

Meeting date: 17 July 2018

Item No:

## GOVERNING BODIES IN COMMON DDES CCG AND NORTH DURHAM CCG

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| <b>Title of report:</b>  | <b>DDES CCG and North Durham CCG Engagement Activity report April - June 2018 (Q1)</b>   |
| <b>Author of report:</b>   | Tina Balbach, Engagement Lead, Durham Dales, Easington and Sedgfield CCG<br>Daniel Blagdon, Engagement Lead, North Durham CCG                              |
| <b>Sponsor Director:</b>   | Joseph Chandy, Director of Primary Care, Partnerships and Engagement   |
| <b>Date of report:</b>   | July 2018  |
| <b>Name of person presenting the report at the meeting:</b>  | Joseph Chandy, Director of Primary Care, Partnerships and Engagement   |
| <b>Reason for report:</b> '✓'<br><i>please tick relevant category</i>                                  | <ul style="list-style-type: none"> <li>▪ Information only ✓</li> <li>▪ Development / Discussion</li> <li>▪ Decision / Action</li> </ul>                    |
| <b>Recommendations:</b><br><b>(i.e. action being sought from the meeting)</b>                          | The Governing Bodies are asked to: <ul style="list-style-type: none"> <li>▪ Receive the update regarding the engagement activity for Quarter 1,</li> </ul> |
| <b>Report status:</b> '✓' <i>please indicate relevant category</i>                                     | <ul style="list-style-type: none"> <li>▪ Official ✓</li> <li>▪ Official Sensitive: Commercial</li> <li>▪ Official Sensitive: Personal</li> </ul>           |
| <b>Is this report confidential?</b><br><i>please delete as appropriate</i>                             | <ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No ✓</li> </ul>  |
| <b>Procurement Conflict of Interest completed and attached:</b><br><i>please delete as appropriate</i> | <ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ n/a ✓</li> </ul>   |
| <b>CONFLICTS OF INTEREST</b>   | <b><u>THIS SECTION MUST BE COMPLETED BY THE REPORT AUTHOR / SPONSOR DIRECTOR</u></b>   |
| <i>Are any members of the meeting likely to have a conflict of interest for this</i>                   | NO   |

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| <i>agenda item:</i>  |                       |
| <i>Who is conflicted and why – please give the name(s) of all conflicted members?</i>                  | <i>Not applicable</i> |
| <i>Are the conflicted members detailed above allowed to receive this paper and attend the meeting?</i> | <i>Not applicable</i> |

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| <b>Purpose of the report and summary of key issues:</b> | <p>The purpose of the report is to provide an update on the range of engagement activities that took place during January to March (Q4) 2018 in both DDES CCG and North Durham CCG.</p> <p>The areas covered in the report include:</p> <ul style="list-style-type: none"> <li>• Integrated Children’s Therapies</li> <li>• Age Related Hearing Loss</li> <li>• Improving Access to Psychological Therapies (IAPT)</li> <li>• Care Navigation</li> <li>• 360 stakeholder survey</li> <li>• Patient Reference Group ‘in common’</li> <li>• Patient Reference Group monthly meetings</li> <li>• North Durham PRG</li> <li>• North Durham Patient Congress</li> <li>• Patient, Public and Carer Engagement (PPCE) Committee</li> <li>• Primary Care Services patient engagement</li> <li>• Health Network meetings</li> <li>• DDES PRG Chairs meeting</li> <li>• DDES website</li> <li>• Young Carers</li> <li>• Investing in Children (IiC)</li> <li>• Vascular services</li> <li>• Stroke Rehab</li> <li>• Rheumatology</li> </ul> |
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| <b>DDES and North Durham consultation and other approval routes (including outcomes):</b> | <u>Meeting/route</u><br>Executive in<br>Common | <u>Date</u><br>TBC | <u>Outcome</u> |
|---|--|--------------------|----------------|

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| <b>Supporting documents/ Appendices:</b> | Engagement Activity Update<br>Engagement evidence log |
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## Impact Assessment and Risk Management Issues

Consideration given and action taken in this report relating to impact assessment and risk management issues is detailed below:

| (✓) tick as appropriate | Impact area  |
|-------------------------|--|
|                         | <b>Does this report identify a risk for the CCG?</b>   |
|                         | no   |
|                         | <b>Does this report impact on the environment/sustainability of the CCG?</b>   |
|                         | no   |
|                         | <b>Does this report have legal implications?</b>   |
|                         | no   |
|                         | <b>Are there any resource implications – finance and/or staffing as a result of this report</b>                                      |
|                         | no   |
|                         | <b>Has this report taken into account equality and diversity?</b>  |
|                         | no   |
|                         | <b>Does this report impact on Quality, Innovation, Productivity and Prevention (QIPP)</b>  |
|                         | no   |
| ✓                       | <b>Has there been any consultation/engagement (patient, public, stakeholder, clinical) with regard to the content of the report?</b> |
|                         | Content is focussed on engagement  |
|                         | <b>Are there any clinical quality/patient safety issues identified in this report?</b>   |
|                         | no   |
|                         | <b>Does this report impact on any information governance issues?</b>   |
|                         | no   |
|                         | <b>Other implications</b>  |
|                         | None identified  |

**Engagement Activity: April - June 2018**  
**NHS NORTH DURHAM AND DURHAM DALES EASINGTON AND SEDGEFIELD**  
**CLINICAL COMMISSIONING GROUPS**

## **1. Background**

This report has been produced in relation to the engagement activity that has been undertaken during this reporting period. It also highlights some future activity that is going to be implemented in the next Quarter.

As part of the closer working between the two CCGs, this report has been produced to bring together all engagement activity across County Durham into one report. The contents have been divided into countywide activity, North Durham specific activity and DDES specific activity.

Appendix one is the Engagement Evidence Log which shows the full information of where engagement activity has been carried out within this period. Included below is specific information regarding key pieces of work.

## **2. County-wide Activity**

### **2.1 Integrated Children Therapies**

Engagement began in late April 2018 with children, young people and their parents/ carers and involved schools to find out about their experiences of accessing Children's Therapy services (0-19 years) and the way they are delivered.

The engagement will be predominantly aimed at families with children / young people with complex needs such as special educational needs and disabilities (SEND) and those with Education Health Care Plans (EHCPs) as well as involving those without complex needs.

The discussions will help us to understand what would work best for children's complex needs, what is important to them and when they need therapy services. We want to know:

- What do parent and carers think their children's needs are?
- What is required to keep them safe and be able to achieve in the school day?
- From a health perspective what do they want from each service?

We will be reaching children, young people and their parents/ carers through the therapy services and attending groups such as the Investing in Children eXtreme group. Links with established groups such as health networks and Patient Reference Groups will also be used to enable us to reach as many patients / carers as possible.

The survey is live now and will close on July 8th.

### **2.2 Age Related Hearing Loss**

Across Durham and Tees, five CCGs are working together to re-procure the Direct Access to Adult Hearing Services for Age Related Hearing Loss. This piece of engagement work is taking place to look at where possible improvements to the overall quality of the services could be achieved based on the experiences of our patients.

A set of questions have been devised to allow patients to provide their views on the various aspects of their care, support and treatment. This has primarily been made available to individual to complete through an online questionnaire. The information about the

questionnaire has been widely shared across the County with our partners and colleagues in a range of Voluntary and Community Sector organisations. It has also been added to the CCG website and shared through our Social Media profiles.

To supplement this County Durham CCGs have arranged three targeted sessions with the assistance of Durham Deafened Support. This has enabled us to explore further the subjects and their experiences of how and where they have been supported in relation to hearing aids. This engagement closes on 6 July and all the information from the face to face sessions will be shared with the commissioners undertaking the re-procurement.

### **2.3 Improving access to psychological therapies (IAPT)**

This piece of engagement work commenced in Quarter 4 of 2017-18 and continued into Quarter 1 of the 2018-19 reporting period. The targeted face to face sessions continued with past and current service users and local stakeholders to gather views about the proposed expanded Improving Access to Psychological Therapies (IAPT) model.

A range of engagement activities were carried out which included an online survey, local focus groups, service user engagement meetings and targeted engagement with groups with protected characteristics. Thank you to everyone who took the time to participate and share their views.

Following this, all of the information from the County Durham sessions was collated and shared with Commissioner colleagues leading the review across the area. They have been able to look at all of the information provided and a copy of the [full engagement report](#) can be found on the CCG websites.

Included below are some examples of where the information gathered during the engagement activity has been used to influence the future specification being used:

- Ensure that systems and processes within the expanded IAPT model support patient choice and flexible options for service access and assessment
- Ensure that the full range of evidenced-based therapies that fall under IAPT provision are available
- Ensure that people are getting access to evidenced-based psychological treatment/interventions at the earliest opportunity
- Ensure that treatment/interventions are identified based upon the assessed need of the individual
- Ensure that screening and assessment processes are standardised and that all assessments are carried out by an appropriately trained clinician
- Provide an IAPT service that proactively supports people with long-term conditions with their mental wellbeing
- Give increased attention to the specific needs of certain groups including students, people with learning disabilities, people with hearing difficulties and people with autism. This follows from insightful feedback received during the engagement process.
- Provide additional support to patients between Assessment and Treatment, as patients stated that this time period has previously been too long and there was no interim support.
- Provide patients with more information about the service and keep them better informed throughout the whole process. This information will be provided via a variety of appropriate methods and will include; information about anticipated waiting times, what to expect in treatment and appointment reminders. This resulted from feedback within sessions that people had previously felt lost and unclear about what was happening, particularly between assessment and treatment.

- Establish links with a greater variety of alternative support services, if people require onward referral, especially with regard to the Wellbeing Offer.

## **2.4 Care Navigation**

During the reporting period further presentations and discussions took place with key stakeholders as part of the programmes implementation. This include Durham Overview and Scrutiny Committee on 13 April, where members provided feedback on the information they had received and highlight areas (such as confidentiality on waiting areas) they felt needed to be addressed. A full briefing document was provided to the County Durham MPs giving them a comprehensive overview of the programme, its rationale and expected benefits for staff and patients.

Care Navigation was taken to two of the Clinical Leaders meetings to refine the content of the templates to be used on the practice clinical systems. The content had previously been developed directly by staff involved with the delivery of the relevant service regarding what they can appropriately see in their service. This enabled Clinical Leaders from both County Durham CCGs to directly comment on the content and decide what they felt was appropriate to include in the final versions.

Following this, the face to face training for the front line reception staff who will be delivering Care Navigation in their practice has commenced and will continue until the end of July.

In addition, a specific launch / information event was provided for staff within Community Pharmacies across the County. This provided presentations about the programme and its relevance to the role of Community Pharmacists, especially in light of national drives towards them supporting self-care. There were also planned discussions to understand Community Pharmacist perspectives on effective information sharing between them and our GP practices.

A request has been made to members of the Learning Disability Peoples Parliament to support with producing an Easy read version of the public information. This is still being finalised and will be shared once available.

Following the extensive engagement and activity during Quarter 4 the programme has now moved into primarily communication activities to support the broader rollout of the programme with our member practices.

## **2.6 - 360 Stakeholder survey**

Following the results that were provided by member practice staff as part of the annual 360<sup>0</sup> further work is being looked at locally regarding how we can improve the methods, timeliness and levels of information between the CCG and our member practices. An initial set of discussion points has been provided to the CCGs Clinical Leadership and will subsequently be shared more widely with staff in GP practices for their input.

## **3. Patient Reference Groups (PRG)**

### **3.1 DDES PRGs**

The fourth PRG 'in Common' was held in April, at Hardwick Hall in Sedgefield. This was a development session around the future of PRGs, their role and defining what engagement is.

The members heard presentations by Nicola Bailey around the current and future developments with the CCGs, Tina Balbach around what is a PRG and what is their role, Gail Linstead on the differences between Communications, Engagement and Consultation,. A facilitated table discussion took place where members were asked about certain areas and an action plan to take PRGs forward was developed and will be shared at PRGs.

The three Patient Reference Groups (PRGs) in the DDES area – Easington, Sedgefield and Durham Dales, met on a monthly basis.

Areas that have been discussed with the locality based PRGs during the reporting period have been:

- Primary Care Services (PCS) – patient engagement
- Care navigation
- Audiology – age related hearing loss
- Improving Access to Psychological Therapies (IAPT)
- Integrated Children’s Therapies
- Medicines Optimisations Consultation
- DDES website and the NHS England assessment
- Vascular services
- Mental Health Crisis House
- Rheumatology

### **3.2 North Durham PRG**

The members of the group have continued to highlight pertinent patient issues which have included;

- Members actively contributing to the discussion regarding the Increasing Access to Psychological Therapies review, with some supporting the public sessions that took place.
- Having previously highlighted issues regarding Last Offices (care of the dead) at hospital sites, members of the group have been invited to a working group to review this. This meeting is taking place in July.
- In April, Mike Brierley, Director of Corporate programmes, Delivery and Operations at the CCG attended to directly speak to members of the group in relation to the Rapid Specialist Opinion scheme.
- Care Navigation developments have continued to be provided at each meeting, in particular regarding publicity materials and the development of the templates to be used in practices.

## **4. North Durham specific activity**

### **4.1 North Durham Patient Congress**

On 22 May 2018 NHS North Durham held another of its Patient Congress events. This event took place in Lanchester Community Centre, as we continue to try to take our events and conversations to all parts of our local area.

This event had a specific focus on Learning Disability services and issues affecting individuals with a Learning Disability and their families. The event saw over 60 people join staff from the CCG to hear about some of the latest developments regarding these services and contribute their views and experiences.

Information was provided in relation to screening programmes, annual health checks and advocacy services. There were also specific group discussions with CCG staff about patient views and experiences in relation to these subjects plus Children's Therapies. A full write up of the event has been made available on the CCG website as well as a short video animation summarising the event.

## **4.2 Patient, Public and Carer Engagement Committee (PPCE)**

The Patient, Public and Carer Engagement Committee continue to meet and hold NDCCG to account in terms of engagement activity. Topics covered during the formal and development meetings included; the opportunity to directly discuss the Increasing Access to Psychological Therapies review and the related plans regarding engagement for it, Care Navigation developments and involvement in producing communication materials, the continued implementation of Teams Around Patients across the County and the relationship to integration with other local agencies as well as a presentation from investing in Children which included a young person who has been involved with their Xtreme Group.

## **5. DDES specific activity**

### **5.1 Primary Care Service (PCS)**

The engagement activity associated with this project took place over a nine week period from the middle of December 2017 to the end of February 2018.

The aim of the engagement work was to gather the views from patients and carers who accessed Primary Care Services (PCS) in the Durham Dales, Easington and Sedgefield CCG area and those who went out of the DDES area into Urgent Care Centres or A&E Departments.

There was a requirement to do some further data analysis and patient engagement to understand whether the way the model is currently set up is giving patients the most effective service. We engaged with patients and stakeholders to find out about their experiences of using PCS but also those who have used other available services to meet their needs. If they are not using PCS, then where are they going? What services are they using?

Stakeholders were also engaged to give them the chance to feed into this process and give them the opportunity to aid in the development of and decisions about new options for service delivery. We need to understand what else patients think we should be offering e.g. home visits, telephone calls so they can be seen on the same day if they have an urgent need.

The stakeholders we engaged included many of those who were involved in the Urgent Care consultation. We worked with our Patient Reference Groups (PRGs), Health Networks and other partners who could help us to reach as many potential service users as possible. We also worked with harder to reach groups such as Gypsy Romany Traveller groups, Investing in Children eXtreme Group and also the young people's health group.

The Engagement Team, supported by the CCG Delivery Team attended each PCS', nine hubs and spoke to patients about their experiences of the services and provided questionnaires for completion.

The CCG worked with staff within the centres to distribute questionnaires over a four to six week period to capture a broad range of feedback. All questionnaires were put into a sealed envelope by the patient and stored in a confidential box.

The feedback from all localities showed that NHS 111 is rated as good or great and they like the service. Feedback from Easington and Sedgfield is similar – the general consensus was a willingness to change the number of hubs as long as it is still convenient. We need to carry out more engagement regarding location of hubs.

The Durham Dales feedback regarding location of sites is difficult to gauge as very few people chose to answer, therefore it is difficult to be able to gain a strong view from the remaining few responses. The CCG need to do more engagement with this locality; to explore why patients perceive that it's difficult to get an appointment.

The analysis of this first phase of feedback has been collated and a presentation is going to OSC on the 6<sup>th</sup> July with a recommendation to carry out a consultation for 6-8 weeks.

## **5.2 Health Networks**

The Engagement Team attended a Health Network meeting in April with East Durham Trust where updates were given around Integrated Children's Therapies and care navigation.

## **5.3 PRG Chairs Meeting**

The Chairs met in May where the main issues discussed were the PRG in Common feedback and future agendas and also locality issues.

## **5.4 DDES Website**

Following on from the amber scoring DDES received on the assessment that NHS England carried out on the website to review how we do engagement, this highlighted a need for changes and improvement to the website and how we demonstrate our engagement.

Extensive work has now been carried out to draft some pages with improvements. Representatives from each PRG met with the engagement team to look over the pages, ensure they are in plain language and if there is anything additional to be added.

The DDES Engagement Lead also met with members of the Investing in Children Young People's health group to discuss the content of the website. They gave very valid feedback and this has been taken into consideration when revising the wording and the use of photographs.

## **6. On-going partnership projects**

### **6.1 Young Carers**

- Both CCGs continue to support the implementation of the County wide Young Carer strategy as active members of the local steering group.
- This has involved working alongside members of TEWV staff to help implement and monitor progress against this plan in relation to health services.

### **6.2 Investing in Children**

- The members of the health group have continued to work DDES in relation to their website pages and the content
- Members of the eXtreme group were involved in the development of the Integrated Children's Therapies survey. They made suggestions on wording and who to share it

with. We also had the opportunity to speak to some of the members' parents for their views on therapy services and about groups we had not included on the engagement plan

## **7. Future activity planned**

### **7.1 Vascular services**

NHS England commissions adult specialised vascular services, including surgery and interventional radiology. CCGs commission non-specialised vascular services. Vascular services manage the treatment and care of patients with disorders of arteries and veins.

The Engagement Team have been liaising with colleagues at NHS England who are leading a service review in relation to vascular services across James Cook University Hospital, in Middlesbrough, the Freeman Hospital, in Newcastle, Sunderland Royal Hospital and University Hospital of North Durham.

NHS England will attend the North Durham PPCE Committee and the DDES PRG in Common in July and North Durham PRG in August. NHS England and the CCG will continue to work together a cohesive engagement plan is deployed.

### **7.2 Stroke Rehab services**

County Durham CCGs and County Durham and Darlington Foundation Trust made a commitment following the move to a single site (UHND) for hyperacute stroke services (the point at which someone has a stroke and is taken to the ward for rapid assessment and treatment) to review community provision for stroke.

The CCGs and Trust presented at a recent County Durham Overview and Scrutiny Committee where it was highlighted that there was a need to review pathways particularly in light of existing and emerging national guidance for stroke and performance against current outcomes for those who have had a stroke.

The review will look at the current pathway which includes the specialist stroke rehabilitation provision at Bishop Auckland Hospital as well as rehabilitation provision outside of hospital in the community. A follow up presentation is going to OSC on the 6th July to provide a detailed overview of current state and suggest a period of engagement with members of the public as well as further discussion with clinicians to understand best practice and areas for development.

### **7.3 Rheumatology**

Work is underway to look at pressures that are currently being experienced on Rheumatology services and that can be addressed across the five CCGs. As part of this work there will be structured sessions with clinicians to look at the current model and consider what may be required in the future. To support this, the Engagement Team in County Durham are exploring how direct information from patients and carers can be gathered to feed into this process.

The plans for this work are still being developed with commissioner colleagues and directors.

**Author:**

Tina Balbach, Engagement Lead NHS Durham Dales, Easington and Sedgfield CCG and  
Daniel Blagdon, Engagement Lead NHS North Durham CCG

**Sponsor:** Joseph Chandy, Director of Primary Care, Partnerships and Engagement

**Date:** April 2018