch and Action Together engaged with various community members, leaders, representatives and the public and a total of 52 people contributed their thoughts in the discussions. Demographic data for the attendees of the Action Together led groups was not collated as attendees gave views on behalf of the cohort of people they represent through their organisations; however some demographic detail of the cohort of people they support in their organisations was gathered. This combined with the demographic data for the Healthwatch led focus groups was gathered and can be found in the matrix below:

<p>Action Together Led Conversations</p>	<p>Action Together held conversations to seek feedback on the commissioning intentions with the VCFSE organisations that are part of the <b>Grassroots Gathering, Real Change and Inclusive Messaging</b> sessions. They are members of Action Together and have stated the main clients/ users / beneficiaries of their organisations via their membership application. The organisations engaged have stated that they support:</p> <ul style="list-style-type: none"> <li>• Black and Minority Ethnic Communities</li> <li>• Faith communities</li> <li>• Families and parents</li> <li>• Homeless people</li> <li>• Older people (50+)</li> <li>• People with a long-term health condition</li> <li>• People with learning disabilities</li> <li>• People with emotional wellbeing / mental health concerns</li> <li>• People with substance misuse/addiction</li> <li>• People looking for employment</li> </ul>
<p>Healthwatch Rochdale Volunteers</p>	<p><b>Demographics</b>  Gender: 50% male 50% female  Ethnicity: 100% White British  Age: 35-44 and 55+  Health conditions: 50% with a long-term health condition  Township: 100% Rochdale South</p>
<p>BAME Covid Focus Group</p>	<p><b>Demographics</b>  Gender: 100% male  Ethnicity: 100% BAME  Age: 35-44 and 45 - 54  Health conditions: 50% with a long-term health condition  Township: 100% Rochdale North</p>
<p>Youth Parliament</p>	<p><b>Demographics</b>  Gender: 50% female 50% male  Ethnicity: Representation from BAME and White British  Age: 13 – 22 years</p>
<p>HWR Advisory Group and other organisations</p>	<p><b>Demographics:</b>  <b>Advisory Group members:</b>  Gender: 50% female, 50% male  Ethnicity: 50% BAME, 50% White British  Ages: 35 – 44 and 55+  Health condition: 100%  Township: 50% Pennines 50% Rochdale North  <b>The service users they collectively represent include:</b>  <b>Age:</b> All ages  <b>Ethnicity:</b> None prescriptive, one has strong links with the BAME community  <b>Disability:</b> Both are strong advocates for inclusion, one offers Mental Health</p>

	<p>support services for male and female</p> <p><b>Carer:</b> Both agencies have links with Carers providing support when required.</p> <p><b>Health conditions:</b> Neither organisation excludes on the basis of health conditions and pro—actively support as and when required</p> <p><b>Sexual orientation:</b> Both offer an inclusive service irrespective of sexual orientation</p> <p><b>Gender:</b> The services are open to all; one service has a support strand which caters specifically for women</p> <p><b>Religion:</b> None prescriptive although one has strong links with the Muslim community</p>
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### **Demographics from the Survey**

There were a total of 65 responses to the survey. Of these respondents:

- 51 (78%) of respondents define themselves as White British; 7 (11%) of respondents define themselves as Asian British.
- Predominately respondents of the survey were aged 55+ (40%); nobody under the age of 24 answered the survey.
- 33 (51%) of respondents had a health condition of sorts (long term or multiple)
- In regards to location the majority of respondents reside in Middleton Township (15), followed by Rochdale South (14) and Rochdale North (13). Both Heywood (5) and Pennines (9) had lower numbers of respondents.

### **Key Outcomes**

The general consensus from both the focus groups, community led discussions and the survey was that the public agree with the priorities set out in the proposed commissioning intentions and that they are the right thing to do, however there was concern about how the priorities would be delivered with limited access and waiting times increasing during the pandemic. There was also concern highlighted in the survey and the focus groups that the information shared does not give full details of the priorities and they would like to understand more of this detail.

### **The survey response is set out below:**

- 58 (89%) agree with the priorities for Children and Young People’s Health and Care in Rochdale
- 61 (94%) agree with the priorities for Adult’s Health & Care in Rochdale
- 60 (92%) agree with the priorities for Covid-19 Services in Rochdale
- 25 (39%) would like to engage with us further regarding the priorities

Participants of the survey were given the opportunity to expand on their answers as to why they agreed or disagreed with the priorities and also address what was important to them in terms of health and care via free text boxes. The responses have been reviewed and combined with the discussions held during the focus groups with the following key themes identified:

- There needs to be greater focus on access to mental health
- Improved SEND services for children and the inclusion of 'real' voices in the development of children's services
- Improved access to face to face appointments with GP's with many describing telephone access as difficult to get the service they want
- Access to services and procedures in general and concern around the back log and waiting lists worsened by the pandemic and how this is being communicated to patients
- Improved services for the frail and elderly, in particular dementia services
- The need for improved communication with the public regarding how they access services and to support this behaviour change (in particular urgent care access)
- Trust and relationships with people and the community are important and this can be built by involving local people in the planning and design of services

A more detailed write up with verbatim responses from the focus groups and the survey is available on request and will be used to inform future engagement in relation to specific services.

Participants from the Focus Groups and Community Conversations had the opportunity to express how they would like to be engaged in the future in relation to the health and care priorities. The suggestions are summarised below:

- Start with a question not a solution, explain constraints so we can work within them or help overcome them (time/money/people)
- Utilise engagement spaces/work that exists, build relationships between systems and communities to create lasting opportunities for collaboration
- Resource coproduction appropriately
- Embed existing engagement insight, patient voice and experience in planning and development of services

### **Next Steps**

The Commissioning Intentions Engagement Task and Finish Group will develop feedback to the public to advise how their reflections have been incorporated into the proposed health and care priorities. An engagement programme will be developed taking into consideration the comments received during the focus groups as to how the public would like to continue to be engaged going forwards. The plan will ensure that there are opportunities to engage, co-design and co-produce services as health and care plans are progressed and will enable public and patient voice to be integrated into the services developed.