

West Sussex Joint Strategic Needs Assessment
Community Voice and Engagement Summary 2018



Health and Wellbeing Board

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This document is intended to outline the work by the strategic partners of the West Sussex Health and Wellbeing Board, relating to community voice and engagement activities. Within these partnerships is a desire to achieve a better balance between where descriptive, numerical facts meet experiential and personalised views.

The document summarises work from 2017/18 with reference to the cohort, what engagement took place and what themes were identified. A short summary from each of the strategic partners also adds a qualitative reflection on the progress made and the current feelings at ground level.

Importantly, we acknowledge that this summary is only a scratch on the surface of activity throughout the county, to contribute to the West Sussex JSNA. There are many groups, organisations and communities conducting different levels of engagement all over the county; this summary is of those who were approached, being the core members of the HWB.

Special thanks to the engagement-leads for Adults' services, Children's services, NHS Coastal West Sussex and Crawley, Horsham and Mid Sussex CCGs and Healthwatch West Sussex for taking the time to contribute their work to this document. Contributions have been edited for constancy and tone but reflect the original experiences of each team.



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ADULT SOCIAL CARE ROUNDTABLE MEETINGS

Chaired by the Cabinet Member for Adults and Health, this board meets three times a year and comprises of people who use services, family and friend carers, Members, senior officers, Healthwatch and other voluntary and community sector representatives. Its primary aims and objectives:

- For County Council members, customers, carers and senior officers to share views and discuss a range of issues with a view to informing and influencing policy development and driving improvement.
- To promote the values of personalisation in shaping policy
- To advance co-production approaches to the development of services.
- To increase shared understanding between customer, carers, Members and senior officers.

June Session

- Hidden carers within Black, Asian and Minority Ethnic Communities – Service Manager, British Red Cross
- Mental Health Issues for people with Learning Disabilities – Member of the Adults' Services Customer and Carer Group introduced.
- Personal Assistant Employment Issues – Member of the Adults' Services Customer and Carer Group

October Session

- Understanding Autism – Presentation by representatives of Asperger's Voice/West Sussex Autism Partnership Board.
- Supporting Survivors: The health and social impact of sexual violence – Rape Crisis Surrey and Sussex

February Session

- Proposed Adoption of the Motor Neurone Disease (MND) Charter – Report by MND Association. Presentation from Dr Steve Dyer, West Sussex North Branch, Jane Giles, Regional Care Development Adviser for Surrey and West Sussex and Dave Setters, Campaigns Contact West Sussex North Branch. – Resulted in the County Council on 8.6.18 calling on the Cabinet Member for Adults' and Health to formally adopt the Charter, to ensure its aims are widely understood and followed and to follow its principles for other people with disabilities, chronic and life-threatening conditions wherever possible.
- Mental Health and Wellbeing in Migrant Communities – Chair of Diverse Communities Empowerment Services to report.
- Suicide Prevention Strategy – Presentation by Consultant in Public Health.
- Open Discussion

ADULTS' SERVICES CUSTOMER AND CARER GROUP

This group of customers and carers, with a member representative meets every two months. Its primary aims and objectives are:

- To promote the values of personalisation in shaping policy
- To advance co-production approaches to the development of services.
- To increase shared understanding between customer, carers, Members and senior officers

Issues discussed in 2017/18 included:

- In house services review
- Adult social care survey – findings overview
- Healthwatch updates
- Deaf community issues
- Adult operating model trial
- Connect to Support Website – design and accessibility co-design
- Assessed and Supported Year in Employment – Qualification Year programme for newly qualified social workers
- Palliative care

MINORITIES HEALTH AND SOCIAL CARE GROUP

This group includes individuals who have established links with minority and ethnic community groups in and across West Sussex and has a wide range of voluntary and community sector representatives. It meets every two months its aims and objectives are:

- To work in partnership with West Sussex County Council, NHS Crawley Clinical Commissioning Group, NHS Horsham and Mid Sussex Clinical Commissioning Group, and NHS Coastal West Sussex Clinical Commissioning Group, to enable the voice of minority and ethnic communities across the county to inform the design, delivery, and evaluation of health and adult social care services.

Issues discussed in 2017/18 included:

- Adult operating model engagement (focus group)
- Autism awareness in BAME communities
- BAME mental health awareness in the criminal justice system
- Community Representative Forum (Crawley)
- Hospital patient meals for people from minority communities
- Latent TB infection screening project (Crawley)
- Smoking cessation in Mosques (Crawley)
- Social Prescribing for diverse communities
- Syrian refugees
- Think Local Act Personal Strategy planning
- Violence against women and girls, Inc. FGM

VOLUNTARY AND COMMUNITY SECTOR STAKEHOLDER EVENTS

In April/May of 2017, a WSCC/NHS partnership hosted separate two stakeholder events (one with Northern and one with Southern CCGs) with the community and voluntary sector.

157 people from more than 95 local charities, community groups, voluntary organisations and public bodies attended the events in Bognor Regis and Crawley and the following themes were summarised:

Partnership/collaboration: There is great diversity within the sector and statutory organisations need to ensure that the groups they engage with are fully representative, allowing untapped capacity in the community to build; Provide clarity on the expectations on the sector and focus on the shared priorities; Early engagement with the sector is needed for initial and ongoing discussions about statutory sector developments, particularly with larger, key sector organisations; Achieving genuine co-production requires longer-term focus and commitment from all partners.

Commissioning: Statutory organisations need to design and commission services differently and involve the sector in the process at an early stage; Commissioning models are too cumbersome and lengthy and need to better represent the value of the contracts; Reporting mechanisms are a burden on smaller organisations and where possible needs to be reconsidered/streamlined; funding priorities should be more long-term and not always looking for what's new.

Changing landscape: The new landscape is challenging for all of us and conditions people have are becoming more complicated; Statutory organisations can sometimes lack detailed understanding of the sector, whilst the sector can't always find a 'way in'; Transformation needs to be about system-wide evolution, not just the restructuring of internal processes; Cultures, processes, resources and structures need to change to enable transformation - this should be managed over time.

Sector expertise/value: Statutory organisations need to increase their understanding of the service offer of sector organisations; Community-based sector organisations can help to identify lonely/isolated people; Need to think about what would happen if the sector was not there. The sector are experts and can provide conversation 1-level support, if properly incorporated and funded.

Costs and resources: Concern that costs are being pushed onto the sector without additional funding or resources - this is also affecting staffing and volunteers are getting older; Need a shift in how resources are allocated to enable the sector to contribute to prevention - funding can appear random and not strategic. We need conversations about how the money in the system can be used differently so that we can support people's needs with less money.



Engagement and communication: Engagement can feel prescriptive and not inclusive; Engagement is complex and to be effective it should be at an early stage, potentially using regular forums on key themes; Engaging with statutory organisations has resource implications and the sector needs to be supported to participate; Communication must be spread across the whole system, not drip-fed in piecemeal; The sector can help engage with underrepresented communities and individuals.

Social care: The focus on wellbeing is positive - we must also retain our focus on support at the end of life. Ensure that the model empowers people and is not just focused on internal procedures; If community organisations are a key part of the model, they should be involved in the design process; Provide the sector with evidence on how the trial is working and how it will operate once it has been fully rolled out.

Local community networks (LCNs): LCNs are an opportunity to be more linked into local communities; Voluntary sector engagement is important in LCNs, both at strategic and LCN board level; LCN boundaries may not feel natural for other organisations and the public, may need wider networks across LCNs.

Communities of practice (COP): Similarly, the sector requires more information on how they will be included in the roll out of COP; these are an opportunity to focus on general community needs. Continuing on from this work, a consortium of voluntary sector leaders has worked with the County Council who published a new pledge to boost community working in West Sussex (July 2018).

ADULTS SOCIAL CARE, ENGAGEMENT ON THE NEW OPERATING MODEL

To give the wider West Sussex population an opportunity to comment on the proposed new model an online resident's survey ran from 7th July to 11th August 2017, with selective focus groups on targeted cohorts.

Most respondents felt that communication was key and should be earlier and closer to where they lived. Roughly half felt there was not enough volunteering opportunities, transport or leisure facilities, or enough social groups/activities. Other feedback regarding the service fed into the larger evaluation. Focus groups showed that the new approach was a step in the right direction, having the potential for significant improvement. Early-stage prevention was essential, and the community could support communication and public awareness.

ADULT SOCIAL CARE ENGAGEMENT ON THE DEVELOPMENT OF CO-PRODUCTION PRINCIPLES

From September to November 2018 Adults' Services were working with people who use our services, voluntary and community sector representatives, staff and other stakeholders to develop local co-production principles which the service will use to inform the overarching approach to their work.

THE WEST SUSSEX YOUTH CABINET

In early 2018, 14,396 votes were successfully counted and 33 members of Youth Cabinet and 8 members of UK Youth Parliament were elected into position. Roughly 25 councillors attend each of the monthly meetings. As a group, their focus for the year is to represent all young people, particularly harder to reach voices in their schools and communities. All members completed training to learn their roles and meet each other.

Curriculum for Life: Voted for in October 2017, this campaign focused on redesigning Personal Health and Sexual Education (PHSE) lessons in schools. The group chose First Aid as a preferred option to learn in schools and are in the initial stages of research. They created an online survey for young people to complete about their knowledge and experience of First Aid, live until October 2018. They have written emails to students and head teachers and shared their message across social media. They have also prepared a two-hour workshop with head teachers (running twice in November: in Worthing and Horsham), to share what students would like to cover in First Aid at school.

From this workshop and the survey, they will produce a report for WSCC cabinet and schools. A WSCC First Aid worker will be supporting and helping to deliver the session.

Local campaigns: In May, the Youth Cabinet designed a West Sussex campaign, based on the needs of their constituents: This included a Young Peoples' Mental Health campaign – continuing the work of Free Your Mind. Other campaigns included:

1. East Arun, Adur and Worthing – Not enough bins and damaged pathways and roads
2. Crawley and East Grinstead – Poor teacher recruitment in West Sussex and lack of events/opportunities for young people
3. Horsham and Mid Sussex – Food waste in schools and raising awareness of FinditOut centres

At the end of August, a planning day was scheduled to start these campaigns and work in their localities. Further First Aid campaigns are planned for Autumn 2018.

IPEH – VOICE & PARTICIPATION TEAM

Free Your Mind- Mid Sussex Mental Health Conference: at Martlets Hall, Burgess Hill, 28th June. The purpose of the conference was to bring together a range of organisations and services in Mid- Sussex to gain a better understanding of young peoples' mental health issues and upskill all who work with young people on Emotional Wellbeing & Mental Health by providing the opportunity to:

- Increase awareness of the different services in Mid Sussex that can support young people on a range of emotional wellbeing issues
- Attend workshops on key issues young people face
- Network and find out about the different support services available
- Learn directly from young people as keynote speakers, who gave delegates insight into their experiences of accessing services and see things from a young person's perspective

The conference included guest speakers and several different mental health services explaining their service, networking opportunities for services with market stalls, as well as workshops to participate in. Young people from Free Your Mind facilitated a workshop called 'through our eyes,' which gave participants understanding of mental health issues that young people face and how professionals can provide more effective support. Feedback from the event was positive, enabling delegates to redesign services to be more person centred because of viewing them through the young peoples' experiences.

Young Inspectors: Crawley Find It Out Centre, 28th September.

The Young Inspector's model is a method designed to help support children and young people to have a say in how services are improved and redesigned. The process has been designed to engage young people, so their views and contributions are heard, valued and where possible implemented.

This inspection was carried out by seven young people, aged 13-20. Each of the young people represented different voice and participation groups; Children in Care Council, Care Leavers, Free Your Mind (mental health campaign group), UK Youth Parliament and West Sussex Youth Cabinet.

Young people were from different locations: Crawley, Horsham, Midhurst and Barnham. Some of the young people in this group had visited other Find it out centres in West Sussex. Young people carried their inspection based on four key observations:

- Observation 1: Do I feel welcome?
- Observation 2: Do I feel safe?
- Observation 3: Is it well organised and calm?
- Observation 4: Will this service meet my needs and involve me?

Young people were given a pack detailing each observation with trigger questions and space to write notes. They worked in pairs/groups to investigate, share ideas, and write down their suggestions for change:

- Showers/washing machines for young people who might be homeless (like in other FIO centres)
- A sensory room for young people with disabilities
- Check dimensions in disabled toilets and some of the rooms for wheelchair access
- Drinks, snacks and plants in consultation/private rooms
- Move open plan office area from the centre and add sofas instead
- Fewer 'intimidating' posters of CSE in toilets as these should be calm places
- More consistency - the same equipment (stress balls etc.) in each room

A report has been sent to the group saying what's been implemented because of the inspection and the group have been invited back to check the changes are satisfactory.

'MIND OF MY OWN' (MOMO) PROGRAMME

MOMO is an on-line consultation tool designed for children & young people who are supported by children's social care. It can be downloaded to mobiles or other electronic devices (i.e. laptops, tablets, or games consoles). Co-developed with young people five years ago, MOMO has won several national awards and is used by 61 LA's in the UK. It offers eight different forms for a range of different purposes relating to CP work, CLA work & care leaver support. Children and young people with their own MOMO account can choose to use it when & where they want.

WSSC contract with MOMO: West Sussex contracted to use MOMO in May 2016 for a two-year contract. Contract includes use of the App for our staff and CYP and provision of 'Dashboard' services for local co-ordinators to track new activity and produce reports. Contract renewal agreed until 1st August 2020 to allow for implementation properly. Children's services indicate that over 150 young people and nearly 250 staff had a MOMO account as of July 2018. Young people's accounts are up by 60% and workers accounts up by 169% in 7 months. Engagement teams are working alongside Children's Social Care to improve usage with staff. A communications plan and work plan will be initiated to implement MOMO into job roles and business as usual.

What worked well?

- Young people continue to open accounts of their own accord.
- More technical and practice guidance is available.
- Worker accounts are created for staff by MOMO Co-ordinators.
- Android swipe cards were developed to allow instant access for young people to the App on their device. (Only in West Sussex & award winning!!)
- Text links were also sent to young people.
- The Children in Care Council (CiCC) gave a full and informative evaluation, noting good points & areas for development.
- MOMO is changing in response to young people's feedback.
- Examples of positive use show it can be helpful to children & young people.
- Regular use in LCS.
- A social media campaign called #MOMOMonday was launched

CHILDREN IN CARE COUNCIL & CARE LEAVERS

The Children in Care Council (CiCC) is a statutory requirement by WSCC for young people who in care to have a mechanism to have their voice heard. The group offers young people the opportunity to share experiences, meet professionals and contribute to service design. With this mechanism, CiCC can hold services to account and effect positive change. Services respond by completing an impact form, highlighting what they will do differently.

The work with Care Leavers gives opportunities to young people, who receive support from the Leaving Care Service. These young people contribute to service design through training delivery and national policy for Care Leavers, as well as meeting regularly as group.

CiCC Headlines in 2017/18

- New West Sussex group, set up in Sept 2017
- Team Building and activity days
- Training for CiCC members on roles and representation – new roles developed
- Consultation requests from services, (Placements, Radicalisation, Social Media, Free Book Pack, Health Passports, CLA strategy, Independent Visitor service) – but strategic led with more of a focus on priorities for the future

What worked well?

- 'Redesign of The Pledge'– the Pledge is the County Councils promise to young people who are looked after and the CiCC have met with members of the Multi Agency Children Looked After Improvement Group and members of the Corporate Parenting Panel to develop ideas and reshape the 'pledge'.
- Developing young peoples' interpersonal and skills development

MOMO champions and review
Young Inspectors x 1

Exceptional People in Care (EPIC) development model building on previous year

- Review of previous two years' output and bench-marking led to a design approach to the group 'social action' campaign:
Treat us the same' – but understand what it's like
Changing social workers
Improving input and experience of the care planning

Top achievements so far:

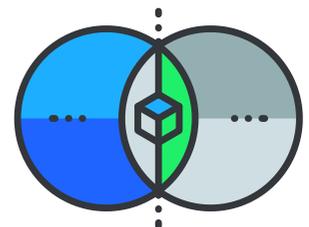
- The CiCC have their own 18/19 work plan
- Co-design and delivery of (EPIC)
- CiCC representation at the Children's Minister event in London, sharing experiences of foster care
- Young Inspector's work – Young people inspected Crawley FinditOut centre, producing a report of recommendations.

Next year – CiCC Aspirations for their peers

- CiCC Newsletter launched June 2018 – a key role to promote CYP voice to CYP
 - New Branding and name June 2018
 - Appoint older YPs and Care Leavers to help with more planning and take a lead role in CiCC
 - Find resources for a Care Leaver (CL) apprentice role to lead CiCC and CL Executive Group
 - Focus in key issues for service improvements rather than random but useful consultations
 - Developing their research skills to address service improvements
 - Involving services in the 'social action' projects – to co-design solutions
 - Co-review and sharing of Brightspots output
 - Input and links to Advocacy team
 - Formal Certificate of achievement for CiCC work
 - Build on EPIC CYP tell their stories
- Attended 'Young People's National Benchmarking Forum,' and 'All Party Parliamentary Group' contributing to mental health services and national policies for Care leavers
 - Six care leavers on Duke of Edinburgh Award.
 - For 'Care Leavers week'- A social media showcase stories of a care leaver's journeys to celebrate care leavers successes – raising the profile of care leavers.

Headlines – Care Leavers

- Consultations achieved and linked back to services – Pathway Plans, 'Redesign of the pledge'
- Care Leavers facilitated 'Total Respect' and 'Skills to Foster' training for foster carers and professionals



Top achievements so far – Care Leavers

- Skills and confidence through facilitating training with adults
- Care Leaver representation at Sussex 'Bridging the Gap' Mental Health event, contributing to Mental Health service improvement
- Sussex Police Engagement Event- Care leavers shared their stories; particularly linked with Police involvement, connections they have had with the police and how this made them feel
- Children's Minister Event- Care leavers and one young person from the CICC travelled to London, to share their journeys, personal experiences and issues about being in care
- Consultation on Leaving Care Service booklet and leaflet
- Care Leavers on interview panel to appoint the Head of Virtual School and Commissioning Manager
- Photography project, an exhibition of images, personal journeys of Care Leavers led by the Leaving Care Service
- Care Leaver participation in All Party Parliamentary Group (APPG) meeting for young people in care and care leavers: 'How can we make Universal Credit work for care leavers'?
- Part of the 'fingers crossed' service design with the Design Council

Next steps for Care Leavers

- Service feedback loop needs developing including areas of focus for CL voice
- Test out Drop in 'lunch and listen' events for their voice
- Unaccompanied Asylum-Seeking Children (UASC) worker delivery programme
- Test and re-shape Foster care training and CL's course
- Improving take-up of sexual health IAG and improving pregnancy rate (part of project)

Free your mind and children in care council win awards

Two of WSCC's IPEH Voice and Participation groups, have both won awards from the British Youth Council, as part of their 'Youth on board's awards'. Free Your Mind, (young people's mental health campaign group) won their award 'Youth Led Award' for championing mental health issues for young people, highlighting awareness and eliminating stigma. Free Your mind has successfully run workshops, conventions, as well as shaped and improved services for mental health.

The Children in Care Council won their award 'Project Award' for not only shaping and improving services for young people in care, but supporting, managing and delivering a successful event called E.P.I.C (Exceptional People in Care) for over 600 young people in care to attend. Young people in care from West Sussex attended and won fantastic awards.

OVERVIEW

Coastal West Sussex (CWS) CCG have many ways that communities and individuals can get involved, have a say and hear about commissioning for local health care: roadshow style engagement campaigns throughout the year, public events, through membership of Patient Participation Groups (PPGs), signing up to the CCG's e-Panel, applying for a public/patient representative role, completing the 'Tell us your views form' on the website or by attending the Governing Body and asking questions. The following is not exhaustive but highlights major programmes over the past year.



LET'S TALK – URGENT CARE FOCUS

Let's talk is an annual engagement campaign with differing topics of focus. This year CWS focussed on Urgent Care and the Communications and Engagement team have been raising awareness of the proposed plans and introducing new terminology such as Urgent Treatment Centres. In brief the conversations have been centred on the following three points:

- In line with National guidelines, the introduction of three Urgent Treatment Centres at existing sites in CWS providing walk-in and bookable appointments for up to sixteen hours a day;
- Improved Access to GP appointments Four or five GP access hubs (including one in a rural locality) providing appointments up until 10pm during the week as well as sessions on Saturdays and Sundays;
- A local visiting service working across the whole area.

Members of the engagement team went out into the communities and spoke to roughly 150 people, reporting that reactions to the changes have been generally positive, particularly around the need to relieve pressure on A&E by having an alternative service. For many, the default is to attend A&E, as they find current services confusing and unclear. CWS spent several weeks attending key locations around the area such Littlehampton high street, Worthing Library, Chichester Leisure Centre and many more to inform people about how GP and nurse appointments are now available during the evening and at the weekend for people across Coastal West Sussex. This news has been positively received and is a result of much feedback from our Primary Care Survey.

THE BIG HEALTH AND CARE CONVERSATION

The 'Big Health and Care Conversation' is an ongoing programme of activities to hear the community voice across the Sussex CCGs. It is a mechanism for the population to find out more about plans to change the way services work together, improve care and ensure that people can continue to receive high quality affordable care for years to come. The key areas for conversations are:

- Hospital Services
- GP Services
- Prescription services and using medication
- How partners in local health and care services are working together
- Mental health care and wellbeing services
- Anything else related to health and social care locally

With public meetings held in both rural communities (Billingshurst) and more urban communities of Chichester and Worthing, there have been opportunities for people to engage in person, with plans both during and outside of core working hours.

There is a digital mechanism for capturing people's thoughts around these areas that is available on the CCG website and which has been promoted through core channels.

ENGAGEMENT WITH PATIENT PARTICIPATION GROUPS

The PPG group consists of patients that want to work together to support their GP practice to be the best that it can be, to serve the needs of its patients and to act as a collective voice. Through popular demand, the CCG runs two bi-annual events to support and inform our local PPGs. These events provide a networking opportunity for PPGs to learn from each other and regular updates about local planning and strategy. Each PPG event tends to follow a particular theme, these being related to the CCG priorities at that time.

November 2017 Session: Sustainable Transformation Partnership (STP) and Integrated Care, the move towards Local Community Networks and supporting PPGs to understand data protection.

June 2018 Session: Proposed Changes to Urgent Care, proposed changes to the 111 and out of hour's service and supporting practices to have an effective PPG.

PPG representatives said it was important to identify practices that do not operate with an active PPG. CWS have started a programme of work in collaboration with their Primary Care team to identify ways in which they can identify practices that could use support in establishing or improving PPGs. CWS are working closely with practices to celebrate the successes of local PPGs and to promote their effectiveness in local healthcare.

ONLINE SURVEYS

NHS 111 service: Locally across Sussex there are more than 7,000 calls made to NHS 111 every week. The seven Clinical Commissioning Groups in Sussex are working collaboratively to award a new contract to run a local NHS 111 Clinical Assessment Service Sussex by April 2019. A community survey was developed to capture feedback and opinion about what the future of the 111 service should look like:

Top-line findings included:

- 95% of respondents had heard of the 111 service and 67% had used it.
- 28% of people that had used it would not recommend the 111 service, however 46% of respondents were satisfied to some extent with their experiences.
- 73% of respondents said yes when asked 'Would you be happy for NHS 111 staff to be able to access and update your medical records?'
- 72% said no when asked 'Would you like the idea of NHS 111 effectively becoming the only number you need to use to contact any local health service or health team, such as the District nurses or your GP?'
- 73% days yes when asked 'Would you be happy for NHS 111 staff to book appointments directly with your GP or other local NHS service?'

([More information is available here](#) or from the CCG web page: 'Transforming NHS 111 and Out of Hours services for Sussex')

Over the counter medications: NHS England is looking at over 3,200 products used to treat minor illnesses and/or those likely to get better on their own (such as cold sores, nappy rash, insect bites) that could otherwise be purchased over the counter. A survey with 178 responses asked patients their views on stopping prescriptions for such conditions and to identify any conditions within the provided list that they thought should not be included in the changes.

Only 5% of responses said that it was not acceptable to stop prescribing products for these conditions, however, there were many comments about the conditions that should be included in the list being considered for the changes. By encouraging more people to self-care and buy over the counter medicines such as paracetamols and antihistamines, CWS hope to save resources for spend elsewhere.

Healthwatch West Sussex has used insight local people (see Healthwatch section below) and anonymised briefings have been shared with the commissioners on this topic.



Sussex and East Surrey maternity Services Service User Survey: In 2017, organisations involved in funding or delivering maternity services across Sussex and East Surrey came together with the aim of improving maternity services and support for women and their families.

As part of this work, the experiences of women and their families/partners that have used maternity services in Sussex and East Surrey recently were sought, with nearly 1,000 responses. A joint vision was created which was that 'we should work together across organisational boundaries in larger place-based systems to provide a service that is kind, professional and safe, offering women informed choice and a better experience by personalising care'.

Of the mothers whom shared their thoughts during the engagement programme, 75% stated that having the same midwives throughout any future pregnancies was important to them. Moving forward there are nine work-streams within the LMS to develop the local plans in key areas, the first of which is choice and personalisation.

Bognor Regis War Memorial Hospital Service User Survey: The CCG wanted to understand more about how patients were using the service provided at the Bognor Regis War Memorial Hospital and so they asked people sitting in the waiting rooms about the reason for their visit, why they had chosen that hospital and where they would have gone to for care had the service not been accessible. Sixty-two people offered information.

Impact of closure of Arun Medical Group: Patient views were sought following the closure of Arun Medical Group on 31st October 2016. Thirty-two people responded to a survey and other views were collated at the same time. The CCG have improved the process for informing the public about planned closures to recognise the need for clarity, sensitivity and solutions wherever possible

RURAL COMMUNITIES

Communities may feel "out of the loop" when it comes to communications from the CCG about local health care and wellbeing. CWS have run their first 'Big Health and Care' event in Billingshurst this September. Healthwatch toured some more rural villages in November/December 2017 to learning from local peoples' experiences of accessing health and care, and these are [summarised in their report](#), which shows some of the unique challenges and opportunities in these communities, with a number of recommendations.



ENGAGEMENT TRAINING

In 2017, CWS held two free training events for members of the public to empower communities to navigate and get involved in local services.

Session 1 – The Health and Care Landscape, was designed to help participants to:

- Understand the context for change in the NHS
- Understand the health needs of your area and why these are important to planning and arranging services
- Create a map of health and social care, how does it work, who pays for what and who influences who
- Gain an overview of commissioning

Session 2 – Getting involved, was designed to help participants to:

- Understand what being a representative or lead entails and how to feel confident in the role
- Identify opportunities to get involved with commissioning
- Understand the difference between speaking as an individual and speaking on behalf of others
- Learn how to prepare and participate in meetings
- Learn how to manage conflicts of interest
- Learn how to influence others
- Learn how to support others to have a voice

CWS believes that involving local communities in commissioning work moving forward is really important, to ensure that the NHS reflects the priorities and concerns for the population that it services. How they involve members of these diverse communities to reflect the composition of the local demography is a challenge that the CCG will continue to rise to and strive to make improvements in.



WORKING IN PARTNERSHIP

NHS Crawley CCG and NHS Horsham and Mid Sussex CCG have worked in close partnership for many years, sharing administrative functions between their commissioning areas; particularly, in this case, their community engagement officers. Separate summary reports have been published by both Crawley CCG and Horsham and Mid Sussex CCG **which can be viewed electronically, [here](#) and [here](#)**. Engagement strategies for both areas align closely, so similar projects are discussed in this section under single headings, with reference to the *northern CCGs*.

Engagement partnerships include working with Healthwatch, West Sussex County Council and Sussex and Surrey Association of Local Councils.

The CCGs hold a log of all engagement activities and feedback, which are available to CCG staff to view.

Health Networks: The **Health Network** across the two CCGs has roughly five hundred members and gives local people the chance to get involved, with monthly bulletins, called "Patient Round Up"

PRINCIPLES OF ENGAGEMENT

The northern CCGs have a clear vision for patient, carer and public engagement; they want to ensure that those using local services are at the centre of planning, commissioning and monitoring local healthcare. As CCGs, they have incorporated engagement into their constitutions; to listen to and engage with patients, carers and the public to ensure they understand their views, any issues or problems, and how they would like to be engaged in, or informed about, local work.

Commissioning Patient Reference Groups (CPRG): The northern CCG's have representatives from GP practices, Healthwatch, and local voluntary and community sector organisations. The chair of this meeting is the Lay Member for Engagement, who is a voting member of the CCG Governing Body and other key CCG decision-making forums, and champions the patient voice at all levels of the organisation.

CPRG representatives from GP Patient Participation Groups attend a joint bi monthly meeting with colleagues from the other northern CCG. Commissioners are required to present initiatives and plans to the CPRG and members are asked in turn to share with their networks, as a conduit for feedback to commissioners.



Over the past year, the CPRG has commented on the following areas:

- **Urgent Care:** Significant **improvement works at Crawley Hospital**, including a new ward which is dementia friendly.
- **Financial Challenges:** Members were informed throughout the year about the current challenges that the NHS faces, the local pressures and a communications plan to raise awareness of these issues.
- **Extended Access to Primary Care:** Engagement is planned to collect feedback and patients' preference relating to proposed extended access to the Primary Care Services.
- **Medicines Management:** The CCGs face a number of challenges around medicine management, such as cost reduction in prescribed drugs, ensuring that patients take medication as prescribed, medicines duplication and wastage in unused medication. CPRGs were consulted on how best to support and inform patients about the best use of medicines.
- **West Sussex Mental Health Alliance:** The West Sussex Mental Health Strategic Framework 2014 to 2019 aims to ensure that local plans focus on easily accessible, safe, effective and good quality services available early for the more severe, long-term or specialised mental health conditions. CPRG members were also informed about local MH services performance and the way forward.
- **Sussex Oakleaf:** The Alliance of two Mental Health Providers, operating across West Sussex who are split into 'Coastal' and 'North West'.

- **111 National direction for the national recommended model:** Plans to commission a fully integrated 111 and GP out of hours service across Sussex.
- **Sussex 111/Integration of Urgent Care:** The redesign of urgent and emergency care across Sussex and East Surrey.
- **Urgent Care for Children:** Improving access to urgent care for children and their families, based on feedback.
- **Children and Maternity:** Outlining how engagement initiatives had contributed to commissioning.
- **Perinatal Mental Health:** The new Pan Sussex and East Surrey Specialist Community Perinatal Mental Health Service started in September 2017; a presentation showed how patients' experience had contributed to the design.
- **Maternity:** A presentation about Better Births published by NHSE (2016) outlined key elements and how this informs commissioning.
- **Development of GP extended access hubs:** Views were collected as part of wider engagement on extended access hubs.

Other topics presented and discussed included:

- Cancer; Prevention, Screening and Early Detection
- Altogether Better Project (helping health services and local people find new ways of working together; releasing resources and transforming people's experience)
- Support for the frailty unit
- GP Practice websites
- National Diabetes prevention programme
- Dementia friendly communities
- Encouraging effective use of the NHS Accessible Information Standard
- Promoting the Choosing Wisely Campaign

360 DEGREE STAKEHOLDER SURVEY

The CCG 360 degree stakeholder survey is a key part of ensuring that strong relationships are in place. The survey allows stakeholders (including patients and communities) to provide feedback on working relationships with CCGs. The results from the survey serve two purposes:

- To provide a wealth of data for CCGs to help with their ongoing organisational development, enabling them to continue to build strong and productive relationships with stakeholders.
- To form part of the evidence used to assess whether stakeholder relationships continue to be central to the effective commissioning of services by CCGs, and in doing so, improve quality and outcomes for patients.

The results of the current 360 degree survey indicated generally positive feedback:

- Most of the stakeholders who responded felt they had an effective working relationship with the CCG.
- The majority knew about CCG plans and priorities.
- More than half of respondents felt that the CCGs demonstrate they have considered the views of patients and the public when making commissioning decisions. However, the results are less positive with regard to respondents feeling that, where they have commented on CCG plans, these comments have been considered.
- In Crawley, many scores were below 50%, indicating a need for improvement.

Key themes for improvement around Communications and Engagement include:

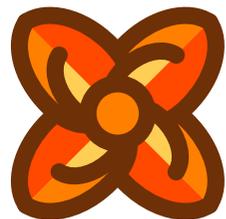
- Improving information about the CCGs and development across the area to stakeholders, in particular the voluntary and community sector.
- Ensure that stakeholders are involved in planning and design processes and that they are given adequate time to engage.
- Extend the CCG reach to wider communities in the commissioning areas.
- Improve how the CCGs demonstrate that the views of local people influence their work



The Healthwatch West Sussex Community Interest Company (CIC) Board sets priority areas/topics from which a work plan is developed. These are the areas/topics in which service resources are focused in the next 12-18 months. The process for setting priorities has engagement with local people at its heart, starting with a presentation of the last 12 months' insight (which was presented for the HWB at a workshop in January 2018).

From the board-suggested priorities, the operational team developed some broad ideas for future work, which were tested with the public, through a survey which ran for a month. Sixty-seven people took part in this survey, which informed the proposals for the 2018-2019 priorities. The analysis of what local people thought was included in the [January - March 2018 Insight and Evidence Report](#).

Through various engagement approaches, with the main methods detailed below, Healthwatch has summarised [local people's perspective of health and social care in West Sussex \(November-2017\)](#).



LISTENING TOURS

The introduction of Listening Tours (in July 2016) has continued to be a key method of engagement for Healthwatch West Sussex, as this provides a unique opportunity to encourage local people to share what is important to them and to tell their stories in whatever way they want; not constraint to a specific topic or set of questions; helping to identify trends and to support decision-makers to see variations in towns and villages, as well as in primary and community care.

During each tour, Healthwatch spent time talking to patients accessing GP services, community/acute hospitals, and residents living in care homes, as well as local people in leisure and every-day settings. This helped to reach out beyond the regularly heard views/experiences and across ages/and demographics.

Touring has also enabled Healthwatch to leave a 'footprint' in the areas it tours, through recruiting local clubs/groups and organisations to their "It Starts with You Network". This network offers a two-way communication channel for gaining insight, providing feedback and having discussions around service changes.

Findings from each 'tour' were published and shared back to the local people, via the groups attended and social media. Healthwatch also reported on the closure of Arun Medical Group, with further recommendations for learning, following a Littlehampton Listening Tour carried out in March/April 2017.

ONLINE SURVEYS

Healthwatch West Sussex were commissioned to gather further views from local people, regarding the use of 111 services, and the work reached out to local people in a different way. A local Healthwatch social media campaign ran in November 2017 to raise awareness of the drive to create a joined up, seamless service for local people needing urgent and emergency care, and to promote the independent survey to groups who had not previously been heard from through targeted Facebook groups. In addition, local Healthwatch surveyed people in rural West Sussex throughout November and Young Healthwatch surveyed under 25s in Brighton in December and January.

Importantly:

- The survey was carried out independently, so people could be assured their information would remain outside the NHS but be used to inform the work as it develops
- More detail was given before people were asked to answer certain questions. For example:

'Your GP services and NHS dentists are seeing huge demand for appointments and we know many people are struggling to get through to their GP surgery. One option to overcome this challenge is to have the new and improved 111 Service as the number you call for any urgent care – including same day GP and dentist appointments.'

This led to some differences of findings, to those seen in the main survey by Coastal West Sussex CCG and these are detailed in a published report.

ENGAGEMENT OPPORTUNITIES

Healthwatch also took advantage of many engagement events hosted by other organisations to raise awareness of its role, to collect personal stories and views, which all helped to identify good practice; local issues and views.

HOSPITAL VISITING PROGRAMME

The introduction of a formal hospital visiting programme, in addition to the [Patient Led Assessment of the Care Environment \(PLACE\)](#) during March to June, enabled Healthwatch to gather impactful insight on both hospital services and other services. The Healthwatch enter and view authorised representatives carried out a hospital visit monthly (alternating between the north and south of the county) and published individual reports ([for example](#)), apart from March to June when all local NHS hospitals were visited under PLACE and this input into the national data.

LIVED EXPERIENCE OF ADULT MENTAL HEALTH SERVICES

Through the recruitment, training and mentoring of six people with lived experience of mental health services, Healthwatch were able to engage with other local people and bring lived experience insight to the development of community services for adult mental health support, through the Pathfinder West Sussex areas. Healthwatch reported on this work through 2017-2018, concluding in a [summary report](#).

Healthwatch independently talked to local people in Crawley about Adult Social Care, and reviewed the online information and advice support, and summaries were reported in November 2017, with the aim of informing the case for change, and the development of future support.

SPECIFIC ENGAGEMENT

Healthwatch has spoken to local people who used and depend on the non-emergency patient transport services, to report on service improvements and to make recommendations to the newest commissioned service. Formal surveying was carried out twice and are detailed in two reports on this subject.

INFLUENCING WORK

Healthwatch also challenges the quality of equality impact assessments, engagement and communication planning, individual communication campaigns, both by attending a range of commissioner and provider committees and meetings; and by producing briefings and reports to highlight issues and the need for improved engagement and co-production with local people and communities.

Healthwatch West Sussex took part in the leadership workshops under the Better Births programme, and other task and finish groups, to secure greater understanding of the benefits of involving people in timely and appropriate ways, not just when formal consultation is needed, or when communicating decisions and changes.

They also have a representation with the Health and Adults Social Care Select Committee, the Health and Wellbeing Board and the Safeguarding Adults Board and details of activities here can be requested from Healthwatch direct (see contacts page).



Health and Wellbeing Board