

Patient and Public Involvement Assurance Report

29 June to 28 August 2019

Patient Voice Committee (PVC)

4 September 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 0-25	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	Half way touch	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:

- **People on benefits 09.07.2019:** The Equality and Diversity Lead and the Engagement Officer met with people who claim social benefits at the Home Start in Chorley.
- **Feedback:** The majority of people in this group highlighted the importance of having services closer to home and accessible. This includes physical accessibility, with the appropriate professional and at the time when the appointment is required.

- **Pregnancy and maternity 15.07.2019:** The Equality and Diversity Lead met with the central Lancashire Maternity Voices Partnership (MVP).
 - **Feedback:** Feedback from this group will be fed into the OHOC and digital technology work streams.
- **Lancashire Women’s centre, Preston 18.07.2019:** The Equality and Diversity Lead met with a group of women who shared their experiences of local health services.
 - **Feedback:** The women raised some concerns about health and care services. Information on how to complain to providers and contact the CCG Customer Care team has been provided and the concerns have been shared with the appropriate CCG staff.
- **Women’s Refuge, Preston 31.07.2019:** The Equality and Diversity Lead and the Engagement Officer met with people who have been made homeless due to domestic violence and are living in a women’s refuge with their children.
 - **Feedback:** The main concerns of this group were getting appointments and their medication. This will be included in the OHOC and digital work streams.

4.0 CCG workforce and partnerships

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

Date	Topic
04.07.2019	Deaf Pathways
19.06.2019	End of Life

- **Deaf Pathways:** Sue Gardam, N-Compass shared a number of case studies from the people that she has been supporting across Lancashire.
- **End of Life Care:** Ceri Mansell. CCG shared an update of the work undertaken by the CCGs for end of life care. The feedback highlighted that this was helpful from a work and personal perspective for staff.

4.2 Central Lancashire Local Asset Review – creating healthy places:

4.3 The purpose of this session was to feedback on the findings from the first workshop and share how key stakeholder’s input has influenced the vision for local built infrastructure to support Central Lancashire.

4.4 To explore a number of areas through a combination of presentations and interactive activities. Some areas of focus include:

- What are the emerging space requirements for neighbourhood delivery?
- How can we make best use of resources across West Lancashire?
- Re-thinking the 'estate': challenging our perceptions of space and place
- What goes where – how do we prioritise who uses the space?

4.5 The CCGs identified the lack of public involvement in this process and offered to undertake a mini workshop with the Young People's Health Advocates (YPHA) on 16 July 2019 and Patient Advisory Group (PAG) on 30 July 2019.

4.6 Their feedback has been shared with the programme partnership coordinator.

4.7 Religion and belief services 11.07.2019

4.8 The Equality and Diversity Lead and Engagement Officer attended a national promoting excellence and inclusive pastoral, spiritual and religious support for all without exception.

- **Feedback:** The pastoral services have identified that some patients are not accessing their services because they are not members of a particular religion. They are looking at changing their titles to be more inclusive of the work they do to support the wellbeing of patients. There are opportunities to improve acute services by utilising this service.

4.9 Learning disability heritage day 12.07.2019

4.10 'Brothers of Charity' supported 'Voice for All', a learning disability group to hold a local heritage day.

- **Feedback:** The event enabled the group to raise awareness of their abilities and display their achievements alongside raising funding for the charity. This group have also offered to deliver a performance at the CCGs annual general meeting (AGM).

4.11 Station Surgery

4.12 Patient engagement in respect of the future of Station Surgery has been completed. The full report will be shared with the Committee once the Primary Care Commissioning Committee has had sight of the report.

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



- Sheila Seal, new Vice Chair

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 (30.072019) PAG welcomed two new and a previous PAG member.

5.4 The hot topic was on Our Health Our Care and was reported as the most informative and well presented to date. The presentation identified the key differences between the options, and also presented the aims and channels around OHOC for the ongoing communications and emerging options.

5.5 The gtd Healthcare update was provided by the CCG. The presentation shared the CCG responses to questions previously asked in the PAG meeting.

5.6 The Vice Chair provided feedback from the recent PVC meeting. PAG members discussed the feedback highlighting some points of interest, reported in the PAG minutes.

5.7 The Engagement Officer reported the activity from the recent Young People's Health Advocates (YPHA) meeting and recruited the Vice Chair to regularly attend the YPHAs meetings going forward.

5.8 Healthwatch provided an update of their engagement activity and the support they are supporting the development of the development of the Integrated Care System (ICS) communications strategy. Healthwatch are undertaking six additional focus groups in Central Lancashire based on ICP requirements. This engagement focuses on

- Veterans
- Lesbian, gay, bisexual people
- Older transgender
- People with long term conditions
- Working age people

5.9 The Equality and Diversity Lead facilitated a Healthyville workshop, which enabled the PAG members to identify which public facing buildings the health and care services should be delivered from (see 4.2).

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. During this period we have had three people sign up to the network via the CCG websites.



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 Engagement Officer held her first YPHAs meeting on 16 July 2019. The meeting included supporting the Midlands and Lancashire Commissioning Support Unit on the delivery of their social media to young people; undertaking an asset review and sharing the best public facing buildings to deliver health and care services from (see 4.2) and discussing how to manage and grow the membership of the group.
- 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 A vice chair has been appointed. Antonia Walsh will be supporting the chair Francesca Seed. Antonia is a local parent and a volunteer for the breastfeeding peer support service Families and Babies.
- 8.2 The July MVP meeting focussed on multiple births and complex pregnancies. Valuable insights were shared with maternity service providers. Attending mums were able to network and share their experiences. Details of the Our Health Our Care programme were shared with attending members. It was agreed to keep the partnership updated with any developments as necessary.
- 8.3 The MVP has attended two events in this period to promote the partnership:
- 6 July 2019 Lancashire Teaching Hospitals maternity unit open day
 - 5 August 2019 Mothercare Preston
- 8.4 Over 100 conversations were held with women and families who received leaflets and other promotional materials.
- 8.5 In an effort to attract more diverse women and families to join the group, the next meeting will be taking place at Sahara in Preston. Sahara is a local voluntary sector organisation working predominantly for the benefit of black and minority ethnic (BME) women. The topic for the meeting is self-referral and booking in.

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

9.1 None to report during this period.

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 The CCGs are leading on an equality impact assessment for the options for the acute sustainability OHOC programme. This will be completed by January 2020.

10.3 Digital work stream

10.4 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.

10.5 The CCGs have 100% with all GP practices having a named digital lead. The first Digital newsletter was shared with all digital leads 19 August 2019. MLCSU are supporting the CCGs to undertake a training needs analysis (TNA) for the digital champions.

10.6 Patient Advisory Group (PAG) meetings

- Tuesday 22 October, 10:00am – 12:30pm
- Tuesday 28 January 2020, 10:00am – 12:30pm

10.7 Equality Delivery System (EDS)

- Public training – Tuesday 24 September, 10:00am – 12:30pm
- Public grading – Tuesday 8 October, 09:00am – 1:00pm

10.8 Maternity Voice Partnership (MVP) meeting

- Tuesday 10 September, 10.30 – 1pm

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
29.06	Recruitment	PAG	Two PAG members volunteered to attend PVC.	One of the members has agreed to attend PVC going forward.	CCG strategic objectives 5	1.1
24.07	Information	PAG	Feedback to PAG regarding the Gynaecology services.	Thankfully received.	CCG strategic objectives 1	1.1
25.07	Information	PAG	Our Health Our Care promotional video.	Positive feedback and appreciated the information.	CCG strategic objectives 5	1.5
29.07	PAG papers	PAG	Shared the PAG agenda and minutes from the last meeting.	To share the minutes a week before the meeting.	CCG strategic objectives 5	1.1
5.08	PAG papers	PAG	Shared the PAG minutes from the last meeting 30.07.2019.	Thankfully received.	CCG strategic objectives 5	1.1
13.08	Information	PAG	PAG pre-consultation materials and infographics.	Positive feedback from PAG members.	CCG strategic objectives 5	1.5
27.08	Involvement	PAG	Opportunity to become involved in the End of Life Steering Group in partnership with St Catherine's Hospice.	Four PAG members have put their name forward.	CCG strategic objectives 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. There have been a number of changes in the membership, which have largely been due to some members not attending or job roles changing. There are currently 42 PAG members representing local communities and 2 members of staff who support the PAG. 	
		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. Membership aligns to YPIN. There are currently 84 members. 	
		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. 	

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 for the period 2019/20	<ul style="list-style-type: none"> Service user feedback shared with maternity services. 	
Patient Involvement online Networks	iNvolvement Network	Ongoing	Baseline at 25 May 2018 is 0	Increase membership by 5% per reporting period	Membership of the Involvement network is 129.	
	Young Peoples iNvolvement Network (YPIN)	Ongoing	Baseline at 25 May 2018 is 0	Increase membership by 2.5% per reporting period	There are currently 84 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	During this reporting period we have raised awareness of 12 topics / events: <ul style="list-style-type: none"> World well-being week – 24th June to 28th June Clean Air Day – 20th June Loneliness Awareness Week – 17th June to 21st June Breastfeeding Celebration Week – 17th June to 21st June Men's Health Month – Throughout June Diabetes Week - 10th June to 16th June 	

Engagement type	Engagement activity	Date completed	Activity description	KPIs	Evidence and notes	Status
					<ul style="list-style-type: none"> • Cervical Screening Awareness Week – 10th June to 16th June • Health Education’s ‘We are Returning Nurses’ Campaign – Ongoing • Child Safety Week – 3rd June to 9th June • World Heart Rhythm Week – 3rd June to 9th June • World No Tobacco Day – 31st May • Dementia Action Week – 20th May to 26th May • Mental Health Awareness Week – 13th May to 19th May. • International Nurses Day – 12th May • #ICON campaign (Babies cry, you can cope!) 	
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"> • One patient story to be presented at each Governing Body meeting 	<p>Patient story presented at each Governing Body meetings for the period 2019/20.</p>	

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"> 24.07.2019 Fibromyalgia – positive experience of the pain service GPCCG <ul style="list-style-type: none"> 25.07.2019 Fibromyalgia – positive experience of the pain 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 and meetings		Next steps: <ul style="list-style-type: none"> OHOC with diverse communities Digital technology with diverse communities 	
		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 	

Engagement type	Engagement activity	Date completed	Activity description	KPIs	Evidence and notes	Status
					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	Seldom heard groups	As required		Specific to projects/ campaigns: There has been no planned engagement during this period.	Ongoing as part of OHOC engagement. <ul style="list-style-type: none"> 	
	Station surgery patient engagement	31 July 2019	Face to face Online engagement to support future arrangements for the surgery following the death of a single handed practice GP		<ul style="list-style-type: none"> Online / hard copy survey Drop in sessions Face to face meetings Social media Question cards Customer Care activity 	
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 2019 5 February – Harmful practices 10 May Ramsay CQUIN – Never Events 19 June Digital work stream 4 July Hidden People with hearing loss 27 Aug End of life	
	Engagement with commissioned providers on	As required	Work with our providers to improve the services we	Specific to individual projects.	<ul style="list-style-type: none"> Lancashire and South Cumbria ICS Our Health, Our Care Programme Out of hospital strategy 	

Engagement type	Engagement activity	Date completed	Activity description	KPIs	Evidence and notes	Status
	plans		commission		<ul style="list-style-type: none"> Digital technology 	
	Policy development on an ICS footprint	May – July 2019	<ul style="list-style-type: none"> Policy for the Surgical Treatment of Carpel Tunnel Syndrome; Policy for Tonsillectomy/Adeno-Tonsillectomy; Policy for the Surgical Release of Trigger Finger; Policy for the Management of Otitis Media with Effusion (OME) using Grommets (the treatment of glue ear in children); Policy for Breast Reduction Surgery (separated from the existing Cosmetics policy); Policy for the Surgical Management of Gynaecomastia (enlarged male breasts) – separated from the existing Cosmetics policy; Policy for the Removal of Benign Skin Lesions (separated from the existing Cosmetics policy) 		<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>	

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 in-hospital and out-of-hospital provision.
3. Be an integral part of a financially sustainable health economy.
4. Ensure the patients are at the centre of the planning and management of their own care and their voices are heard.
5. Be seen as 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.

