

# Patient and Public Involvement Assurance Report

17 April to 28 June 2019

**Patient Voice Committee (PVC)**

3 July 2019

**Purdah 18 March to 26 May 2019**



## 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.

2.3 Protected group representation in our involvement groups

	Age 0-5	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	Traveller	Geographically isolated
Married		Separated / widowed	Substance misuse	Health watch	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)	

2.4 Demographic representation has improved in the representation of carers. 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 **Our Health Our Care and Digital Future engagement:** The CCGs have undertaken engagement with groups that represent:

- 30.05.2019 Hearing Loss:** The Equality and Diversity Lead and the Engagement Officer met with the wellbeing service, N-Compass. They are currently working on the barriers for people with hearing loss in accessing services in Lancashire. This is largely aimed at booking interpreters for GP, dental and other health providers in line with the Accessible Information Standard. We shared our Standard Operating Procedure with the service, which explains how to book an interpreter for GP appointments. A member of the wellbeing service has agreed to join PAG to represent people with hearing loss.

## 4.0 CCG workforce and partnerships

### 4.1 Lunch and Learn: staff awareness sessions during this period.

Date	Topic
10.05.2019	Ramsay Healthcare (CQUIN)
19.06.2019	Digital Future

- **Ramsay Healthcare:** The presentation was based on the question, Checklists for everything - Do we really need them?

Evidence was provided about 'Never Events' and the causes of them, which was largely due to human error. There was a discussion about the correct way to do a checklist and the need to empower staff to challenge senior staff if they believe there is an error in the way the checklist have been carried out.

The correct use of checklists builds strong teams and reduces never events.

- **Digital Future:** The presentation was delivered by the ICP Finance Lead and Chair of the central Lancashire ICP Digital Group.

The digital work was described as running through the six strategic platforms as an enabler, similar to equality, diversity and inclusion. He described how the digital work has been designed around empowering the person from support from the front line, managing systems more effectively, integrating services and creating a sustainable future. He shared the aims and outcomes and his intentions of how this can be achieved, looking at prescribing, booking appointments, GP contracts, training needs analysis and new systems. He also shared what we have achieved so far, highlighting one of the challenges as being stakeholder buy-in. The targeted engagement being undertaken in-line with the Our Health Our Care (OHOC) work programme will support the digital programme to ensure access to the digital apps and equipment is accessible for as many people within our communities as possible.

Where this is not possible, alternative options for access to the service will be identified.

### 4.2 April – June 2019 Talent Practitioners Community of Practice: NHS Leadership Academy commissioned independent practitioners to host three talent management sessions within the each of the North West Integrated Care System areas of Healthier Lancashire and South Cumbria; Cheshire and Merseyside Health and Care Partnership and Greater Manchester Health and Care Partnership.

- The aim was to invite equality, diversity and inclusion (EDI) specialists and organisational development (OD) specialists to join an asset group and support a

collaborative approach to future changes that meets the needs of the NHS Long Term Plan, as a method of sharing good practice, lessons learned, linking EDI and OD practices and offering support to other specialists during this time of change. The sustainability of the sessions is dependent on the willingness to work collaboratively from the members.

- The CCGs are currently participating in a network to enable us to ensure any OD and workforce work aligns with the emerging CCGs OD plan and the ICP and ICS strategies. There are dedicated resources which are identifying and bringing together OD leads to map resources, education and training.
- A paper has been shared with Management Executive Team (MET) to gain approval to apply to be an early adopter for OD.

#### **4.3 24.05.2019 Community Restart Workshop:**

Community Restart is a jointly commissioned service with the CCGs and Lancashire County Council (LCC). LCC have recently redesigned their service, leaving a number of gaps from the previous service.

The service ensures that all mental health service users have a right to access good quality, outcome focussed support and assistance based on a holistic assessment of their needs and aspirations regarding occupation, leisure, vocational support and employment. Short term support will also be provided around housing needs where appropriate. The CCGs held a workshop to highlight the difference between the social offer and the health offer and identified the workforce and public priorities based on the MoSCow (Must, Should, Could, Would) project model. This work is part of a whole systems approach to supporting people with mental health problems in the community. This workshop will lead into the redesign of the Community Restart Service.

#### **4.4 07.06.2019 CCG and Healthwatch patient focused collaborative meeting:** Healthwatch have been commissioned to undertake engagement with local communities. The CCG have agreed to work collaboratively with them by providing current knowledge of the local communities, groups, and issues we have captured so far. There is also an opportunity to meet on a regular basis to ensure we are not duplicating work and benefiting from the findings and outcomes from each other.

The CCGs have identified the following groups for Healthwatch to engage with on behalf of central Lancashire ICP:

- Older Transgender: Chrysais
- Military Veterans: Blesma, blind veterans, Lancashire armed forces covenant hub, RAF association, help the hero's.
- CCG Priority health areas: cancer, COPD, diabetes, end of life, gynaecology, stroke
- Preston Pride

## 5.0 Patient Advisory Group

**5.1 PAG Chair vacancy:** We have had some interest in the Chair positions.

- Jeannie Stirling, current Chorley and South Ribble PAG Chair
- Vacant, new Chair PAG Preston
- Vivienne Culshaw, new Vice Chair



**Patient  
Advisory  
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 Patient Advisory Group Meeting (23.04.2019):** The meeting did not consist of a hot topic or urgent care update from gtd Healthcare due to this taking place during Purdah.

## 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** 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



**7.3** 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** There have been some changes in the structure of the MVP during this period. Kate Ismail, one of the co- chairs has stepped down from the role. Francesca Seed will be the sole chair for the short term whilst a vice chair is recruited.
- 8.2** An expression of interest has gone out to the core service user group in respect of the vice-chair vacancy.
- 8.3** Janet Cotton, the new Head of midwifery at Lancashire Teaching Hospital has joined the group following the retirement of Cathy Atherton. Janet has expressed how impressed she is with the co-production work that is occurring.
- 8.4** Building on the success of the MVP AGM, the Chairs have presented the achievements of the partnership for the 2018/19 period to both CCG May Governing body meetings.
- 8.5** Francesca has delivered a presentation to the National Midwifery Forum, sharing the co-production work the MVP has been involved in. Lots of positive feedback was received from other MVPs and other midwifery services across the country.
- 8.6** The relationships with health professionals that attend the MVP also continue to develop.
- 8.7** The specialist health visitor for perinatal mental health has promoted the MVP at a recent UCLAN conference on behalf of the partnership.
- 8.8** Neonatal was the topic of discussion for the June meeting.
- 8.9** Meeting dates and topics for 2019/20 have been set.
- 8.10** A wide range of venues across Preston, Chorley and South Ribble are being sought in an effort to attract a more diverse cohort of service users. Plans are also being put in place to reach out to diverse groups in their own settings.

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

- 9.1** A complaint was received regarding patient letters which were sent to the patient instead of the person with power of attorney.
- 9.2** Following investigation a new process has been put in place to rectify this.

## 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** Engagement has commenced on the long-term future of Station surgery following the death of the single partner GP.
- An interim contract has been awarded to another GP practice to provide services from the existing premises and ensure access to care for patients over the next six months.
  - The long-term future is undecided and will be considered by the CCGs' Primary Care Commissioning Committee in September. The two options are:
    - Close the surgery and ask patients to register with another nearby practice
    - Procure and award a long-term contract to another GP practice to continue providing services from the existing Station Surgery premises – this could be the current interim provider or another new provider.
  - An initial patient information event was held at the surgery on 19 June 2019 that was attended by over 60 patients. Further engagement with registered patients using a range of methods is being undertaken and will consist of:
    - Face to face engagement via drop-ins at the surgery
    - Question cards
    - Online survey
    - Hard copy survey
  - A range of tactics are being utilised to promote the patient engagement which include; online, social media, patient letters, posters and via the surgery.



**10.4** The next PAG meeting will be held on Tuesday 30 July 2019.

**10.5** The next Maternity Voice Partnership (MVP) meeting will take place on Tuesday 15 July 2019.

## 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
17 May	Face to Face	PAG	LTH Our Health Day on 7 June 2019.	Requested feedback from PAG members who attended this event.	CCG strategic objectives 4	1.5
17 May	Information	PAG	Shared OHOC Research findings for information about the engagement in central Lancashire.		CCG strategic objectives 5	4.1
10 Jun	Face to Face	Maternity Voices Partnership	Monthly partnership meeting focussing on neonatal.	Insights of personal experiences gathered and shared with the maternity service.	CCG strategic objectives 1 and 4	1.1
11 Jun	Recruitment	PAG	Emailed PAG to request members to step up to Vice Chair and Chair for Preston.	We have recruited to Vice Chair.	CCG strategic objectives 4	4.1
11 Jun	Patient Journey	PAG	We have asked PAG members if they would like to volunteer for their digital journey to be recorded as a patient journey from being not digitally aware to how they have improved.	No volunteers as yet.	CCG strategic objectives 5	2.1



Date (2019)	Type	Organisation / Group	Details / Activity	Outcome	Link to CCG Strategic Plans	Main EDS outcome
11 Jun	Information	PAG	We provided information about organ donation opportunities for people in Burnley, Preston and Blackburn.		CCG strategic objectives 4	2.2
11 Jun	Feedback	PAG	A reminder to feedback at PAG meetings for any meetings attended. E.g. Dementia and Welcome Read Sharing Stories.		CCG strategic objectives 4	2.2
13 Jun	Policy Review	PAG	Shared a copy of the Freedom of Information Policy with PAG for feedback.		CCG strategic objectives 5	4.1
14 Jun	Review	2 PAG Members	Shared the OHOC plan on a page with 2 PAG members who attended the last PVC meeting for feedback.		CCG strategic objectives 5	1.1
21Jun	Patient information event	GP Practice	<p>An interim contract has been awarded to another GP practice to provide services from the existing premises and ensure access to care for patients over the next six months.</p> <p>The two options are:</p> <ul style="list-style-type: none"> <li>• Close the surgery and ask patients to register with another nearby practice</li> <li>• Award a long-term contract to another GP practice to</li> </ul>	<p>The long-term future is undecided and will be considered by the CCGs' Primary Care Commissioning Committee in September.</p> <p>Public consultation w/c 24 June 2019:</p>	CCG strategic objectives 5	1.3





Date (2019)	Type	Organisation / Group	Details / Activity	Outcome	Link to CCG Strategic Plans	Main EDS outcome
			continue providing services from the existing Station Surgery premises – this could be the current interim provider or another new provider.			
23 Jul	PAG meeting	Patient Advisory Group	PAG members attended the quarterly PAG meeting with OHOC and Urgent care being the main topics on the agenda.		CCG strategic objective 4	1.1

## 12.0 Assurance tracker Done Glenis







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"> <li>Membership is continually being monitored to ensure PAG members represent the protected characteristics and beyond.</li> <li>There have been a number of changes in the membership, which have largely been due to some members not attending or job roles changing.</li> <li>There are currently 32 PAG members representing local communities and 2 members of staff who support the PAG.</li> </ul>	
		Ongoing	Work plan	Work plan developed	<ul style="list-style-type: none"> <li>The work plan is an adhoc working plan based on the requirements of the CCGs.</li> </ul>	
	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"> <li>Membership is continually being monitored to ensure that the YPHAS members represent the protected characteristics and beyond.</li> <li>Membership aligns to YPIN. There are currently 93 members. This includes 14 new members.</li> </ul>	
		Ongoing	Work plan	Work plan developed	<ul style="list-style-type: none"> <li>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.</li> </ul>	

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"> <li>Membership is continually being monitored to ensure MVP members represent the protected characteristics and beyond.</li> <li>Target recruitment to diverse groups.</li> </ul>	
		Ongoing	Work Plan	Annual calendar of topics developed for the period 2019/20	<ul style="list-style-type: none"> <li>Service user feedback shared with maternity services.</li> </ul>	
Patient Involvement online Networks	iNvolvement Network	Ongoing	Baseline at 25 May 2018 is 0	Increase membership by 5% per reporting period	Membership of the network is 117. This includes 24 new members.	
	Young Peoples iNvolvement Network (YPIN)	Ongoing	Baseline at 25 May 2018 is 0	Increase membership by 2.5% per reporting period	There are currently 93 members. This includes 14 new members.	
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 and members of the public.	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> <ul style="list-style-type: none"> <li>World well-being week – 24th June to 28th June</li> <li>Clean Air Day – 20th June</li> <li>Loneliness Awareness Week – 17th June to 21st June</li> <li>Breastfeeding Celebration Week – 17th June to 21st June</li> <li>Men's Health Month – Throughout June</li> <li>Diabetes Week - 10th June to 16th June</li> </ul>	

Engagement type	Engagement activity	Date completed	Activity description	KPIs	Evidence and notes	Status
					<ul style="list-style-type: none"> <li>• Cervical Screening Awareness Week – 10th June to 16th June</li> <li>• Health Education’s ‘We are Returning Nurses’ Campaign – Ongoing</li> <li>• Child Safety Week – 3rd June to 9th June</li> <li>• World Heart Rhythm Week – 3rd June to 9th June</li> <li>• World No Tobacco Day – 31st May</li> <li>• Dementia Action Week – 20th May to 26th May</li> <li>• Mental Health Awareness Week – 13th May to 19th May.</li> <li>• International Nurses Day – 12th May</li> <li>• #ICON campaign (Babies cry, you can cope!)</li> </ul>	
Practice Level Involvement	Patient Participation Groups (PPGs) development	31 March 2019		Communicating with patients via PPGs	<p>Sign up all practices to National Association of Patient Participation Groups (NAPP) to support practices develop their PPGs.</p> <p>Currently 9 practices have signed up. Remaining practices to be targeted this quarter. This will be reviewed in line with the development of primary care networks.</p>	
Patient Stories	Collect and communicate patient stories that will help	Monthly	Use a variety of methods to collect patient stories to be	<ul style="list-style-type: none"> <li>• One patient story to be presented at each Governing Body meeting</li> </ul>	Patient story presented at each Governing Body meetings for the period 2019/20.	






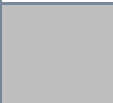

Engagement type	Engagement activity	Date completed	Activity description	KPIs	Evidence and notes	Status
	improve outcomes for patients		used in reports, publications, the websites and at internal and external meetings		CSRCCG <ul style="list-style-type: none"> <li>22 May 2019 – co-production MVP</li> </ul> GPCCG <ul style="list-style-type: none"> <li>23 May 2019 – co-production MVP</li> </ul>	
				<ul style="list-style-type: none"> <li>Use a variety of methods to collect patient stories</li> </ul>	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"> <li>Use a variety of methods to communicate patient stories</li> </ul>	Patient stories are being communicated via; <ul style="list-style-type: none"> <li>CCG websites</li> <li>Health matters</li> </ul>	
Partnership Working	Wider engagement opportunities	As required	Engage with local authorities and district councils on specific projects and meetings		Next steps: MH2K project: <ul style="list-style-type: none"> <li>South Ribble Borough Council</li> <li>Chorley Council</li> <li>Preston City Council</li> </ul>	
		Quarterly	Engage with and involve the VCFS		<ul style="list-style-type: none"> <li>Attendance and input into VCFS meetings and networks</li> <li>Effective communication methods are established to share CCG information and involvement opportunities</li> <li>Supporting local community initiatives such as foodbanks</li> <li>Promotion of VCFS activity through the CCG communication channels</li> </ul>	



Engagement type	Engagement activity	Date completed	Activity description	KPIs	Evidence and notes	Status
		Ongoing	Carers strategy implementation		<ul style="list-style-type: none"> <li>Attendance at carers forums</li> <li>Development of a carers charter</li> </ul>	
		Ongoing	Our Health Our Care (OHOC)		Support the OHOC team with bespoke engagement as required.	
Bespoke engagement	Seldom heard groups	As required		Specific to projects/ campaigns: There has been no planned engagement during this period.	Ongoing as part of OHOC engagement.	
<b>Strategy and oversight</b>	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 2019 5 February – Harmful practices 10 May Ramsay CQUIN – Never Events 19 June Digital work stream 4 July Hidden People with hearing loss	
	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"> <li>Lancashire and South Cumbria ICS</li> <li>Our Health, Our Care Programme</li> <li>Out of hospital strategy</li> </ul>	
	Policy development on an ICS footprint	May – July 2019	<ul style="list-style-type: none"> <li>Policy for the Surgical Treatment of Carpel Tunnel Syndrome;</li> <li>Policy for Tonsillectomy/Adeno-Tonsillectomy;</li> <li>Policy for the Surgical Release of Trigger Finger;</li> <li>Policy for the Management of Otitis Media with Effusion (OME) using Grommets (the treatment of glue ear in children);</li> <li>Policy for Breast Reduction Surgery</li> </ul>		<p>The review of these policies is being promoted via the Healthier Lancashire and South Cumbria website.</p> <p>The CCG are publishing the outcomes on the “you said we did” section of the CCG websites.</p>	

Engagement type	Engagement activity	Date completed	Activity description	KPIs	Evidence and notes	Status
			(separated from the existing Cosmetics policy); <ul style="list-style-type: none"> <li>• Policy for the Surgical Management of Gynaecomastia (enlarged male breasts) – separated from the existing Cosmetics policy;</li> <li>• Policy for the Removal of Benign Skin Lesions (separated from the existing Cosmetics policy)</li> </ul>			

## 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

1. 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.

