

## **East Midlands PCT Development Programme**

### **Building a Strong PCT – Community Dialogue**

#### **Information for Specification**

##### **1. Context**

PCTs have a varied history of involving and engaging with individual patients, groups and communities. There are many examples of consultation and other forms of formal and informal dialogue, which tends to be issue based and top down in approach. PCTs desire and understand that to be successful within the current reform agenda they must engage with communities in a more systematic way and co-create rather than impose solutions (refer to Appendix B).

##### **2. Objectives**

- To work with 4 communities, two each from Derby City and Leicester City PCTs to develop, pilot, codify and roll out a process for systematic engagement and dialogue which can be incorporated into organisational strategic planning. Appendix A gives an outline of the different communities from Derby City and Leicester City PCTs identified to be the pilot communities for this project.
- The products developed as part of the project and learning captured from the experiential aspects of the work will be shared across all PCTs in NHS East Midlands and beyond.
- Build PCT experience, skills and expertise in leading and delivering these types of projects. The project will leave in place a team of fully trained and experienced individuals (at least 4 people) with the ability to deliver these skills and competencies in other PCT areas. The skills and experience will include (list not exhaustive):
  - Build PCT skills in leading and delivering such complex, multi-stakeholder projects.
  - Gain experience / build expertise in leading complex, multi-stakeholder projects.
  - The PCT team will understand how to co-create and co-produce in any setting on various topics, working with community leaders & communities on a geographical or specific interest grouping in coming to a jointly owned solution.

### **3. Benefits to Derby City and Leicester City PCTs**

- Acquire a systematic process for initiating a community dialogue and incorporating community needs, wants and co-created solutions into strategic planning.
- Improve the effectiveness and efficiency of different engagement initiatives at community level.
- Strengthen links and working relationships with community leaders, organisations and the spectrum of healthcare providers.
- Gain experience and expertise in leading complex, multi- stakeholder projects.

### **4. Specific outputs**

- Outcomes of the dialogue process between the PCTs and 4 different communities addressing key questions regarding health needs which will inform and shape PCT approaches within each area. For example, we may wish to work with parts of a community where smoking prevalence is particularly high to co-produce ideas and an action plan for reducing smoking prevalence.
- Develop and produce a framework for co-creating solutions with communities, following the dialogue process, undertaken within the context of resource allocation/prioritisation.
- Develop, pilot and iterate a tool to evaluate what the people living in communities think of the engagement processes and what they would consider to be improvements in health.
- A document describing the process developed during the pilot and the lessons learnt.
- Produce a toolkit – Information, work plans, methodologies, check lists, templates etc, and ‘how-to-do’ guides based on project work (to be used for roll-out to other East Midlands PCTs) on what interventions work best in which scenarios, work plans etc.
- Guidelines on how to frame the dialogue within the context of resource allocation/prioritisation, not just asking communities what it is they want.
- Guidelines on how PCTs can move from pilot projects to a systemised approach across the communities served by the PCT.

- The project will also build capability as follows;-

- *Internal to the two pilot PCTs*

A minimum of 4 PCT staff will work with experts and gain experience and skills of managing and facilitating complex multi-stakeholder projects and leading community engagement efforts.

This team must be able to demonstrate that they have gained significant experience and capability through using the toolkit throughout the life of the project, such that they are able to undertake further community engagement projects and disseminate their learning with colleagues, i.e. become 'train the trainers.' This will be tested through presentation/further mechanisms by the PCT Project Group.

Clinicians from the ward/community must be involved, experience and learn from the engagement techniques and processes produced.

- *External to the two pilot PCTs*

Members of communities involved in the pilots/dialogue gain new experiences and insights in engaging with public sector organisations.

- Added value

Development of stronger relationships amongst stakeholders.

Project promotes further opportunities for working co-productively with communities.

### **Commissioned suppliers should bring -**

Expert input on;

- developing process
- managing and facilitating complex stakeholder projects
- Technical aspects – which interventions work best in which situations
- Managerial – how to systemise the approach
- Developing a matrix of measurement to demonstrate stronger relationships amongst stakeholders and opportunities for further working.
- A level of flexibility to adapt to the changing needs of meeting the overall aim of the projects, as these projects will invariably be a developing and learning feast.

### **Want to see in specification**

- Organisations able to demonstrate previous experience and expertise in supporting public sector organisations in engagement projects.
- Understanding of evidence base regarding engagement and co-production.
- Named personnel who will work on project, along with biography of experience in the field.
- Outline of their approach, potential methodologies, innovations and how they will add value.
- Project management arrangements
- Timelines
- Costs

**PCT Internal resources – each PCT requires;**

Director level leadership.

Project manager / facilitator – who will manage project and develop skills.

Admin support, to include arranging events etc.

Clinical and other staff who work within the ward e.g. GPs, community development workers, nurses etc.

Budget for involving community organisations etc. Paying for community member's time and expenses to attend.

Cost of advertising, venues, refreshments etc.

## **1. Derby City PCT**

Derby City PCT was established on 1<sup>st</sup> October 2006, replacing Central and Greater Derby Primary Care Trusts.

The City is densely populated and diverse. According to the 2001 census, 16% of the population classify themselves as being from a black or minority ethnic group.

Derby includes some of the most deprived areas in the country, and these experience considerably worse health and life expectancy than the rest of the city.

The PCT's 10 Year Strategy has 3 strategic aims; improving health and reducing health inequalities, improving services and engaging with the population of Derby to co-produce solutions to health related issues.

Derby City PCT covers over 263,000 people registered with GPs in 35 practices, and has a budget of £350million.

- **Outer City Neighbourhood Renewal Area**

This community has 8,924 people living in around 3,000 properties. It is situated on the south side of the city of Derby, covers an area of 1.38 km<sup>2</sup> and is classed as one of the outer wards of Derby. Locals tend to see it as two distinct areas, old and new.

The population is an interesting mixture with more than 20% of all people being of black, asian or mixed race origin. As such, it has the second highest concentration of the BME communities in Derby.

It has a very convenient shopping centre and amenities with chemists, doctors and post office all situated locally.

The Neighbourhood Renewal statistics tell us that the area is not performing as well as the city average in many of the key measurements, which are:

**Housing**...although more homes meet the decent homes standard than the city average, there are a higher number of homes standing empty for over six months and a lower percentage of properties being re-let

**Waste**...levels of graffiti and fly-tipping around the streets are all higher than the city average.

**Education**.... GCSE and Key Stage 2 results are still below the city average and there also is a higher than average number of young people aged 16 to 18 not in education, training or employment.

**Health**.... life expectancy is lower than the city average, almost three and a half years for men and nearly three years for women. There are a higher

percentage of deaths caused by cardiovascular disease and the death rate caused by cancer is higher than the city average. It also has the highest teenage pregnancy rate in the city. There is growing participation in smoking cessation initiatives but the cessation rates remain lower than that of the City.

**Crime...** despite large reductions in recent years, there is still higher rates of crime than the city average and higher levels of burglary and incidents of anti-social behaviour

**Unemployment....** the percentage of unemployed people is over two-thirds higher than the city average.

**Poverty...** there is a higher number of household on low income than the city average and also higher numbers of children assessed as being 'in need'

There are a number of active voluntary and community group who predominately work to address their own particular focus or issues, however there are groups that have a wider remit to work together to improve the area in which they live and work. One such group forms the basis for the local strategic partnership coordination. The partnership comprises of local residents, the city council neighbourhood managers and community development officers, voluntary and community organisations, local businesses and local ward councillors. Together they represent a strong and united voice for the benefit of the area whilst maintaining their individual focus, aims and objectives.

A senior public health manager represents the PCT on the partnership board and a community development health worker sits on the health agenda sub group. The public health team, led by the manager is currently in the process of conducting needs assessment in the area and will be developing action plans.

- **Inner City Neighbourhood Renewal Area**

This is a well recognised community that does not conform to the local authority's ward boundary of the area. It has a rich and diverse mix of ethnic groups comprising nearly 60% of Derby's ethnic minority population (DCP 2001). The relatively recent arrival of asylum seekers and refugees to the area has significantly widened this mix.

This is the largest of the priority neighbourhoods with 27,000 people in around 10,500 households. The priority neighbourhood boundary is the same as the approved SRB and URBAN programmes and attracted £13 million of external funding. The programme area includes the Rosehill Sure Start, a Home Zone initiative, a recycling initiative; a Heritage Lottery funded refurbishment of the Park, and an application for a second housing Renewal Area programme.

### **Health & Social Issues**

High morbidity regarding diabetes  
High morbidity regarding heart disease  
High number of children under 5  
High level of deprivation  
High level of unemployment  
Cultural issues around asylum seekers and language difficulties

The neighbourhood includes a wide range of youth provision, adult education, private sector housing renewal, police services and primary health services. The regeneration programme funded initiatives relating to crime and drug abuse, employability, business support, community involvement and environmental improvements. There is a wide range of voluntary sector activity, including numerous minorities ethnic and faith based community organisations and community centres.

This priority neighbourhood needs sustained multi-agency action to tackle high and serious crime and drug abuse problems, discrimination and long term unemployment. It also requires sustained support for its diverse communities, as well as culturally appropriate service provision.

In recognition of this, the Neighbourhood Partnership Board has been established with a membership that includes local councillors, local residents, the police, fire service and a number of voluntary groups and organisations. A Senior Public Health Manager sits on the Partnership Board, with a locally based Community Development Health Worker attending a number of the sub group forums.

Along with the local health teams, a dedicated public health nurse works closely with local community groups and organisations in seeking to promote health respond to needs and address inequalities.

The public health team, led by the manager is currently in the process of conducting needs assessment in the area and will be developing action plans.

## 2. Leicester City PCT

Leicester City PCT was established on 1 October 2006 from a merger of Leicester City West and Eastern Leicester PCTs.

Leicester is a city of diversity. Data from the 2001 census show that approximately 34% of the population would classify themselves as coming from a black minority ethnic group.

Leicester has some of most disadvantage areas in the whole of England, and it is these areas that experience the worst health and the lowest life expectancy in the city

Despite these challenges, the PCT is actively working towards delivering equal access to high quality services for the people of Leicester.

Current registered population 342,000 budget of over £400m

### **Public Health Recommendations for 2 Communities for Pilot Public Consultation**

Leicester City is an area where there are significant health needs. Over 10% of the population live in to top 5% of deprived wards in the UK when the national average for England is 5%.

Leicester City has a significantly lower life expectancy for both men and women. The two wards below represent an inner city and outer city ward. They have both high levels of deprivation and high health needs but some differences in demography. They have been chosen because of their levels of deprivation and are hence in receipt of Neighbourhood renewal funding (NRF)

- **Outer city Community**

This Community is situated on the South West of the City. It is an outer city ward and has a population of 9984 people. Nearly 53% of this population are aged between 15 and 44 years of age, there is a very high 15-24 year old population which reflects the large numbers of students that live in the area. It is a ward of considerable deprivation, with 41.7% of its population living within the 5% of most deprived Super Output Areas. Over 5% of the population are unemployed. The ethnic make up of this area differs from most of Leicester city with 87% white and only 4.6% of the population stating that they are Asian British. Although the general fertility rate is similar to the national average there is a high teenage pregnancy rate within this ward.

**Housing:** The housing in the area is predominately local authority housing and

**Education:** GCSE and Key Stage 2 results are below the city average with only 25.5% of pupils achieving Grades A-C at GCSE.

Smoking and drinking rates are high in this area as shown in the table below. This area includes parts of the Saffron estate; this estate has an active community centre that hosts various activities from educational courses to pregnancy testing. It is also the base for the local sure start programme. There is a local authority leisure centre and swimming pool in the area and local football pitches. There are numerous small grocers and other shops that serve the diverse community in the area. The PCT has a community health development coordinator who works in this area.

- **Inner City Ward**

This is an inner city ward which is densely populated. It has a population of 21256 (7.5% of Leicester City's population) and 26.5% of this population are under 15 with 26.7% of its population live within the 5% of most deprived Super Output areas. It includes the areas of the city known as St Matthews and High fields. The ethnicity of the population is 72.4% Asian British with only 17.6% of the population stating that they are White British. There is also a large Somali population that live in this ward and do not appear on the 2001 census as a separate group but are classified as black African it is thought that this community exceeds 2000 people. Over 11,000 people state that their faith is Muslim and there are several mosques in the area. This area has a very high percentage of people who are unemployed (13.0) and 21.6% of households are overcrowded. The fertility rate in this area is very high at 98.9 per 1,000 compared to the national average of 58.4 per 1000.

**Housing:** the housing in the area is mixed with both older Victorian terraces and newer flats and other local authority housing. It is worthy of note that there are high levels of overcrowding in this area with over 21% of people living in houses deemed overcrowded. There is also some high rise accommodation with 19% of the population living on the 1<sup>st</sup> -4<sup>th</sup> floors.

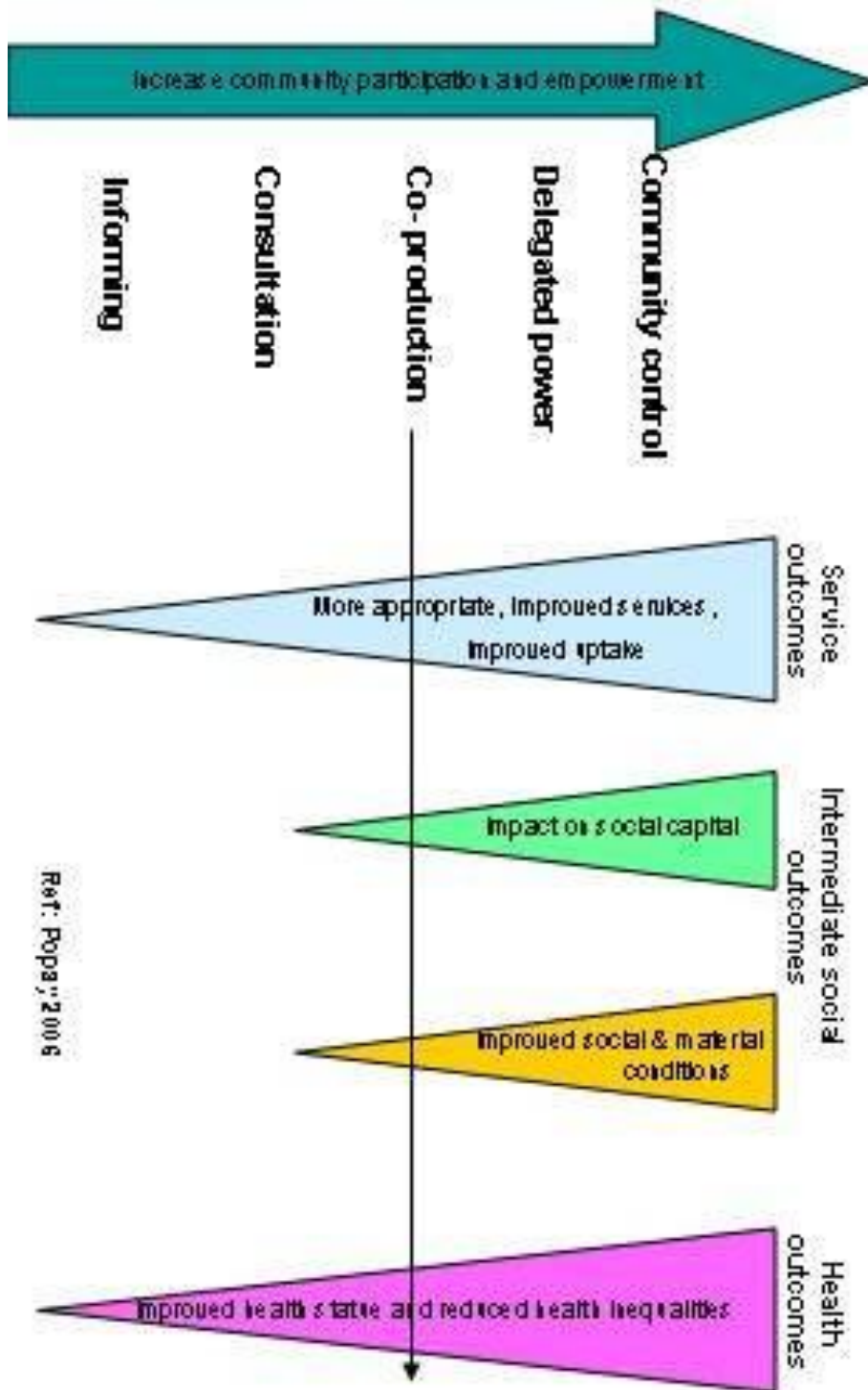
**Education:** **Almost** half of the over 16 year old in this area have no formal qualifications. One contributing factor to this is the low literacy rate within this area.

Smoking and drinking rates are low in this area which is thought to be related to the high numbers of Muslim people living in the area. The area hosts 2 Sure Start projects and has one large co-educational secondary school. There are many active voluntary sector and faith organisations. There is a new LIFT health centre (St Peters) in the area and a newly built centre for the Homeless of the city.

Although an inner city area there is a large park within the area and the secondary school has large green spaces and is bordered by a commercial 5 a side football facility.

The PCT has a community health development coordinator who works in this area.

# Engagement



Ref: Pops, 2008



Engagement Slide