

Patient and Public Engagement Committee 2020/2021

Date of Meeting:	14 January 2021
Agenda Item:	5.2
Subject:	Commissioner Update
Reporting Officer:	Charlotte Mitchell
Aim of Paper:	Information

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	Select date of meeting.	Click to Select
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	NA	

Patient and Public Engagement Committee Resolution Required:	For Information Only
Recommendation	That PPEC note the progress and plans re Patient Public Engagement for Commissioning Intentions

Link to Strategic Objectives	Contributes to: (Select Yes or No)
SO1: 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
SO2: To deliver on the outcomes of the Locality Plan in respect of Prevention and Access (Prevention and Self Care)	Yes
SO3: To deliver on the outcomes of the Locality Plan in respect of Neighbourhoods & Primary Care (Getting help in the Community)	Yes
SO4: To deliver on the outcomes of the Locality Plan in respect of In Hospital - Planned (Getting more help)	Yes
SO5: To deliver on the outcomes of the Locality Plan in respect of In Hospital - Urgent Care (Getting more help)	Yes
SO6: To deliver on the outcomes of the Locality Plan in respect of Children, young people and families	Yes
SO7: To deliver on the outcomes of the Locality Plan in respect of Mental Health	Yes

Risk Level: (To be reviewed in line with Risk Policy)	Green
Comments (Document should detail how the risk will be mitigated)	Low risk

Content Approval/Sign Off:	
The contents of this paper have been reviewed and approved by:	Assistant Director of Commissioning, Integrated Services, Nadia Baig
Clinical Content signed off by:	Not applicable
Financial content signed off by:	Not applicable

	Completed:
Clinical Engagement taken place	Yes
Patient and Public Involvement	Yes
Patient Data Impact Assessment	Not Applicable
Equality Analysis / Human Rights Assessment completed	Not Applicable

Executive Summary

Commissioning Intention Development

Over the last 2 months the CCG and LCO have been working collaboratively with Healthwatch and Action Together to undertake a programme of Patient and Public Engagement with regards to the development of Commissioning Intentions for 2021/22. This has included a range of activities. The information and feedback gathered has been shared ICB alongside high level Commissioning Intentions which have been agreed.

Next steps:

- Data generated from feedback via the consultation and the questionnaires via software is to be collated to inform design of delivery plans. Heads of Commissioning will co design (with experts by experience/clinicians with speciality) detailed questionnaires to share with specific groups for more focussed consultation on more detailed commissioning intentions which will support further refinement of areas of priority over the next quarter.
- These will be shared with area specific groups (e.g. children's respiratory facebook pages, Action Together, Healthwatch and via other networks).
- Samina Arfan to meet with commissioners around Equality Impact Assessments which are to be produced for each area of intent.
- A series of 'You Said We Did' feedback sessions will be developed and shared with contributing groups and the public.

Children's Commissioning

A meeting of Youthwatch took place on the 9th of December, several organisations attended the meeting. A model for Youthwatch moving forward was discussed and how it would be best to engage with children and young people. The CCG is due to meet with Youthwatch this month to agree deliverables with regards to the programme.

Children's Commissioners continue to meet with representatives from the Rochdale Parent Carer Forum on a weekly basis to develop and respond to emerging issues linked to children with special educational needs and disability (SEND). A new programme of work around 'Transforming Care' for children and families where a child has complex Learning Disability and or Autism is in the process of mobilisation, this work is being designed and strategically aligned in partnership with the Parent Carer Forum and national parent lead Kath Bromfield.

Commissioners have been working with AQUA to understand the needs of children and families with Respiratory and Asthma needs in order to design new advice and guidance pathways and improve community access. In September 2020, AQUA co-designed a parental survey with key stakeholders, supported by an AQUA Lived Experience Affiliate. The survey was issued on line and parents living in Oldham and Rochdale were invited to participate. A small sample was received with children's ages ranging from 10 months to 12 yrs. The majority of respondents had children with an underlying respiratory condition. Parents were informed that the local system –

including Paediatricians, local GPs and Children's Community Nursing Teams - were looking at ways to improve access to paediatric respiratory care across Oldham and Rochdale – in particular how to minimise their hospital visits for respiratory care. The aim is to ensure they receive the best quality care at the right time, in the right setting by the right people.

Parental 'anxiety' and 'stress' were words that appeared often in the survey

Key themes were:

- Sources of information
- GPs, primary care nurses, CCNTs and paediatricians were all referenced as a source of help, guidance and onward referral
- There is no standardised information of where to go for help. Some parents had a list of possible contacts - others unaware of any source of help

Parent reported that they would like to see:

- Timely access
- Families would prefer to avoid a hospital admission. To do this they would need confidence in alternative timely access to staff with skills and knowledge (either in the community or hospital – the geographical location was not indicated as important)
- Face to face was preferred option – and video was preferable to phone. The majority of respondents preferred their child to be seen to ease anxiety.
- They want a same day appointments
- Access to equipment at home to minimise distressing hospital visits to ED
- For children with diagnosed respiratory disease or other comorbidities - would like the option of direct access to children's ward rather than ED. The current open access process didn't always work?
- Better information
- If child has a diagnosed respiratory condition, parents felt they would benefit from a 'lead person' or 'key worker' role to build a rapport and confidence to ease anxiety
- Having a detailed plan and clear guidelines of when to seek help and who to contact – both in and out of hours.

Knowledge and skills

- Wanted to improve parental knowledge of what's 'normal' and what requires escalation
- Wanted improved paediatric specialist knowledge for pre-term infants
- Greater seamless integration of care across hospital, GP and community. The right people having the right skills and knowledge – or timely

Supported

- Majority of respondents felt supported by professionals – but it didn't always ease the anxiety. Sometimes there were delays in professionals accessing specialist information which took time and increased parental anxiety

Same day appointments

- Respondents had experienced both virtual and face to face same day appointments. The majority preferred face to face but would like to avoid ED if possible.
- Often ED was the default for same day access

The detail of the consultation has been shared with the Urgent Care Board and a programme of work is to be implemented in 21/22. A Communications and Information group has been established and met once – action plan agreed. A task and finish group to agree Advice and Guidance pathways will be established over the next quarter. There will be a programme of work to support improvement in respiratory in 21/22. The Paediatric Nurse Practitioners has been redesigned to support changes in 111/CAS pathways to allow for swift flow through to support via 111 and an Urgent Care by Appointment process has been agreed to redirect parents to care in the community. This programme of work will continue for the next financial year.

Children's Mental Health

A was made request at PPEC for an update on decision making around the relocation of #Thrive to Heywood estates, rather than the Rochdale base. Further information on this process and associated consultation is as below.

What engagement has taken place before and post move?

The service were aware that a town centre location had previously been chosen for accessibility; however, feedback and none engagement from people living in Middleton in particular, highlighted that they did not wish to come into Rochdale for a service.

Given that the proposed move would not be centrally located in Rochdale, a survey of young people attending the service over a two-week period was undertaken. The young people were asked about methods of transport and the majority of young people were brought to the service by private car and didn't see accessing the service elsewhere in the borough as an issue.

The service has always and continues to offer interventions and assessments in alternative environments across the borough, these have lessened at present due to the COVID-19 restrictions; however, interventions continue be offered in schools where they allow visitors, a number of the Surestart centres, young people's family homes and Birch Hill.

Current and past service users were informed of the move as follows:

- The pending move was communicated via posters in the building at Drake Street prior to the move.
- A flyer was sent to all partner agencies and uploaded onto the Local Offer.
- The closure of the building was communicated on the Facebook page.
- All new young people to the service have been advised of the changes and are encouraged to keep an eye on the service Facebook page and Instagram, where updates are shared.
- All young people on waiting lists were contacted by phone, text and letter to advise of the arrangements during COVID-19.

What actions resulted from the engagement

Due to time constraints of needing to identify and move the service, the amount of consultation that could take place was limited; however as previously mentioned the young people and families attending the service during the 2 week consultation period indicated that a move to another locality in the borough was not significant.

Since moving estates, the service is participating with children and young people around the interior design of the service and young people have recently chosen the colour and names of some of the rooms, following a survey using the service's Facebook site and Instagram. It is the service's intention that young people will be instrumental in the design and planning of the rooms to ensure that the new estates continue to deliver the vision of a service environment designed by young people, for young people that is welcoming, young person friendly, comfortable and non-stigmatising.

The service will continue to consult and review if there are any barriers to access due to the re-location of the premises.

How has the service been running during Covid

The service has not paused throughout the pandemic and the new #Thrive estates, being significantly larger than the previous estates enables children and young people to access face to face appointments, where required, in a safe environment which is compliant with COVID-19 guidelines.

Face to face sessions resumed in June 2020 for therapeutic interventions. Groups and face to face drop-ins recommenced in September 2020.

Service users attending #Thrive are asked at Drop-in (Drop-ins are currently being run as booked appointments via telephone, to ensure that the service is compliant with the government's social distancing guidance) how they want to access the service and are given a choice of telephone, video or face to face.

The service is experiencing some issues with waiting times for some of its pathways and commissioners have been working with the service to resolve these so that CYP are waiting within a reasonable timeframe. An improvement trajectory has been agreed and additional capacity has been commissioned in the short term to bring the waiting times down. Longer term, it is planned to undertake a capacity and demand review, as well as looking at the whole CYP mental health system support to ensure it is fully integrated to meet the needs of our CYP and families.

Planned Care

The national clinical validation (of all waiting lists) submission has been made in line with the deadline of 31st December. As part of the clinical validation exercise the trust is currently undertaking a review of every patient with is a regular ongoing process. At this stage all patients waiting over 26 weeks on the waiting have been contacted to ascertain if they wish to remain listed, this is supported by DrDoctor Dashboard which builds these reviews into MDT and provides opportunities for patients to discuss their treatment with a consultant. To date there has been a very high response rate from patients.

Work continues with independent sector to support on the waiting list, we are currently mapping all independent and community providers across each of the planned care specialities.

Diagnostics / Cancer

We now have 2 x additional colorectal navigators to support in the increase in the FIT capacity this will aid in faster diagnosis and treatment. There is work being carried out to see which GP surgeries are using FIT.

Additional mobile endoscopy unit is now situated at Fairfield which will see HMR patients, the pathway is now open to support clearing of the waiting list for this particular diagnostic.

Local communications are ongoing in line with the national campaign specifically around lung cancer, it is expected that the previous national campaign will be reintroduced for lung cancer.

RHI continues to operate as a surgical and cancer treatment hub throughout Covid, this has seen approx 1300 patients treated. We are continuing to work with our providers around the ongoing provision from RHI in support of the cancer wait times. This is still working well and we are continuing to use and expand capacity where possible.

Colposcopy

In 2017 it was identified following a QA and CQC visit to the colposcopy unit at Rochdale Infirmary that the area for women was not exclusive and not accessible for patients with mobility requirements. A report was produced in October 2019 (attached) for CPAP, which highlighted that there were 3 options for the service. It was agreed that services would be moved from Rochdale to Oldham and Bury. In January 2020 this was picked up by the cancer screening team, Macmillan GP and cancer commissioner, with the involvement of the HMR patient engagement and comms team.

In March 2020, all patients were then sent to Oldham and Bury as Rochdale was declared a green site and all relevant services were moved. Patient satisfaction was carried out and patients were happy with the services they received at Oldham and Bury.

A task and finish group was set up, looking at the DNA rates, which were quite low and not any higher than at Rochdale Infirmary. The services offered at Oldham and Bury are better for patient accessibility and hoists are available if required, this was not available at Rochdale. As patients

were already attending Oldham and Bury and there was no timescale if services were to return to Rochdale, a decision was taken to move the services permanently to Rochdale and Oldham. The working group consisted of cancer screening, Pennine Trust, Healthwatch, patient engagement and commissioning. The below report shares further information on this.



As a result clinics will now be delivered at Oldham and Bury which will result in women being offered a high quality colposcopy service in good facilities. The attendance rates would likely be similar to those currently seen at Rochdale. We will continue to monitor DNA rates across for Rochdale residents, across the sites. It is anticipated that diverting patients from Rochdale infirmary to Bury and Oldham's purpose built colposcopy clinics will lead to improved patient experience and not result in a substantial increase in non-attendance.

Mental Health Adults

Nothing additional to report

Primary Care

Nothing additional to report

Urgent and Emergency Care

Nothing additional to report

Dear GP and Practice Manager,

Further to the communications sent on 13th October 2020 (attached). We are emailing to remind you that the Colposcopy service is being relocated from Rochdale Infirmary to either Fairfield General Hospital or Royal Oldham Hospital. Each practice has been allocated (spreadsheet attached).

During Covid-19 no colposcopy services were carried out at Rochdale and a decision was taken at Clinical and Professional Advisory Panel (CPAP) in 2019 to move all services to Fairfield Hospital in Bury and Royal Oldham Hospital.

Please note that from **Monday 30th November 2020** all patients will be directed to either Bury or Oldham. **We ask that all patients are made aware of this while attending their cervical smear screening.**

The facilities at Oldham and Bury have:

- Purpose built health units ensuring patient privacy
- Dedicated waiting rooms and a recovery area
- Dedicated nursing support staff
- Dedicated clerical support
- Access to theatre/A&E/gynae ward in case of medical complications
- All sites are covid safe and offer facilities for patients with mobility issues, with wheelchair access
- Results relayed to patients and GP's as soon as possible
- Clinic sessions available 5 days a week
- Improved patient experience

If you have any queries regarding the above, please contact Commissioning Programme Manager for Cancer direct Janet.teece2@nhs.net