

Governing Body (public) meeting

DATE: 27 November 2014

Title	Annual Engagement Report: Involving People 2013-14	
Recommended action for the Governing Body	That the Governing Body: Approve: the annual report on engagement	
Executive summary	Under Section 14Z15 of the Health and Social Care Act, CCGs are required to produce an annual report outlining how they have discharged duties in relation to involving patients and the public in the planning, development and consideration of proposals for the commissioning of services.	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	✓
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key risks <small>(corporate and/or clinical)</small>	Providing assurance the CCG is meeting statutory requirements for engagement set out in the Health and Social Care Act 2012.
	Equality and diversity	Ensuring patients and public have appropriate and equitable opportunities to engage and feedback views.
	Patient impact	Demonstrating the high value placed on patient and public involvement and wide range of engagement undertaken by the CCG.
	Financial	None.

Clinical Commissioning Group

	Legal issues	All CCGs have a duty to produce an annual report setting out how it has involved the public in its commissioning arrangements for the preceding year (section 14Z15: Health and Social Care Act 2012).
	NHS constitution	Ensuring compliance with relevant legislation and policies.
Consultation (public, member or other)	The report was presented and discussed with Bexley Patient Council during their meeting in October 2014. Healthwatch Bexley provided a statement which is included in section 6 of the report.	
Audit (considered/approved by other committees/groups)		
Communications plan		
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Date	14 November 2014	

Involving people

Annual report 2013-14

Report on participation duties (Health and Social Care Act 2012)

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Date submitted to regional team:	30/9/14

This publication will be reported to the November meeting of the NHS Bexley CCG Governing Body

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Note: this report covers NHS Bexley CCG activity in the year 1 April 2013 to 31 March 2014

FOREWORD

I would like to welcome you to our involving people annual report.

Since 2009 NHS organisations have had a duty to tell the public about engagement and consultation activities which have helped shape the services commissioned (bought) on behalf of local people.

Rather than limit our report to just the pieces of work that fall within this duty we feel that this is a great opportunity to let you know about the wide range of work that the public have had the opportunity to be involved in. This year has been a busy one and this document captures the work that has taken place to involve people in what the Clinical Commissioning Group (CCG) is doing.

The report shows just how much has been done and the valuable feedback we received. As a CCG we wanted to continuously improve and develop the ways in which we engage and you can see the new things we have done and how public feedback helped to shape local services – be it from the way we provide information, right through to shaping our commissioning priorities and service reviews.

We would like to thank everyone who has contributed during the year with their views and thoughts to tell us what they think of the services we commission. We are also grateful to our partner organisations for working with us to engage Bexley people so that together we can improve health and reduce inequalities.

Sandra Wakeford
Lay Member, Patient & Public Involvement

INTRODUCTION

We recognise the vital importance of shaping and designing local services with the active involvement of local people and patients. We know that excellent engagement will help us to better understand our communities and how we can best develop and support resilience and respond to needs. Excellent engagement with patients, public, and our partners, is critical in achieving our mission to improve health and reduce health inequalities of Bexley people and to commission the highest quality health services on their behalf’.

As a commissioning organisation we seek continuous dialogue with Bexley patients and residents, attending community events, meeting groups and taking part in public meetings, working with patient organisations and by supporting the development of Bexley Patient Council as well as patient groups in our GP practices. We have our Governing Body meetings in public and we rigorously pursue quality and an excellent experience for our patients through contracts we hold with providers of healthcare services. We act on patient feedback including complaints, compliments and mystery shopper feedback.

We use a range of approaches to engage with Bexley’s diverse population. We seek to involve local people in all our key programmes and throughout the commissioning cycle: in identifying health needs and aspirations; in decisions about priorities and strategies; in service redesign and improvement; and in procurement and monitoring of services.

About this report

The Health and Social Care Act 2012 sets out two complementary duties for clinical commissioning groups (CCGs) with respect to individual and public participation. CCGs must:

1. promote the involvement of patients and carers in decisions which relate to their care and treatment, and
2. involve patients and the public in the full extent of their commissioning activities

The first duty - individual participation. This requires CCGs to ensure they commission services which promote the involvement of patients across the full spectrum of prevention or diagnosis, care planning, treatment and care management which may include:

- Personalised care planning, including “patient choice” and the option of a personal health budget when a person is eligible
- Shared decision making, regarding individual episodes of care and longer term care
- Self-care and self-management support to better manage health and prevent illness

- Information with targeted support to enable patients to be more in control of their health

The second duty – public participation. This places a requirement on CCGs to ensure public involvement and consultation in commissioning processes, decisions and activities, which may include involvement in:

- Planning of commissioning arrangements, which might include considering how resources are allocated, assessing need and specifying services
- Proposed changes to services which may impact on patients
- Procurement of services, which might involve patients and the public being part of the procurement project team
- Monitoring, insight and evaluation of services being commissioned

Reporting duty

The Health and Social Care Act and subsequent guidance also require CCGs to report against both of these duties and publish annually:

- How they have involved patients and the public in the full range of their commissioning activity during the previous year;
- engagement work that is planned or in progress for the current year;
- how they have taken forward the 'patients in control' agenda in their capacity as commissioners

SECTION ONE: context setting

1.1 Bexley's population, headlines and health challenges

Generally the health of Bexley's residents is good in comparison with the rest of the country; however, there are some areas where the health of the local population is likely to worsen in the future.

A document called the Joint Strategic Needs Assessment (JSNA), produced by the local authority and the CCG identifies seven priority health issues affecting Bexley residents:

- Obesity
- Diabetes
- Dementia
- Cancer
- Audiology
- Cardiovascular disease
- Asthma

The health and wellbeing strategy for Bexley also tackles issues that affect the health and wellbeing of Bexley residents. It has four specific aims: 1) tackling childhood and adult obesity and promoting healthy choices; 2) improving work to prevent diabetes and supporting those with the disease; 3) supporting people with addictions – including smoking, alcohol and drugs; 4) supporting residents and their families affected by dementia.

The key priorities set out in the health and wellbeing strategy as well as the issues prioritised in the JSNA helps the CCG to plan, prioritise and identify which services need improvement or change. Whilst Bexley is a borough that has much to celebrate at the same time we recognise that more needs to be done before we can be sure that all citizens experience the highest levels of health and wellbeing

Detailed information about the health of Bexley's population is contained within the [JSNA](#)

- The population of Bexley is approximately 230,00 and continues to increase (this is predicted to continue over the next 20 years)
- 52% of Bexley's population is female and 48% male
- 16% of the population is over the age of 65 and is the fastest growing age group in the borough
- Life expectancy is above the national average but is 7.8 years lower for men and 3.4 years lower for women in the most deprived areas of Bexley compared to more affluent parts of the borough
- The number of people diagnosed with diabetes in Bexley is above the England average (more than 11,000 people in the borough have diabetes)

- Just over 26% are classified as obese, nearly twice the national average
- About 21% of year six children are classified as obese, higher than the average for England

There are two significant key messages emerging from Bexley demographics:

1. Bexley's population is changing and growing, with particular changes occurring amongst the older population, children and young people and increasing ethnic diversity.
2. Despite being around average in relation to deprivation and health (nationally) Bexley has significant areas of poor health, exclusion and deprivation

1.2 Our vision for Bexley health services

We know that the population of Bexley is increasing and that people are now living longer. Meanwhile medical technology continues to advance as new or improved treatment and medicines are made available to patients. This means there is more demand than ever on our health services, and this demand is continuing to increase.

Our vision is for Bexley residents to stay in better health for longer, with the support of good quality integrated care, available as close to home as possible – backed up by accessible, safe and expert hospital services when they are needed.

To continue to provide a high quality health service, we have to make significant changes over the next few years. For the next five years we have developed an overarching strategy for what we want to achieve and how we organise our plans. This is called our *Commissioning Intentions*, which is centred on five key challenges:

- Health promotion and preventing ill health
- Integrating services in order to provide more care close to home
- Ensuring people are only admitted to hospital when absolutely necessary and helping older people to live independently for longer
- Ensuring services are of a consistently high quality and continuously improve
- Commissioning services of high quality and good performance standards, high levels of efficiency, productivity and value for money

1.3 Working in partnership with local people

We are dedicated to commissioning the best possible health services for the people of Bexley. We believe that excellent engagement will help us to better understand the needs and expectations of local people and how we respond to those needs. We aim to put the experience of our patients and the aspirations of our public at the heart of what we do. Our Communications and Engagement Strategy sets out five key objectives for communicating with and involving patients, members of the public and wider Bexley stakeholders in CCG decision-making:

- Build public and stakeholder confidence in our CCG and its leadership

- Meaningfully engage with patients, carers and communities to ensure their systematic involvement in the commissioning of health services for local people
- Encourage strong clinical engagement from constituent practices and wider local professional groups to ensure that clinical insights have a tangible impact and add value to the commissioning process
- Ensure open and transparent governance and leadership in our CCG
- Promote equality and provide evidence for the Equality Delivery System for protected groups through our work and publication of equality objectives

We have a strong track record of involving local people in decision-making and consciously adopt a plethora of approaches to our engagement work to best match the styles of communication of our diverse population. In the last year this has meant working systematically to ensure that we use all contact we have with our communities to learn about how best together we can improve health, improve quality and reduce inequalities in health.

NHS Bexley Clinical Commissioning Group's [Communications and Engagement Strategy](#) Communications and Engagement Strategy can be found on our website.

1.4 Structure and resources for engagement

Engaging patients and the public in the work of the CCG is the job of all commissioners, and working in partnership with our communities is a priority for the CCG.

The CCG's Patient Experience Team supports collective patient and public involvement. The engagement function covers:

- fulfilling statutory engagement duties and providing assurance as required to governing body and NHS England
- development and coordination of delivery of objectives set out in the engagement and communications strategy
- planning engagement support at both organisation and programme level
- building engagement skills and knowledge of staff, governing body and membership
- managing relationships with key stakeholders – Bexley Patient Council, Patient Participation Groups, community forums/groups and Healthwatch

SECTION TWO: developing the infrastructure for engagement and participation

2.1 Collaborative working

Working collaboratively with others has been a key foundation of the CCG's approach in this first year. As members of the Health and Wellbeing Board for Bexley we work closely with colleagues in the local authority, local trusts, NHS England and Healthwatch to ensure that our combined efforts have the greatest impact and to oversee the delivery of the Health and Wellbeing Strategy for Bexley.

We work together with other CCGs, across south-east London in particular, on areas where our local strategies find common ground, and are currently developing a joint strategy for south-east London's NHS, in collaboration with NHS England and our local authorities. Our work with health partners in south-east London enables us to appropriately pick up on issues following on from the work of the Trust Special Administrator (TSA) for South London Healthcare NHS Trust, which has concluded.

2.2 Working with Healthwatch and other networks, channels and groups

Where possible we use existing networks, channels and groups for strategic conversations for example Bexley Patient Council, Patient Participation Groups, voluntary and community sector forums, Neighbourhood Forums and Healthwatch.

We regularly make extensive use of all local networks to engage and update them on the development and progress made by the CCG. This includes regular forums for stakeholders, such as the commissioning intentions events, which provided an opportunity for stakeholders to feed into the development of CCG plans for 2014/15 and beyond

Healthwatch is the independent consumer champion created to gather and represent the views of the public. It plays a role at both national and local level to make sure that the views of the public and people who use services are heard. We have regular briefings and information-sharing sessions with Healthwatch members and staff to ensure they are up to date with projects and plans for health in Bexley. Healthwatch is a member of the Quality and Safety committee, which considers patient experience about the quality of services, and is also represented on Bexley Patient Council.

2.3 Local democratic channels and representatives

We produce regular briefings for MPs and councillors and reports to local authority Scrutiny Committees. We also have a constructive relationship with our Scrutiny Committee outside of formal meetings; we offer informal briefings and Scrutiny has a place alongside Healthwatch and the voluntary sector on the South-east London-wide Stakeholder Reference Group, which advises and comments on engagement and communications activity and plans that concern more than one CCG area.

In the last year we have had opportunities to discuss with elected members the new commissioning arrangements for Bexley as well as a number of more specific issues. These have included:

- the development of Bexley CCG and South-east London Commissioning Strategies;
- the South-east London NHS 111 urgent care programme;

2.4 Governing Body

We hold meetings in public and increasingly popular and valued public forums where anyone can start a discussion with us on any matter; our papers are published online; we have an engagement champion and a lay member with a remit for patient and public involvement.

2.5 Bexley Patient Council

The patient council is at the heart of Bexley CCG and provides a patient perspective to address health matters that are important to local people. The CCG want people in Bexley to have a voice and help us deliver services that provide better patient experiences and improved patient outcomes. The patient council ensures there is appropriate engagement in CCG decision making and that engagement happens in a timely way

The CCG has shown great commitment in supporting council members and strives to ensure membership is diverse and representative of all communities in Bexley. The patient council is made up of 25 champions and the chair and vice chair have a formal role in the CCG governing body. Representatives include Bexley CCG lay member, patient participation group representative from across all three localities in Bexley and a representative from Healthwatch. An invitation is also extended to the local voluntary services council. The patient council meet every 6 – 8 weeks and their minutes are presented to the governing body and are available to the public via the CCG website.

The patient council has been heavily engaged and had complete oversight of the CCG's largest programmes, from service re-design to the transformation of hospital services. In the past year (2013/14) a number of projects and programmes of work were successfully delivered with the patient council playing an integral role. These include; the new integrated musculoskeletal service; re-design of the cardiology service; re-procurement of community clinics; user testing on the targeted medicines management campaign and the initiation of the Queen Mary's Hospital re-development programme.

2013/4 has been a very productive year for the patient council who are looking forward to working with the CCG in 2014/15 to help ensure that patients and the public continue to be put at the forefront of everything the CCG does.

2.6 Annual engagement plans

Our major programmes of work develop plans for communications and engagement. We have patient/lay representation on many of our working groups and have also undertaken surveys, interviews and focus group discussions on a range of our priority areas in the last year. Examples include undertaking significant outreach to promote the Call to Action programme, engagement on the transition and transformation plans at Queen Mary's Hospital and working with patients and key groups on the development of our commissioning intentions.

2.7 Supporting patient participation groups

Most of our member practices support opportunities for patients to have an active influence on quality and service development through practice-based patient participation groups or PPGs. We have six representatives from PPGs on our patient council and are developing new ways of working with the Bexley Patient Participation Group Network.

2.8 Patient experience and insight

We gather information on patient satisfaction from a huge range of sources and feed this into local and regional commissioning activity principally through contract monitoring arrangements and reports and discussion at our Quality and Safety Committees, which are also shared with the governing body. We describe this in detail in Section Four.

SECTION THREE: engagement and participation activity meeting the collective duty

3.1 NHS England 'Call to Action'

The '*Call to Action*' from NHS England came in August 2013.

NHS England's call was to citizens and services, to look at how health services were performing, to consider future challenges facing health and care services, and to creatively and collaboratively identify and seize new opportunities to secure the health and wellbeing of the populations, as well as a future NHS.

Its message, tone and areas of enquiry were very much echoing our own local enquiry, and so we took the opportunity to share with NHS England in December 2013 an overview of and the themes to have emerged from our local conversations in order to help them identify the emerging London themes and to inform their plan for further London-wide engagement.

3.2 South-east London Commissioning Strategy

South-east London CCGs have joined together to develop a five-year Commissioning Strategy that will enable them collectively to improve the health of people in south east London, reduce health inequalities, improve quality standards and to deliver a health care system which is clinically and financially sustainable. This will build on each CCG's local needs and plans and will focus on areas where CCGs can work more effectively together to tackle issues of common concern. The programme's approach has a strong focus on engagement, aiming to co-design with partners, including patients and local people. Initial thinking is being developed and amended through the engagement process. The process of engagement supported thinking on the development of the seven key areas of focus for the Strategy:

- Primary and community care
- Long-term conditions - physical and mental health
- Planned care
- Urgent and emergency care
- Maternity
- Children and young people
- Cancer

Engagement to date includes:

- Understanding feedback from the 'Call to Action' engagement activities across all six CCGs from 2013 and using this to inform the emerging draft case for change for south-east London
- Understanding feedback on local strategies during 2013 and 2014 and using this to inform the developing draft strategy

- Testing early thinking on the emerging draft case for change with the independently-chaired South East London CCG Stakeholder Reference Group (SRG) in December 2013.
- Using feedback to inform development of engagement plans and resources for engagement on the full draft case for change and the emerging strategic opportunities across south east London from January/ February 2014.
- Sharing the full draft the case for change, the emerging strategic opportunities across south east London and the draft vision and ambition through south east London's CCGs', NHS providers' and local authorities via Partnership Group, SRG membership, Healthwatch and clinicians via Clinical Executive Group from February 2014
- Publishing plain English and technical summary versions of the draft case for change and emerging strategic opportunities for on-line engagement with local people and clinicians via "get involved" webpages on all six CCGs' websites from March 2014.
- Regular updates on the strategy development at local public meetings of CCGs' Governing Bodies and Health and Well-Being Boards.
- Updating CCGs' GP memberships via CCGs on clinical developments and progress with the strategy.
- Recruiting patient and public voices and Healthwatch for direct involvement in the development and shaping of the strategy by working as members of the seven clinical leadership groups and three overarching governance groups. A public recruitment process for more patient and public voices is underway and a package of support for their continued engagement has been put in place. This includes establishment of a Patient and Public Advisory Group as the collective forum for the strategy's patient and public voices and Healthwatch representatives.

Engagement approaches and methods

Engagement is being undertaken through a number of complementary activities, including the following:

- Using existing borough-level channels and planned activities, supplemented by engagement on a wider basis where this is helpful. Initial engagement included developing the emerging and draft case for change, testing emerging strategic opportunities across south east London and the scope and vision and the ambition of the programme. The focus of engagement is moving onto priorities and proposed models of care as the programme develops and will cover, amongst other issues, prevention (in the broadest sense) and making best use of community assets and resources
- Healthwatch representatives and local patient and public voices have been recruited and are members of each of the seven clinical leadership groups, working with clinicians and social care leads from organisations across south east London on clinical design activities for service improvements and proposed models of care
- Healthwatch representatives and local patient and public voices are members of the strategy programme's over-arching strategic groups, including the

Partnership Group, Clinical Executive Group and the Clinical Commissioning Board, working on shaping the overall strategy

- An early Equalities Impact Assessment has been carried out to ensure that the strategy has considered, from the outset, the potential impact on those groups of people protected under the Equality Act 2010 and the additional south east London groups who are considered to have specific engagement needs (carers and people living on low income/ in relative poverty); to ensure that plans for further engagement – locally and more widely – are targeted appropriately to reach local people and communities whose voices are seldom heard
- Two wider engagement events were held prior to the 20 June 2014 submission of the early strategy document. More than 100 people from voluntary and community stakeholder organisations across south east London attended the events. There was broad support for the direction of travel
- More wider engagement events are planned between July and December 2014 in addition to increased local engagement activity within CCGs and with partner organisations
- Participating in events organised by south east London-based voluntary organisations and other stakeholders where the aim or content is relevant to the development of the strategy
- Market research: an independently-run telephone survey with representative samples of local populations to gain deeper insight into local people's views on priority areas for the strategy's seven Clinical Leadership Groups were carried out in July and August 2014. This is being supplemented with more in-depth face-to-face surveys with groups of people with those protected characteristics for which it would not be realistic to obtain a statistically valid sample through the telephone survey route. These individuals were contacted via local community groups and surveyed in July and August 2014 via in-depth interviews by an independent research company.

Further engagement (April - July 2014)

Wider testing of the work of the clinical leadership groups and the overall shaping of the strategy was carried out during June 2014 via two south east London-wide engagement events involving more than 100 invited representatives of voluntary and public stakeholder groups and led by clinicians, social care professionals and commissioning leads. Rich feedback was provided by these events. Participants welcomed the overall direction of the strategy. Detailed feedback was gathered and is being used directly to inform further strategy development and engagement.

Key messages include:

- Participants agreed with most of what they had seen of the draft strategy. A need for more detail on some of the aims was expressed, with helpful suggestions for additional focus areas
- Participants broadly agreed the case for change reflected their experiences.
- Participants broadly agreed with the strategy's clinical themes which they explored. A need for further detail, focus on certain elements and helpful additional suggestions were made

Ideas for development included:

- Involving the voluntary sector more directly in service delivery and design
- Provision of effective signposting and information sharing to support improved access
- Important elements of building community resilience would include: supporting self-management, supporting carers, and recognising the influence of socio-economic factors on health outcomes
- Bringing mental health into more explicit focus
- The importance of education in prevention and in supporting wellbeing
- Public engagement via CCGs resumed post local elections with the draft strategy document published and discussed in public at Governing Body meetings from early June 2014. Direct re-engagement of key local stakeholders began in early June 2014 via written briefings from CCGs' Chief Officers. A number of CCG-led stakeholder events and involvement in local community events took place during June and July 2014. Additionally, political re-engagement post-elections began with written briefings for local politicians and Scrutiny members.

Arrangements to secure patient and public participation in the programme's future work

The following arrangements have been put in place to enable active participation of patients and local people in the clinical design and shaping of the overall strategy and will be developed as the strategy moves into a further phase of significant engagement and starts looking at the impact of proposed interventions on individual organisations and institutions:

Clinical Leadership Groups – A Healthwatch representative plus three additional patient/public voices on each of the seven Clinical Leadership Groups participate in the work for planning service improvements and proposed models of care.

Clinical Executive Group, Partnership Group and Clinical Commissioning Board – A Healthwatch representative plus two patient and public voices participate in each of these over-arching strategic groups in shaping the overall strategy for south east London.

Patient and Public Advisory Group (PPAG) – this group has been established as a collective forum bringing together the strategy's patient and public voices, Healthwatch representatives and potentially in the future, other local stakeholders with an interest in the strategy, to share messages from different groups and to provide peer support. PPAG has established a Reading Panel to advise the strategy on accessibility of public-facing communications and wider engagement resources. PPAG reports to the strategy's Clinical Executive Group. Its work is complementary to the

independent advisory role to the strategy of the South East London CCG Stakeholder Reference Group.

The programme team is providing a full package of support for patient and public voices to support their active involvement in the strategy development and their role in bringing a wide range of voices from their constituent groups. This includes:

- Provision of a high-level role description outlining how participants may contribute to groups, clarifying the level of commitment expected by participants and the support available to them in their role
- Ensuring participants are adequately briefed for meetings and workshops via a named “programme link” – including overview of programme in advance of first meeting, collecting and disseminating their feedback more widely within the programme as appropriate and supporting them, as required, to feedback to their constituent groups and communities.
- Establishing additional support arrangements for participants tailored to their identified needs.
- Supporting the work of the Patient and Public Advisory Group in communicating the role and work of patient and public voices more widely. A public recruitment programme to bring more patient and public voices into the strategy development work is currently underway. This process is being informed by the recommendations of the early Equalities Impact Assessment.

3.3 Mental Health Recovery and Wellbeing

During 2013/14 the London Borough of Bexley and NHS Bexley CCG jointly undertook a service redesign of mental health day services provision. A new service specification was developed in partnership with existing providers and service users focusing on recovery and independence.

The service was tendered in three lots:

- Employment hub
- Wellbeing centre
- Planning and resource centre

Consultation took place to define the outcomes needed from the re-tender of the contract and the best way to deliver services within the borough for service users who had used the Crayford Centre.

All service users of the Crayford Centre had the opportunity to contribute through user groups. Family and carers were also consulted by the London Borough of Bexley. A service user representative group was established and service users nominated by their peers to be part of the procurement panel. Two service users were nominated to be full members of the procurement panel. Users played a full role in evaluating prospective providers through to contract award.

People were specifically asked to comment on the service design, outcomes from the service and also to participate in selecting the new provider through representation.

During the consultation service users told us they were concerned regarding the closure of the building, as this had been a base for many for a long period of time. Some service users had difficulty separating the service from the building and work was undertaken with them through a range of meetings and user representatives groups to separate the two elements out and help define the new service.

Written updates were provide for service users and carers throughout the process to ensure what was happening and why, and how service users could contribute further was clear.

The tender process was completed in February 2014 and the contract awarded to MIND in Bexley for all three lots within the tender. MIND will provide a collaborative working arrangement between MIND and other organisation in the borough.

Engaging with service users and carers is vital and despite best efforts to engage, explain and to listen to the service users' ideas a very small group remained resistant to the change and this has been accepted on its merits.

3.4 MSK (Musculoskeletal) pathway redesign and procurement

In April 2013 the CCG commenced consultation activities to seek the views of patients, families, carers and the local community on plans to redesign the adult MSK pathway. Historically, the services available to Bexley residents had been provided across a range of providers that had not worked cohesively together and this led to fragmentation of the pathways, duplication of activities, less than desirable patient experience and differing levels of clinical outcomes. The key aims of the procurement were to improve the services available and ensure that public monies were spent effectively and efficiently.

The CCG consulted early on with patients using existing services to seek views on patient experience, satisfaction and where change/improvement would be welcomed. Other actions and activities to support consultation, engagement and seeking the views of the public included:

- Presentation and written/verbal updates to Patient Council on four occasions
- Patient survey conducted during April/May 2013. The survey was available on the CCG website and hard copies were also made available throughout the community
- Wider public engagement via GP practices
- Presentation at Bexley Pensioners' Forum
- Focus group convened, which included representatives from Patient Council, service users and carers.

To help inform the work of this project and consultation the patient survey asked a number of specific questions to ascertain people's views and experiences of using MSK services, in addition to seeking feedback on how they would like to see the

service develop in the future. In other activities the objective was to inform participants of the CCG's strategic objectives and seek involvement in the design of the new care pathway.

Overview of engagement activity:

- 293 returned questionnaires (from mix of gender, age and MSK condition)
- Patient Council members were asked for their views on the procurement via a presentation and discussion.
- Representatives were recruited to sit on a focus group to discuss plans for new pathway in more detail and to share views on the new service specification.

Key themes were:

- People generally provided positive feedback on current services, although there was some areas of concern where long waiting lists prevailed and delays in access
- It was also identified that there should be more local service provision, a range of help and support tools for patients and recognition of transport and access issues.

The feedback received from the surveys was analysed and a report of the findings produced. This was shared with the commissioning lead/team. In addition conversations with patients, patient/community groups and representatives influenced and supported the decision to redesign existing service pathways.

The CCG awarded the MSK service to King's College NHS Foundation Trust in November 2013 and implementation of the new pathway was launched in April 2014.

Clinical leads and GP governing body members have been and continue to work with NHS providers, and are confident the new integrated service will better meet local people's needs – ensuring that patients will be seen by the right clinician in the right place, first time.

The programme board which oversees the development of this pathway and contract will include patient representation recruited from the patient council and MSK focus group.

3.5 Cardiac pathway redesign and procurement

In 2013 the CCG commenced consultation activities to seek views of patients, families and carers and local community on the CCG's plan to redesign the adult cardiac pathway. The key aims of the procurement were to improve the health services available to the Bexley residents and ensure public money is spent effectively and efficiently.

Specific engagement to support feedback and involvement of public, service users and carers included.

- Patient council – presentation and written and verbal updates on four occasions between July 2013 and January 2014
- Patient survey conducted through June/July 2013. To take part patients could complete an online survey, pick up a questionnaire whilst using the current service or when visiting their GP.
- Hard copies of the survey were given to a number of pop in parlours across the borough. They were also sent to a number of GP surgeries across Bexley.
- The Project Manager visited a cardiac rehabilitation group session in June 2013; this was to share information about the proposed redesign and to gather views and feedback from service users.
- Visit by Head of Patient Engagement and Project Manager to Ace of Hearts support Group in October 2013. Again a presentation on the redesign was given along with an opportunity for service users to share views, experiences and feedback on proposals for change.
- A focus group was convened, where recruited representatives from local groups and service users meet with the Project Lead to learn more about the proposals to redesign the pathway and share their views/experiences and provide feedback.

The patient survey asked a series of specific questions. In other activities, the objective was to inform participants about the CCG's strategic objectives and seek their involvement in the design of the new care pathway.

Key themes from engagement and feedback were generally positive. However, there was support for provision of more local services as access and transport is a concern for some patients.

The CCG's governing body awarded the entire cardiac pathway to Guys and St Thomas NHS Foundation Trust in March 2014. The implementation of the new pathway was launched in May 2014 and as a result the CCG is confident that the new service will better meet local people's needs. The Programme Board that will oversee the whole development will include an opportunity for patient representation.

3.6 Urgent and Unscheduled Care redesign and procurement

During 2013 the CCG took forward its plans to radically redesign the provision of unscheduled care services in the borough. Over time a number of services had developed to meet the needs of patients who had urgent health needs. These services had become disjointed and fragmented, and not fully meeting the health needs of the local population and offering poor value for money to the healthcare system in Bexley.

A number of different organisations were providing a range of unscheduled care services in Bexley: an out of hours GP service, a Minor Injuries Unit, a Walk in Centre, an Urgent Care Centre and paediatric support at Queen Mary's Hospital.

A business case was developed that reviewed the existing services and set out ambitions for the new service.

It was identified that the best way to achieve the innovative changes required was to commission a prime contractor that the CCG could work with to reconfigure the entire service. The aim was that by working with a prime contractor the CCG could ensure consistent service standards are maintained throughout all services and that the same level of clinical care and health outcomes are received by all residents.

Consultation and engagement was planned to seek the views of patients and the local community to inform the CCG's plans to redesign the pathway. Key activities included:

- Project lead presentation and discussion with patient council and PPG representatives regarding review of urgent and unscheduled care
- Patient council presentation and written and verbal updates on three occasions between May 2013 and April 2014. This provided an opportunity for comment and feedback. Representatives were also invited to take part in a focus group meeting.
- In October 2013 patient representatives attended a focus group to learn more about plans for the new service delivery model, locations of hub and spoke UCC and pathway integration. This also offered an opportunity for participants to be involved in the design of the new care pathway and provide feedback on the service specification.

Following procurement the CCG awarded a contract to The Hurley Group in May 2014.

The Hurley Group is a well-established GP-led NHS organisation with a team of over 200 doctors, nurses and managers providing care across 12 practices and four walk in centres. It already works successfully in four SE London boroughs and has the experience of delivering services in line with CCG expectations. In addition the Hurley Group demonstrated an innovative approach to patient education and efficient use of clinical resources to meet the requirements of the service and integrating services fully with NHS 111 through to GP Practice systems.

Through the constructive engagement that has taken place, the CCG is confident that the new service will meet local peoples' needs effectively. The Programme Board which will oversee the whole development will have an opportunity for patient representation.

3.7 Pulmonary Rehabilitation

Service users were consulted to understand what patient's value about the pulmonary rehabilitation programme, and ensure this was reflected in the new contract.

The CCG also wanted to understand what patients thought could be improved about pulmonary rehabilitation in Bexley and to consider whether this can be worked into the provisions for new service.

All patients on the current course were invited to a focus group meeting, along with members of local patient participation groups. Those that attended included:

- current users of pulmonary rehabilitation in Bexley
- members of the patient participation group

All attendees were invited to contribute their views on the current programme, and any thoughts they had of how it could change for the better in the future. From this we learned:

- 1) Patients strongly emphasised the need for relational rapport with the trainer, and the continued encouragement from them.
- 2) Patients also emphasised the importance of building a sense of community and belonging within the group, adding that mutually supportive friendships have grown through attending the programme.

As a result of patient feedback the need for the trainer to build a rapport with the group and to continually encourage participants has been discussed with the new provider. It is hoped this will help to ensure on-going success of the programme.

3.8 Care Homes

During October and November 2013 the CCG undertook engagement with care home residents, staff and relatives to understand people's experience of accessing and receiving GP medical services whilst in care.

A questionnaire was developed and used to encourage feedback from all the groups identified above. In summary 10 care homes were approached and asked to take part in the survey. Eight care homes agreed to take part and consequently 34 completed questionnaires were returned.

Questionnaires were completed with residents and/ or their family members, and staff were asked about their views and experiences. The engagement officer visiting the homes also invited family members to come and speak to her, publicising her visit in advance, on a poster displayed in the home.

All residents of the care homes and their families were invited to participate in the questionnaire, and to come to speak to the engagement officer during her visit.

Key feedback and themes from engagement included:

- Several care home residents voiced concern that when the GPs saw them, they were rushed, they also felt the GP did not listen well and did not speak enough to them.
- One patient commented that she would like “a full 5-10 minutes with the GP”.

As part of the survey, service users were asked if anything could be done to improve the medical care received in their home. Most responses to this question centred around improved access to GPs and having more time with the GP during visits (also having more frequent visits and better emergency access). Staff particularly highlighted the following concerns:

- Access to doctors out-of-hours
- Dementia care with dignity and information on Alzheimer’s
- Certification of death, especially out of hours
- The lack of one GP surgery to liaise with – most homes are having to liaise with several surgeries

Engagement and feedback helped to inform the development and introduction of the nursing home LES. All but one of the care homes now have a GP service provided by one practice through the LES, (although it often takes time to persuade existing residents to re-register with the home’s GP provider), which not only simplifies arrangements and liaison for staff, but through the specification of the LES, improves patient’s access to GPs as well.

The Local Enhanced Service (LES) also aims to ensure that doctors are visiting care homes more frequently, and therefore are not rushed with patients. The main messages of this consultation have been shared within the CCG and practices through the business case process.

Contract officers are monitoring this contract, which will be reviewed again in the New Year.

3.9 Procuring new community clinics – community based care

The CCG undertook a procurement to develop Community Clinics as part of the wider health agenda of bringing patients’ care closer to home. Community Clinics form an intermediate tier of care between Primary Care and Secondary Care. This will facilitate the migration of non-complex Acute care into Community settings and in addition provide a mechanism to ensure only appropriate referrals are seen in Acute Hospitals.

Community Clinics have been developed for:

- Dermatology
- Gynaecology
- Minor Surgery
- Urology

The CCG adopted the 'Any Qualified Provider' model developed Service Specifications in each of the above areas which mirror successful Community / Intermediate Services developments in the wider NHS.

The patient council and PPGs were advised of plans and had an opportunity to comment on the development of the model.

In January 2014 the CCG concluded the first of two 'Any Qualified Provider' procurements for the provision of new community clinics for non-complex day cases, outpatient procedures and related outpatient care.

SECTION FOUR: meeting the individual participation duty

4.1 Clinical leadership bringing patient experience to the board table

New arrangements in the NHS from April 2013 introduced Clinical Commissioning Groups and heralded a new era of clinical leadership in local NHS systems. By having GPs and a nurse on our Governing Body we start from a position of insight into the experience of our patients that is of huge value in our commissioning discussions and decisions.

NHS Bexley CCG is proud to be clinically led and in 2013/14 through its clinical leads programme more clinicians were able to contribute towards and lead core areas of work within the CCG, such as safeguarding, informatics, training and development and pioneering service redesigns. Services commissioned by local GPs are providing more innovative care pathways for patients and ensuring the best experience and outcomes

In 2014/15 the CCG will be expanding the clinical leads programme so that even more healthcare professionals can engage with the work the CCG is undertaking.

Additionally, as a commissioner we have a range of systems and processes in place to ensure that we hold our providers to account and that we commission services that put people more in control of their own health and so of their own lives. We describe these below.

4.2 Patient experience and insight

We gather information on patient experience and satisfaction from a wide range of sources including national NHS surveys, the Friends and Family Test, surveys and real-time feedback capture activity generated and carried out by our local NHS providers, as well as our quality and complaints monitoring systems and reports of inspections. Providers are rewarded for increased response rates for the Friends and Family Test through a payment under the national Commissioning for Quality and Innovation scheme (CQUIN), and we receive monthly updates on this through our contracting arrangements with the South London Commissioning Support Unit.

We also receive feedback through sources such as the NHS Choices online system, our local Healthwatch and patient groups, and our attendance at community events and festivals.

Regular quality and contract meetings with our providers offer opportunities to discuss the detail identify any trends and assure ourselves that the experience of our patients is being used to drive quality improvements across the healthcare system. A quarterly quality report to our Quality and Safety Committee outlines key areas of patient experience (including complaints).

4.3 South London Quality Surveillance Group

The South London Quality Surveillance Group is a regional mechanism for sharing information and intelligence on provider organisations in order to identify problems and manage risk. This forum meets every two months and its membership includes Monitor, the Trust Development Authority, NHS England, CCGs, local authorities and Healthwatch organisations. Here each organisation contributes its own unique perspective in order that a fuller picture of quality, safety, effectiveness and patient experience may be arrived at.

4.4 Quality Accounts

CCGs formally comment on NHS Trusts' Quality Accounts, which must be published annually and provide a self-assessment of performance in areas of patient safety, clinical effectiveness and patient experience. As commissioner, NHS Bexley CCG commented on Dartford and Gravesham NHS Trust's report and had opportunities to have an input into the lead commissioners' reports for Lewisham and Greenwich NHS Trust and Oxleas NHS Foundation Trust.

4.5 Contracts

Feedback

A standard section is included in all our contracts relating to service user involvement. The extract below is an example of how performance is monitored via regular service/contract monitoring meetings:

"Feedback on the service

- 4.3.2 The provider will ensure that systems for consulting people engaged in the service and for monitoring an individual's satisfaction are developed and implemented. Details of the systems must be made available to the commissioner, on request, for consideration and approval.*
- 4.3.3 Service user involvement will be promoted at all times, both formally and informally throughout the service. The provider will ensure that for people engaged in the service, a formal mechanism for their involvement and consultation is in place with regard to the overall operation of the Service and any service developments.*
- 4.3.4 The provider will ensure that a satisfaction survey of people engaged in the service is completed annually."*

4.7 NHS continuing healthcare and Personal Health Budgets

The CCG sees and approves individual care plans for all people who are receiving NHS continuing healthcare. From April 2014 the CCG will be completing a self-assessment return on the take-up of Personal Health Budgets to people who are eligible for NHS-funded continuing healthcare, and NHS continuing healthcare is due to become part of the CCG Assurance Framework, and so will be reported on through this route as well.

SECTION FIVE: forward plans for 2014-15

5.1 Programmes and priorities for engagement in 2014/15:

CCG programme	Proposed areas for engagement
End of Life care	<p>We are about to form an end-of-life multidisciplinary steering group to monitor and evaluate progress on improving service delivery and patient/carer experience. Two places on this group will be for patient/public representatives.</p> <p>As part of our end of life improvement programme we will strive to have public/patient representation on all work streams</p> <p>One of the work streams will be to establish a <i>Bexley Dying Matters Group</i> which will focus on raising awareness of death and dying within the general public. It is anticipated that this group will be mainly comprised of interested members of the public and the main focus will be organising events in Bexley during Dying Matters week. It is hoped that the group will also be involved in organising other events such as a 'Café' to help inform the public and gain feedback on service delivery.</p>
Hydrotherapy review	<p>Prior to the dissolution of South London Healthcare Trust the Trust Special Administrator (TSA) recommended that the hydrotherapy service at QMH was reviewed to ensure it was delivering high quality care and value for money.</p> <p>During 2014 we have undertaken a review to establish what future hydrotherapy provision – if any – is required at QMH to ensure patients have sufficient access to high quality hydrotherapy services and that those services are sustainable. In addition to gaining the views of patients, staff and other key stakeholders to help inform decisions regarding the future of hydrotherapy on the QMH site. This included engaging with current and recent patients through two workshops, written surveys sent to 40 patients, correspondence to Chair of Bexley Healthwatch and presentation to Bexley patient council.</p> <p>These groups have been informed of what options are available and asked for their comments/views.</p> <p>Communication with patients/stakeholders is on-going and a report will be published on completion of the review</p>

Diabetes	Throughout 2014/15 NHS Bexley CCG will be undertaking consultation/engagement activities to seek the views of patients, healthcare practitioners and the local community on the CCG's plans to redesign the diabetes service pathway
Children and Young People	<p>The Integrated Commissioning Unit has developed a business case to redesign and re-procure health and some local authority commissioned services for children and young people. Services in Bexley are currently provided by a multiplicity of statutory, voluntary and independent sector providers. Whilst there is a shared commitment to care and education as close to home as possible, this integrated approach will ensure there is a shared responsibility to develop local service provision for Bexley children.</p> <p>A stakeholder consultation day took place in June 2014 at which a wide range of local stakeholders were engaged. Analysis of the outputs from this event is being incorporated into the final service specifications and outcomes where appropriate.</p> <p>The project lead has also engaged with a number of local groups/service users to capture feedback on experience and views on future development of services. In addition a focus group is being established with the aim of supporting and assisting the project team in the design and specification of services in Bexley.</p>
Maternity	<p>The Maternity Services Liaison Committee (MSLC) was established in June 2014 and brings together user representatives, healthcare staff and other professionals involved in maternity care. The chair is a Bexley resident who has recently been a service user of maternity services.</p> <p>The purpose of this forum is to ensure that providers of maternity services consider, listen and respond to the views and experience of women and families using the services and that their views are taken into account when planning, delivering and evaluating maternity services.</p>
Queen Mary's Hospital (QMH)	<p>A series of engagement activities will take place throughout 2014/15 to explain and involve people in the transition and transformation of services on the QMH site. This will include development of a pan provider service group, to include patient and voluntary sector representation, ensuring the vision for development of the site offers a positive patient experience and that the patient voice is encompassed.</p> <p>As number of specific engagement projects will also be arranged as the site develops, including</p>

	<ul style="list-style-type: none"> • Midwifery services • Children's centre • Cancer centre • Ophthalmology/dentistry • Community services • Urgent care centre • Adult outpatients • Day case unit • Diagnostics/clinical services • Elderly care/Step up, step down • Kidney treatment centre • Reception area <p>As each of the above projects progress representatives from patient/user groups, voluntary and professional organisations and clinicians/providers will be engaged.</p>
Campaigns	The CCG's engagement team will continue to promote a number of national and local campaigns including the 'not always A&E' winter campaign.
Primary care	The engagement team will work with patient groups in our GP practices and through the Bexley PPG network to help strengthen their influence on our commissioning decisions and involve them in transformation projects
Equalities	To support our work around equalities and progress with the Equality Delivery System the CCG will be developing a focus group to help engage with people whose characteristics are protected by the equality act.

5.2 Developing wider strategy

We will be working in partnership across South-east London to continue to engage local people in the development and delivery of the South-east London Commissioning Strategy 2014-19, which has seven key areas of focus:

- Primary and community care
- Long-term conditions for physical and mental health
- Planned care
- Urgent and emergency care
- Maternity
- Children
- Cancer

5.3 Developing our capabilities

We played an active role during 2013/14 in shaping, advising and supporting the Transforming Participation Funding (Field Force Programme) via SLCSU to build 'patient and public engagement' (PPE) and 'patients in control' (PiC) capabilities, and we will continue to be involved throughout 2014/15.

5.4 How to get involved

We are working hard to include local people in the shaping of health services and want to make sure we hear from all people and communities in Bexley – everyone's opinions matter. We understand that the way we ask for people to share their views can make a big difference to who responds so we will ensure we design our patient experience and engagement processes with this in mind.

There are a number of other ways for people to get involved in local health services and to share their views, including:

Patient Participation Group (PPG) – the building blocks for engagement at practice level. Each GP practice can set up as a group of patients who are interested in engaging with their work and other registered patients.

PPG Network – acts as the link between local PPGs and the CCG

Bexley Patient Council – The patient council is made up of 25 residents from a variety of backgrounds and including the community and voluntary sector and gives patients the opportunity to influence how NHS Bexley Clinical Commissioning Group develops and commissions services. It is a sub-group of the CCG's governing body and is chaired by the governing body's lay member for engagement and the vice chair sits as an observer on the governing body.

CCG website

NHS Bexley CCG has an accessible website which provides information to the public including a section called 'Get Involved'. As a CCG we utilise our website to inform of our plans to engage, raise awareness of any consultation activity and also provide opportunities to become involved.

Mystery Shopper

We consider patients to be experts by experience and mystery shopping is a customer feedback tool used to assess the quality of services. We are actively recruiting patients, service users, carers and relatives to be mystery shoppers – who will be asked to give us feedback on their experience of contact with health services, whether by telephone, letter or face to face, planned or unplanned. We want to find out what services work well for patients and where things need to improve, by sharing their experiences with us patients/service users

Membership scheme

NHS Bexley Clinical Commissioning Group has a community membership scheme to enhance how it involves Bexley patients and residents in how healthcare services are commissioned and developed. It will be relaunched in 2015 to increase awareness and membership.

National and local surveys

National and local surveys take place throughout the year from various providers and local GP practices. Patients are encouraged to contribute to these surveys. The CCG is able to use information from surveys to help us understand patient's views and help inform commissioning decisions.

Contact us:

If you are interested in getting involved in the work of Bexley Clinical Commissioning Group or would like to share your views on local health services, please contact us via the following:

By post:

Patient Experience Team
NHS Bexley CCG
221 Erith Road
Bexleyheath
DA7 6HZ

Telephone:

0800 328 9712 (Freephone)

Email:

contactus@nhs.net

You can find out more about us and have your say about local health services on our website, www.bexleyccg.nhs.uk

If you would like a copy of this report in another format such as large print or another language please contact the Patient Experience Team on the freephone number provided above

SECTION SIX - Healthwatch Statement



Healthwatch welcomes the extensive record of engagement and consultation set out in the Annual Report. It congratulates the CCG in having an effective Patients Council which provides opportunity for feedback from patient representatives.

South East London Commissioning Strategy is dealt with in detail at pp12-16. It refers to the recruitment of patient voices and Healthwatch in the seven clinical leadership groups and three overarching governance groups. That was the direct result of representations from Healthwatch about the failure to include patient representation in the formation of a strategy which asserted that it was to be based on co-production. That deficit has now been fully acknowledged and the support given to patient voices is a model of good practice.

It is disappointing to note that the report contains no reference to minority ethnic groups or to hard to reach groups of the population. It is important that the CCG's engagement strategy addresses the whole population. Healthwatch has a particular remit for hard to reach groups and we would suggest that this may be a fruitful area for future collaboration between CCG and Healthwatch.

An example of collaborative working outside the time frame of this report is the CCG's proposal to base its action plan on improving access to primary care on the access survey currently being undertaken by Healthwatch. In the next year we look forward to working more closely with the CCG.

The Enter and View visits being carried out by the South East London Healthwatches to monitor the changes in acute sector provision following the dissolution of South London Healthcare Trust could helpfully have been mentioned in the report. Healthwatch itself should have been mentioned in para 5.4 as one way in which local residents can become involved in shaping health services in Bexley.