

Acorn Award Public Involvement

Easington Commissioning Group wish to submit the activities of the Monitoring and Advisory Board (MAB) during the previous year as an example of successful public involvement.

The MAB was previously known as the “Shadow Board” and was established after Easington began the Practice Based Commissioning process in 2006. Its role is defined as:

“Sourcing the views of the wider community of Easington on needs/quality of current service to influence the Commissioning decisions for service re-designs and feed outcomes back to the Groups”.

This is in accord with the Government paper “Real Involvement” (2008) which states that involvement should be “*focused on improvement*” and “*proactive*”.

PCTs were reorganised in 2008. Five in County Durham were merged into one large one covering the whole County. The Easington PCT was co-terminous with the District Council and worked closely with them. This was the first time there had been one health body focussed on the area of Easington, which suffered considerable deprivation and poor health. (See Townsend and Philimore, *Inequality and the North*, 1988 and *Miserable Measures County Durham and Tees Valley Public Health Network*, 2005)

The Easington PCT (2004 to 2008) embarked on an extensive and active public involvement programme in close liaison with the District Council. The Board Members were closely in touch with the local community and included several District Councillors. People locally felt involved in what was happening, and various community groups were set up with small budgets which embarked on a large number of health improvement programmes (e.g. allotments to promote exercise and healthy eating; a programme to reduce falls by elderly people, outdoor education for young people, walking and cycling initiatives.) These activities relied on local people to publicise and help organise them. Thus a strong tradition of active involvement in East Durham was established. When PCTs were reorganised in 2008 the previous Easington PCT was merged into the larger Durham PCT. Soon after (2009) the District Council was also merged into the larger unitary county.

County public involvement events now focussed on the whole county, and consequently did not include so many people from East Durham as formerly (Durham PCT 2007-2008). The resources devoted to public involvement in East Durham are certainly less than before, although this is not to disparage the enthusiasm and commitment of the staff involved. There was thus a strong desire by people to re-establish public involvement activities for health. This is the background for the introduction of the Shadow Practice Based Commissioning Board (later renamed Monitoring and Advisory Board or MAB)

Following the Government White Paper Our Care Our Say in 2006 the Practice Based Commissioning Board for East Durham was established. In 2007, following an initiative from the Head of PPI for the Easington locality, the Shadow PBC Board was established (East Durham PCT 2007-2008). This would consist of representatives from the health forums, GP Practice Forums where these existed and other stakeholders to advise the PBC on its commissioning decisions.

This means an involvement of up to 50 people. Average attendance at meetings is between 10 and 20.

The Shadow Board drew up the following terms of reference:

- To ensure patient safety and quality are considered in all commissioning decisions.
- Sourcing the views of the wider community of Easington on needs/quality of current service to influence the Commissioning decisions for service re-design and feed outcomes back to the Groups.
- Provide or elect representatives onto Practice Based Commissioning Board and Disease specific Steering Groups.
- Identify recurring themes from available data e.g., PALS report, patient surveys etc., and signpost these to the PBC Board to influence the commissioning decisions.

The Shadow Board renamed itself “Monitoring and Advisory Board” (MAB) in 2010.

The PBC organises two additional meetings each year with the members of the MAB and other stakeholders. One is to secure views by the MAB on its plans, and the other is to hold a dialogue between Clinicians from the Acute Trusts serving the area, the GPs and the patients and wider public.

Members of the MAB collaborated with Sunderland University to take part in a recent research project organised by Sunderland University. This was funded by the Department of Health (Taylor-Gooby and MacDonald Sunderland 2010) The results indicated considerable enthusiasm amongst those involved for the activities of the MAB. It should be stressed that GPs and other health professionals were interviewed, not just the volunteers. These were comments from GPs.

It (the MAB) should not be telling GPs and other professionals what to do. They have expertise – and know about the incidence of disease and clinical information. Patients know how their individual condition affects them, e.g. There may be a high incidence of diabetes but we need to know the best way for patients to control this. GPs need to know the actual effects on people. With long-term conditions people have to manage their own illnesses. The GP has to listen to what sort of help/support patients need. This could well be a nurse or some other type of practitioner. Diabetes might need a team but does not necessarily have to include the GP. Doctors need to know what sort of support people want/need.

The “Get Active” scheme has been promoted through public involvement. A Weight management scheme was very successful. When the PCT was more locally based it was far easier for the public to be involved.

Sunderland University is hoping to continue and expand this research to develop guidelines for good practice of public involvement in GP commissioning.

During the last year the following activities have been initiated or continued. Initiatives from the MAB and the actions which have resulted are highlighted in particular.

- A group has already been established to promote more awareness of and treatment for COPD in the community. As a result of community initiatives large numbers of people have been identified as being “at risk” and referred for treatment. (Easington is an ex-mining area.) Volunteers have promoted and publicised this scheme which has achieved national recognition.
- Members of the MAB reported back from GP Forums the problem of DNAs (Did Not Attends) at local hospitals. Members were concerned that the problem did not appear to always be the fault of the patient, but sometimes poor communication. The MAB helped organise a survey into reasons for DNA and analysed the results. Although the data were incomplete, they did help identify problems of communication within the system at particular hospitals. Further work is needed to produce more robust data, and plans are proceeding to extend the survey work to DNAs at GP surgeries.
- Members of the MAB have worked with a local voluntary body to establish “Chit Chat” a service for befriending the lonely and those at risk of mental illness. This initiative is now involving local churches and has expanded.
- The Board has been involved in consultations about the reorganisation of “respite” facilities locally for young people with behavioural difficulties with the Mental Health Trust.
- The group has been closely involved with discussions and lobbying with the PCT to provide better community health facilities in the area following decisions to merge Stockton and Hartlepool Hospitals into a new more modern facility at Wynyard. This could provide problems of access for people from the Easington area. Members of the MAB helped organise a public meeting to discuss the issue. The PCT has now announced improvements to the facilities available in Peterlee. A further conference about how the new health reforms will affect the local area is to be organised in October. A local M.P. who is a member of the Health Select Committee, the Director of Public Health and an academic from Durham University have agreed to speak. The point of these meetings is to influence public policy.
- Representatives from the MAB are to sit on the Area Prescribing Committee.
- The MAB has been involved in the establishment of a “Community Pathways Group” to bring services closer to the community with the advent of local commissioning. A group to consider long term conditions has also been established with MAB involvement.
- The MAB was consulted on the proposals to restructure provision for Children’s’ Congenital Heart Services.

There has been increasing emphasis during the year of making structures “fit for purpose” with the introduction of GP Commissioning. The MAB has been represented at two conferences, “The Cumbrian Journey” in Penrith and “Commissioning Development – Confirm and Build” organised by the Strategic Health Authority at York. Both conferences were attended by national NHS representatives, who made it clear that PCTs would be abolished and there needed to be a “culture change”. Public Involvement will be an essential feature of the new commissioning arrangements. The size of the new commissioning groups has now been identified, and the MAB is involved with lobbying to ensure that the Easington area, with its particular problems, is strongly represented.

As a result of these conferences, and consideration of national policy, the structure of the MAB has been reviewed with the aim of making it more representative of the wider community and involving more groups. The MAB will continue as an executive body, but will commission focus groups on particular topics, and also attend larger meetings organised by local voluntary bodies to gain feedback on health issues.

The MAB will make efforts to liaise more with LINKs and its successor body, Healthwatch. LINKs does not have much activity East Durham at present and the Vice-Chair of the MAB has agreed to sit on their executive committee to help remedy this. The MAB is also represented on the County Council’s Health Scrutiny Committee.

The MAB will also provide members of the new Commissioning Group when it is established. At present the MAB sends the Chair or Vice-Chair to the Practice Based Commissioning board. They also meet on a regular basis with the Chair. Easington is an “early adopter” and hopes to establish Practice Based Commissioning as soon as possible. Members of the MAB are now involved in the planning arrangements for the changes. Representatives attended a recent conference organised by the NHS to consider ways of taking the arrangements forward in County Durham. The MAB wishes to ensure that East Durham is strongly represented in the new arrangements.

The MAB has already established a lively and effective mechanism for patient and public involvement in the Easington area. These are strong foundations on which to build a more powerful mechanism as the NHS enters a new era and to ensure patient and public involvement is a reality not just a slogan in the new arrangements.