

LONDON REGION TEMPLATE for 2015/16 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 31st October 2016)

Name CCG: Ealing

Name person completed this report: Zereen Rahman-Jennings, Patient & Public Engagement & Equalities Manager

Internal sign off obtained from: Tessa Sandall, Managing Director

Healthwatch statement completed by: James Guest, Chair of Healthwatch Ealing

Date submitted to regional team: 27th October 2016

Please note the report covers the period- 1st April 2015 to 31st March 2016

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 (CCG) is the GP-led organisation responsible for planning and buying (commissioning) health services for the people living in the borough of Ealing. Established on 1 April 2013, our vision is to develop commission and deliver high-quality, cost-effective services for the local population through patient-centred commissioning and by working in partnership. Ealing CCG is made up of 76 GP member practices which serve a registered patient population of 338,000. We are committed to improving the care provided to patients, reducing health inequalities and raising the quality and standards of GP practices whilst achieving a financial balance. We work with health and social care colleagues, clinicians, patients and carers to make sure health and social care services are safe, effective and coordinated. With an annual budget of £426million we buy a range of services including:

- Planned surgery (elective hospital care)
- Rehabilitation care
- Urgent care and emergency care
- Most community health services
- Mental health and
- Learning disability services

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Our aim is to ensure that the highest quality of care is delivered by those organisations best qualified to do so to meet the diverse needs of our patients, carers and the public, achieving the best value for money so that we utilise public money wisely.

Ealing's changing local landscape:

- 430,817 - estimated patients registered – 1 April 2016
- 338,449 residents – census 2011
- Number of children and young people predicted to grow by 16% within the next 20 years
- Number of patients aged 65 and over will increase by 53%.
- Female life expectancy low - 60.1 years compared to national figure of 63.6 years and London figure of 63.36)
- Currently there are 18,748 older people with limiting long-term illness, predicted to rise to 21,002 by 2020 (17.4%). The highest rise will be among older people aged 85 and over (40.8%).
- The top three underlying causes of death are circulatory disorders (32%), cancer (25%) and respiratory disorders (16%).
- Increasingly diverse borough, with a steady rise projected for BME groups at 52% and the white ethnic group at 48%.

The three gaps outlined in Five Year Forward View which will need to be addressed are:

- Health and wellbeing
- Care and quality
- Finance and efficiency

Ealing CCG will focus, on 5 main areas outlined below:

- Improving overall health and wellbeing
- Addressing long-term care and treatment
- Better care for older patients
- More support for mental health
- Making sure our services are always high quality and affordable

We want to deliver joined up care across organisational boundaries. Across UK new provider models are taking shape such as Accountable Care Partnerships (ACPs) and Multiple Care Partnerships. For the public this will mean the right care, right place and right time. This will be across primary, community, social care, intermediate and acute care. Where we need this most quickly is with older person's services where there is most need, in Ealing.

Improving Health in NWL and Ealing:

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- one in five people in NW London has a long-term condition, like diabetes or heart disease, which requires treatment for life
- one in five children under-five are overweight – which leads to health problems in later life
- half of over sixty-fives live alone, which can affect their physical and mental health
- up to one-third of children live in households with no employed adults.

To improve our residents' health and wellbeing, we want to:

- encourage exercise and healthier eating; reduce smoking and drinking
- improve other areas like housing, employment, schools and the environment, that affect health
- encourage everyone to be part of their local community, reducing loneliness

Better quality care for patients with long term conditions:

In NW London today, we have:

- nearly 350,000 people living with long term condition like diabetes and arthritis;
- 17,000 patients with cancer
- 21,000 residents with a severe physical disability
- 37,500 people with serious and long-term mental health needs

To improve care, we want to:

- identify cancers earlier and start treatment quicker
- improve life expectancy and the quality of life for people with long term physical and mental health conditions
- make sure all patients receive the same high standard of care, regardless of where they live
- give patients, families and carers more information and power so they have more control over how they receive care and support

We want to improve care for older people by:

- providing seamless coordinated care across the NHS, local authority and other organisations e.g. community services to reduce barriers and stress
- having specialist teams who can react quickly to help when there's a problem
- improving independence for older people enabling them to live at home safely
- making discharge from hospital as quick and easy as possible to get an older person home with all the support they need
- improving the quality of life for people in their last months of life

In NW London, we currently have over 260,000 residents with common, serious and long term mental health conditions or learning disabilities.

Better Support for patients with mental health needs- we want to radically reduce the impact of mental health needs or a learning disability by:

- making people feel less lonely and help them to be a part of their community
- having immediate and accessible professional support available on the phone or in person to stop problems becoming a crisis.

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Joint Strategic Needs Assessment (JSNA)

The annual Joint Strategic Needs Assessment (JSNA) is undertaken by the local public health team in partnership with the local authority, the NHS organisations and community representatives. It is founded on a strong evidence base and provides a comprehensive local picture of health and wellbeing needs across the population. The JSNA executive summary and individual detailed chapters can be found through the following link:

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

These will provide a more detailed and comprehensive picture of the needs of the local population and the recommendations.

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. 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 continues to be 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 members 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.
- Ensure engagement arrangements allow us to hear and understand the views of our diverse local population and those residents who represent the characteristics protected by the Equalities Act 2010.

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Ealing CCG's response to the feedback received following the last PPE annual report is outlined below:

- In addition to the JSNA we have highlighted information around demographics/ deprivation and disease prevalence and have indicated throughout the report how we have engaged patients and carers from specific population groups.
- We have outlined the models of engagement used, their effectiveness, how people were recruited. Outcomes of participation and engagement events were shared through reports with those who attended and these will be uploaded to our website.
- Through mapping our routes of engagement through voluntary and community sector partners and through existing networks and structures we have been able to reach patients, carers and hard to reach communities and those with protected characteristics outline in the Equalities Act 2010. For example we have engaged through Deafplus, the Vision Strategy Group, the Power Group (LD group) , mental health forums, Children Centres, and specific faith groups.
- We have begun to collect data on the demography of patients attending events and also the composition of user groups and forums which we have attended to gather feedback.
- We have tried to include more detailed information on the quantifiable outcomes of individual participation e.g. care coordination and health checks

Structure and Resources - 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.

The CCG has a full time Patient and Public Engagement and Equalities Manager supported by a band 4 business support officer, to lead on work streams supporting engagement, communication, equalities and patient experience. They work alongside the Governing Body lay member for patient and public engagement. The CWHHE Collaborative Communication Team provides a degree of support with specific communication activities e.g. website development, producing a stakeholder newsletter, drafting press releases and engaging through social media as well as strategic support with briefing local council partners and engaging with the Overview and Scrutiny Committees. A 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.

The PPE & Equalities Manager works closely with counterparts in the other CCGs within the CWHHE Collaborative to share best practice and identify opportunities for joint planning and delivery of engagement objectives. This is further supported by a shared Assistant Director of Equalities and Patient Experience within CWHHE.

In addition, individual commissioning, contracting, project leads within the CCG all contribute towards effective engagement by linking with our stakeholders at: partnership boards, patient and public forums, steering groups, 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.

There are a number of projects funded by the CCG through allocation of grants which support engagement activities through Ealing Community and Voluntary Sector (ECVS) partners (e.g. Southall Community Alliance, Carer's Centre, Neighbourly Care) . Please see more detailed information in the partnership section.

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All PPE activities and plans are overseen by the CCG's Patient and Public Engagement (PPE) Committee which is a sub-committee of the CCG's Governing Body. It is chaired by a lay member who also sits on the Governing Body. The PPE Committee includes a senior representative from Healthwatch Ealing, a GP member, voluntary sector representatives from Ealing CVS, commissioning managers, programme leads 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 HealthWatch Ealing attends the CCG's Governing Body meetings in an advisory capacity. Within Ealing CCG Governing Body, there are four lay members with full voting rights. 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.

In 15/16 to support it's engagement with patients and carers to better understand local needs and issues, Ealing CCG :

- Reviewed and mapped internal and external arrangements for engagement through partnership boards with the local authority, local authority funded patient forums, community based service user groups, practice based and network led patient participation groups and voluntary sector based resident groups and carers' forums.
- Adopted the Engagement Toolkit developed by West London CCG to support effective engagement
- Continued the development of Network Patient Participation Groups

Detailed discussions with our commissioning managers led to a better understanding of what we needed to do to improve individual patient and wider public involvement. This led to the following:

- Diversification of the routes through which patient representatives could be recruited
- Creation of "an involvement pack" which includes background information about the organisation and the service area / project, an expression of interest form (developed with a patient representative), clear role description which also outlines expectations and timescales for involvement and a conflict of interest and confidentiality form.
- Development of specific role descriptions for those involved in specific areas e.g. procurement, contract monitoring, service design phases

Resources to support patient and public engagement work now available to ECCG staff:

- PPE Toolkit Engagement Workbook & Engagement Evaluation – both from West London
- PPG Best Practice Guide – from West London CCG
- Co-Production in Commissioning – Rethink Mental Illness
- NHS England - Patient and Public Participation Policy – published 30 November 2015
- *NHS England - Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning– published 30 November 2015

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- *NHS England – Statement on involving the public in primary care commissioning – published September 2015
- *NHS England – Draft Framework for patient and public participation in primary care commissioning – December 2015

Strategy & Transformation (S&T) - Embedding Partnerships & Engagement 1st April 2015 – 31st March 2016

Strategy & Transformation Team, within the North West London collaborative of 8 CCGs, has an 'Embedding Partnerships and Engagement' team responsible for patient representation, co-design and engagement activities in the programme. This team is responsible for ensuring that patient engagement and co-production sits at the heart of all key programmes and work streams within Strategy & Transformation. They carry out engagement activities across all eight boroughs focussing on community engagement across North West London on a range of issues and ensuring that feedback is heard 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 North West London residents that directly supports Strategy & Transformation objectives and is aligned with CCG plans and activity.

The approach to engagement is seen as a two way process and outputs of any activity is fed-back into the S&T work streams and updates are shared with the community groups who take part. The vision includes:

- To develop excellent relationships with diverse individuals and groups
- To effectively develop advocates for the Strategy & Transformation programme
- Embed mechanisms for capturing patient engagement feedback and insights so that it can be utilised effectively and used to inform and guide work in NW London
- To tailor local engagement activity so that it is aligned to and supports local CCG plans and activity
- To establish mechanisms for 360 feedback to patients that keeps them updated with programme progress and clearly demonstrates how their input is impacting the process
- To raise awareness and understanding of changes and improvements across NW London
- To proactively address misinformation relating to NW London

Vision for lay partners

The need for patient involvement has been recognised across the whole of Strategy & Transformation, and, therefore, Embedding Partnerships is being extended so that patient engagement and co-production sits at the heart of all key programmes and work streams. The vision for Embedding Partnerships is:

- Build on the success of Embedding Partnerships to date and develop lay partner involvement across all Strategy & Transformation programmes

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- Support the Strategy & Transformation programmes in working with lay partners and in keeping patients at the heart of all that we do
- Ensure that lay partner insights are shared with the appropriate programme teams
- Ensure that lay partners know where their insights are being shared
- Ensure that the Lay Partners Forum and associated lay partner groups are representative of NW London

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.

Embedding Partnerships works with our patient representatives or 'lay partners' to co-produce solutions to health and social care across North West London. This year we have invited our group of approximately 120 lay partners from across North West London to four Lay Partners Forum events. These events have included:

- Discussion on Primary Care Transformation
- Engaging online and maximising lay partner involvement
- Co-Producing Patient Safety for older people with Dementia
- Discussing the importance of Mental Health & Wellbeing and training on how to improve Wellbeing.
- Presentation on how to improve self-management
- Discussion on NHS 111 services

The outcomes of these sessions have been fed back directly to the Strategy & Transformation programmes to inform the development of their work. In addition to these events, lay partners sit on all of our boards to ensure the patient voice is heard throughout the planning and decision making process.

Strategy & Transformation programmes set up working groups as needed and lay partners are represented on these groups. In the last year, lay partners have been involved in the following groups:

- Communications & Engagement Lay Partner Group
- Expert Reference Group (Dementia)
- Patient and Public Representative Group
- Travel Advisory Group (responsible for producing the NWL Patient Transport Services (PTS) Quality Standards, PTS Charter and in late 2016 a common clinical assessment process for PTS across NWL.
- WSIC Communications & Engagement Group
- Joint Co-Commissioning Committee

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- ISA Governance Group
- Lay Partners Advisory Group
- Evaluation Steering Committee

In order to increase Lay Partner involvement, by the third quarter of 2016, we are soon to have completed a Lay Partners Policy Pack for all S&T staff, which clearly illustrates a step by step process for what they need to do to effectively to involve lay partners within their work.

We also have a group called the Making A Difference (M.A.D) Alliance, a group of 32 Mental Health Service users, who are responsible for co-producing the development and delivery of the North West London Mental Health Strategy (called Like Minded).

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.

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.

In the past year we have continued to develop our processes for communicating with and engaging our local patients, carers and wider residents. The details of the arrangements have been driven by the subject matter and activity to which we have wanted involvement.

All involvement opportunities and engagement events are advertised through a number of channels:

- Ealing CCG website's "get involved" and news sections, through our Twitter account and via NWL Facebook page
- Ealing Community Voluntary Sector (ECVS) advertises on their website, promotes using posters to advertise on their premises and shares through twitter, includes in ECVS e-newsletter, Ealing Community Network Newsletter
- Healthwatch Ealing (HWE): shares through HWE e news flash, via the HWE website and via their member list
- 27 Children Centres receive information to share and display through their locality leads

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- Network Patient Participation Group (NPPG) members from all 7 networks receive information via the practices
- Practice Patient Participation Groups (practice PPGs) receive information and invites via practice managers using “weekly comms”
- Ealing Parent & Carers’ Forum email is used to share information with parents of children with additional needs
- Partnership Boards of which there are seven, receive information through their leads
- Patient Forums / user groups of which there are at least ten well established arrangements also receive information through their leads
- Voluntary sector organisations and projects (funded through Better Care fund and other grants programmes) – support engagement through publicity and outreach
- Individual organisations working with specific groups e.g. children, deaf people, older people – cascade information through community groups, their own users and community hubs
- Information is shared via local authority colleagues and their networks
- Information on opportunities for involvement / engagement events are also shared through specialist forums for patients with mental health, those who are deaf / hearing impaired, blind, autistic etc.

Individual involvement opportunities are advertised to recruit individual patients / carers using a pack which includes:

- Background information relevant to Ealing
- Information pertaining to the procurement / programme of work, including an outline of meetings and dates which the person will need to be present at
- A role description
- An expression of interest form
- A conflict of interest and confidentiality form

Once the expression of interest forms are submitted, those interested, are invited to a meeting to discuss the role with the commissioning / programme lead and the PPE & Equalities Manager. This meeting offers an opportunity for both parties to discuss the arrangements and expectations in more detail, address any outstanding queries, clarify any conflicts of interest and agree how the patient / carer representatives will be inducted in to the role and supported throughout the process.

Options for engagement with groups of patients, carers and residents are planned with the commissioner / programme lead to determine:

- Purpose of engagement e.g. information sharing, consultation, shaping service specification, developing an outcomes framework
- Timing and location of engagement
- Target group - Patients / carers / residents / other key stakeholders groups
- Format of the event and topics to be covered
- Modes of engagement e.g. face to face, on line, via Twitter, through focus groups
- Whether there are specific patient groups identified through the equalities impact assessment who we need to focus on?
- Whether we want to arrange a bespoke event to invite stakeholders to or attend existing forums?
- Which partnership boards and patients forums could be approached in the timescale available?
- Whether we can use existing community groups / events to carry out engagement?
- Whether patient representatives from the community and voluntary sector need to be invited?

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Based on the outcome of the initial discussions and planning, a more detailed communication and engagement plan is drawn up and networks and partners are approached to help develop and deliver the engagement outcomes.

We have also started to pull together an events calendar with the help of our partners and networks. This includes events and activities which can be used to “piggy back” engagement events / discussions within the community, through specific voluntary and statutory sector agencies. This will be refreshed every six months and will help us plan more effectively. We have also begun to explore engagement opportunities through community centres, libraries, leisure centres and other public meeting points.

Resources to support patient and public engagement work were made available to ECGG staff:

- PPE Toolkit Engagement Workbook & Engagement Evaluation – both from West London
- PPG Best Practice Guide – from West London CCG
- Co-Production in Commissioning – Rethink Mental Illness
- NHS England - Patient and Public Participation Policy – published 30 November 2015
- *NHS England - Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning– published 30 November 2015
- *NHS England – Statement on involving the public in primary care commissioning – published September 2015
- *NHS England – Draft Framework for patient and public participation in primary care commissioning – December 2015

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

In Ealing CCG our main focus has been to establish Network Patient Participation Groups (NPPG) to support engagement 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

The CCG’s PPE & Equalities Manager continued to work closely with Healthwatch Ealing to support the development and embedding of NPPGs till October 2015, when the arrangement came to an end due to changes in the focus of the meetings and issues around capacity within Healthwatch Ealing. 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 original strategic objective of Network Patient Participation Groups (NPPGs) was to:

- To support the working together of PPGs within the GP network to increase patient and public engagement to help improve patient experience, improve health outcomes and reduce health inequalities

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Expected outcomes for ECGG:

- Help establish effective patient and public engagement within GP networks across the borough, which in turn would provide intelligence to GPs and clinical commissioners about patient needs, perspectives and experiences within practices and across the CCG to inform business plans and commissioning intentions

Current state of play: A systematic mapping of practice based PPGs has helped the CCG:

- understand how many practices have PPGs
- explore how well established they are and how they recruit patients
- assess how effective they are at promoting patient engagement
- determine how they use patient feedback to help improve services
- gauge the type of support each PPG needs to operate effectively at an individual and network level
- establish how they distinguish between what a practice PPG's aims are and how this may link to a NPPG and to the work of the CCG

What we have learnt so far: Practice PPG status:

- 4/78 do not have a PPG and would like help to establish a group
- 18/78 practices appear to have a well-established and successful PPGs
- 9/78 practices have PPGs with very low membership and attendance, needing significant support to embed patient participation
- 22/78 practices have patient chairs leading their PPGs
- 12/78 practices have either not stated the impact their PPG has had on the practice, haven't seen any impact or their practice manager (PM) is too new in post to recognise the impact. The remaining practices have worked closely with their PPG to make improvements.
- 33/78 practices are either interested to know how they might work with and learn from other practices or would like to discuss possible opportunities with their PPG members.
- 18/78 practices have stated their members have either verbally consented or have signed a consent form to share contact details thus making it easier to plan activities
- 3/78 only have virtual PPGs and 16/78 meet face-face and also interact virtually
- Recruiting patients and sustaining a membership has been a key issue for most PPGs
- Different PPGs have differing degrees of understanding of how to work with their PPG effectively and how to use patient knowledge and experience to promote public health and self-care messages or reach their local community

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What we have learnt so far: Network PPG status:

- 36 practices PPGs have attended all the 3 NPPG meetings and 18 practices PPGs have never attended a NPPG.
- All 7 NPPGs have different degrees of understanding about how they can contribute to and benefit from NPPG meetings
- 1/7 NPPG - North North is the strongest NPPG and already have a chair, terms of reference for their meetings, a newsletter and an action plan for the year
- 1 NPPG - Acton, have agreed a sub-group of members to explore how they want their NPPG to function and develop
- Besides North North NPPG who are self-sustaining, another 3/7 NPPGs have expressed willingness to meet again.
- 3/7 NPPGs are still undecided as to whether they should meet as a network. They need to better understand of the role a NPPG and its relationship to practice PPGs and the CCG
- 5 practices have requested individual assistance to support their PPG activity during discussions at NPPGs. Many individual practices want to work with practices with well-established practice PPGs and learn from them. They want to share best practice and possibly hold joint events
- 5/7 NPPGs need support to establish operational structure and processes – e.g. agree ToR and nominate a chair, have a platform for communicating (website, Facebook, other online forums, newsletters)
- All NPPGs are keen to understand the key diseases prevalent either in their network or in their practice to help them decide on the health promotion/educational events to host
- There is mixed opinion about the benefits of NAPP membership and resources

Network PPGs continue to focus on the following:

- Arrange health promotion events/awareness raising sessions/healthy living information sessions/talks from expert patients/speakers. – the most recent meetings have had cancer as the focus with information provided on bowel cancer prostate cancer screening, “One You” Ealing (new public health services), Self-Management courses etc.
- Improve communication with patient populations across each network and provide them with access to information about local services possibly through a local directory - local self-care directory compiled by ECVS as part of the self-care strategy has been circulated
- Ensure practices become carer friendly and respond to the needs of those with additional needs- Carer’s Centre was commissioned to work with all practices to make them Carer Friendly and promote key services through the practices
- 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 – all involvement opportunities are routinely circulated to practices to promote through practice and network PPG members
- Work together to increase the take up of annual health checks – some practices have carried out bespoke publicity to promote these

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- Make short films on specific issues important to the local community to be shown at the practices in the network - short films will be available through the Health Ealing website recently launched at the CCG's AGM
- Address barriers to access and reduce inequality (access to interpreters and easy read information) – PPG members have continued to highlight issues to the CCG who have recently updated information on how practices can book interpreters and highlighted the duties placed on all NHS providers through the Accessible Information Standards
- Contribute to the discussions around commissioning intentions – PPG members have been invited and included in the engagement events looking at changes to GP contracts and patient experience indicators as well as discussions around the STP which will form the platform for future commissioning intentions.
- Train patient champions/health advocates.
- Use patient experience data to kick start local improvement projects and influence commissioning intentions and decisions – learning from the National GP patient survey data is being used to shape primary care co-commissioning
- Support the monitoring and evaluation of new or reconfigured projects – PPG members have been invited by the GP Federation to join the patient reference group monitoring the Out of Hospital Services
- Deliver training to practice staff to improve customer service, making them more aware of patients' perspectives and responsive to their needs – some practices have been involved in such training

We recognise that for the NPPGs to achieve their ambitions we will need to provide tailored support to individual practices and specific networks. We will continue to use the existing networks and engage the membership in our wider engagement plans especially around, primary care co-commissioning, the Sustainability and Transformation Plans (STP) and implementation of our Self Care Strategy.

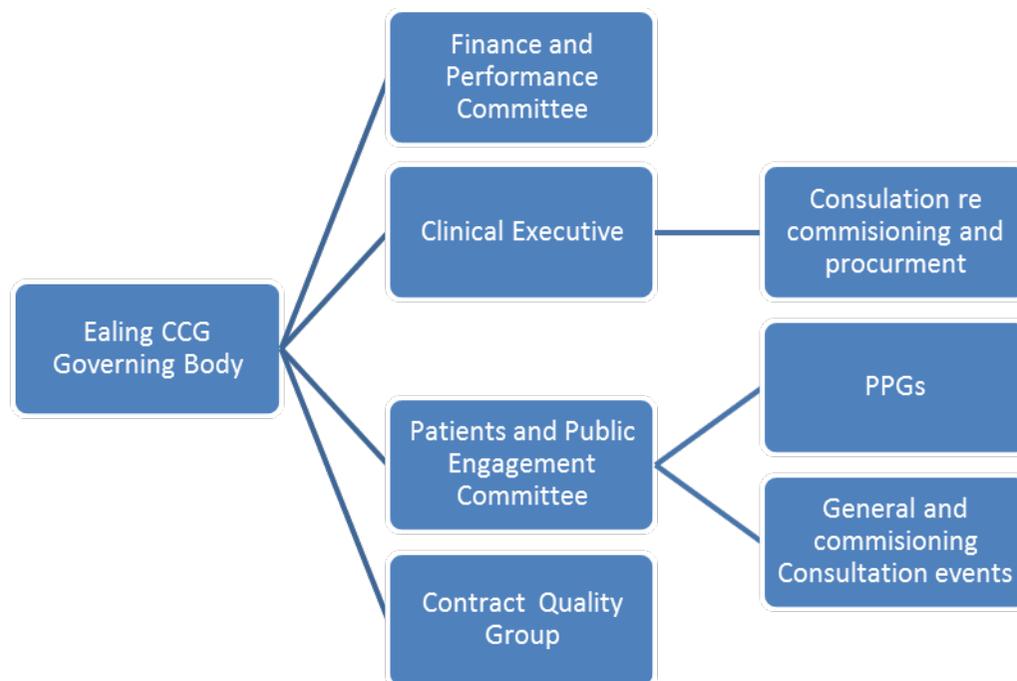
Structures – details of engagement structures that are in place.

The CCG engagement structure includes the PPE Committee which is a sub-group of the CCG Governing Body.

Annual plans for communication and engagement are shared with the committee as commissioners and programme leads attend to present plans and provide updates on progress and outcome of engagement events. The committee also receives a quarterly report which summarises all communication and engagement activities in each quarter, including wider involvement opportunities advertised to patients and carers in Ealing and an analysis of service alerts received which to an extent indicate patient experience in primary care. The PPE quarterly report is also presented to the Quality & Safety Committee and the Governing Body each quarter.

Contents of the report are also used to update the various forums, boards and PPGs. Engagement carried out by the Strategy and Transformation Communication and Engagement Team is also reported through these structures.

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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.

GP practice staff are primarily engaged by the GP Network Relationship Managers (NRMs) and the Member Engagement & Extranet Manager and supported through a number of arrangements including monthly Council of Members Meetings. The NRMs meet with the practice staff and GP leads regularly to report on developments and involve them in new initiatives to improve access to care and implement strategic plans. Clinical leads from the seven 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 structure. A standard communication plan is used to share and cascade information through these umbrella organisations to individual agencies whose calendar of community events and user led forums are used to deliver and support engagement. 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.

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Ealing Health and Social Care Summit 2015 - Ealing Community Network (ECN) organises an annual Health and Social Care Summit bringing together representatives from Ealing Clinical Commissioning Group (Ealing CCG), West London Mental Health (WLMHT), Ealing Council (LBE) Adult Services, Children Services, Public Health, GP members, Pharmacies and local voluntary and community sector groups (VCS).

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 the CCG'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 initially they supported the development of Network PPGs.

Patient / Carer feedback – is also received via the CCG's generic inbox and also through our newly established Twitter feed

Partnerships – details of partnership work with other organisations.

Ealing CCG's engagement structure is intrinsically supported by a network of well-established partnership arrangements which allow us to go deep into our community and hear the views of those patients who are most vulnerable and those who hold protected characteristics as outlined by the Equality Act 2010.

Our partnership arrangements include:

- **Partnership boards:** these are multi agency groups, responsible for developing, implementing and monitoring strategic plans, ensuring they progress in line with agreed objectives to meet agreed milestones, targets and timescales to improve treatment and care. They include:
 - Carers' Partnership Board meeting
 - Children and Young People's Partnership Board
 - Dementia Partnership Board
 - Learning Disability Partnership Board
 - Mental Health Partnership Board
 - Older People and Long Term Conditions Partnership Board
 - Safeguarding Children Board- made up of representatives from the statutory, private and voluntary sectors, with core duty is to ensure that there are adequate arrangements within and between agencies to protect children from harm

- **Consultation and feedback via forums:** made up of patients, carers, voluntary sector representatives. They include:
 - Older People's Consultative Forum
 - Ealing Advice Forum

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- The Ealing Parent Carer Forum
 - The Carers' Forum
 - Learning Disability Health Sub-group
 - Voluntary Sector Mental Health Forum
 - Ealing Black and Minority Ethnic Forum
 - Children's Services Voluntary Sector Forum
 - Mencap Power Group – a forum for patients with Learning disability
 - The Ealing Children and Young Peoples Forum
 - ECN Health and Social Care Forum
 - Ealing Vision Strategy Group
 - Ealing Deaf Club
- **27 Children Centres** – who offer access to parents and carers of children in early years
 - **Access to parents via schools through:**
 - Gatekeeping email - which goes to every head teacher in Ealing and could include a letter, article, flyer to be sent via book bags, added to newsletters, displayed in noticeboards and school website and flagged up at parent forums
 - Primary Head Teachers' Quadrant Meetings (four)– run by a chair and secretary for each quadrant. Can be used to get access to events in schools
 - Briefing to key staff groups in schools who can cascade information. They include: parent support advisors, family support workers, inclusion officers
 - **Access to events in individual schools –**
 - via parent support advisors (PSA) and other parent / family support staff.
 - tagging on to existing events in schools (classes / coffee mornings)
 - through specific events / focus groups arranged to support engagement
 - Speaking English with Confidence Classes - these are held in schools, libraries and children centres and could be used to tag on events
 - **ECVS** - Undertakes estates based work so we have access to their events calendar: carnivals, festivals, events in parks, religious festivals, market events. They operate through – 4 area hubs and does outreach within the local community, focusing on the eight most disadvantaged areas in Ealing
 - **Community groups** are accessed through community and voluntary sector partners some of whom have been grant funded to deliver a range of outreach and engagement events to reach the wider patient population. These include:
 - ECVS – supports and manages a consortia project aiming to reduce health inequalities
 - Brentford FC Community Sports Trust – runs a programme of activities for young carers

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- Havelock Family Centre – based in one of the most deprived areas in Ealing, offers information and advice and some 1:1 support
- Parents of Ealing Self Help Training Group – supports families of children with additional needs
- Contact a Family - supports families of children with additional needs with advice and workshops for groups
- Ealing MENCAP – runs Ealing.Help website, and an after school club and offers advice on local and national policies, runs a travel buddy project
- Log Cabin – provides after school and holiday clubs for 4-15 year olds with additional needs
- Southall Community Alliance & Ealing Cares– supports community development and increases resident involvement through estate based initiatives as well as outreach work to promote self-care and public health messages
- Neighbourly Care - through consortia arrangements, promotes positive mental health and well-being amongst Khat users, runs community activities for older people and runs a borough wide befriending scheme to reduce social isolation of older people
- National Autistic Society – supports individuals with Asperger’s syndrome and their families through individual and group support
- C A P E - Community Activities Project Ealing with MIND (Hounslow & Ealing) – offers mental health support services
- Support for Living – works to improve health and housing outcomes for people with learning disability and autism
- DeafPLUS – offers information and advice, advocacy support and runs a group for patients who are deaf or hearing impaired
- Ealing Centre for Independent Living – supports people with physical disabilities
- RISE - Substance Misuse – supports residents with drug and alcohol issues
- St Mungos – runs support services for homeless residents

We work with our partner agencies and network of organisations to engage our local communities, residents and specific patient groups. Some of these projects and services are funded in conjunction with our local authority colleagues through the Better Care Fund to help reduce health inequalities and promote health and well-being within our communities.

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.

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?

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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

Objective	Activity	Who	How	Output / Impact / Outcome
<p>Campaign – to promote self-care / self-management</p> <p>Promote Diabetes Week to:</p> <p>Improve understanding of diabetes risk factors</p> <p>Raise awareness of diabetes clinics and support services</p> <p>Support diabetes prevention through lifestyle change, with specific focus</p>	<p>Southall Community Alliance (SCA) delivered Diabetes Week activities in Ealing from 2014-16. The focus: Type 2 prevention and awareness raising amongst communities most at risk.</p>	<p>Patients and residents of Ealing</p>	<p>Arranged 20+ information stalls across borough locations.</p> <p>Type 2 prevention advice and materials provided to 950+ residents</p> <p>Arranged four specific diabetes health check sessions -blood pressure checks, weight, blood sugar and GP referrals.</p> <p>Arranged three</p>	<ul style="list-style-type: none"> • Over 2000 residents across Ealing received support and advice about diabetes risks, prevention and management • Increased awareness of the range of physical activity sessions available across the borough and how to access these • Raised understanding of specialist diabetes management services i.e. DICE, retinal screening, Right Start etc. <p>In total approximately 300 residents were tested, with approximately 40% being referred to GP's.</p> <p>Sports Days - were attended by over 1000 people.</p> <p>(Partners attending included : Diabetes UK, Ealing Public Health, Ealing Council Regeneration Team, Met Police, Penny Appeal, St James, Southall Community College, London Tigers, Ealing CVS, Lido Centre and Greenford, Northolt and Perivale Community Federation, Somali Advice & Development Centre, Tallo Centre, Horn of Africa Youth Association, People of The Road, RISE, Everyone Active, Southall Contact a Family, Khadeejah Welfare Foundation etc.)</p>

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Objective	Activity	Who	How	Output / Impact / Outcome
		Centre (Lido) <ul style="list-style-type: none"> • Southall Community Alliance (SCA) 		Hope Centre, CAPE, Raunchy Rockers, to engage hard-to-reach groups. <ul style="list-style-type: none"> • GNP promoted the stay well this winter campaign to families, adults, BME and senior residents – mainly in Greenford, Northolt and Perivale • The Lido Centre engaged ethnic minority groups of which there is a diverse range accessing the centre. Engagement has been particularly good with local Somalian Voluntary Sector Groups, Irish elders as well as local schools, housing estates and children’s centres. • SCA: Somali and Tamil - had number of stalls outside the Manor House in Southall
Campaign – to promote self-care / self-management Self Care Week	Self-Care Week 2015 took place from 16-30 November 2015.	Self-Care Week materials were distributed to local organisations in Ealing	Residents and service users reached through a variety of routes	Southall Community Alliance worked with ECCG to collate self-care week information packs and distribute these to 77 pharmacies and 78 GP surgeries across Ealing. They: <ul style="list-style-type: none"> • circulated boxes of self-care week flyers/posters/leaflets to consortium partners to use during the week • updated their website to include links to Ealing Self Help Directory and self-care information on the NHS Choices website • held an event where 15 people received self-care advice at Norwood Hall • Took part on World Diabetes Day, where 40+ people were given self-care information and the vast majority of attendees also benefited from diabetes risk assessments • Self-care message, leaflets and information was also shared with members at the Older People’s Consultative Forum The CWHHE Collaborative of CCGs carried out a number of top level

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Objective	Activity	Who	How	Output / Impact / Outcome
				<p>communications activities to show support across North West London for Self-Care Week, while the engagement teams at each of the five CCGs held face-to-face events and distributed interactive materials. CWHHE Communications team undertook the following:</p> <p>Press releases issued to local media</p> <ul style="list-style-type: none"> • Topic of the Day post across CCG websites each day • Self-Care Week posters displayed around CCG offices • Self-Care Week banner on CWHHE websites
<p>Strategy development / Commissioning Intentions</p> <p>Self Care & Self-Management Strategy and Implementation plan</p>	<p>Self Care Group established</p>	<p>Involves community and voluntary sector representatives, health and social care partners, public health and patient representatives</p>	<p>Key voluntary sector organisations promoting health and well-being messages were invited (Southall Community Alliance, Neighbourly Care) along with representative from the Carers' Centre, Ealing Centre for Independent Living and patient representative identified through Healthwatch Ealing</p>	<p>The Self-Management Strategy was developed through feedback from a number of patient groups including the Carers' Centre and Healthwatch Ealing. They highlighted areas of good practice and also issues which impact negatively on the health and well-being of patients and their carers. These include:</p> <ul style="list-style-type: none"> • Lack of adequate or timely information • Poor communication • Lack of coordination between services • Lack of personalisation • Isolation and social exclusion • Lack of appropriate health education sessions <p>They also provided suggestions which fed into the strategy and the implementation plans, e.g.:</p> <ul style="list-style-type: none"> • Access to courses e.g. IAPT, stress management • Practical tips and tools • More information about other sources of help e.g. pharmacies, support groups • Information on chronic conditions • Training such as "expert patients programme", "health talks" • Access to more integrated health and social care • How to communicate and share information across diverse

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Objective	Activity	Who	How	Output / Impact / Outcome
				communities
Contract and service monitoring / quality of service Diabetes	Diabetes Redesign Group	Includes health / care professionals , voluntary sector partners, patient representatives	This is a longstanding group with diabetes community activists which was established prior to the existence of the CCG. Membership has not changed	The group has oversight of the services available to diabetes patients and is able to review how effective they are in delivering the agreed outcomes for patients, to ensure: <ul style="list-style-type: none"> • Improved patient experience and high quality care • New service developments are implemented in a manner suitable for all patients groups. • Future developments are critiqued by patients
Service planning and design / quality of service / commissioning intentions – Young carers	A listening event with young carers – A round table meeting with young carers aged 8 to 17 was held to mark young carer awareness day on 26 th January 2016. It allowed agencies to find out more about young cares and how the CCG and other services can help support them	Young Carers of different ages, local authority and Ealing CCG professionals including primary care, a representative from the Carer Centre	Young Carers known to services were invited to attend along with those who use a specific commissioned service for them (Brentford FC Community Project)	The young carers outlined the issues they face in their everyday lives, such as: not having anyone to explain their parent’s diagnosis and its impact, not being involved, spoken or listened to by their cared for person’s carers or professionals, not being able to collect their parents prescription as they may not be 18, not having the opportunity or time to do their homework or socialise and be with other young people They want more people to be more aware and understand, who and what a young carers is and to receive more support and understanding in: schools, surgeries, pharmacies, social services and the wider community. The London Borough of Ealing, the CCG and other partners have agreed to raise the awareness and provide specialist services and support to young cares to meet their need. Young carers and their families will continue to be a priority group with services and support being reviewed to ensure young carers’ needs are met.

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Objective	Activity	Who	How	Output / Impact / Outcome
				<p>Young Carers' Fact Sheet for Professionals has been developed following on from the event.</p> <p>A protocol for joint working between London Borough of Ealing's Adult, Children's and Housing Services, West London Mental Health NHS Trust Adult Services and the CGL Adult Substance Misuse Service. The protocol is designed to ensure the identification, assessment and support of young carers.</p> <p>A commitment to using the identified needs of young carers to shape the service specification for a new carers service in Ealing</p>
<p>Strategy Development – Improve the health and well-being of carers and commission new services from the Carers' Centre</p>	<p>Information was gathered through: a range of focus groups, individual and group discussions with carers and professionals who care for them, via the Carers' Forums and the annual Carer's Conference</p>	<p>Carers in the community, young carers, carers' centre staff, carers' forum members, local authority partners delivering services for carers, GP practice staff</p>	<p>The Carers' Centre hosted a number of events including the conference and forums. Staff from the centre who were commissioned to run a pilot project with 10 GP practices met with practice staff and carers to understand their experience of providing and receiving care. A pilot study and it's evaluation helped shape future plans</p>	<p>The Carer's Centre was commissioned to run a "Carer Friendly GP Project" across Ealing. This led to an improvement in:</p> <ul style="list-style-type: none"> • Identification of carers by practice staff • Highlighting services available to carers across the sectors • Carers being offered appointment alongside those they care for • Increased referral to the Carers' Centre for information, advice and support • Practices having a notice boards with key information for carers and having a Carer's champion • Practice staff attending training sessions to learn more about the needs of carers and the issues they face • Practice staff understanding how to refer residents to undergo a carers' assessment and carers having an emergency card which outlines what should happen in case a carer is admitted as an

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Objective	Activity	Who	How	Output / Impact / Outcome
				emergency
Promoting the Health and Wellbeing of patients with learning disability	A lot of the engagement activities are business as usual e.g. there is a Learning Disability Partnership Board which meets regularly	Patients with learning disability and their carers	Through a range of forums	<p>An LD Provider Forum (attended by 20-25 organisations) reports into the LD Partnership Board. A LD service user group called the POWER Group, a carers group, a providers' group, a health sub-group and a transition group for LD patients also feed into the partnership board. There is also a LD Champions Network who provide training on a range of issues e.g. making reasonable adjustments</p> <p>Expect the Best - http://www.expectthebest.org.uk/ also employs people with LD who can contribute to making service improvement</p> <p>The different arrangements for involvement along with the Big Health Check (annual engagement event)supports the improvement in:</p> <ul style="list-style-type: none"> • Positive patient experience in hospital • Regular health checks with GP practices • Engagement with self-management • Development of <i>easy read</i> information • Better access to mental health services
<p>Strategy Development / Service Design</p> <p>Building the Right Support-</p> <p>In February 2016, Treat Me Right! a co-produced project run by Certitude</p>	The CCG worked in partnership with Certitude to seek the views of key stakeholders in relation to the proposed NWL Transforming Care Partnership's (TCP) Plan to implement	People with LD and autism, their families and professionals were invited to a workshop about the TCP's vision and to inform the	Information about the events was circulated widely via the usual networks and the LD Provider Forum. The event was open to patients with LD and their families	The engagement with families highlighted the importance of access to flexible and responsive respite services. Having access to timely clinical and social work support focusing on preventative work to avoid a crisis was viewed as being an essential component. The allocation of one professional to act as a Case Coordinator to help navigate the system and access to information and services was highlighted as good practice. Family carers valued opportunities to meet informally with other carers to share information and support. Carers spoke in detail about the difficulties they experience in accessing mainstream health services for their relatives who find visiting new environments and waiting rooms difficult to cope with. People with learning disabilities shared their

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Objective	Activity	Who	How	Output / Impact / Outcome
<p>was successful in obtaining a grant from NHS England to engage people who have learning disabilities (LD) – including people whose behaviour can challenge services – as well as their families and carers to identify successful ways to access health care and specialist support.</p>	<p>Building the Right Support model for people with LD and autism.</p>	<p>TCP’s proposed plan</p> <p>Family carers using the local respite service for people with LD and challenging behaviour were invited to a coffee morning to discuss what is working /not working with regard to access to primary care and specialist LD support services</p> <p>An easy read questionnaire was circulated to people with LD and their families</p>		<p>aspirations for having a good life, with most of the discussions focusing on employment, education, housing, relationships and being part of the community.</p> <p>Following the engagement activities, The TCP’s Plan was refined. The plan aims to achieve the NWL vision by developing pathways and services that are community based where appropriate, with a reduced reliance on inpatient facilities. The TCP’s plan was signed off by Ealing CCG prior to being assured by NHS E in July 2016. It has been shared with the local LD Partnership Board, the Autism Board and the LD Provider Forum.</p> <p>In addition to the work being undertaken at a regional level, Ealing Council and Ealing CCG have started working on some initiatives to develop the local offer for people with LD and autism living in Ealing. Work is underway with a local provider to extend the current respite offer for people with LD and challenging behaviour who live at home with their families. Ealing CCG has re-invested funding to create 4 new clinical posts within the Community Team for People with LD.</p>
<p>Strategy Development &</p>	<p>Big Health Checks were introduced</p>	<p>The event was open to people</p>	<p>Through existing service provider and</p>	<p>The participants identified some good practice and initiatives that worked well, and recommended improvements. An Easy Read summary of the feedback</p>

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Objective	Activity	Who	How	Output / Impact / Outcome
<p>Building Partnerships</p> <p>To improve the patient experience and clinical outcomes of patients with learning disabilities</p>	<p>across the country in 2010 for gathering feedback from people with LD to inform the annual Self-Assessment Framework which provides a useful tool to measure local progress in relation to improving access to health services for people with LD.</p> <p>Treat Me Right, a local campaigning and co-produced project that aims to improve patient experiences for people with LD, facilitated a Big Health Check on 4 December 2015.</p> <p>Involving people with LD in shaping local plans and coproducing services is central to the work of the LD Partnership</p>	<p>with LD, their families, providers and commissioners.</p>	<p>patient / carer networks</p>	<p>from attendees at the Big Health Check and the recommended actions were also produced.</p> <p>The emerging themes are listed below.</p> <p>What works well:</p> <ul style="list-style-type: none"> • LD Champions • Reasonable adjustments (in particular, tours of the hospital and dentist surgeries, longer appointments, fast tracking patients presenting at A&E, and easy read information) • Health Passports • Co-production and delivery of LD and autism awareness training • User led groups such as Health Buddies • Annual Health Checks <p>Suggested improvements:</p> <ul style="list-style-type: none"> • Provide more face to face LD awareness training across all health services, including community services and mental health • Extend the LD Champions network and use of Treat Me Right tools to other services including Northwick Park Hospital and mental health inpatient services • Produce more Easy Read information – including welcome packs and complaints procedures for more health services, and ensure people have access to information about different conditions and treatments • Appoint a LD Liaison Nurse at Ealing hospital • All GPs surgeries should offer an annual health check that leads to a health action plan • GPs should carry out home visits for people who find it difficult to attend appointments • Carry out an audit of patient records in community services to identify

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Objective	Activity	Who	How	Output / Impact / Outcome
	<p>Board. Ealing CCG and Ealing Council jointly commission Certitude to provide a campaigning and co-produced project Treat Me Right. A key feature of the project is the employment of people with LD as Health Trainers to co-design and deliver LD awareness training to health professionals including students at University of West London. The project has produced a suite of tools to support health professionals to make reasonable adjustments to their services.</p>			<p style="text-align: center;">the reasonable adjustments made.</p> <p>Improving health outcomes for people with learning disabilities is one of the key priorities in the LD Strategy owned by the LD Partnership Board. A Health Subgroup has been established to oversee the delivery of the improvements needed. The action plan will be updated to include the priorities identified by people with LD. On-going planning will also build on existing co-production structures through peer advocacy and carers groups.</p>
<p>Procurement – Integrated Wheelchair Service The CCGs involved</p>	<p>Service users were represented on key strategic programme groups and their views were sought</p>	<p>Wheel chair users</p>	<p>Recruited through existing user groups / forums and service</p>	<p>The service re-design was undertaken with a committed group of service users, clinical advisors, independent standards body for disability equipment and wheelchair services and NHS quality improvement programme for which we have been selected as an exemplar site.</p>

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Objective	Activity	Who	How	Output / Impact / Outcome
<p>in the service re-design and re-procurement for a new wheelchair service include Central London, West London, Hammersmith and Fulham, Hounslow and Ealing (collectively known as CWHHE), Barnet and Brent.</p>	<p>during the service re-design process and reflected in the service specification.</p> <p>Service users and carers representatives also evaluated the bids and ensured that the newly procured service really delivered on the issues highlighted by users .</p>			<p>It was primarily driven by the need to improve quality and meet the needs of people of all ages who have a long-term need for mobility assistance in the catchment areas. The service redesign has been underpinned by The Wheelchair Leadership Alliance 10 point charter: Right Chair, Right Time, Right Now (July 2015) which pledges to support the development of an NHS wheelchair service that can really deliver a fair and effective service for all people who need to use it.</p> <p>The new provider for wheelchair services is AJM Healthcare.</p> <p>The new service is now provided under one umbrella by one provider who is able to provide a more streamlined service which offers improved patient experience and outcomes. The priority for this redesign was to ensure those with complex, long term conditions, are able to access the right wheelchair, quickly, and with appropriate information and support. The new service covers: Assessment, prescription and supply of powered and manual wheelchairs and associated postural seating accessories (WCS), rehabilitation Engineering facilities (RE), Service and Maintenance Packages (AR)</p>
<p>Procurement – Audiology (AQP- Any Qualified Provider)</p> <p>Five CCGs were involved in the Audiology AQP procurement; this service went live in April 2016 and lasts three years. The</p>	<p>An existing service user helped Commissioners develop the service specification and was a key part of the tender evaluation panel. This patient representative was also the carer for his partially deaf son, and also represented his</p>	<p>Existing service user</p>	<p>Recruited through promoting the opportunity via existing patient groups</p>	<p>The aim of this group was to review the existing Guidance to Commissioners around commissioning Audiology services, resulting in NHSE issuing the following guidance in May 2016; <i>Audiology Services; Action on Hearing Loss</i>. During this review, Commissioners worked closely with patient groups in order to help develop this guidance; advice and learning from these groups informed the Audiology AQP Service Specification. The existing service user was part of the procurement panel selecting of new providers.</p> <p>Before undertaking the procurement process for the Audiology AQP, Commissioners undertook a review of existing Audiology services commissioned by other CCGs. Commissioners noticed all North West London CCGs provided a service to the over 50’s with the exception of Ealing who already provided the service to over 18s. The other CHHWE CCG’s noticed that</p>

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Objective	Activity	Who	How	Output / Impact / Outcome
<p>CCGs involved in this procurement included; Hammersmith and Fulham (as lead CCG) Central London, West London, Ealing, and Hounslow (also known as 'CHHWE')</p>	<p>son's interests during the procurement. The lead CCG (Hammersmith and Fulham) was involved in an audiology focus group run by NHS England and procurement.</p>			<p>this increase in age range had a positive effect on the borough and patient outcomes. The new procurement aimed to follow suit and provide an over 18 service provision. This allowed service users over 18 to access Audiology services closer to home, with only patients with complex ear problems being referred to the secondary care.</p> <p>All Audiology Providers are required to survey patients regularly (at 3, 6, and 9 months) regarding patient satisfaction with the provider's services, and to check whether the patient is still wearing the hearing aid. Providers are required to present their findings at quarterly contract monitoring meetings with Commissioners.</p>
<p>Strategy Development and Building Partnerships</p>	<p>Health and Social Care Summit – Dec 2016</p>	<p>ECVS. Healthwatch Ealing and CCG leads reported on actions taken in response to issues raised at last years' Summit. They outlined future priorities in health and social care and opportunities for partnership working with ECVS groups.</p>	<p>Ealing Community Network (ECN) organised an annual Health and Social Care Summit bringing together representatives from Ealing Clinical Commissioning Group (Ealing CCG), West London Mental Health (WLMHT), Ealing Council (LBE) Adult Services, Children Services, Public Health, GP practices, Pharmacies and local voluntary and community</p>	<p>A detailed action plan was created and shared with all key stakeholders. This is a joint plan owned by the CCG, local authority and voluntary sector partners. Progress on actions is monitored by the PPE Committee and reported on at the next Summit which is due in Spring 2017.</p>

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Objective	Activity	Who	How	Output / Impact / Outcome
			sector groups (VCS), patients, carers and interested residents.	
<p>Service Redesign – Communicate the changes to inpatient children’s services at Ealing Hospital</p>	<p>A period of initial engagement and information gathering took place between January and February 2016 to gauge awareness and understanding of the changes to children’s services at Ealing Hospital. In addition, the sessions were used to understand how the programme should carry out the next phase of engagement (May-July 2016). Feedback informed the communications materials and engagement activities for phase two so that the right messages were communicated using the right channels with residents across Ealing and some key resident groups.</p>	<p>Engagement activities mainly took place in Ealing. However, engagement officers also met with groups in Hillingdon, based on postcode data that shows some people living in Hillingdon use the services in Ealing Hospital.</p> <p>The key community groups focussed on in this phase of engagement were:</p> <p>Children’s</p>	<p>Engagement through “ stay and play sessions” in children centres, meetings through faith and community groups, meetings with children centre staff and locality leads, school head teachers, stalls at festivals and public spaces e.g. supermarkets / shopping centres, communication via website, social media and dissemination of publicity material through a range of outlets. Promotion through council magazine “Around Ealing” which goes to every household, press release ,</p>	<p>Phase 1 - two engagement officers from Strategy & Transformation Team spoke to parents, carers and children centres staff along with some community groups, voluntary sector representatives to understand what residents of Ealing knew about the up-coming changes to the children’s inpatient service in Ealing Hospital.</p> <p>Phase 2 - Based on the feedback received the communications team created a booklet of information guiding residents to the different services available for children including NHS 111, walk in centres and urgent care centres, local pharmacies and other hospitals offering paediatric A&E services and inpatient services. These were distributed via schools through children’s book bags and through GP surgeries. Other additional information leaflets / flyers were also created and distributed to help residents understand the location of new paediatric assessment units and paediatric in-patient wards. See reports included through the links.</p> <div style="text-align: center;">  <p>CommsEng update 14 July.pptx</p> </div> <div style="text-align: center;">  <p>Adobe Acrobat Document</p> </div>

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Objective	Activity	Who	How	Output / Impact / Outcome
		centres Libraries Faith groups Health & Social Care Forum/Information events Ealing Hospital Ealing and Hillingdon Healthwatch Primary School Learning Alliance Initial paediatric engagement took place across 39 groups in Ealing, Hillingdon and Hounslow. Our engagement team spoke to	publicity through children's book bags via schools etc.	<p>Outputs:</p> <ul style="list-style-type: none"> • Development of a paediatric booklet explaining the changes and addressing the requests for additional information (particularly travel) • Development of travel sheets for healthcare professionals • Press release • Development of mailing list <p>Materials produced were tested using</p> <ul style="list-style-type: none"> • Healthwatch – Ealing and Hillingdon membership • MES, a private company, led focus groups with children's centres to co-produce materials for parents/carers, who will be impacted.

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		over 275 members of the public and we received direct feedback from 131 people.		
Strategy Development – Mental Health	Mental Health Partnership Board (MHPB)	There are two service user and two carer representatives on the MHPB - They attend the bi-monthly meetings, participate fully and feed back to their respective constituencies	The CCG funds a service user involvement forum which is open to all people experiencing mental health problems. They nominate representatives from amongst them to sit on the MHPB. MH Carers meet regularly and also nominate representatives to get involved in MHPB.	The service user and the carer representatives are well informed about local services and bring issues to the board as well as taking issues back out to their communities. Consequently MHPB deliberations reflect these perspectives. Their perspective and experience of services feed into helping make improvements to existing provision and the plans and designs of future provision
Strategy Development – Mental Health	West London Mental Health Transformation – Service User and Carer Task Group	Groups of service users and carers	The CCG funds a service user involvement forum which is open to all people experiencing mental health	The task group produced two reports with recommendations for developing a co-production approach to mental health transformation. Some recommendations have now been implemented by the Trust and the CCGs to improve the way in which statutory organisations involve service users and carers in MH transformation

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			<p>problems. They nominate representatives from amongst them to sit on the task group. MH Carers meet regularly and also nominate representatives to get involved with the task group.</p>	<p>Please see more information through the following link: https://www.healthiernorthwestlondon.nhs.uk/documents/mental-health/minded-workshops</p>
<p>Service planning and design / Procurement – Mental Health Service User Forum</p>	<p>Mental Health Service User Involvement</p>	<p>Mental Health service users from across primary and secondary care were involved in a range of activities to help shape the service .</p>	<p>The CCG has contracted MIND to provide this support service. Service users from Westminster and Royal Borough of Kensington & Chelsea (RBKC) were involved in the evaluation of the tender to avoid conflicts of interest. They are long standing members of the Westminster and RBKC MH Service User Group and volunteered to be</p>	<p>Using the feedback from service users involved in previous forums, a new service specification was designed in order to procure a new service.</p> <p>During 2015/16 Ealing CCG re-commissioned the MH Service User Involvement Forum and awarded a new contract to Mind in Ealing & Hounslow to deliver this piece of work</p> <p>Heads Up , the new service, provides support to service users as individuals and groups, signposting them to other services, providing information, advice and training for participation in a range of activities, including monitoring services, representing service users in strategic meetings, influencing decision making etc.</p>

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Objective	Activity	Who	How	Output / Impact / Outcome
			involved in developing the specification and evaluating the tender.	
Contract and Service Monitoring – Mental Health	Mental Health Service User Strategy Group	Ealing mental health service users meet regularly across the borough in various forums. Representatives of different groups come together in the MH SU Strategy Group	This is a long standing group open to all service users who elect a strategy group to oversee involvement in the borough.	<p>The Group provides an opportunity for the various service user activities and forums across the borough to come together. It's a mechanism for both the Trust and commissioners to consult and, where possible, co-produce developments.</p> <p>The Ealing MH SU Group is now supported by Heads Up (previously by VoiceAbility) to report on mental health services and issues and bring together service user voices to comment on operational and strategic issues. Both commissioners and providers are invited to attend from time to time to hear service user views.</p>
Contract and service monitoring and service planning and design – Mental Health	<p>Mental Health Carer Strategy Group and Groups based at Avenue House and other locations –</p> <p>The Ealing MH Carers Strategy Group meets regularly to capture the views of carers of people with serious</p>	MH Carers across the borough.	MH carers get together in a number of informal groups linked through the Recovery Teams (based in the community). They elect a MH Carer Strategy Group to oversee carer involvement in the	<p>MH Carers have a strong voice in the borough, represented at the West London Mental Health Transformation Board, at Ealing MH Partnership Board, and in various work-streams. They have fed into the Carers' JSNA and specification for the Carer Support Service.</p> <p>They are also involved in work being led by the WLMH Trust on pathways for people with mental illness in the community. MH carers' views are reflected in the development of these pathways.</p>

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Objective	Activity	Who	How	Output / Impact / Outcome
	<p>and enduring mental health in the borough. Carers are supported by a Carer Support Worker in each Recovery Team.</p> <p>MH Carers' Group to feed into the development of Recovery team</p>		borough	
Service Planning and Design – Mental Health	Mental Health Fair	Service users and carers and others with an interest in mental health	Ealing held a Mental Health Fair on 1 st June for anyone interested in mental health – providers, commissioners, service users and carers; service users and carers were involved in planning and running the event	Very positive feedback about information shared, networking and contacts made and has led to concrete developments
Strategy Development – Mental Health	Developing the Mental Health and Wellbeing Strategy	Service users and carers have been involved in developing the draft strategy.	Through existing forums and groups identified in previous sections	<p>Ealing Mental Health and Wellbeing Strategy will reflect the priorities of service users and carers in the community.</p> <p>The draft strategy is based on the JSNA which was developed through service user and carer involvement and is due to be launched for consultation on 10th</p>

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Objective	Activity	Who	How	Output / Impact / Outcome
				October 2016, World Mental Health Day
Strategy Development – Mental Health	<p>West London Collaborative (WLC)– co-production</p> <p>WLMHT contracts with West London Collaborative, a user led organisation, to undertake a range of co-production initiatives involving people with lived experience of mental health</p>	Ealing service users	WLC advertises widely and promotes their organisation through social media and traditional communication channels to invite those with lived experience of mental health issues to join	Ealing service users and carers have been actively involved in monitoring Trust services but also in the development of the North West London Like Minded Strategy for mental health and wellbeing through the Making A Difference Alliance (service users across North West London).
Strategy Development – Physical Disabilities	<p>Ealing Centre for Independent Living (ECIL) – forums and working groups</p> <p>Open House sessions are held to discuss issues and actions.</p> <p>A physical disabilities forum is being established to feed into the Older People</p>	Ealing Centre for Independent Living (ECIL) - service users	Users of services invited to join the various forums and involvement opportunities	Voice of people with disabilities being heard in the Partnership Boards and borough wide forums and their experiences and feedback is being used to shape strategy and service planning across the sectors

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Objective	Activity	Who	How	Output / Impact / Outcome
	& Long Term Condition Partnership Board.			
Contract and Service Monitoring and Strategy Development - Physical Disabilities	Transport/Mobility Group	ECIL coordinates	Users of services invited to join the various forums and involvement opportunities	Voice of people with disabilities being heard and fed into future developments The group takes up operational issues with partners; and will influence priorities in the Travel and Transport Strategy
Strategy Development – Physical Disabilities	Ealing Vision Strategy Group	ECIL supporting	Service users and professionals with visual impairments are involved in identifying and addressing issues and influencing priorities	They offer a forum for consultation on a range of services e.g. NHS 111, community services and their views ultimately feed into service design / specifications
Strategy Development – Older People	Older People’s Consultative Forum - open to all older people for discussions every two months – feeds into the OPLTC Forum	LBE supports	Open to all older people – the forum is advertised through voluntary sector organisations and leaflets in libraries.	Voice of older people feeds into operational issues and strategic developments.
Service Planning and Design - Older	Dementia Partnership Board	Dementia carers and dementia service users	Dementia Concern are in contact with people with	The Dementia Partnership Board oversees work on Dementia in the borough and includes input from people with dementia and their carers through the

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Objective	Activity	Who	How	Output / Impact / Outcome
People		are represented through Dementia Concern	dementia and their carers across the borough. They invite people to join and share their views at various forums	voluntary sector group, Dementia Concern.
Service Planning and Design - Older People	Dementia Action Alliance	All those with an interest in Dementia	Key stakeholders involved in commissioning, delivering, using services relevant to residents with Dementia are invited to join the groups	Voice of people with dementia and carers heard in the development of action for dementia in the borough. The CCG and the Council along with other partners are members of the Dementia Action Alliance, improving services for people with dementia in the borough.
Strategy Development – Carer’s JSNA Development	Carers’ (Joint Strategic Needs Analysis) JSNA Refresh	Carers of all groups of patients including Young Carers	Through various carer groups / forums, Carer’s Centre, carers’ conference etc.	Feedback used to inform the JSNA and the recommendations within the document
Strategy Development / Commissioning– Carers Support Service Specification	Engagement to gather views of carers whilst developing a new service specification	Carers of all groups of patients including Young Carers	Through various carer groups / forums, Carer’s Centre, carers’ conference etc.	Feedback and issues raised used to shape the service specification
Quality of service – Newly established Community	The community cardiology service leads, the ECCG PPE colleagues and a	Patients and carers from across Ealing	Comments and suggestions were received and incorporated from	Comments and suggestions were used to create a range of leaflets which used clear and consistent language, were easy to read and contained all the relevant information.

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Objective	Activity	Who	How	Output / Impact / Outcome
Cardiology Service	Healthwatch Ealing patient representatives worked together to develop and refine the different leaflets for the new service.		Patient Participation Group members, Healthwatch Ealing members, Carer Centre staff, practice staff and other patient representatives	
Service Design – Improved patient experience for deaf / hearing impaired patients with a focus on primary care	Healthwatch Ealing community event for hearing loss, deaf and deaf blind residents of Ealing - 16 th October 2015 at Ealing Town Hall	Deaf, hearing impaired, deaf-blind residents of Ealing Healthwatch Ealing staff, CCG and local authority leads, DeafPlus, National Association Deafened People, Greater London Deaf Association	This meeting was arranged and promoted by Healthwatch Ealing extensively across the borough using a range of networks and communication channels including patient participation groups and community and voluntary sector organisations and statutory service providers	<p>Overall findings showed that:</p> <ul style="list-style-type: none"> • Patients want their concerns to be addressed not just heard • Patients want a collaborative approach and better coordination between ECCG, local authority, voluntary sector and the residents of Ealing • Patients want a forum where they meet with professionals regularly to support on-going engagement and dialogue between all parties • Patients need to know and understand how to raise concerns and make formal complaints • Patients want health professionals and service providers to improve their own understanding of the issues and offer equal access to high quality care and good patient experience. <p>Next Steps agreed were:</p> <ul style="list-style-type: none"> • ECCG and LBE to arrange a meeting with Mary Hicks, Alan Murray and Lidia Best to explore how they may work together to address some of the issues • ECCG and LBE to meet with DeafPlus and find out more about the existing forum how it may support some of the on-going dialogue • LBE and ECCG to draw up an action plan for 2016 -17 to address the issues raised

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Objective	Activity	Who	How	Output / Impact / Outcome
<p>Procurement:</p> <p>NHS 111</p> <p>The eight NWL CCGs agreed with NHSE to develop and describe a model of service for NHS 111 which will allow it to integrate more fully with a multi-agency health system.</p> <p>This led to a series of co-production and engagement workshops with lay partners, CCG staff, patients, Healthwatch and other key stakeholders to develop a vision for NHS 111 within NWL.</p>	 <p>160517 - NHS 111 Engagement so far.do</p> <p>Engagement took place across 7 of the 8 North West London boroughs – Brent, Harrow, Hillingdon, Kensington & Chelsea, Ealing, Westminster and Hounslow.</p> <p>Through a series of events the S&T engagement officers and programme leads:</p> <p>Heard from 202 people across more than 9 demographic groups</p> <p>Met with 17 groups across 7 boroughs</p> <p>Engaged patients, elderly and mostly</p>	<p>Patients, carers, professionals, voluntary sector representatives, commissioners</p>	<p>Recruited through extensive publicity through local and NWL networks, voluntary and community sector groups, partnership boards, user forums</p>	<p>The key issues raised by those involved in engagement event were: how access could be improved, the use of technology, different platforms for communication with call handlers, workforce recruitment and training , methods of communication between service users and call handlers especially for patients from BME groups, those with English as a second language and those with additional needs / disabilities e.g. autism, hearing impairment etc. , and how the service integrates with other wider healthcare service providers e.g. urgent care centres, primary care, mental health teams, paediatric specialists</p> <p>(Further engagement was carried out locally within each CCG with patients and carers identified through the Equality Impact Assessment. This will be reported on in next year’s report)</p> <p>Please see additional impact in report included as a link</p>

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Objective	Activity	Who	How	Output / Impact / Outcome
	well groups with people aged 16 to 75			
<p>Service Planning and Design –</p> <p>Primary Care Offer</p> <p>The Strategy & Transformation primary care team is working to develop a new Model of Care to ensure that GPs are placed at the centre of delivering local health services – providing care and coordinating services seven days a week</p>	<p>Previous patient engagement has been carried out through the London-wide Strategic Commissioning Framework, Whole Systems Integrated Care programme, Out Of Hours business case, and via Healthwatch and Patient Participation Groups (PPGs). However, the primary care programme wanted to re-confirm what patients wanted to see from primary care services in North West London and, therefore, asked the Strategy & Transformation engagement team to undertake a short piece of community engagement.</p>	<p>The engagement team held meetings across all eight North West London boroughs and focused their activities on the two main population groupings that the proposed care models were based on – mostly well and elderly with long term conditions.</p>	<p>Community engagement and focus groups</p>	<p>When asked what three things people would like to change about their GP service, their responses included the following:</p> <p>Access</p> <ul style="list-style-type: none"> • online and electronic services – sign in machines in surgeries, electronic repeat prescriptions, online booking for doctor and nurse appointments. • GP phone service to be improved to reduce the complexity of booking and the long wait times. • increase GP time – to extend opening hours to include evening and weekends • increase in the length of appointments. <p>Training/staff</p> <ul style="list-style-type: none"> • change to some of the behaviours exhibited by staff, to improve patient experience. It was suggested that GPs and receptionists receive training on customer services and people skills. • importance of those working in GP surgeries to better understand the role of the carer so the practice is able to provide the correct care and support for these individuals. <p>Specialist service:</p> <ul style="list-style-type: none"> • more specialist knowledge and services available at their GP practice e.g. GPs trained in HIV diagnosis, specialist knowledge in learning disabilities, mental health, women’s health and diabetes. • access to community clinical nurse specialist e.g. for diabetes, HIV <p>Communication</p> <ul style="list-style-type: none"> • better communications between the GPs and other members of staff in the same surgery as well as better communication between

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Objective	Activity	Who	How	Output / Impact / Outcome
				<p>hospitals and GPs.</p> <ul style="list-style-type: none"> access to interpreting services during appointments. <p>Appointment/care</p> <ul style="list-style-type: none"> elderly patients with long terms conditions wanted proactive check in calls from GPs and home visits for the frail and housebound. longer appointment times as well as the ability to discuss multiple problems in one appointment. <p>Outcomes</p> <p>The Primary Care team will:</p> <ul style="list-style-type: none"> Incorporate community feedback into the design and visioning work Continue to test developments with patient groups as applicable Continue to involve lay partners in governance meetings
<p>Procurement: Ealing Urgent Care Centre (UCC)</p>	<p>Urgent Care Centre Located at Ealing Hospital</p> <p>Patient and Public Engagement took place mainly via Children Centres in Ealing where parents and carers attend “Stay and Play” sessions and one small focus group was held with 6 patients.</p>	<p>Children Centres service users: Total numbers present – 37 parents / carers / staff</p> <p>Parents included: two fathers, those from minority ethnic groups and those who did not have English as their</p>	<p>Parents and carers were approached through “Stay & Play” sessions in children centres</p>	<p>Summary of findings:</p> <ul style="list-style-type: none"> Residents not aware of the difference between A&E and UCC and when to attend each service Long waits Lack of information during waits Lack of information about how patients were prioritised for treatment Better communication from and with staff Need for improved signage for different services Access to vending machines and better quality of food / snacks at more reasonable prices Need for better publicity of services so patients / carers know what to access where and under what circumstances Making such information available to BME groups and non-English speaking patients Details of what positive patient experience would look like

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Objective	Activity	Who	How	Output / Impact / Outcome
		first language. Some had used a variety of UCCs		The findings were used to shape the service specification and key performance indicators for the contract
Procurement: Ealing Urgent Care Centre (UCC)	Involvement of patients / carers in the procurement process	Patient representative	Recruited using a role description and expression of interest form – publicised through ECVS, Healthwatch Ealing, Carers' Centres, PPG groups	Patient representative was involved in the procurement group and evaluation panel for the bids, including involvement in site visits. They offered patient perspective and raised issues most important to enable positive patient experience and the delivery of high quality care
Strategy Development: London Borough of Ealing Health and Well-Being Strategy	The strategy document was developed through research and analysis of local JSNA data and other relevant documents. It was also discussed at the Health and Well Being board, specific patient and professional's forums and through a dedicated focus group session. Key elements of the document was consulted upon via an	Health and Well Being Board members/ patient forums / partnership boards / Patient Participation Group members / Healthwatch Ealing (HWE)members	Patients / carers/ residents were invited to join in through publicity via Ealing Community and Voluntary Sector networks, Carer's Centre, Healthwatch Ealing news flash and social media channels, emails to their membership, specific promotion through BME groups, GP patient participation groups	Patients helped identify and validate the key issues which the strategy should include and focus on

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Objective	Activity	Who	How	Output / Impact / Outcome
	on line engagement tool		dedicated patient user groups and forums	
<p>Strategic Development:</p> <p>Effective services for residents challenged by the use of drugs and alcohol</p>	<p>Engagement through RISE : Recovery Intervention Service Ealing and their staff</p> <p>RISE supports adults challenged by the use of drugs and alcohol. They offer intense community based support, treatment and rehabilitation services designed to meet individual needs and offer associated support to the family and friends of users. Staff at RISE provided some information on the routes available to engage and involve their service users.</p>	<p>Staff members and volunteers from the organisation</p>	<p>At their offices</p>	<p>They reported some of the key issues which affect users e.g. access to GP practices, issues faced at UCC, problems which arise from having no fixed addresses. They have a service user group who meet in a local cafe. The target group often face difficulties because they are not welcome into services because they do not have a chance to wash, arrive wearing dirty clothes and are sometimes drunk or intoxicated through drugs when they arrive. Other patients and staff often object to them being there. This information has been fed back to the Strategy and Transformation Team at CWHHE so that it can be used to shape future and existing services.</p>
<p>Strategy Development and</p>	<p>Engagement with service users at</p>	<p>Patients / carers / residents and</p>	<p>They were approached through</p>	<p>Patients would like:</p>

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Objective	Activity	Who	How	Output / Impact / Outcome
<p>Quality of service: Primary Care</p>	<p>Southall Day Centre 20 patients from BME background took part in informal discussions</p>	<p>some staff members</p>	<p>Southall Day Centre where they meet regularly for other social and community activities</p>	<ul style="list-style-type: none"> • More home visits • To book appointments on line • More advice and support to manage long term conditions • More specialist nurses who are able to advise and treat • To see a chiroprapist, have blood pressure monitored and blood sugar checks in the surgery • To be able to see medical records on line • To see the same doctor more consistently • To be seen more urgently if very ill • GP practice staff to call and check once discharged from hospital • More information about diabetes • Mores services located in one place, accessible through a hub • Walk In services – treatment clinics and social care services in one place • More sympathetic staff who have time to listen, diagnose and treat • Access to tests like an MOT where the printout of findings is available which can be discussed there and then. This would help with self-care and self-management. <p>This is being fed into our plans around primary care co-commissioning</p>
<p>Procurement: Personal Medical Services Review & choosing patient voice indicators</p>	<p>As part of the PMS review patients, public, Healthwatch Ealing members and voluntary sector representatives were encouraged to engage in a face to face discussion forum and in an on-line survey, in order to select the</p>	<p>Primary care users, Healthwatch Ealing members, practice patient participation group members, carers, voluntary sector</p>	<p>The event and the online survey was promoted through ECCG website, Twitter, via newsletters (ECVS, Healthwatch Ealing), via practice and network patient participation groups, through key</p>	<p>Those involved raised a number of issues related to Saturday morning openings and weekend capacity and the additional use of technology to book appointments. The major concern was that if 50% of patient’s appointments are to be made available online – this may restrict access for the most vulnerable people who are not able to make appointments on line – due to access or ability. There would need to be a way for vulnerable patients who need an appointment to speak to practice staff to make an appointment as a priority. Overall, based on feedback from the discussions and through the on line survey, the following two mandatory patient voice indicators were chosen:</p> <ol style="list-style-type: none"> 1. Overall how would you recommend your experience of your GP

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Objective	Activity	Who	How	Output / Impact / Outcome
	<p>top two mandatory patient voice indicators. Patients and voluntary sector representatives (representing the views of vulnerable patients) attended the discussion forum.</p> <p>During the discussions, those present, were able to learn about and discuss the different aspects of the current PMS review. They learnt about it's aims and the long-term expected impact, as well as the overall context in which the review is taking place, within the primary care transformation landscape.</p> <p>The survey was completed by 42</p>	<p>representatives</p>	<p>voluntary and community sector organisations who promoted within their own organisations and cascaded to smaller agencies and community hubs</p>	<p>surgery</p> <p>2. Overall how would you describe your experience of making an appointment</p>

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Objective	Activity	Who	How	Output / Impact / Outcome
	individuals			
Service Planning & Design / Strategy Development	<p>ECCG Business Plan 16/17 – Engagement Plans</p> <p>Approach to engagement was agreed following discussions with the senior leadership team. The ECCG Business Plan was presented at a number of boards / forums.</p>	<p>Older people and long term conditions partnership board</p> <p>Learning Disability Partnership Board</p> <p>Carers’ partnership board</p> <p>Children and young people’s partnership board</p> <p>Dementia Partnership board</p> <p>Mental Health partnership Board</p>	Through regular attendance and updates via the senior leadership team	Comments and feedback were used to update the document and associated operating plans
Quality of Service:	Joint Implementation	GP member /	Membership of this	The focus of the meetings is to define and implement a strategic approach to

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Objective	Activity	Who	How	Output / Impact / Outcome
<p>Whole Systems – Integrated Model of Care – Care Coordination Service The</p> <p>Integrated Model of Care aims to ensure that an integrated health and social care keeps patient living as independently as possible at home.</p>	<p>Group – meets once a month</p> <p>Integrated Models of Care Joint Implementation Group has been established between Ealing Council, NHS Ealing Clinical Commissioning Group, Ealing local providers and Ealing voluntary sector with the aim of being the driver for implementation of integrated care initiatives in Ealing.</p> <p>It will oversee the roll out of Integrated Models of Care as designed and taking into account lessons learnt following prototype pilot phase.</p> <p>It report to the Joint Management Team</p>	<p>vice chair of the CCG, social care partners, voluntary sector partners, members from multidisciplinary teams, CCG lay member, CCG staff, community group representatives, Carer’s Centre lead, patient representative</p> <p>The meetings are also attended by social workers, community nursing teams, community pharmacists, mental health worker.</p>	<p>group was agreed through identification of key stakeholders across the sectors including patients / carers who were recruited through Healthwatch Ealing and the Carer’s Centre respectively.</p>	<p>joint working and to improve services for the patients, the participating organisations care for. Strategic care planning for patients with complex health and social care needs, with one or more long term condition is the focal point of discussion. They ensure that the service provides high quality care planning and coordination, good patient experience and delivers on the agreed outcomes for the patients.</p> <p>These meetings give the opportunity for our patient representative to shape the design and implementation of a person-centred, coordinated care model. The patient representative attends on a monthly basis. Feedback obtained from the patient representative has strengthened commissioners understanding of patients perceptions of their health and social care experiences. The patient representative has heavily contributed to the development of initiatives which support the shift of a fragmented model to an integrated way of working across the health and social care sector.</p> <p>The group has been overseeing the development of a Patient Reported Outcomes Measure and a patient satisfaction survey</p>

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Objective	Activity	Who	How	Output / Impact / Outcome	
	for the Ealing Health and Social Care.				
Out of Hospital Services – Patient and Public Engagement					
Engagement Forums	Steering Group	Working Group	Patient Engagement Group	Contract Meeting	
Objective(s) What was the purpose of the engagement activity?	Involve patients in decision making processes at the strategic level. The Steering Group drives the direction of the programme and provides recommendations for CCGs to administer.	Involve patients in decision making processes at the operational level. The Steering Group drives the direction of the programme and provides recommendations for CCGs to administer.	To involve patients in the development of the OOHS surveys and patient engagement content. Provide feedback on the development of resources for patients. Participate in discussions where patients can raise queries and concerns about the programme and then feedback to their local patient participation groups (PPG) on issues.	Engagement within the formal contracting arrangements between the commissioner and GP Federation (acting on behalf of practices).	
Activity(s) What was done?	Two patient members attend weekly working and steering groups coordinated by the CWHHE OOHS Programme Team.	A patient representative attends a weekly working and steering groups coordinated by the CWHHE OOHS Programme Team.	Five patient representatives to attend monthly meetings, coordinated by the CWHHE OOHS Programme Team.	Monthly attendance at contract management meetings between the Federation and commissioner.	
Who	- Patient Reps (x2)	- Patient Reps (x1)	- Patient Reps (x5)	- Patient Representative (x1)	

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Who was involved in the engagement?	- Ealing CCG Commissioners	- Ealing CCG Commissioners	- Ealing CCG Commissioners	- Ealing CCG Commissioners - Ealing GP Federation - Contract Management, - Business Intelligence, - Quality
How were participants recruited?	<p>CCGs recruited patients for these forums and activities to provide patient perspective and commentary ensuring all groups including. hard to reach groups involvement. Two patients were recruited through Healthwatch and 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>			
Roles and responsibilities	Patients provided with a weekly agenda and asked to provide broad patient views, specifically focussing on their engagement, access to services and also contract development.	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.	Patients were provided with a monthly agenda and asked to provide patient views (broad and with specificity), on patient engagement and what is important to them when e.g. accessing services, sourcing service information etc.	
Outputs, Impact & Outcome - What was learned? - What changes were made due to engagement? - Was this shared with CCG partners? What were the key	Examples of areas where patients had a direct influence and made recommendations to the group were through the following documented arrangements: - Revised service specifications, - Agreement of service KPIs, - Quality measures - Patient feedback measures (surveys). - Patients want the flexibility to make online appointments and ability to finding relevant information online. - Patients want both flexibility of paperless and paper-based resources.		Patient surveys developed: - Communication plan developed jointly 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). Patients in this group continue to be linked with PPGs and are supported with information and updates to	Patients contributed to the Terms of References and informed contract management of how they could be involved in the contracting process: - Patients will all have the necessary information to support a consistent approach to patient participation in the contract management

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messages for other organisations?	E.g. those with chronic long term conditions enjoy receiving paper based information as it supports patients to self-manage.	take back to their groups.	meetings.
What has been impacted by the patient voice?	i) Contract and service monitoring, ii) Service planning and design, iii) Quality of service and iv) Strategy development.		

During this period, patients, carers and the public were also invited to:

- Take part in a NWL NHS 111 patient and public engagement event
- Be involved in the Ealing CCG UCC procurement process
- Join in with the “new vision” consultation with NHS England
- Join, as a lay member, the “7 day service NWL Discharge project”
- Test the content and language of the NWL Healthcare Booklet
- Attend two workshops and give their views on the experience of using patient transport services to North West London
- Attend a series of Self - Management sessions to support patients with Long Term Conditions (LTC)
- Complete a survey and attend a focus group in order to contribute to the development of the Health and Well Being Strategy
- Join a group to contribute to the design of a prototype personal health budget application through the Healthy London Partnership
- Comment on the content of leaflets about “emollients” designed by the Medicines Management Team in Ealing CCG
- Join the Care Navigation Procurement process
- Attend an Innovation Lab to support the development of the Common Mental Health Needs work-stream (men in particular) to help build the future vision for NW London.

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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

Arrangement	Activities	Outcome / Impact
Health check for patients with learning disabilities (LD)	As part of the 15/16 Local Improvement Scheme, GPs were incentivised to carry out comprehensive health checks to identify health and social care needs of patients with LD in order to create a care plan which would help track and ultimately improve the health outcomes and experience of this patient group	There has been a significant improvement in the proportion of patients (25% in 14/15 to 70% in 15/16) with LD receiving such checks each year and having a care plan developed with the involvement of the patient and their carers. The care plans are shared with the Community Team for Patients with LD (CTPLD) who work in partnership with practices and other providers to deliver person centred care.
Care planning and coordination of care for patients with complex health needs and one or more long term condition	Ealing Care Coordination Service, which is part of the Integrated Model of Care Programme, works with primary care to identify patients who are known to have one or more long term condition and complex health needs, established through risk stratification. These patients are offered double appointments to discuss their needs with their practice and also referred to the Care Co-ordination service where their holistic and clinical needs are assessed and addressed	Individual patients are assessed and actively involved in the shaping of their care plan which allows them to access the appropriate services in a timely manner with regular review and follow up through multidisciplinary group discussions involving community services, social care, voluntary services and secondary services where necessary. The Care Coordinators proactively work with the patient and their carer and / or family to identify the

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	<p>through a range of referrals and interventions from a range of health and social care service providers.</p>	<p>key issues which need addressing and then follow these up to ensure that the necessary support and intervention is put in place to improve the patient's and health and social outcomes quickly. The approach allows rapid resolution of current issues but also ensures proactive management of anticipated issues which may cause deterioration and possibly lead to unplanned admissions. The patient and carer is involved each step of the way. (Case studies available on request)</p>
<p>Continuing Health Care (CHC) patients accessing services using a Personal Health Budget (PHB)</p>	<p>All newly eligible CHC funded clients are offered a PHB, through initial discussions when they are accepted into the service and via the outcome letter which signposts patients on how to make contact and how to initiate the process. For those who are keen to have a PHB, there is a clear and supported process in place.</p> <p>Those patients who continue to be eligible for CHC full funding and who have not taken the offer up for a PHB are reviewed after the first 3 months and then yearly, so as part of the review process a PHB is always highlighted should the patient still remain eligible. This means that the door is always open for them whenever they choose to take up the offer.</p>	<p>At present all of our current PHB holders are more in control and enjoy having their own Personal Assistants who attend to their individual needs. This means that the individual receiving a PHB know who they are employing and this reduces their anxieties. As a result the care planning is patient centred, meaningful, flexible and achieves fewer admissions into hospital via the emergency services.</p>

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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

“Stay well this winter” engagement and social media campaign

CWHHE mounted an integrated social media campaign over 2016-17 comprising both paid-for advertising and free of charge messaging to promote ‘stay well’ themes to audiences active on social media.

Twitter accounts were set up for Central London CCG, West London CCG, and Ealing CCG, while pre-existing Twitter accounts for Hammersmith & Fulham and Hounslow CCGs were supported with content and promotion. Over 200 stakeholders were added to CCG Twitter accounts, and local influencers were engaged via Twitter. Twitter audiences were encouraged to engage with the more than 1000 messages that were posted on topics including staying well this winter, flu vaccinations, pharmacy services, extended GP services, corporate CCG news, and upcoming events organised by the CCG and by partners across the boroughs.

A new Facebook page @staywellnwl was set up to engage people in our local boroughs around stay well themes. Advertising campaigns were implemented to build over 1000 followers across the North West London area. 98% of people reached via this Facebook page are women, with 52% in the 25-34 age bracket and 34% in the 35-44 age bracket. Posts covered topics such as sensible alcohol use, pharmacy services, extended GP services, and invitations to local events. The page was also used to share updates about paediatrics changes in Ealing, bank holiday health services, the importance of regular exercise and healthy eating, and other topics around health and services.

1289 messages were posted on Facebook and Twitter over the nine week campaign.

Ealing CCG has updated their “Get Involved” section of it’s website. It now outlines the different ways patients, carers and residents can get involved as opportunities are routinely uploaded to the website and also shared through Twitter. In fact, recent engagement around the Sustainability & Transformation Plans were promoted and shared through twitter and a significant number of younger residents used the on line engagement tool to share their views on our NWL Plans.

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

Contracts with the large NHS trusts include a standard CWHHE quality schedule which requires the trust to provide regular reports on patient and public feedback, Friends and Families Tests and complaints. Significant concerns regarding quality or patient safety are discussed at contracting and quality group

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meetings, often requiring the provider to develop remedial action plans. The same methodology is used for contracts with non NHS providers and stand-alone contracts. The community cardiology service for example not only requires patients feedback but also GP feedback on service quality as GPs will often receive soft intelligence on service quality from patients who do not wish to raise a formal complaint. The community cardiology service is developing patients user groups for long-term patients and a one off “Have your say” event for short term patients.

In Collaboration with CWHH CCGs, Ealing CCG has worked with Providers to ensure that improving patient and carer experience is at the core of all services that it commissions this is evidenced by ensuring that detailed Patient Experience and Equalities requirements have been identified and embedded as part of the Quality Schedule for 15/16. The requirements were informed by a review of all published patient experience data undertaken by the Patient Experience Team, particularly in ensuring the themes relating to poor experience are addressed as part of the new Quality Requirements. Overall, the requirements include evidence of:

- Baseline Equality Monitoring
- Promoting Equalities and Improving Access
- Capturing patient experience data that represents the diversity of the service population
- Duty to involve where each provider is required to assure the CCG that it provides services which promote the involvement of patients across the full spectrum of prevention or diagnosis, care planning, treatment and care management and further assurance that providers work in partnership with patients, carers, the wider public and local partners to ensure that the services that are commissioned are responsive to the needs of the population

SECTION FIVE- Forward Plans for 2016-17 –Please see attached plan

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.

Please see attached the Forward Plan which includes an update on progress to date and highlights the areas that will continue to be the focus of our activities in the coming year. The plan drafted last year included activities to be completed by 2017 so we will continue to focus on those that remain outstanding and will add new elements as the year progresses. PPE activities continue to be funded from programme budgets with some specific activities being funded through the Self Care budget (Better Care Fund).

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This report has included significant information on the outcomes of engagement events and the impact the feedback has had on our plans and priorities. These are being shared with groups who attend the actual events and will be uploaded to our website in the coming months.

SECTION SIX - Healthwatch and Other Stakeholder Statements

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.

Statements:

“While welcoming the Patient & Public Engagement function and activities of Ealing CCG, the New Board of Healthwatch Ealing believes that there are significant opportunities for improving the focus and effectiveness of these activities within the current resourcing levels provided by the CCG.

As previously indicated, we believe that there already is a pressing need for enhancing the effectiveness, and supporting the work, of the GP Surgery PPG’s. This need is certain to increase as the STP programme is implemented, with its demanding expectations on patient involvement. We have a number of low and zero cost suggestions and would welcome the opportunity to discuss them further with CCG officers.

On the subject of volunteer support for the CCG’s activities, we are taking this opportunity to expand on previously advised concerns which have reached us from some of our members. It seems that some committed and knowledgeable volunteers have been left with the unambiguous impression that their participation is no longer welcome on CCG procurement projects and other activities. We are disappointed by this and suggest that the CCG revisits “the signals it sends out” to volunteers, especially those with significant experience and understanding of the health service in NW London.”

James Guest
Chair, Healthwatch Ealing

“Southall Community Alliance applauds the efforts of Ealing CCG to work with the local voluntary and community sector to reach out to isolated and disadvantaged residents in some of our most deprived areas. The CCG has funded a number of initiatives that we are delivering, both in Southall and through our partner hubs across Ealing. This has involved work to train volunteer diabetes champions, help residents understand about the range of local NHS services and assist people with self care needs.

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Our community outreach work has helped hundreds of residents access NHS services, participate in activity sessions and be better able to manage their health and wellbeing. The people who have benefitted have come primarily from Ealing's BME communities and include a significant number of elderly residents with long term health conditions.

We hope that Ealing CCG can continue investing in further work with the voluntary sector both because of the unparalleled access this offers to high needs residents and also because this prioritises local health improvement work.”

**Janpal Basran, Programme Lead
Southall Community Alliance**

“Ealing CCG continues to engage with the Ealing Carers Centre to ensure that Unpaid Carers are involved and consulted about issues that affect them and the planning of services.
Ealing CCG has provided funding to enable GP Practices and Pharmacies to become Carer Friendly and this has helped to increase the number of Carers who are able to use the services of the Ealing Carers Centre.

This has also enabled carers to be empowered and to get involved with PPE opportunities within their practices and across Ealing in general. Ealing CCG and the Local Authority have been pivotal in ensuring support to unpaid carers in Ealing.”

**Jane Barnes
Director of Ealing Carers' Centre**

“During the last 18 months there has been a real `step change` in CCG engagement with the voluntary sector in Ealing. We have very positive and extensive partnership relations with the CCG and active engagement to ensure information on CCG activities and new NHS services is circulated to over 800 voluntary groups in Ealing, and through them gets through to harder to reach and more isolated patients and local residents. We also run an annual `Ealing Health Summit` in partnership with the CCG, bringing together voluntary groups, local volunteer Community Health Champions, local Council staff, Public Health, GPs reps and pharmacies.”

**Andy Roper
Chef Executive, Ealing CVS**

Submission date

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Please send your completed template to ENGLAND.qualityhub@nhs.net by the 31st October 2016.