

LONDON REGION TEMPLATE for 2014/15 REPORT

HSCA 2012 Statutory Obligation (Participation Duties)

The London CCG Engagement Leads Networks have worked collaboratively to develop a template to support their organisations statutory participation obligations reporting requirements. (Please return by 30th September 2015)

Name CCG: Ealing CCG

Name person completed this report: Zereen Rahman-Jennings, PPE and Equalities Manager, with input from ECCG Commissioning colleagues, Healthwatch Ealing, ECCG Project Managers, Ealing Community and Voluntary Sector partners and CWHHE Strategy & Transformation Team.

Internal sign off obtained from: ECCG Executive and the Patient and Public Engagement Committee

Healthwatch statement completed by: John McNeill, Chair and Suzanne Lyn Cook, Director – Healthwatch Ealing

Date submitted to regional team: 30th September 2015

Please note the report covers the period- 1st April 2014 to 31st March 2015

SECTION ONE – Context Setting – (demographics, vision, resources)

The purpose of this section is to obtain summary background information regarding the population demography of your CCG, including ethnicity, deprivation, age, etc. You may wish to include population information and demographics found in JSNA Population profile or you can add a hyperlink to the relevant documents.

NHS Ealing Clinical Commissioning Group (Ealing CCG) is a membership organisation of 79 GP practices in the Borough of Ealing, North West London. It serves a population of 339,000 people, and manages an annual budget of almost £415 million. We are responsible for the planning and design of many of the health services in the borough. GPs are in a privileged position of hearing first-hand what patients want and need, and we use this information when making decisions on commissioning healthcare services.

Our priority is to improve the health and wellbeing of the local residents of Ealing by commissioning a sustainable model of high quality health care within the resources we have available. This will enable us to provide residents with the right care, in the right place, at the right time, in order to reduce reactive, unscheduled care and do more planned care earlier. In order to achieve this, we work closely with a number of partners including Ealing Council, Ealing Integrated Care Organisation, Imperial Hospitals, North West London Hospitals and the West London Mental Health Trust. Working together means we can ensure that we provide co-ordinated and effective services that meet the needs of all our patients.

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http://www.ealing.gov.uk/downloads/download/1018/ealing_joint_strategic_needs_assessment

Vision for Engagement

Please include the vision for engagement and participation for your CCG.

Ealing CCG's original vision for engagement and participation is set out in its Patient & Public Engagement Strategy. Through experience and learning it has evolved and will be reflected in the refreshed strategy document later this year. This document sits alongside our Commissioning for Compassionate Care: Patient & Carer Experience Strategy 2014 -2017 for the collaborative of five CCGs (CWHHE) and our Equality Objectives.

Our vision includes our commitment to:

- Promote participation and engagement with patients, carers, public and communities through a relationship based on trust, transparency and shared decision making.
- Ensure meaningful engagement and participation from service users and patients throughout each stage of the commissioning cycle so that their experiences and views influence change and make a positive impact.
- Treat our lay partners and patient and public representatives as equal partners and engage them in an open process of commissioning and procurement with accessible information and appropriate support.
- Ensure that those involved understand how they are able to contribute and influence and how they are influencing our approach and decision making.
- Ensure that service change options and financial implications are clearly communicated and community views are sought, acknowledged, valued and responded to in the decision making process.
- Address health inequalities and make improvements using feedback from a variety of sources and stakeholders including partners in the voluntary and statutory sectors, individuals, groups of specific patient populations, GP members and the wider public.
- Optimise the use of existing forums, boards, committees and relationships with community groups through partner agencies to hear the voices of hard to reach sectors.
- Encourage patients to be leaders for change and help them consider and debate new ways of delivering high quality services offering better patient experience.
- Achieve a streamlined process for co-creation and co-design.

Structure and Resources

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Please include details of the current resources for participation and engagement in your CCG, including SLA/specification if this service is provided by a CSU/third party. You may wish to present this in the form of organisational structure charts, with details of non-pay budgets allocated to engagement & participation.

At present we have two full time posts within ECCG focussed on patient and public engagement. These include a Patient and Public Engagement and Equalities Manager post to ensure a consistent CCG wide approach and plan for PPE work and an Admin and Project Support Officer post to support operational activities. In addition we have a service level agreement (SLA) with Healthwatch Ealing to help develop Network Patient Participation Groups (NPPGs) which includes some advice and logistical support for GP practice based PPGs. A third post, Member Engagement & Extranet Manager, leads on engagement and communication with GP practices, convenes the Council of Members Meetings and supports the development of information on the CCG extranet.

In addition, individual commissioning, contracting, project managers within the CCG all contribute towards effective engagement by linking with our stakeholders at: partnership boards, patient and public forums, steering groups and project boards, design groups and contract management and procurement meetings. They support the development and inclusion of patient groups and liaise with individual patient representatives in each of their work streams.

At present there is no separate non-pay budget allocated to engagement and participation. However, there are a number of projects funded by the CCG which support engagement activities through our voluntary and community sector (VCS) partners (e.g. Rightstart from Richmond Community Health) and Healthwatch Ealing. In addition, costs incurred for PPE work is also covered by project budgets for each work stream. There is some financial resource allocated for developing Network Patient Participation Groups (NPPGs) and supporting and engaging carers through a specific project linked to GP Practices. To date, the lack of a dedicated budget has not hindered the CCG's ability to meet their participatory duties as there is a clear and focused commitment to undertaking patient and public engagement.

The CWHHE Collaborative of 5 CCGs share resources around communication provided through a central team. They support strategic and specific communication activities, website development, media support and follow up Freedom of Information queries. The CCG PPE leads from the CWHHE collaborative meet on a regular basis as part of an informal network. Their aim is to share resources, ideas, and learning and consider opportunities for joint planning and delivery of PPE activities. They work closely with the communications team to develop an engagement plan to support PPE work in each CCG. This offers a great opportunity for the 5 CCGs to identify areas where they can collaborate and share

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resources. This forum is supported by the Assistant Director of Equalities and Patient Experience, working across the CWHHE collaborative and her project support team of two.

All PPE activities and plans are overseen by ECCG's PPE Committee which is a sub-committee of ECCG's Governing Body. It is chaired by a lay member who also sits on the Governing Body. The PPE Committee also includes a senior representative from Healthwatch Ealing, a member of a GP Practice, a voluntary sector representative from Ealing VCS and the chair of the CCG (a GP) who is also ECCG's Governing Body Clinical Lead for Engagement and Equalities.

Lay members – The elected Chair of our local HealthWatch attends our Governing body meetings in advisory capacity. Within Ealing CCG Governing Board, we have four lay members who have full voting rights. Two of these 4 roles have been recruited recently, these include lay member leading on Quality & Safety and lay member leading on Information Governance Management and Technology.

Our lay members also chair various CCG and collaborative committees such as Ealing CCG Finance and Performance (F&P) Committee, Quality and Safety (Q&S) Committee and Patient and Public Engagement and Equalities (PPE) Committee.

Providing support across the collaborative we also have a Strategy & Transformation Team who support engagement activities. Below is an outline of their vision and approach.

Strategy & Transformation has an '**Embedding Partnerships and Engagement**' team responsible for patient representation, co-design and enabling engagement activities within the programme.

The Embedding Partnerships team is responsible for ensuring that patient engagement and co-production sits at the heart of all key programmes and work streams delivered through Strategy & Transformation. Our Engagement team carries out engagement activities across all eight boroughs in North West London (NWL). Their role is focussed on spending time in the community, engaging with people across NWL on a range of issues and ensuring that service users are heard and their feedback used by the Strategy & Transformation team.

Vision for engagement

This vision for Strategy & Transformation community engagement is to establish a programme of on-going pro-active engagement across a population of 2 million residents in NWL to help develop the Strategy & Transformation (S&T) objectives which are aligned with CCG plans and activities.

Engagement is usually a two way process. Community feedback is channelled into the S&T work streams and the engagement officers regularly update the community groups they

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have spoken to help them understand how their views are shaping plans. They are always keen to:

- Develop excellent relationships with diverse individuals and groups.
- Effectively involve individual patient representatives and advocates in the S&T programmes.
- Embed mechanisms for capturing collective patient feedback and insights so that they can be utilised effectively and used to inform and guide work in NWL.
- Tailor local engagement activity so that it truly captures the views of local people and supports CCG plans.
- Raise awareness and understanding of the changes and improvements being made in NWL.
- Proactively address mis-information relating service changes and developments.

Structure and resources - At present we have one full time Embedding Partnerships and Engagement Manager, one full time Embedding Partnerships Officer and two full time Engagement Officers. These roles report to the Assistant Director of Communications and Engagement.

What has been the outcome of this engagement and participation activity?

Embedding Partnerships has worked with our patient representatives to co-produce solutions to health and social care across North West London. In 2014-15 we invited our group of approximately 150 patient representatives from across North West London to four specific events. These events:

- Introduced them to the concept of co-production and equipped them with the required skills.
- Discussed self-management and patient empowerment.
- Identified patient centred outcomes.
- Discussed the role of carers.

The outcomes of these sessions fed directly into the S&T programmes to inform the development of their work.

In addition to these group engagement events, patient representatives also attended our boards to ensure that patient voice was heard throughout the planning and decision making process. Last year, Whole Systems Integrated Care used a number of working groups with patient representatives to co-produce the Whole Systems Integrated Care Toolkit.

Engagement - The engagement team undertook regular proactive community engagement to understand what the public thought of their health care services. The feedback from

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these meetings was recorded and shared and fed into the development of a number of work streams.

SECTION TWO – Developing the Infrastructure for Engagement and Participation (processors and networks)

The purpose of this section is to gain an understanding of how engagement has been established within your CCG. There are four main areas that we would like you to cover:

- **Processes** – what processes for engagement are in place, please give examples of how you have included the local population in your work. This could be through focus groups, participation and engagement events, and any other engagement mechanisms.
 - **Networks** – details of any formal networks that you are responsible for including information about the constituency, purpose and outputs from the network.
 - **Structures** – details of engagement structures that are in place.
 - **Partnerships** – details of partnership work with other organisations.
1. **Processes** – what processes for engagement are in place, please give examples of how you have included the local population in your work. This could be through focus groups, participation and engagement events, and any other engagement mechanisms.

The level and variety of patient and public engagement in Ealing has been extensive over the last couple of years. The development of the infrastructure has been influenced by the level of internal resources available, our evolving partnership with our local Healthwatch and our joint engagement arrangements with the voluntary and community sector agencies who have provided us with access to local community groups and patient populations.

The detail of how we have involved individuals and groups of patients have been shaped by the type of input we have sought around our commissioning intentions, individual work streams being developed and our joint plans with the Ealing Council (under our section 75). We have utilised the full range of forums, boards, steering groups and patient reference groups already in existence to communicate information, undertake consultation, share plans and provide feedback and updates.

Despite the progress we have made to date, we recognise that there is still areas for improvement, particularly in involving patient and public representatives in contract development and negotiation meetings and monitoring discussions with service providers.

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Our process for engagement has always been tailored: to match the requirement of the project/service area (service re-design, project steering etc.) and to maximise the input from our stakeholders and patients. The process adopted has taken into account the context in which a service is being proposed for development or change, the partnership arrangements in place to deliver the service, the needs of specific patient populations and the potential impact any change or development may have had.

Arrangements have included:

- Information and update sessions through partnership boards, forums (older people, learning disability, children and young people's) and community events.
- Consultation and feedback via community groups accessed through our community/voluntary sector partners (Southall Community Centre, St Mungos, MENCAP Power Group, Contact a Family).
- Collective engagement activities and workshops with our voluntary and statutory sector colleagues via the annual Ealing Health Summit.
- Individual service user's involvement in specific projects (e.g. design, redesign, planning, procurement and monitoring of services).
- Patient and public input through steering groups/project boards and patient groups on system wide priorities e.g. Better Care Fund, Ealing Model of Care.
- Events to communicate and discuss our yearly Commissioning Intentions. Last year this involved discussions at the following events:
 - CCG Away Day Commissioning Intentions Workshop.
 - Members' event at Healthwatch Ealing.
 - Council of Members Meeting (GP practice members).
 - Health and Wellbeing Boards.
 - Patient Participation Group - Engagement Meeting.
 - Ealing Community Network Equalities Reference Group.
 - Children with Additional Needs Partnership Board.
 - Voluntary Sector - Health and Social Care Forum.
 - Carers Partnership Board.
 - Voluntary Sector Procurement Working Group and Older People's Partnership Board.
 - Learning Disabilities Partnership Board.
 - Patient and Public Engagement Committee.
 - Autism Partnership Board.
- Feedback from patients and carers via our generic inbox which includes queries from local MPs.

2. **Networks** – details of any formal networks that you are responsible for including information about the constituency, purpose and outputs from the network.

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In ECCG we do not have a specific dedicated network/forum/reference group for patient and public representatives supported and managed internally for the purposes of PPE work. However, we are considering setting up such a network as part of our future development plans. We have been focusing primarily on setting up Network Patient Participation Groups (NPPG) to support engagement and consultation with local patient populations and also using these groups to support the delivery of our self-care strategy.

Network Patient Participation Groups (NPPGs) Supporting Engagement & Participation

ECCG's PPE Lead has been working closely with Healthwatch Ealing to support the development and embedding of NPPGs. Healthwatch was initially commissioned to help set up the NPPG meetings by liaising with the practices, agreeing the dates for meetings, establishing an agenda and facilitating the discussions. The minutes of the meetings have been a rich source of data to help ECCG understand what the patient and staff representatives want to achieve through the NPPGs and think through the logistical and operation obstacles they face and how these might be addressed. In response, an options paper will be prepared to secure the necessary resources needed to implement the development plans for NPPGs (see below).

Currently there are 7 NPPGs and all bar one have met twice since their initial set up in early 2015. So far, one of the NPPGs has truly recognised the potential for using such a group to develop patient participation and is spearheading a number of initiatives. It's important to acknowledge that within the NPPGs there are a number of individual practices with really well established practice based PPGs doing great work e.g. Goodacre, Crown Street, Barnabas practices.

From the CCGs' perspective NPPG's will be a conduit for:

- Patient engagement through information sharing and consultation.
- Patient empowering delivering the self-care and self-management strategy
- Co-design and co-production.

Future focus will be on:

- Engaging and supporting GP practices that have not been able to identify patients and/or staff to attend the NPPGs.
- Supporting practices with no local PPGs to establish groups and/or link with other local PPGs or consider having virtual groups.

From initial discussions it's emerging that NPPGs will be an opportunity for patients and staff in each network to work together to:

- Arrange health promotion events/awareness raising sessions/healthy living information sessions/talks from expert patients/speakers.
- Improve communication with patient populations across each network and provide them with access to information about local services possibly through a local directory.

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- Ensure practices become carer friendly and respond to the needs of those with additional needs.
- Provide patients who want to be involved strategically in specific projects/work streams associated with the commissioning cycle (procurement and monitoring) access to appropriate support and training.
- Engage wider patient population using social media and specifically attract young people and working age patients to be involved.
- Work together to increase the take up of annual health checks.
- Make short films on specific issues important to the local community to be shown at the practices in the network.
- Address barriers to access and reduce inequality (access to interpreters and easy read information).
- Contribute to the discussions around commissioning intentions.
- Train patient champions/health advocates.
- Use patient experience data to kick start local improvement projects and influence commissioning intentions and decisions.
- Support the monitoring and evaluation of new or reconfigured projects.
- Deliver training to practice staff to improve customer service, making them more aware of patients' perspectives and responsive to their needs.

We recognise that for the NPPGs to achieve their ambitious plans, we will need to provide significant support at the early stages and help them build a sustainability plan. We will be supporting the NPPGs to:

- Develop a recruitment strategy so that patients from each of the individual practices, in each network, is present at the NPPG, and the membership reflects the demography of the local population.
- Focus on making the NPPGs and practice PPGs – patient led and patient focused while allowing practice staff to attend to support specific developments.
- Identify GP practices with successful and well established practice PPGs so that they can share learning and ideas with those who are struggling.
- Develop a Terms of Reference for the NPPGs.
- Develop a role description for chair/vice chair for each NPPGs and a process for selection into the roles.
- Create a network of NPPG chairs so that they are able to meet regularly, share ideas, plan together and support developments.
- Agree a framework and content list for a NPPG newsletter to be cascaded to patient members of each practice PPG in each network.
- Agree a communication plan within each network and across the 7 networks.
- Have a consent form in place to be used for sharing contact details and for agreement to be filmed/photographed for future publicity etc.
- Develop and implement a local action plan.
- Pull together common themes and agree a borough-wide action plan.

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- Become members of NAPP, use their resources and showcase examples of how NPPGs are making a difference through a national platform.
- Work in partnership with ECCG and LBE to support engagement and consultation events/activities.
- Collate a guidance document in the forms of an FAQ to address operational issues.

3. Structures – details of engagement structures that are in place.

Engagement of GP practice staff members are primarily engaged through our GP Network Relationship Managers (NRMs) and Member Engagement & Extranet Manager and supported through a number of arrangements including our Council of Members Meetings. The NRMs meet with the practice staff members and lead GPs regularly to discuss new developments and involve them in various initiatives. Clinical leads from the 7 networks attend a range of meetings with CCG staff and also participate in the Network PPGs and other patient and public forums e.g. AGM, Health Summit, and Listening Events. They receive weekly and bi-monthly newsletters and are consulted on key developments.

Ealing Community and Voluntary Sector (ECVS) and Ealing Community Network (ECN) member organisations and their individual representatives form an integral part of our communication and engagement network. A standard communication plan is used to share and cascade information through this group and their calendar of community events and user led forums are used to deliver and support engagement activities. Representatives of the member organisations in ECVS/ECN are involved in a range of partnership boards and steering groups / project boards where they bring the voice of the sector they represent and also the views of the patient population who access their services.

Healthwatch Ealing is a vital part of the structure that helps deliver patient and public engagement activities. In addition to their role in providing oversight and scrutiny of individual services, their staff members and Chair are involved in committees, steering groups and the governing body. They actively support ECCG's PPE work by involving their public/user representatives and members in consultation events and activities, they support individuals to be involved in commissioning activities and to date they have supported the development of NPPGs.

User led forums – (Voluntary sector forum, Health and Social Care Forum, Older people consultative forum, Network PPGs, Power Group etc.) A number of service user forums exist across council and voluntary sector organisations which are utilised extensively to support PPE activities.

4. Partnerships – details of partnership work with other organisations.

As outlined earlier in this report our partnerships across the various sectors is key to delivering our engagement and participation duties in ECCG. The structures and processes we have in place

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to work with our partners and stakeholders enables us to engage and involve effectively. These partnerships include:

- Working on system wide changes in collaboration with neighbouring CCGs (CWHHE) and Brent, Harrow and Hillingdon, especially on areas such as Shaping Healthier Future, Whole Systems Integrated Care and Primary Care Co-Commissioning.
- Working with and through our local HealthWatch, especially on areas such as: developing and supporting practice based and NPPGs, identifying individual patient and public representatives to work with the CCG on commissioning new services such as the Community Transport Pilot or the Ealing Model of Integrated Care, bringing patient/public perspective on procurements such as our Cardiology procurement, Out of Hospital Services programme with primary care, helping review our communications from a patients perspective.
- Working with and through the voluntary and community sector to reach out to patients who do not routinely participate in CCG or Healthwatch engagement events, but are involved in community activities through specific community groups and programmes such as:
 - Ealing Community Networks equalities reference group.
 - Older People's Consultative Group.
 - Ealing Women's Forum.
 - Contact a Family.
 - Southall Neighbourly Care.
 - LGBT Forum.
 - Annual Health Summit run by the Voluntary Sector 2014.
 - Southall Community Alliance.
- Working with the Local Authority through the partnership boards such as the:
 - Older Peoples Partnership Board.
 - Carer Partnership Board.
 - Young Peoples Partnership Board.
 - Learning Disabilities Partnership Board.
 - Children's services voluntary sector forum.
 - Health and Social Care Forum.
 - Older people consultative forum.
 - MENCAP Power Group.

SECTION THREE- (Meeting the collective duty) Engagement & Participation Activity (what has been the outcome/impact?)

The purpose of this section is to provide evidence of the engagement activities (programmes/projects/initiatives) that have been undertaken directly by the CCG, through commissioned providers and in partnership with others, and the impact and outcome they have had on their original objectives.

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For each engagement activity please specify:

- **Objective** – what was the purpose of the engagement activity?
- **Activity** - what was done?
- **Who** – who was involved in the engagement? How – how were the participants recruited and what were their roles and responsibilities
- **Outputs, Impact & Outcome** – what was learned? What changes were made as a result of the engagement? Was this information shared with CCG partners? What were the key messages for other organisations?

Please include details of the way in which the CCG is ensuring that it is listening to and responding to voices of individuals and groups who have often been considered hard-to-reach.

In each case please indicate which of the following has been impacted by the activity:

- Procurement
- Contract and service monitoring
- Service planning and design
- Commissioning intentions
- Strategy development
- Quality of service

In Ealing we have a network of active patient and public representatives involved in a number of work streams supporting different aspects of commissioning activities. The majority of our representatives are recruited through Healthwatch Ealing and occasionally through our voluntary sector partners. They are able to share their experience of being involved in commissioning activities as they are all members of Healthwatch and meet regularly to discuss their experiences and issues they encounter through their activities in each of the project areas. Healthwatch Ealing also asks their members to complete a survey which helps us understand what is working well and where we need to improve our practice in engaging and involving service users. On-going support is provided through Healthwatch and through senior commissioners and the deputy managing directors at ECCG, overseeing specific areas of work. In the past we commissioned an external provider to deliver bespoke training to support those involved understand the commissioning activities, how CCGs function and prepare them to be involved in various activities in each part of the commissioning cycle.

Please see below examples of activity and impact:

Procurement: Ealing Integrated Intermediate Care Services

- **Objective-** Involvement in the Intermediate Care Services procurement as the current services was due to end - (ICE) Intermediate Care Ealing contract.

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- **Activity/Who** - Recruited two patient representatives to participate in the Procurement Steering Group and Procurement Evaluation Panel from Healthwatch Ealing.
- **Impact** - They fully participated in the evaluation of the tender documents, interviews and site visits. They were able to question prospective providers during the process and their scores and information were taken into account as part of the final evaluation and tender award. As part of the Invitations to Tender, providers were also asked key questions on family and patient engagement, which were evaluated and scored.
- **Mobilisation of new service:** a patient representative from Healthwatch Ealing is currently participating in the mobilisation process, and focusing particularly on the patient pathway.

Procurement/Design - Wheelchair Service

Objective – Engagement of patients/service users in Wheelchair Service Redesign and Procurement - Ealing CCG is participating with 6 other CCGs in NWL Wheelchair Service Redesign and Procurement process.

Activity/Who - In April 2014 Healthwatch Ealing were commissioned by Ealing CCG to carry out engagement activities with patients in order to understand local service users' experience of the wheelchair hardware and repair service and determine how they would like the service to be improved.

Impact / Outcome - Three key themes arose from the engagement activities:

- 1) Service users wanted a more personalised service which reflected their specific needs and allowed them to make choices.
- 2) Service users wanted a fast and reliable service.
- 3) Service users wanted excellent customer service from the hardware and repair service.

Since the initial Healthwatch report, three further wheelchair service users' engagement events have taken place across North West London (NWL), including one for young service users and a carers' event in Brent (between September - March 2015). Learning from these events endorsed the three key themes outlined above, but also served to advocate for a revision of the original plans to allow for an integrated wheelchair service across 7 CCGs in NWL.

Service users, carers, public representatives and key stakeholders including members of the NHS England Wheelchair Summit, led by Baroness Grey-Thompson have been lobbying for NWL CCGs, Barnet and Brent CCGs to reconsider the decision to procure hardware and

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maintenance services only. They expressed the need for the procurement to be combined with the assessment and prescription services in order for each service area to be robust and for the whole service to be seamless. Service user feedback suggested that by procuring an integrated service, delays between the assessment and the issue of wheelchairs will be resolved as would the inconsistent communication between the assessment and maintenance services. Users particularly highlighted the need for improvement in waiting times for repairs.

The above feedback is now being fed into the service specification and service redesign group. Users are also engaged in this group, including a Ealing service user who is also a member of the Wheelchair Service Strategy Board. The invitation to tender is due to begin in December 2015 and users will again proactively participate in the evaluation of the tender, including provider interviews and site visits.

Procurement - NHS 111

Objective - Service user engagement in the procurement of NHS 111 service. Ealing CCG is participating in this process with NWL wide (8 CCGs).

Activity - Healthwatch Ealing helped identify two patient representative to join the the NHS 111 Procurement Board. There were also a series of London NHSE visioning sessions/workshops and one was held in Ealing, where a wide range of users and carers participated.

Impact/Outcome - The representative has been able to share their views, influence the process, raise questions and make suggestions from a patient/carer perspective. The feedback from the visioning session has been taken board by the National NHS 111 developing the service standards and principles, which are due to be published by end of Sept 2015.

Service Planning and Design - Mental Health Services

Objective - Patient feedback and involvement in future service provision at West London Mental Health Trust (WLMHT).

Activity/Who - Within several forums service users and carers have been involved in co-production within pathways. As part of the Mental Health Transformation work stream, Service Users and Carers attended the Bi-monthly board meeting, along with the working groups which is reviewing the pathway.

Within the Service Development Improvements Plans:

Outcome/Impact - CAMHS – Surveys and feedback from service users and carers is helping shape and improve accessibility to CAMHS services – the service is exploring the option to offer 10% of appointments outside of 9am-5pm and outside of the usual clinical buildings

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(e.g. schools, community centres) to remove some of the stigma associated with accessing mental health services; however the final decision will be made in line with the patient feedback and requirements. Likewise there is a co-production project group being initiated within Q3 of 2015/16 to design care plan templates, they will be tasked to produce draft care plan templates that will meet the needs of younger children as well as young people and families.

As part of the CAMHS local transformation plans, Rethink (a mental health charity) have involved young people who have used services. They have been commissioned to support the co-production of the CAMHS Out of Hours Service pilot and as a result they have helped develop training material for school staff to address mental health issues in partnership with children and young people. They have also supported the co-production of the service specification for a new CAMHS Out Of Hours service which is to be implemented in Q4 2015/16. They attend the local Health and Wellbeing Board and sit on the Local Transformation Plan CAMHS group.

Procurement and Service Planning/Design - Cardiology Service

Activity - The issues raised by the patient group and individual patient representatives (recruited through Healthwatch Ealing) were incorporated into the service specification. This process involved patient representatives and service users reviewing and commenting on the draft specification.

Impact/Outcome - The issues raised during the consultation which were incorporated into the specification include:

- Easy public transport to clinics.
- Longer appointments for people with communication difficulties e.g. dementia or mental health problems.
- Keeping number of appointments to a minimum.
- Evening and weekend services.
- Good communication with GPs.

In response to the views of patients we have included in the specification the following:

- When planning location of clinics, the provider will have to take into account access to transport. The provider will arrange transport for patients unable to use public or private transport.
- We have specified that the provider will have to demonstrate actions they have taken to meet the needs of these specific groups of patients. This may include use of health passports, extended appointments for patients with learning disabilities, cognitive difficulties and the use of face to face interpreters.

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- Tests performed by patients GP will be available to the consultant at the first appointment, thus preventing duplication of tests and increasing the likelihood that patients will have a diagnosis at first appointment.
- The service is commissioned to run 7 days per week including having heart failure nurses working at the weekend and rehab classes in the evenings for patients who are working.
- Discharge letters to patients will be sent in real-time and we will be working with the provider during implementation to make sure discharge letters are informative and written in plain English.

Feedback on being engaged from our patient representative supporting the Prime Minister's Challenge Fund (PMCF) and Out of Hospital (OOH) Project Board - Keith Marshall

Objective - Manage the PMCF and OOH project work contracted to GP Federation.

Activity - Board meetings to review progress, resolve issues, generally manage the contracts.

How were you involved? As a patient representative on the board.

How were you recruited? Appointed by Healthwatch Ealing, December 2014

What were your roles & responsibilities?

1. To represent the patient voice in the commissioning, design and management of the contract work.
2. To bring an external business view and project management experience.

Outputs -

1. Recommended various project management approaches, including template for status reporting of project progress (both in terms of work done and money spent).
2. Encouragement for more speedy action.
3. Ensure patient opinion/desires are considered in service design.

Impact - Enhanced and more focussed, project reporting and control.

Outcome - Improved understanding of project progress and hopefully cost control

Service Planning and Design - Ealing Community Transport (ECT)

Following feedback the CCG received from Patients and Carers, Ealing CCG are currently running a pilot until March 2016 with a view to fully commission to deliver the Ealing Community Transport (ECT) service. The service, called 'PlusBus for Health' is a joint project between ECT and the ECCG to reduce the number of GP house calls and no-shows at surgeries, and simultaneously improve the well-being of patients by providing the opportunity to leave their homes and increase social contact/reduce social exclusion.

The scope of the pilot was to transport certain patients who have difficulty attending healthcare appointments due to a disability, a lack of mobility or other health problems

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attend the widening range of primary care and out of hospital services within Ealing. Since its launch the PlusBus for Health has made hundreds of journeys and its popularity has grown rapidly, tripling passenger numbers in the last three months.

Practices, during the booking process and the Plus Bus for Health service user, have provided very valuable, positive feedback that has been included in a recent ECT press release. There is a patient representation during monthly Steering group meetings and an independent evaluation was carried out in March 2015 examining demand, service implementation, the booking process and service delivery. The recommendations for ECCG:

- To commission a full community patient transport service across all practices in Ealing.
- To continue to work with GP surgeries and other care providers to expand the service to cover as many primary and community care services as possible (without duplicating existing transport provision).

To date:

Total number of trips since 1st December 2014: 2,918

Total number of surgeries engaged with the pilot: 68

Total number of surgeries who have actively used the pilot: 53

Different feedback methods:

- One to one meetings with each surgery to explain the service to them.
- Regular written communication between ECT and ECCG.
- Regular feedback meetings between ECT and ECCG.
- Steering group meetings for the service attended by stakeholder representatives including surgery and patient representatives.
- Passenger surveys conducted by ECT.
- Feedback from surgeries to their network managers and other members of the CCG.
- Feedback from surgeries to ECT through the Ops Team making bookings.
- Feedback meetings with surgery.

Actions/changes/improvements which have occurred as a result of feedback:

- ECT agreed with ECCG to amend the service specification so that surgeries could use the transport service to take patients to other surgeries within Ealing. This was based on feedback from surgeries that this would be a good use of transport for them.
- ECT began to provide an individual booking reference number for each booking based on surgery feedback.
- In the early days of the service being run, one user of the service was routinely unaware that he had a medical appointment booked when ECT transport arrives, despite ECT contacting him the day before to remind him of his expected pick-up

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time. ECT was able to ensure the passenger attended his appointment by providing the GP's name to the passenger and providing the required reassurance to make him comfortable to travel. Because ECT is able to provide this customer-focused service, the passenger now successfully travels with ECT.

- Following feedback from the steering group meeting, ECT started recording reasons for cancellations and when cancellations were made. This data is being further broken down so we will be able to analyse patterns in particular surgeries carrying out cancellations.
- Feedback from passengers through the passenger survey has been on the whole very positive. When asking for comments on what could be improved, no actionable suggestions have yet been given.
- Patients have asked whether the service is available for other types of trips and a number of patients have now registered directly with ECT for its other PlusBus service which is a door to door service to take eligible passengers around Ealing e.g. to the shops from their home.

Whole Systems Integration and Ealing Integrated Model of Care

Objective – co-creating services through effective partnerships and an integrated multidisciplinary approach.

Activity - Following on from the extensive co-production process which took place between October 2013 and February 2014 at a North West London level, the Integrated Care Pioneer Programme in Ealing CCG then formed a team to develop the Ealing Integrated Model of Care. This was done to plan and deliver care for the most high risk and vulnerable citizens aged 75 and above. Continuing the ethos of co-design through effective partnerships between service users, families, carers and health and social care professionals, a Model of Care Steering Group was formed in April 2014. This included patient representatives, members of Healthwatch Ealing and VCS representatives, including Ealing Carers Centre and Age UK. This Group continues to meet on a monthly basis and remains responsible for the development and governance of the Model of Care and the associated outcomes.

Outcome/Impact - At the heart of the Model is a holistic/person centred care plan that has been developed with the input of each patient/service user, which is implemented with support from a Care Co-ordinator and a Joint Care Team, ensuring that the health and social needs of the individual are met in a timely and integrated manner and thus enabling them to remain as independent as possible within their own community setting.

Patient/carer engagement and individual involvement has been at the core of this service design. At each stage of the development and prototyping of the Model of Care, the team have made sure that they have discussed the design of the model, the roles and

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responsibilities of the care coordinators and the expected outcomes of the service with members of relevant forums including:

- Older Peoples' Forum.
- Ealing Carers Centre.
- Patient and Public Engagement Committee.
- Ealing Health and Social Care Summit.
- Ealing Voluntary Sector Health and Social Care Forum.
- Carers' Partnership Board

The team also designed and facilitated a number of simulation events where members of the public, patients, carers and health and social care professionals came together to discuss issues raised through a simulation event. A simulated episode of care demonstrating the outcomes of unplanned and disjointed care for an elderly/frail resident of Ealing leading to an emergency admission into a hospital and subsequent discharge back into the community was used to demonstrate the challenges. These simulations were extremely powerful as they allowed professionals to identify with the impact of disjointed care and the poor out come and experience of patients. They also showed how pro-active engagement and dialogue with patients/service users/carers about what they would like to see happen in the system, enabled them to develop truly integrated service, delivering person centred care. Suggestions from the round table discussions then fed into the design of the service and the simulation was re-run to demonstrate how quality of care and outcomes could be improved through a multi-disciplinary team approach allowing patients and service users to be supported in their community environment.

All of these engagement and involvement opportunities were key to the co-design process and testing ideas shaped the Ealing Integrated Model of Care so that it truly met the needs of the population it is designed to support.

Service Planning and Design - Transformation of Maternity Services

Transformation of the maternity services available to Ealing residents and the eventual decommission of the inpatient service at Ealing Hospital was supported by a robust and comprehensive communications and engagement process. This involved a wide range of stakeholders including patient, carers, hospital and community staff and other local and cross borough stakeholders. All plans were subject to public consultation and reviews by the Independent Reconfiguration Panel (IRP), a group of national healthcare experts, and the London Clinical Senate. The IRP supported the proposals and the Secretary of State subsequently committed the programme to proceeding with the changes.

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Engagement activities commenced on 20th March after Ealing CCG's meeting and concluded on 29th March ahead of the pre-election period. Engagement took place in Ealing, Harrow, Hillingdon and Hounslow which are the primary locations for women choosing to give birth at Ealing hospital. For this phase of engagement, activities were primarily focussed on children's centres. These were identified as best placed to facilitate access to those most likely to be affected by the changes to maternity services. More than 480 people were engaged in 24 children's centres and 4 community centres in 9 key locations in Ealing including Hillingdon, Harrow and Hounslow and involving 7 demographic groups.

More detailed information is available in: Strategy and Transformation - Maternity Engagement Report.



Maternity
engagement report.d

Those involved through the engagement and consultation process contributed significantly through sharing their experiences of maternity services in and around Ealing. They provided candid accounts of positive and negative experiences and raised concerns about the logistics of accessing services located outside of Ealing hospital and outside of Ealing. Their suggestions and recommendations led to the development and distribution of a range of information material helping mothers to understand where the services were located, how to access them and information about travel routes and public transport arrangements available to get them there.

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Out of Hospital Services (OOHS) Patient Engagement activities across the Collaborative of 5 CCGs (CWHHE) November 2014 to September 2015

	Provider Assurance Template (PAT) Assessment	Working Group	Steering Group	Patient Engagement Group	Contract Management Workshop – Patient Engagement
Objective - what was the purpose of the engagement activity?	To involve patients in the development of the provider assurance template and the assessment of evidence put forward by GP federations in relation to their readiness to deliver the Out Of Hospital Services.	To involve patients in the development of recommendations to the Steering Group. Broad themes covered included service specification testing, contract development and monitoring processes, Business Intelligence/Data, Pilot and GP practice Go Live feedback, quality and KPI feedback.	To involve patients in decision making processes at Steering Group level. The Steering Group drives the direction of the programme and also provides recommendations to the CCGs.	To involve patients in the development of an OOHS specific patient survey and communications plan. To provide feedback on the development of resources for patients. To participate in a discussion forum where patients were able to raise queries and concerns about the programme and then feedback to their local patient participation groups (PPG) on issues e.g., how does data sharing work? How does S1 work?)	One off workshop to support patients involved in the on-going contract management meetings for the OOH services.
Activity - what was done?	Patients were involved in working group to develop the template. Patients were provided with an electronic or hard copy version of the GP federation responses to consider and provided feedback by phone. This feedback was collated in the template by the OOHS Programme team and provided to the GP Federation for response.	Two patient members were invited to attend a weekly working group meeting coordinated by the overarching CWHHE programme team.	Two patient members were invited to attend a weekly working group meeting coordinated by the overarching CWHHE OOHS Programme Team.	Group of ten patient representatives to attend fortnightly meetings, coordinated by the CWHHE OOHS Programme Team.	Two workshops to be held (monthly contract monitoring meeting participation to follow)
Who - who was involved in the engagement?	Two patients and a lead from each CCG and CWHHE staff from Finance, Quality, SystemOne and programme team	A lead from each CCG and CWHHE staff from CCG including Commissioning/project leads, Finance, Quality, SystemOne and OOHS programme team.	Senior Responsible Officers, GP Chairs/Programme Clinical Leads and an Managing Director/senior lead from each CCG plus CWHHE staff including, CCG MDs, Finance, Quality, SystemOne, Performance, OOHS programme team staff.	OOHS Programme Team, patients and CWHHE Communications Manager	Senior Contract Manager, patients

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<p>How - how were the participants recruited</p> <p>Please include details of the way in which the CCG is ensuring that it is listening to and responding to voices of individuals and groups who have often been considered hard-to-reach.</p>	<p>Two patients were recruited to assess the templates across the five CCGs. This allowed a consistent approach.</p>	<p>CCGs recruited patients for these forums and activities so they could provide patient perspective and also comment on how hard to reach groups could also be involved. Two patients were recruited through Healthwatch to join the group.</p>	<p>CCGs recruited patients for these forums and activities so they could provide patient perspective and also comment on how hard to reach groups could also be involved. Two patients were recruited through Healthwatch to join the group.</p>	<p>The aim was to have two patient representatives from each of the CCGs, though not all CCGs were able to send a representative at each meeting.</p> <p>CCGs recruited patients for this group through their local Healthwatch or through existing CCG forums e.g. PPGs.</p> <p>Patient representatives included those who identified themselves as being homeless, having a physical disability, have long term conditions requiring primary care support and as a carer.</p>	<p>The aim was to have two patient representatives from each of the CCGs, though not all CCGs were able to send representatives to the workshop.</p> <p>CCGs recruited patients for this group through their local Healthwatch or through existing CCG forums e.g. PPGs.</p>
<p>Roles and responsibilities</p>	<p>Patients assessed the content of the GP federation response within particular sections of the template. This covered areas relating to patient engagement and patient access.</p>	<p>Patients were provided with a weekly agenda and asked to provide broad patient views, specifically focussing on their engagement, access to services and also contract development.</p>	<p>Patients were provided with a weekly agenda and asked to provide broad patient views, specifically focussing on their engagement, access to services and also contract development.</p>	<p> PEC Email briefing - role description.docx</p>	<p>Role description in development (in consultation with patients)</p>
<p>Outputs, Impact & Outcome - what was learned? What changes were made as a result of the engagement? Was this information shared with CCG partners? What were the key messages for other organisations?</p>	<p>Examples of where patients had a direct impact (three key areas) :</p> <ul style="list-style-type: none"> By ensuring engagement and access/service mapping issues were raised as key items within the assurance process. E.g., the inclusion of a question covering how patient feedback (not just complaints) will be assessed and incorporated into service delivery changes By influencing the way federations designed patient engagement activities (e.g. pointing out that online arrangements are not sufficient as the only mechanism and that 	<p>Examples of areas where patients had direct influence and made recommendations to the group were through the following documents / arrangements:</p> <ul style="list-style-type: none"> Tri Party Agreement that sits within the contract – which specifies patient participation and quality requirements for the GP federations. Complaints and SI reporting process for GP Practices and Federations The change control 	<p>Examples of areas where patients had direct influence and made recommendations to the group were through the following documents / arrangements:</p> <ul style="list-style-type: none"> Final agreement of service specifications and service assumptions including extended hours Final agreement to extended hours KPI and equity of appointment access for patients not registered with the hub practice Final recommendation of PATs including patient engagement and service mapping elements 	<ul style="list-style-type: none"> OOHS specific patient survey was drafted Communications Plan was jointly developed with the group and the CWHHE Communications Manager Posters and leaflets, for patients, about the service to be used in GP practices was being designed with input from the patient experience committees (PEC). <p>Once completed, the survey outputs will be included in the OOHS review process due to take place from Jan to March 2016. These findings will be triangulated with quantitative data from the SystemOne clinical system, GP federation and clinician feedback and CCG responses.</p> <p>Patients in this group continues to be linked with</p>	<ul style="list-style-type: none"> Patients contributed to the TORs and informed the contract manager of how they could be involved in the contract management process Patients will all have the necessary information to support a consistent approach to patient

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	<p>existing PPGs should be utilised)</p> <p>Patient responses and outcomes from the Provider Assurance Template (PAT) process were shared through the working group and steering groups. The collaborative approach to this assessment process also enabled patient views to be shared across the provider organisations where appropriate.</p>	<p>process for CCG approval of a change in service delivery locations</p> <p>The nature of the collaborative approach for this forum resulted in all CCGs being aware of patient views and concerns. Where appropriate these were shared with the federations (e.g. CCGs highlighting with the federation specific parts of the PAT which patients were passionate about).</p>	<ul style="list-style-type: none"> • The contracting model and how GP Federations and Practices were to be contracted in the light of NHS Standard contract restraints (pensionable income and Joint and Several liability). • Suggested elements to be included in Federation Transformation funding bids 	<p>PPGs and supported with information and updates to take back to their groups.</p>	<p>participation in the contract management meetings</p>
What has been impacted by the activity?	<p>Service planning and design</p> <p>Quality of service</p>	<p>Contract and service monitoring</p> <p>Service planning and design</p> <p>Quality of service</p> <p>Strategy development</p>	<p>Contract and service monitoring</p> <p>Service planning and design</p> <p>Quality of service</p> <p>Strategy development</p>	<p>Contract and service monitoring</p> <p>Service planning and design</p>	<p>Contract and service monitoring</p> <p>Quality of service</p>

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SECTION FOUR- (Meeting the Individual Participation Duty)

Please provide information on the arrangements in place for promoting the individual duty to support patients being in control through commissioning activities and what results can be demonstrated for patients in terms of:

- Self-management
- Shared decision-making
- Personalised care planning and personal health budgets

We are in the process of developing ECCG's Self Care Strategy which will eventually increase the range of arrangements in place to support individual patients being in control through commissioning activities. This will lead to patients being better able to manage their conditions and support their health and well-being. Patients in some services are already experiencing this to some extent and are thus involved on shared decision making (personal health budget, diabetes, and pulmonary rehab).

Much of the research planning was carried out in 2014/15 and we are at the start of the journey. Better Care Fund for 2015/16 builds on initial work of 2014/15. It now includes Pulmonary Rehab as a specific programme. Plans for 2015/16 include the development of a strategy with input from patient groups. The plans are to provide coaching training for healthcare professionals in order for them to have the conversations with patients that will encourage them, with support, to take responsibility for their own health and wellbeing. This training will also be provided to other professionals e.g. social workers, voluntary workers, care co-ordinators and navigators who may be able to influence individuals. Motivational training will be provided to patients and carers in order for them to make lifestyle changes to improve their health and wellbeing. This will also be extended to carers and will be delivered in other languages. On line courses will also be available for those who find it difficult to attend daytime courses.

Personal Health Budget

Ealing CCG currently only offers a Personal Health Budget (PHB) to individuals who are eligible for NHS continuing healthcare as assessed under the Department of Health's National Framework for Continuing healthcare and NHS-funded nursing care 2012. This is a very small number of the Ealing population. To give perspective; in 2014-2015 there were 637 individuals eligible for NHS continuing healthcare; of which 320 were for end of life care, and excluded, as were 28 children and 31 Learning Disability clients (pending agreement re process from the LA) leaving a total of 249 individuals who could have asked

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the CCG for a PHB. Individuals are informed of their “right to have” a PHB in a letter that details the outcome of their assessment.

Objective

1. The CCG works closely with individuals throughout the process to ensure targeted support is offered where needed.
2. For people to have individual personalised Care Plan owned by the patient and/or representative.
3. Listen to individuals to improve the service for others.

How this has been achieved so far

There is a dedicated individual leading on the process for Ealing, who is the point of contact for individuals interested in/receiving a PHB, who can provide support and advice as required. In the true sense of personalisation, individuals can choose to complete their own support plan alone. The CCG offers the service of a Personal Independent Support Planner to work closely with the individual (and/or carer/representative) and if requested the Nurse Assessor in order to plan their provision. The individual proposes the outcomes they wish to achieve, and how they would like to go about achieving them. This is their opportunity to be creative and plan how they would take control of services that are meaningful to them. The CCG offers a template, or individuals can create their own. The CCG has a suite of documents to support individuals throughout the PHB application process, providing information about what PHBs are, and the choices available to the things to be aware of when employing a personal assistant/carer. The CCG has available a number of services that individuals can access.

Feedback

A questionnaire has been developed to use after the first review of the existing PHB holders to gain feedback regarding the service.

One PHB holder burst into tears when they heard their application had been granted. The team has received feedback from individuals, usually in the form of questions which has highlighted gaps in the information being provided. This has led to:

1. Development of more information leaflets including a list of external organisations that can provide support to the PHB holder for example in managing the Payroll, completing a DBS check or help to find a carer.
2. Improving our Support Plan and making it shorter as the original was felt to be too long.
3. Creation of a focus group for individuals receiving a PHB to support each other where they can share learning and make suggestions/pose questions to the CCG about how the process could be improved.

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Diabetes Management

ECCG recognises the need for proactively supporting diabetic patients who are newly diagnosed and able to self-manage and those identified as being at risk of developing diabetes, through a number of initiatives which involves discussing their options with each individual and offering them access to relevant training and education programmes. In order to promote timely diagnosis, encourage self-care and self-management and reduce hospital admissions, ECCG has commissioned GP practices to identify individual patients at risk of developing diabetes through the Out of Hospital Service. This includes lifestyle and weight management advice. ECCG is also in the process of commissioning training for newly diagnosed diabetic patients to help them achieve optimal health. Patients, who may face psychological difficulties in accepting their diabetes, will be offered appropriate support from IAPT (Improving Access to Psychological Services) and other suitable mental health services. Support plans and referrals to services will be agreed and implemented through dialogue with individual patients.

Pulmonary Rehabilitation

ECCG commissioned a pulmonary rehabilitation service, which as part of their program, included advice to individual patients on how to recognise exacerbations in their condition, and when to seek medical treatment and advice on the lifestyle changes they needed to make to improve their health and outcomes.

Cardiac Rehabilitation Service

ECCG has recently commissioned a similar cardiac rehabilitation service which is due to start in November 2015. In addition, the new community based cardiology service will include an increase in the number of heart failure nurses based in the community, who will work with patients and GP practice staff to support patients to manage their condition at home.

Cardiology engagement process included visiting a number of public groups and asking their thought on how the service would look and feel for them. As the service specification was being written we had patient feedback which influenced the service eventually procured. We are only now in the implementation phase and looking to start a patient group which will become a long-term patient feedback group and will continue to influence how the service is delivered and improved using patient experience data.

Services Tailored for Homeless Patients

Following feedback through a number of engagement activities ECCG has commissioned a service for homeless residents in the borough, many of whom find it challenging to access health services in general. The aim is to provide a range of services and make appropriate referrals to mental health services, counselling services, hepatology clinic, TB clinic and sexual health services.

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For both SECTION 3 and SECTION 4 please also include where appropriate

- **How information technology, including social media, is being used to improve engagement activity**

At ECCG there has not been an enormous drive to directly engage and involve patients and service users via social media though this is something we will look into in more detail in the future. However, much of our engagement work is delivered through our ECVS partners and Healthwatch Ealing and they are actively using twitter, Facebook and other social media platforms to engage patients and the public. Interestingly, our current patient and carer population have not raised this as an issue to date but we recognise that we need to understand better whether using social media will enhance our ability to capture the views of a more diverse patient population. We anticipate that using technology and social media may increase our connection and engagement with younger patients and those of working age who are not involved in local Healthwatch activities, nor accessing services through community and voluntary sector organisations, routinely.

We will be looking at our options while reviewing and widening our communications plan and aligning this with our engagement plan whilst refreshing both our PPE and Engagement Strategy in 2015.

We hope to learn from the experiences of our neighbouring CCGs e.g. Hammersmith and Fulham and their journey will shape and guide our development and online presence.

- **How the CCG is holding providers to account for patient and public engagement**

Whilst procuring services ECCG specifies that service providers build in activities to engage and involve their service users at regular intervals and gather patient experience data. The information gleaned through these activities is used to understand and improve services. Below is a more detailed account of the arrangements in place:

- PALS issues are not usually raised at Clinical Quality Group (CQG) though formal complaints are reported through the Management Information System on a monthly basis to our Business Intelligence team and there is a formal report on a quarterly basis by the providers. Quality Schedules set out what data is required from each provider and cover a number of categories against which quality, safety and experience data is reported.
- There is an Integrated Performance Report that is produced that considers quality and performance of the individual providers for each of the CCGs and this is reviewed and discussed at the Quality Patient Safety and Risk Committee. There is a formal agenda for each CQG and this is shared with the trust prior to each CQG meeting so that relevant papers can be submitted.

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- Aspects of the information may be escalated to the Performance Committee Executive (PCE) from the CQG discussions for further consideration and action.
- There has been limited analysis of themes and trends over the past 6 months, the trusts are required as part of their contractual requirements under the quality schedule for 2015/16 to produce a quarterly report that contains an analysis of themes and trends however the quality and patient safety team are working with the patient experience lead and complaints to begin to triangulate the information alongside clinical site visits to enable greater focus on areas of concern and to support challenges to the trust.
- The CQG has a schedule for when Complaints, Friends and Families Test (FFT), key patient safety issues such as safeguarding are due to be discussed – on a quarterly basis.
- Individual SIs are followed up and tracked for improvement and reported into the Q&S Committee.

SECTION FIVE- Forward Plans for 2015-16

In this section we would like to hear about what your plans are for further developing your organisations capacity and capabilities to meet the participation duties, please include how you will ensure your organisations will have effective mechanisms to ensure groups identified in the Equality Act as having protected characteristics, have opportunities to be involved in the full range of your organisations commissioning activity and your commissioning activities actively supports patients to self-care and be in control.

Review and analysis of our engagement activities over the past year has helped us highlight the areas where we need to develop our capacity and capabilities to meet the participation duties. We have also started to review our equalities plan and objectives to ensure that groups identified as having protected characteristics also have opportunities to be involved in the whole range of commissioning activities and are involved in the development and implementation of the self-care strategy.

We will be using our JSNA data and other local intelligence to highlight specific patient populations who will need to be targeted. We will look to work closely with specific community organisations who can provide the expertise and support to hold engagement events, focus groups for these specific communities and also help to deliver training to get individuals ready to be involved in specific work streams. This process has already begun with cardiology patients as we will be undertaking some focussed communication and awareness raising events to highlight the newly commissioned service and will be looking for service users to be involved in future monitoring meetings, from hard to reach groups, accessing the new services.

With regard to our forward plans submitted last year, below is an outline of progress:

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- Commissioning intentions were consulted upon extensively and developed using a range of monitoring and patient experience and feedback data. We are currently putting together the engagement plan for the next twelve months and will be consulting on our 16/17 plans.
- A series of training was provided to brief patients and public on the health and social care landscape and prepare potential patient representatives to be involved in steering groups and project boards and other commissioning activities. Individuals involved subsequently supported a number of work streams outlined earlier in the report.
- Network Patient Participation Groups have been established following an initial engagement event and there are significant plans in place to make them sustainable and become robust vehicles for delivering the PPE and self-care / self-management strategy.
- A shared engagement and communication strategy has been developed across the collaborative and currently being implemented.
- In 2014 /15 ECCG staff have been involved in a significant number of collaborative engagement activities delivered through a range of partners in the voluntary, statutory and community sector.
- ECCG has agreed a logo as part of the corporate brand identity, begun to issue regular press releases and started to update the website to make it more public and patient friendly.

Our forward plans for patient and public engagement is included as a separate document.

SECTION SIX - Healthwatch Statement

Building effective partnerships are an essential element of meeting the statutory obligations; Local Healthwatch organisations play a central role in acting as a patient and consumer champion for health and social care services. This section of the report provides an opportunity for your local Healthwatch to comment and reflect on the content of your report. Please indicate in this section if Healthwatch has been commissioned to undertake any engagement work for the CCG, and if so for which activities.

Healthwatch Ealing has worked with Ealing CCG to facilitate and increase their public and patient involvement over the last year. We have enabled ECCG to reach out through our network to engage and involve individuals and groups.

We were commissioned for one year September 2014 – September 2015 to

- Establish and support the development of 7 Network PPGs across the borough. This work is progressing and needs to be continued, the 7 Network PPGs will add another dimension to the CCG's ability to engage with a wider audience of Ealing residents.

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- Increase Healthwatch Ealing Representation on a number of strategic developments through:
 - Community transport development project- Bus Plus a Healthwatch Ealing representative is on the pilot project steering group as full member from the inception of the project
 - Procurements - Cardiology, GP Out Of Hours, 111, GP nursing homes contract and ongoing monitoring of the service, Intermediate Care , NWL Wheelchair services
 - Prime Ministers Challenge Fund -a representative has been on the steering group for over year
 - Out of Hospital patient participation 2 representatives had been active in this NWL work, one on the Steering Group and the other on Clinical Governance group. Two representatives attend the monthly contract meetings

There has been an increase by CCG in their engagement and involvement this year through a number networks in the voluntary and community sector and ourselves. It is not always shared publicly how this involvement has or will specifically influence the design and monitoring of services and most importantly improve patient experience over time. Healthwatch Ealing will play its part in improving means of communication.

There is view within some of the Healthwatch membership that the ECCG has not been able to take on board the concerns of people who are unhappy with proposed reconfigurations of services locally and across North West London

Healthwatch Ealing is taking its own action to improve member communication and will be looking to work with ECCG to ensure those concerns are heard and acted upon for the benefit of the patients and population of Ealing

While the ECCG forward plan identifies a number of initiatives to improve and develop patient and public engagement, from a Healthwatch Ealing perspective we would want the ECCG to ensure there is robust patient, carer and public involvement at design and evaluation stages of initiatives. This will be a focus for Healthwatch Ealing's scrutiny of ECCGs patient and public engagement in the forthcoming year

Submission date

Please send your completed template to ENGLAND.qualityhub@nhs.net by the 30th September 2015.