



## Annual Engagement Report 2018/19

### Brighton and Hove Clinical Commissioning Group

#### Introduction

NHS Brighton and Hove Clinical Commissioning Group (CCG) is responsible for planning and buying (“commissioning”) healthcare services for the people living across the Brighton and Hove area. The CCG is made up of the GP practices in this area –and are responsible for the health and wellbeing of nearly 300,000 people.

We are committed to ensuring that our public, patients and carers are at the heart of what we do. We aim to be an organisation that takes account of their views and experiences and use what we have heard to inform our plans and influence our commissioning of local health services.

#### Background

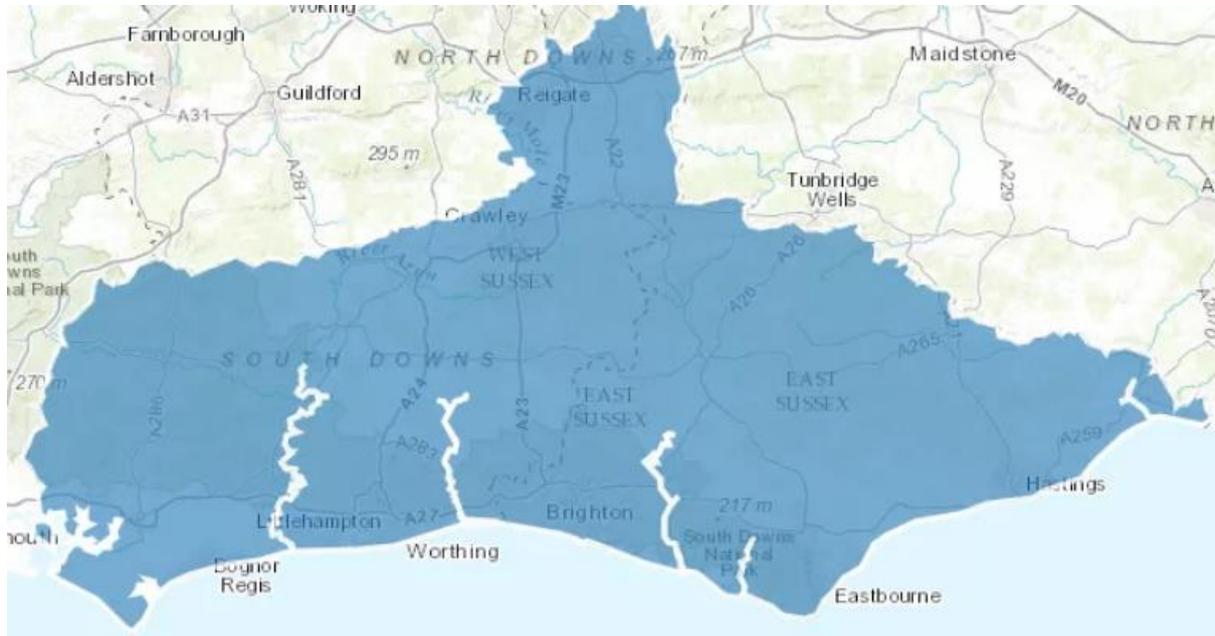
The Central Sussex and East Surrey Commissioning Alliance is the creation of a unified management structure across five Clinical Commissioning Groups (CCGs) – Brighton and Hove, East Surrey, High Weald Lewes Havens, Horsham and Mid Sussex, and Crawley.

The Alliance officially went live from January 2018, comprising the four Sussex CCGs. East Surrey CCG joined the Alliance on 1 April 2018, and it became known as the Central Sussex and East Surrey Commissioning Alliance. The Alliance is organised in two ‘places’ – the north ‘place’ covering the area of Crawley, East Surrey, and Horsham and Mid Sussex CCGs, and the south ‘place’ covering the area of Brighton and Hove, and High Weald Lewes Havens CCGs.

#### Sustainability and Transformation Partnership

Crawley and Horsham and Mid Sussex CCGs are part of the wider Sussex and East Surrey Sustainability and Transformation Partnership (STP); the STP comprises 24 organisations across this geography – NHS and local councils - which work together to join up and improve health and care services across the area, making the best use of available

resources. An STP wide Engagement and Equalities Reference group has been established, with the remit of overseeing STP wide engagement projects; membership includes the CCG's Lay Members for Engagement



**Figure 1: Map of the Sussex and East Surrey STP area**

## **Central Sussex and East Surrey Commissioning Alliance**

The Central Sussex and East Surrey Commissioning Alliance (CSESCA) is the creation of a unified management structure across five Clinical Commissioning Groups (CCGs) – Brighton and Hove, East Surrey, High Weald Lewes Havens, Horsham and Mid Sussex, and Crawley.

CSESCA officially went live from January 2018, comprising the four Sussex CCGs. East Surrey CCG joined the Alliance on 1 April 2018, and it became known as the Central Sussex and East Surrey Commissioning Alliance. The Alliance is organised in two 'places' – the north 'place' covering the area of Crawley, East Surrey, and Horsham and Mid Sussex CCGs, and the south 'place' covering the area of Brighton and Hove, and High Weald Lewes Havens CCGs.

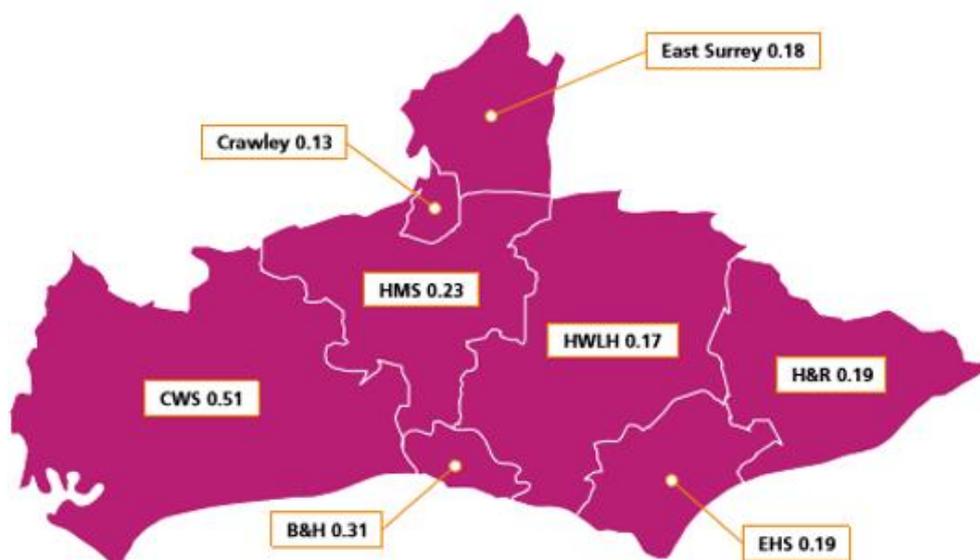
There is a single executive team for CSESCA with a single Accountable Officer for all five CCGs. In early 2019, Coastal West Sussex CCG was brought under the same management structure as the CSESCA CCGs, and shortly after this, Eastbourne, Hailsham and Seaford, and Hastings and Rother CCGs, were also brought under the same management structure, representing all CCGs under the STP footprint. While all CCGs still retain their own local accountability and decision making through their Governing Body, the Sussex and East Surrey (SES) CCGs' joint working represents a joint way of working across CCGs, facilitating a more effective and efficient way of commissioning services.

Patient, carer and public engagement is co-ordinated and delivered through the Communications and Engagement team across Sussex and East Surrey. The formal amalgamation of the teams has brought opportunities to align process and policies, bring a consistent approach to how we engage with patients, carers and the public, and a sharing of learning experience and feedback across these areas, whilst continuing to maintain a local focus to hearing from individuals, groups and communities.

The [NHS Long Term Plan](#), published in January 2019, outlined the move to Integrated Care Systems, Integrated Care Partnerships and Primary Care Networks, which will be across the existing Sussex and East Surrey STP footprint. These changes will facilitate a move towards population health commissioning, better integration of care and the economies of scale, efficiency and consistency of commissioning organisations working across a wider area. The Communications and Engagement team structure complements these changes, with an existing cross area team with staff covering areas replicating the place based focus.

## Our Population in Brighton and Hove

Figure 1: Population Size by Location



## Population Data and Key Health Challenges

Approximately 0.31M residents will live in Brighton and Hove by 2030.

Our population is predicted to increase at a faster rate than the South East and England by 2030 (by 23,300 people or 8%). By 2030, Brighton & Hove's age profile is predicted to get older. There will be 29% more people aged 75 or older (5,200 people) compared with 2017, including 400 more people aged 90 or over. The number of children in Brighton & Hove will increase slightly. It is predicted there will be 800 more children (6%) aged 0-4, with more than half of the increase (500 people) happening by 2020. The number of 5-14 years old is expected to remain around the same (100 fewer children). There are projected to be 4,800 more young people (a 10% increase) aged 15-24 years by 2030.

Life expectancy in Brighton & Hove was 83.0 for women and 79.1 for men in 2015-17. It has increased over recent decades; however data suggests that this trend may have stalled in the last five years (nationally, life expectancy began to plateau in 2010).

Healthy life expectancy (a measure of how many years of life are lived in good health) has fallen in the city. This means that on average a larger proportion of life is now spent in poor health, increasingly with multiple long-term health conditions. In Brighton & Hove women can expect to live 25% of their life in poor health (23% in England), while males in Brighton & Hove can expect 22% of their life to be lived in poor health (20% in England). In addition, there are significant health inequalities across our population. For example, there is a gap in life expectancy of 10 years in men and six years in women between the most and least disadvantaged areas in the city. The gap in healthy life expectancy is greater still, highlighting that people living in our more disadvantaged communities spend more years living in poor health<sup>1</sup>.

- The population structure is younger compared to England, with a higher number of people aged under 18 years and lower aged over 65 years.
- 12% of the population are students in full-time education.
- There is a significantly higher number of older people living alone than England.

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<sup>1</sup> Brighton and Hove Joint Health and Wellbeing Strategy <https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Brighton%20Hove%20Health%20Wellbeing%20Strategy%202019-2030.pdf>



Brighton and Hove CCG involved Patient Participation Group members, Voluntary and Community Sector (VCS) members and Healthwatch in the development of our self-assessment.

The results of the self-assessment draft grading for 2018/19 can be found below:

CCG	17/18 result	18/19 Self assessment result
Brighton and Hove	Green (Good)	Green (Good)

## Governance

### Our principles of engagement

We have a clear vision for patient, carer and public engagement, and we are committed to ensuring that our patients, carers and the public are at the heart of what we do.

We aim to be an organisation that takes account of their views, experiences and suggestions for change, and use what we have heard to inform our plans in influence our commissioning of local services

We deliver our vision of **meaningful** patient and public participation by:

- ✓ **Providing clear and accessible information** about the work of the CCG.
- ✓ Developing a **culture of patient engagement and involvement** amongst staff throughout East Surrey CCG, member practices and service providers.
- ✓ Developing a **structured approach and methods for** patient and community engagement for planning, procurement, performance
- ✓ Monitoring and service redesign activities.
- ✓ Establishing and maintaining an **active and sustainable network** of truly diverse and representative patients and partners, with proactive dialogue and shared decision-making.
- ✓ **Building relationships** with the CCG's providers, voluntary sector organisations and other local commissioners; to ensure that our work and plans complement each other and avoid unnecessary and expensive duplication.
- ✓ **Nurturing relationships** that include and strengthen the voices of those seldom heard, vulnerable individuals and groups, and supports equitable service delivery. These include:

practice-based Patient Participation Groups (PPGs), our PPG Network, local Healthwatch, Local Authority user groups, local voluntary organisations, faith and community groups.

- ✓ **Using best practice for capturing patient experience feedback and insights** e.g. Friends and Family Test, to ensure that feedback informs commissioning priorities and service redesign plans.
- ✓ **Communicating** to our patients and the public, in a timely manner how their views, opinions and experiences have informed our decision making (“you said/we did”).
- ✓ Ensuring patient involvement in **decision making of individual (own) healthcare**

## Our Principles of Engagement

1. Reach out to people and ask them how they want to be involved, rather than expect people to engage with us on our terms
2. Promote equality and diversity, respecting diverse beliefs, experiences and opinions
3. Proactively engage with people who experience health inequalities and poor health outcomes
4. Value people’s lived experience, using the assets in people and in communities, working towards shared goals, based on constructive conversations
5. Provide clear and easy to understand information, seeking to facilitate wide involvement. Recognise that there are a range of differing needs, and work with trusted intermediaries to gather views, where appropriate
6. Plan and budget for engagement in a timely way
7. Be open, honest and transparent in conversations; be clear about evidence for decision making and limitations (including resources)
8. Invest time and resource in partnerships; provide information, support, training and leadership to develop and maximise collaborative relationships
9. Review experience of being involved, in order to consistently improve practice
10. Recognise, record and report people’s contribution; be clear of the impact of engagement and show people how their contribution is valued.

## Governance

### Core principles



**Patient, carer and public engagement should be present across governance networks and structures – this means participation from service development and change to strategic overview.**



**Patient, carer and public voice should be integral to governance, not an “add on”**

Our Governing Body is made up of local GPs and other experienced health professionals. It is responsible for overseeing and directing the work of Brighton and Hove CCG.

The purpose is to embed clinical leadership at the heart of commissioning in Brighton and Hove, supporting transformation to the new model of GP commissioning as set out in the Health and Social Care Bill. The CCG through its work shall do the following:

- Put patients first at the heart of everything it does – no decision about me, without me;
- Continuously improving those things that really matter to patients – the outcome of their health care, including addressing inequalities in health;
- Empowering and liberating clinicians to innovate with the freedom to focus on improving the quality and safety of health services in Brighton and Hove;

- Providing effective oversight of the quality, safety and performance of the services commissioned by the CCG and at the same time ensuring robust financial management

Our Constitution and the Governing Body Terms of Reference contain more information on how the Governing Body makes decisions and how Governing Body members are appointed and can be downloaded from the [CCG website](#). We also publish information on individual Members of the Governing Body

The Governing Body meets in public every two months to discuss local health issues and make decisions. Members of the public and stakeholders are welcome to attend these

All Governing Body, and Governing Body sub committee, papers include a section on “patient, carer and public engagement” and “Equality Impact Assessment” on the cover sheet, which helps assure the Governing Body that there has been appropriate engagement, and that we have considered the needs of the diverse groups within our communities.

Our patient, carer and public engagement work is reported to the Quality and Safety Committee, which is a sub committee of our Governing Body and on which the Lsy Member for Engagement sits.

Progress on Patient and Public Engagement is reported quarterly to the Governing Body.

In addition, complaints and data on informal issues, information from the Friends and Family Test, national surveys on patient experience and soft intelligence is reported to the Governing Body via the CCG’s Quality and Safety Committee. The Committee and senior managers are apprised of any immediate concerns or emerging themes.

## The CCG’s Governing Body

- Ensures that all Brighton and Hove CCG decisions have had appropriate and proportionate patient, carer and public engagement
- Ensures that all Brighton and Hove CCG decisions have been adequately impact assessed
- Has a Lay Member for Participation, who supports the assurance of our patient, carer and public engagement work
- Receives regular reports on patient, carer and public engagement
- Look to engage actively with patients, carers, communities and partners in the area
- Are ambassadors for patient, carer and public engagement

## Communications and Engagement Strategy

Our [Communication and Engagement Strategy](#) describes the vision of the CCGs in the Central Sussex and East Surrey Commissioning Alliance (CESCA). As part of the CESCA Brighton and Hove CCG observes the CESCA Communications and Engagement Strategy, which sets out the high level communications and engagement objectives, principles, approaches, channels and evaluation methods that we use.

We have four strategic communications and engagement priorities:

- ✓ **Patient and public engagement is at the heart of all the work** we do and therefore, represents a priority in terms of communications and engagement.
- ✓ **Communications and engagement enables the transformation** of health and social care for our populations
- ✓ **Effective communication and engagement** with members of the CCG.
- ✓ **Internal communications and engagement** is a priority.

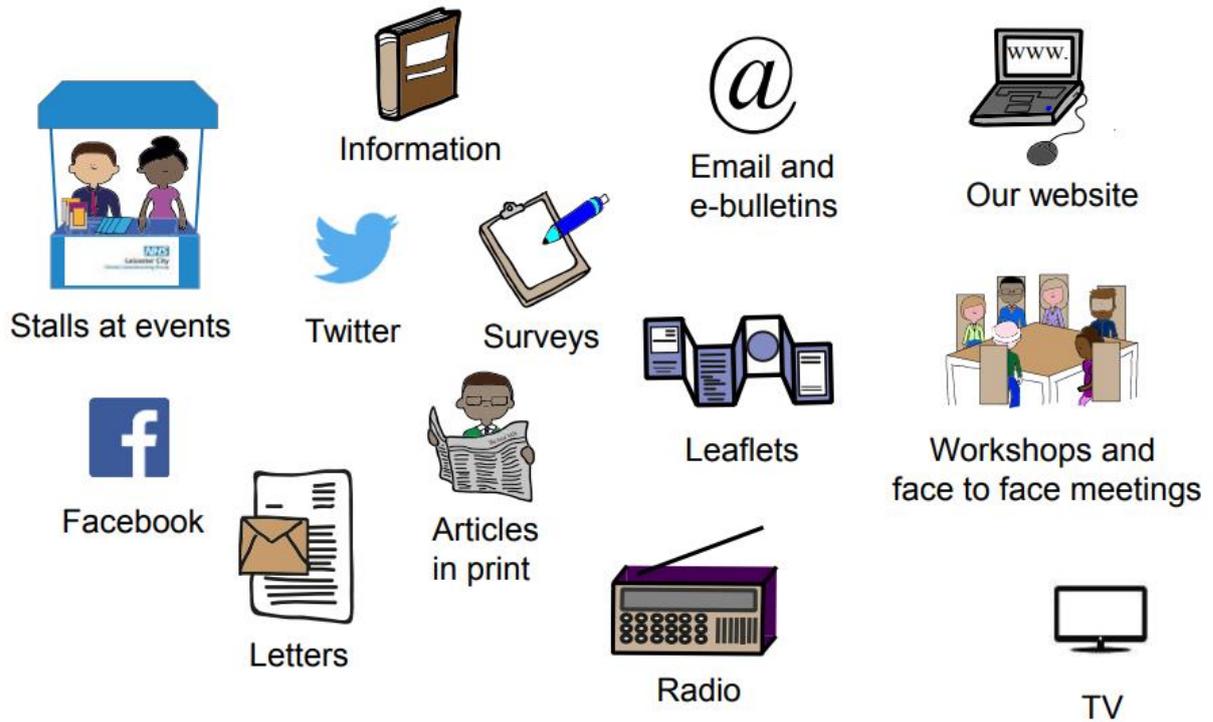
## Reaching, listening to and hearing from local people

### How we involved people

We use a range of methods to reach, listen to, and gather feedback from patients, carers, the public, and our key partners. We know that holding events will only attract a relatively small number of people, and we adhere to the principle of going to “your space” in order to reach people where they are, or use existing channels to cascade engagement opportunities.

Over the past year, we have used a variety of methods to hear from our local people:

- Events and meetings in public
- Online surveys
- Focus groups and discussion groups
- Attending existing groups and forums
- Working with key partners such as the voluntary and community sector, Healthwatch and local authority colleagues
- Speaking to our staff, who are also users of local health and care services
- Feedback through our representatives – such as on the PPG Network
- Commissioning external organisations to engage with specific equalities groups



## How we reach people

We use a range of methods to communicate engagement opportunities, including:

- ✓ Website
- ✓ Social Media (Twitter, Facebook, and YouTube)
- ✓ Partner cascade
- ✓ Podcasts
- ✓ Health Network Newsletter

**Brighton and Hove CCG Facebook** page – <https://www.facebook.com/nhsbhccg/>



**Twitter** – These short, captivating messages provide Brighton and Hove CCG with a fresh and valuable way of engaging with a wider audience delivering messages such as the #HelpMyNHS campaign. @NHSBrightonHove

## Our Health Network

The Health Network enables patients and the public to work together to get a better understanding of how to shape local health services for our communities. Its aims are to give the chance for people to have their say and debate issues, to access up to date information and help us improve health services. The Health Network in Brighton and Hove has been developed through an existing database of Health Champions and those who have expressed interest in our work. People can sign up to the health network through the CCG website.

Members can join online, links to the Health Network are:  
<https://www.brightonandhoveccg.nhs.uk/get-involved/sign-our-health-network>

Members will receive a monthly Health Network News letter, which includes regular updates and news with opportunities to get involved in our work. Copies of the Health Network News can be downloaded from:

<https://www.brightonandhoveccg.nhs.uk/get-involved/patient-participation-groups-ppgs>



### Health Network News

Brighton & Hove Clinical Commissioning Group December 2018

Competition result!!!!

Welcome to the December edition of the Brighton & Hove Clinical Commissioning Group Newsletter.

We held a competition to re-name our newsletter. We have received a number of excellent entries and after much deliberation have decided on the winning entry:

**'Health Network News'**

Congratulations to Abi who has won a trip for two on the British Airways 1300.

Many thanks to everyone who participated in the competition.



at the surgery's flu jab clinics on 6th & 20th October. PPG members were present at both Saturday morning sessions to "meet & greet" patients attending the surgery for their annual flu jab

Patients were given a leaflet giving information about the PPG and an application form to join. As a result over 40 patients expressed an interest in being either a "face to face" or as a "virtual" member.

PPG members were actively supported by the reception team and by the practice manager. The doctors were also on hand to administer teas, coffee and croissants to PPG members.



This was an excellent example of collaboration between surgery staff and PPG members for the mutual benefit of promoting the PPG to patients. To find out more about PPGs visit: <https://www.brightonandhoveccg.nhs.uk/get-involved/patient-participation-groups-ppgs>



Links Road Flu Jab Clinics

The Links Road surgery and their Patient Participation Group (PPG) joined forces

## Accessibility

We ensure that we use a range of formats, methods and places to ensure information and engagement are accessible.

We use plain English on our website, and in our information on getting involved. We clearly state on our website and in our key documents, such as our Annual Report, that we offer information in different formats where required or requested.

Where we organise engagement in external venues, we ensure that the venues are fully accessible, that they are easy to travel to and that they can respond to requirements such as hearing loops, microphones and good quality seating.

We generally use the online "Eventbrite" system for our events and meetings; people are invited to register, and also to tell us if they have any particular needs or requirements. We will also provide a phone number for those who are not online or who have queries.

## Case Study- British Sign Language (BSL) Survey for Online Consultation

During initial engagement with patients during the discovery phase of the Online Consultation project in 2018, we created an online survey to determine the appetite for an online consultation service. As an alternative way to engage, as suggested by Deaf Cultural Outreach Group (DeafCOG), we agreed to create a BSL interpreted interview style survey that could be promoted via social media. We asked three deaf organisations for a quote to provide BSL video clips to accompany the survey. Through BSL translator, we were able to engage with our deaf/deafened communities about frustrations faced when accessing primary care.

As a result of the BSL survey, we were able to map the patient journey and identify their experiences with accessing primary health care. Their feedback fed directly into the core service specification during the procurement phase, and all recommendations were taken into consideration to ensure the new service was inclusive as possible.

## Involvement in Governance and Strategic Decision Making

Our Governing Body meetings are held “in public”, so any interested parties can attend and can submit formal questions in advance. We rotate our Governing Body through different community locations in the city, to encourage members of communities to attend where they may not travel to a more central venue.

Numbers attending the ‘meeting in public’ remain small; over the next year we will continue to promote the opportunity of meeting our senior leaders to local communities

### Engaging with our Primary Care Commissioning Committee

To enable the CCG to openly and transparently manage conflicts of interest that may arise as a result of the CCG’s [co-commissioning responsibilities](#), the [Primary Care Commissioning Committee](#) was established. It is separate from the Governing Body and has the responsibility for managing primary care contracts. It is chaired by the [Independent Secondary Care Clinician](#), who is a member of the Governing Body.

We hold an informal open forum before our Primary Care Commissioning meetings, which gives people the chance to meet the Committee members, to ask questions and to make comments.

Numbers attending our open sessions remain small and can be seen in the table below; over the next year we will continue to promote the opportunity of meeting our senior leaders to local communities and interested stakeholders.

### Primary Care Reference Group

The Primary Care Reference group has a membership that includes members of the public and local Voluntary and Community Sector (VCS) groups. The group contributed to the shaping of the Primary Care Strategy, and have continued to contribute to developments

and updates on the Strategy, have given feedback on current services and new developments such as GP extended hours. The group's purpose is as follows:

- To help overview feedback from patients, carers, the public and key stakeholders in the city, and to support the inclusion of this feedback in the development of primary care in the city, as outlined in the Primary Care Strategy.
- To advise on the requirement to engage with patients, carers and the public in key areas of the Primary Care Strategy
- To support and agree engagement plans for key areas of the Primary Care strategy
- To advise on the need to engage with marginalised groups and communities in the city in key areas of the Primary Care strategy.

**Table 1: Public Involvement in Governance and Strategic Decision Making**

<b>Meeting</b>	<b>Date</b>	<b>Number of members of the public in attendance</b>
Governing Body	24 April 2018	2
Primary Care Commissioning Committee	10 April 2018	0
Governing Body (in common with High Weald Lewes Havens CCG)	22 May 2018	1
Primary Care Commissioning Committee	12 June 2018	1
Governing Body	24 July 2018	2
Primary Care Commissioning Committee	14 August 2018	4
Governing Body (in common with High Weald Lewes Havens CCG)	25 September 2018	0
Primary Care Patient Reference Group (October 2018)	9 October 2018	12
Primary Care Commissioning Committee	October 2018	3 members of public, 2 VCS
CSECA South Place Governing Body meeting in common	24 October 2018	1
Primary Care Commissioning Committee	December 2018	5
Primary Care Commissioning Committee	12 February 2019	5
CSECA South Place Governing Body in Common	30 January 2019	4

### **Cancer Action Group (CAG)**

The Cancer Action Groups' membership includes 2 members of the public with lived experience of cancer. It was formed in 2014 and meets bi-monthly with the following purpose:

- To provide a forum for collaborative working across partnerships and stakeholders that delivers safe and effective care, improves cancer clinical outcomes and enhances experience and quality of life for cancer patients and their family and carers.
- To lead the development, review and implementation of a local health economy cancer work programme.
- To lead the review, prioritisation, development and local implementation of relevant recommendations from the Surrey and Sussex Cancer Alliance and the Sustainability and Transformation Plans.
- To ensure information about local cancer services and support for patients living with and beyond cancer is shared with partners and key stakeholders across primary, secondary, tertiary, community care and the voluntary sector.
- To support system leaders to achieve cancer constitutional standards and delivery of the National Cancer Strategy 2015<sup>2</sup>.
- To provide an opportunity for relevant reports to be received from specific cancer tumour groups in the context of the agenda/work plans to be improved
- To provide the patient voice in the development of workstream and plans

## Big Health and Care Conversation



From June 2017 to November 2018 Brighton and Hove CCG engaged with and listened to approximately 6,500 members of the public, patients, voluntary sector organisations, partners through various engagement methods such as events, focus groups, community and targeted one to one conversations, surveys and community events/ venues.

Whilst the majority of the conversations were held over 2017-18, we continued having conversations throughout 2018, including a follow up event in November 2018 at Hove Town Hall. We had the opportunity to explore in more depth points and feedback made previously, on the following areas:

- Planned Care
- Mental Health
- Primary Care
  - Social Prescribing and Prevention
- Urgent Care
- Sustainability and Transformation Partnership (STP) and Finances

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<sup>2</sup> Achieving World-Class Cancer Outcomes; A strategy for England 2015-2020. (2015)

**Table 2: This year's Big Health and Care Conversation activities**

<b>Activity</b>	<b>Numbers engaged and population</b>	<b>Impact/Key topics</b>
Big Health and Care Conversation Survey	30 people	Various (related to Big Conversation Talking Points)
The Big Health and Care Conversation in your Community- Sussex Police	25 people of working age for Sussex Police- inclusion week (Drop in)	Open- people were encouraged to talk about the barriers and issues they have in accessing care, particularly as shift workers. Action taken: information on the range of health services including those open outside of general working hours cascaded.
Finance Drop in x 3 events	12 (mixed groups)	Attendees discussed the CCG's financial position and had an opportunity to ask the Finance Director questions relating to CCG finances including the Financial Recovery Plan.
The Big Health and Care Conversation – Event (November 2018)	Approx 40	Primary Care, Planned Care, Urgent Care, Mental Health prevention, Finance, Prevention & Social prescribing

Key points raised, and actions taken as a result, can be found in our full report::

<https://www.brightonandhoveccg.nhs.uk/get-involved/big-health-and-care-conversation>

## **Our Health and Care...Our FUTURE**

In early 2019, a period of engagement on the NHS Long Term Plan, and the Sussex and East Surrey STP "[Population Health Check](#)" began; this first phase ran from February – April 2019, and aimed to gather feedback on the NHS Long Term Plan detail and aspirations, promote the case for change outlined in the STP Population Health Check and lay the foundations for more local engagement in Phase 2 (May-August 2019).



We developed an STP wide engagement project - "[Our Health and Care, Our FUTURE](#)" based on the "FUTURE" mnemonic:



A number of public discussion events were held across the Sussex and East Surrey area, engagement through local opportunities and ran an online survey. We also worked closely with Healthwatch across the area, who has received central funding to carry out engagement on the NHS Long Term Plan.

Results of our first phase of engagement can be found [here](#)

## Patient Participation Groups (PPGs)

The role of PPGs is primarily to support the GP practice – giving thoughts, ideas and opinions, helping with specific pieces of work that call for a patient perspective and acting as a communicator between the practice and their community. In addition, PPGs can have a key role in discussing key issues for wider health and wellbeing, and can be a source of feedback and engagement for the CCG.

It is estimated that approx. 28 of the 36 GP practices in Brighton and Hove have a PPG. Attendance and frequency of meetings vary between practices with some PPGs having physical meetings and others virtual or a mixture of both.

## PPG Network

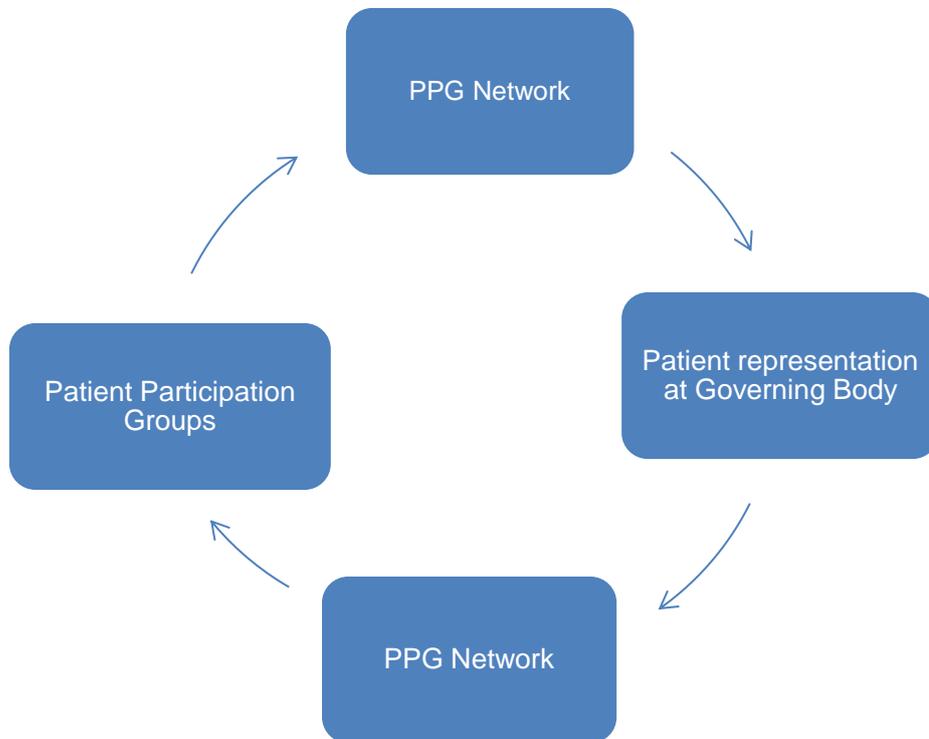
The PPG Network comprises representatives from the city's PPGs; each PPG can have up to two representatives, who attend meetings four times a year. The meeting is also attended by the lead member for patient and public participation for the CCG's Governing Body.

The PPG network has a website which run and administered by a PPG representative. There is a space for news items and information sharing as well as a members' area with a discussion board so the PPG Network can communicate in an efficient way outside of the Network Meetings.

**Table 3: PPG Network impact**

<b>Date</b>	<b>Area covered</b>	<b>Impact</b>
April 2018	PPG network refresh- role of PPGs	PPG notice boards were implemented in participating practices giving PPGs a space within the practice to advertise and recruit patients.
August 2018	Online consultation Financial situation across the Commissioning Alliance (CCG Chair) PPG support by the VCS	Members fed back on plans for online consultation- influencing the specification  Members promoted the associated survey to PPGs and wider patient population
October 2018	Urgent Care proposals -National Association for Patient Participation - Voluntary and Community Sector Support - Commissioning Engagement -Development of a PPG online forum - PPG Stocktake	The PPG network were updated on the urgent care proposals and asked questions that formed part of the commissioners "pre engagement". The feedback from PPGs has helped shape the development of the Urgent Care communications and engagement plan.
January 2019	How can the Clinical Commissioning Group, Local Medical Council and PPGs work together to make Primary Care more sustainable.  Medicines Management- To get feedback on self-care and over the counter (Otc)medicines campaign	This was a discussion with the Clinical Chair for the CCG and the LMC medical Director. The discussions have strengthened links between the LMC and PPGs and made suggestions and comments to key influencers (Medical Director at the LMC).  The medicines management team had discussions and collected the Networks' feedback. They provided information that could be taken back to their practices to help promote self care and the Otc medicines campaign

**Figure 4: How PPG Network links to the Patient Participation Groups (PPGs) and the Governing Body**



## **Engagement in commissioning**

As a commissioning organisation Brighton and Hove CCG involves patients and the public in commissioning to improve health and care services. By involving the public it helps us to understand people’s needs, and to prioritise those people who experience the poorest health outcomes – enabling us to improve access and reduce health inequalities.

Figure 5 outlines the NHS commissioning cycle, including how we involve patients, public and carers in commissioning.

**Figure 5: NHS Engagement in Commissioning Cycle**



### **Commissioners' Guide to engaging Service Users, Carers & the Public**

A Commissioner's Guide to Engagement, and an Engagement and Equalities Planning Tool was developed to support commissioners fulfil their statutory duties and involve patients and the public effectively. An Equalities and Health Inequalities Impact Assessment (EHIA) is also used to enable us to consider all the information about a service, policy or strategy, and guide the need for engagement with protected characteristics and other marginalised groups. These guides ensure a consistent approach to commissioning:

- [Commissioner Guide to Engagement](#)
- [Engagement and Equalities Planning Tool](#)
- [Equalities and Health Inequalities Impact Assessment Template](#)

### Case Study: ReSPECT working group

ReSPECT is a process that creates personalised recommendations for clinical care in emergency situations in which patients are not able to decide for themselves or communicate their wishes. This is a new process being rolled out across the country; the CCG lead an Implementation working group comprised of CCG clinicians and commissioners and representatives from General Practice, Brighton and Sussex University Hospital, local authority, Sussex Community Foundation Trust and hospices.

Patients sit on the ReSPECT Implementation working group which meets monthly. The Working Group is a task and finish group and will be in place until the ReSPECT document has been rolled out and is embedded within health and social care across the Brighton and Hove and High Weald Lewes Havens localities.

Patient Participation Groups will also be used as a mechanism to sense test documents and processes.

**Table 4: Engagement in commissioning areas:**

Area	Dates	Engagement	Impact
Mental Health: IAPT re-commission	Oct- Dec 2018	Focus Groups x3 Survey	Feedback informed the service specification – plan to go out to tender April 2019
Quality	April 2018- March 2019	Stop Look Care (raising awareness of the book which helps increase carer knowledge and confidence in the importance of fundamental care, know what to monitor and action when red flags appear.  Regular Twitter Stories about developments in projects and areas of interest	Added content to the Stop Look Care book following suggestions. Planning in house training to care homes using stop look care model.
Medicines Management	November 2018	To speak to people about medicines optimisation services that are available to them, how to access and answer any questions. Also, supporting them with self-care and staying well. Members of the public were invited to ask questions about their medicines, self-care	To support people with their own medicines and to understand what additional support is needed.

		and buying over the counter medicines	
Medicines Management	June – September 2018 5 <sup>th</sup> June – Kemptown 5 <sup>th</sup> July – London Road 2 <sup>nd</sup> July – Portslade 14 <sup>th</sup> August – Saltdean 6 <sup>th</sup> September – Hangleton	Engagement with carers about the medicines optimisation services that are available to them, how to access and to answer any questions.	To support people with their own medicines and also those of the people they care for
Medicines Management	23 <sup>rd</sup> March 2019 Shared Lives carers event	Engagement with carers (12 people attended) about Nutrition / Healthy Eating and answer any questions.	To cascade the message about food as treatment, nutrition and healthy eating
Medicines Management	November 2018 Well for winter	Public event- To speak to people about medicines optimisation services are available to them, how to access and answer any questions. As well as supporting them with self-care and staying well for winter. Members of the public were invited to ask questions about buying over the counter medicines for promote self-care.	To support people with their own medicines and also those of the people they care for
Urgent Care	September 2019	Public feedback on local access to urgent care services and the development of solutions to reduce demand at A&E. The session provided information from key community stakeholder organisations about what they feel are the key issues to increased demand at A&E.	This produced a number of actions that the CCG have followed up. This is highlighted in the “you said, we did” section of this report. The session produced some actions to be progressed by the CCG.
Children’s Mental Health	-Big Health and Care conversation (Nov 2018); -Young People friendly needs assessment and LTP (April 2018); -Review of Young people not engaging with Wellbeing Service (Jan 2019); and -SEND family’s review of mental health services (Feb 2019).	Improvements to Children’s Mental Health Services. Patient satisfaction on previous service improvements and changes and seeking involvement in future improvements ahead of a procurement of Wellbeing Service. A mixture of service users and members of the public were involved. Focus groups and interviews were held.	Engagement has supported the procurement of Wellbeing Service Engagement has also supported the development of the “ <a href="#">Wave 2 Trailblazer bid</a> ” (Brighton and Hove has been chosen to express an interest in becoming a Wave One Trailblazer site for Transforming Children and Young People’s Mental Health Provision: a Green Paper (2017).

Children's Mental Health	April-June 2018	Young people ambassadors developed a young person friendly local transformation plan	Young people more able to understand the local transformation plan
Support services for children with complex needs	April-June 2018	A Stakeholder engagement event was held. Organisations and services that could be potential providers were in attendance.	Feedback contributed to the review of support services and options appraisal
Children and Maternity	April- June 2018	An electronic survey was produced for the Children's Home Sitting Service- Service review and potential re procurement. A focus group was also conducted involving 11 families including parents and carers.	Fed into review of contract and thinking of new service specification and on-going work.
Children and Maternity	April – December 2018	Neurodevelopmental Family Support Courses A series of focus groups were set up as part of the mobilisation stage of business case for a neurodevelopmental hub. This was a mix of parents, carers and professionals.	The engagement work has enabled clear identification of the gaps and potential solutions to take forward. The next phase is to test this out on parents & carers.
Children and Maternity	Qualitative Surveys- "Walking the Patch" 4x a year  " <b>Whose shoes</b> " Workshop led by Brighton Sussex University Hospital & the Maternity Voices Partnership – March 2019  LMS Engagement - Survey & focus groups – 2018	Regular monitoring of maternity services and continuous service improvement and co-production	Feeds into regular Maternity Voices Partnership meetings, discussion on how maternity services can be shaped in the future & influence continuous change and improvement
Digital	July – August 2018	GP Online Consultations. West Hove Forum 18.07.(18 members of the public), Arch Practice 01.08.17 (6 patients), Action for Deafness coffee morning 07.08.18 (14 people), Charter Medical Centre 07.08.18 (27 patients), Brighton Train Station 21.08.18 Over (40 people), Brighton Train Station 23.08.18 Over (30 people)	Understanding what the barriers and enablers are for patients has influenced the writing of the service specification so that the service is responsive to patient needs. Members of the public are also involved in the procurement process.

Dementia	April to October 2018	Approx. 300 people from Protected Characteristic Groups through commissioned engagement. Approx. 100 people through attendance at various existing groups (such as PPGs, West Hove Health forum, Equalities and engagement group )	Feedback contributed to the development of a new specification for the Memory Assessment Service
Ophthalmology	August to November 2018	The "Eye Health" survey was completed by 62 people	To inform review of ophthalmology services
Community Pharmacy Anti coagulation monitoring (CPAMS)	April-June 2018	A focus group was held comprising of 10 members of the public, a provider survey was also sent out	Feedback from the survey helped shape the CPAMS specification 5 service (CPAMS). Patients on the procurement panel brought a user perspective to the discussions, raised questions for bidders, and contributed to the scoring of relevant questions.
Cancer	Ongoing	A survey produced as a requirement of the Cancer Locally Commissioned Service (LCS); available online and distributed in paper form by GP practices to Cancer patients	Feedback was used to review and update the Cancer Locally Commissioned Service Feedback used to inform GP practices where patient satisfaction is low, in order to make improvements Feedback about secondary care passed to cancer services within the hospital, in order to improve services.
Referral Management Service	April-June 2018	Review of patient letters by a range of service users, including older people, students, people with learning disabilities and BME people	The patient letters were re written to ensure they were clear, concise and provided the right information
Caring Together programme	April-June 2018	Review of all draft programmes and projects by Voluntary and Community Sector (VCS) organisations	Plans reflected the input of the VCS and their partnership in the programme

## Case study: Online Consult

The implementation of an online consultation service is considered a priority across the Alliance footprint.

An engagement strategy was developed to understand the advantages and barriers to online GP consultations from both professionals and our communities across Sussex and East Surrey. A large amount of engagement was completed including

385 people in Brighton and Hove completed a survey, 12 GP practice visits, 3 Big Health and Care Conversation events, attended 3 Patient Participation Groups, Coffee mornings, train stations, high streets and shopping centres.

The engagement has informed the service specification and patients are also members of the procurement panel.

The full reports can be downloaded here:

<https://www.highwealdleweshavensccg.nhs.uk/our-programmes/consult-online/>

## Engagement with partners

The CCG continues to work closely with partners who also have a role in reaching and hearing from local people.

We continue to work closely with Brighton and Hove Healthwatch, to discuss service proposals, opportunities for joint engagement work and to triangulate feedback and quality issues related to local services. Healthwatch also sit on a number of our strategic committees, including our A & E Delivery Board.

We have developed good links with many of the local voluntary and community sector groups in the city; we ensure that we provide information about service changes and opportunities for engagement through these groups, and they are a key mechanism for supporting reaching and hearing from our diverse local communities.

We work collaboratively with colleagues within Brighton and Hove City Council's Public Health and Adult Social Care teams; we have developed a joint engagement log, which helps us plan engagement and work together to maximise engagement opportunities and minimise chances of "engagement fatigue" amongst local people.

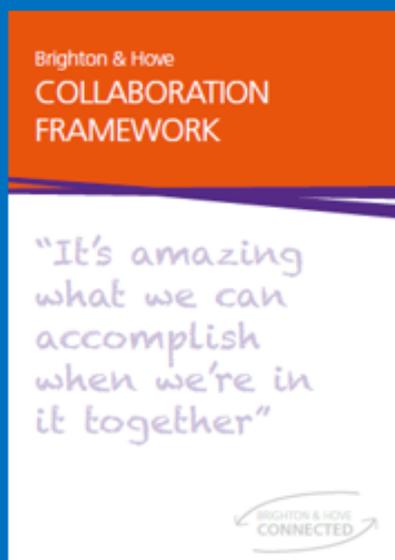
**Table 5: Partnership working**

Activity	Partners	Numbers Engaged	Impact/Key topics
Lesbian Gay Bi sexual Transgender (LGBT) inclusion award	Switchboard (organisation supporting LGBT people)	n/a	CCG involvement in the LGBT inclusion award

HIV Stigma working group	BSUH, Terrance Higgins Trust, Lunch Positive, Sussex University, aids alliance, Sussex Beacon, Family planning, MiND in Brighton and Hove	n/a	Delivering the towards Zero (HIV) strategy
VCS review of the Caring Together programme	VCS partners	Unknown	Contribution to the Care Programme narrative and detail within the Caring Together Programme
VCS Health and Social Care Network (April 2018)	VCS organisations with and interest in Health and social Care	Approx. 60	Presentation given and question answered on: <ul style="list-style-type: none"> <li>- STP</li> <li>- Alliance development</li> <li>- Finances</li> <li>- Caring Together programme</li> </ul>
“What’s Out There?” event for People with Learning disabilities (July 2018)	Local authority, VCS	Approx. 250	General awareness raising on use of urgent care services and #helpmyNHS Engagement with people with learning disabilities
Switchboard	Switchboard	n/a	Switchboard Strategy Launch
Equip (Equalities and Inclusion Partnership)	Brighton and Hove City Council: VCS; Brighton and Sussex Hospitals Trust; LGBT Switchboard; Sussex Police East Sussex Fire and Rescue; Brighton University	n/a	Joint working across Equality, Diversity and Inclusion Initiatives, including: <ul style="list-style-type: none"> <li>- Recruiting of a joint post of Workforce Diversity Manager (statutory sector)</li> <li>- The Power of Volunteering Action Plan</li> <li>- International Migrant Needs assessment and subsequent actions</li> </ul>
Equip sub group-Unity campaign	As above	n/a	Joint working to commission a campaign across the city that focusses on unity and inclusion. (brought about by the rise in hate crimes)
Third Sector Investment Prospectus Review	Brighton & Hove City Council	n/a	Review of commissioned equality based engagement
Collaboration meeting	East Sussex Fire and Rescue	n/a	Conversation to discuss opportunities for collaborative working and services that can be offered to vulnerable people
Transgender, Non Binary and Intersex conference	Brighton and Hove City Council: VCS; Brighton and Sussex Hospitals Trust; LGBT Switchboard; Sussex Police East Sussex Fire and Rescue; Brighton University	n/a	The CCG supported the planning of the conference and contributed funds.

## Collaboration Framework

Brighton and Hove CCG, as part of the city wide Equality and Inclusion Partnership, worked with partner organisations including the Local Authority, East Sussex Fire and Rescue, Sussex Police, local universities, Brighton and Sussex Hospitals NHS Trust and the voluntary and community sector, to develop the Collaboration Framework. This document outlines the commitment to collaboration between the public, private and third voluntary and community sector, and between public services and communities, setting clear and specific guidelines on good collaborative practice.



***“Collaboration is not a single activity, but a way of working. It is about inclusion and involvement, input and influence. These come with an equal need for responsibility, accountability and a willingness to work with others towards a shared purpose.”***

[Download the Brighton and Hove Collaboration Framework](#)

## Engagement with neighbourhoods and communities

Different population groups may have different health and social care needs, and are therefore likely to interact with services in a different way. We work closely with the neighbourhoods and communities in Brighton and Hove to ensure health and care services are developed appropriately for the local population.

**Table 6: Examples of working with our neighbourhoods and communities**

Area	Challenge	Date/Type of engagement	Subject of engagement	Impact
Whitehawk	High level of deprivation	July 2018; talking to people at the GP practice	Discussions about access to primary care, primary care	Fed back to the GP practice and their PPG to take forward
West Hove Health Forum	Older population, areas of deprivation	Ongoing Forum	Various, including Urgent Care, Finances and Social Prescribing	
Hove	Practice merger	April – May 2018	Hove Park Villas (HPV) merger with Trinity Medical Centre.	The feedback was taken into consideration for the final decision-making in each case.

			Feedback period via post, email and two engagement events.	Additionally, the feedback was acted on where possible, to make the changes as acceptable for patients where possible.
Saltdean and Rottingdean	Practice closure	June - August 2018	Saltdean and Rottingdean Medical Practice (SRMP) branch closure. 224 patients attended a series of events. At least 50% of the patients were over 50 years old and came from a predominantly white British background.	The feedback was taken into consideration for the final decision-making in each case. Additionally, the feedback was acted on where possible, to make the changes as acceptable for patients where possible and mitigate issues.
City Centre	Practice merger	September – October 2018	North Laine Medical Centre (NLMC) merger with St Peter’s Medical Centre. 224 patients attended two events.	The feedback was taken into consideration for the final decision-making in each case. Additionally, the feedback was acted on where possible, to make the changes as acceptable for patients where possible and mitigate issues.
Hove	Practice merger	April – May 2018	Hove Park Villas (HPV) merger with Trinity Medical Centre. Feedback period via post, email and two engagement events.	The feedback was taken into consideration for the final decision-making in each case. Additionally, the feedback was acted on where possible, to make the changes as acceptable for patients where possible.

## Case Study: West Hove Health Forum

The forum began in 2014, when residents in this area came together to talk about issues related to health and wellbeing in West Hove, part of which is an area of deprivation. Over time, the forum has grown and changed, and is now a key mechanism for local engagement. It is attended by all 5 local GP Practice Managers, Community Pharmacists, members of community organisations, local Councillors and others.

Forum members have been involved in a number of CCG engagement exercises, as well as discussing wider issues related to health and wellbeing.

A number of adult Health Champions now coordinate the forum and are also involved in wider engagement work. A Youth Champions programme has provided several young people in the area an opportunity to increase their skills and to be involved in wellbeing related issues that are pertinent to them; work on “bullying” has led to a toolkit being used in local schools, and the young champions going into schools to introduce it.

## Working with our providers

CCGs, as commissioning organisations, work closely with organisations that provide health care to our population. Providers also have to involve those who use their services and ensure that feedback contributes to service improvement.

We work closely with our Quality Teams, who in turn work closely with our providers; we ask for information on the Friends and Family Test results and associated actions taken.

We continue to have good links with our main provider organisations.

**Brighton and Sussex University Hospitals NHS Trust:** The engagement team attend the Trust’s Patient Experience Panel

**Sussex Partnership NHS Foundation Trust (SPFT):** The engagement team met with the People Participation Lead and have shared resources; newsletters to patients are shared, as are appropriate engagement opportunities.

**Sussex Community NHS Foundation Trust (SCFT):** The engagement team attended the Brighton General Community Health Hub event, which was run by SCFT.

**Voluntary and Community Sector providers:** A Mental Health VCS provider event was held in July 2018, as part of the upcoming tender for MH Community Support services. We continue to work with our VCS providers through individual commissioning areas, and also meet collectively through forums such as the Health and Social Care Network

## Supporting people to engage with us

We know that we need to support those who engage with us particularly those who are involved strategically on our groups, boards, steering groups etc. We have developed a guide for our staff on effective engagement, and guidance on involving people on our groups and projects- outlining what people can expect from us in terms of support, which includes our behaviours and how we ensure people are fully involved, and what we expect from them, which includes commitment and behaviours.

We adhere to our Reward and Recognition Guidance, which ensures that people who give up their time to give their views or to support us strategically are not left out of pocket, and that they are offered a fee in recognition of their time commitment to us. This helps also to address any inequality from having “staff” who are paid to take part and patients/carers” who are not.

## Equalities Engagement

Our population is diverse, with many distinct health needs and some areas of health inequality. We need to ensure that we are able to reach and hear from the range of local communities.

We carry out an Equality and Health inequality Impact Assessment (EHIA) where we are planning changes to services, or a new service. This helps guide our engagement with protected characteristic and other relevant groups.

We reach our diverse groups in a variety of ways, including working with our VCS partners, who often take the role of trusted intermediary, through targeted outreach and other means. We plan our engagement to ensure it takes account of cultural, linguistic, communication and/or accessibility needs, and use a range of methods depending on the focus of the engagement and the community concerned.

The CCG commissions a number of Voluntary and Community Sector (VCS) organisations (“**ECHO groups**”) to engage with some of the groups and communities that we do not hear from in our mainstream engagement work. The populations covered in this commission are:

- Older people who are isolated, in Senior Housing or care homes
- Young people aged 16-25
- Disabled People
- Adults with Learning disabilities
- LGBT People
- Black, Asian and Minority Ethnic people
- Gypsies, Roma and Travellers
- Carers and Parent Carers
- People living with mental health conditions

A number of these are funded jointly with the Local Authority. The groups engage on given topics every three months, with topics linked to commissioning priorities, also with the opportunity to explore areas of concern to the different communities.

The engagement workers from the VCS groups meet with the CCG and Local Authority on a quarterly basis, where impact of the engagement is reviewed, and information provided for upcoming engagement topics.

Over the period April – March 2018, the groups covered the following:

- Dementia\*
- Online GP consultations
- NHS Long Term Plan- various topics related to the groups/populations. This was part of the wider “Our Health and Care, Our FUTURE engagement as reported in the “Reaching, listening to and hearing from local people” section.
- Free Topic (Organisations are asked to engage on a topic that is pertinent to the people they are engaged with)

(\*note that the young people’s engagement focussed on the wellbeing of disabled young people)

Feedback has helped to shape ongoing commissioning of these areas.

**Table 7: Equalities engagement**

<b>Activity</b>	<b>Numbers engaged and population</b>	<b>Impact/key topics</b>
ECHO groups (engaging with Diverse communities)	Approx 300 Various	Dementia- engaging with Diverse groups. To support and inform: service needs assessment for looking at service redesign
ECHO groups	Approx 500 various	Online consultations- to explore the appetite for online GP consultations and what the benefits and barriers would be to our communities,
ECHO groups	Approx 116 Various	NHS Long Term Plan
ECHO groups	342 individuals across the above groups	Topics covered: <ul style="list-style-type: none"> <li>• Loneliness and health</li> <li>• Volunteering for BME communities</li> <li>• Weight management for people with Learning Disabilities</li> <li>• Children and Young people’s health provision and gaps</li> <li>• Sun beds and the harms (in the Gypsy, Roma and Traveller communities)</li> </ul> Developing health inclusion mechanisms for LGBT people
Deaf Services Liaison Forum	Approx 20 people	A forum of Deaf people, organisations that work with D/deaf people, voluntary and statutory sector Key topics:

	Deaf/hard of hearing people and those who work with them	<ul style="list-style-type: none"> <li>- Primary care</li> <li>- Online consultations</li> <li>- Mapping of places that Deaf people meet</li> <li>- Access to BSL interpreting</li> <li>- Access to BSL counsellors through NHS MH services</li> <li>- Commissioning of audiology services</li> </ul>
Creation of a toolkit for General Practices/pharmacies to support effective communication with, and access for, D/deaf people and those who are hard of hearing	Engagement with service users, GPs and reception staff, pharmacists	<p>Creation of toolkit for GP practices for liaison with Deaf patients</p> <p>Feedback will shape the toolkit for General Practice, which will be rolled out across the Commissioning Alliance 8 and pharmacists Building on existing feedback from Deaf community)</p> <p>Toolkit to be finalised early 2019; this will be presented to Spring 2019, and rolled out to practices with the offer of Deaf Awareness training.</p>
BSL survey for Consult Online project	Deaf people	<p>Contributed to the wider engagement on the Consult Online project</p> <p><a href="https://www.highwealdleweshavensccg.nhs.uk/our-programmes/consult-online/">https://www.highwealdleweshavensccg.nhs.uk/our-programmes/consult-online/</a></p> <p>(12 responses)</p>

Friends, Families and Travellers, a national group that works with and supports Gypsies, Roma and Travellers, and who are commissioned by the CCG to engage with these communities, have commented:

***“The evidence which is being collected and collated is useful for FFT as it continues to inform and shape our policy work which is presented at local and national level. The work is also helping to inform other services within the statutory and voluntary sector. It is useful to link with other groups doing similar activity and sharing methods and information***

***The CCG appear to be valuing the work which we do and the feedback from CCG themes is excellent. With all engagement work we operate a model on immediate need. When visiting sites and clients as an engagement worker I will invariably undertake casework for the clients according to their immediate needs. This is part of developing a trusted contact, and being able to deliver on helping clients for a variety of reasons. As a result of this direct engagement I have undertaken 55 separate subject cases of Brighton casework.***

***The evidence collated in a CCG themed Urgent Care report led on to a further intelligence gathering report funded by Healthwatch. FFT detected a trend in Traveller related health problems around the bladder and bowel. FFT were able to dig deeper and this resulted in a full report with***

*actionable recommendations which is available to download on FFT website. This is believed to be the first piece of work around bladder and bowel incontinence undertaken within the Traveller community.”*

Our engagement with protected characteristic and marginalised groups as a key tool in our [Equality Delivery System](#) self-assessment; engagement provides evidence as to whether these groups fare as well as the rest of the population in relation to commissioned services

### Case study: LGBTQ+ Community Steering Group

Brighton and Hove NHS Clinical Commissioning Group (BH CCG) and Brighton and Hove City Council (BHCC) have commissioned the LGBTQ Health and Inclusion Project at Switchboard to engage with local lesbian, gay, bisexual, trans, non-binary, queer and gender- or sexual orientation- questioning people (LGBTQ+) people.

As part of this commission the project is setting up a LGBTQ+ Steering Group which will support a sustainable tool for engaging with LGBTQ+ people.

Once established the Steering Group will be a robust resource for directly engaging and consulting a committed group of individuals with intersectional experiences on health and inclusion matters. The aims of the Steering Group are to:

**Influence Health Inclusion Project (HIP) Engagement:** To help guide, support and inform the Health and Inclusion Project’s (HIP) engagement provided as part of the CCG and BHCC contracts, from the perspective of group members’ lived experiences, adding depth, meaning and relevance to the research carried out, and communicating findings into communities in meaningful and accessible ways.

**Improve intersectional representation:** To improve representation of under-represented voices in the mainstream LGBTQ+ community sector – particularly BAME/PoC/QTPOC1, disabled and trans and/or non-binary LGBTQ+ people by protecting spaces in the group for people from these communities.

**Direct Community – Board link:** To serve as a formalised point of contact directly between community members and the Board of Trustees, providing direct feedback to the board and helping to hold the board, and Switchboard staff, accountable to co-agreed inclusion goals.

## Feedback and evaluation



We know that it is important to let people who have given us their time to tell us about their experience, or provided feedback, know what difference their views have made.

We have produced reports from the Big Health and Care Conversation which show what action has been taken and further action planned, as a result of our engagement. These reports are available on the CCG website and have been cascaded through our usual channels such as our Health Network and VCS partners in order to reach as wide a range of people as possible

We use tools such as our Health Network News to share more information about action taken as a result of engagement, and we also ensure that our commissioning plans clearly reflect the impact of engagement

**Table 8: Examples of action taken as a result of feedback**

Area	You Said	We Did/will do
Primary care	Information on improved access has not reached local communities widely	We resent information through our networks; we also sent to key community newsletters. PPGs were asked to cascade information and speak to GP practices about publicising in the surgery waiting room.
Social Prescribing	We have heard that people know there is lots of information and support “out there” but no way to co ordinate this or to get it to people who need it most	We are extending social prescribing across all practices in 2019; the role of SP workers will be a conduit to information on local support, activities and information and also to refer individuals where appropriate
Children’s Mental Health	-Those with neuro-developmental conditions and mental health issues need to be addressed so that services can adapt -Simpler access routes and more information to CYP MH services	Included in Wellbeing procurement and Schools Trailblazer bid
Urgent Care	<p><b>1. Awareness</b></p> <p>-People don’t know the urgent care options</p> <p>-There is a need for clear and simple information</p> <p>-Need for information on extended access and 111 to be sent widely – could use, for example, information on prescription forms or with dispensed medicines, information clearly provided in surgeries e.g. on screens</p> <p>-Could use advertising on buses, or ways such as holders for bus passes</p> <p><b>2. Confidence and communication</b></p>	<ul style="list-style-type: none"> <li>• Winter 2018/19 comms plan incorporated messages about use of improved access, 111, and pharmacy as alternatives to A&amp;E</li> <li>• Winter 2018/19 comms were targeted towards the highest demographic users of the A&amp;Es, this included students.</li> <li>• A city wide review of urgent primary care is being conducted which includes looking at the provision within the West of the city.</li> </ul>

	<p>-Some people have a lack of confidence in calling 111- for example overseas language speakers who are unsure about accessing interpreting, People with learning disabilities who may not be able to manage phone calls</p> <p>-Need to think about how 111 gains consent – for example where a service user is non-verbal, communication has to be through the support worker or carer – this needs to be accommodated.</p> <p>-111 might not be the right kind of service for addicts, who need the right kind of help straight away without going through a question process</p> <p>-Support workers and carers often err on the side of caution and go to a higher level for care to be “safe”</p> <p><b>3. Use of services / access</b></p> <p>-Use will vary according to whether a weekend (more likely 111) or weekday (more likely to try to access GP)</p> <p>-Need for urgent care in the West of the city</p> <p>-Homeless people have issues with accessing GP services as they are told they need to provide an address. Sussex Homeless Support know of a card used in London where homeless people can indicate to GP practices that they do not have an address, but are entitled to register.</p>	<ul style="list-style-type: none"> <li>• NUMSAS provision across HWLH has been reviewed and results fed back to STP lead</li> <li>• Further data analysis of A&amp;E activity data including analysis of GP practice and geographic location has been completed</li> </ul> <p>Engagement sessions have been held with GP practices with high use of the A&amp;E</p>
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## Looking forward to 2019/20

The NHS is in a period of change, as we move to working across Integrated Care Systems as outlined in the NHS Long Term Plan; the formation of Integrated Care Partnerships, Primary Care Networks and the focus on population health commissioning will underpin this direction of travel towards responsive local services and collaboration across areas, organisations and sectors to ensure that health care services are run efficiently and give the best possible outcomes for our populations.

Over the next year, the area wide Engagement team, as part of a wider Communications and Engagement Team, will continue to ensure that the correct structure and expertise is in place to support excellent quality patient and public engagement at all levels. We will also provide appropriate advice and support to our commissioning teams in order to ensure that the patient and carer voice is embedded in our processes and demonstrably influences our work.

**Our key priorities** for 2019/20 will be:

- **Co ordination and facilitation** of patient and public engagement in STP footprint wide projects
- Ensuring **appropriate levels of engagement influence our changes in structure** as we move to an Integrated Care System and population health commissioning.
- **Working with emergent Primary Care Networks** (PCNs) to ensure that engagement is authentically embedded in local work and that local groups, communities and voluntary and community sector organisations work collaboratively with PCNS to ensure a responsive and local focus.
- Continue “**Our Health and Care, our FUTURE**” engagement in Phase 2, with a focus on:
  - Working Age people
  - Young people
  - Equalities groups and communities
  - Rural communities

We will ensure that Phases 1 and 2 of this engagement work help shape the Local Plans, which will be submitted in autumn 2019

- The development of a **Citizens’ Panel** across the STP area, which will complement existing engagement and help ensure we hear from communities across the wide geography our area encompasses.
- Develop “**Community Ambassadors**”, who will support :
  - A consistent approach to involvement at ‘a strategic level
  - Further development of our reach to equalities groups, and communities of place that we hear from less often than others
  - Public engagement in various settings through increasing capacity of the team via “engagement volunteers”
  - The consistent involvement of members of our communities in procurement, commissioning and of recruitment within our CCGs
  - Providing assurance to our Equality and Health Inequality Assessment processes, and
  - Providing scrutiny of our externally facing communications, including information on our websites, to ensure we not only communicate using plain English, but that other formats such as British Sign Language and Easy Read are provided appropriately.

Underpinning the above will be the ongoing development of an Engagement team which is highly skilled, proactive, and that ensures members of the team continue to be energised and committed to ensuring that those who use our services are engagement and involved.