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North East Hampshire and Farnham
Clinical Commissioning Group

Phase One Insights workshops

Outcomes and Actions

Background

At North East Hampshire and Farnham (NEHF) Clinical Commissioning Group (CCG) we know that service provision can be improved if we can learn more about the views, experiences and concerns of patients, service users, carers and our wider communities.

Through our staff values we have vowed to be bold, innovative and courageous in decision making to provide the right care, at the right time, in the right place for the local population.

Understanding the local issues from the perspective of our partners, alongside what matters to local people, allows us to identify common priorities and areas of our existing strategy which may need to be refocused.



In an attempt to better understand these local issues and adapt to the potential opportunities and challenges that the restoration phase, post COVID-19, brings we chose to seek cross organisational insights which could be shared with staff, from all organisations, to help inform their work and allow us to strengthen our relationships as we work in partnership towards a shared set of goals.

The sessions

NEHF first Insight week took place during the week of 27 July. The aim was to bring people together from both NEHF CCG and our partner organisations to take stock of where we were before the pandemic hit, review our understanding of the impact of the pandemic, adjust our areas of focus where required and help influence the way we need to work for the rest of the year.



We wanted to take the time to review and reflect on what we have learned. Simply returning to how we worked before the COVID-19 pandemic would be a wasted opportunity and we would be failing in our commitment to local people, colleagues and partners in continuously striving to improve what we do. In fact under our CCG's values we have pledged to '**be bold, innovative and courageous**' promising to '**seek out new ideas, learn from experiences and act on feedback**'.

For the insight work we used a number of different methods to capture feedback from local people, from staff and from our partners. Over the course of the insight week this information was shared through a series of three virtual sessions. Staff, local authority colleagues and community ambassadors had the opportunity to have



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a conversation about how these themes should inform what we do. A further two sessions were held during the week of 17 August for those people who had not been able to attend the previous sessions. The sessions were split into three distinct sections with opportunity for conversation between each:

1. Work on CCG and system priorities pre-COVID
2. The impact of COVID on staff, the organisation and health and care providers
3. The impact of COVID on wider stakeholders, patients, carers and the general public

Participants were also encouraged to record their thoughts, comments and questions throughout the session via the 'chat box' to support the development of this report.

A total of 30 people took part including representatives from a range of staff teams, local GPs, local authority colleagues and Community Ambassadors. The aim of the session was to support:

- Partnership working towards shared ambitions
- Better use of resources and finances
- Joined up thinking across health, care and community settings
- Maximisation of the impact of local qualitative and quantitative insights
- Avoidance of duplication of conversations and potential for silo working
- Innovative thinking and exploration of new ways of working
- Recognition that we don't have all the answers
- Development of local priorities with the CCG values in mind

The insights



A wide range of sources were used to form the basis for conversation. Some of these were national sources, others were local and some insights were based on telephone conversations with local stakeholders. The full set of insights slides used in the sessions was developed which includes full details of sources used to obtain data and information, including:

Reports and data sources	Local conversations
<ul style="list-style-type: none"> • Ipsos Mori national COVID impact surveys • National Citizens Advice report • Office for National Statistics (ONS) report • Frimley Health and Care Community Panel survey • NEHF local survey • National Primary Care survey • Local Primary Care Staff survey 	<ul style="list-style-type: none"> • Primary Care colleagues • Community services colleagues • Acute Colleagues • Hampshire County Council • Hart, Rushmoor and Waverley District and Borough Councils • Voluntary Sector Leads • Healthwatch Hampshire & Surrey • Citizens Advice Rushmoor



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<ul style="list-style-type: none">• Local Acute data re admissions• Data shared by Rushmoor Borough council and Citizens Advice Rushmoor• Wessex Voices COVID-19 survey tracker	<ul style="list-style-type: none">• Carers Support services (Adult and young carers)• Charity closely working with the Nepali population• Community centre in area identified as deprived• Counselling service for young people and local charity offering individual and family support
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Participants from each insights session also received a full copy of the presentation and supporting materials. A toolkit for communications and engagement during the pandemic was also developed and shared with all participants.

Outcomes and actions:

Overarching themes

- Planning and priority setting must be joined up
- Building on the relationships formed and partnerships made is key to taking this work forward but we must now move to address the areas which are shown as emerging.
- There must be a way to continue to share this data which is regular and in the fabric of our ways of working across all organisations
- Recognising inequalities – working to the same definition of this – Identifying the hidden need outside of the recognised areas of deprivation targeting all not just those we perceive as vulnerable and talking in distinct terms when referring to health inequalities vs the wider issues within the inequalities bracket.
- Beware of a conversation that frames everything in the light of COVID when work existed pre-COVID. How do we tell the story from Vanguard localities through to the Primary Care Networks (PCNs) and then on to COVID whilst showing that they are all a continuation of the same ‘story’.
- We must recognise the difference between existing need that has been ‘unveiled’ by COVID and what is a direct consequence.
- COVID has offered the opportunity to trial new ways of working and testing new approaches. This hasn’t always worked in the way expected and we must learn and share the outcomes of these trials. E.g. Mental health triage trial at A&E.
- Work does not have to be large scale and can start at street or household level



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- Recognising the transition to digital and the real problems its throws up – Explore accessibility issues and digital poverty.
- Recognise considerable concerns from health providers (primary care, community services and acute settings) over workload and management during a second surge and/or winter pressures.
- There is a perceived disconnect between Primary Care and Secondary Care with particular regard to understanding service change, referrals and patient pathways that has been exacerbated by COVID.
- Potential large scale piece of work to be done to manage patient expectation and to support behaviour change around access to Primary Care.

Suggested immediate actions to be taken forward within NEH&F – Addressing our Health Inequalities



An interim report has been provided to the Senior Leadership Team (SLT) and will also be shared with the NEHF Place Committee. This proposes short-term actions through the development of Task and Finish groups. These groups would then scope the work, understand any further information required to respond to the issue we are trying to resolve, develop a project plan, agree who needs to be involved, do the work and report back in to an agreed central meeting:

The three strong themes which should be reviewed and may allow immediate actions:

- a) Access to services and communications for our Nepali community – working with our colleagues in Rushmoor voluntary services and Rushmoor Borough Council alongside Citizens Advice in developing a Nepali Community Impact assessment and developing a joint plan targeted to support people to look after themselves, and to access health and care services appropriately.
- b) Digital access and digital poverty – Linking with our voluntary sector and local councils (including the Surrey Coalition for the Disabled digital lending scheme supported through the Innovation Conference) understand how we can work together to support people in different ways, and understand how we build an impact assessment to influence the way in which we design and commission our services in the future.
- c) Fill identified gap in insight in mental health, Learning Disabilities (LD), Care Homes and further the conversations around Young People - Communications and Engagement team to work with teams in these areas to pull together more information and insight on these communities.



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NHS

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Further action - Ensure that we build insight into what we do:

This process for NEHF has shown that we need to continuously ensure we gather insight and take the time to pause and reflect on how this impacts the work that we do.

A workshop is planned for early October that will be co-designed with Local Authority representatives to support consolidation of partnership working to date. This is likely to include:

- A series of conversations covering the purpose of the workshop and agreeing a way forward - Consolidate priorities, compare and contrast at an organisational level, confirm our approach to (and definition of) health inequalities and the means of implementation including the role of the community deal.
- The outcomes of the Rushmoor and Hart community surveys (currently on-going)
- The outcomes of the NEHF community survey and questions from the community forum
- Share and develop insight gathered from those areas identified that we do not have enough insight; LD, mental health, young people and care homes
- Feedback on the work undertaken from the 2 target priority areas on the previous page and the wider insight phase

The insight at this session will have been reviewed prior to the workshop to present a triangulated view combining quantitative and qualitative insight to support the understanding of the gaps in health inequalities we have locally, where we need to target across our Place and at Neighbourhood to hold a collective view, linking back to our wider ICS ambitions as outlined in the five year strategy, 'Creating Healthier Communities'.

Immediate actions for the Communications and Engagement Team

- Explore using the Hampshire County Council developed 'Its ok' campaign – encouraging those that have been shielding to regain independence in a safe way. (Developed without branding to encourage stakeholders to take this up)
- Agree a method to receive data from ongoing Rushmoor and Hart survey work
- Agree a way to understand Hart District Council's mapping of hidden need
- Gather information from social prescribers around themes they are seeing and the barriers to them being able to carry out their work effectively
- Consider collecting some local stories – 'My life during COVID'
- Consider how this work sits alongside the ICS analytics 'insights' dashboard to provide stronger insights supported by current local data



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- Continued stakeholder engagement to ensure regular updates from voluntary sector, Healthwatch and Local Authority partners. (Including attendance at Rushmoor Multi Agency meeting, Waverley Transformation and Recovery group and Hart sounding Board meetings)

Feedback from insight session participants

The Insights session was excellent (well done Communications & Engagement team!) - Definitely part of our unique NEHF place culture.

**Ollie White, Director of
Operational Finance, NEHF
CCG**

Really useful session, thank you - the sharing of data to support our priorities is crucial.

**Emma Lamb, Rushmoor
Borough Council**

Thank you to you and the team for all the hard work that has gone into the insights sessions. The material was fab and really thought provoking. It was expertly led and the space for reflections and conversations felt just right.

Thank you – I feel even more focused on what we have to do to get focused on communities and inequalities

**Emma Boswell, Executive Director of Development and Improvement,
Frimley Collaborative of CCGs**

Thanks for the really helpful Insights presentation this week and this comprehensive follow up information. Looking forward to our next meeting.

**Andrew Colver, Head of
Democracy and Community,
Rushmoor Borough Council**

Thank you for inviting me to take part yesterday. I enjoyed the Insight session... I found viewing slides on line a positive experience, they were mainly easy to read and gave a good resource for the presenters to dip into to back up their point.

**Valerie Fabry, Community
Ambassador**