

Patient and Public Involvement Assurance Report

15 January to 27 February 2019

Patient Voice Committee (PVC)

6 March 2019



YPHAS

**iNvolvement
Network**



YPIN



1.0 Introduction

- 1.1 This report supports the requirements of the CCGs 'duty to involve' by providing evidence of how we engage with people to commission equitable access to quality services that represent good value for our population; ensuring patients have the best experience and the best clinical outcomes from that care.
- 1.2 In presenting the report to the Patient Voice Committee (PVC) Committee members are given the opportunity to ask for clarity on any aspect of CCG public involvement activity to gain assurance that the public voice is heard and acted upon. The CCGs have developed processes to embed all appropriate public feedback into all aspects of the CCGs' business.
- 1.3 This report supports the Patient and Public Involvement Lay Members to provide feedback to the CCG Governing Bodies of the strategic leadership, assurance and scrutiny undertaken on behalf of the CCGs in relation to its duties to involve patients and the public in shaping NHS services (as outlined in section 242 (1b) of the National Health Service Act 2006, the Equality Act (2010) and other relevant legislation).
- 1.4 Evidence of the CCGs' compliance is demonstrated in the proactive and collaborative work with members of our communities showing how we listen to and act on the requirements of the people in our communities in all aspects of our commissioning work.
- 1.5 Compliance with the seven key principles for improving health outcomes within the NHS Constitution (appendix 1).
- 1.6 Evidence of patient and public involvement within this period has been provided in the public activity matrix (section 10) and the assurance tracker (section 11) to enable the Lay Members to provide assurance to our Governing Bodies using key frameworks (appendix 2).
- 1.7 The CCGs undertake an annual equality assessment, known as the Equality Delivery System (EDS), to enable the CCGs to identify any areas for improvement in service delivery, workforce or leadership. There are 18 EDS outcomes (appendix 3).
- 1.8 There are nine protected characteristics within the Equality Act (2010). The CCGs have identified sub-sets of the protected characteristics to ensure effective engagement (appendix 4).

2.0 Our local community representation

- 2.1 We have identified what we currently know about the people who are members of our groups and networks so that we are aware how representative we are. We aim to improve this knowledge and identify how proportionately representative our membership is with our local communities.

2.2 In the table that follows we have split each protected characteristic across the five different groups and shaded them to show the representation.

Protected group representation in our involvement groups

	Age 0-25		Age 25-65		Age 65+		Male		Female
	Physical health		Mental health		Hearing loss		Sight loss		Long Term condition
	White ethnicity		Black ethnicity		Asian ethnicity		Mixed ethnicity		Gender reassignment
	Heterosexual		Lesbian		Gay		Bisexual		Child carer
	Christian		Hindu		Islamic		Social deprivation		Adult carer
	Social isolation		Pregnancy		Maternity (3 years)		Long term unemployed		Veterans
	Single		Civil partnership		Homeless		Traveler		Geographically isolated
	Married		Separated / widowed		Substance misuse		Alcohol		Voluntary services

Key	
Patient Advisory Group (PAG)	
Young People's Health Advocates (YPHA)	
Involvement Network (IN)	
Young People's Involvement Network (YPIN)	
Maternity Voices Partnership (MVP)	

2.3 Demographic representation has improved in the representation of military veteran, single and social isolation. However, further work needs to be undertaken to identify more accurate membership of local people and their characteristics.

3.0 Local public involvement

3.1 **Patient advisory group meeting:** The CCGs held a PAG meeting on 22 January. There were 15 PAG members, 2 members of staff and 2 presenters in attendance (see PAG section 5).

3.2 **End of life co-production event:** The CCG, in association with Sue Ryder arranged an end of life event on 20 January 2019 to bring together representatives of different organisations that are involved in the provision and commissioning of end of life/palliative care, alongside patient representatives, to consider *'what are the things that are working, and not working'* in relation to end of life care within central Lancashire.

The session considered the current pathways of care provided by GPs and practice nurses, pharmacists, community services, district and specialist nursing teams, therapists, care home representatives, continuing healthcare and the provision of complex packages of care, representatives from the voluntary sector, domiciliary care and the local hospice services.

The outputs of the session are being used to inform the end of life strategy for central Lancashire.

PAG feedback: We discussed a wide variety of things from ambulance availability to people being able to choose their place of death.

- 3.3 The Haven, crisis café stakeholder day** invited as many partners, organisations, and individuals as possible to work with the Richmond Fellowship to help shape the service in order to meet the needs of the whole community.

The haven will be an accessible service in the community for anybody who needs support with their mental health; people will be able to access one-to-one and group-led support from professionals, as well as calming, welcoming place of sanctuary away from stresses of everyday life.

- 3.4 Time to Talk:** PAG members were invited to Lancashire Teaching Hospitals who held a 'time to talk' event 7 February 2019, inviting people to come in and have tea and biscuits and talk about mental health, in an attempt to end mental health discrimination.

PAG feedback: The event was well attended by a variety of staff. The Samaritans and physiotherapy had stands, with a board for comments, on how mental health was applicable to the people who attended, with the opportunity to feedback their thoughts. Volunteers, staff and chaplaincy supported visitors at the event, distributing information on how to use the car parking machines, and raising awareness on car parking and transport opportunities, acknowledging the impact on patients' mental health. There were good opportunities for discussion and appreciation of the knowledge shared. A solution would be to think about how supermarkets and other big stores could get involved in health and wellbeing services, with regular mobile units being used for services to improve access, experience and reduce hospital crowding.

- 3.5 Voice for All newsletter:** The CCGs shared the Voice for All newsletter, which is developed with support from Brothers of Charity. The newsletter highlighted all the work that Voice for All are doing to support people with learning difficulties.

- 3.6 Digital Journey:** PAG has been invited to share their digital journey with Healthier Lancashire and South Cumbria. This is an opportunity for citizens, patients, clinicians or practitioners that might want to share their 'digital journey' stories on video, which has been identified as good practice. We have identified that hearing about personal experiences can be the more effective way for people to learn about new processes and opportunities that

will enable them to become more confident and seek out ideas and opportunities for themselves.

3.7 Our Health Our Care and Digital First public engagement: the CCGs have undertaken engagement with targeted groups to improve our understanding of the needs of the wider communities, focusing on people who may not have previously engaged with health services.

The engagement to date has highlighted concerns for a number of vulnerable communities and provided both positive and negative impacts that will feed into equality impact assessments processes going forward. A number of groups have supported the CCGs by providing some solutions for consideration.

3.8 OHOC and Digital First engagement to date with the main concerns for people in our communities:

- **Voice for All / Brothers of Charity:** We facilitated a workshop with a local learning disabilities group at their weekly Board meeting. With support from Brothers of Charity and the care workers we were able to work in smaller groups to ensure that all members had an opportunity to have their say. Specific issues raised included: the need for additional support and explanations and the concern that some processes are not set up for people with disabilities.

- **PAG representatives:** We invited PAG members to meet with us on a one-to-one basis or in a focus group; both options were taken up by members within the CCG offices.

One-to-one meetings: A number of topics were considered, such as transport, appointment systems, patient choice, carers support, adjustments for vulnerable people, communication and patient information. The PAG members also provided some simple ways to improve patient care were provided by the members. We also talked about how patient and participation groups (PPG) at GP practices and how they can support healthy lifestyles. They raised concerns for the required changes for the OHOC programme on the out of hospital strategy and the possibility of extend engagement to parish councils. There were concerns that previous engagement for models of care were biased and contrived and a number of concerns were raised about a particular service which have been shared with the quality team.

PAG focus group: A small group of PAG representatives preferred to meet and do a combined workshop within the CCG. They highlighted a number of areas, such as access, signage in hospital wards, booking services, car parking, patient passports, staffing levels, lack of beds, ambulatory care, carer involvement, use of digital technology, and their own personal experiences of poor practices and impact that stressed staff can have on patients. They provided some solutions for consideration that will be included in the feedback report to the Our Health Our Care programme.

- **Looked after children (17/18 years old):** We visited a group of young people in their home. We sat in their living room and had an informal chat over tea and biscuits. The group mainly raised concerns about their experiences with the local child and adolescent mental health services (CAMHS) and GP services, focusing on the lack of empathy and continuity of care, not being listened to, inconsistent prescribing issues, and poor access to GP appointments.
- **Drug and alcohol group:** We talked with people with drug and alcohol addictions who are attending a cognitive therapy group. The group described their experiences of inappropriate hospital admissions – waste of time, resources and money. Ineffective prescribing – clinically fit to leave but no consideration for mental health or social needs, which often results in reoccurring misuse behaviours and re-admittance to accident and emergency services. The group identified a number of American drug and alcohol digital apps and highlighted that a British app would be welcomed.
- **Preston Women’s Forum:** This group represents different communities, specifically women who are from Black Asian Minority Ethnic (BAME) backgrounds. Attendance at this forum has opened up access to a number of wider communities and also links into wider community issues, such as hate crime, domestic violence, placement of refugees and asylum seekers.
- **ME/ CFS group:** This group of people struggle to be fit enough to meet at the same time due to their health condition. As a reasonable adjustment we have agreed to email any concerns so that they can be incorporated into the programmes of work.
- **Lancashire County Council:** We met with a PAG representative who engages with a number of local disability and BAME groups. Issues raised included patient information in other formats, ensuring there are female clinicians, access for people with physical and sensory disabilities.
- **Transport for people with disabilities:** We went to the Preston Community Transport office and spoke to people accessing transport services. The people we spoke to, as they were waiting for their transport home, raised issues about living in a rural location and having disabilities that prevent them from getting public transport from a nearby bus stop or driving. They highlighted being isolated and the impact of this on their mental health and the benefits of community transport and having services closer to home. They highlighted that some people have a ‘white coat syndrome’ which prevents them from accessing services, providing a solution of making buildings and services less formal and more accessible. They also mentioned good screening programmes, ambulance services, and poor system wide communications and patient information.

- **People working in stigmatised occupations:** We were invited to a local charity to talk with staff, volunteers and service users who are identified as sex workers. All service users we spoke to have had drug and/or alcohol dependencies and had been imprisoned at least once. The group access sexual health screening but are reluctant to access cytology services. They are often denied benefits due to missing appointments, which exacerbates their health issues due to their addictions and lifestyle risks.
- **Community transport:** We joined a group of older people, some of whom were quite frail, on their weekly bus ride to the shops. They informed us that if the bus did not pick them up from outside their house, they would never leave their homes. They talked about the lack of patient choice, GP appointments, poor waiting times, and receiving the wrong tablets amongst other things and were happy with support from volunteers, hospital signage, some hospital services, such as frailty, and some GPs for taking the time to call them back the same day.
- **Rough sleepers:** We attended a charity that offers a breakfast club to homeless people. We sat in the dining area and the staff explained what we would like to talk to people about. There was no shortage of volunteers to speak to us. Their main concern was not having a GP or being removed from a GP list because of difficulties with obtaining medication and becoming vexatious because of their mental health status or reliance on substances. They highlighted the difficulties in attending appointments and emergency services because of the cost of transport and to get there and their previous experiences from staff. This has led to a delay in medical treatment and additional health complications.

3.9 Catherine Beckett Dance Group: Prevention advocates

There was an opportunity to meet with an 'older age' dance group who meet at the Catherine Beckett Community Centre in Preston every Wednesday afternoon. The group welcomes people over the age of 60 and currently has a membership that represents the ages between 60 and 97.



The majority of members could not remember the last time they visited a GP, a lady in her 90s said it must be about 5 or 6 years ago to get a referral for a knee replacement. A number of members have had hip or knee replacement; jokingly put down to wear and tear for all the dancing and other

activities they do; and others have been treated for cancer. They have put their speedy recovery down to their healthy lifestyle activities.

In general, they are in support of the way we are travelling with our OHOC plans, given the challenges we are under. However, as an older community they did raise some concerns, which will be fed into the OHOC programme.

3.10 Engagement booked within the timeframe of this report but not yet undertaken:

- Maternity Voices Partnership
- Refugees
- Drug and alcohol misuse for people in crisis
- Disability
- Carers
- Asylum seekers
- Travellers
- Military veterans

3.11 During the engagement sessions, other groups are being identified and will be added to the engagement list, providing this is possible to undertake within the timeframe of the Our Health Our Care programme. One of the additional groups is single parents, specifically those on benefits.

3.12 All feedback will be shared for consideration in to the OHOC programme of work and outcomes will be reported back to the groups we have worked with.

4.0 CCG workforce

4.1 Lunch and Learn staff awareness sessions during this period.

Date	Topic
05.02.19	Cultural harmful practices

4.2 The CCGs' safeguarding team presented a lunch and learn on harmful practices associated with culture, religion and superstition. The session aimed to raise awareness of harmful practices and hidden vulnerabilities for both adults and children, to help people understand the impact of these practices on health and wellbeing, and identify what the challenges are for professionals.

5.0 Patient Advisory Group

5.1 **PAG Chair vacancy:** There remains a vacancy for a PAG Chair for Preston. The Chair and Vice Chair are happy to continue with the current



arrangements until we have a volunteer from the group.

5.2 PAG membership: We are continuing to develop a PAG report to capture the photographs and biography of each PAG member. This report / information will be shared on the CCGs' websites when complete.

5.3 PAG meeting / hot topics: The PAG meeting took place on Tuesday 22 January 2019.

gtd Healthcare provided a response to the questions from the previous meeting, as agreed as part of their CQUIN. This will now be a standard item on the PAG agenda. The questions asked that were not appropriate for gtd Healthcare to respond to will be answered by the CCGs.

The Transformation Unit delivered the hot topic, which was based on raising awareness of the equality impact assessment process. The presentation consisted of:

- An overview of the OHOC programme
- An introduction to the equality impact assessment process

The Transformation Unit (TU) highlighted the five key challenges in the case for change and highlighted what this will mean for the patient. The TU engaged PAG in a quiz about health and minority groups to highlight the importance of undertaking equality impact assessments (EIA), and described the protected characteristics within the Equality Act 2010, explaining the public sector equality duty (PSED) and the need to provide reasonable adjustments to show 'due regard'.

The TU provided assurance that the OHOC programme is taking equality and diversity considerations into account to maximise positive impacts and eliminate or reduce negative impacts on people within our communities. The TU described the EIA process and shared the next steps.

PAG members reported that they have not learned anything new and questioned what has been happening as the OHOC programme, as work had been underway for a number of years. Some members did say that they learned something new, based on the challenges and questions to the TU and responses received. This has been raised at the OHOC steering group and a OHOC workshop for PAG members will be delivered in March / April if the new model of care presentation is approved by the OHOC Stakeholder Panel.

The PAG chair provided an opportunity for members to feedback by sharing comments, concerns and compliments from local people, community and voluntary groups. Members were encouraged to share any events they have attended and their thoughts on issues that may impact on health and care services.

We have a new representative from Healthwatch who provided an update of their activity. We have now linked Healthwatch into the leads for care homes within the CCGs to support the work they are doing.

A request was shared with PAG members to participate in one-to-one engagement or a focus group on behalf of people with protected characteristics. This resulted in a focus group taking place 4 February to support the 'our health our care' (OHOC) and Digital First work programmes.

We also discussed setting up an equality impact assessment group to support the redesign of services going forward. The key themes from the targeted engagement will also support the equality impact assessment process.

5.4 PAG concerns, comments and compliments:

There have been two PAG concerns raised during this period.

- **gtd Healthcare: Privatisation and interaction with hospital services**
- **Transformation Unit: Transparency and duplication of previous work**

6.0 Involvement Network (iN)



6.1 Work is continuing to sign up people to the iN, and will remain a key focus at all our engagement events and opportunities. During this period there have been no external engagement opportunities, but 12 people have signed up to the network via the CCG websites.

6.2 During this period, the iN were invited to:

- Share information to promote the uptake of the flu jab for people with learning disabilities
- Comment of clinical policy on ganglion excision
- Attend the Haven stakeholder day

7.0 Young People's Health Advocates (YPHA) and Young People's Involvement Network (YPIN)



7.1 Work is ongoing to recruit young people to the Networks.

7.2 During this period, numbers remain at 38; there have been no new recruits, and no leavers

7.3 YPHAs have been invited to:

- Share information to promote the uptake of the flu jab for people with learning disabilities

- Comment on the clinical policy on ganglion excision
- Attend the Haven stakeholder day

7.4 Take up of engagement opportunities for YPIN and YPHAs is now being monitored and will be reported on whenever possible. Any internal activities with the groups will be captured via the attendance/ response data. For external opportunities, we are developing a poll that will be sent out to the young people to provide if they got involved or responded. In addition, YPHAs will have the opportunity to feedback on information at future meetings.

8.0 Maternity Voice Partnership (MVP)



- 8.1** The theme for the MVP January meeting was caesarean section and complex pregnancies.
- 8.2** Work is progressing to encourage a more diverse membership of the partnership. The chairs have recently engaged with some military veterans who have completed a survey to find out their experiences of giving birth.
- 8.3** Following the partnership meeting on bereavement, working with the maternity services, the MVP chairs are arranging a fundraising event to raise money to refurbish the bereavement suit in the maternity unit.
- 8.4** The meeting due to be held on the 11 March 2019 was postponed due to a clash with an event held at UCLAN aimed at service users and providers, that would inform the curriculum for new midwives
- 8.5** One of the Chairs has been approached by NHS England to showcase the great co-production work the MVP has done with maternity services. A film will be made by NHS England to reflect this. Both the maternity unit and CCG will support this. The location will be either Chorley Birth Centre or Preston Birth Centre. The film will be in an interview/discussion format to highlight the changes that have occurred following service user input within the maternity service provision in central Lancashire.

9.0 You said we did: Using complaints data to improve patient experience

- 9.1** The central Lancashire Moving Well Service has been live since August 2018. The CCGs' customer care team has worked closely with the new provider; Lancashire Care Foundation Trust to address issues as they have arisen.
- 9.2** Delays in getting an appointment for physiotherapy with the Moving Well service has been a common theme since mobilisation of the new service.

- 9.3** The service has responded to these issues and has introduced a telephone assessment element to the service. This enables patients to be assessed in a timely manner, and receive, as appropriate, a programme of exercises whilst they wait for their first face-to-face appointment.
- 9.4** Since the introduction of the telephone assessment element, there has been a reduction in the number of complaints in relation to appointment delays received.

10.0 Up and coming engagement

- 10.1** Our Health Our Care (OHOC) engagement will continue and a database will be developed to support CCG business going forward. A report will be made available as part of the wider OHOC programme.
- 10.2** Digital First: Engagement will continue and a database will be developed to support CCG business going forward. A report will be made available as part of the wider Digital First programme.
- 10.3** There will be an equality delivery system (EDS) event for grading goal 3 and goal 4 in March 2019.
- 10.4** The next PAG meeting will be held on 23 April 2019.
- 10.5** The next Maternity Voice Partnership (MVP) meeting will take place on Tuesday 19 March 2019.
- 10.6** MVP will be filming on 6 March with NHSE to promote the co-production work we have done to date.
- 10.7** Careers fair at Runshaw College to recruit young people.
- 10.8** Ongoing engagement with North Preston GP practice to encourage young people to get involved in their GP practice patient participation group.
- 10.9** Linking the YPHAs with MH2K developments.
- 10.10** Linking the YPHAS with the Haven developments.

11.0 Public activity assurance matrix

11.1 Patient activity during this period has been aligned to the CCGs strategic objectives and NHSE equality delivery system in the public activity matrix

Date (2019)	Type	Organisation / Group	Details / Activity	Outcome	Link to CCG Strategic Plans	Main EDS outcome
25 Jan to 11 Feb	Face to Face – one-to-one and focus group	Patient Advisory Group	Met with members of PAG on either a one-to-one basis or focus group to identify concerns for people accessing health services in central Lancashire.	Insightful feedback and ideas for solutions have been provided to improve the commissioning and delivery of services, specifically for the most vulnerable.	CCG strategic objective 4	1.1
21 Jan	Face to Face	Maternity Voices Partnership	Monthly partnership meeting focussing on caesarean section and complex pregnancies	Insights of personal experiences gathered and shared with the maternity service.	CCG strategic objectives 1 and 4	1.1
22 Jan	PAG meeting	Patient Advisory Group	PAG members attended the quarterly PAG meeting with OHOC and Urgent care being the main topics on the agenda.	gtd Healthcare provided a presentation and answered all required questions to the satisfaction of PAG members. The OHOC presentation provided some new information and caused some concerns about transparency from the PAG.	CCG strategic objective 4	1.1
28 Jan	Face to Face	Voice for All / Brothers of Charity – learning	Attended a VFA board meeting and facilitated a workshop for OHOC and Digital First	We gained feedback on issues they face and ideas for improvement. They also highlighted good practice to	CCG strategic objective 4	1.1

Date (2019)	Type	Organisation / Group	Details / Activity	Outcome	Link to CCG Strategic Plans	Main EDS outcome
		disabilities		be replicated.		
29 Jan	Face to Face	Barnardo's – looked after children	Informal chat with young adults (17/18) living in care.	We gained feedback on issues they face and ideas for improvement. They also highlighted good practice to be replicated.	CCG strategic objective 4	1.1
1 Feb	Face to Face	Tribal Project – drug and alcohol addiction	Held a focus group with people who have drug and /or alcohol additions. The people are undertaking CBT.	We gained feedback on issues they face and ideas for improvement. They also highlighted good practice to be replicated.	CCG strategic objective 4	1.1
6 Feb	Face to Face	Catherine Beckett Community Centre – Prevention lifestyles	This group of people have weekly dance classes and everyone participates at their own level.	This group of older people are a fantastic advertisement for prevention. Their lifestyle choices have resulted in less need for health services and a high level of mental and physical health.	CCG strategic objective 4	1.1
7 Feb	Face to Face	South Women Forum (Police led) - multiagency	This is a group of service led representatives with links into a number of vulnerable communities.	This group opened the door for us to undertake further targeted engagement with the more vulnerable people within our communities.	CCG strategic objective 4	1.1
12 Feb	Face to Face	Preston Community Transport - Disabilities	We were given the opportunity to sit in the transport office and speak to people who use mobility aids who were waiting for transport.	We gained feedback on issues they face and ideas for improvement. They also highlighted good practice to be replicated.	CCG strategic objective 4	1.1

Date (2019)	Type	Organisation / Group	Details / Activity	Outcome	Link to CCG Strategic Plans	Main EDS outcome
13 Feb	Face to Face	Street Link - sex workers	We attended a women's centre and spoke to service users as they accessed the service.	We gained an understanding of the way service users live and how they access services, identifying the barriers they experience.	CCG strategic objective 4	1.1
14 Feb	Face to Face (bus ride)	Preston Community Transport – Shopping	We sat on a bus and spoke to a group of older people on their weekly shopping trip about health services.	We gained feedback on issues they face and ideas for improvement. They also highlighted good practice to be replicated.	CCG strategic objective 4	1.1
15 Feb	Face to Face	Foxton Centre – rough sleepers	We attended a breakfast club for rough sleepers and talked to them about health services.	We gained feedback on issues they face and ideas for improvement. They also highlighted good practice to be replicated.	CCG strategic objective 4	1.1

12.0 Assurance tracker

Engagement type	Engagement activity	Date completed	Activity description	KPIs	Evidence and notes	Status
Patient Operational Involvement	Patient Advisory Group (PAG)	Ongoing	Membership	Involve a range of diverse people from across Chorley South Ribble and Greater Preston at each meeting	<ul style="list-style-type: none"> Membership is continually being monitored to ensure PAG members represent the protected characteristics and beyond. 	
		Ongoing	Work plan	Work plan developed	<ul style="list-style-type: none"> The work plan is an adhoc working plan based on the requirements of the CCGs. 	
	Young People's Health Advocates (YPHAs)	Ongoing	Membership	Involve a range of diverse young people from across Chorley South Ribble and Greater Preston at each meeting.	<ul style="list-style-type: none"> Membership is continually being monitored to ensure that the YPHAS members represent the protected characteristics and beyond. 	
		Ongoing	Work plan	Work plan developed	<ul style="list-style-type: none"> The recruitment plan is now included in the work undertaken by YPHAs. The work plan is an adhoc working plan based on the requirements of the CCGs. There are now 38 members on the group - an increase of 65%. This is mainly due to a successful trip to the Preston College Fresher's Fair on 12 September 2018. 	

Engagement type	Engagement activity	Date completed	Activity description	KPIs	Evidence and notes	Status
	Maternity Voices Partnership (MVP)	Ongoing	Membership	Increase service user attendance Attract a more diverse membership	<ul style="list-style-type: none"> Membership is continually being monitored to ensure MVP members represent the protected characteristics and beyond. Target recruitment to diverse groups 	
		Ongoing	Work Plan	Annual calendar of topics developed 2018/19	<ul style="list-style-type: none"> Service user feedback shared with maternity services 	
Patient Involvement online Networks	iNvolvement Network	31 March 2019	Baseline at 25 May 2018 is 0	Increase membership by 5% per reporting period	Membership of the network is 123. This is an increase of 11% from the last reporting period.	
	Young Peoples iNvolvement Network (YPIN)	31 March 2019	Baseline at 25 May 2018 is 0	Increase membership by 2.5% per reporting period	There are currently 38 members. No new recruits this reporting period.	
Stakeholder Events / Awareness	Events (health) calendar	30 October 2018	Collate information about health events, partnership meetings, local support groups, local and national health promotion dates that can be shared with patients, carers	Share the calendar with partners, members of the public	The events health calendar is published on the CCG websites under get involved.	
				Keep a record of campaigns promoted	<p>During this reporting period we have raised awareness of 12 topics / events:</p> <p>January 1 Dry January January 14 National Obesity Awareness Week January 14 STiQ Day January 21 Cervical Cancer Prevention Week</p>	

Engagement type	Engagement activity	Date completed	Activity description	KPIs	Evidence and notes	Status
			and members of the public.		January 24 National Compliment Day January 31 Young Carers Awareness Day February 1 Raynauds Awareness Month February 4 World Cancer Day February 5 Chinese New Year February 7 Time to Talk Day February 25 Eating Disorders Awareness Week February 28 Rare Disease Day	
Practice Level Involvement	Patient Participation Groups (PPGs) development	31 March 2019		Communicating with patients via PPGs	Sign up all practices to National Association of Patient Participation Groups (NAPP) to support practices develop their PPGs. Currently 9 practices have signed up. Remaining practices to be targeted this quarter.	
	PPG development – supporting practices	31 March 2019			Continue to collect feedback from practices via the customer care service and share with relevant CCG teams.	
Patient Stories	Collect and communicate patient stories that will help improve outcomes for patients	Monthly	Use a variety of methods to collect patient stories to be used in reports, publications, the websites and at	<ul style="list-style-type: none"> One patient story to be presented at each Governing Body meeting 	Patient story presented at each Governing Body meetings for the period CSRCCG <ul style="list-style-type: none"> 23 May 2018 25 July 2018 26 September 2018 – patient story 	

Engagement type	Engagement activity	Date completed	Activity description	KPIs	Evidence and notes	Status
			internal and external meetings		<p>cancelled due to bereavement. Re-scheduled for the November GB meeting</p> <ul style="list-style-type: none"> 28.11.18; perinatal mental health 23.01.19; Moving Well service <p>GPCCG</p> <ul style="list-style-type: none"> 24 May 2018 25 July 2018 – Story cancelled 27 September 2018 - patient story cancelled due to bereavement. Re-scheduled for the November GB meeting 29 November 2018; perinatal mental health 24 January 2019; Moving Well service 	
				<ul style="list-style-type: none"> Use a variety of methods to collect patient stories 	Bank of patient stories and quotes are being collected via: face to face engagements, PAG, CCG customer care service, networks and focus groups	
				<ul style="list-style-type: none"> Use a variety of methods to communicate patient stories 	Patient stories are being communicated via; <ul style="list-style-type: none"> CCG websites Health matters 	
Partnership Working	Wider engagement opportunities	As required	Engage with local authorities and district councils on specific projects		South Ribble Borough Council <ul style="list-style-type: none"> South Ribble Partnership Community Safety Partnership MH2K Change talks 	

Engagement type	Engagement activity	Date completed	Activity description	KPIs	Evidence and notes	Status
			and meetings		Chorley Council <ul style="list-style-type: none"> Community Safety Partnership MH2K Preston City Council <ul style="list-style-type: none"> Community Safety Partnership MH2K 	
		Quarterly	Engage with and involve the VCFS		<ul style="list-style-type: none"> Attendance and input into VCFS meetings and networks Effective communication methods are established to share CCG information and involvement opportunities Supporting local community initiatives such as foodbanks Promotion of VCFS activity through the CCG communication channels 	
		Ongoing	Carers strategy implementation		<ul style="list-style-type: none"> Attendance at carers forums Development of a carers charter 	
		Ongoing	Our Health Our Care (OHOC)		Support the OHOC team with bespoke engagement as required	
Bespoke engagement	Service development	Ongoing	IMSK	Specific to projects/campaigns	Patient involvement as the service mobilises and is implemented Development of public facing patient information	
	Service development	Ongoing	D2A	Specific to projects/campaigns	Evaluation of the service <ul style="list-style-type: none"> Engagement with participating 	

Engagement type	Engagement activity	Date completed	Activity description	KPIs	Evidence and notes	Status
					nursing homes <ul style="list-style-type: none"> Surveys with patients and/or their families Face to Face engagement 	
	Seldom heard groups	As required		Specific to projects/campaigns: There has been no planned engagement during this period.	Planned targeted engagement is due to start on 21 January 2019.	
Strategy and oversight	Promotion of the importance of patient involvement.	Annually or as required.	Use a variety of methods to promote the importance of patient voice.	Staff lunch and learn sessions.	Lunch and Learn calendar developed for 2018/19 Specific activities:	
				'Get involved' section in Health matters.	No edition of health matters since February 2018	
	Engagement with commissioned providers on plans	As required	Work with our providers to improve the services we commission	Specific to individual projects.	<ul style="list-style-type: none"> Lancashire and South Cumbria ICS Our Health, Our Care Programme Out of hospital strategy 	
	Policy development	October 2018	<ul style="list-style-type: none"> sterilisation reversal in males and females varicose veins customer care and complaints policy 		Patient and public surveys being undertaken Targeted consultation in respect of the CCGs customer care and complaints policy	

Key

	Completed		Cancelled
	Not achieved		Tracker activity highlighted
	In progress		Carried over from 2016/17
	Not yet due		

Appendix 1: Supporting the NHS Constitution

A4.0 There are seven key principles within the NHS Constitution which also aligns to the Equality Delivery System (EDS), which focuses on better health outcomes for patients, families and carers.

- 1. The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.**

In line with the CCGs' specific value, 'to be professional and honest', the CCGs commission non-discriminatory services in compliance with SC13.1 NHS Standard Contract to meet the requirements of:

- 1.1.1 Equality Act (2010) by ensuring the provider services we commission is available to all people in our local communities, specifically those with protected characteristics.
- 1.1.2 Human Rights Act (1998) ensuring the human rights of the people in our communities are respected when accessing the services we commission.
- 1.1.3 Health and Social Care Act (2012) paying particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

The CCGs have been undertaking the equality delivery system (EDS) since 2013. This is a framework for monitoring equality compliance and reporting our professional approach to equality and diversity to gather inclusive patient feedback.

The CCGs have two operational groups, the patient advisory group (PAG) and the young people's health advocates (YPHA) which enables the CCGs to be open and honest about our business and receive appropriate feedback that we can use to make informed decisions.

This requirement aligns to the equality delivery system (EDS) outcomes 1.1, 1.2, 1.5, 2.1, 2.2, 2.3, 4.1 and 4.2.

- 2. Access to NHS services is based on clinical need, not an individual's ability to pay. NHS services are free of charge, except in limited circumstances sanctioned by Parliament.**

The NHS standard contract (SC13 Equity of Access, Equality and Non-Discrimination) ensures we commission provider services to deliver health services that are accessible for all local people, irrespective of any protected characteristic.

This requirement aligns to the equality delivery system (EDS) outcome 2.1.

- 3. The NHS aspires to the highest standards of excellence and professionalism – in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.**

In line with the CCGs' specific value, 'to listen and learn, and be willing to change based on what we hear' to improve patient experience and their health outcomes.

There are a number of ways in which the CCGs gather patient experience, such as encouraging patients and their representatives to get involved in service redesign, procurement panels, quality monitoring, concerns and complaints, workshops, email, telephone, face-to-face, involvement events and at operational meetings.

The CCGs undertake and commission diversity employment initiatives, such as the Workforce Race Equality System (WRES), Workforce Disability Equality System (WDES) and Equality Delivery System (EDS). We are also a Disability Confident employer.

The CCGs also reward innovation incentives, known as CQUINs, to improve health and care for local people now and in the future.

The NHS standard contract (SC2 regulatory requirements, SC3 service standards) supports us to ensure our provider services demonstrate the delivery of a high quality safe service that effectively focuses on patient experience.

This requirement aligns to the equality delivery system (EDS) outcomes 1.1, 1.2, 1.3, 1.4, 1.5, 2.1, 2.2, 2.3, 2.4, 4.1 and 4.3.

- 4. NHS services must reflect the needs and preferences of patients, their families and their carers. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.**

In line with the CCGs' specific value, respect and care for our staff, the people we work with and our local community, we gather views through staff surveys and by involving our operational patient groups; patient advisory group (PAG) and the young people's health advocates group (YPHA).

We work with our public networks; involvement network (iN) and young people's involvement network (YPIN) to ensure wider public engagement and involvement to support

the CCG to make informed decisions about the care and treatment offered to patients. In addition we involve wider stakeholders via our VCFS networks and adhoc programmes of work.

We also ensure that our provider services ensure individual people's needs are assessed and met in appropriate and effective ways and people are informed and supported to be as involved as they wish to be in decisions about their care with the support of their families and carers.

This requirement aligns to the equality delivery system (EDS) outcomes 1.1, 1.2, 2.1, 2.2, 2.3 and 2.4.

- 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population. The NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being.**

In line with the CCGs' specific value, to work in partnership with others to achieve our goals', we work across the Lancashire and South Cumbria Sustainability Transformation Partnership (STP) footprint to improve the health and care of the local communities.

We have recruited a number of partners from the local authority and third sector organisations as members of the PAG to ensure we align our services more effectively.

This requirement aligns to the equality delivery system (EDS) outcome 4.1

- 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources. Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.**

The CCGs' values promote caring, listening and acting. A specific value focuses on the need to protect and invest the public funds that are given to us in a well-managed way.

All decisions for funding on business cases / schemes include an in-depth analysis of the impact on patients by undertaking quality, privacy and equality to ensure the best outcome for the sustainability of the NHS and health outcomes for the people in our communities.

This requirement aligns to the equality delivery system (EDS) outcomes 1.1, 4.1 and 4.2.

- 7. The NHS is accountable to the public, communities and patients that it serves. The NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially**

those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose.

In line with the CCGs' specific value, 'to be open and accountable to our patients, their carers and the local community' we commission, procure and design services utilising the specialist skills of our workforce to ensure that we make informed decisions based on equality, quality, financial and privacy impact assessments.

This stakeholder inclusive process ensures the decisions we make are open and accountable to our patients, their carers and the local communities.

This requirement aligns to the equality delivery system (EDS) outcomes 1.1, 1.2, 1.3, 1.4, 2.1, 2.4, 4.1 and 4.2.

Appendix 2: Patient and public involvement and assurance

1. To promote the views and voices of patients and the public in the work of the CCGs.

The engagement framework highlights how the views and voices of patients and the public are promoted through the CCGs' structure from public networks, operational groups to the PVC before highlighting issues or providing assurance to the Governing Bodies.

This report has been updated to capture the patient activity undertaken within the CCGs within the operational groups and the involvement networks during this period

This report includes how the CCGs support GP practices with patient engagement activity, including their mandatory involvement in running patient participation groups.

2. To ensure compliance with section 242 (1b) of the National Health Service Act 2006, the Equality Act 2010 and other relevant legislation.

This report provides evidence for the PVC to monitor arrangements relating to equality and diversity issues to ensure compliance with statutory obligations, including the production of an equality annual report, equality strategy and an equality delivery system process.

The CCGs have aligned the public involvement activities as evidence for our national requirements, such as the Equality Delivery System (EDS) framework, NHS Outcomes Framework, CCG annual report and Care Quality Commission inspections.

This report specifies the membership of the public networks and operational groups and informs the gaps in protected characteristic representation for potential recruitment.

PVC members are presented with formal consultation and pre-consultation patient activity plans, reports and strategies to review, scrutinise and evaluate to ensure the CCGs are meeting their legal duties in respect to the involvement of people who are associated with seldom heard groups and 'protected characteristic' groups as defined by the Equality Act 2010.

3. To provide assurance to the Governing Body on all matters concerning duties, obligations and responsibilities relating to the use of the patient voice in shaping local health services.

The report highlights the promotion of cross-system engagement by maintaining relationships with local authorities, provider organisations and the community, voluntary and faith sector.

This report supports the PVC to oversee and support the development and embedding of strategies, systems and processes in relation to using the patient voice and involving patients and the public in the work of the CCGs.

- Equality annual report, including equality delivery system (EDS) outcomes.
- Equality and diversity strategy

- Duty to Involve

This report enables the PVC chairs to provide challenges and assurances to the Governing Bodies to ensure that the patient voice is heard and appropriate decisions and actions have been taken.

Provide advice and support to other CCG Committees in meeting their patient voice and involvement requirements.

The report highlights that the CCGs have provided more context to the nine characteristics to ensure that we are commissioning services for the wider communities.

4. To review and advise on the effectiveness and influence of systems and processes in place that enable patients and the public to be involved in CCG business.

Review, scrutinise and evaluate stakeholder engagement and consultation plans associated with CCG commissioning programmes and provide advice and support to ensure they are fit for purpose and allow patients and the public to have real influence in decision making.

5. To identify and share good practice in involving and empowering patients, and also to challenge poor engagement practice.

PVC members provide advice and support for patient voice activity shared jointly with the local Healthwatch and the local Health and Wellbeing Board to explore and agree criteria for best practice 'effective engagement'.

PVC members review stakeholder engagement plans associated with CCG commissioned providers, and provide advice and support to ensure they are fit for purpose.

The PVC members utilise the feedback from the operational groups and the networks to determine the best process to implement to get the most effective feedback.

PVC endorses the promotion of the CCGs as learning organisations in terms of patient and public involvement and patient empowerment.

6. The committee has a responsibility to manage conflicts or potential conflicts of interest when these are declared in the meeting by following the Managing Conflicts of Interest Policy.

The PAG members are asked to highlight any conflicts or provide declarations of interest before they become involved in any commissioning work.

If a member of PAG is identified as having a conflict of interest with any programme of work, another member will be asked to undertake the commissioning task.

Appendix 3: CCG strategic objectives and EDS outcomes

CCG strategic objectives 2017 /18

1. Improve quality through more effective, safer services which deliver a better patient experience
2. Commission care so that it is integrated and ensures an appropriate balance of provision between acute and primary provision
3. Be a financially sustainable health economy
4. Ensure patients are integral to the planning and management of their own care and their voice is captured in the commissioning process
5. CCG seen as the system leader and a well-run clinical commissioning group

Equality Delivery System (EDS) outcomes

Goal 1: Better health outcomes

- 1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities.
- 1.2 Individual people's health needs are assessed and met in appropriate and effective ways.
- 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.
- 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.
- 1.5 Screening, vaccination and other health promotion services reach and benefit all local communities.

Goal 2: Improved patient access and experience

- 2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
- 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care
- 2.3 People report positive experiences of the NHS
- 2.4 People's complaints about services are handled respectfully and efficiently

Goal 3: A represented and supported workforce

- 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.
- 3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.
- 3.3 Training and development opportunities are taken up and positively evaluated by all staff.

- 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source.
- 3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.
- 3.6 Staff report positive experiences of their membership of the workforce.

Goal 4: Inclusive leadership

- 4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
- 4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
- 4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Appendix 4: Protected characteristics

- There are nine protected characteristics identified within the Equality Act (2010). As CCGs we aim to go beyond the nine protected characteristics and recruit people to represent the subsections of each protected group.

