

Scrutiny Inquiry Panel - Carer Friendly Southampton

Thursday, 26th November, 2020
at 5.30 pm

PLEASE NOTE TIME OF MEETING

Virtual Meeting

This meeting is open to the public

Members

Councillor Savage (Chair)
Councillor Prior (Vice-Chair)
Councillor Coombs
Councillor B Harris
Councillor McEwing
Councillor White
Councillor Windle

Contacts

Mark Pirnie - Scrutiny Manager 023 8083 3886

ADDITIONAL INFORMATION AND PRESENTATIONS

7 **CARER FRIENDLY SOUTHAMPTON - CARERS IDENTIFICATION RIGHTS, RECOGNITION AND SUPPORT** (Pages 1 - 88)

Presentations received at the meeting.



Carer Friendly Southampton

Sharon Stewart, Head of Service for Adult Social Care & Louise Ryan, Service Manager for Social Well-Being



Carer Assessment

- The Care Act gives carers the right to support from their local authority. You can get this support through a carer's assessment.
- A carer's assessment is for carers over 18 years old who are looking after another adult over 18 years old who is disabled, ill or elderly. It is an opportunity to record the impact caring has on your life and what support or services you need. The assessment will look at for example, physical, mental and emotional needs, and whether you are able or willing to carry on caring.

Respite & Replacement Care



Replacement Care

- The assessment for replacement care will have to involve the adult and carer, because the adult is usually going to receive the care and support to relieve the carer of the role.
- The definition is the carer needs to be providing 'necessary care'.
- It must involve the adult and their agreement to accepting and agreeing the care and support.

More than placement

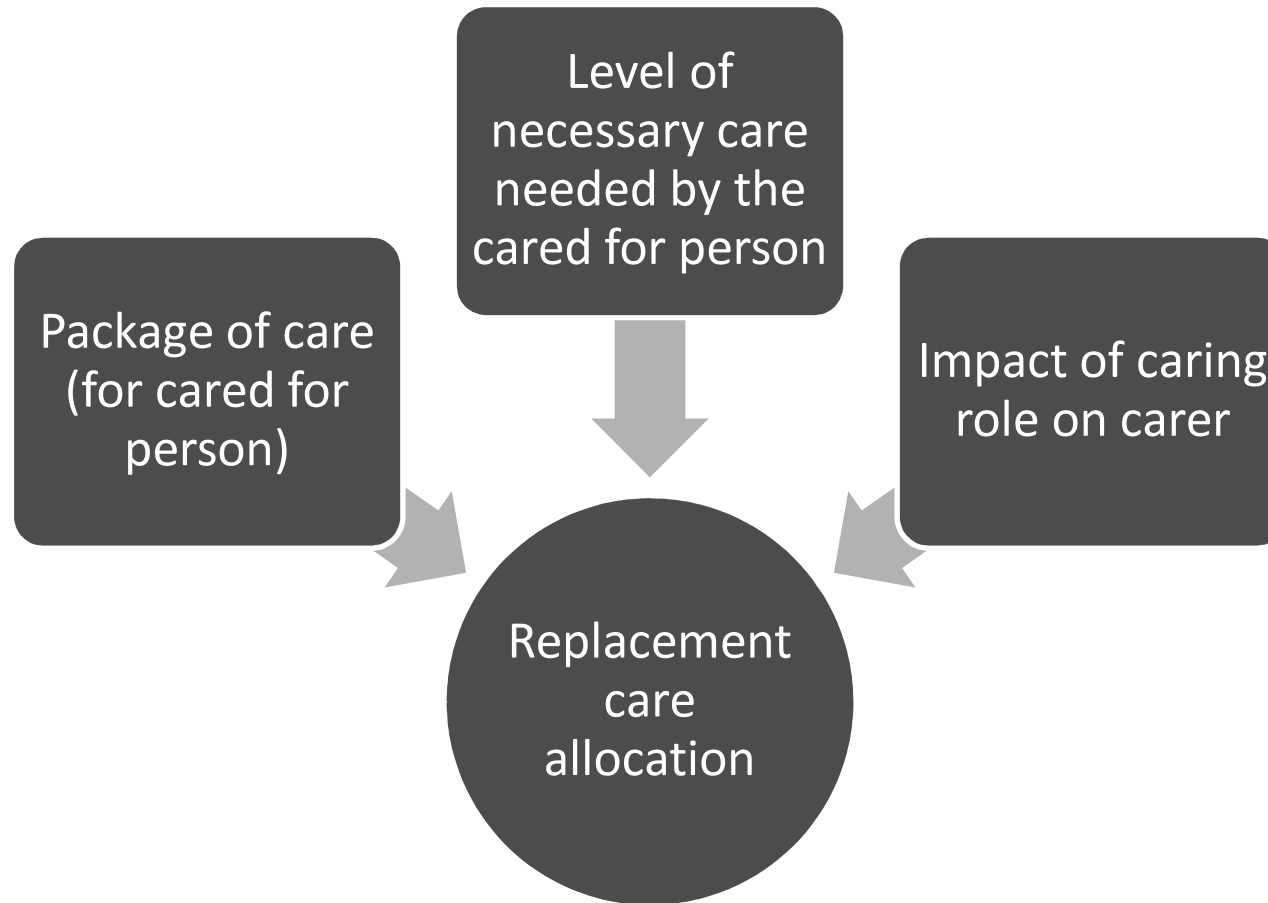
There are a variety of ways in which you can provide replacement care:

- Increased support at home.
- Sitting service or time with a carer to allow the carer to do something specific.
- Direct payments for increased support at home, respite or for flexible support.
- Opportunity to learn
- Day service provision.
- Residential or nursing services.

Replacement Care

- Replacement care was known as respite care
- Respite care was often provided for both the cared for person and the carer. This usually used one or two types of services
- The Care Act has made it clearer that replacement care should be provided to replace the care given by the unpaid carer to enable them to have a break
- We should be clear on why we are providing replacement care
- Replacement care should be provided in a fair and consistent manner to all carers.

Allocation of Replacement Care



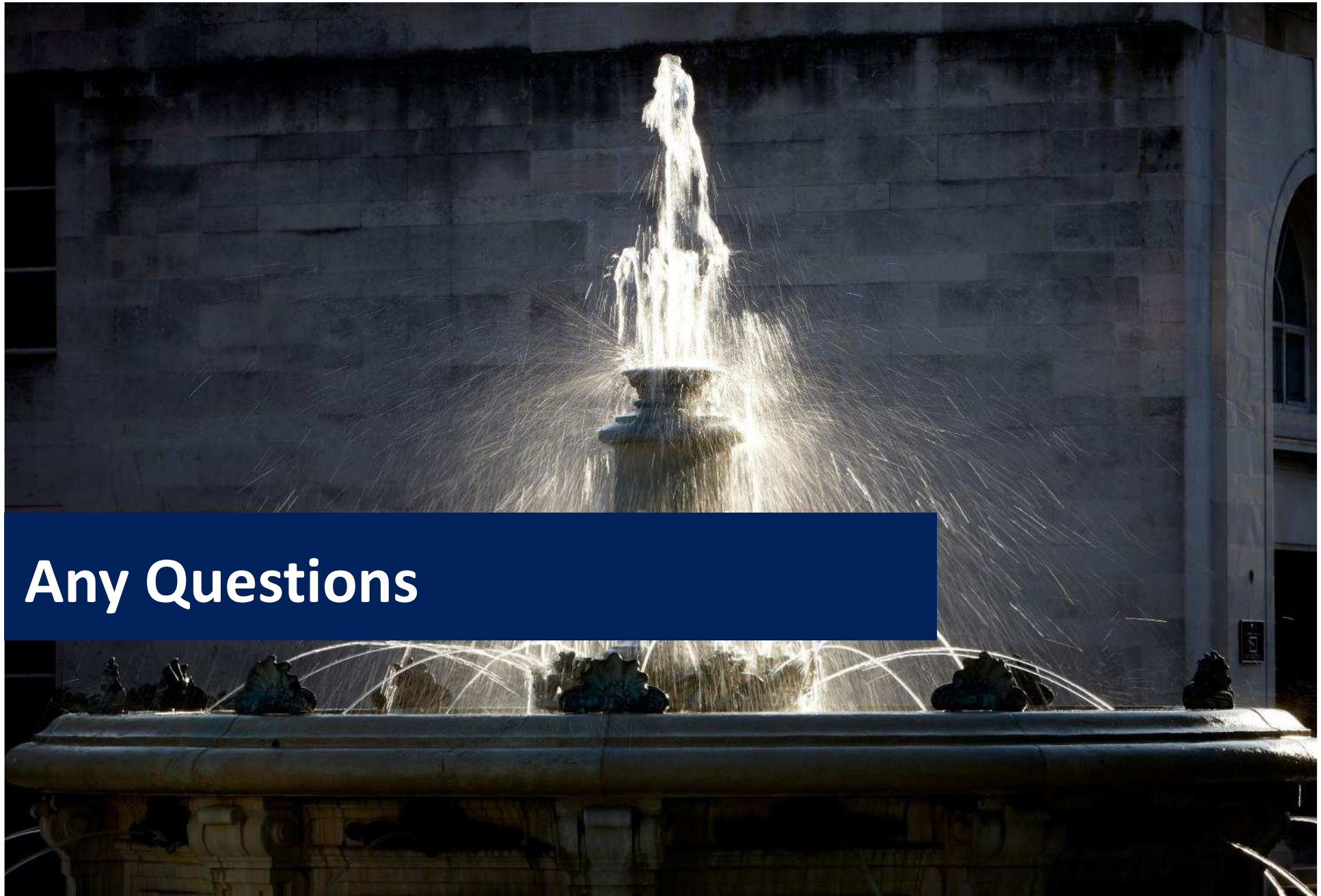
Triangulation of Care

The process will triangulate these three key pieces of information.

- Carer assessment (covers the impact of the unpaid caring role on the carer's mental and physical wellbeing)
- Current care package provided to (or self funded by) the person with care needs (eligible or not)
- The level of necessary care being provided by an unpaid carer.

Asset Based Support in Communities

- There are a variety of ways in which you can provide replacement care to improve the carers physical and emotional wellbeing and relieve them to do something they want or need to do.
- The need to shift towards a strength based and community assets based approach in supporting carers.
- Need to improve linking people to maximising and building on their own social networks, tapping into what's available in peoples neighbourhood.
- We need to support individuals from different care groups that may currently get less access or type of support available to be equitable.



Any Questions

SURREY HEARTLANDS ICS – SUPPORT FOR CARERS

SOUTHAMPTON PUBLIC SCRUTINY COMMITTEE – 26TH NOVEMBER 2020



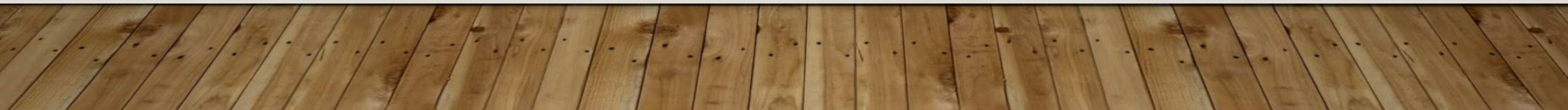
2 WHO ARE SURREY CARERS?

- From the 2011 Census and subsequent population projection figures, there are an estimated **115,216 carers of all ages who live in Surrey** including 31,850 people caring for more than 20 hours a week, while 68,943 juggle work with caring.
- We have **18,870 carers from Black, Asian and Minority Ethnic (BAME) communities** and there are also an estimated **14,700 young carers under the age of 18**. Only 2,600 of the estimated number of carers based on the 2011 Census were under 18. However, research shows much higher numbers of young carers than identified in the Census.
- Carers UK research undertaken by YouGov (June 2020) indicates that there are an estimated **4.5 million new carers nationally due to COVID-19** who are not reflected in the figures above.
- New data will be provided by the 2021 census. This should be seen in context of the GP Patient survey which estimates the real caring population is nearer 17%. For Surrey this would mean our caring population is closer to 200,000 carers of all ages.



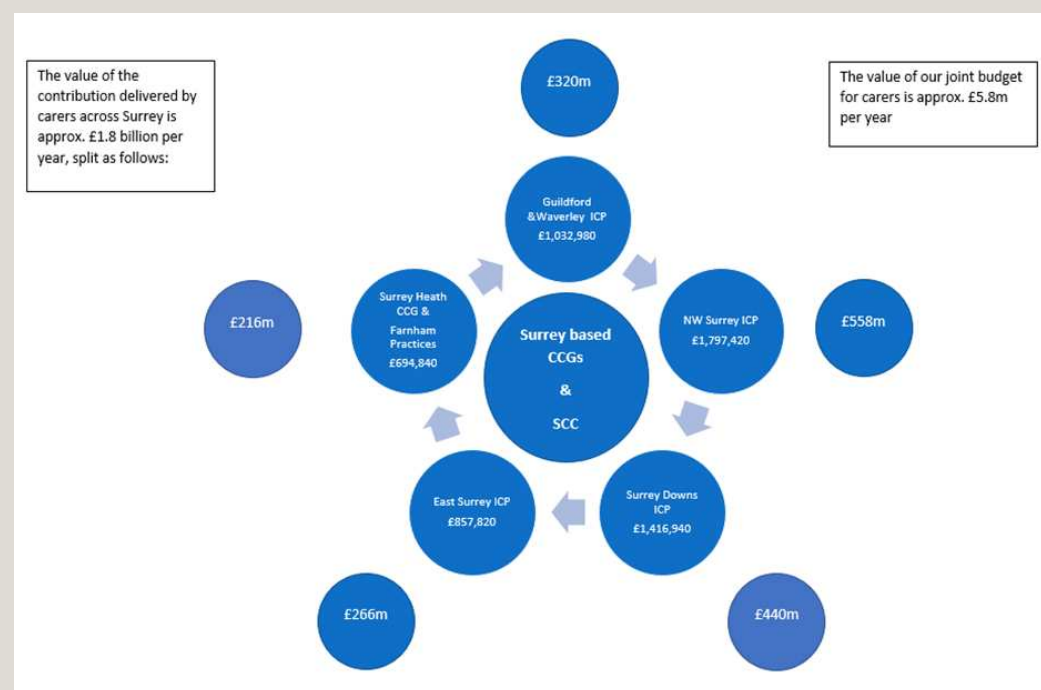
3 LEGISLATIVE & POLICY CHANGES

- The NHS Long Term Plan with its increased focus on prevention and personalisation and support for those who juggle work with caring.
- The Care Act and Children and Families Act having been in place for four years and we can see the actual impact rather than simply what was anticipated
- Our [Surrey Health and Wellbeing Strategy](#) and an ever increasing focus on integration of health and social care.
- Surrey Heartlands ICS & FICS ICS and 4 ICPs (Reflecting new landscapes without creating new borders).
- The County Council's new ways of working for social care
- New data and research over the last 4 years particularly the GP Patient Survey Data 2019 that has added to our knowledge
- New NICE Guideline [Adult Carers Support](#)
- Marmot Review – Unpaid caring as a social determinant of health



4 VALUING CARERS

- The scale of care provided is significant in two ways: The monetary value, along with a skilled personalised approach and high levels of expertise carers bring to the people they care for. Carers are the largest source of care and support in the UK.
- As an example of what this means to our community, the University of Leeds estimate that carers in Surrey save the nation some 1.8 billion a year which would otherwise be spent on long term admission to hospital care, home placements or expensive home support packages (Valuing Carers 2015).
- That amount can be mapped across different geographical parts of Surrey as shown here.



5 SURREY CARERS OFFER

- Home-based respite breaks including End of Life (EOL) carer breaks
- Carers Information
- Carers Support (adult and young carers & young adult carers)
- Carers Training including moving and handling
- Carers Events & Activities
- Advocacy
- Step up support for people caring for certain mental health conditions
- Carers Welfare Advice
- Carers Flu jabs and health checks



6 OUR STRATEGIC PRIORITIES FOR THE NEXT THREE YEARS

i. Commission high quality services for carers

ii. Support working carers

iii. Increase visibility of the role of the carer

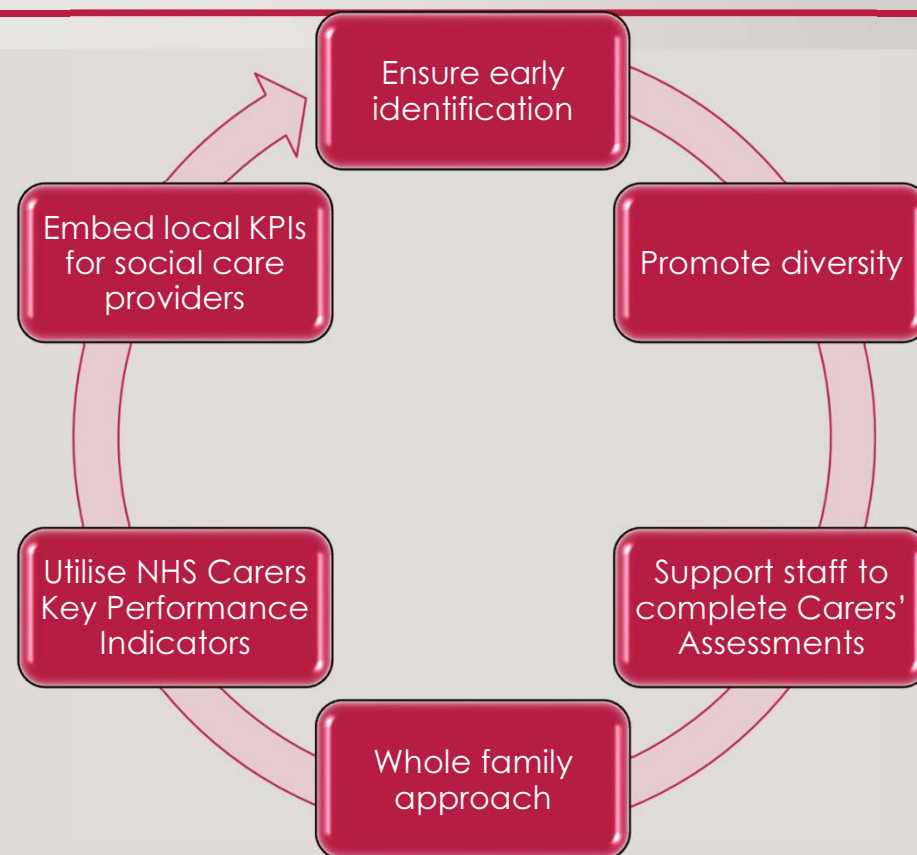
iv. Promote carers' rights

v. Strengthen carer voice

vi. Develop effective communication & engagement channels

7 INCREASE VISIBILITY OF THE ROLE OF THE CARER

- Identifying **carers** is the first step to providing them **with the support they need to maintain their own mental and physical health and wellbeing.**
- Unfortunately, research, borne out by local feedback, suggests that many **carers** are not recognised by health and social **care** services as having a **caring** role and so do not receive adequate support.
- People themselves frequently do not see themselves as carers, rather they see caring as an extension of their familial role: they are daughters, sons or partners, for example, doing what families and friends do.
- As such the term carer does not always resonate with them. In addition, becoming a carer can be a gradual process, and carers may not recognise the changing nature of their relationship with the person they support.



ACTIONS TO INCREASE VISIBILITY OF THE ROLE OF THE CARER

a) Ensure early identification

- Develop information sharing (with consent) between health, social care, carer support organisations and other partners.
- Might require a central data access point for individual carers' data.
- Builds on Surrey Carers' Prescription and the Hospital Carers Passport schemes (see You Said, We Did).
- Ultimately, we will add a 'carer marker onto the Surrey Care Record.
- **We will consider what other measures might be constructive in ensuring that the carers agenda is effectively promoted within primary care.**

b) Promote diversity

- Identify carers of all ages and backgrounds.
- **We will ensure that our services for carers are inclusive and address the needs and preferences of diverse groups, such as lesbian, gay, bisexual and transgender carers, and carers from diverse ethnic, religious and cultural backgrounds.**



9 ACTIONS TO INCREASE VISIBILITY OF THE ROLE OF THE CARER

c) Support staff to undertake and contribute to Carers' Assessments

- **Surrey County Council will support and train staff to:**

- Identify carers
- Undertake carers' assessments
- Recognise the needs and aspirations of the carer.

- **Healthcare commissioners will ensure that:**

- Practitioners who carry out or contribute to carers' assessments have training and skills in that role and access to specialist advice.
- All staff are aware of the benefits of a carer receiving a statutory carers assessment.

d) Whole family approach

- The key to effective support is to embed a **whole family approach** to offering co-ordinated assessments and services to support the person with **care** needs and their **family** as well as the young **carer**.
- **We will seek to dovetail our whole family approach in our forthcoming Young Carers' Strategy.**
- This concept is not new and is laid down in the Care Act 2014.



10 ACTIONS TO INCREASE VISIBILITY OF THE ROLE OF THE CARER

e) NHS Carers Key Performance Indicator (KPI)

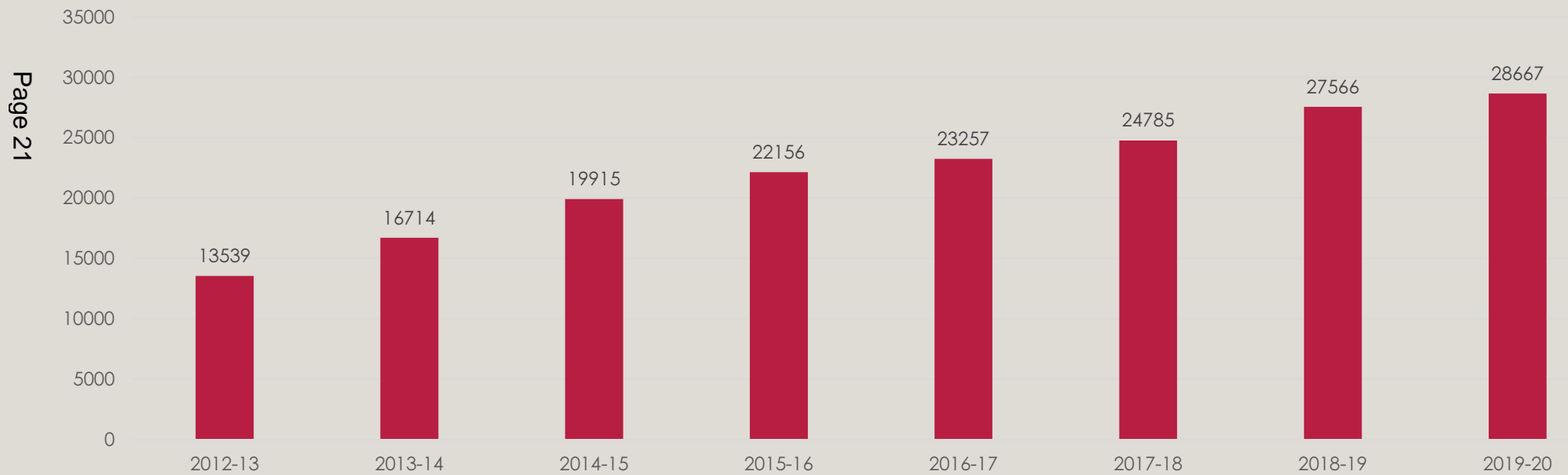
- The tool has been co-produced in response to the carers telling us that we need to:
 - Improve outcomes for carers across our healthcare system, reducing unwarranted variation;
 - Normalise caring within our standard NHS contracting and performance monitoring systems and processes;
 - Ensure the sustainability of carers work through a systems response; and
 - Prepare the ground for the NHS England Long Term Plan 'Carer Quality Markers'.
- **The Surrey NHS KPI is a 'direction of travel KPI' to allow for incremental improvements to be made collectively across the healthcare system and will be reviewed and refreshed annually.**

f) Local KPIs for social care providers commissioned by Surrey County Council

- **These will be embedded in all health care and social care provision during the life span of this strategy.**
- The process of embedding the KPIs and monitoring providers' delivery will raise the visibility of carers with providers whose core business does not necessarily include the provision of support to carers.

11 GP CARER REGISTRATION

Surrey GP Carer Registration Year on Year

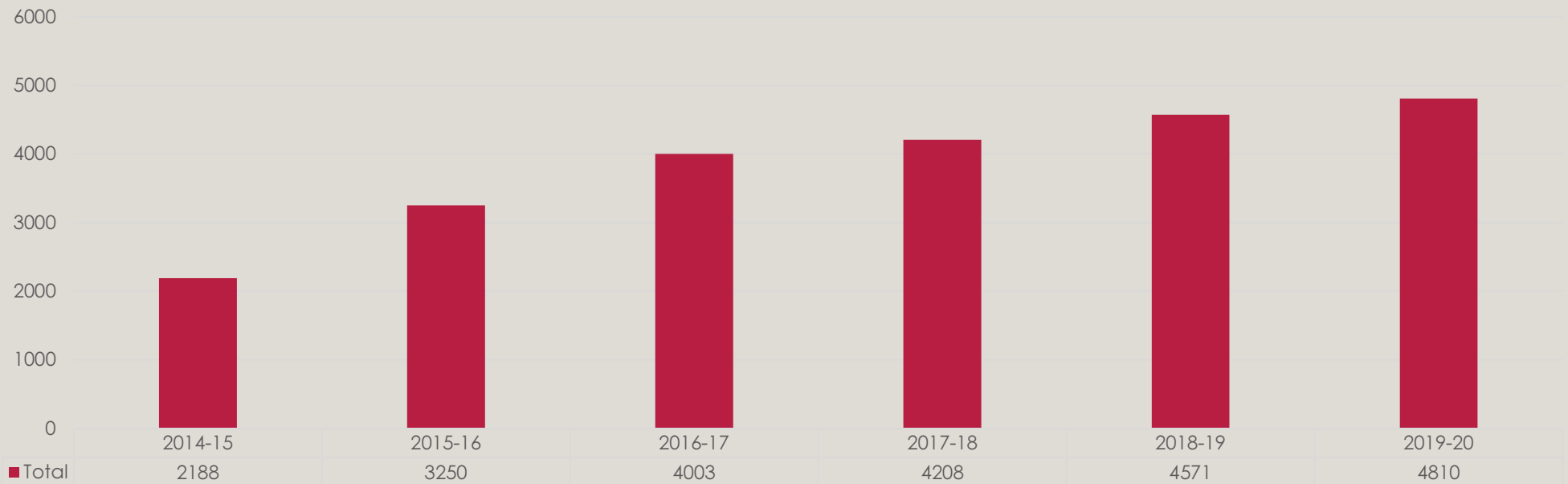


[Surrey Annual GP Carers Registration Survey Results Report 2020](#)

12 GP CARER QUALITY MARKERS 76 PRACTICES TAKE UP (73%)

Surrey GP Carer Prescriptions and Breaks Year on Year

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[Surrey Heartlands GP Carer Quality Marker Results](#)

13 CARERS HEALTH & WELLBEING MAKE EVERY CONTACT COUNT

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- In collaboration with the Surrey and Sussex Local Pharmaceutical Committee we co-produced an annual Surrey Carers Flu Voucher Scheme
- 5,500 Free Surrey Carer Flu Vouchers were dispensed in 2019/20
- 14,000 Free Surrey Carer Flu Vouchers being dispensed during 2020/21
- With mechanisms such as 'Make Every Contact Count'. We will develop a Surrey Carers Health Check Voucher along the same lines as our annual Surrey Carers Flu Voucher Scheme, both of which link to our Surrey Carers Prescription service and social prescription scheme.

Surrey Carers Flu Jab Voucher
2019/20

A reminder about your **FREE** carer's flu vaccination

Helps to cut your risk of **CATCHING** and **SPREADING** THE FLU

This voucher is evidence that you are an eligible carer under this scheme and can be used at participating community pharmacists and GP practices in Surrey.

Book yours before winter sets in!

NHS SURREY Action for Carers Surrey Caring Carers & More

14 SURREY CARERS PATHWAY

The [Surrey Carers Pathway](#) has been developed in partnership.

Local NHS organisations and Surrey County Council each have their own separate strategic action plans to support carers, but all have agreed a shared five step pathway for carers.

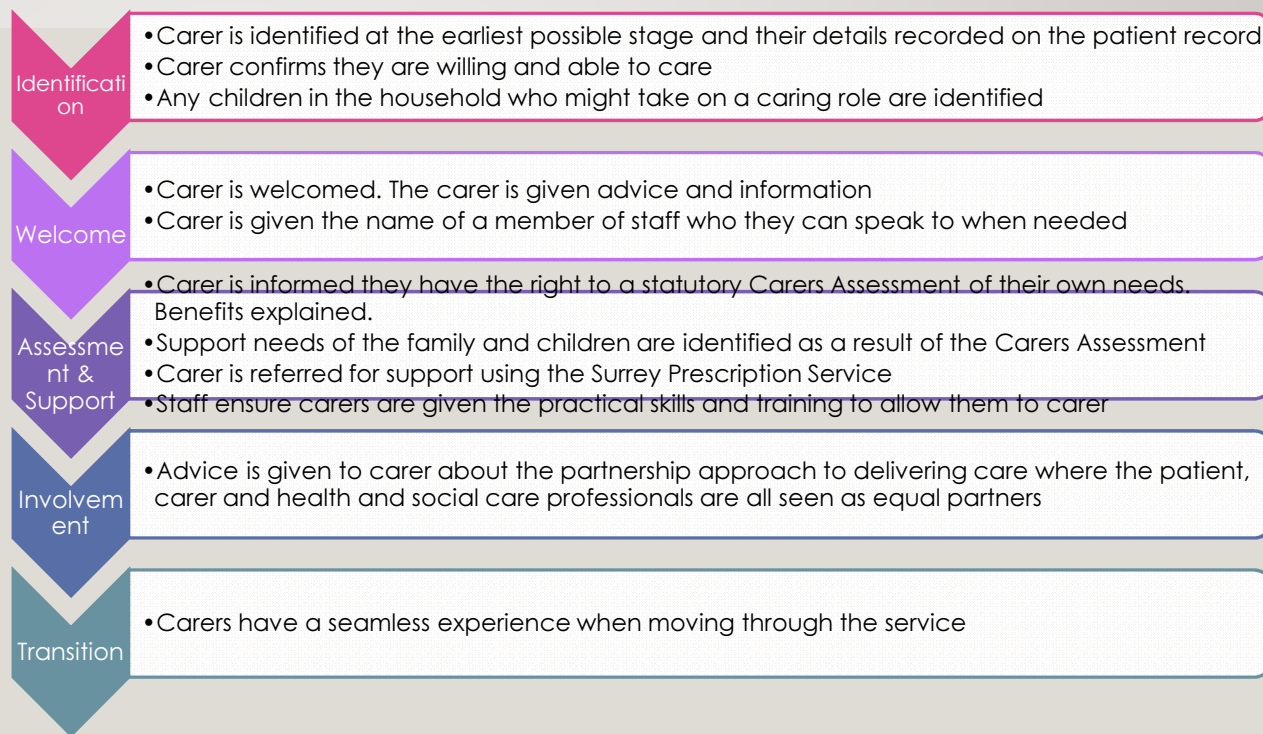
This pathway was co-produced with carers.

The Surrey Carers Pathway is a way of helping to ensure carers receive the type of support they need at the right time.

Depending on their role, health care professionals may come into contact with carers face to face or be involved in planning services for them or the people they care for.

The Surrey Carers Pathway outlined below has been designed to serve two purposes: to fit within existing pathways familiar to community health care and hospital staff; and to help health care staff identify, recognise and support carers.

A checklist has been developed to support the practitioners to help ensure each stage is considered, together with links to relevant supporting information.



15 WORKFORCE CARERS

Page 25

- Staff Carers Survey – 800 response
- Surrey Heartlands Supporting Staff Carers Report
- Established Surrey Carers Workforce Task Group.
- Carers Workforce Plan
- Co-design a Surrey Carers Employer Passport.
- Incorporate staff carer contingency planning within the new carers employer passport scheme.
- Embed carer flag into ESR (NHS Electronic Staff Record).
- Co-design e-learning tool for managers, in partnership with Carers UK.
- Employer Carers Charter



16 CARER CONTINGENCY PLANNING - CONTEXT

HS Long Term Plan (LTP)

2.34. Carers should not have to deal with emergencies on their own. We will ensure that more carers understand the out-of-hours options that are available to them and have appropriate back-up support in place for when they need it.

Page 26 The Care Act 2014 (from Department of Health Care and Support Statutory Guidance)

The person may have fluctuating needs, in which case the (care) plan should make comprehensive provisions to accommodate for this, as well as indicate what contingencies are in place in the event of a sudden change or emergency. This should be an integral part of the care and support planning process, and not something decided when someone reaches crisis point.

HS People Plan 2020

Supporting people with caring responsibilities: Employers should roll out the new working carers passport to support timely, compassionate conversations about what support would be helpful, including establishing and protecting flexible working patterns. We encourage employers to learn from best practice in this area.



17 PHASE ONE: THE JOURNEY SO FAR...



Carer engagement and involvement – autumn 2019

Research – what works, and what doesn't, in other areas, what are the challenges

Developing the concept – December 2019

The Big CCP Conversation: Surrey Carers and Providers Network event (pictured, right) – January 2020

Evaluation phase – February 2020

Business case to secure funding – March 2020

Integrating digital mapping to Surrey Care Record – commenced June 2020

Jointly app (Carers UK) – funding provided to develop CCP function; ongoing

Senior Joint Carers Lead for CCP appointed to manage the project – September 2020

Refreshed engagement and co-design activity – commencing with Surrey Carers and Providers Network #ItCanBeDone event November 2020

Commissioning new service 1st Oct 2021



DRAFT Surrey Carer Contingency Planning process

Universal offer – CCP form completed with commissioned provider

- Carers can contact CCP service to work through completing universal CCP form with them
- Practitioners can signpost carers to CCP service to work through form

Universal offer – CCP form completed without commissioned provider

- Carers can access this directly
- Practitioners can signpost carers to this form, or work through it with them
- Commissioned provider reviews all CCPs

CCP reviewed by commissioned provider to determine if carer needs/meets criteria for enhanced CCP

Carer does not need/does not meet criteria for enhanced CCP

Carer requires/meets criteria for enhanced CCP

CCP is developed with the carer using strengths-based and whole family approach. Focus is on establishing a plan for managing within existing capacity and support network.

Enhanced CCP is developed with the carer using strengths-based and whole family approach but with additional detailed discussion regarding provision of replacement care (including criteria/threshold), ensuring thorough understanding of information replacement care provider will require

CCP completed – copy provided to carer and GP
(mechanism for adding to patient record is tbc – aim is to load onto EMIS via GP practice, which will then draw onto Surrey Care Record and Summary Care Record)

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(mechanism for adding to patient record is tbc – aim is to load onto EMIS via GP practice, which will then draw onto Surrey Care Record and Summary Care Record)

Carer advised to provide copy to relevant parties (such as anyone listed as provided support/care in emergencies).
Commissioned provider to send out Carer Passport with CCP details included.

Carer advised to provide copy to relevant parties (such as anyone listed as provided support/care in emergencies).
Commissioned provider to send out Carer Passport with CCP details included.

CCP updated as change in circumstances becomes known.
All CCPs reviewed annually from date of most recent update – reminder mechanism for carer and commissioned provider tbc.

19 NHS YOUNG CARERS PLEDGE

- 2,500 Young Carers
- 350 Young Adult Carers

Action for Carers Surrey
Surrey Young Carers

MAKING IT REAL FOR YOUNG CARERS AND YOUNG ADULT CARERS

Surrey Young Carers (part of Action for Carers Surrey) works to identify and support Surrey's many young carers. Working with the NHS, SCC and young carers themselves, we have developed a strategy which outlines young carers' needs and concerns, and defines how we should all work to help them reach their full potential.

STRATEGY for 2020-2023

Strategic Priorities
Working with Surrey Young Carers, Surrey's health and social care professionals commit to:

- Supporting the identification/recognition and registration of young carers in all organisations, including primary care and education.
- Ensuring all young carers have their care needs assessed, and receive an integrated package of support in order to maintain and/or improve their physical/mental health.
- Empowering young carers to make choices about their caring role, access appropriate services, and support for them and the person they care for.
- Respecting and listening to young carers as 'experts by experience', and actively involve them in care planning and shared decision making.
- Identifying key transition points early.
- Identifying, supporting and protecting young carers from 'inappropriate care'.
- To make young carer training mandatory for all Surrey's health and social care professionals.
- To create, improve and promote resources to identify and support young carers.
- To improve and develop partnership working.
- To establish appropriate policies and procedures.
- To ensure young carers are consulted – they said 'ask me, listen to me, be honest'.

Key Themes

ASK LISTEN HONEST



Young Carer Awareness Day 30th January 2020

I pledge to...

By (date) _____

Name

Role

Organisation

Action for Carers Surrey
Surrey Young Carers

Surrey Young Carers, part of Action for Carers Surrey (Registered Office: Axminster Way, Guildford GU1 7PL, A Company Limited by Guarantee. Company Number 10183207. Registered in England & Wales with Charitable Status. Charity Registration Number 11337214.)




Surrey Heartlands

HEALTH AND CARE PARTNERSHIP

“IT CAN BE DONE!”



THE SURREY CARERS PRESCRIPTION



Carers Prescription

Carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. **Carers UK Definition**

Carer Information

Please fill in this form to refer the Carer of your patient for a Carers Prescription Service. In this section below please complete only the Carers Details. Please record if the Carer declines (in which case no other further data is required)

Important: Please Read This Statement to The Carer - Your personal information such as name, address and telephone number may be given to a 3rd party such as Carers Support or another agency.

Your NHS Provider will ensure that all personal data you provide in this form will be kept secure and processed only in accordance with the requirements of the Data Protection Act 1998. Please contact your NHS Provider should you have any queries.

agree
 disagree

Carer Declined Service

If Carers disagrees please do not complete and submit as is

Carers First Name	Carers Last Name	Sex of Carer
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Telephone Number	email address	Preferred method of communication
<input type="text"/>	<input type="text"/>	<input type="text"/>

* Carer Address

THE HISTORY

- Originally developed as a referral platform for GPs to refer carers for a GP Carers Break
- GPs asked for alternative support options when their breaks money run out
- Menu was expanded to include all carers services commissioned
- Other NHS Providers liked the look of this.
- CSH Surrey piloted in their palliative care team in 2014
- Formally rolled out to all NHS Providers since 2015
- In 2016 the CP was shortlisted for the HSJ value in healthcare award.
- The Surrey Carers Prescription was born!
- 38,000 Carers Prescriptions Dispensed
- 51,000 Carers Services provided

the Tech

Hosted on a dedicated website
Embedded into organisation website

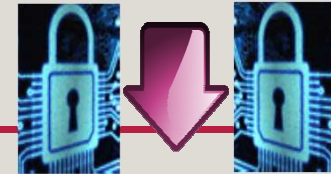
Generated Receipt
with unique
numerical
code



24



Live stats can
be provided at
anytime from
the system



Generated code receipt match
Contact made with
the carer



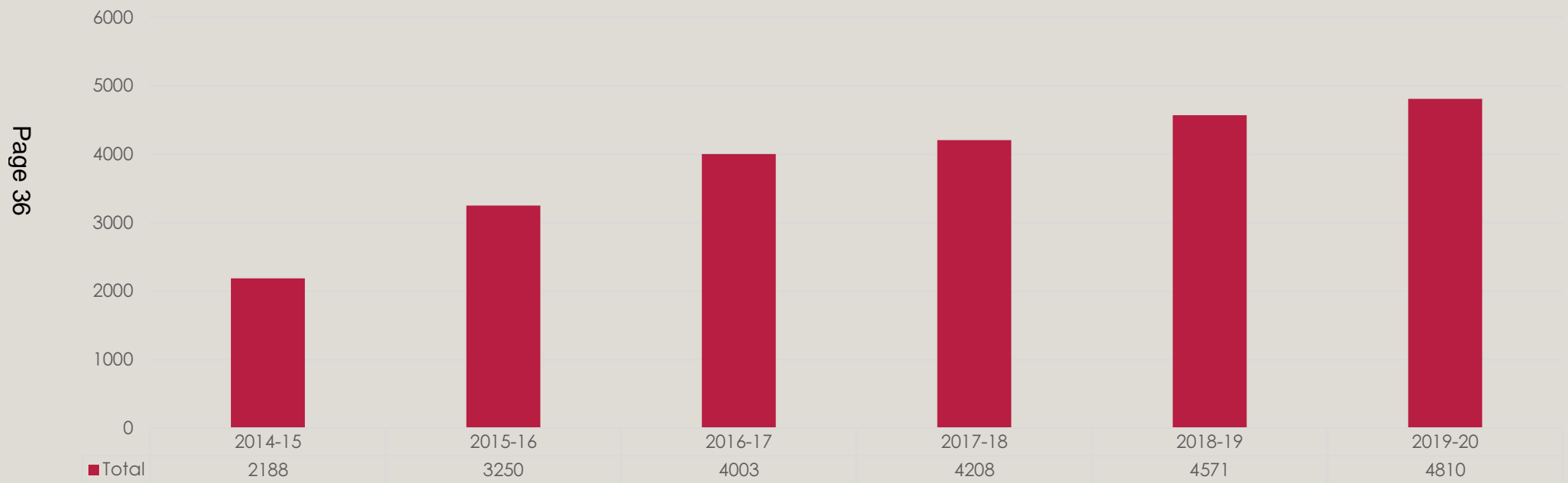
The form is sent securely to Action for Carers (Surrey) for triage

25 CARER BREAKS SERVICES

- GP Carer Care and Support Plans
- Provide One off payment -£300
- Guidance
- 2250 Breaks per year
- 82% of payments used as a contribution to a holiday
- Crossroads Care Surrey
- Replacement care worker
- 3.5hrs a week
- 2,000 carers supported
- 25,000 hrs of replacement care
- EOL fast track replacement care
- Waiting list

26 SURREY GP CARERS PRESCRIPTION BREAKS

Surrey GP Carer Prescriptions and Breaks Year on Year



GP Carer's Prescription Portal

Refer a Carer

including GP Carer Breaks

Fair Processing
Notice

Guidance Notes

Adult Carers
Registration
Form

Young Carers
Registration
Form

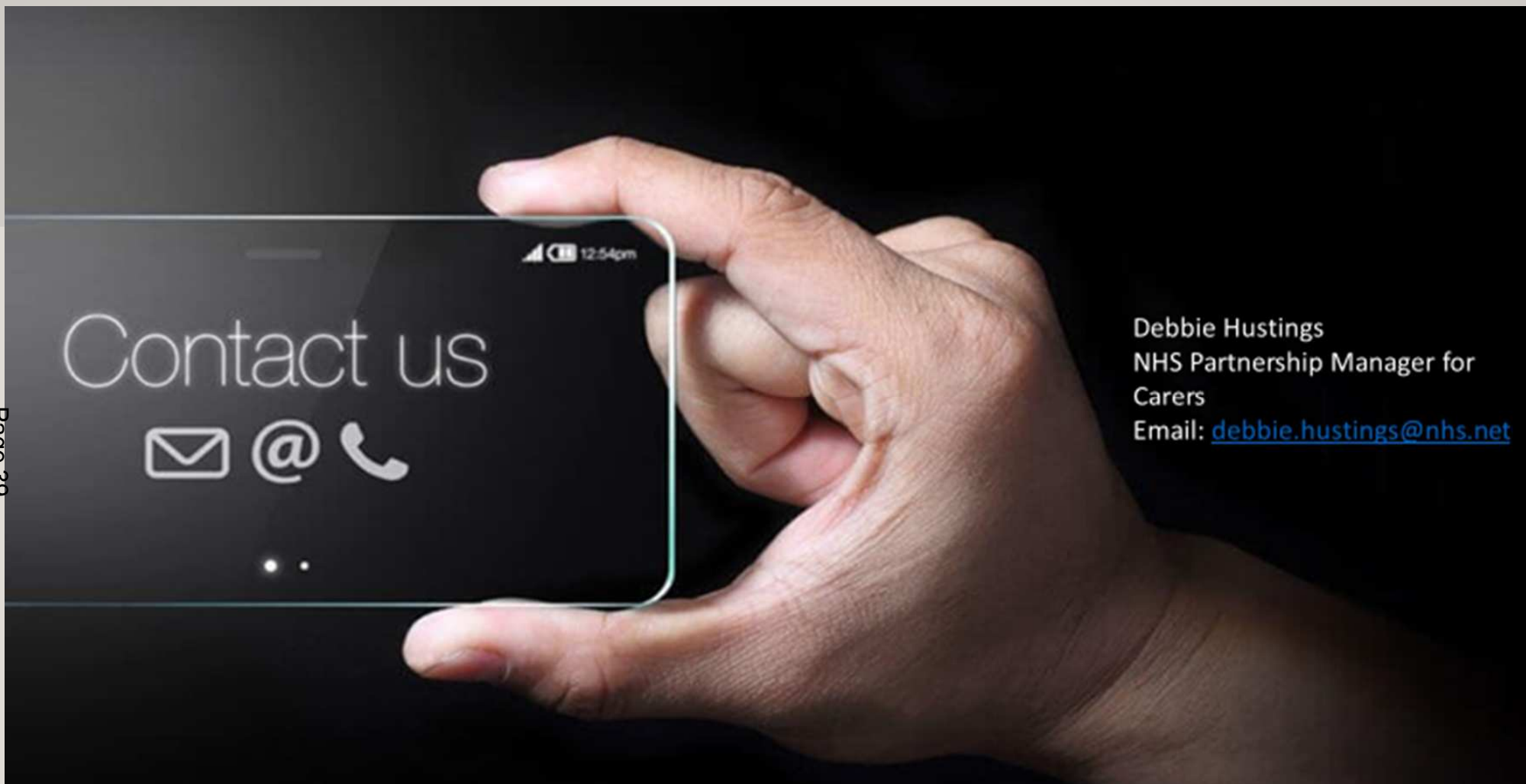
Newsletter

GP Practices
Survey Report
2020

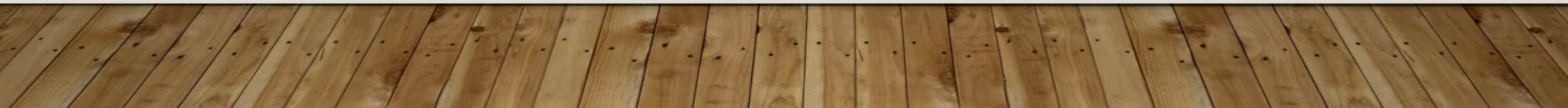
Top Tips for
young carers
visiting their gp
poster

Adult
Carers
Poster for
Surgeries





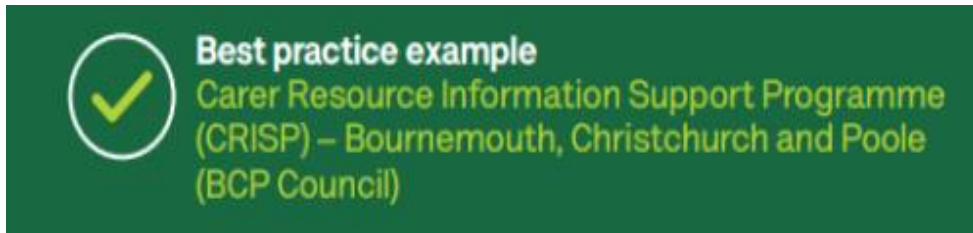
Debbie Hustings
NHS Partnership Manager for
Carers
Email: debbie.hustings@nhs.net



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Identification and recognition of carers

Best practice examples in England



BCP run the Carer Resource Information Support Programme (CRISP) service for carers in the local area. This is joined with the wider Dorset area. The online portal (crispweb.org) provides a clear route to providing details of individuals' caring situation and a welcome pack with information for carers.

On the landing page for the crispweb.org website, the main image and call-to-action clearly helps people identify as carers and encourages them to sign up for support, information, and local discounts (such as health and leisure services, at cafés and restaurants, on home services such as cleaning and repairs, and for a variety of local retailers).

This local discount card for carers to receive money off local services and shops is central to the BCP approach, which they have used as a promotional tool to successfully identify and engage local carers.

The CRISP portal and discount card sign-up process has allowed BCP and Dorset to gather greater detail about the local carer population, including those who may not necessarily come into contact with the local authority through traditional means. This enables better and more accurate assessment of the number of local carers, and the types of conditions of the people they are caring for. It also serves as a tool for the council identifying carers to conduct carer assessments, a means to share information and advice to the local carer population, and a way to organise emergency support schemes for carers, and respite care (such as the use of local beach huts and holiday lodges).

BCP report being able to use CRISP to access more detailed information about carers of people living with dementia, which in turn guides their approach to providing additional information, advice, and support.

You can find more information here: www.crispweb.org/home.asp



Best practice example
Identifying and assessing carers
Nottingham City Council (NCC)

NCC has a contract with Carers Trust, who deliver their Nottinghamshire Carers Hub and the Carer Respite contracts. These arrangements are jointly commissioned between NCC, Nottinghamshire County Council, and the NHS via the local area Better Care Fund.

A former commissioning cycle in Nottingham identified the need to support carers at varying levels of need, including people who did not meet certain thresholds for support. Carers Trust is contracted to conduct assessments of individual carers, to make decisions related to carer support needs on a person-by-person basis, and the provision of respite which could be up to 100 hours across a 12-week period. This contract includes a budget for the provision of this respite and the responsibility for allocating it based on individual needs.

The nature of this external contract and related monitoring arrangements has enabled NCC to see a more detailed level of information than is present in some other areas, particularly around the volume and type of carer assessments being conducted and provision of respite care for carers. For instance, the contract provider is responsible for collecting detailed data related to people supported, the reasons they require support, and how resources have been used to support them. As such, NCC is able to generate a clearer picture of local support for carers than might be seen in routine reporting data.

You can find more information here:

- www.carerstrustem.org/hub

- www.nottinghamshire.gov.uk/care/health-and-wellbeing/health-andwellbeing-board/better-care-fund

The needs of dementia carers

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Southampton City Council



Public Affairs and
Campaigns

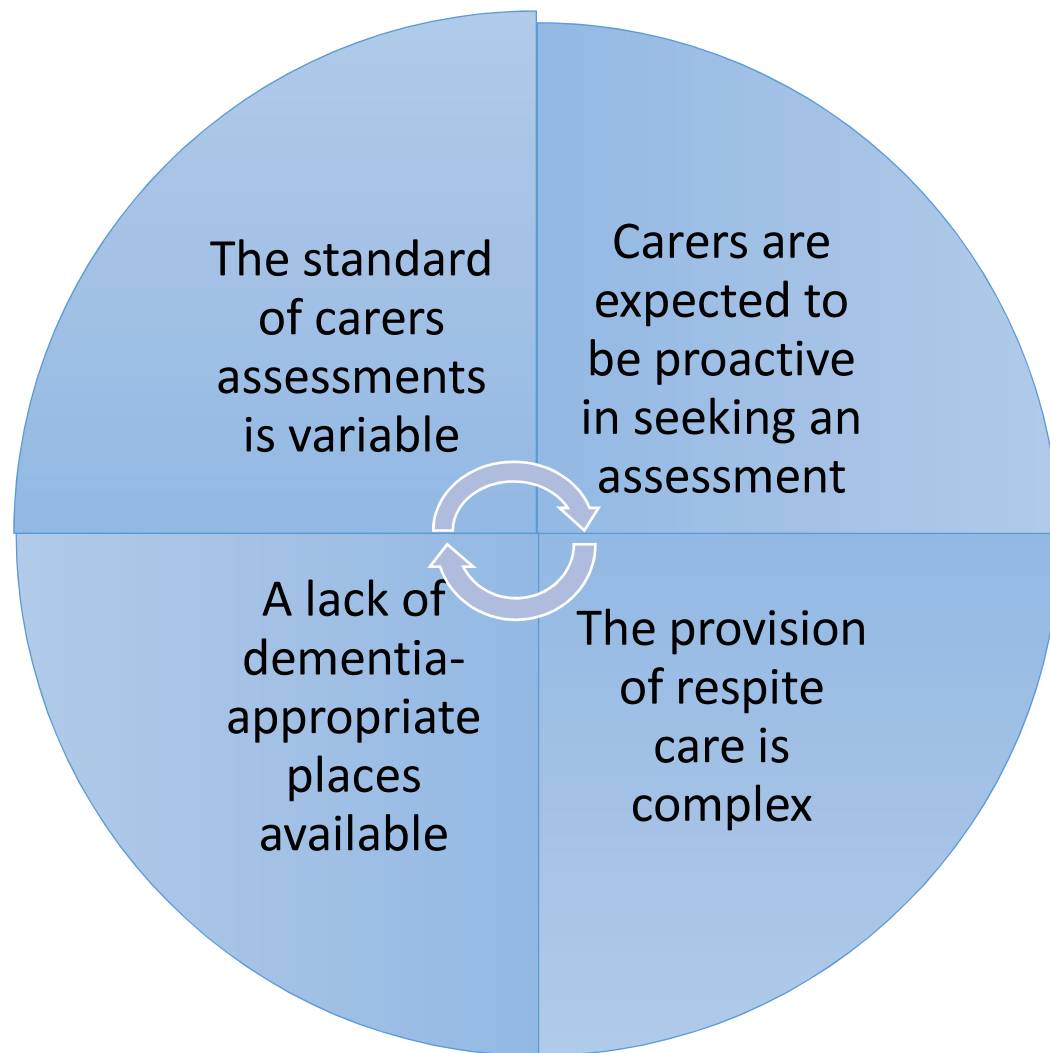
Laura Vicinanza

November 2020

The Fog of Support

carers experience

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Carers assessments

carers experience

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The majority of carers had not received a carer's assessment

For the 53% who hadn't had an assessment, this was due to:



not having been offered one (47%)



not being aware of carer's assessments (16%)



being told they were not eligible for one (4%)

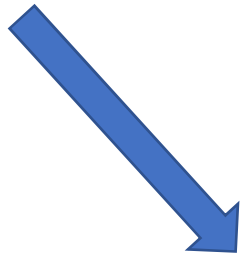


other reasons (2%)

Carers assessments

Carers experience

Carers are expected to be proactive in seeking an assessment.



Local authorities struggle to identify carers

Carers lack time or capacity to seek support



Large gaps in care and support



Carers assessments

carers experience

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The standard of carers assessments is variable

Impersonal and conducted by telephone

Limited in the understanding of individual circumstances

Challenges in knowing what to ask in terms of support

Respite care

carers experience

Over 80% of carers in the UK had not had social services support to take a break from caring



Lack of dementia-appropriate places available in respite

Guilt associated with respite and replacement care



Carers are not taking breaks away from caring



Lack of data

carers experience

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Lack of data at a national and local level on spending towards carer assessments and respite care

No joined up approach in capturing and acting upon data

Carers asked to repeat their stories when meeting new professionals

First Hit: the carers experience caring for people with dementia during the coronavirus pandemic

Page 50

findings

73%



of carers reported that their caring responsibilities have increased during lockdown.

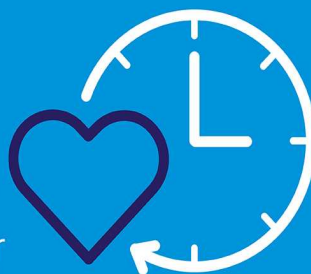
76%



reported their caring responsibilities had increased because of worsening dementia symptoms of the person they care for.

92 million

extra hours have been spent by family and friends caring for loved ones with dementia.



95%

of carers of people living with dementia reported a negative impact on their mental or physical health.



The Fog of Support

Local Recommendations

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Identification of carers and provision of carers assessments

- Carers strategies should set out clear and ambitious targets and plans for increasing the identification of
- Councils should proactively offer carers assessments to people when they are identified as carers, rather than wait for a request for an assessment.
- New carers should be contacted about carers assessments within four weeks.
- Carers should be actively consulted and receive targeted advice and support, including the offer of psychological support to carers.
- Carers' assessments should be provided at least annually by people trained to Tier 2 of the NHS-backed Dementia Training Standards Framework.
- Councils should ensure that carers' assessments are provided in person and, if a telephone assessment is unavoidable, should always offer follow up face-to-face meetings.
- Councils should ensure records for carers are collected individually, with a link to the records of the person they care for.

Provision of respite care

- Councils should provide a straightforward method of booking overnight care in advance.
- Councils should ensure availability of dementia-appropriate respite places.

Additional support to carers

- Councils should encourage and promote peer support groups for carers of people living with dementia, including for younger carers.
- Councils should ensure particular language, communication or cultural needs are met.
- Councils should regularly review their use of language in policy and practice.



Local priorities

- ✓ *Carer Identification and Recognition*
- ✓ *Information and Advice*
- ✓ *Collaborative and Innovative Support*
- ✓ *Support in Maintaining Health, Wellbeing and Safety*
- ✓ *Planned and Unplanned Breaks from Caring*
- ✓ *Young Carers Protected and Supported to Learn and Thrive*

Thank you!

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**Alzheimer's
Society**

**United
Against
Dementia**



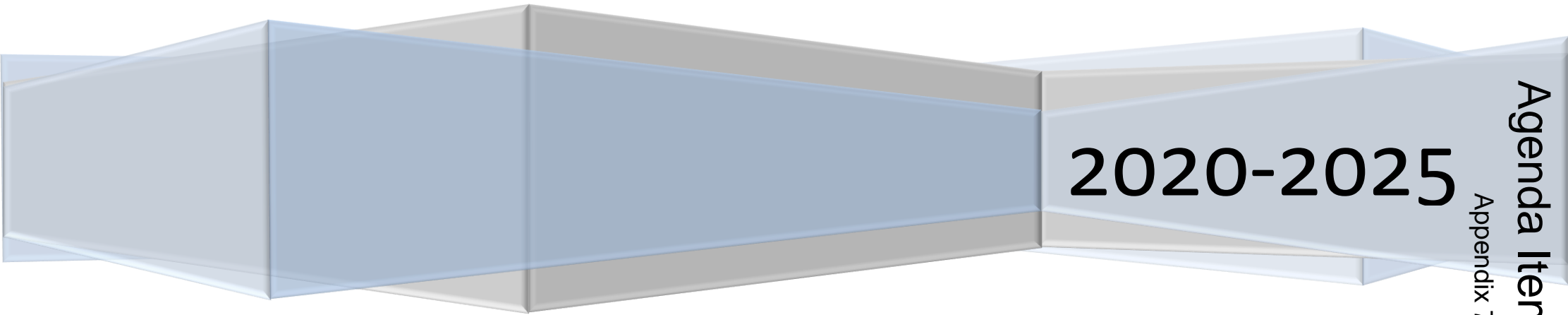
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Alongside Communities

The Solent Approach to Engagement and Inclusion

Sarah Balchin, Associate Director - Community Engagement and Experience

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2020-2025

Agenda Item 7
Appendix 7

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“Communities are all around us, close at hand, awaiting the community building that will make the invisible assets within them visible in all their abundance.”

Cormac Russell, 2020

Acknowledgements

We have been privileged to work with many people in the development of this strategy. People from our local areas, people who provide Solent services and other experts have all given us the gift of their time, their thoughts and their challenges. We believe this has helped us get to where we are, to the place where we can describe our ambitions to improve health and reduce health inequalities by working in true partnership with our communities. This is just the beginning but our thanks go to every person who has supported and guided us, and we hope that you will continue to work with us as we put what local people have told us into practice.

Sarah Balchin, Associate Director – Community Engagement and Experience

September 2020

“This is a terrific piece, filled with courage and authentic ambitions to precipitate community building and health creation.”

Cormac Russell, Managing Director of Nurture Development and faculty member of the Asset-Based Community Development (ABCD) Institute at Northwestern University, Chicago, 31 September 2020.

1. Introduction

Solent NHS Trust provides community and mental health services to people who live in Portsmouth, Southampton, Hampshire and the Isle of Wight. Our overall aim is **keeping more people healthy, safe and independent at or close to home**, and we believe this strategy will help us do that.

This is our engagement and inclusion strategy, a strategy developed in partnership with local people,¹ where we declare our vision and contribution as your local community and mental health services provider **to improve health and reduce inequalities in our local community**.

Here we describe our commitment to bring together three key things we know help improve health;

- Diversity and inclusion – applying a positive approach to improving access, experience and outcomes for all
- People participation – putting people central to decision making at all stages, phases and levels of their health care and health care provision as a whole.
- Community engagement – understanding what our local community does best, what they may need some help from us with and what we need to focus our expertise and energies on.

¹ Local people refers to people who live in Portsmouth, Southampton, Hampshire and the Isle of Wight. The term preferred by people we have spoken to as part of the strategy development.



Figure 1 The Solent approach to engagement and inclusion

We describe progress since our first commitment in 2018 to work more closely with local people, our approach to creating the 5 year strategy , and our ambitions for the future; ambitions based on our increasing understanding of the health ambitions of local people.

We hope it clarifies some of the key issues facing the NHS today related to health inequalities, and what our role could and should be in addressing those. It outlines what we aim to do based on feedback from local people, experts in the field and recently published information, guidance and policies like the NHS People Plan² to guide our way forward. Our people, the people who work with Solent NHS Trust and provide services are also members of our local community and are key to us achieving these shared ambitions. We will ensure our teams reflect our local communities, and have the knowledge, skills and support to provide accessible and effective care to every person who needs us.

² <https://www.england.nhs.uk/ournhspeople/>

But the essence of this document is that ***it describes what the local people have told us and asked of us*** moving forward during our conversations since the beginning of the year.

Here we set out a fundamental shift in the way we think, the way we act and the way we work. We shall adopt, a strength based approach recognising our communities and local people as having ***potential rather than having problems***. We shall work with individuals and groups to ***understand what our community are best placed to do, what it is they could do with some help from us on, and what it is they really need us to do***. We shall focus our energies and resources on what it is we do best and constantly check that what we are offering is to benefit local people. COVID-19 has challenged us in many ways, but has also ***shown us so very clearly the power of communities*** to respond, adapt, act and support. The strength of a local approach, working at a neighbourhood or street level, has contested our “system wide thinking” and we shall need to work together to focus on local improvements but system wide learning.

a. Our journey so far.

In July 2018 we stated our organisational commitment to engage with our local community to improve access, improve experience, improve health and reduce health inequalities. . Over the last 2 years we have started to better understand the health challenges and ambitions of local people and what part we, as the local community and mental health provider have to play in reducing those challenges and achieving those ambitions.

We have facilitated and supported work to improve the health and wellbeing of people experiencing social isolation^{3 4} military veterans with

³ Connecting People and Place, Dr Jon Bashford and Rahim Daya May 2020

additional mental health needs⁵ and members of the local gypsy romany traveller community.

We have established some great partnerships with community groups, the voluntary sector, local people and innovative and creative forums, all of whom have helped us develop this ambition to improve health and health inequalities.

We have engaged more and more patients and their families in the design of our services and our improvement projects.

We have learned much since the beginning of the year, including that to make a positive difference to the health of local people, we must go much further.

b. Our approach to developing the 5 year strategy.

In January 2020 we started our next steps. We asked local people to join us as critical friends and partners, to help us to really understand what we need to do to make our services more accessible to everyone, a better experience to use, more effective at improving their health and ultimately reducing the inequity of health⁶. We recognised that we also needed to know more about how others had made this change and so we sought advice from leaders in the field of communities engagement, health inequalities and diversity and inclusion⁷. At the same time COVID 19

⁴ Southampton Communicare: www.communicareinsouthampton.org.uk

⁵ Positive MINDS a partnership between the local NHS, Solent Mind, Portsmouth City Council and voluntary organisations: www.positivemindsportsmouth.org.uk

⁶ See Appendix 1 for contributors list

⁷ Cormac Russell, Managing Director – Nurture Development and faculty member Asset Based Community Development, Northwestern University, Chicago; Roger Kline, research fellow Middlesex university Business School and designer of national Workforce Race

showed us all in the most emphatic way, the impact of health inequalities on people, locally, nationally and internationally.

Our approach to gathering local people's views on what we should do next had to respond to lockdown and strict isolation of many people who use our services, their families and carers. Many support groups, a rich source of intelligence and feedback, were suspended but by connecting remotely we were still able to have the conversations we needed to have. We really benefited from taking time to build trusting relationships in the months leading up to the pandemic. Our social contacts with local people and groups helped us make our first really significant shift to reaching out to our communities. Between January and now we have expanded our partners programme from 40 individuals and groups, to over 100 and the number is still growing. With an estimated reach of over 10,000 people from a range of ages, backgrounds, faiths, cultures abilities and disabilities, we believe we have started to move towards understanding what our local community, including patients, families, carers , needs of us and how we can do just that.

2. Our ambitions for the future.

This document brings together what local people have told us matters to them, the national and international thinking about working with local communities and diversity and inclusion. It directly supports our organisation's strategy⁸ of **keeping more people healthy, safe and independent at or close to home**, the ambitions for diversity and inclusion⁹ and the vision of the Solent Academy for research and improvement¹⁰. It describes **a new integrated approach to engagement and inclusion**, developed in partnership with local people and will **shape the way we provide health services** to our local populations to improve health and reduce health inequalities. It will drive our ambition for engagement and inclusion being the way we do things here at Solent.

We have learned during this development process that the business of engagement and inclusion to deliver health improvements is a messy if exciting one. Our strategy reflects the complex and challenging nature of our ambitions and must be considered as a live document. Whilst we shall always retain our ambition to improve health and reduce health inequalities, the way we go about it will be flexible and responsive. The strategy will be supported by a comprehensive delivery plan, with progress reported to the Community Engagement Committee – a subcommittee of the Trust Board.

What we are describing here is quite a leap of faith and may feel counterintuitive to some, particularly those of us in the NHS! People have

⁸ <https://www.solent.nhs.uk>

⁹ <https://www.solent.nhs.uk/our-story/equality-diversity-and-inclusion>

¹⁰ <https://academy.solent.nhs.uk>

said that the NHS has over the years, moved into the space that has been historically occupied by local people, communities and faith groups and we now provide some services that may be better provided by others. Cormac Russell¹¹ describes a number of key things that underpinned the success of local projects and programmes in 35 countries.

- Start with what's strong, not what's wrong
- Discoverables not deliverables - coming **alongside communities** to work in a very different way
- Shift from **fixing or prescribing**, from "doing to, doing for" to "*doing with and doing by our communities*"
- Work with **small places**, or small groups of shared interest is best, and much more effective than large scale

These four things matter to local people, and are key to us making the changes needed.

Ambition 1 - Health Equality

Health inequalities are avoidable and unfair differences in health between different groups of people. Health equality is the absence of these differences. Health inequalities include lower life expectancy, and higher levels of ill health. But can also refer to how easy it is to access health care and then the experience of using those services, if either are difficult or poor, people are less likely to use them. Other risks to health include behaviours such as smoking, and wider causes of ill health including housing, employment, and income (sometimes referred to as wider determinants of health). Inequalities can and do lead to avoidable

¹¹ Rekindling Democracy 2020

deaths, with for example, people living in the most deprived areas three times more likely to die compared to those living in the least deprived.¹²

Whilst many things contribute to health inequalities, it is estimated that **20% of those are due to the way current health services are provided**, resulting in poorer access for those in most need.¹³ We know that the NHS can't and shouldn't try to address all inequalities on our own, but we are clear we want to take local responsibility and help create the conditions for better health. We believe there are two key opportunities for us:

1. The way we plan, develop and deliver services must be done in partnership with people who use services and those who support them with a focus on those with greatest health and care needs.
2. Our role as a local employer needs to be explicit, making clear our commitment to being a route to permanent employment, whether that be through volunteering, apprenticeships or focussed recruitment.

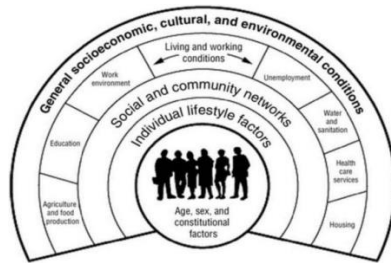


Figure 2 - Wider determinants of health

¹² <https://www.ons.gov.uk/peoplepopulationandcommunity>

¹³ <https://www.england.nhs.uk/blog/the-long-term-plan-for-tackling-health-inequalities/>

Our Aim

We aim to improve access to and experience of using the health services we provide to all members of our local community, promoting health and wellbeing and reducing health inequalities.

Our objectives

We shall:

- Make it easy for our diverse communities to access our services.
- Recruit and retain the right people from diverse communities, offering a local route to employment and career development
- Value and respect those who use our services and our people as individuals.
- Offer and provide learning and development opportunities to our diverse workforce to help them fulfil their greatest potential.
- Support people with caring responsibilities, those who work with us and those in the local community.
- Further develop our inclusive approach to volunteering, providing step up opportunities into employment.



Promoting health equality by offering opportunities – a story

Building partnerships to support young people from BAME community into employment.

Senate Roy is the Head Pharmacist at SK Roy Pharmacy and has been running his community-based pharmacy, in St Mary's Road Southampton, for nearly 30 years. He sees his role as being able to provide services tailored to the needs of the community. By focussing on preventative care and acute care, this dedicated service also helps patients with the correct and safe use of medicines. In addition, Roy also liaises with primary care agencies including GP surgeries and district nurses.



He explains the difficulties encountered in the community by BAME groups and the rapidly changing landscape, "The BAME community are

always looking for doors that might open and opportunities to help us because we are always trying to move forward. It can be a struggle because there is a lot of things against us. However, it has got a lot better since I was a youngster. It's all about creating opportunities. I have employed many people over the years who have been interested in working in primary care or in hospitals. We started them off here, when they were 16 years old, in a Saturday job - now they are nurses or doctors. We have an increased number of younger people applying to us than we have vacancies, so, unfortunately we have to turn lots of people away."

Roy also believes that having professional role models in communities is vital. He said, "I am a meek and humble person, I don't see myself as a role model, but people can still respect you. So, certainly, having the role model position of being a community pharmacist is important. Young people look to me to behave in a certain way."

Roy is a firm believer in working together to build and strengthen communities. He said, "I love the idea of partnering with Solent NHS Trust. One of the ways health organisations can help communities, is by offering apprenticeships and job opportunities for young people from the BAME communities. Any successes and gains we have in St Mary's Road, can rollout to the rest of Southampton. If we can get it right here, we can get it right anywhere."

"The BAME community are always looking for doors that might open and opportunities to help us because we are always trying to move forward. It can be a struggle because there is a lot of things against us. However, it has got a lot better since I was a youngster. It's all about creating opportunities."

Ambition 2 - People Participation

The involvement of people who use NHS services is key to the delivery of high quality, accessible care and treatment¹⁴. Active and meaningful involvement by people who use services, their families and carers has been shown to improve access to services, improve responsiveness at times of need and very importantly, increase the human face of health care. The NHS has long been criticised for developing and delivering services with little meaningful involvement of people who use those services, their families and carers. We have some great examples of involvement in local services, research and quality improvement so we have a strong foundation on which to build.¹⁵ We now want to move towards an even more wide ranging and far reaching approach where local people take the lead in key decisions and are actively involved in everything we do. There is a vast range of participation models available but we started with what we know best – asking local people.

They told us that they may wish to be involved in different ways, at different times, about different things. A model which defines how people can participate was thought to be too confining and rather an “opportunities to participate” approach was suggested. Rather than a level of participation a cyclical round is proposed which enables people to “jump on and jump off” as needed.

We have made significant improvements but we can and shall do more.

- Decisions about my care and treatment – to help me take as much responsibility as I wish to and can, for my own health
- Decisions about the service I use – to help you provide services which are based on what matters to me
- Quality monitoring of the service I use – to use my experience of using health care services to learn more about what you do well, and what you could do differently or better
- Special interest group membership – to share my personal lived experience of living with ill health, or that of a family member or someone I care for
- Formal consultations about service change
- Involvement in local and national guideline and policy development
- Consultation about national guideline and policy development
- Governance and quality groups – to help you develop ways of measuring and reporting which are meaningful and accessible to people who use your services
- Develop and lead groups aimed at improving understanding and learning from experience
- Learning and development – from sharing my personal experiences about what it is like to live with my health issue, right through to advising you on what learning you should be providing, when and to who.
- Research and quality improvement – to help you focus on researching and improving what is important to me, not only what is important to you.
- Board committees – to be actively involved in the decisions about what the Trust does, how and why.

Figure 3 - Opportunities to participate

Our Aim

We aim to ensure that patients, families, carers, local people and groups are integral to decision making in all aspects of their community and mental health trust.

¹⁴ NHS England – Patient and Public Involvement 2017

¹⁵ Engage Solent newsletter <https://online.flippingbook.com/view/142345/>

Our objectives

We shall:

1. Improve patients, families and carers involvement in decisions related to their care and treatment as they would wish.
2. Increase the active participation by broadening access and diversity, of patients, families, carers, local people and groups in the codesign and production of all services, patient led improvement
3. Introduce to our quality and procurement structures a further requirement for the voice of local people to be heard and acted on.

People participation - a story

Creative Snaps – local people developing our community media panel.



We are delighted to be working in Partnership with Creative Snaps. Creative Snaps is a social enterprise photography group with a aim to provide learning opportunities to the learning disabilities community.

The Creative snaps team have worked hard to develop their skills and understanding. Due to lots discussions, support and explanations the photography team have recently been

successful in applying to Companies house to register their business online.

Meet Sean Bick, Raymond Bateson and Olivia Parry. These three talented individuals have agreed to use their skills and expertise in photography and newsletter writing to work with the Solent NHS Trust as part of our community-based media panel. Solent's community media panel has been set up to make sure that the people in the community can help co create the stories we write and the images we use. We wanted to make sure that we included people who were interested in media, photography and writing and the team at Creative Snaps fitted the bill perfectly. They have lots of experiences in photography and have provide amazing photos for the Portsmouth Local Offer and other council run projects.

Raymond thinks he has the lots of experience which will help on the media panel. He said, "I have five years' experience as a receptionist for when I worked at the Kestrel Centre. I picked up skills such as answering the phones and speaking to people. So, I'm good at talking with people."

Ambition 3 –Community Engagement

The National Institute for Health and Care Excellence describes the term community engagement as covering a wide range of approaches to involve local communities in initiatives to improve their health and wellbeing and reduce health inequalities. This includes: needs assessment, community development, planning, design, development, delivery and evaluation.¹⁶

¹⁶ National Institute of health and Social Care Excellence 2016"

But we wanted to understand what community engagement meant to local people, people who we serve. So how do local people describe community engagement? To be honest they don't. When we asked, people spoke about the importance of community in the broadest sense, to them. That ranged from being with people who they share an interest with, faith or culture, or being part of a local neighbourhood. They shared previous experiences of "engagement" as being consulted with about a planned (and most often predesigned) change, but few felt that they were necessarily involved in the "why change" conversations. So rather than a model of engagement people have told us this should be about a set of principles, a developing culture of the ways things are done at Solent.

The key things are:

1. **"Get out of our (the communities) way"** – acknowledge the NHS doesn't know everything and leave local people and communities to do what they do well, and very often more effectively and efficiently.
2. **"Come to us and work with us"** - to understand what *our* local health ambitions are – your assumptions are not always right – we want to advise on you on our priorities and therefore your priorities
3. **"Offer us support in the places we need it"** – could be meeting spaces, access to governance advice, learning opportunities, how to write grant applications, how to influence commissioners, how to get our voices heard on NHS platforms – build a relationship where we are happy and confident to ask you

4. **"Refocus on what it is you do really well"** and get us involved in seeing how you are doing!

Our Aim

To build trusting relationships with local people and groups by underpinning the way we work with three key questions:

1. What are the community best placed to do?
2. What help could we offer if they ask?
3. What do we do best?

Our objectives

We shall:

1. Work in partnership with local communities, including the voluntary sector and other provider organisations, to better understand what we should be in the business of providing.
2. Further develop our community partners programme with a focus on those seldom heard, to increase our understanding of the needs of local people and how we may meet them.
3. Increase our visibility in the community, by ensuring conversations, groups, meetings including our Board and its sub committees, are held in local places.
4. Develop and introduce systems to guide service developments and reviews which are underpinned by the three key questions.
5. Consider every growth opportunity in the context of the three questions, ensuring any new service provision is based on what we need to do.

Community engagement – a story

Jackie's Story - a community partner

Jackie McLeish lives in Southampton and is a mum of one. She is an active member of the Black Heritage Association and lives life to the full.

Jackie was diagnosed with Schizophrenia and depression 28 years ago. In her blog she explains how the media portrayal of those who have schizophrenia can leave some people with a negative impression about the illness. She feels that this doesn't help the representation of black people because some people may already have a misconception that people from BAME backgrounds are also aggressive.

Even though Jackie hasn't used any of our Solent services, she enjoys being one of our community partners because she believes sharing her experiences can help others in the community. She thinks that all NHS Trusts can make small changes to better things for people from African and Caribbean backgrounds who use their services.

"When I first got diagnosed, I was really scared. I'd had a breakdown, which made me start to see, hear and smell things. I felt like I was being possessed and I wouldn't take the pills I'd been described. My mum and dad were both alive at the time of my diagnosis. However, although my mum was supportive, my dad found it difficult to accept. It didn't help that the media then, and even now, painted the picture of people with Schizophrenia being dangerous. I had a friend whose mum had Schizophrenia, so she was a great support because she understood. I kept my illness away from people as I didn't think it was their business."

"I think that there are lots of things that the NHS services could do to make things better for people using their services. For example, get to understand the ways in which some black people express themselves. Sometimes when I'm talking passionately about something my voice might rise in excitement. The problem is that sometimes staff would assume that I was getting upset and would offer me medication to calm down. That's why I like working with mental health workers from BAME backgrounds because I can just be myself and they understand me."

Jackie feels that by addressing the little preferences of people from different backgrounds will go some way towards tackling health inequality. If people feel their needs are being catered for, they may be more likely to access services earlier.

"I have also learnt to educate myself. Schizophrenia is part of who I am but it's not all of who I am, and I won't let it define me! "



3. What do we need to do to make this happen?

The delivery of our ambitions will be dependent on the support of many people, and the effective use of things we know guide change. We will work with patients, families, carers, those who support them and other local people. We will work with teams that provide our services, People and Organisational Development, Business Intelligence, Research and Improvement and Quality and Governance Teams. We aim to make this part of our culture, with everyone helped to understand, embrace and support these principles of engagement and inclusion.

a. Our Local Communities

We must continue to build trusting relationships with the people of Portsmouth, Southampton, Hampshire and the Isle of Wight. We shall reach out to be with the community, to be with people in the places they live and work to understand what they do best, we can understand what it is they do best, and where we may, if asked offer some help.

b. *The Solent People*

The people who work with Solent NHS Trust, from support services, clinical teams, senior leaders – simply everyone, are key to delivering this strategy. We shall continue to develop our workforce to better represent the local community, offering equity of career development providing focussed support for people for people who are under-represented in senior positions. We shall be guided by local people, the NHS People Plan, the Workforce Race Equality Standard the Workforce Disability Equality Standards. We shall develop our delivery plan in partnership with people who lead and provide services, alongside people from our communities,

to ensure we understand and can support our teams apply the principles in practice.

c. *Effective data collection, analysis and reporting*

High quality and reliable qualitative (non- numerical often observed or gathered through conversations or focus groups) and quantitative (numerical) data is essential to be able to measure the impact of any changes we make. Gaps in collection, analysis and reporting of numerical data, currently limit our ability to do this. This has been highlighted as a concern and we will now address this with the completion of a comprehensive data set for both the people who use our services, and our people, the members of team Solent.

d. *A Delivery Plan*

A comprehensive delivery plan will guide the implementation, monitoring and evaluation of the strategy. The plan will be designed in partnership with local people, voluntary sector organisations and people who provide services in Solent. As a long term strategy, our measures of success will be defined by people who use our services, and those who support them, combined with a logic model approach used to evaluate the impact of engagement activities.¹⁷ They will include qualitative and quantitative measures, ranging from early stage inputs, activities and outputs, to longer term outcomes and impacts.

¹⁷ Rekindling Democracy (2020) Cormac Russell , and his recommendations. Community Engagement: improving health and wellbeing and reducing health inequalities (2016) National Institute of Clinical and Health Excellence

e. Leadership and Governance

The delivery of this strategy will be governed by an established structure of leadership and accountability, the aim being to ensure that at all times people are kept safe and feel supported. There will be clear systems, processes and controls for delivery and reporting, but without unnecessary bureaucracy which stifles innovation.

Leadership

The Executive Leadership role is the Chief Nurse, supported by the Associate Directors for Community Engagement and Experience, Diversity and Inclusion and Research and Improvement.

A non-executive director sponsors the strategy and chairs the Community Engagement Committee, the committee responsible for the strategy delivery, and reports directly to the Board with the Chief Nurse.

Support has been sought from the local community to advise on how they wish community leadership to be represented within our structure. It is acknowledged that no one community leader or partner is able to represent local people as a whole.

Governance

Delivery will be driven by the strategic plan developed and monitored in partnership with local people.

The Community Engagement Committee, a subcommittee of the Trust Board will be responsible for overseeing the delivery of the strategy. The

committee will meet quarterly, receive report of progress and report by exception, offering support, guidance and direction. Reporting to the Trust Board will be via the sponsoring non-executive director.

The terms of reference of the committee will be adapted to fulfil the need for:

- a) greater community representation and communications
- b) proactive service line involvement
- c) statutory partner input

The Associate Directors Community Engagement and Experience, Diversity and Inclusion, and Research and Improvement will be responsible for the operational delivery of the strategy and its associated programmes of work.

4. Summary

The Solent NHS Trust approach to engagement and inclusion is driven by the health ambitions of our local community, and our ambition to find our place to help create a place where people can improve health and experience less inequality. We have discovered that local people want us to work with them as partners, to recognise the exceptional knowledge, skills and expertise they have and to take our place alongside them to deliver change. We look forward to really making a difference and supporting people to receive the care and treatment they want, at or closer to home.

Appendix 1

Our approach to developing the strategy has been a bit like a snowball effect. Asking one person for their thoughts and ideas led us to many others. We started our conversations with the community with – what does great engagement look like to you? And how do you think we could achieve that? Our conversations with members of Solent teams, often started with – can you share what you are doing with engagement and what help, if any, you need from us?

This is a list of some of the people and groups that have contributed in some way, shape or form to setting out our ambitions.

Community partners and colleagues	Solent People
<p>Age UK Portsmouth – supporting older people</p> <p>Canoe Lake Leisure – providing space and support for community activities in Southsea</p> <p>Carers Centre, Portsmouth City Council – supporting unpaid carers of residents of Portsmouth</p> <p>Carers Centre, Southampton- supporting unpaid carers of residents of Southampton</p> <p>Citizens Advice Hampshire – providing people with knowledge and confidence to find their way forward</p> <p>CLEAR Charity – supporting refugees and asylum seekers in Southampton</p> <p>Communicare in Southampton – enriching the quality of life of lonely and isolated people</p> <p>Community First- developing and delivering community projects</p> <p>Cooperative Group – COOP in the community, connecting members and stores</p> <p>Creative Options offering support and training to people with mental health issues</p> <p>Cycling UK – promoting cycling to support health and wellbeing</p> <p>Dead Good Days- equipping people with insight and knowledge related to death and dying</p> <p>Different Strokes – helping young stroke survivors reclaim their lives</p> <p>Drop the Mask – to train volunteers and employees with mental ill health in all forms of media and IT</p> <p>Enable Ability – supporting disabled people meet their full potential and helping families and carers with respite</p> <p>Energise Me- championing physical activity in Hampshire and Isle of Wight</p> <p>Flow Observatory- user led hub campaigning for equality, respect and equality in the arts culture and society, lead for Portsmouth City of Sanctuary.</p> <p>Good Mental Health Cooperative – Portsmouth charity promoting mental health, wellbeing and recovery.</p>	<p>Adult Mental Health Head of Operations</p> <p>Adults Portsmouth - Operations</p> <p>Director/Matron/ Inpatient Ops Manager</p> <p>Adults Southampton</p> <p>CAMHS Practitioner</p> <p>CAT (Clinical advisory Team)</p> <p>Childrens East – Senior Management Team/ CAHMS</p> <p>Community OT</p> <p>Community Physio</p> <p>Dental Services - Head of Quality and Professional Standards & Senior Dental Nurse</p> <p>Educators in Practice</p> <p>FiT (Frailty Interface team)</p> <p>Governance Leads</p> <p>Head of Quality and Professions</p> <p>Homeless Healthcare Team – Deputy Primary Care Manager/ Team Lead</p> <p>Lead Allied Health Professional</p> <p>Learning Disability Team</p> <p>MSK Team – MSK Operational Lead</p>

<p>Gosport Voluntary Action Group - Provides help and support to over 200 local, voluntary and community groups in the Borough.</p> <p>Hampshire & Isle of Wight Clinical Commissioning Group</p> <p>Healthwatch Portsmouth – represent people of Portsmouth, the aim being to improve health and social care</p> <p>Healthwatch Southampton - represent people of Southampton, the aim being to improve health and social care</p> <p>Holroyd Estate - Member of various groups city wide for years - takes the estate's issues to those groups and then gives feedback to the community.</p> <p>Homegroup - A housing association, social enterprise and charity with a turnover of over £367m and one of the UK's largest providers of high quality housing and integrated housing, health and social care.</p> <p>Medina Mosque</p> <p>MHFA Training - Mental Health First Aid (MHFA) is an educational course which teaches people the skills and knowledge to identify, understand and support a person who may be developing a mental health illness.</p> <p>NHS Southampton City Clinical Commissioning Group</p> <p>No Limits - A group for young people who need somewhere to go for information, advice and counselling. Youth Justice, Mental Health Services, the Health Authority, Social Services and the Youth Service came together to create this organisation.</p> <p>Parkinsons UK - Offer information, friendship and support to local people with Parkinson's, their families and carers.</p> <p>Portsmouth City Council</p> <p>Portsmouth City of Sanctuary - Portsmouth is a city proud to offer safety and sanctuary to anyone fleeing violence and persecution or who is vulnerable and isolated. It matters not whether those in need have been here five days or five decades.</p> <p>Portsmouth University Hospitals NHS Trust</p> <p>Re:Minds - a parent-led support group for families who have children/young people with autism or mental health issues and is based in Southampton.</p> <p>Royal Navy, Royal Marines Charity</p> <p>See Change Happen - A practice who specialise in providing Equality, Diversity and Inclusion advice and services to organisations and business. The primary focus is on LGBT+ support with a specialism and focus on transgender and gender non-conforming awareness.</p> <p>Solent Showcase Gallery - award winning community gallery, which forms part of Solent University.</p> <p>South East Hants Fareham & Gosport Clinical Commissioning Group</p> <p>Southampton Art in Health Forum - for people interested in the connections between art, creativity, health and</p>	<p>Podiatry – Business Development Manager</p> <p>Podiatry Team Leader</p> <p>Portsmouth Discharge hub</p> <p>PRRT (Portsmouth rehab and reablement team)</p> <p>Recovery College</p> <p>Senior Matron for Quality</p> <p>Side by Side member(Solent Academy Research and Improvement patient group representative)</p> <p>Solent team members who are family carers</p> <p>Operations and Business manager</p>
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wellbeing.

Southampton City Council

Southampton Collective - involved with The Arts in Health forum and also independently carry out creative work with people with mental health issues and dementia as well as with other community groups.

Southampton Council of Faiths - promote understanding between faiths in the city.

Southampton Voluntary Services - Southampton Voluntary Services is the umbrella body for local voluntary and community groups working in Southampton.

St Denys Community - a safe place for members of the BAME community to go to.

Stand Up Portsmouth - A support group for families of children with Special Educational Needs and/or Disabilities (SEND) in Portsmouth.

Theatre for Life - Providing education, support, theatre performances and projects regarding the art of theatre in Southampton.

Touch Network – telling stories, touching lives. Run by people with lived experiences who used story telling as part of their recovery.

Wessex Voices

Yellow Door - a charity specialising in supporting people who have experienced, or are at risk of domestic or sexual abuse.

Additional patient and community representatives including:

Carers of older people

Carers of young people with enduring mental ill health

Domestic abuse survivors

Family carers of young adults with learning disabilities

Member of Primary Care Patient Participation Group

Mental Health Service Users

People living with long term health conditions

Stroke survivors and families

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Experience of Care – our priorities 2020 – 2021

Our aim is to improve the experience of care of every patient, family member and carer of people who use our services by gathering, hearing and acting on feedback.

Objective 1	Objective 2	Objective 3
<p>Come to us – your patients : we shall provide a broader and more creative range of face to face feedback opportunities with a focus on people we seldom hear.</p>	<p>Hear our story – and that of our families and carers: we shall develop the concept of community conversations, increasing the number and scope to enable more people to have their say.</p>	<p>Do something with what we tell you - and tell us about what you have changed: we shall implement a system of recording and reporting what services have done with the gift of feedback from people who use our services.</p>
<p>Supporting projects</p>		
<p>1. National Complaints Standards Framework – support the inclusion of local people in the development of the framework, and as part of the national working party advise on improving access to the complaints process.</p>		
<p>2. Experience of Care Pathways – lead the development of a system wide, local people, health, social care and third sector partnered approach to gathering and using feedback to improve the services we provide.</p>		
<p>3. An integrated approach to experience of care and patient safety – pilot a new Experience of Care Lead role to improve our collection and use of experience of care data alongside safety and quality data, ensuring a more holistic approach to quality monitoring to drive quality improvement.</p>		
<p>4. Supporting family carers – working with Portsmouth Hospitals, Carers Centre Portsmouth and Adult Social Care pilot a way to improve early identification of carers and improve our understanding of the experience of carers.</p>		
<p>5. Involving local people in everything we do – simply making this the way we do things here at Solent!</p>		

Sarah Balchin – Associate Director Community Engagement and Experience, September 2020

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Understanding what really matters most

Experience of Care Annual Report

July 2019 – July 2020

“With special thanks to you all. At the start of the teams involvement, I had a target I wanted to reach, by the time the team had completed their time with me, I could wash myself, make my bed, wash my dishes, everyday tasks became easier, now at last, I go to Sainsburys, and do my own shopping once again. My Target reached!”

Patient of Adults Southampton Services

Sarah Balchin
Associate Director – Community Engagement and Experience
August 2020

1. Introduction

Understanding what matters most to people who use our services, their families and carers rather than what we think matters most, is key to what we do. By working with local people, we are able to hear people's stories of the great care they have received, *and* when we have got things wrong, both a valuable source of learning for us. We want to ensure that every person can have their say in a way and a place that suits them. This report shares the first year of our ambitious journey to **really understanding what matters most**.

- About **25,000 people** who used our services provided us with the gift of feedback over the last year.
- **96% of people shared a positive experience of care**, with many people telling us about the kindness, friendliness and caring shown by our teams.
- **1% told us about things we could improve**, including waiting times, booking appointments and poor attitude.

The pandemic has disrupted both the way we provide services, and the experience of those receiving them. National experience of care programmes were suspended from March, but building on the foundations we set in 2019, we have worked in partnership with our patients, their families and members of our local community, to respond and adapt to this new environment. We have taken our learning not only from what people have told us about their experience of using our services during this time, but also from the stories they have told us about their lives during COVID, to change the way we do things. We have been privileged to form new and trusting relationships with local people and groups, helping us understand what really matters most to people about their local community and mental health provider, and helping us recognise the truly amazing capability of communities to get things done!

We believe by understanding what really matters most to people who use our services, their families and carers we can provide great care to local people. By listening, hearing and acting on the stories people share, we can continuously learn and improve.

This report provides a summary of:

- Our ambitions, our achievements for 2019 – 2020
- How do people feedback about their experience of care?
- Who shared their story (and most importantly who didn't)?
- What did people tell us?
- Our ambitions for 2020 – 2021

2. Our ambitions, our achievements 2019 – 2020

In July 2019 we said we wanted to improve our understanding of people's experience and described a number of key intentions which would help us do that.

1. Establish *who* provides feedback, when and how, to identify who we seldom hear. Then increase the number and type of feedback opportunities we offer, enabling *more* people from a *wider range* of our local community to share their story in a way that suits them.

What did we find?

- We receive over 25,000 pieces of feedback a year but that feedback is not truly representative of our local community.
- We receive far less feedback from people from the BAME, learning disabled, mental health communities and men of a working age than we would expect.
- We now know our current ways of gathering feedback favour people with English as their first language, those with no additional communication needs e.g. a learning disability or visual impairment, individuals from cultural backgrounds who cherish oral story telling.
- We have been told the questions we ask are not always the things that are important to local people.

What did we do?

- A service user led experience of care measures group has been established, to lead the development of a set of measures which measure what really matters, in a way that is more accessible including when we seek feedback.
 - We have introduced "community conversations", working with people from our local community we host small groups conversations, in a very informal and unstructured way. This has helped us hear and understand people's stories.
 - A new experience of care system has been purchased and is much more accessible, providing easy read and translated web based surveys, and the capability of analysing and reporting spoken words.
2. To evaluate and improve our use of *established national feedback* systems including the national experience of care survey programme, Patient Opinion and NHS (Choices).

What did we find?

- We established we were using 4 of the 9 available platforms and potentially missing some valuable opportunities to learn from people's experience of using our services. Local people were unaware of the alternatives to Solent based feedback systems and very few stories have been recorded on these platforms.
- We had no Trust wide mechanism by which to share and act on the results of national experience of care surveys, which resulted in a lack of sharing of best practice and support for improvement.

What did we do?

- We have increased our use of national platforms from available to us, to 8 out of 9 and are working to implement a way we can share across organisations. We shall integrate this data with local collected information to provide a more rounded view of people's experience of care.
 - We have shared with some of our community groups, the national systems they can use to share their experience but use remains low. One person said, the systems "lack a heart".
 - The national Community Mental Health Survey 2018 was reported in 2019 and identified significant improvements in the provision of a meeting to discuss how care is going, medicines review and deciding which therapies to use. Improvements required in provision of feedback opportunities are being addressed by the Trust wide programme to improve accessibility to feedback.
3. Develop in partnership with local people, a set of experience of care measures which, in the words of local people "*start measuring what matters, not what's easy!*"

What did we find?

- Most of what we ask in the NHS is based on what we want to know rather than what is important to local people, and they see little value in it.
- A review of current methods of gathering feedback identified a bias towards traditional survey methods.
- There is a lack of transparency in how we use feedback and what actual change it leads to.
- People are suffering from "feedback fatigue" with every aspect of their lives being affected from online shopping orders, to local council surveys.

What did we do?

- The Experience of Care Measures Group has been formed led by services users, advocates, family members and those who support family carers.
 - Community conversations with local people were piloted and introduced during COVID and are now are an established method of gathering feedback.
4. Work with *local family carers* and teams from other health and social care providers in Portsmouth, pilot ways in which we can improve the support we, as a system, provide for carers.

What did we find?

- Local carers had little confidence in our ability to listen and genuinely hear from them. Previous experience led them to believe we would go in with some preconceived ideas and influence the outcomes. But they were very supportive of the combined approach.

What did we do?

- A partnership approach with local carers, Portsmouth City Council Social Care, Portsmouth Hospitals NHS Trust and Portsmouth Carers Centre was commenced in October 2019.
 - Together we agreed to use a set of discovery principles; meaning we started our conversations based on a blank sheet of paper, and a few questions around what mattered most to them.
 - A series of local events with local carers were provided to start to capture what great support looks like for carers, with key issues identified as ease of access to support, recognition of the complex needs of people supporting others with additional mental health needs, enabling carers to retain a sense of self.
 - The programme was suspended from March to August but has now recommenced and virtual workshops have now restarted.
5. Start a fundamental shift from a focus on gathering feedback to learning from feedback.

What did we find, what did we do?

- A review of our approach to learning from feedback identified we had been focussed on ensuring the process was right which was correct at the time. Now is the time for next steps.
- A proposal for the Learning from Experience Panel was made and accepted in March 2020 and the first panel held in May 2020, chaired by the Chief Nurse. The panel includes service users, patient advocate, Healthwatch and commissioning representatives and Solent team members. The aim is to now move the leadership and membership to predominantly service users.
- To support the more integrated approach to learning across all aspects of quality, a joint appointment for an Experience of Care Lead is to be piloted, the aim being to increase our ability to use the information we gather to inform improvements.

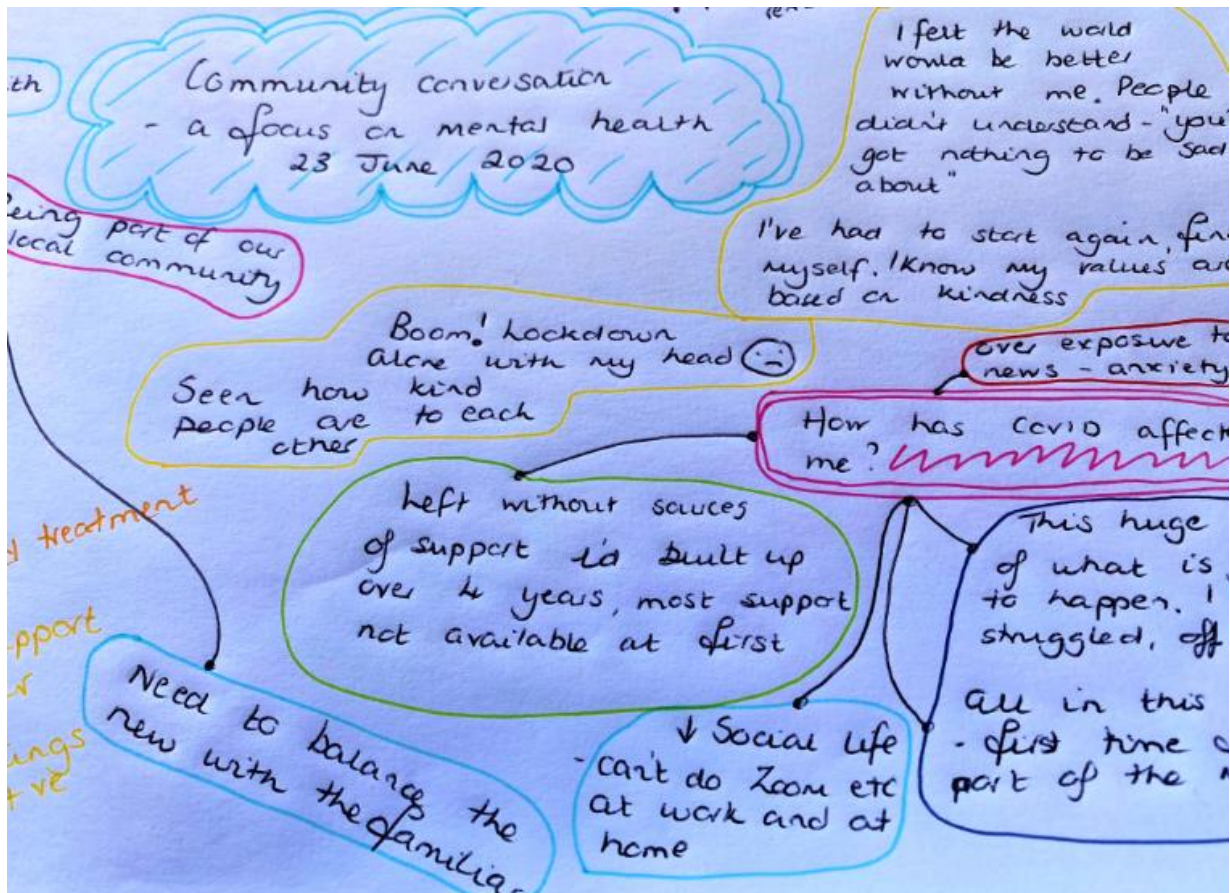
3. How do people share their experience of care?

To understand peoples' experiences we need to hear their stories. Using multiple sources of feedback is essential to enabling as many people as possible to tell us how we are doing.

In 2019 we identified two things we wanted to change:

1. The use of already established national platforms which enable people to share their experience anonymously
2. To increase the number, type and accessibility of feedback opportunities for local people, supporting our ambition to hear from all.

We have increased our use of the national platforms (see App 1) and introduced local "community conversations".



Our community conversations are based on the principle of story telling, encouraging and enabling individuals and groups to share their experience. We use some simple prompts, which are often not needed as the conversations flow naturally. These bring a richness giving us a greater understanding of what is important to local people when using our services.

4. Who tells us their story?

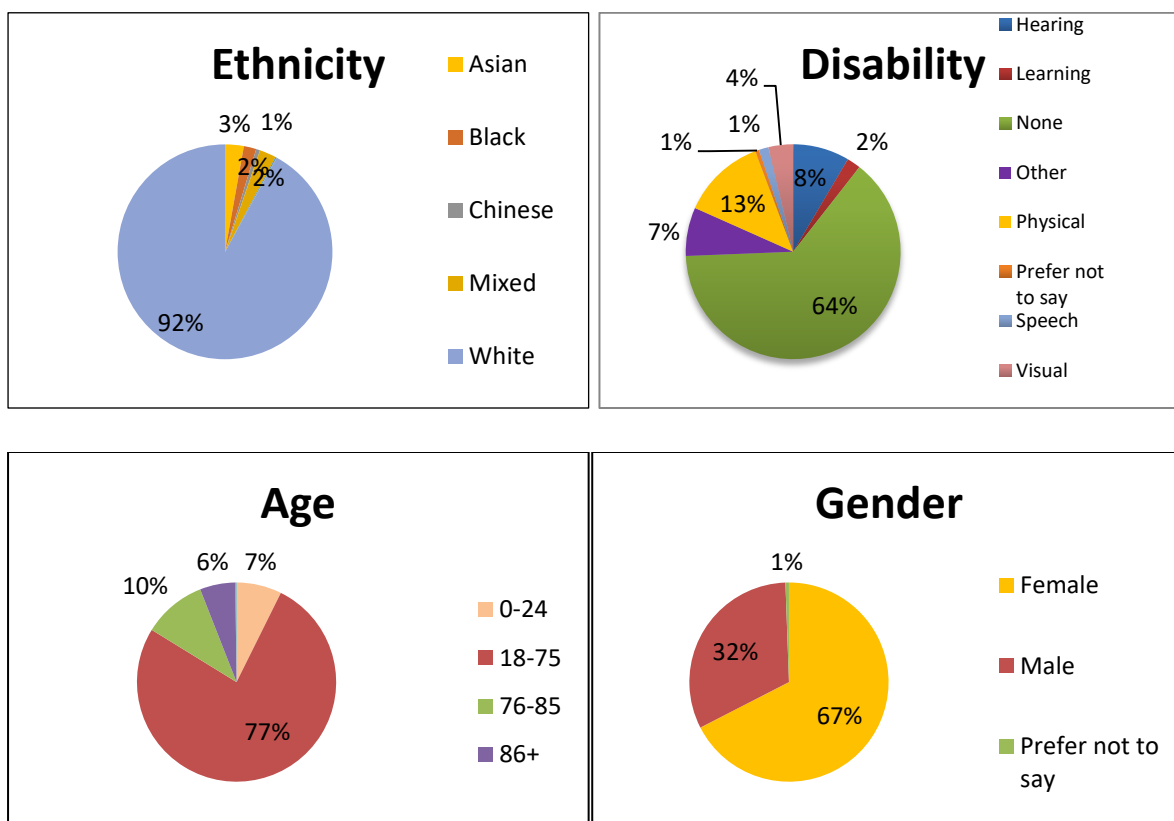
The feedback we receive is, in the main, very positive. But a review of the range of people who provide that feedback told us that we rarely hear from some individuals and groups from groups considered to be in the minority. For example, the community we serve across Portsmouth and Southampton, includes about 20% of people from a non-white background but we only hear from less than 10%.

To understand why, we spoke to local people from those communities we seldom hear, and asked their advice on what we could do differently. This included faith groups, carers groups, people with long term health conditions, people living with severe mental ill health, families of young people with autism, people who support refugees and asylum seekers and more. Our key challenge was to access men of a working age which we have not yet achieved. But working with both Portsmouth and Southampton Football Clubs, we hope to address that this coming year.

The people we met told us three things were key:

1. **Come to us** – face to face visits to them in their community would be welcomed
2. **Hear our story** – conversations trump surveys everytime
3. **Do something with what we tell you** – commit to action and follow through

We now must commit to continuing with the development of our conversations but also to ensure that we act on that people take the time to tell us, and tell them what the impact has been.



5. What are people telling us?

“I’ve been attending this clinic for many, many years now, different buildings, venues and consultants, but never have I been dissatisfied with the service or treatment I have received. Superb staff, service I cannot praise any higher.”

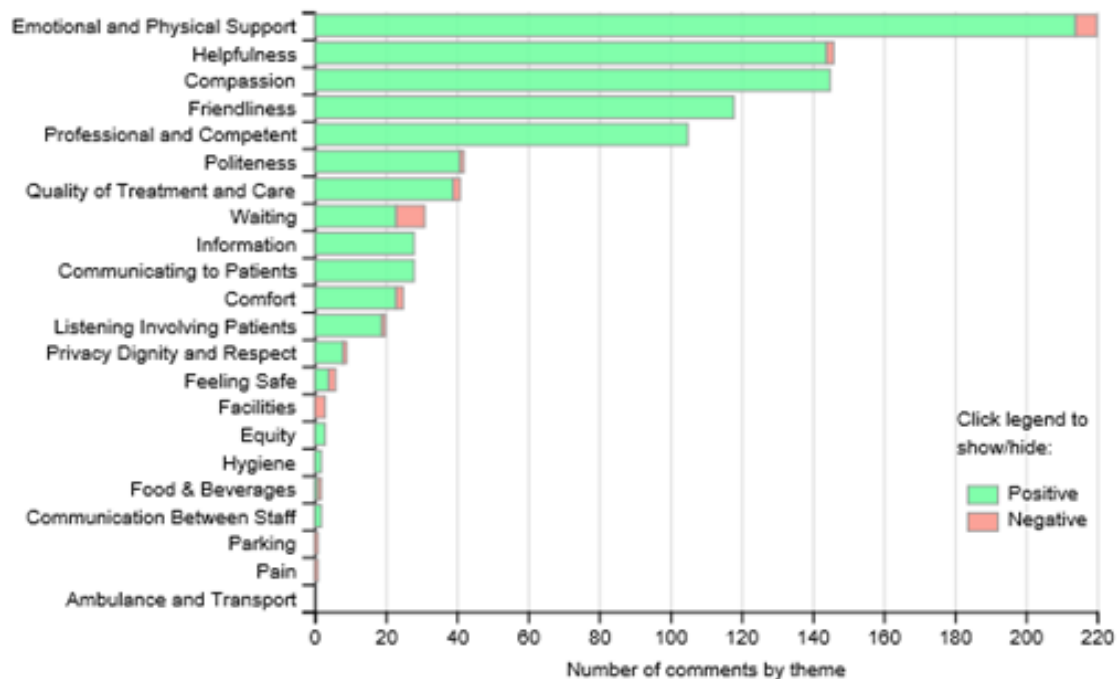
Sexual Health Services

About 25,000 people have shared their experience of care when using our services in the last year. They told us using the national Friends and Family Test, our local I Statement Survey, our PALS and Complaints team and our new “community conversations”.



96% shared a positive experience of care, with many people telling us about the kindness, friendliness and caring shown by our teams. We are proud that most people tell us that they are well supported both emotionally and

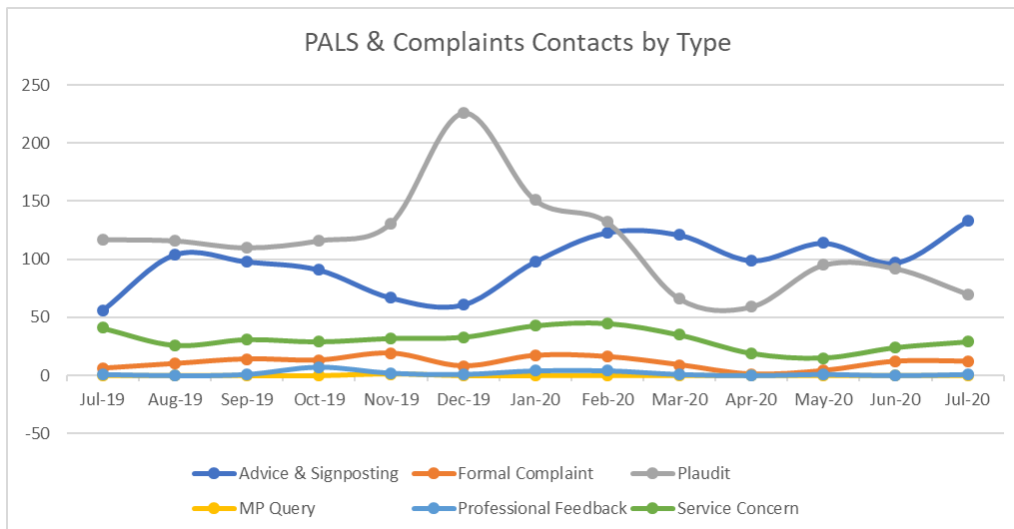
physically, treated with compassion by professional and competent members of the team. Our new experience of care system helps us analyse the written comments provided by people using the surveys as well as the score, please see below. Over the next year we shall be using the system to analyse our developing feedback methods including community conversations and stories.



About 1% of people however told us about things we could improve. The key things included waiting times, booking appointments and poor attitude. Some people have shared their poor experience about those things most say is great, so we will not be complacent in our aim to provide great care every time.

Patient Advice and Liaison Service (PALS) and Complaints

Our PALS and complaints team provide support to people who are seeking advice and information, wish to share a plaudit, raise an informal concern which they would like resolved quickly or wish to make a complaint. This year they have seen a further increase in activity, from 3213 contacts in 2018-19 to 3310 in 2019-20.



Complaints

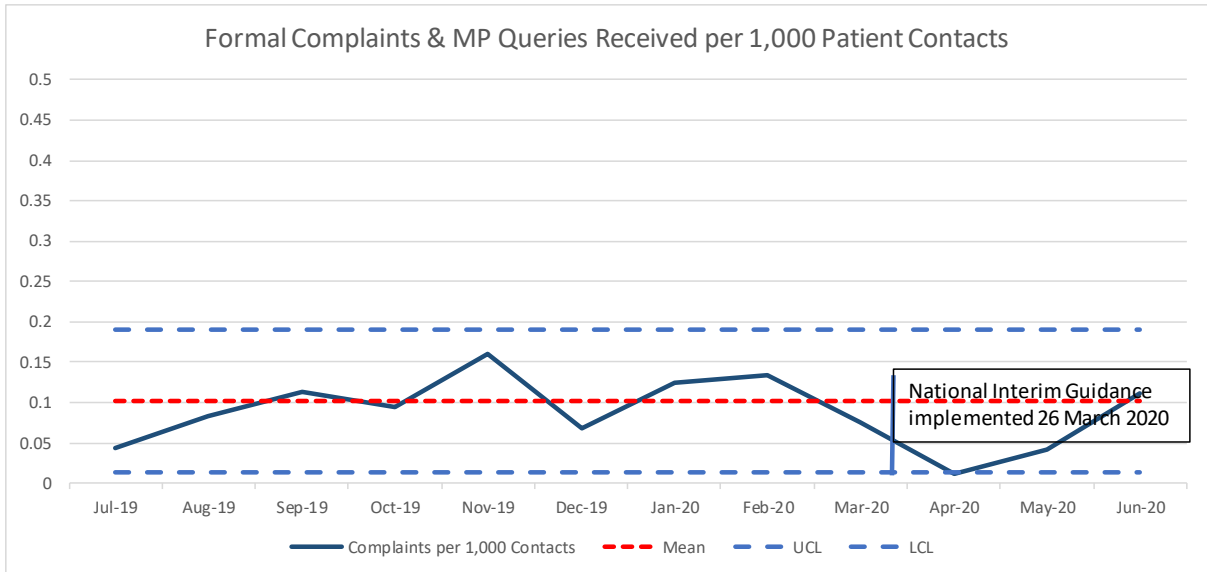
We know that sometimes things go wrong and people are unhappy with the care or services we provide. We want to hear from people who wish to raise a concern, and we offer several ways for people to do that. They can speak directly to the people providing the care at the time, but we know that can be hard to do. People can provide anonymous feedback using one of our experience of care surveys. Our PALS team offer a rapid resolution for issues which could and should be resolved quickly. And we provide a complaints service who wish to have their concern formally investigated.

We want people to feel confident that we do want to hear their concerns and we will work them to resolve them. People who use our services can expect to:

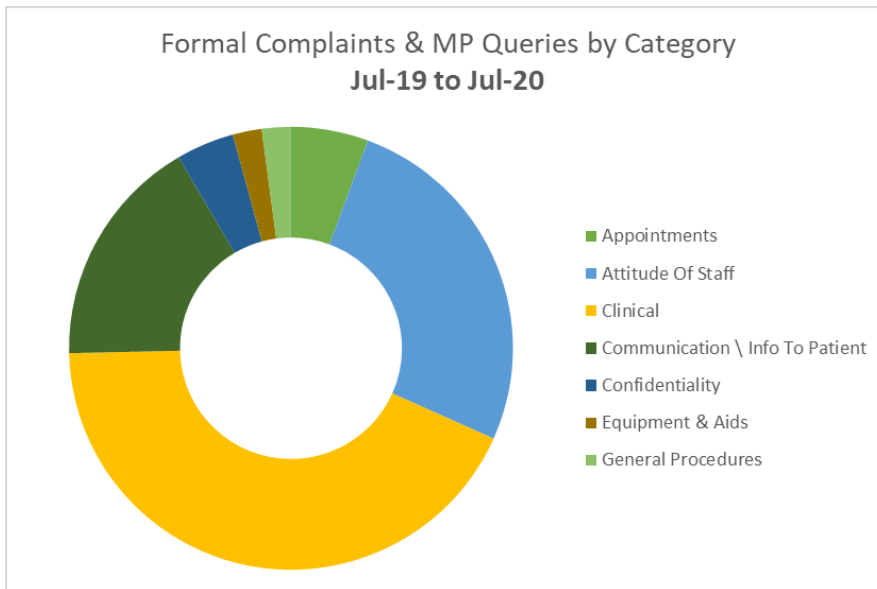
- have their complaint acknowledged and properly looked into
- be kept informed of progress and told the outcome
- be treated fairly, politely and with respect
- be sure that their care and treatment will not be affected as a result of making a complaint
- be offered the opportunity to discuss the complaint with a member of the complaints team, a member of the team providing the service or another senior member of Solent NHS Trust staff.
- Have appropriate action to be taken following their complaint

Over the last year 142 people raised a complaint¹. 142 people felt that we had not treated them in the way they would wish to be treated. Whilst this was a decrease from the previous year in from 173, a significant number of people experienced things going wrong.

¹ Interim national guidance was published in March as part of the pandemic response which likely reduced the number of complaints.



What did the complaints tell us?



The issues raised by people who needed to complain, continue to reflect the nationally reported concerns, including clinical care, attitude of staff and communication. Whilst each complaint must be considered individually, we do not believe that continued level of concern is acceptable, and are working with local people to better understand what it is we can do differently to make some real changes that stick. We have been successful in reducing the number of complaints related to appointments by services developing a very proactive approach to communication about changes and postponement of appointments during COVID. The challenge is for us now to sustain that and affect further change.

Outcomes of complaint investigations

When a complaints investigation and review is completed, there are three potential local outcomes:

1. Complaint upheld – evidence is found to support the concern raised

2. Complaint partially upheld – most often related to complaints which have a number of different areas of concern, where some but not all are found to have evidence to support.
3. Complaint not upheld – there is no evidence on investigation to support the complaint.

Outcome²	
Upheld	56
Partially Upheld	36
Not Upheld	29

Approximately 30% of complaints received are not upheld but we wish to know more about what we did or did not do, to lead a person to feeling a need to make a complaint. Our new Learning from Experience Panel has a focus on early identification of what we could do differently.

If the person who raised the concern is not satisfied with our local response, they may refer to the Parliamentary Health Service Ombudsman for an independent review.

Parliamentary Health Service Ombudsman (PHSO)

The PHSO makes final decisions on complaints that have not been resolved by the NHS in England and UK government departments and other organisations. People can complain to the PHSO if an organisation has not acted properly or fairly, has given poor service and not put things right. If they find the organisation got things wrong and this has had a negative effect, they can recommend what it should do about it.

In the last year, five people have cause to take their complaint to the PHSO as we have not been able to resolve locally with them. Four of the five complaints required no further action, and one is currently being reviewed. Whilst we have not been found to need to make local changes, we are keen to understand what it is we have done or not done locally, which has led someone to have a need to complain to the PHSO and have introduced a review process by our Learning from Experience Panel.

4. Summary - Our Ambitions 2020 – 2021

In 2019 we started our ambitious journey to really understand what matters most to people who use our services, their families and carers, and made, in partnership with local people, some changes to do just that. But there is much more to do.

² The outcome of complaints we receive will often require investigation and review which crosses over one or more months. The numbers reported refer to the complaint investigations which were completed in this period only.

Over the next year we will make the changes people who use our services, their families and carers have told us will make the most difference to their experience of care.

- ***Come to us***

We shall introduce a broader and more creative range of face to face feedback opportunities, with a focus on people we seldom hear.

- ***Hear our story***

We shall further develop the concept of community conversations. Increasing the number and scope to enable more people to have their say.

- ***Do something with what we tell you***

We shall implement a system of recording and reporting what services have done with the gift of feedback from people who use our services, whether that be about great care or something we could do better.

And we shall:

1. Continue to support the PHSO development of the national Complaints Standards Framework, as a member of the national working party on accessibility and participate in the national pilot programme.
2. Facilitate a system wide workshop with support from NHSE Experience of Care national team, to better understand our whole approach to gathering and using feedback and improve learning and sharing.
3. Further our ambition to a more integrated way of working across patient safety and experience, by piloting a new experience of care lead role.
4. Develop our commitment to involving local people in everything we do.

Acknowledgement

The pandemic has impacted on each and every one of us. On the way we live our lives, the way we do our work and the way we serve our local community. I want to thank the local people who have helped us through these turbulent times, acting as our critical friends as we strive to understand what really matters most to them and their families. And the members of team Solent who have taken some pretty courageous steps and decisions to ensure we keep people to we care for, and those who care for them, safe. Here's looking forward to our new normal.

Sarah Balchin
Associate Director – Community Engagement and Experience
August 2020