

Insights session content, notes and sources

Slide 1



Workshop purpose:

- Consider and reflect on where we were as an organisation pre covid
- Recognise the barriers and opportunities that the impact of COVID has established
- Consider the insights we have from across a wide range of sources
- Support recovery and restoration for our communities

Slide 2



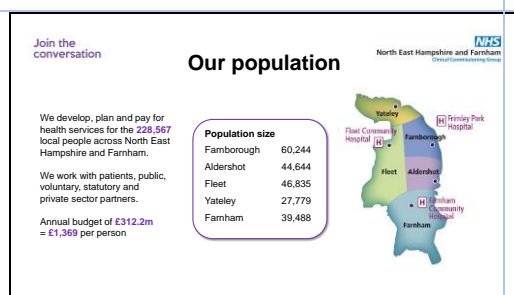
Where were we Pre-covid? A great deal of work was done to understand and think about our priorities as a system and as a CCG. Much of this took place towards the end of last year and the early part of 2020.

ICS ambitions and strategy agreed – inspiration station (with delivery primarily at Place)

- We began working as a collaborative of CCGs in December 2019
- NEHF priorities and objectives agreed (in principle) via the 'planning room' process that involved many of our CCG staff

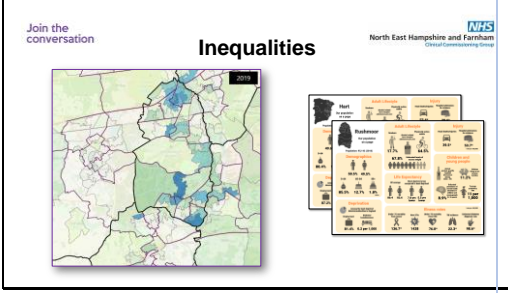
Useful link: Frimley ICS Strategy - <https://www.frimleyhealthandcare.org.uk/media/1459/frimley-health-care-system-strategy-narrative-final.pdf>

Slide 3



We also know a great deal about our local population. A range of sources including Public Health, our system analytics team and Local Authority data provide us with a huge amount of data that can help shape our work.

We understand a great deal about our local communities and can look at age profiles, illness statistics and even their lifestyle habits.

		<ul style="list-style-type: none"> Our five Primary Care Networks help us to define our geography and neighbourhoods but of course everyone will have a different perception of who makes up their local community and where it is (could be virtual, could be based on a shared identity, a local street, group/club, community of interest, town etc.)
Slide 4		<p>One thing we can be clear on is that we have areas of inequality within our CCG and these are usually directly linked to areas of deprivation.</p> <p>Today is about trying to understand the impact of COVID on some of these existing inequalities and hearing feedback from some of our local communities, stakeholders and partners.</p> <ul style="list-style-type: none"> The map highlights these areas and for those with more local knowledge, the ten wards with the highest levels of inequality (measured by unplanned hospitalisations) are: <ul style="list-style-type: none"> Cherrywood - Farnborough Aldershot Park - Aldershot West Heath - Farnborough Cove and Southwood - Farnborough Blackwater and Hawley - Hart St Mark's - Farnborough St John's - Farnborough Farnham Moor Park - Farnham Ash South and Tongham - Aldershot Ash Wharf - Aldershot <p>Source:</p> <ul style="list-style-type: none"> - http://dclgapps.communities.gov.uk/imd/iod_index.html - NHS RightCare Equalities and Health Inequalities pack (Dec 2018) - https://www.england.nhs.uk/wp-content/uploads/2018/12/ehirc

[p-se-north east hampshire and farnham-ccg-dec18.pdf](https://www.northeasthampshireandfarnham-ccg-dec18.pdf)

Slide 5

Join the conversation

North East Hampshire and Farnham Clinical Commissioning Group

Community conversations

- Rushmoor community health and wellbeing conversation took place in January.
- Representatives from across the local community collectively developed a set of local health and wellbeing priorities.



Key themes	Ways of working
Listening to people and families – understanding the context	Community Development – Building communities with a collective sense of purpose, hope and confidence
Wellbeing and resilience of young people	Signposting / networking – sharing ideas and learning from each other
	Better use of facilities and building on what we've got

More info, presentations and report available:
<https://www.northeasthampshireandfarnhamccg.nhs.uk/get-involved/community-forum>
Discussions are underway as to how we link effectively with Hart and Farnham areas to develop a similar approach.

Slide 6

2020/21 Place based delivery priorities

North East Hampshire and Farnham Clinical Commissioning Group

Outstanding use of Resources:	Maximise our existing services:
<ul style="list-style-type: none"> Summer 2020 - Launch of the Farnborough Health Centre Through 2020/21 mobilise our new Community Service contract Implement Mental Health Integrated Communities in three of our localities/neighbourhoods Roll out the Digital First Primary Care programme locally, supporting our Practices to maximise the value of this programme 	<ul style="list-style-type: none"> Ensure all five of our Integrated Care Teams are meeting the system standard operating procedures Support the development of our Primary Care Networks Work with the Hampshire MACH team to establish an improvement road map for our Children's Services

Focus on Wellbeing & Shared Well:	Develop our people:
<ul style="list-style-type: none"> Working in partnership with our local Councils to identify health inequalities within our local communities, focusing on making a tangible difference to reduce inequalities in a specific area Working with the ICS to engage with our local population to develop a community deal. 	<ul style="list-style-type: none"> Building on the output of the Culture Corner, continue our focus on supporting the Health & Wellbeing of our staff and exploring how this can support all employees working from Alderhot Centre for Health Support our staff development by improving the training opportunities they can access Utilise their collective skills and experiences to improve the services we commission


These priorities were developed in Jan/Feb after a series of 'planning rooms' that gave staff the opportunity to contribute.

Slide 7

Join the conversation

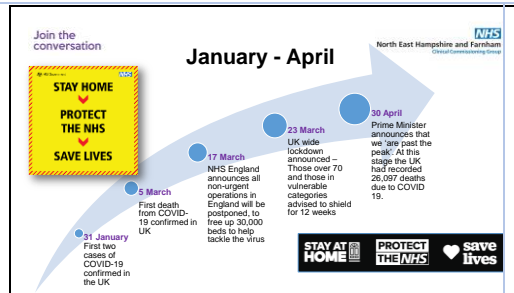
North East Hampshire and Farnham Clinical Commissioning Group

Time for reflection



Does the work done earlier in the year still feel relevant? Have you continued to work to the CCG priorities or has COVID completely changed the trajectory? Are there elements of that work that you feel we should still be focussing on? How does it feel to think about the work being done pre-covid?

Slide 8

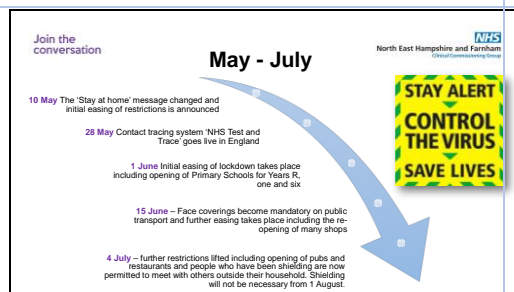


Everything changed for all of us in a very short space of time and we all had to adapt... The next two slides are just a brief re-cap and reminder of how quickly things changed for us in England. As we run through this consider the impact on your situation, particularly thinking about your role and work before covid compared to

Source:

https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_the_United_Kingdom

Slide 9



Source:

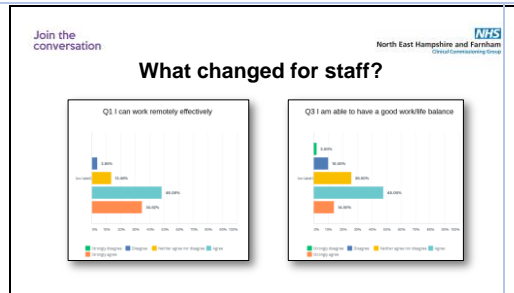
https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_the_United_Kingdom

Slide 10



The change for all of us was dramatic and the organisation had to respond at speed...

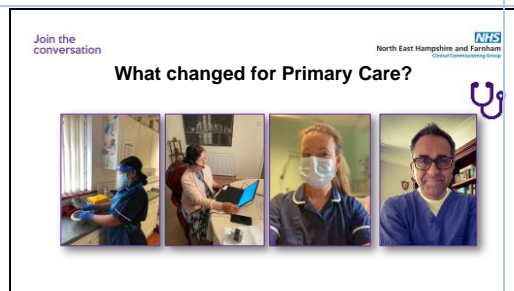
Slide 11



These graphs are taken from the most recent staff survey and show that even some time into the pandemic there are still a number of staff who are struggling with a good work/life balance. A number of sessions and surveys have taken place to understand the effect on staff which includes...

- Working from home
- Caring for family
- Caring for friends and neighbours
- Home schooling
- Isolated/shielding
- Changing roles and responsibilities
- Coping with uncertainty
- Better work/life balance
- More time with family
- More time for yourself
- More use of technology

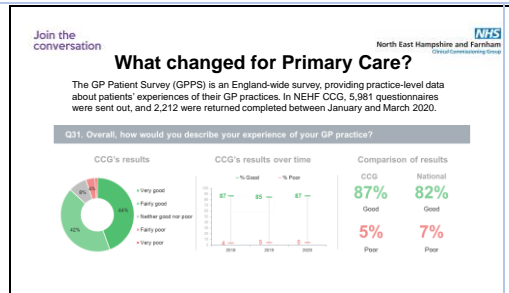
Slide 12



Fast change in primary care – important to remember that staff are all people with their own lives, concerns and anxieties too – this was on top of maintaining a service (some GPs moved out of their family homes, some had to shield, some had young children at home etc)

- Online/telephone triage/minimal face to face appointments
- Online prescriptions
- Established hot and cold sites
- Played a key role in local response (testing etc.)
- New procedures/guidance issued

Slide 13



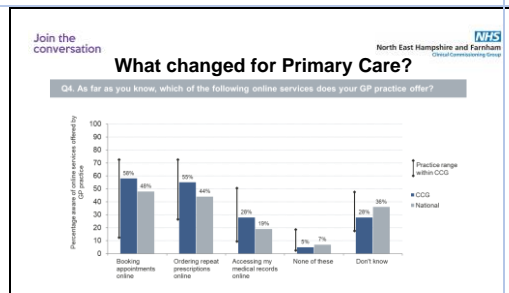
The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices. In NEHF CCG, 5,981 questionnaires were sent out, and 2,212 were returned completed between January and March 2020.

Almost 90% patients described experiences with our GP Practices as either fairly or very good. This is better than the national average.

Source: NHS England/Ipsos Mori GP Patient Survey Results 2020:

<https://www.gp-patient.co.uk/Slidepacks2020>

Slide 14



COVID has led to changes in the way people access our services so it's interesting to reflect on where we were before COVID and the challenges this may pose...

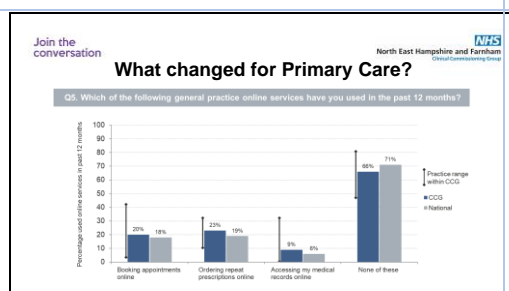
Awareness of online services within primary care were very mixed. Although overall the picture is good, with around half knowing about online appointment booking and prescriptions, there are still many who were not aware.

- There is also a very large variation between different practices in our area (demonstrated by the black lines)

Source: NHS England/Ipsos Mori GP Patient Survey Results 2020:

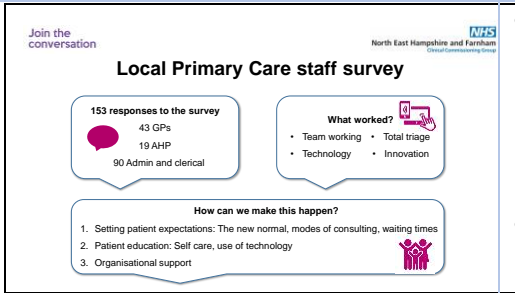
<https://www.gp-patient.co.uk/Slidepacks2020>

Slide 15



This slide demonstrates that 66% of patients hadn't used these service in the past 12 months.

We know from our experience in primary care and from your feedback that many people have now had to access services in a different way but for many it will

		<p>have been a new experience so we are keen to understand what has worked well and what could be better.</p> <ul style="list-style-type: none"> • We will come on to explore patient and public feedback... <p>Source: NHS England/Ipsos Mori GP Patient Survey Results 2020: https://www.gp-patient.co.uk/Slidepacks2020</p>
Slide 16	 <p>The infographic is titled 'Local Primary Care staff survey' and features the NHS logo. It is divided into three main sections: 1. '153 responses to the survey' which lists 43 GPs, 19 AHPs, and 90 Admin and clerical staff. 2. 'What worked?' which lists 'Team working' and 'Total triage' as positive factors. 3. 'How can we make this happen?' which lists three points: '1. Setting patient expectations: The new normal, modes of consulting, waiting times', '2. Patient education: Self care, use of technology', and '3. Organisational support'. There are also small icons of people and a hand holding a device.</p>	<p>We have surveyed our GPs and practice staff. Over 150 responses were gained which tells us that there is much to learn from the experiences of the past few months.</p> <p>Practices are reporting better team work, more innovation and new uses for technology including virtual consultations and new triage systems.</p> <ul style="list-style-type: none"> • Like with many of us, Practice staff also had some things that didn't work so well including confusing and ever changing guidance, lack of PPE equipment, long hours and difficulty in identifying shielded residents effectively. • Going forward we need to carefully consider how we support patients and staff to understand and be involved in changes that will need to remain, to support with technology and offer new ways for people to care for themselves where they can. <p>Source: NEHF CCG Primary Care Survey – June 2020</p>

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Join the conversation

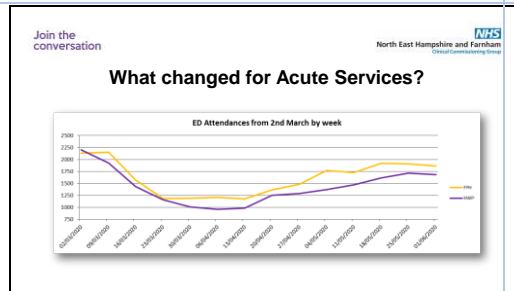
North East Hampshire and Farnham
Clinical Commissioning Group

What changed for Community Services?

- Patients are still anxious about face to face appointments and frequently ask for home visits or delay appointments.
- It would be possible to utilise more technology but the patient cohort is not always set up or able to access in this way. This is due to a number of reasons including learning disabilities, cognitive impairment and physical disability.
- Concerns about the most vulnerable and those who have been shielding for a long time – actively considering how volunteers may be able to support.
- If there is a second wave of COVID-19 (localised), it is unlikely that services will be asked to stop completely again. Managing this will be a challenge.



Slide 18



Like Primary care, Acute services were also affected dramatically. To go through in detail would be more than an hour in itself but the effect was significant. Staff were redeployed, retired staff came back, infection control procedures were changed and an emotional and mental toll on some staff was inevitable.

- We will also go on to talk about how the behaviour of patients and families changed – people were less likely to turn up to A&E as demonstrated in this graph and routine appointments and surgeries were postponed.
- Moving forward, a great deal of work is underway to get services back up and running whilst retaining a level of capacity for a further surge in COVID-19.
- Communication with patients, families and communities is going to be really important as people have received a number of different messages over the past few months.

Source: FHFT Presentation 'ED Changes in Covid Era'

Slide 19

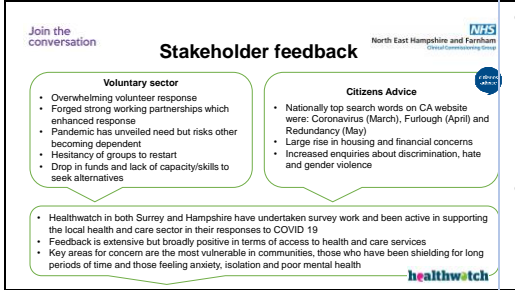
Join the conversation

North East Hampshire and Farnham
Clinical Commissioning Group

What changed for our partners?



Conversations have taken place with Voluntary Sector and HW Leads across the whole ICS, Hart District Council, Rushmoor Borough Council, Waverley Borough Council and Hampshire County Council and County Council and District/Borough – focus on welfare and support for shielding and vulnerable

		<p>residents, close partnerships with the voluntary sector</p> <ul style="list-style-type: none"> • Voluntary Sector – very proactive response, logistical community response, influx of volunteers, reassessment of risk, wrote and issued advice and guidance for the sector and for local people • Community – newly established neighbourhood groups, mutual aid groups, local street networks – often using social media, Facebook, WhatsApp. Very localised but often very effective support
Slide 20		<p>Understanding the experiences of some of our partners and stakeholders gives us a different perspective - Without it we wouldn't have the full picture. The impact of COVID has been enormous so this slide gives just a few key pieces of feedback...</p> <p>Based on 1-1 conversations with leads at RVS, HVA, VASWS, CAB (Rushmoor), Healthwatch Hants and Surrey.</p> <p>Further sources: HW Surrey intelligence reports: https://www.healthwatchsurrey.co.uk/our-work/influencing-change-and-improvements/priority-consultation-report/</p> <p>Wessex Voices – compiling all Covid surveys and reports here: https://www.wessexvoices.org/blog/understanding-the-impact-of-covid-19-through-ppi-surveys</p> <p>CA national report: '3 Months of a Global Pandemic': https://files.constantcontact.com/ca3da02a001/866092fa-3d41-4658-bb2b-d9fb3899619d.pdf</p>

Slide 21

Join the conversation

Stakeholder feedback

RUSHMOOR BOROUGH COUNCIL

- Rushmoor one of the highest referral areas through Hampshire Helpline, 89% of cases raised are closed
- 686 Rushmoor residents have received Government food boxes – 97 still getting them
- 110 households provided locally – 23 were because of missing Government boxes
- Of the calls – 38% were one off referrals (but may have multiple requests)
- 12% included a Citizens' Advice referral
- 55% had food issues
- 28% had a prescription collection

Clients helped Q1 2019 vs Q1 2020

- 8% Disabled in 2019 down to 4% in 2020
- 38% Long term Unwell in 2019, 24% in 2020
- Average age of client down from 47 to 45
- Asian clients down from 9% to 7%
- Black up from 2% to 5%

There is a huge amount of insight available to us – using Rushmoor here just by way of example but we know there is a similar picture emerging in Hart and Waverley too.


Source: presentations material provided by Citizens Advice Rushmoor and Rushmoor Borough Council (available on request)

Slide 22

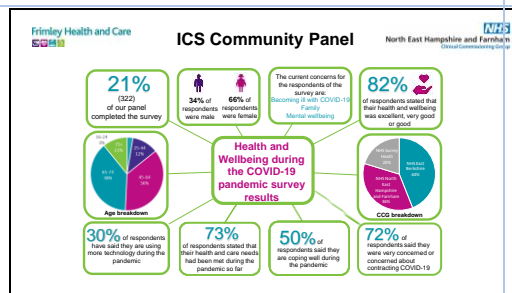
Join the conversation

Time for reflection

- How do you think this period of rapid change has benefited your work?
- How has it challenged/disrupted your work?

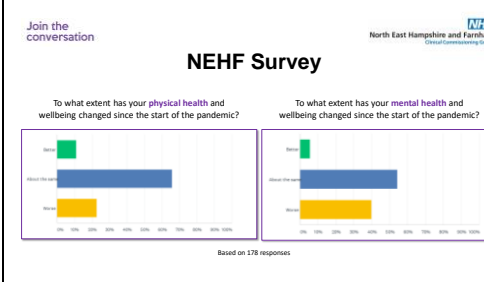
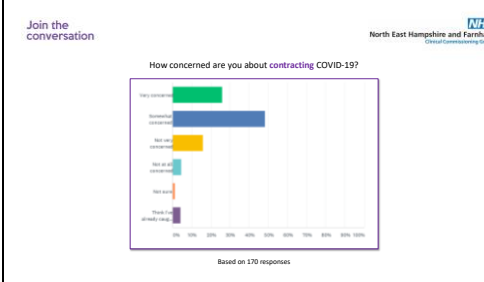


Slide 23

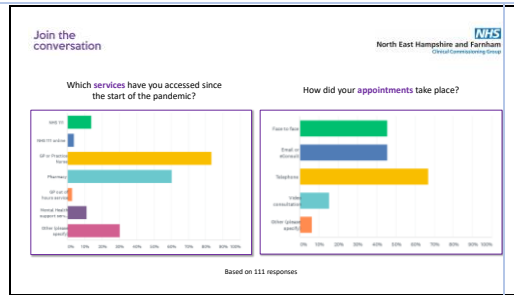


Frimley Health and Care Community Panel has more than 1,500 members (recruited throughout the Summer of 2019) representing people who live in Ascot, Bracknell, Farnham, Maidenhead, North East Hampshire, Slough, Surrey Heath and Windsor.

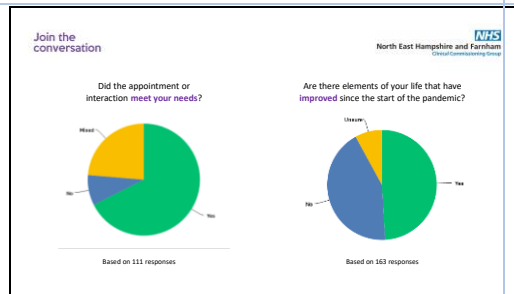
- A survey that took place in June gave us a snapshot of experiences during the first lockdown phase of the pandemic.
- The full reports are available on the Frimley health and care website but some of the key findings include:
 - Overall, people have found the regular changes in advice and guidance around Covid-19 confusing and/or conflicting
 - Many people are coping well and have made positive lifestyle changes including more exercise and better dietary choices
 - Many people are using technology more frequently or for the first time to access medical appointments and for social interactions
 - Mental health and wellbeing has been negatively impacted by Covid-

		<p>19 leaving some people feeling anxious, worried and confused</p> <ul style="list-style-type: none"> - Many people have started volunteering and have established better or new relationships with their neighbours. - There are still significant concerns about contracting Covid-19 - Overall, people have had positive experiences and feel that their health and wellbeing needs have been met during the pandemic <p>Full report and summary data available on ICS website: https://www.frimleyhealthandcare.org.uk/get-involved/community-panel/</p>
<p>Slide 24</p>	 <p>The slide displays two horizontal bar charts from the NEHF Survey. The left chart, titled 'To what extent has your physical health and wellbeing changed since the start of the pandemic?', shows that 'Better' (green bar) is at approximately 10%, 'About the same' (blue bar) is at approximately 70%, and 'Worse' (yellow bar) is at approximately 20%. The right chart, titled 'To what extent has your mental health and wellbeing changed since the start of the pandemic?', shows 'Better' (green bar) at approximately 10%, 'About the same' (blue bar) at approximately 60%, and 'Worse' (yellow bar) at approximately 30%. Both charts are based on 178 responses.</p>	<p>We used the findings of the ICS survey to help identify areas where we wanted to understand more. Our recent local CCG survey builds on these findings. The survey is still open so please take part if you haven't (we will share the details in the chat). These slides were prepared based on the first 180 responses...</p> <ul style="list-style-type: none"> • Slides contain graphs for the following: <ul style="list-style-type: none"> - Physical vs mental wellbeing (better/worse) - Concern about contracting covid - Services used, methods used and needs met - Elements of life that have improved (positive example include more use of tech, more time, exercise, diet improvements and better work/life balance)
<p>Slide 25</p>	 <p>The slide displays a horizontal bar chart titled 'How concerned are you about contracting COVID-19?'. The chart shows five levels of concern: 'Very concerned' (green bar, ~25%), 'Somewhat concerned' (blue bar, ~45%), 'Not very concerned' (yellow bar, ~15%), 'Not at all concerned' (light blue bar, ~10%), and 'Think I'm already infected' (orange bar, ~5%). The chart is based on 170 responses.</p>	

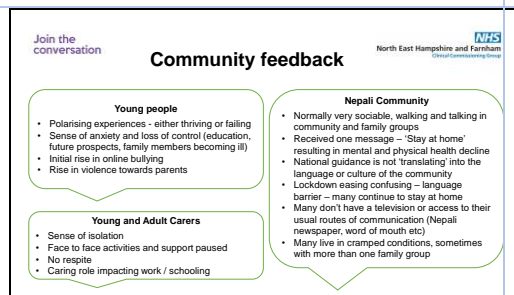
Slide 26



Slide 27



Slide 28



We know the survey won't reach everybody so we are continuously speaking to our wider stakeholders to better understand how communities have been impacted by COVID-19.



Some examples of feedback include:

Young people

- Carers and Young Carers
- Nepali community

- We will be continuing to reach out, offer new opportunities for involvement and do our best to understand your views and experiences. This work offers a snapshot so further engagement and work with partners over time will build a more comprehensive picture.

Based on 1-1 conversations with leads at Fleet Phoenix (Youth organisation), Hart 121 (Youth Counselling Service), Rushmoor Healthy Living, Rushmoor Borough Council, Hart District Council, Waverley Borough Council, Princess Royal Trust for Carers, Andover Mind, Hampshire Young Carers Alliance

Slide 29	<div data-bbox="391 264 885 555"> <p>Join the conversation</p> <p>North East Hampshire and Farnham Clinical Commissioning Group</p> <h3>Future priorities...</h3> <p>Building on the foundations of partnership working across system organisations, the new Collaborative priority themes are:</p> <ul style="list-style-type: none"> • Meeting the needs of our communities – e.g. Covid recovery & restoration • Addressing emerging priorities – e.g. tackling health inequalities, improving health outcomes and better integration of services • Building on our models of care – learning from all the changes implemented during Covid and embedding the best of them into our future ways of working • Creating a new health & care landscape – influencing changes at place, Collaborative and beyond to create the right infrastructure to serve our population • Continuing to be recognised as a team that engages with the local community, co-designing services and working together with our key partners, local population and third sector colleagues  </div>	<p>These priorities have been shaped by conversations within the <u>Executive Leadership Team</u>, place-based meetings, staff surveys and insight from what people are telling us. They are strongly influenced by the ongoing implications of Covid-19, the need to plan for winter and beyond and the direct and indirect consequences the pandemic has had on our population's health and wellbeing.</p>
Slide 30	<div data-bbox="391 703 885 994"> <p>Join the conversation</p> <p>North East Hampshire and Farnham Clinical Commissioning Group</p> <h3>How can this insight support your work?</h3> <ul style="list-style-type: none"> • What has changed and why – what have we learned? • What are the service specific implications? • Does this effect future procurement plans? • Personal reflections <h3>How can we support your work?</h3> <ul style="list-style-type: none"> • Engaging during COVID-19 - What tools would help shape your work? (poster packs) • What engagement support would be useful? (Drop-in sessions, Training?) • Are there key areas to focus on in the short term? (service specific, community specific?)  </div>	