

Patient Voice Committee

Date of Meeting	1 May 2019
Title of paper	Patient and public involvement assurance report
Presented by	Dawn Clarke, Equality and Diversity Lead, Glenis Tansey, Engagement and Patient Experience Lead, Jeannie Stirling, PAG Chair
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Clinical Lead	N/A
Confidential	No

Executive Summary
<p>The 'patient and public involvement assurance report' is presented to the Patient Voice Committee (PVC) to highlight how the CCGs are meeting the 'duty to involve' requirements. This includes:</p> <ul style="list-style-type: none"> • Our local community representation • Local public involvement • CCGs Workforce • Patient Advisory Group (PAG) • Young People's Health Advocates (YPHA) • Maternity Voices Partnerships (MVP) • Patient Participation Groups • You said, we did • Up and coming engagement <p>The 'patient involvement assurance report' provides information on public and patient operational group and network activity:</p> <ul style="list-style-type: none"> • An overview of CCG-led patient engagement and involvement for the reporting period 28 February 2019 to 17 April 2019. • An update of the operational engagement and committee tracker (section 13). <p>There is also additional information provided in the appendices relating to:</p> <ul style="list-style-type: none"> • CCG NHS Constitution compliance (appendix 1) • Patient and public involvement and assurance and how we are meeting these requirements (appendix 2). • CCG strategic objectives and EDS outcomes (appendix 3) • Extended subsections of the protected characteristics (appendix 4)

Delivery of the patient and public involvement assurance report

Please note: Purdah 18 March to 3 May 2019.

Key activity undertaken for the period 28 February to 17 April 2019

Dawn Clarke, Equality and Diversity Lead

The report highlights a number of involvement activities, which includes:

- The sad loss of Lionel Barker, Chair 20.03.17 to 20.03.19.
- OHOC and Digital engagement with Penwortham carers and Disability North West.
- There have been a number of communications to the patient and public operational groups and networks, this includes opportunities to attend events and feedback on CCG documents, see section 12.
- We have increased membership for the Young People's Health Advocates and Involvement Network.

Jeannie Stirling, Chair, Patient Advisory Group

To present points of interest from the patient advisory group perspective. The main points raised at the PAG meeting 23 April 2019:

- PAG members took the opportunity to share our knowledge and experiences with other members. This highlighted a wealth of knowledge within the membership.
- Monitoring feedback for the services that PAG members have been involved with, such as ophthalmology and ENT. The PAG have requested a contract workshop or sub-group to be set up. This is being picked up as an action for the CCGs.
- Concerns about gtd Healthcare referring patients back to the GP instead of a hospital consultant – this will be picked up in the PAG meetings within the gtd Healthcare agenda item.
- PAG members highlighted that they don't know where to go for some services, for example sight tests at Specsavers. This will mean that the general public are not aware either. This has been picked up as an action for the CCGs.
- PAG discussed the next EDS grading session. We have requested another training session and to undertake the grading session in the worked café / exhibition style.

Glenis Tansey, Engagement and Patient Experience Lead

- Perinatal mental health was the topic for the recent Maternity Voices Partnership (MVP) meeting.
- MVP highlighted a lack of support for new mums and their families after giving birth. There are plans in place to address this concern through the networks and GP practices.
- NHS England has approached MVP to make short film to promote good practice in respect of co-production.
- The second MVP AGM is Monday 29 April 2019
- The CCGs are supporting patient participation groups to recruit young people.

<p>Planned key activity for the period 18 April 2019 to 18 June 2019</p> <ul style="list-style-type: none"> We are undertaking a service re-design of the Community Restart service. There is a workshop 24 May 2019.
<p>Recommendations</p> <p>The Patient Voice Committee is asked to note the engagement activity contained within the assurance report and provide feedback as appropriate.</p> <p>The Committee is also asked to note that as engagement can be opportunistic, additional activity will be recorded as necessary.</p>

Links to CCG Strategic Objectives		
SO1	Improve Quality through more efficient, safer services which deliver a better patient experience	<input type="checkbox"/>
SO2	Commission care so that it is integrated and ensures an appropriate balance between in-hospital and out of hospital provision	<input type="checkbox"/>
SO3	Be an integral part of a financially sustainable health economy	<input type="checkbox"/>
SO4	Ensure patients are at the centre of the planning and management of their own care and their voices are heard	<input checked="" type="checkbox"/>
SO5	Be seen as a well-run clinical commissioning group and the system leader	<input type="checkbox"/>

Governance & Reporting (list committees, groups or other bodies that have discussed this paper)		
Meeting	Date	Outcome

Implications			
Quality/patient Experience implications	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
(Potential) Conflicts of Interest	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Equality Impact Assessment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Privacy Impact Assessment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Are there any associated risks?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Are the risks on the CCG's risk register	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

Assurance
This report will provide assurance that the patient voice is being incorporated into a wide range of CCG activities, and that the Committee's Terms of Reference are being fulfilled.

Patient and Public Involvement Assurance Report

28 February to 17 April 2019

Patient Voice Committee (PVC)

1 May 2019

Purdah 18 March to 3 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.

Protected group representation in our involvement groups

Age 0-25	Age 25-65	Age 65+	Female
Physical health	Mental health	Hearing loss	Sight loss
White ethnicity	Black ethnicity	Asian ethnicity	Mixed ethnicity
Heterosexual	Lesbian	Gay	Bisexual
Christian	Hindu	Islamic	Social deprivation
Social isolation	Pregnancy	Maternity (3 years)	Long term unemployed
Single	Civil partnership	Homeless	Traveller
Married	Separated / widowed	Substance misuse	Healthwatch
			Geographically isolated
			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 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 **Patient advisory group or young people's health advocate meetings:** The CCGs have not held any operational meetings during the period 28 February to 16 April 2019.

3.2 **Our Health Our Care and Digital Future engagement:** The CCGs have undertaken engagement on 1 March 2019, with groups that represent:

- **Carers: Penwortham Carers**, a local branch of the Carers' Hub Lancashire, part of Carers Lancashire. We had the opportunity to talk at length to four people who are carers for their family members.
- **Disability: Disability North West.** We had the opportunity to talk to 19 people. There were 15 people with disabilities and 4 carers.

- 3.3** The CCGs attended a **South Division Women’s Forum**. This provided an opportunity to link into new public and third sector organisations, offering engagement opportunities with people who are victims of domestic violence, refugees and cultural abuse.
- 3.4** **Stroke Strategy Group:** The CCGs have an expert patient supporting this group. Their support has contributed to the Stroke Business Case being supported by both CCG’s at the recent Governing Body meetings.

4.0 CCG workforce

4.1 Lunch and Learn staff awareness sessions during this period.

Date	Topic
05.02.19	None in this period

5.0 Patient Advisory Group



5.1 Rest in Peace Lionel Barker 20 March 1947 to 2019 (aged 72)

- 5.2** Lionel had over 40 years’ experience of being a committee member of Chorley and District MENCAP society. He was a Justice of the Peace for 26 years and 35 years as a Governor for Mayfield School and College. He was also an expert carer of a family member with physical and learning disabilities. He represented PAG at the CCGs Patient Voice Committee (PVC) in March 2018 and chaired his first Patient Advisory Group (PAG) meeting in April 2018.



Lionel was a member of PAG because he enjoyed helping others and he had a wealth of knowledge and experience in governance, legislation, processes, policies and being a carer.

Lionel wanted to ensure that CCGs and provider services we commission focused on improving communication with local communities. The CCGs passed all condolences from the CCGs and PAG members to Lionel’s daughters.

- 5.3** **PAG Chair vacancy:** The current PAG vice Chair has agreed to step up to the position of Chair for Chorley. There remains a vacancy for a PAG Chair for Preston.
- 5.4** **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.

5.5 PAG pre-meet: The CCGs met with the PAG vice Chair to develop an agenda for the next PAG meeting 23 April 2019.

5.6 PAG concerns, comments and compliments:

There were two PAG concerns raised during the previous period.

- **gtd Healthcare: Privatisation and interaction with hospital services.** This has been addressed through the CQUIN , in which, gtd Healthcare have agreed to attend the quarterly PAG meetings and provide an overview of the service and response to any PAG members questions.
- **Transformation Unit: Transparency and duplication of previous work.** This has been addressed with the OHOC Transformation Unit. Future presentations will be more aligned through the OHOC programme and the steering group.

6.0 Involvement Network (iN)

6.1 The Involvement Network has increased from 123 to 206 members (83, 67.5%).



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 The YPHAs membership has increased from 38 to 92 members (54, 142%). This has been achieved by the CCGs proactively recruiting health and social care students from Preston College (37) and Runshaw College (14). Three members joined YPHA’s via the CCGs online form.



8.0 Maternity Voice Partnership (MVP)

8.1 Perinatal mental health was the topic covered in the March MVP meeting.

8.2 Service users shared their experiences with health professionals, including perinatal mental health midwives, and a perinatal and infant mental health visitor.

8.3 Although all of the stories were different, there was a common theme was around the lack of support for new mums after giving birth.



- 8.4 Even though the new perinatal mental health unit has opened, there still appears to be a lack of understanding about what is available for new mums and their families.
- 8.5 The MVP agreed to promote the perinatal mental health unit to GP's and also to their networks. Immediate support was offered to mums who were at the meeting.
- 8.6 The MVP was approached by NHS England to make a short film to promote good practice in respect of co-production. This took place in March. The film will be shared once produced.
- 8.7 The second MVP AGM will be taking place on Monday 29 April where the partnership will share the successes of 2018/19. An annual report is also being produced.

9.0 Patient Participation Groups (PPG)

- 9.1 The CCGs met with PPG representatives from the Preston West/Central network to discuss how we can support PPG development.
- 9.2 The PPG Network expressed interest in getting more young people involved and is joining forces with North Preston Medical Practice to work with the CCGs to develop a campaign.
- 9.3 The campaign will be co-ordinated and progressed by the CCGs.

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

- 10.1 Engagement activity has been scaled down due to the Purdah period 18 March to 3 May 2019.

11.0 Up and coming engagement

- 11.1 The next event we will be delivering is in respect of the re-design of the Community Restart service on the 24 May 2019.

12.0 Public activity assurance matrix

12.1 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 EDS2 outcome
06.03.19	Email communications	Patient Advisory Group	Sent the PAG the details for the next Health Mela. This included flyers for dissemination to their groups.	The CCGs commissioned CSU to hold a stall on behalf of the CCGs. A number of PAG members attended.	CCG strategic objective 4	1.5
06.03.19	Email communications	Patient Advisory Group	Healthier Lancashire and South Cumbria are hosting a series of free events offering a chance to see what is happening in suicide prevention across your locality , as well as providing opportunities for local people to get involved.	PAG members were invited to attend the events and get involved.	CCG strategic objective 5	1.5
06.03.19	Email communications	Patient Advisory Group	Introduction to Jonathan Bridge, the new Communications Lead at the CCGs	The PAG are aware of who to contact about communications.	CCG strategic objective 5	4.1
06.03.19	Email communications	Patient Advisory Group	PAG members were invited to participate in a review of the OHOC website, focusing on the way we share information with stakeholders and the public.	The workshop took place on 14 March and two PAG members attended.	CCG strategic objective 5	4.1

Date (2019)	Type	Organisation / Group	Details / Activity	Outcome	Link to CCG Strategic Plans	Main EDS2 outcome
06.03.19	Email communication	PAG and IN	The CCGs invited the public to attend a NICE Question Time and Board meeting in Lancaster which was scheduled to take place on Wednesday 20 March 2019.	We have had no respondents to date.	CCG strategic objective 5	4.1
07.03.19	Email communication	Patient Advisory Group	Creating a future of health and care system for central Lancashire information leaflet.	The PAG have a better understanding of the ICP and have supported the development of a public information leaflet explaining what this is and why we are changing the way we are working.	CCG strategic objective 5	4.1
12.03.19	Email communication	Patient Advisory Group	LCFT are offering a range of free courses that serve to help people learn new skills and improve their wellbeing through a range of mechanisms for people over 18 in central Lancashire.	PAG members received this information with the options of attending and / or disseminating the information for others to attend.	CCG strategic objective 4	1.5
12.03.19	Email communication	Patient Advisory Group	Public information <ul style="list-style-type: none"> Investing in the emotional wellbeing of our babies is a wonderful way to invest in the future. Baby Brain Facts 	PAG members are more aware how to tackle adversity, support early relationships and healthier brains to create better futures.	CCG strategic objective 4	1.5
13.03.19	Email communication	Patient Advisory Group	Public information: We shared an easy read version of the NHS Long Term Plan.	PAG members appreciated this version of the plan and one requested it in larger format.	CCG strategic objective 1	4.1

Date (2019)	Type	Organisation / Group	Details / Activity	Outcome	Link to CCG Strategic Plans	Main EDS2 outcome
15.03.19	Email communication	PAG, IN and YPHAs	Public involvement The CCGs provided an opportunity for the public to attend a 'Community Restart' workshop on 24.05.2019.	We have had no respondents to date.	CCG strategic objective 1	1.1
20.03.19	Email communication	Patient Advisory Group	The CCGs shared an employment opportunity from See Ability to be an eye care champion for people with learning disabilities or autism.	No PAG members provided feedback on this opportunity.	CCG strategic objective 1	4.1
21.03.19	Email communication	Patient Advisory Group	Informed the PAG of Lionel Barker, chair has died.	Received a number of condolences and telephone calls and provided support to PAG as required.	CCG strategic objective 1	4.1
27.03.19	Email communication	Patient Advisory Group	The CCGs requested support from PAG. We identified an issue relating to people who have had a previous case of Escherichia coli (E-coli) who may be vulnerable.	The people who got back in touch with the CCG have received preventative information to help them to stay well.	CCG strategic objective 1	1.5
01.04.19	Email communication	Patient Advisory Group	We shared an explanation of PURDAH and the information for the next PAG meeting.	There is no hot topic arranged due to PURDAH.	CCG strategic objective 5	4.1
15.04.2019	Email communication	Patient Advisory Group	The CCGs sent PAG members an invitation to the Lancashire Teaching Hospital 'Our Health Day'. They were also asked to share this with their associated groups.	No PAG members provided feedback on this opportunity.	CCG strategic objective 4	1.5

13.0 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. 	
	Maternity Voices Partnership	Ongoing	Membership	Increase service user attendance	<ul style="list-style-type: none"> Membership is continually being monitored to ensure MVP members represent the protected characteristics 	

Engagement type	Engagement activity	Date completed	Activity description	KPIs	Evidence and notes	Status
	(MVP)			Attract a more diverse membership	and beyond. • Target recruitment to diverse groups	
		Ongoing	Work Plan	Annual calendar of topics developed 2018/19	• 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 206. This is an increase of 83 people, or 67.5% 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 92 members. This is an increase of 54 people, or 142%,	
Stakeholder Events / Awareness	Events (health) calendar	April 2019	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	During this reporting period we have raised awareness of 12 topics / events: February 28 Rare Disease Day March 1 Ovarian Cancer Awareness Month March 8 International Women's Day March 13 National No Smoking Day March 15 Red Nose Day March 24 World TB Day 2019 April 2 World Autism Awareness Day April 6 Preston Health Mela	

Engagement type	Engagement activity	Date completed	Activity description	KPIs	Evidence and notes	Status
					April 7 World Health Day 2019 April 11 World Parkinson's Awareness 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 internal and external meetings	<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 cancelled due to bereavement. Re-scheduled for the November GB meeting 28.11.18; perinatal mental health 23.01.19; Moving Well service March 2019 – no patient story GPCCG <ul style="list-style-type: none"> 24 May 2018 	

Engagement type	Engagement activity	Date completed	Activity description	KPIs	Evidence and notes	Status
					<ul style="list-style-type: none"> 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 March 2019 - No patient story 	
				<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 and meetings		South Ribble Borough Council <ul style="list-style-type: none"> South Ribble Partnership Community Safety Partnership MH2K Change talks 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		<ul style="list-style-type: none"> Attendance and input into VCFS meetings and networks 	

Engagement type	Engagement activity	Date completed	Activity description	KPIs	Evidence and notes	Status
			VCFS		<ul style="list-style-type: none"> 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 nursing homes 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	Annually or as	Use a variety of methods to	Staff lunch and learn sessions.	Lunch and Learn calendar developed for 2018/19	

Engagement type	Engagement activity	Date completed	Activity description	KPIs	Evidence and notes	Status
	of patient involvement.	required.	promote the importance of patient voice.		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 			<p>Patient and public surveys being undertaken</p> <p>Targeted consultation in respect of the CCGs customer care and complaints policy</p>	

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.

1.1 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:

- Equality Act (2010) by ensuring the provider services we commission is available to all people in our local communities, specifically those with protected characteristics.
- Human Rights Act (1998) ensuring the human rights of the people in our communities are respected when accessing the services we commission.
- 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.

1.2 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.

1.3 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.

1.4 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.

2.1 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.

- 2.2 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.**
- 3.1 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.
- 3.2 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.
- 3.3 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.
- 3.4 The CCGs also reward innovation incentives, known as CQUINs, to improve health and care for local people now and in the future.
- 3.5 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.
- 3.6 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.**
- 4.1 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).
- 4.2 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.

4.3 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.

4.4 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.

5.1 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.

5.2 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.

5.3 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.

6.1 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.

6.2 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.

6.3 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.

- 7.1 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.
- 7.2 This stakeholder inclusive process ensures the decisions we make are open and accountable to our patients, their carers and the local communities.
- 7.3 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 and outcomes
2. Commission care so that it is integrated and ensures an appropriate balance between in-hospital and out-of-hospital provision
3. Help engineer a financially sustainable health economy
4. Ensure patients are at the centre of the planning and management of their own care, and that their voices are heard
5. Be a well-run clinical commissioning group and the system leader

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.

