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| **Statutory Guidance on Working with People and Communities 2022**  **Case study template** | |
| **Details** | |
| Title of the case study | Morecambe Bay: Engaging to tackle health inequalities |
| Organisation | Morecambe Bay Clinical Commissioning Group (CCG), Morecambe Bay Primary Care Networks (PCNs), Co-create and other local partners. Funded by NHS England and Improvement and Morecambe Bay CCG. |
| Synopsis | As part of a broader approach to population health and reducing health inequalities in the Morecambe Bay area, this project was devised to:   * reduce local health inequalities with a focus on the most vulnerable communities; * support PCNs to develop skills to utilise population health management and engagement approaches; * identify and engage with local communities to understand the issues important to them and co-produce solutions; * develop and deliver learning that can be replicated in other areas in the Lancashire and South Cumbria Integrated Care System and across England; * and develop engagement with local authority and voluntary sector partners.   The project involved each PCN group using a population health management approach to identify a group of patients in their area that experience health inequalities. Co-create then facilitated an asset mapping process to identify local people and organisations that could potentially support with the work. Next, decisions were made on how the groups of patients and local people would be engaged with and an action plan was created with roles and a timeline. Having carried out the engagement, a workshop supported people to plan how they would share what they had found and what they planned to do next with the communities they had focused on. Co-create carried out an evaluation which was made available to all stakeholders. |
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| **Content**  See below for the default headings for the content section. They are based on good practice in producing case studies that will help your peers who are interested in learning from your experience to take forward similar work.  We have included tips in each section as prompts. You don’t need to respond to every tip – they are to help you generate useful content. You will need to delete them and replace them with your words. You can link to content on the web.  The headings are suggestions – you can edit the headings and delete or add sections e.g. if you just want to share your high-level story.  As a general rule, keep it concise and anticipate what people will want to know. | |
| Background | The project was undertaken by Morecambe Bay Clinical Commissioning Group (CCG), Morecambe Bay Primary Care Networks (PCNs), Integrated Care Communities (ICCs), Co-create and other local partners. Co-create guided and facilitated the work, with the PCNs leading. The work was funded by NHS England and Improvement and Morecambe Bay CCG. |
| The need | The issue to be addressed was health inequalities in primary care services in Morecambe Bay. The work was designed to explore what access issues and inequalities were being experienced by a range of health inclusion and other key groups. The work built on Co-create’s previous work with PCNs, aiming to discover the most effective ways to support people in PCNs and broader health ecosystems to embed workable, replicable and sustainable processes for engaging with the population. |
| The solution | The project involved seven PCN groups using a population health management approach to identify groups of patients that may experience health inequalities. Co-create then facilitated an asset mapping process with each PCN group to identify local people and organisations that could potentially support with the work.  Next, decisions were made on how groups of patients and local people would be engaged with and an action plan was created with roles and a timeline, and the action plan was implemented. Groups engaged included 16-21 year olds in Kendal; women eligible for a smear test in Skerton, Lancaster; adults with learning disabilities and their carers in Bay; and hospitality workers from migrant communities in Grange and Lakes.  Due to the COVID 19 pandemic, much of the engagement was carried out through surveys. Other methods included local voluntary sector organisations speaking to people they worked with, phone calls, social media, and face to face work at local schools and colleges.  Having carried out the engagement, a workshop supported people to plan how they would share what they had found and what they planned to do next with the communities they had focused on. Co-create carried out an evaluation which was made available to all stakeholders. |
| Costs | The work required support which was funded by NHS England and Improvement. The funding granted to the PCNs via the CCG was £50,000. £30,000 of this funding went to Co-create to help facilitate and build capacity for engagement work locally.  The work also required the time and input of members of Morecambe Bay CCG, the ICCs and PCNs. |
| Challenges | One of the key challenges for this work was capacity in primary care to undertake engagement with communities. Practice staff reported feeling overwhelmed in trying to make time and space to dedicate to this work given the other pandemic-related demands on their time. Co-create helped to build capacity by increasing PCN staff’s confidence in engaging and helping them to plan out their engagement. PCN and ICC staff were supported by Integrated Care Partnership (ICP), local authority and voluntary sector staff.  Another challenge was the process of deciding which section of their population PCNs would start with. Co-create focused on capacity-building in the PCN groups (rather than doing the engagement themselves) with the aim that learning would b developed to ultimately make engagement and co-production business as usual. PCN groups often found it harder than originally anticipated to pick a group and get started. In future projects, it may help to make extra effort to deliver the message that there will always be multiple possible groups of people to focus on, and the important thing is to get started and make sure everyone knows that this decision is the start of a process that will support engagement with everyone, rather than the closing down of a one-time opportunity. |
| Impact | There were a number of tangible outcomes and plans from the work in Morecambe Bay. In Lancaster PCN, staff plan to take the learning from questionnaires and engagement to improve access to smear uptake in Skerton, improve information and provide a short explanatory video for patients to view on their website. They hope that these actions will encourage people to book in for their smear and feel less worried about attending. They then want to re-evaluate what they have done later in the year and see if there is any general learning they can take from the work.  In Kendal PCN, staff will be using the feedback from young people to shape some services that are currently being developed for them. They will also build on relationships developed in the secondary schools. They are hoping to engage other teenagers with work experiences and have the youth rep role on the ICC as an ongoing position/opportunity changing annually. Finally, they plan to carry out this engagement process every 1-2 years to get feedback from different groups in their community.  For Bay PCN, the engagement completed with people with learning disabilities will feed into a reassessment of how they organise and structure their annual learning disability health checks, improving uptake and providing care in a way that makes patients feel comfortable, cared for and listened to. Some of the themes emerging included making sure that doctors have enough time during appointments; seeing the same doctor each time; having happier things on the waiting room walls; and minimising waiting room time.  Overall, participants report feeling more confident around how to engage with their local communities, and having come out of the process with a far greater understanding of one local population group’s needs around health and wellbeing, to inform improvement initiatives. |
| Lessons | PCN and ICC staff learned about not presuming how a target group will want to be approached. They learned the benefits of developing and testing approaches and questions with members of the group they wanted to reach. They also learned that it is sometimes better to get some in-depth responses than lots of tick box responses and developed the tools to engage with population groups in the future.  The single most important piece of advice we would give people undertaking a similar project would be to consider how you can effectively listen to what people are telling you and act on that information. It’s also really important to meet people where they are rather than expecting them always to come to you. |
| Next steps, sustainability and scaling | The learning from this work has been written up in an evaluation report and this case study. The learning will be shared across systems via a range of methods, including via the “Partnership with patients, people and communities” NHS Futures site, via primary care bulletins, in response to queries from primary care, and via webinars and learning sessions.  The PCNs who developed this work intend to continue building on it by engaging with other population health groups in their local areas. Co-create are supporting other PCNs nationally to work in similar ways with their local populations. |
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