NHS Merton CCG
Patient and Public Involvement Report

right care
right place
right time
right outcome
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PUBLIC AND PATIENT PARTICIPATION IN SHAPING LOCAL
HEALTH AND CARE IN MERTON 2015/16

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1. Introduction

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

In this publication, NHS Merton Clinical Commissioning Group reports on patient and public involvement led by the CCG in Merton between 1 April 2015 and 31 March 2016. The report aims to demonstrate how we have involved patients, members of the public, local communities, carers, health professionals, local groups and organisations in shaping health services in the borough during that period.

2. Overview

NHS Merton Clinical Commissioning Group is formed of 24 GP practices within the London Borough of Merton. Merton Clinical Commissioning Group’s (CCG) aim is to improve Merton’s health by buying services tailored to the needs of individual patients, while addressing the diverse health needs of the local population. By involving local people and our partners in a timely, meaningful and appropriate way, the services we buy will be more effective, supporting our vision of ‘right care, right place, right time, right outcome’.

The 24 GP practices work together with our partners in the local NHS - pharmacists, dentists, hospitals and mental health providers, Merton Council, local voluntary organisations and community groups - to improve health and wellbeing, reduce health inequalities and make sure everyone has equal access to healthcare services.

We want to improve health outcomes for everyone, but also to improve the experience for those individuals using the services. We aim to constantly review and improve the ways in which we involve local people in decision making.
We have two key statutory duties in relation to patient engagement:

**Individual Participation**
NHS Commissioners must promote the involvement of patients and carers in decisions which relate to their care or treatment, including diagnosis, care planning, treatment and care management. This duty requires CCGs and commissioners to ensure that the services commissioned promote involvement of patients in their own care, including: personalised care planning, shared decision making, self-care and self-management support information with targeted support.

**Collective Participation**
NHS commissioners must ensure public involvement and consultation in commissioning processes and decisions, which include involvement of the public, patients and carers in: commissioning activities, planning of proposed changes to services monitoring, insight and evaluation.

3. **Merton’s Demographics**
Merton has an increasingly young population. The number of children (0-19 years) is forecast to increase by 2,200 (4.4%) between 2014 and 2020. The number of people aged over 65 is also forecast to increase by over 2,100 people (9.2%).

As a whole, Merton is less deprived than the average for both London and England. However, three wards are more deprived than the average for London: Cricket Green, Figge’s Marsh and Pollards Hill.

Health outcomes are generally better than those in London and in line with or above the rest of England. However, there are inequalities between East and West, and within population groups.

Merton’s 2014 population projection is 203,200 people living in nearly 80,400 occupied households. Population density is higher in the east wards of the borough compared to the west wards.

Just over half the borough is female (50.6%) and the borough has a similar age profile to London as a whole.
Greater London Authority (GLA) population data (2014) shows Merton’s current Black, Asian, and minority ethnic (BAME) population is 76,188. Black, Asian and Minority Ethnic (BAME) groups make up 35.1% of the population, lower than London (40.2%). Based on GLA trend-based projections, Merton’s population will increase by 13,245 people between 2014 and 2020.

The age profile is projected to change, with the most notable growth in those under 16 and over 50, and a decline in the proportion of people aged 25-35 years. Merton’s ethnic composition is also forecast to change, with the BAME proportion increasing from 37% to 40%

The health outcomes in Merton are generally better than those in London, and in line with or above the rest of England. However, there is a difference between the most and least deprived areas within the borough of about 7.9 years for men and about 5.2 years for women.


4. Vision for Engagement

Merton CCG is committed to making sure that patient engagement and experience is at the heart of everything we do. We want to know what matters to patients, their relatives and carers to make sure we commission patient-centred services. A key principle of this is ‘No decision about me, without me’. The CCG hopes to ensure patients feel better informed about services, are better able to manage their own health, feel more involved in the decision-making process and are happier with the quality of the services that they receive.

The long-term vision for Patient and Public Involvement (PPI) and engagement is that the partnership between the local community and the CCG is evident in all its work. Our objectives are to:

- Ensure CCG staff engage with the public and local communities in an effective, cost efficient and timely way
- Develop new modes of engagement (including through technology)
- Ensure engagement in pathways redesign, service changes, strategy and priorities
• Engage hard to reach and vulnerable communities
• Reduce inequalities through greater involvement
• Promote and support self-care and self-management
• Develop effective partnerships with Healthwatch and other partners (e.g. community and voluntary groups) to ensure active engagement of patients and carers

The CCG uses:
• Individual involvement - Engaging individual members of the public in their own health and care through shared decision-making and giving them more choice and control over how, when and where they are treated.
• Collective involvement - Engaging the public, and groups with common health conditions or care issues, to help get services right for them.
• Co-production - Working collaboratively with local communities from different geographical areas, communities of interest and seldom heard groups to ensure their views are integral in the commissioning, design, delivery and evaluation of services.

5. Structure and Resources

Patient and Public Involvement (PPI) is a responsibility for all CCG staff and is facilitated by the Patient and Public Engagement Manager who works closely and in partnership with the Communications Team, supporting each other as appropriate. The work is overseen by the lay member for PPI on the CCG governing body (two days per month) and the Director of Quality and Governance to whom the team is accountable.

The Communications and Engagement Team, provided through South East Commissioning Support Unit (SECSU), is made up of the following members:

• Communications and Engagement Lead (1.0 WTE)
• Communications and Engagement Manager (0.6 WTE)
- PPI Manager (0.6 WTE)
- EPP Manager (0.4 WTE)

Patient and public experience is embedded in the following internal and external meetings and committees:

- **The Governing Body**

  The Governing Body meets in public every other month and offers an opportunity to promote the patient focus of the CCG and show the CCG is open and transparent in its work. Highlighting its commitment to patient involvement helps the CCG foster a greater sense of trust and encourages more people to come forward to give their views. Members of the public also have the opportunity to ask questions by submitting written questions in advance of the meetings. In addition, the Chair is able to utilise the opportunity to allow people to ask questions at the meeting.

  The CCG Governing Body is supported by the Clinical Quality Committee, the Executive Management Team, the Equality and Diversity Group and Directorates accountable for embedding the patient voice in all areas of CCG work and ensure that the views of patients across both localities are fully represented.

  The Lay Member for Patient and Public Involvement (PPI) is a key member of the Equality and Diversity Group and attends local forums and meetings to ensure the Governing Body hears the voice of patients and local people. All papers that come to the board for review or sign off have to provide evidence to demonstrate that an equality-related risks have been assessed and where the patient voice was heard, and the influence it has had. Patients and local people are invited to attend board meetings to ask questions. The Lay Member PPI has regular meetings with both the Chief Officer and the Director of Quality and Governance which gives the opportunity for any questions or concerns to be raised directly.

- **Annual General Meeting (AGM)**

  Alongside the regular governing body meetings the CCG holds two AGMs each year.

  In 2015/16 the Members AGM allowed practices to discuss and share their thoughts on Merton CCG’s mental health services and on the on-going work developing the south west London response to the implementation of the NHS five-year plan. In particular there was a discussion around a soon to be mobilised talking therapies service for Merton - feedback from the GPs
was used to ensure all practices had public-facing material, including postcards to give to patients; and that the planned transition of contact details ensured no patients were disadvantaged.

The public AGM was held at Morden Hall and following a presentation on the annual report and accounts also provided the public with an opportunity to share their thoughts on Merton health services.

Questions and responses at the AGM in September 2015 included:

- Praise for the Expert Patients Programme and a request that it continue to be promoted – the CCG is fully committed to this.
- A request that Governing Body meetings be held in the evening and be recorded in future – Governing Body meetings are now recorded as routine and a copy placed on the CCG website. In addition the time of Governing Body meetings are held is now varied to include both morning and afternoon. The CCG also varies the location of the meetings to cover the whole of the borough.

**The Patient Engagement Group**

In 2015/16 the CCG reintroduced a Patient Engagement Group (PEG). The group began meeting in July 2015. It has agreed terms of reference – to be reviewed in summer 2016 – and met monthly throughout the year. The PEG has a reporting line within the CCG to the Clinical Quality Committee, a formal committee of the Governing Body.

During 2015-2016 the Governing Body Lay Member for PPI chaired the group to help ensure the voice of Merton’s population is represented and heard at governing body meetings, and supporting a two way flow of information and knowledge sharing. Merton Healthwatch is also a member of the group to facilitate local voices being heard.

The group allows the CCG to hear first-hand the views of local people and enables the CCG to consult patients, carers and local people about current and future health and care developments, including the commissioning and quality of local services. In particular it gives patients, carers and local people opportunities to assist the CCG, to allow for wider discussion through other patient and service-user groups and to consider their input for the CCG in taking work forward. The PEG also enables patients,
carers and local people to raise issues about local services with the CCG and enables patients, carers and local people to be kept abreast by the CCG of its priorities, business planning and commissioning timetables.

The CCG recognises it has more work to do in this area. Commissioning proposals do now come to the PEG for their view and for their input into engagement plans but there is still much more work to be done in ensuring best practice is fully embedded so that PEG and the wider public are consistently involved at every stage and their input used to co-design both solutions and engagement plans. In addition the CCG agrees with the Patient Engagement Group that further work needs to be undertaken to increase the membership of the group and in particular to seek to attract a broader range of local people to the meetings to better reflect local diversity. The CCG and the Patient Engagement Group has now agreed plans to raise awareness of the PEG and to encourage greater local participation in the Group.

Matters discussed in 2015/16 include:

**New community services supplier** (Nov 2015):
An outline of the communication plan for mobilisation of the new services was shared with the PEG. Members of the group were invited to contribute to reviewing patient-facing material which was circulated in the new year. Comments fed back to the supplier were incorporated. This included suggestions around ensuring cultural sensitivity and reassuring vulnerable people of continuity of care.

**Access to urgent care** (Jan 2016):  
Discussion took place on the practicality and affordability of the 16-hour, seven-day a week proposals. The proposals were just at the stage of internal clinical discussions but PEG were invited to provide their views and comments to the Clinical Reference Group, both on the proposals and their thoughts on how engagement might take place going forward e.g. through their local PPGs and/or their contacts with voluntary groups. The comments were shared with Clinical Reference Group (CRG) to inform their discussion and are being included in the development of the engagement plans for 2016/17.

**Patient Online** (March 2016):  
PEG members were asked for their thoughts on the national marketing materials for Patient Online and the local promotion
messages. PEG members fed back that the advertisements should make clear that ID is required to register for online services and the local campaign should highlight that this was in addition to, and not replacing existing services. Both suggestions were taken on board and the artwork for the advertisements appearing from April onwards was amended to reflect the suggestion.

- **Practice Engagement**

Practice engagement is crucial to the long-term success of the CCG. The CCG Primary Care Team works with the Governing Body and GP locality leads to ensure optimum engagement with practices using a variety of forums. These include regular meetings to facilitate discussions between practices. These forums enable a coming together of practices together with CCG representatives to learn and share together across a range of clinical areas impacting on primary care. The CCG has two dedicated partnership managers to ensure close engagement with GPs and patients in both East and West Merton.

In addition to this there is a regular newsletter that practices receive which keeps them abreast of developments and initiatives across Merton. The Clinical Chair also writes an e-news update to practices once a fortnight.

The GP locality leads have developed a dashboard to monitor qualitative elements of primary care that include patient experience metrics to provide the CCG with valuable information about how patients and the public view this aspect of the health community in Merton. Additionally, we undertake 1:1 engagement meetings with practices to provide a smaller forum for them to openly discuss issues affecting them as individual practices. We are regularly reviewing our approach to engagement with practices to ensure that the approaches continue to build a healthy facilitative relationship.

- **Executive Management Team (EMT)**

We have in place a strong executive leadership team bringing a wealth of experience from clinical practice, both as NHS service providers and as commissioner. Their role in patient engagement is to ensure feedback received from patients is considered throughout the commissioning cycle and activities. All papers received by the EMT team are accompanied by a cover sheet detailing how the patient voice has been included in the development of the paper.
Clinical Groups and Forums

We have strong clinical input via the work of our localities, our Practice Leads Forum, the Practice Nurse Forum and our Clinical Reference Group (CRG). This provides us with a closer connection to our communities who now have more influence over how their local health services support them. By being close to local communities they can feedback patient experience and views.

In 2015/16 Merton CCG was the host CCG for Sutton and Merton Community Services (Royal Marsden Hospital) and led the Clinical Quality Review Group (CQRG) for this contract.

Patient Story – Falls Prevention Service (presented to CQRG 26/5/15)

The service sits with the rehabilitation team and on completion of rehabilitation patients are referred for community exercise. Patient feedback on the exercise classes is very good with patients saying that it is professional and fun. On completion of the eight sessions patients are encouraged to continue training and the clear message is ‘exercise for life’.

An 84 year old lady who lives alone was referred by her GP due to her fear of falling. The lady found walking very difficult and was considering a knee replacement. When asked what she wanted to achieve she said to walk without fear and unaided. At the start of the exercise programme she required close visual and verbal supervision and support to stand but by week 6 she was standing unaided. Outcome measures taken at the start showed that to turn 180° took 10 steps and her fear of falling on a scale of 1 to 10 was 8. On completion of the 8 sessions she could turn 180° in 5 steps and her fear of falling had reduced to 5. The feedback on the exercise sessions was good. The patient liked the social aspect and felt a sense of achievement after each session.

Patient Story - Night Nursing (presented to CQRG 23/6/15)

The Night Nursing Service presents many different challenges and the patient story chosen illustrates some of these, and the need to be creative in finding a solution.
The patient was a 35 year old man with learning and sight disabilities, and diabetes. For the latter he requires a daily insulin injection, provided by day service nurses. The patient had recently found supported employment working on a market stall, something which he very much enjoyed but he was becoming anxious that having to wait for his insulin injection may make him late for work. This led to him refusing injections and starting to experience side effects as a result.

The Day and Night Teams discussed this with the patient and it was agreed that he would be transferred to the care of the Night Service and his injections given in the evening. This meant that all of the patient’s concerns were being addressed and he was very assured and happy with this arrangement.

- **Merton Clinical Quality Committee**

  Merton Clinical Quality Committee (MCQC), chaired by the lay member of the Governing Body and lead for PPI is a key forum in which the voice of the patient is heard within the CCG, and, as a sub-committee of the Governing Body provides assurance that the views of patients and the public are considered through the quality assurance process. The work plan for MCQC includes a bi-monthly focus on patient experience.

**Patient Story - Pressure Ulcer (presented to MCQC 18/12/15)**

An Integrated Locality Team Manager outlined the story of a patient in the community with a Category 4 pressure ulcer. The patient had been visited by Community Services for a number of years and there had been no change in circumstances to indicate why a pressure ulcer had developed. When the reason did become clear it was explained to the patient and suggestions to relieve the pressure ulcer were made but declined by the patient. As the patient had full capacity his decision was respected.

The Locality Team Manager said that a number of meetings were held with the patient, family and professionals but no progress was made. The nurses were becoming increasingly concerned as the pressure ulcer was not healing. The patient’s case was discussed at the monthly integrated locality team meeting which is attended by Podiatrists, Tissues Viability Nurses and other professionals. At the meeting a Podiatrist suggested a bone x-ray.
The result of the x-ray showed that the patient was suffering from a serious bone infection caused by the pressure ulcer and this was explained to the patient who was supported to understand the seriousness of the condition. He then agreed to the suggestions made to prevent further deterioration. The pressure ulcer is now almost healed.

Patient Experience - Memory Assessment Unit (presented to MCQC 2/2/16)
The Merton Dementia Hub offers a range of services for both carers and people with dementia, family and friends. These services are delivered in partnership with South West London and St George’s Health Trust, a range of statutory services and other voluntary organisations. The services include Carers information and support groups (CrISP), a memory clinic, dementia cafés, a range of support groups for both people with dementia and carers.

Merton Clinical Quality Committee received a presentation from the commissioning manager providing an update on the progress made since opening. The presentation included the results of a patient questionnaire where the majority of patients reported that they were very happy with the service they had received and the refurbished premises the Dementia Hub offers to Merton residents. 95% of patients were ‘very satisfied’ or ‘fairly satisfied’ with their appointment and 97% of patients felt that their needs were ‘fully’ or ‘mostly met’.
**Section Two – Developing the Infrastructure for engagement and participation (processes and networks)**

1. Processes

Merton has a diverse population and the CCG aims to engage a range of people from all backgrounds, ethnicities, ages, genders and geographical locations. To do this effectively we use both established and innovative methods. The list below provides an overview of the approaches we take. This is not an exhaustive list and we continuously review how we are doing with patients, carers and other stakeholders to ensure we maintain a dynamic approach.

Merton CCG uses established communications channels and existing local community group meetings to inform and involve patients and stakeholders. Information is shared through a number of routes such as leaflets, newsletters, our website, social media and meetings.

**Internal engagement with GPs and staff**

Internal stakeholders are the members’ practices, practice staff, Merton CCG staff, and members of Merton CCG Governing Body, including an independent nurse, secondary care clinician and lay representation. By working together, Merton CCG member practices can engage effectively with patients and help achieve CCG goals around transforming primary care and improving local health services.

**External engagement**

A coordinated approach that ensures all stakeholders are updated and engaged with on the right issues is important to ensure local people are fully engaged and the objectives of the CCG are achieved.

External stakeholders currently include: Patients, local people from all communities across the borough, patient groups, carers and those experiencing health inequalities. It also includes NHS organisations such as NHS London, health bodies and Merton Council.
Other stakeholders include voluntary organisations such as Adults First, Merton Seniors and Merton Alzheimer’s Association, local media, London media specialist and trade media and local MPs.

The CCG holds a number of databases of patients and stakeholders who are interested in giving views on local health services. This means we are able to proactively contact key stakeholders regarding relevant CCG activity.

We promote ways to get involved through the website, social media and engagement with local groups, events and partner organisations.

**Digital engagement**

The CCG has continued to build its online profile in 2015/16 and has increased its focus on using digital channels as a means of communicating and engaging with a wide range of local people. The website acts as a source of information and engagement for patients, the public, local stakeholders and providers. For example, a survey was run on the website in autumn 2015 to allow local people to request information about or to comment on the work to develop the East Merton Model of Health and Well Being. See [www.mertonccg.nhs.uk](http://www.mertonccg.nhs.uk)

People visiting the website can send feedback directly to us using our feedback form via the ‘Get Involved’ page on our website, find out more about opportunities to get involved in local health services, or access the results of consultations and engagement that have taken place. The ‘Get involved’ pages have had 5,953 visits over the course of the year. The website also now offers visitors the option to directly email the Clinical Chair and the Chief Officer. This enables the questions and concerns of local people to be clearly visible to the senior leadership team and to ensure questions go to the right people for answer and that local concerns and issues are given clear visibility within the organisation. The ‘contact us’ page had 17,359 visits from April 2015 to March 2016.

Merton CCG also uses social media including Twitter and Facebook. We tweet on a wide range of topics and aim to post two or three times a day as well as re-tweeting partners posts and responding to queries and comments. Facebook is used to promote services and consultations.

During 2015/16 the CCG has grown its reach through Facebook and Twitter. By April 2016, the CCG had just under 3200 followers on its @NHSMertonccg Twitter account. A log is kept of questions and comments received from social media. These can vary from
difficulties getting through to a GP practice or general enquiries regarding local services or health advice. The CCG is increasingly using Facebook and Twitter to engage with local people – asking for feedback and comments during the year. Areas covered have included patient and public thoughts on the content of the CCG website and calling for comments on Health Help Now - our new website and app.

In April 2016 the CCG undertook a spot check on its social media activity to better understand its online influence and engagement using ‘Klout’. Klout is one of a number of NHS and government recognised social media tools that helps communicators use their social media analytics to gauge ‘online social influence’ via the "Klout Score", which is a numerical value between 1 and 100. Merton CCG scored 49. This takes into account followers, re-tweets and other similar metrics. The average Klout Score in 2015 was 40. It is generally considered that Klout Scores of 50+ are positive indicators for engagement and influence, placing Merton in a good position on which to build its online networks.

2. Networks

Health and social care organisations we worked with in 2015/16 include:

- Member GP practices
- Sutton & Merton Community Services (part of the Royal Marsden NHS Foundation Trust)
- Acute hospitals including: St George’s Healthcare NHS Foundation Trust, Epsom and St Helier University Hospital NHS Trust, Kingston Hospital NHS Foundation Trust
- A number of specialist hospitals in London and elsewhere, including The Royal Marsden NHS Foundation Trust and Royal Brompton and Harefield NHS Foundation Trust
- South West London and St George’s NHS Trust for mental health services
- A range of independent and voluntary sector providers, such as residential and nursing homes, St. Raphael’s and Trinity Hospices
- Health service professionals such as pharmacists, optometrists, dentists, nurses, therapists and other health professionals via clinical networks
- Clinical commissioning groups, especially through the South West London Collaborative Commissioning Initiative
• NHS England London and national bodies including the Care Quality Commission
• Local councillors, including those on the Health and Wellbeing Board and Health Overview Panel
• Partner CCGs in South West London

Case Study: Merton Mental Health Forum

The CCG has established a strong working relationship with Merton Mental Health Forum this year establishing a robust engagement pathway to ensure our residents and service users stay well informed, involved and have lots of opportunities to inform and help influence local mental health services.

The new arrangement is helping to ensure that the CCG works even more closely with key organisations and their stakeholders regarding mental health services. The aim is to ensure that the Mental Health Forum becomes a key partner in supporting the CCG to engage and encourage service users and carers to help influence and shape mental health services in the borough. An issues log was created at the CCG’s suggestion to enable issues/concerns to be raised in a constructive manner and responded to comprehensive and effectively.

The Senior Commissioning Manager for Mental Health Services now attends every meeting and a representative of the Executive Management Team attends periodically to hear people’s concerns and to answer questions. The Forum meets every other month and is chaired by a representative from one of Merton’s local mental health groups.

Case Study: End of Life Care Network

As part of Merton’s on-going development of its End of Life Care Strategy the CCG had patient representation at Sutton and Merton CCG’s joint End of Life Care Network throughout 2015/16 and this is expected to continue in 2016/17. The Network is hosted by commissioners in Sutton and Merton and is also attended by clinical leads from local acute trusts, community service providers, hospices and primary care. The network allows:
• Patient experience to be heard by clinicians and service providers to inform service improvement and developments and guide future commissioning strategy;
• Discussion of issues which span organisational boundaries in order for solutions to be collectively established and taken forward; and
• Sharing of best practice from across the local health and care sector.

During ‘Dying Matters Week’ in May 2015 members of the network sought to ‘talk about dying’ to a wider audience and to use the opportunity to have ‘The Big Conversation’ with local people. A ‘Wish Tree’ was set up to let people pin notes of the things they would like to do before they die. This helped to initiate the conversations about topic areas such as care preferences, funeral wishes, end of life care planning and developing wills.

3. Structures

Merton PALS and Complaints

Every complaint and Patient Advice and Liaison Service (PALS) forwarded to or received by the Complaints and PALS Team (CAPT) is recorded on the complaints database. This data forms the basis of the annual report presented to the Governing Body. Complaints and PALS are generally received by phone, email and letter, either at Merton CCG or directly to CAPT. Staff are encouraged to resolve issues as they arise so it should be noted telephone enquiries made directly to Merton CCG may have been dealt with internally and these calls may not have been recorded.

From 1 April 2015 to 31 March 2016, there were a total of 47 complaints and 81 PALS enquiries received on behalf of Merton CCG. Complaints have risen from 37 in 2014/15 but there was a slight decrease in PALS during 2015/16 from 83 to 81.

The majority of complaints were about Continuing Healthcare funding applications. These stem from patients and/or families of patients unhappy with aspects of the Continuing Healthcare service, from funding decisions to communication.
Complaints received about commissioning decisions were generally centred on Individual Funding Requests (IFR) and commissioning of services. The majority of the IFR complaints were about access to funding for fertility treatments. The commissioning of services was generally around availability of services such as mental health.

As a result of the complaints a number of actions have been taken, some of the areas for improvement and change will continue into 2016/17. CAPT have worked closely with the CHC team to ensure complaints are resolved and information provided in a timely fashion.

**The Equality and Diversity Group**

This Equality and Diversity Group (EDG) ensures we comply with the public sector equality duty under the Equality Act 2010 and deliver positive outcomes for patients, communities and our staff through a robust work plan for the year. The group supports and monitors the implementation of the refreshed Equality Delivery System (EDS2) to ensure that, within our commissioning and staff employment responsibilities, we are assessing and improving our equalities performance, understanding health inequalities in Merton, and using evidence to influence commissioning decisions.

The group is chaired by the Director of Quality and includes the GB PPI lead, the GB independent Nurse Lead and a GP representative.

In 2015/16, it oversaw the patient and public engagement process for assessing Goals 1 to 4 of the EDS (which focus on improving patient outcomes and access, employee experience and leadership commitment to inclusion respectively). The EDG was involved in agreeing the three commissioning priorities to be reviewed and monitored the results through the Clinical Quality Review Group. It also recommended services to review for the EDS2 for 2016/17.

The EDG has influenced the way Merton CCG demonstrated public accountability in its leadership and governance of equality and diversity by recommending a peer review assessment for Goal 4 (outcomes 4.1 and 4.2) of the Equality Delivery System. Merton was one of a few CCGs to have taken such a step the previous year, allowing itself to be scrutinised by a peer CCG.

This process was repeated in 2015/16 with a new team, thereby building capacity and leadership from within the CCG. Board papers were offered for challenge and scrutiny as part of the peer review. Such a process ensured that Merton CCG was
transparent in its decision-making and demonstrated a willingness to be challenged constructively. More importantly, Merton CCG was willing to implement the recommendations of the peer assessment.

In 2015/16, the CCG’s Governing Body participated in training on equality and decision-making, one of the recommendations of the peer review in 2014/15 and has since reviewed its governance process for approving papers in terms of considering equality-related risks. The EDG was responsible for shaping the scope and content of this module.

**Inclusive Leadership:**

To promote leadership commitment to equality and diversity, the CCG undertook the following steps under the guidance of the EDG in 2015/16:

- Involved the Governing Body in a training session on equality and diversity and decision-making as part of the recommendations for the EDS Goals 4.1 and 4.2 made by the peer review team in 2015/16.
- Reviewed the governance process for key board papers to ensure the equality-related risks were considered during the decision-making process.
- Published an equality and diversity vision statement on its website.
- Established a Workforce Committee to review and implement issues affecting staff based on the reports of the Equality Delivery System 2015/16, Workforce Race Equality Standard results for 2015/16 and concerns highlighted by the staff forum.

Key decisions made by the committee include: approving the Dignity at Work training and inviting recommendations from the Equality and Diversity Group on how the CCG could address underrepresentation of ethnic minority communities and women at the Governing Body.

**Workforce Race Equality Standard:**

The CCG used findings from its staff survey in 2015 to inform its first Workforce Race Equality Standard (WRES) action plan in 2015/16. Steps taken since the report include a review of its Governing Body in terms of representation from ethnic minority
communities. Based on the recommendations of the Equality and Diversity Group (see above), the CCG will consider suitable positive action steps.

Equality and Diversity statutory and mandatory training:

The CCG’s staff benefitted from three training sessions of equality and diversity awareness raising in 2015/16. Equality and decision-making training for the Governing Body took place in October 2015. The Equality and Diversity Group was responsible for shaping the scope and content of this module.

4. Partnerships

Merton Health and Well-Being Board

We work in partnership with Merton Council, resulting in more emphasis on preventing illness and helping people stay independent in older age or with a disability. Merton CCG is represented on the Health and Well-Being Board (HWB) which considers matters relating to the provision of public health services and the commissioning of adult social services and children's services across health and social care and the impact of these on the health and well-being of the local population.


South West London Collaborative Commissioning (SWLCC)

SWLCC engagement systems and activities

The six south west London CCGs together with NHS England are working together under the umbrella name of South West London Collaborative Commissioning (SWLCC). Merton is one of six south west boroughs working in collaboration with Croydon, Kingston, Richmond, Sutton and Wandsworth. The SWLCC programme is working with all health services and social care to look at
what improvements can be made across south west London through the Sustainability and Transformation Plan (STP). STPs are being developed for every NHS region. The plan builds on previous work to develop a strategy for south west London. It is being developed by: Clinical Commissioning Groups, Acute Hospitals, Mental Health Services, Community Services, NHS Specialised Commissioning Services (such as renal care), Local Authorities and GP federations.

SWLCC has worked to complement existing engagement activities within each of the individual CCGs in the area, to avoid duplication and maximise opportunities.

Public engagement on the case for change in health services in south west London has, historically, been extensive, including the other change programmes such as ‘Better Services, Better Value’. The programme has continued engagement on an on-going basis throughout its development.

**Guidance and assurance**

In order to ensure a robust approach to communications and engagement work, the programme established a ‘Patient and Public Engagement Steering Group’. The group has been formed to:

- Oversee public and patient engagement on the SWLCC programme, acting as a key strategic adviser to the Board and the communications and engagement team on these matters.
- Provide two-way communication between the programme and key community/public stakeholders ensuring all parties are kept up to date with key information/developments
- Provide a representative to sit on relevant governance structures
- Advise on the targeted engagement activities to support wider engagement with a) diverse community groups and b) engagement priorities of work streams.

The group comprises: lay representatives from each CCG, the local Healthwatch organisations and the local voluntary sector. It meets every six weeks. The Merton CCG Governing Body Lay Member for PPI is one of two Vice-Chairs for the group.

Further assurance of the communications and engagement approach and activities is given by the Consultation Institute.

**Engagement structures and systems**
The SWLCC programme uses a number of mechanisms to ensure that patients and the public are involved in every level of their work.

- **Direct engagement of patients and the public in SWLCC Clinical Design Groups**

In December 2015, the programme ran an open recruitment process in the local media to encourage patients, the public, carers and service users to apply to sit on the different work streams within the programme. Currently there are at least 3 service user/patient/public/carer representatives on each of the clinical work streams. Healthwatches have also been invited to participate. Their role is to provide independent perspectives and critical friend challenge during clinical work stream meetings.

In order to support the representatives to meaningfully participate in the work stream meetings robust support systems have been put in place. These include: training to support participation in meetings; induction to the programme and to the work stream; allocation of a programme ‘buddy’ to meet with them before each meeting to discuss the agenda and paperwork; pre-calls and de-briefs to check in on their experience and to capture further feedback; quarterly meetings with all representatives to share learning and experiences.

- **Wider engagement**

To complement the direct engagement SWLCC runs a programme of wider engagement.

- The programme published an **Issues Paper in June 2015**, setting out the challenges faced, emerging ideas to address them and questions for local people to consider. This was widely distributed in health and care and community outlets. There was an online response form to capture feedback.
- To support this the programme wrote to over **1,000 local voluntary, community sector groups** to tell them about the Issues paper and offer to discuss it with them – CCGs have met with local groups as requested. The programme provider supplied an engagement toolkit for each CCG to support engagement with key stakeholders – including local Authorities; health and well-being boards, overview and Scrutiny committees and MPs.
In September 2015, an independently-facilitated deliberative event was held in each of the six south west London boroughs. Attendees were recruited to reflect the general demographics of the local population. The report from these events captured local views and is published on the SWLCC website.  
http://www.swlccgs.nhs.uk/documents/independent-reports-from-the-help-us-build-a-new-nhs-in-south-west-london-events/ and the outputs were fed into each clinical work stream to influence their plans and thinking.

In December 2015 the programme published an initial independent Equalities Analysis. The outputs from this have informed the programme’s approach to engagement – ensuring that people most affected by any change are involved in the development of plans. The Equalities Analysis is here: http://www.swlccgs.nhs.uk/documents/initial-equalities-analysis-december-2015/

All of the feedback has been collated into a ‘you said, we did’ report which the programme is in the process of considering and responding to. This will be published in late summer 2016 – and will detail how the feedback has influenced the work of the programme.
Section Three – (Meeting the collective duty) Engagement and participation activity

Mitcham Carnival June 2015

Aim
The Health Hub at the carnival was organised by Merton CCG to promote and encourage patient and public participation opportunities within the CCG including becoming a Lay/Patient Representative, joining the engagement database, finding out about local PPGs and also to give feedback on some areas of current CCG work. It also provided a platform for the CCG to raise awareness of general health and wellbeing and prevention initiatives.

Visitors to the marquee had the opportunity to talk to CCG staff and to give feedback on their experience of local health services and take part in surveys, become members of local groups with an interest in health services, such as Healthwatch Merton, Merton Residents Healthcare Forum, and Merton CCG’s own patient group.

Local people were asked to comment on what they thought worked well, and what could be improved in regard to local health services. Feedback could be given in writing and displayed on the ‘comments wall’ inside the marquee. Alternatively, if individuals preferred, they could give verbal feedback in the Comments Campervan, which was done in Big Brother ‘diary room’ style.

Feedback and impact
We received 39 written feedback forms, 19 (48%) forms identified services patients thought were doing well, and 18 (46%) forms highlighted services where they felt improvements could be made. Two forms were neutral. GP services featured the most: 11 (27.75%) said they were very happy with the service they receive from their GP and GP practice, including accessing appointments, feeling they were listened too and feel supported; 17 (43.4%) were unhappy with the service they received from their GP practice, getting an appointment to see their GP was very difficult and frustrating.
26 people visited the Campervan. They were asked what local services they thought worked well, and what they felt could be improved. People were happy with the services available within GP practices, hospital, local pharmacies and urgent care providers at the nearby walk-in centre. They also felt healthcare professionals delivering care were friendly, understanding, supportive, caring and understanding. Access to health services within the borough was, however, felt to be difficult, particularly getting a GP appointment. This was said to be due to telephone lines being continuously engaged, not enough appointments available and not being able to book appointments in advance.

All comments were fed back to the CCG. The feedback regarding GP appointments has formed part of the evidence the CCG is currently using to guide its ideas for ways to improve primary care in Merton. The CCG has worked with practices to support and encourage take up of ‘patient online’ and to ensure more routine appointments were made available for online booking.

Engage Merton November 2015

Merton CCG annual autumn engagement event took place on Wednesday 4 November 2015, at Vestry Hall in Mitcham. The event featured facilitated table discussions followed by feedback and Q&A sessions. Presentations were made by Adam Doyle, Chief Officer on NHS issues national and locally, and David Freeman, Director of Commissioning and Planning, who gave an update on work to develop the East Merton Model of Health and Wellbeing. The event also included a Chair and Chief Officers one-to-one surgery, which ran parallel with the morning table discussions, offering individuals the opportunity to talk direct to the CCG’s senior leaders on any matter of particular personal concern.

Aim
The aim of the event was to speak with a range of patients, service users, the public and representatives of local voluntary groups on Merton health services, including planned care, out of hospital care and urgent and emergency care. Issues around mental health, community and maternity and children’s services were included within those three broad categories.

In particular the CCG used the occasion to seek views on the South West London Issues Paper which outlines the main issues for health services in south west London and our thoughts on why things need to change.
The aim of the private one-to-one surgery sessions was to give greater access to our senior leadership team and to create a safe space for people to air any particular personal concerns or questions they had regarding care in Merton. The slots were popular and filled quickly.

**Feedback and Impact**
Around 30 local people attended. This includes members of the public, representatives from the PEG, local authority, local community and voluntary groups. Feedback was sought under two main headings highlighting what was working well and how could services be improved, and was shared with SWLCC as well as being utilised by the CCG to help it develop its thinking on the direction for local services.

<table>
<thead>
<tr>
<th>• What is working well in local health services?</th>
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<tbody>
<tr>
<td>- The Nelson Health Centre</td>
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<tr>
<td>- Holistic assessment and rapid investigation service (HARI)</td>
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<td>- Pharmacies – good knowledge, open at convenient times including weekends</td>
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<table>
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<tr>
<th>• What do we need to improve? What would help make them work or stop them from working?</th>
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<tr>
<td>- Moving more outpatient services out of hospital into community and easy to get to settings. Transport links were very important as was parking.</td>
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<tr>
<td>- Willing to travel to a specialist centre but must be local to south west London or ‘reasonable distance’ to allow for family to visit.</td>
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<tr>
<td>- Better use of technology particularly for booking appointments and notification of appointments for both primary and secondary care. IT was described as ‘the big enabler’. Often linked to communication breakdown and need for more joined-up services, better record keeping and ‘central booking’.</td>
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<tr>
<td>- Access to a GP - lack of available urgent appointments and of choice of GP (a perceived lack of continuity of care as well as gender preferences). Felt GPs needed more support.</td>
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<tr>
<td>- End of treatment summaries for patients with clear follow-up instructions and/or how to get back in touch</td>
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<td>- Prevention</td>
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- Voluntary sector needed to be better integrated - particularly in relation to community care.
- Adult ‘MASH’ (Multi Agency Safeguarding Hub)
- More support for carers particularly for those who were either very young or older and possibly unwell/vulnerable themselves.

Nine individuals took part in one-to-one meetings. A number of the matters arising related to very individual private concerns but notes were taken and fed back to the relevant commissioning and/or quality team leads as appropriate. Concerns included support for adults with autism, the terms of reference of the patient engagement group, support for LGBT groups in Merton and air quality.

As a result of the discussions the Chief Officer agreed to meet with members of the PEG to discuss and agree the draft terms of reference of the PEG personally. This was undertaken over three meetings in late November and early December. The Chief Officer also agreed to meet again with Merton’s LGBT group leader to discuss their particular concerns around service provision.

**Equality and Diversity Stakeholder Event**

**Aim**

In 2015/16, Merton CCG reviewed the following services as part of the EDS2 assessment for Goals 1 and 2 which focuses on improving patient outcomes and access, at a stakeholder engagement event in July 2015.

The event reviewed the following services:

- Early Intervention in Psychosis
- Community Mental Health services for people with Dementia
- Structured Education for patients newly diagnosed with Type 2 Diabetes

The event was attended by 40 people, including representatives from the voluntary sector, carers, patients, staff from the CCG, provider organisations and Governing Body members.
Feedback and impact
All three services reviewed were rated ‘Developing’ overall, which means that people from only three to five protected groups fare well when compared to the population as a whole.

Changes made following the engagement event include:
- Opening the Early Intervention in Psychosis service to people over the age of 35, in keeping with the revised National Institute for Clinical Excellence (NICE) guidelines. The service had previously been restricted to people below 35 years. The service also has access to a disability champion and occupational therapists for guidance on adaptations. Monitoring is now taking place on the sexual orientation of patients and staff can access training to support patients who are pregnant or have post-natal challenges.
- Outreach to promote the Structured Education for Patients newly diagnosed with Type 2 Diabetes, especially among Black and Ethnic Minority Communities. Staff have been recruited to promote the services at community centres and places of worship. In addition, sessions were increased to include weekends to support working people.
- Encouraging re-referrals back to the Memory Assessment Service (MAS) for those who are diagnosed with minor cognitive impairment and incorporating collaborative care planning sessions with the person with dementia and his/ her carer (within three months of diagnosis) into a new Memory Assessment Pathway. This will help to ensure that care planning occurs in a consistent and equitable manner’

Health Help Now

Aim
The CCG undertook a range of meetings and engagement activities to seek patient and public feedback to the ease of use and content of a new website/smartphone application.
Voluntary sector groups were specifically asked:

- How best to select voluntary organisations and community groups for inclusion on the Health Help Now database (bearing in mind safeguarding and assurance issues).
- How to ensure that details of such groups are kept up to date on the Health Help Now database.

Merton’s Patient Engagement Group (PEG) were asked for their thoughts on the product and on the engagement plans for the development phase, they were also consulted in the development of the later marketing plans.

Groups targeted included older teenagers, young parents, young carers, health champions, older people and the wider community. Merton CCG also spoke to local people:

- Merton Voluntary Services Council ‘Involve’ meeting.
- Merton young parents group
- St. Mark’s Academy, Mitcham
- Ricard’s Lodge High School, Wimbledon
- South Thames College, Morden
- Merton Young Inspectors

All participants were volunteers. They were recruited following approaches to their organisations for specific involvement. A draft version of the online tool was presented to participants, which included how the tool looked as used by the CCGs (Kent & Medway). Participants were also given a presentation of the aims of the tool.
Feedback and impact
A public survey, mostly completed online and promoted via local Healthwatch and via the CCG’s digital channels, was shared. Some paper copies were completed by members of the African Educational Cultural Health Organisation, and the views of a group from Merton Centre for Independent Living were recorded by a facilitator. In the survey, 29 out of 30 people who responded to the question: “Do you think having a website that brings together lots of health and other information for Merton is a good idea?” said yes. Twenty-eight out of 34 people said they were likely to use it personally. In comments, one person wrote: “Thank YOU! A great resource, much-needed!” Other respondents flagged the need for more advice aimed specifically at LGBT people, which is something the project team is now addressing.

Feedback from the young people included:
“This is good if you’re embarrassed to go to your GP,”
“Minimal, simple effective design and easy to access information”
“Good to search by symptom not by category or predetermined list of symptoms”.

Young people suggested additional areas for inclusion:

- sexual health information/ signposting - included
- dementia helpline – local Alzheimer’s support groups now included
A group at the Merton Centre for Independent Living questioned the need for the website and app. They felt they would know who to contact in an emergency and also felt that emergency contact details were not sufficiently visible on the site. This was taken back and clearer signposting created.

Decisions taken as a result of feedback included the addition of a search function on the symptoms page; simplification of wording and the addition of more local services to the directory.

**East Merton Model of Health and Wellbeing**

Merton CCG is currently seeking to develop a new model of care for East Merton, working with our public health colleagues to ensure that the healthcare needs of our most deprived area within the Borough are taken into account. To take the work forward, Merton CCG and Public Health Merton commissioned a specialist agency to examine the evidence, views and current provisions for health and social care, to engage with local community representatives and to co-produce a model of care for East Merton.

**Aim**

A workshop was held in December to explore potential models of care with all the major stakeholders in the borough. Representatives included Merton Healthwatch and Merton Voluntary Service Council, and two patient representatives from East Merton were also invited. Other attendees were drawn from local health, social care and public health professionals, and representatives from the voluntary sector and service users.

**Feedback and impact**

At the end of January 2016 the initial findings from the group were shared with the CCG’s Patient Engagement Group and Merton Health and Wellbeing Board to agree next steps, including the decision to undertake further research and discussion to refine the emerging model of care. It was also agreed that going forward the project would be called the East Merton Model of Health and
Wellbeing rather than the East Merton Model of Care and that rather than rush the project it was right that further discussions took place over a slightly longer timeframe.

In March 2016, a group of 50 stakeholders, including GPs, councillors, Healthwatch, the local MP, community representatives and CCG leaders, visited Bromley-By-Bow Health Centre to see their innovative scheme and to identify what might be applicable for Merton. The next step is to discuss with local communities at a very local grassroots level. This work is now underway managed jointly with Merton Council and championed by Merton CCG Governing Body member and Director of Public Health for Merton, Dagmar Zeuner.

111 and Out of Hours re-procurement

Merton CCG along with the other five South West London CCGs commenced a joint re-procurement process for NHS 111 in 2015. In addition to re-procuring the NHS 111 service, Wandsworth, Kingston and Merton CCGs also began to jointly re-procure an Out of Hours service (OOH) which will be integrated with the 111 service.

Aim
Merton CCG wanted to commission a service that sends patients to the right service first time for their needs and provides a good patient experience. We need to understand local perspectives to achieve this.

Engagement activities included:

- South West London patient workshop for patient representatives and the public from across South West London boroughs
- Numerous South West London provider, patient and stakeholder workshops regarding feedback on the specifications including in Merton
- A South West London patient and CCG workshop regarding completion of the tender documentation
- A South West London survey which was promoted via patient engagement databases (including Merton CCG’s and detailed below), the media and social media to gather views on how people use 111 and how it can be improved
- A review of feedback on 111 in South West London on the Patient Opinion web platform
A review of outcomes from national engagement by Ipsos MORI on behalf of NHS England

In addition, there was a Merton patient representative on the Programme Board which met on a monthly basis. Members received emails, documentation and information regularly.

Patient Workshop
A patient workshop was promoted across the South West London area via the CCG networks. This included patient groups, Healthwatch, patient forums, patient participation groups etc., local media and social media. The workshop attracted patients and patient representatives from across the six South West London CCGs and a total of 23 people attended.

Patient Survey
A patient survey was promoted via the media, social media, CCG websites, CCG engagement channels and patient databases. It received 82 responses. The survey captured information about how people currently use 111, perceived barriers and how they felt the service could be improved. 51% of responses were from 60+ age group and 37% were from 40 to 60 age group. The remaining 12% were in the 25 to 40 age group.

National Engagement Reviews
Two NHS England engagement activities were also reviewed as part of the research into patient views on NHS 111. Groups covered by these two pieces of research included people with learning difficulties, older people, teenagers and people with mental health conditions and their carers.

Feedback and impact
The following elements are what patients at the patient workshop and also the survey felt would be needed for a 111 service to be excellent:

- Medical advice from the medically trained over the phone 24/7 (to include doctors, nurses and other health care workers)
- Help to direct patients to the right place for treatment
- Prescription renewals
• Advice for non-English speaking patients
• Telephone transfers to 999 service for an ambulance if required
• Info about where your local pharmacy is
• Advice for people who are not registered with a GP
• Clinical diagnosis of illness and injury over the phone if possible
• A decision tree that doesn’t assume a pathway based on age – e.g. arthritis
• Support for people with mental health problems
• Fast first response, calls answered within three minutes with quick transfer to medical practitioner if needed
• A caring friendly voice on the line and call handlers to have good communication and listening skills
• A service that people with hearing impairments can access easily
• Advice to care homes/nursing homes with an understanding of the level of expertise of the person they are talking to
• Faster triaging to get people to the answer they need faster
• Consideration of DNR
• A database with background info of people who have long term conditions and need to use 111 regularly
• Call handlers speaking multiple languages/better language/translation services
• A live chat option on a 111 website
• Prescribing advice – access to 24/7 pharmacy via out of hours
• Better training for call handlers on mental health issues
• Better access to dental services
• Advice to patient about how the call is prioritised and how long they can expect to wait for a call back
• Understanding how to support people with learning difficulties through the call process, and understanding learning difficulties does not equate to mental health problems
• Training for call handlers on children at risk
• Medical advice for patients while waiting for ambulance
• Transparent complaints system
This feedback specifically from patients and patient representatives informed not only the specification, but also the tender documentation, the South West London vision and the integration between the 111 service and the OOH service. Feedback from the workshops, surveys, patient emails and other workshops was also fed into the service specifications for both the 111 and out of hours procurement. There was further engagement before the specifications were finalised.

The Merton patient representative helped review the bids once received, was part of the moderation panel and was also involved in the provider presentations and participated in drafting the site visit outlines.

As a result of this engagement, the following aspects were included in the procurement documentation:

- Amendment of the 111 and OOH specifications to require any Provider under the contract to have a regular forum for patients
- Stricter requirements under the contract to not only obtain patient feedback but also to action it if appropriate and report back on how the action is being action and the outcome of that implementation
- Multiple amendments to both specifications have been made to include patient feedback and clarification as to what was
- Agreed wording on what the vision for the future of NHS 111 and an integrated service will look like implemented in specifications and tender documentation
- Amendments to tender documents based on patient feedback at tender workshop and subsequent incorporation into all procurement documents

Urgent Care

Aim
During 2015/2016 the CCG undertook an integrated review of routine and urgent primary care. This included a review of services currently provided by GP out-of-hours services, the Wilson Walk-In Centre, general practices, A&E and London Ambulance Services. This sat along the CCG’s engagement work over the last couple of years to develop the specification for a new 111 and out of hours provider.
As a result the CCG felt that existing services should enable people with urgent, but non-life threatening, needs to access responsive, effective and personalised services outside of hospital. The Patient Engagement Group were asked for their views on routine and urgent care at a meeting on 26 January 2016 and asked to feedback by email any additional thoughts afterwards.

**Feedback and impact**
PEG welcomed being involved and asked to be involved with the CCG’s plans to engage patients and residents going forward, particularly helping to ensure the CCG talks to those who have experience of using the services. The Group also welcomed the CCG’s plans for ‘patient education’ and felt it should be the priority and felt that patients of a non-English speaking background should be fully engaged.

The CCG is now analysing a number of options on how services could change in 2016/2017 and beyond and will be involving local residents in the development and design of the ideas. This includes looking at evening and weekend access to GPs, and making more efficient use of Merton’s local urgent care centre and community pharmacies - both areas suggested by local residents. The team responsible is also looking at how best to engage service users and those from a non-english speaking background.

**Carers Strategy**

**Aim**
We wanted to hear what carers thought about the support that is currently available to them in the borough and to find out what they consider to be the most important areas that we should focus on in terms of developing local services.

Two engagement events took place in September 2015. These were joint events between the CCG and Merton Council. Carers Support Merton was also closely involved in their design and delivery. The two events were held in different parts of the borough and also at different times of the day to facilitate attendance.

The events used the four Priority Areas detailed in the National Carers Strategy to inform the discussion and asked the participants what is going well, what are the challenges and issues in Merton and their improvement ideas.
Feedback and impact

Key emerging themes

Priority Area 1: Identification and Recognition:
- A lot of carers are not reached in Merton and do not access available support.
- There are a range of different mechanisms/approaches that can be drawn upon in order to raise awareness (e.g. GP practices, libraries, cultural/religious organisations, GP practices, My Merton etc.)
- Patients are experts by experience and should be recognised as such.
- People who care for children with a learning disability may increasingly grow to identify themselves as a carer over time, for example they may start to recognise that they continue to provide support for their children in ways that other parents have stopped.

Priority Area 2: Realising and releasing potential:
- Employers should play a key role in responding to carers’ needs and in helping them to remain in employment.
- It can be challenging to find the right support which can enable people to access job opportunities and to remain in work (carer and cared for).
- It would be positive if employees were given the opportunity to work flexibly to enable them to take the time to join and attend groups which could support them in their caring roles.
- As part of employment law, people are entitled to ask for flexible working. Any carer should be in a position to be able to start a conversation about this.

Priority Area 3: A life alongside caring:
- The ‘Thinking Ahead’ resource for carers with people with learning disabilities is helpful and it can be valuable in terms of planning for the future.
- People want to know what’s going to happen in the future and ensure that the right plans are in place but this can be difficult.
- It is difficult to have assurance about future support and negotiate in advance.
• It is important for carers to have an emergency plan so that they know what to do when difficult situations.

Priority Area 4: Supporting carers to stay healthy:
• Carers Support Merton offers a range of services and support, including group and individual therapies.
• Doctors can go the extra mile in order to support carers and those who they care for. One example was provided where, prior to a planned hospital admission, a doctor provided detailed information about the needs of the cared for person and how these could best be met.
• Friends and relatives of carers often want to provide help and support but can be concerned that things may go wrong or that offers of support may not be well received.
• It is important for professionals to operate in partnership with families so that there is a sense of a team working together to meet someone’s needs.

The feedback from carers has been collated and is now being used to inform the development of a joint Carers Strategy. Feedback has already guided the development of a Carers Support Hub, delivered by Carers Support Merton and commissioned by Merton Council as part of phase 2 of the Ageing Well programme.

People with dementia and their carers

Aim
Development of a new five-year Dementia Strategy for Merton to improve service provision in the borough for both people with dementia and their carers.

During 2015/16 a comprehensive Dementia Health Needs Assessment (HNA) was completed by Merton Council with support from the CCG. As part of the development of the HNA, qualitative data was collected through the following methods:

• In-depth, semi-structured one-to-one interviews with some key professionals.
• A Stakeholder Engagement Event held at the Merton Dementia Hub with commissioners and providers.
• Two focus groups with carers of people with dementia, one held at the Merton Civic Centre and one held at the Dementia Hub.
• A focus group held with people with dementia held at the Merton Dementia Hub.

The HNA captures the comments and feedback that were shared as part of this engagement, which will be drawn upon as the Merton Dementia Strategy is developed.

Feedback and impact
Qualitative data was collected through focus groups, and a Commissioner and Provider stakeholder engagement event held at the Dementia Hub including representatives from statutory and voluntary service sectors. Alongside this a systematic literature review was carried out on the topic of best practice around dementia care and risk factors of dementia.

39 people took part in the focus groups - they were all people with dementia or carers of people with dementia. Three participants were of Black, Asian and Minority Ethnic (BAME) background.

During the focus groups carers expressed a desire for better out-of-hour crisis support and respite care. This will be fed into the carers’ strategy development as well as the dementia strategy. They also asked for a ‘dementia friendly community’ as one “in which people with dementia are empowered to have high aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them”.

One of the overarching themes from engagement with people with dementia was having no single individual to ring with concerns of dementia.

• Community Dementia Nurses have now been introduced into the community integrated locality teams. These nurses play a vital role in the care planning, delivery and coordination for individuals with dementia and adopt a holistic approach to ensure their physical and mental health needs are met.
• Dementia Advisers and Dementia Support Workers provide personalised practical and emotional support to people with dementia, carers and their families depending on people’s needs.
More memory assessment clinics now take place at the Merton Dementia Hub, which is a unique, community-based centre where a range of support services for people with dementia and their carers are provided. As part of the memory assessment service pathway, people who receive a dementia diagnosis are immediately given the opportunity to speak to Dementia Advisers who provide personalised information, advice and guidance to people with dementia, from the point of diagnosis onwards; they also signpost and facilitate access to services in the borough to ensure that people with dementia have the help and care they need.

**Patient Story**

Harry was diagnosed with Alzheimer's nearly five years ago. In 2015, he and his wife Joan moved to Merton to be closer to their son and daughter-in-law. Harry was referred to the Dementia Hub by a Community Psychiatric Nurse, and within a fortnight, a Dementia Services Adviser visited Harry and his family at home.

The Dementia Adviser was able to give Harry and his family a range of specialist information relating to dementia and tell them about support groups, workshops and courses that are especially designed for people with dementia, as well as their family and carers. Harry and Joan were interested in the Dementia Hub’s Blue Sky Café and Record club, and Joan was keen to take part in the courses. She also showed an interest in the Dementia Support Worker service, as she felt she would like someone to talk to and support her directly.

Although Harry is independent in many ways, his wife has to prompt him to take his medication and prepares all their meals. The Adviser told Harry and his family about financial support he may be entitled to, including Attendance Allowance and Council Tax exemptions. Harry likes to stay active and enjoys walking. As his family were concerned about Harry’s safety, the Adviser set out a number of practical options, such as using daily living aids, joining a walking group, carrying a mobile phone or making use of local agencies who can provide care staff to accompany clients on outings.

Harry and his family now keep in regular touch with their Dementia Adviser. She is their named contact and supports them in accessing services they may need – and services that they may not have otherwise known about.
Consultation for people with learning disabilities, autism and mental health conditions

In the summer of 2015, the CCG launched ‘No voice unheard, no right ignored: a consultation for people with learning disabilities, autism and mental health conditions.’

Aim
To better understand the needs of people with learning disabilities, autism and mental health conditions so that these can be taken into account when designing and commissioning local services.

The consultation asked people to comment on assessment and treatment in mental health hospitals for people (all ages) with a learning disability (LD) or autism; and adult care and support, primarily for those with learning disability but also for adults with autism and the links to support for children and young people. The results are now being fed into future plans.

A follow-up meeting was held in November with Adults First (a forum for carers of adults with a learning disability who live in Merton) to address some concerns that they had and to reassure them that their views were being taken into consideration and had already been fed into commissioning work around community services. As suggested at the meeting, we set up periodic meetings with the group to maintain a constructive dialogue and to ensure their voice was heard.

Feedback and impact
Adults first talked through key points which included:

- Carers are the coordinators of care, the note keepers and care champions. Concerns were raised regarding what happened to people who didn’t have family members to take on this role.
• Significant issues raised about patient notes – healthcare professionals not keeping proper notes and there not being effective ways of sharing these across the health and care system. This puts extra stress and responsibility onto the carers to keep track of everything.
• Does the CCG have access to a learning disability (LD) register - need to encourage CCG and local authority to keep robust data on who is affected
• Carers need to be seen as experts by experience – not an add on – but as an integral part of healthcare system.

In response Merton CCG said:
• Work has been taking place with the current community provider to develop key workers for people who required additional support. This would also be part of the future model with the new community services provider.
• Software called Co-ordinate My Care has been adopted for those at the end of their life and this was being adapted to enable its use for people with multiple or long-term conditions. The software enables a variety of providers to have access to key agreed information about a person (with their consent).
• The CCG are putting together a register of people with LD. There is also a broader piece of work with GPs being undertaken to help them identify vulnerable service users.
• Happy to attend a future meeting to discuss the risk register (noted that this should be referred to with a different name and welcomed Adults First ideas on this.

Care Leavers Association Project – participation of Merton Children in Care Council

Aim
A focus group was held in March 2016 with representatives from the Children in Care Council to better understand the needs of this particular group and to support the Care Leavers Association project that sought to build a national picture of care leavers particular health concerns and needs.
Attendees were asked:

- What was harmful to your health during care, during your transition and after care?
- What was helpful to your health during care, during your transition and after care?
- What is need to better support your health to your health during care, during your transition and after care?

**Feedback and impact**

In response to the question ‘What was harmful to your health during your transition and after care?’ a number of responses focussed on aspects of ‘healthy living’ or rather unhealthy living citing smoking and drinking, fast food and excessive use of games consoles. Participants also said they did not like going for a health assessment and did not know where to go regarding matters relating to sexual health.

In response to the question ‘What was helpful to your health during care, during your transition and after care?’ participants gave the following responses:

- GP – helped identify underlying issues
- Health Plan – being involved in it
- Gym membership
- Workshops – cooking and eating healthily
- Health Passport
- Sexual health advice

What is needed to better your support your health during your transition and after care?

- Not a doctor – wasn’t unwell
- Independent person re mental health and emotional wellbeing
- Better venues – dislike of going to a GP surgery or clinic, not at school or during school hours because miss lessons and peers may ask questions
- Digital/e-copy of health passport
- Access to sexual health and relationship advice and support – around 16 years or earlier

Respondents felt that flexibility in terms of times and venues was essential as was easy and quick access to specialist services.

All the feedback and views shared were given to the Care Leavers Association to contribute to their survey (which is being undertaken in partnership with 10 London CCGs of which Merton is one) and also shared with Merton Council. The views were also fed into the CCG’s work to inform future commissioning intentions.

**Re-provision of Norfolk Lodge adult psychiatric step down service**

**Aim**
To inform the commissioning and provision of a new version of an old service, and to give reassurance with regard commissioning intentions.

Events were publicised through the CCG web site, SWL St George’s website and also publicised through the Merton Mental Health Forum, a local mental health stakeholder umbrella group. Three events were held during July 2015 and one event was held in August 2015.

Alongside clinical workshops four meetings were held for local people, service users, carers, voluntary groups, Merton Healthwatch and local mental health staff. The meetings offered an opportunity for people to understand what was being commissioned and why, and to raise any questions or concerns that they might have.

**Feedback and impact**
A series of Question and Answer (Q&A) and Frequently Asked Questions (FAQ) sheets were prepared and circulated to the wider stakeholder group to keep people informed. Follow-up meetings were held in the run-up to the decommissioning of the old service to help keep everyone informed and reassured.
New Community Services Provider

Aim
Considerable patient and public engagement was undertaken in 2104/15 for the specification development for the re-procurement of community services, undertaken jointly with Merton Council, for the population of Merton to replace the combined Sutton and Merton Community Services model. 2015/16 saw the output of the engagement activity incorporated into the procurement process in refining the service specification and tendering of the service.

Feedback and impact
Key themes from the events for children included performance management, coordination and teamwork, continuity, easy access, qualified staff, supported transition, informality and responsiveness and a holistic approach are crucial to reduce negative impact. Key themes and messages from adults services events - the need to provide clear and accessible information to help people know where they can access help and support; the role of early intervention in helping to avoid crisis situations; the importance of looking at the whole person and understanding the issues that are most important to the individual; improving communication and coordination across services and organisations; providing carers with the right support so that they are able to continue in their caring role.

Following the ‘Invitation to Tender’ stage the bids were evaluated. The evaluation group included representation from a patient representative whose scores fed into the overall evaluation, leading to the appointment of a preferred bidder with services commissioned to start on 1 April 2016.
Section Four: Individual duty

The Expert Patients Programme

The Expert Patients Programme (EPP) is a free self-management education course which supports adults in Merton living with, or caring for someone with, one or more long-term health conditions. The EPP offers participants the opportunity to develop techniques to better self-manage their health, increase their confidence and improve their quality of life.

The six-week courses are run by tutors who have been through the programme themselves and also have on-going health conditions. The programme includes:

- Coping with feelings of depression, anger and frustration
- Communicating effectively with family, friends and healthcare professionals
- Relaxation exercises
- Healthy eating and nutrition
- Managing symptoms and medication
- Planning for the future and much more

Courses run during the year sought to help carers, older people, mothers, and for the first time, people with mental health conditions. 2015/16 also saw Merton CCG hold an EPP course in the evening for the first time. 56 individuals took part in one of our six courses, with 45 receiving completion certificates. Of the 47 people who completed the diversity questionnaire, 79 per cent of the 2015/16 course participants were female and 21 per cent male. 49% were white British or any other white background and 51% were BAME or mixed/multiple ethnic groups. 41% were 18-55 years, 21% were 55-65 and 38% were 66 or over.

The CCG also held two reunion events during the year. The events give former and recent graduates from Merton CCGs Expert Patients Programme the chance to share how self-management of their long-term health condition has enabled them to achieve personal success.
Expert Patient Katherine Rohan tells her story:

“I’d been very sick, getting fed up and depressed. I had been doing courses on depression but this sounded like it was a more holistic approach. It turned out to be exactly what I needed.

“I had heard the term self-management but only in guru-type books about how to become more popular and succeed in life. During all my stays I hospital I hadn’t heard it mentioned by anybody. I felt at home immediately because everybody in the class is dealing with illnesses. I felt like an X-man who has found the rest of the team. We all have our own ‘super power’ and there is no need to explain to anyone else what we had - you just know that if you can’t walk very well, or if you can’t eat that type of food at the break, you don’t need to explain.

The course rose far above my expectations because it concentrated on all aspects of the person. It dealt with pain, healthy eating, exercise, and every week we did an action plan which we aimed to achieve during that week. It did not have to be related to our health - it could be an activity. The focus on the healthy eating was very useful. I have a lot more vegetables now and a lot healthier diet generally.

I get exhausted very easily and get fed up. That is where the course has helped me a lot and I have achieved far more than I thought. The secret was that people were interested in our progress. The tutors are interested in you as a person and how you are getting on. I thought we would be learning and doing tests but there was nothing like that - it was just very interesting and very useful.

Life has been more positive since I have done the course. I did complain that the course was only six weeks long - I wanted more support and for longer. But as the tutors pointed out, I’ve got the skills, I’ve got the tools I need for each situation. I can also keep in touch by coming to the reunions. I went to one in October which was marvellous - not just for the social aspect but there was a very useful talk on medications. I still get sick but I am more pro-active. I do realise it will pass and I can get back onto my programme.”
Complaints

The Continuing Healthcare Team were asked to provide an analysis of the individual complaints received during the year to identify the actions taken to address the themes identified:

Themes were noted to be:

- Poor communication between the CHC team and families.
- Delays in acknowledging and receiving correspondence.

As a result of the above, the CHC team implemented the following:

- Closer working with the hospital teams, supporting the discharge process. A CHC nurse was based at the acute site to facilitate CHC assessments and timely discharges with the aim of improving communication between the hospitals, the CHC team and families.
- A receptionist was appointed to ensure telephones were answered in a timely manner.
- The team had weekly peer review meetings where learning from complaints was shared.
- Complaints as a standing agenda item during team meetings and individual staff meetings.
- In the response letters the CHC team included the opportunity for the patient/family to contact the Lead Nurse to discuss the contents of the letter and answer any concerns or questions.

Over the course of the year due to the on-going concerns raised about the quality of Continuing Healthcare service and experience patients were receiving Merton CCG Governing Body approved the option to commission this service from an alternative provider. Merton CCG has now decommissioned the current service from the incumbent provider. A revised Service Level Agreement has been developed and Central London Community Healthcare will provide a full CHC service for the CCG from 1 July 2016.
Section Five: Forward Plans

Merton CCG is committed to making sure that good patient engagement and experience is at the heart of everything we do. We want to know what matters to patients, their relatives and carers to make sure we commission patient-centred services. We also want to continue to talk to Merton residents about the challenges that the NHS faces as a whole and the particular difficulties for our own area. We know things need to change. More care needs to be provided in the community and less care in hospital. We want to continue to talk to people about what is working well in local health services and what we need to do to improve or change.

Due to significant in-year pressures, however, the CCG ended 2015/16 at a break-even position and without its required 1% surplus (despite achieving our savings plan for the year). In addition, due to changes in funding arrangements, increases to nationally mandated tariffs, and continued significant increases in demand for services we also expect to be in deficit for 2016/17 even with a significant increase in our savings plans.

The CCG has therefore developed a robust Financial Recovery Plan (FRP). The FRP sets out in detail the measures that are needed to return us to a sustainable financial position. To do that will require significant savings and changes to be made which will need to include additional and radical measures far beyond those that are typically reflected in our annual saving programmes.

We are therefore reviewing all our commissioned services to make sure we are getting the best possible value for money and carefully evaluating patient benefit and effectiveness. Safe, good quality patient care will always be our priority.

We will provide regular updates via our website and other digital channels and, working with our Patient Engagement Group, community and voluntary groups and the wider public we will make sure local views are sought on our plans as they develop.

Merton CCG is not the only London CCG with financial difficulties. The financial position across SW London as a whole is challenging - as it is across the NHS and wider public sector. Going forward we do need to look at how we can work in a much more integrated way with partners in the NHS and in local authorities and the voluntary sector.
Engaging Locally

The CCG has committed to attending both Mitcham Carnival and Wimbledon Fair in 2016 and intends to continue to develop and support our Patient Engagement Group. The CCG will undertake an on-going recruitment campaign to boost both the number and diversity of members and ensure bespoke training and support opportunities for all members is made available. A short guide on patient engagement will also be produced and made available both in print and online to help explain what is involved and to encourage more people to get involved.

Merton is a diverse borough and the CCG wants to ensure it reaches out to and engages with all groups and communities within the borough. Alongside the work to boost the diversity of the membership of the Patient Engagement Group the CCG wants to grow its links with seldom heard groups and also BAME members of the community.

It is important the CCG captures and acts on the feedback from all groups. During 2016/17 the CCG will review its internal processes for logging engagement to ensure it is fit for purpose and allows commissioners to accurately reflect all activity undertaken during the year to ensure no feedback is missed.

We expect that our engagement focus on design and delivery of local health and care services in 2016/17 will be around:

- Developing a Primary Care Strategy and the on-going development of a multispecialty community provider
Refining the East Merton Model of Health and Wellbeing (in partnership with Merton Council) and the development of the Mitcham facility
- Review of Commissioned Services
- Commissioning Intentions 2017/18

South West London Collaborative Commissioning

We will also continue to take an active role in South West London Collaborative Commissioning work to plan service change to address the challenges facing the local NHS. These are outlined in the London five-year strategy for local health services and included in the Issues Paper published in June 2015. We will also work to ensure local people have an active role in helping to shape the development of the South West London Sustainable Transformation Plan.

One of our key areas of focus for 2016/17 will be on preventative and proactive care. We will discuss with local people what our immediate areas of focus should be. We anticipate talking to people during the second half of 2016 and into 2017. Engagement is expected to include:

- Letter to stakeholders (May 2016), setting out emerging thinking and asking for their views
- A grassroots engagement programme (with a focus on protected characteristics) supported by Healthwatch in each borough (NHSE-funded). Around 8-12 events will be arranged for people in Merton
- Continued and extended direct involvement of patients and the public (PPESG, patient reps on clinical groups)
- Regular reports setting out the feedback we have had and our response to it
- Increased online engagement: further web content, tweet chats with clinicians on key issues and offer people the opportunity to feedback on our ideas
- Health leaders to attend local meetings when invited
Section Six: Healthwatch Statement

Healthwatch Merton appreciates our continuing and constructive good working relationship with MCCG throughout 2015/16 and we acknowledge the good work the CCG undertakes in supporting patient engagement and participation and commend this report. Healthwatch Merton very much endorses the principle of ‘no decision about me, without me’ that MCCG has adopted.

This report highlights a number of initiatives and strategies (i.e. the five year dementia strategy for Merton as an example) produced over the last year that will aid to the improvement and direction of services within Merton and Healthwatch Merton acknowledges the effort the CCG has made to ensure these have been informed by patients during their development.

We are pleased at the significant progress made to engage with patients through a number of stakeholder events, internal forums, external groups/forums the CCG attend and have a noticeable presence, along with the establishment of the Patient Engagement Group (PEG). We believe that these activities could be strengthened further by evidencing and promoting the achievements they have made more consistently to the general public. The work by the CCG to include patients and other stakeholders in procurement processes has been refreshing, welcoming and evidence of the will within the CCG to work alongside its patients and we look forward to this continuing.

Areas to note

- The development and establishment of Patient Participation Groups (PPGs) across Merton’s 24 practices is very varied and limited, with no real coordinated approach to enable and support the effective development of all of them. This report has three citing references to PPG’s and nothing tangible about what has been done and is going to be done. Healthwatch would welcome a clearly defined and agreed approach to develop effective PPGs across all Merton practices and co-ordinated by CCG in partnership with key stakeholders.

- It would also be very beneficial for a clear visual info-graphic to be developed to show how patients form part of the processes within the CCG and how the different routes put patients at the heart of everything the CCG does. The CCG should consider creating a graphic map that showed the full breadth of what the CCG offers for patient engagement – both within the CCG and
one that includes Merton PPGs, established stakeholder events, SWLCC forums, the MVSC Mental Health Forum, the Expert Patients Programme seminars and reunions and so on.

Healthwatch Merton look forward to the coming year and the opportunity to continue to work in partnership with MCCG to the benefit of Merton patients on many of the areas highlighted within this report.

Dave Curtis
Healthwatch Merton Manager

http://www.healthwatchmerton.co.uk/