Patient and Public Involvement
Annual Report

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NHS Merton CCG
January 2018 – December 2018
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1. Welcome

This year’s engagement report highlights the volume and impact of meaningful engagement we have undertaken with people in Merton, including those that are seldom heard. This demonstrates our commitment throughout the CCG and our member practices to involve patients, the public and our wider stakeholders in all that we do.

Our Board receives regular reports about the outcomes of our engagement activity and how it is helping us deliver our vision for local health and care services for the people of Merton. We continue to welcome members of the public to our Board meetings and our Annual General Meetings, so that they can ask us questions about the decisions we are taking.

Patients have influenced many of the improvements we have introduced over the last year. A few examples include developing our local health and care plan and considering how we should be engaging around the development of the Health and Wellbeing Campus on the old Wilson Hospital site.

I’ve been fortunate enough to be at many of the engagement events this year, including our health tent at the annual Mitcham Carnival, which gives us a fantastic opportunity to share information about the work we are doing and how people can get more involved. Our Annual Report for 2017/18 also provides a very useful summary of our work, including outcomes and improvements that have been put in place.

Our Patient Engagement Group (PEG) remains a key asset in providing critical friend feedback on our plans and approaches to engaging local people. We are very grateful to our PEG and all of the individuals and groups who give up so much of their time, on a voluntary basis, to help us with our work. My thanks to everyone helping us to make improvements for Merton residents. I’m extremely proud of the work we are doing together. I hope you enjoy reading a snapshot of what’s been happening this year.

Dr Andrew Murray, Chair, Merton CCG
2. Who we are and what we do

NHS Merton Clinical Commissioning Group (CCG) is responsible for planning, buying (commissioning) and monitoring local healthcare services for everyone in the borough.

Our group of 22 GP practices works together with our partners to:

- Improve health and wellbeing
- Reduce health inequalities; and
- Ensure everyone has equal access to healthcare services.

Our guiding principle is that everyone in Merton should be able to receive the care they need, in a timely way, in the most appropriate place and from the right healthcare professionals, bringing the right results for each individual patient.

We have a strong history of partnership working in Merton. We believe that health in the borough can only be improved through effective working with local partners. To do this we need to fully engage clinicians and work with local communities and patients to shape services for the future. Our partners include:

<table>
<thead>
<tr>
<th>Merton Council</th>
<th>Merton Health and Wellbeing Board</th>
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<tbody>
<tr>
<td>Kingston Hospital</td>
<td>London Ambulance Service</td>
</tr>
<tr>
<td>St Helier Hospital</td>
<td>Department of Health</td>
</tr>
<tr>
<td>St George's Hospital</td>
<td>NHS England</td>
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<tr>
<td>Healthwatch Merton</td>
<td>South West London Health and Care Partnership – comprised of the organisations providing health and care in the six south west London boroughs. We are working together in four local partnerships, acting as one team to keep people healthy and well in Croydon, Sutton, Kingston and Richmond, and Merton and Wandsworth.</td>
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</tbody>
</table>

We aim to offer the people of Merton a wide range of accessible, high-quality and easy-to-use services to help them stay healthy, and to care for them when they fall ill and need extra support.

We realise that we can only do these things if we hear and understand what people think of health services and we are committed to obtaining your feedback on whether the services you use are meeting your needs.

3. Understanding health needs and our local population

It is vitally important that we understand our population, as this will help us to deliver services that are focused on meeting the needs of local people and make a real difference to their health and wellbeing. As well as working with doctors, other clinicians and members of the public to understand what people need from their NHS, we also work closely with Merton Council’s Public Health Team to understand the health needs amongst our communities. This includes developing an assessment of these needs based on available evidence, called the Joint Strategic Needs Assessment.

The Merton Story, below, explains more about the health of our communities. More information on our local population is available on our website and in our Annual Report.
The Merton Story 2018

Merton's changing population

2018 = 209,400 residents
West = 99,200  East = 110,200

3.9% increase projected to 2025 = 217,500

Predicted growth in ages 65 and over
Predicted decline in ages 0-4 years

Inequalities and the health divide

"People in East Merton have worse health and shorter lives"
West and East Merton show differences in the population.

West Merton
- Higher white population
- Less deprived
- Higher income
- Older
- Higher life expectancy
- Longer healthy life expectancy
- Higher employment

East Merton
- Ethnically diverse
- Shorter life expectancy
- High unemployment
- Poorer diet
- Shorter healthy life expectancy
- Lower income

More deprived
Overcrowding
Younger
Child and family vulnerability and resilience

16-17 year-olds not in Employment, Education or Training
3.5%, lower than London (5.3%) and England (6%).

Children in care
England 62 per 10,000
London 50 per 10,000
Merton 36 per 10,000

The "Trigger Trio" - children living with parental misuse of drugs, alcohol and domestic violence
64% of Children in Need were due to abuse, neglect or family dysfunction. Higher than London (60%) but lower than England (67%).

Under 18 conceptions
England 18.8 per 1000
London 17.1 per 1000
Merton 16.5 per 1000

East Merton wards have the highest rate of teenage pregnancies (21.9 per 1000) compared to the west (6.7 per 1000).

Hospital admissions caused by unintentional and deliberate injuries in children and young people
15-24 year-olds 130 per 10,000 (London 96.5, England 129.2)
0-14 year-olds 107 per 10,000 (London 78.1, England 101.5)
0-4 year-olds 129.4 per 10,000 (London 94.8, England 126.3)

Merton admissions are higher than London and England

A&E attendances
0-17 years, Merton is lower than London but higher than England.
England 405 per 1000
London 459 per 1000
Merton 423 per 1000
Healthy lifestyles and emotional wellbeing

Healthy life expectancy at birth
Higher for females than males in Merton.

Males 65.4
Females 66.3

Longer than London (63.2) and England (63.5)
Longer than London (64.0) and England (64.8)

Overcrowding
Impacts upon health, for example respiratory disease and poor mental health and wellbeing.

West 11%
East 20%

Access to green space
18% of Merton is green space compared to 10% in London
Access to a local park within 400 metres of where people live

West 31%
East 46%

Use of outdoor space
Only 16.5% of Merton’s population (around 34,000 people) use outdoor space for exercise/health reasons. This is lower than London (18%) and England (17.9%).

83.5% don’t use
16.5% use

Alcohol related harm
In 2016/17 there were just under 3,000 admissions for alcohol related conditions.

England 2,185/100,000
London 2,254/100,000
Merton 1,868/100,000

The rate for Merton (1,868 per 100,000) was lower than London and England.

Substance misuse
60% of opiate and crack users in Merton are not accessing treatment compared to 62% nationally

83% of alcohol dependent population have unmet needs compared to 81.7% nationally

Access to Woodland
Merton is the 5th best borough for access to woodland within 500 metres of where people live - 25% compared to 16.8% in England (no value available for London).

Exercise
In 2016/17, just over 17% (28,000) of adults aged 19 and over were doing less than 30 minutes of moderate exercise a week. This is lower than London (23%) and England (22%)
Increasing complex needs and multi-morbidity

**Diabetes (Types I and II)**
- 6.1% have diabetes which is slightly lower than London (6.5%) and England (6.7%).
- Type II diabetes is more common in people of South Asian and African/Afro-Caribbean origin and affects people from BAME backgrounds at a younger age.

**Residents in contact with specialist mental health services**
- England: 2,335 per 100,000
- London: 2,092 per 100,000
- Merton: 1,737 per 100,000
- Merton shows lower rates than London and England.

**Gap in employment rate for those in contact with specialist mental health services compared to the overall employment rate**
- England: 67.4%
- London: 67.8%
- Merton: 62.8%

**Dementia**
- An estimated 1,700 people aged 65 and over have dementia in Merton; 74.4% have received a formal diagnosis.
- This is higher than London (71.1%) and England (66.4%).

**Emergency admissions due to injuries from falls**
- England: 2,114 per 100,000
- London: 2,201 per 100,000
- Merton: 3,262 per 100,000
- Falls are the leading cause of older people being admitted to hospital as an emergency.

**Hidden harms and emerging issues**

**Tuberculosis**
- London: 22.2 per 100,000
- SW London: 12.8 per 100,000
- Merton: 18.0 per 100,000 (about 40 people)
- The trend of TB is falling in Merton: 2015 (24.9 per 100,000)
- 2016: 22.9 per 100,000
- 2017: 18.0 per 100,000
- 2014-16 data suggests there are over 3.5 times as many cases of TB in East Merton than West Merton.

**Crime**
- Merton is one of the SAFEST boroughs in London, however there is a disproportionate fear of crime amongst residents as well as concerns about street drinking and anti-social behaviour.

**County Lines**
- Our young people and vulnerable adults are victims of serious organised crime when they are caught in County Lines issues. We need to understand where people with substance misuse issues are buying their drugs.

**Seasonal mortality**
- More people die in the winter than the summer.
- The majority are 75 and over.
- Common causes are respiratory diseases exacerbated by inefficient heating, insulation and substandard housing.
- Merton’s excess winter deaths (8.4%) are lower than London (13.7%) and England (14.7%).

**Other areas of concern**
- New Psychoactive Substances (NPS) and antibiotic resistance are emerging areas of concern to consider.

**Air pollution**
- Merton (along with most London boroughs) is failing its annual legal targets for both NO2 and Particulates. There is evidence that schools most affected are in the most deprived areas and consequently poorer children and families are exposed to multiple health risks. Air pollution can exacerbate respiratory conditions.
4. Planning our engagement

It is important to us that engagement with the public is undertaken in a meaningful way, so that they have real influence in what we are doing and that outputs from those conversations are used to help us deliver our priorities and improve services.

Through our Project Management Office, we make sure patient and public engagement is considered and planned at an early stage of project development. Equality Impact Assessments are undertaken as part of this process, which influences our engagement approach.

We also make use of existing intelligence such as patient experience information from our providers, outcomes from surveys and partner engagement to help contribute to an overall picture of services, views and experiences.

4.1 Statutory duty

As set out in the Health and Social Care Act 2012, CCGs have a duty to engage with patients and the public regarding service provision. We are developing a positive record of engaging routinely with local stakeholders, patients and the public. This ensures community involvement in how we design, deliver and improve local health services. We also gather information on the experience of patients using local health services. We consider what is working well and what needs to improve to inform our commissioning. We will continue with this approach whilst seeking areas for improvement and learning from best practice examples undertaken elsewhere. It is important that we design and commission services that meet the needs of our patients to enable us to provide the best possible health outcomes. We recognise how critical it is to get the right level of patient involvement in our work. Some of the ways in which we will continue to deliver this duty includes:

- Involving local people in our governance processes and decision making
- Promoting opportunities to get involved in different ways
- Planning our engagement effectively
- Feeding back to those who have worked with us
- Having the right tools and support for commissioners
- Working in partnership with other statutory bodies and the voluntary and community sector
- Supporting people who are already involved with us
- Sharing the outputs of our engagement work, publicly
- Holding providers to account to engage patients
- Engaging to help reduce health inequalities

4.2 Equalities

The CCG is required to have due regard to the aims of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in exercising its functions, such as when making commissioning decisions and when setting policies. Equality impact assessments ensure we target communities most impacted by any proposals and helps to inform who and how we engage.

5. How we engage

5.1 Our approach

We involve the public and patients in a variety of ways and use several different methods to capture views, reach seldom heard communities, ensure views are influencing decision making and to feed back to those who have been involved.

The approach we use depends on what we are engaging on and who we need to engage with, but include events, surveys, focus groups, social media, direct contact and through our partner
networks. Our opinion is that no-one is hard to reach, but we need to invest the time and resources to creatively reach those we aren’t currently hearing from. It is our view that it is best to go to people where they are, rather than expecting them to come to us.

Critical to the success of our engagement is maintaining strong and effective relationships with our local communities and partners.

We aim to actively work with patients, carers and the public to embed the values of the NHS Constitution into everything that we do.

### 5.2 Our networks

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<th>Group</th>
<th>Description</th>
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5.3 Working across south west London

Complementary to our local patient and public involvement arrangements, on projects that span several south west London boroughs, we work with the South West London Health and Care Partnership team. This ensures the voices of Merton people are fed into south west London wide projects meaning they influence decisions at all levels within the NHS.

To ensure effective lay involvement and patient and public engagement across the Health and Care Partnership, the south west London team runs a Patient and Public Engagement Steering Group. Attendees include:

- Patient and public CCG Lay Representatives from the six south west London boroughs
- Healthwatch representatives from the six south west London boroughs
- Voluntary Sector representatives from the six south west London boroughs

This group oversees public and patient engagement in the Health and Care Partnership and provides; two-way communication between the programme and key community/public stakeholders, advises on the targeted engagement activities to support wider engagement with diverse community groups and how engagement should be undertaken on work streams within the partnership.

6. How we use patient experience feedback

All providers of healthcare in Merton collect patient experience feedback which is shared with the CCG on a routine basis, through our quality team. The CCG needs to know how patients are finding the services we commission and how providers are involving them and responding to feedback (positive or negative).

We gather feedback about patient experience in many other ways - as set out in the diagram below. It is important that we use this intelligence to help inform and deliver improvements in local services. We manage the collection of this information through local monitoring boards and Clinical Quality Review Groups (CQRGs). Outcomes are routinely shared with our Board.
6.1 Holding providers to account for engagement

We expect all our commissioned providers to involve the public and patients. This is part of our contractual process. The procurement of a new service requires potential bidders to set out how they will engage the community and add wider social value by using the outcomes of patient engagement to inform and improve service delivery.

In our contracts we set out requirements that services must meet in relation to communicating with and involving service users, the public and staff. We use the standard NHS contract for all services we commission, other than primary care, which is covered by separate contracting arrangements.

The contract covers:

- involving individuals in decisions about their own care and treatment, providing them with information they can readily understand and responding to questions in a timely way
- actively seeking feedback from service users and the public about the services they are using or have received; this includes using patient surveys and the Friends and Family Test
- involving service users and the public when considering and implementing developments to services, and providing evidence when required of how they have done this and its impact

We use our regular Clinical Quality Review Group meetings to monitor performance and progress. We engage in active and friendly discussions with our provider colleagues about some of the challenges of involving diverse groups, acting on feedback and demonstrating where people’s views have had an impact.

We also invite providers to our Patient Engagement Group to update us on services – and have had impact through this in areas like MSK Connect. You can read more about this project in section 7 of this report.

6.2 Quality accounts

NHS Trusts produce an annual Quality Account, which includes information on work they have done to listen to and improve the experience of their patients and the public. You can read these on our Trusts’ websites.
7. Informing our work

It is critical that our engagement activity is meaningful and contributes to the delivery of our vision, strategic priorities and commissioning intentions. Evidence shows that when patients, public and healthcare staff work together, it results in better services which lead to better health outcomes. We place patient involvement at the heart of our commissioning and decision making, including analysing and planning, designing pathways, buying services and delivering and improving services.

Throughout this section you will see how our engagement has directly contributed and is supporting the delivery of many of our strategic priority areas and our commissioning intentions, including work undertaken as part of the South West London Health and Care Partnership.

7.1 Commissioning intentions 2018/19

Purpose and background

As part of our commissioning planning cycle, every year we seek the views of local people, partners and stakeholders to inform our commissioning intentions and their delivery.

The aim is to ensure as many local people and key service users are aware of our proposed plans and that they have an opportunity to provide feedback to commissioners to inform our activity for the coming year.

Engagement activity

Between August and November 2018, we held 17 focus groups with local voluntary and community organisations, reaching more than 100 people in Merton. Through this work we captured the views of the following groups of people:

- Those with physical and learning disabilities
- Those with Dementia
- Those from different ethnic backgrounds including BAME and Polish communities
- Carers
- Residents of working age
- Older people

The focus groups gave information about the CCG and local plans before asking people what was already working well with local services and what could be improved. Key feedback received centred around the following broad themes: continuity of care (especially for those with Dementia), accessibility of services (both physical access and access for whom English is not their first language), the quality of patient information, access to crisis care for those with mental health issues and CAMHS services, support for those with long term conditions and how public health services could be enhanced to support healthy lifestyle choices.

Outcomes and next steps
Feedback captured has been collated into a report which has been shared with the commissioning team to help determine our commissioning priorities for 2019/20 and to develop our Local Health and Care Plan. Local people we spoke will receive a copy of the feedback report and a “you said, we did” response outlining exactly how feedback has influenced commissioning activity. We also be publishing this on our website and letting people know via Twitter.

7.2 Wilson Health and Wellbeing Campus
Purpose and background
The Wilson Hospital site in Mitcham is being redeveloped into a new health and wellbeing facility for the local community in the east of the borough – where there are higher health and social inequalities and people are more likely to experience lower life expectancy and higher levels of deprivation.

This work is being undertaken by Merton CCG in partnership with Merton Council, Community Health Partnerships, NHS Property Services and Merton CVS. These partners are helped and supported by the involvement of the local community and stakeholders in key aspects of the campus’ development including the initial design brief, the look and feel of the site when people arrive at the site, helping decide what clinical and wellbeing services could be provided from the site and final touches such as the interior design.

Engagement activity
Gathering feedback on the initial design brief
In October 2016, Community Conversations kick started the process of engagement by reaching 30 different local organisations and over 450 people. They discussed the development of the new campus and what services should be located on the site.

To build on this work, further testing of the design brief was undertaken between April and September 2018 – aiming to seek feedback as well as raise awareness and interest in the project. Through this period of engagement, we attended 11 different events from focus groups to fun days and spoke to more than 400 people.

Our engagement activities targeted groups and communities that had not previously been reached, to ensure our work was reflecting the diversity of Mitcham - working more closely with BME communities, women, deprived communities and faith communities.

This phase of engagement activity focused on asking people what would enhance their experience of using the site. Those we spoke to were asked three questions: what do you want your first impressions of the space to be? How do you want to feel when you visit the
space? Are there things about the look, feel and design of the space that would make your life easier?

Key feedback themes included ensuring there was welcoming and bright decor, a signposting function, issues with public transport and access, signage within the building, physical accessibility of the building, supporting the development of community spaces including cafes and outdoor space as well as a strong desire to keep the frontage on the building.

**Making sure patient and public involvement is at the heart of the project**

To ensure the local community influences all aspects of the campus, we have established a Wilson Community Reference Group (WCRG) – comprising individuals and community and voluntary groups interested and invested in the development. It will also reflect the groups highlighted within the Equalities Analysis, currently being undertaken. This group reports into the Wilson Programme Board – demonstrating our commitment to ensuring patient and public engagement influences the project at every level.

The WCRG met for the first time in November 2018 and has helped us to develop our communications and engagement plans and input to the development of our Equalities Analysis. Key feedback included making sure we reach out to local communities and continue to communicate progress about the development.

**Outcomes and next steps**

The initial design brief feedback report had been shared with the Wilson Programme Board and will be shared with those we spoke to during this phase of engagement. It will be considered and used to shape the final design brief for the campus and we will update this report to include a “you said, we did” section, so that everyone can see what has changed because of the feedback gathered.

The Wilson Community Reference Groups feedback has already impacted our communications and engagement plans – we will now be doing more outreach work as part of future stages of the project, as part of our wider engagement approach.

We will continue to involve the group to ensure patient and community representatives inform on-going service design, are involved in architect’s workshop focussing on understanding how the public spaces within the building will work for people with different needs, informing the pre-planning application and seeking feedback on key aspects of the interior design.

**7.3 Community Ophthalmology procurement**

**Purpose and background**

Currently, planned and emergency ophthalmology services are provided by Moorfields Eye Hospital. Although patient experience is excellent, to support care closer to home and to increase access in the community for those with minor eye conditions, the CCG is undertaking a procurement across Merton and Wandsworth. This will provide a community ophthalmology service to complement emergency services at Moorfields.

**Engagement activity**
From our equalities analysis, it highlighted that those most likely to be using this service were older people and those from BAME backgrounds – so we aimed to target these groups through our engagement work. To inform the service specification, a focus group was held with Merton Vision in October 2018, drawing together a diverse range of people with lived-experience of visual impairments. We also discussed proposals with our Patient Engagement Group and sought their feedback.

Those we spoke to were asked about their eye conditions, where they went in their local community for eye care, how they currently access eye care services, what changes they would like to see and their thoughts on our proposals to introduce a community ophthalmology service.

There was support for a community ophthalmology service with patients welcoming the provision of services closer to home - feeling it would benefit them by reducing travel times and costs. Suggested areas for improvement included better communication between the service, GPs and patients.

Outcomes and next steps

Following the focus groups in Merton and Wandsworth, feedback has been shared with commissioners to update the service specification. Specific changes because of patient feedback have included:

- The inclusion of Domiciliary Care for housebound patients
- The Minor Eye Conditions, Cataracts and Glaucoma service will also be available on weekends to improve accessibility
- Appropriate service user representation will be part of the procurement, to provide feedback, input and support with selecting a new provider
- There will be training and accreditation for those providing the service so that they can give appropriate signposting and advice, even if they are not able to treat the patient themselves.

This will be feedback to those we spoke to.

As part of the procurement process, we are working with Merton Vision to recruit patient representatives to be involved in the procurement panel to select a provider to run the new community ophthalmology service.

7.4 Connect Care – Merton musculoskeletal service

Purpose and background

Connect Care were appointed as the new provider of musculoskeletal services in April 2016. The services allows patients to self-refer to go via their GP to access orthopaedic, rheumatology, pain Management, CATS clinics and physiotherapy services.
Engagement activity

To support Connect Care’s service improvement and patient experience work, based on feedback that more work needed to be undertaken, seven Patient Engagement Group (PEG) members attended a focus group in May 2018. The session was held to understand how the service could improve and how it should be seeking patient feedback on an on-going basis.

Outcomes and next steps

Connect Care took on board feedback from PEG members and made significant changes to their service. The below table gives an outline of the breadth of feedback and the action taken.

<table>
<thead>
<tr>
<th>You said</th>
<th>We Did</th>
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<tbody>
<tr>
<td>The Physiotherapy Waiting Room chairs at the Nelson Health Centre are low and a challenge to stand up from</td>
<td>- Connect Care have ordered chairs for the waiting area to replace the current seating</td>
</tr>
<tr>
<td>Exercises are like those given by the GP which are given over the phone by physiotherapists. The exercise sheets given are basic and unclear.</td>
<td>- Connect Care have recently invested in a new patient facing exercise and education software. This allows patients to access videos of exercises and educational resources online or via an app on their mobile phones <a href="http://www.physitrack.com">www.physitrack.com</a>. Patients now receive these minutes after their consultations (phone or face to face).</td>
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<tr>
<td>It is unclear whether more appointments can be booked and it is difficult to book face to face appointment via physio line. Would prefer 1:1 face to face physiotherapy rather than groups.</td>
<td>- Clinicians have recently had training on communication to help improve their explanation to the patients during Physio line assessments. - Connect Care are reviewing letters and patient information to ensure this is 100% clear. - A patient opt-in process has been introduced which allows patients to call and make an appointment within 28 days of their last appointment - Patient choice means people can choose home exercise, 1:1 physio sessions, the groups or sign posting to local gyms/ exercise classes.</td>
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<tr>
<td>The term MSK is not always understood by patients but is on the self-referral cards and letters. There is confusion by patients and GPs as to what the service offers.</td>
<td>- The self-referral cards and posters are being reviewed to ensure that the language used is helpful for patients and to explain what service they can offer. These are being developed alongside the CCG, with patient involvement. - Patient information leaflets have been updated. The leaflets aim to explain the service and has been shared with all Merton GP practices. They are available at clinics and will be on the Connect website.</td>
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| **Complaints cards for patients to take away was suggested** | **We have developed complaint cards which are available at our clinical sites for patients to take.**  
- Posters are available in all clinics and there is information and links on the Connect Website which gives detail on how patients can raise concerns and complaints  
- Patients who log a formal complaint will be invited to attend their service user groups within our response letter |
| **How does Connect Care consider disabilities within their policies?** | **The patient access policy and patient privacy and dignity policy ensures fair and equitable access for all patients.**  
- Connect are currently working with the CCG to review the access to the service and what changes and improvements can be made in line with the Equality Act (2010) |
| **There is poor access for patients with Learning Disabilities (LD). It is suggested that Connect Care contacts the learning disability specialist for Merton.** | **There are plans to change the access policy for patients into the service to incorporate self-referral.**  
- Connect Care have met with the learning disability Physiotherapist to discuss ways to improve links between the two services  
- Clinicians attended a training session, led by the learning disability service to increasing the awareness of the service and how physiotherapists can refer to this service  
- Merton Vision led a training session with staff in August 2018 which was extremely useful. The training focused on communication skills and strategies to support patients within the service |
| **Access to the Physiotherapy service is poor for patients with communication difficulties.** | **This is a service development project for 2018/19 which will be looking at improving the access to the physiotherapy service for all patients.**  
- Review of the self-referral process including inclusion and exclusion criteria is in progress. This will include options for patients who previously required a GP referral to refer directly into the service  
- Redesign of patient literature such as self-referral cards and Information Leaflets to ensure they are clear and informative. larger print, braille and other languages are being investigated  
- Connect Health’s website will have patient information available in different languages and audio and there is consideration of the use of interpreting services |
| **The patients suggested that there was a gap in the service for patients who required long term physiotherapy input and suggested that we run classes for these patients on a permanent basis** | **As with all long-term health conditions healthcare professionals focus on supporting patients to self-manage their conditions as quickly as possible. If patients need further support, they can self-refer to the service. This means support can provided at the right time as and when required.** |
Other work includes continuing with quarterly service user groups, establishing patient questionnaires to receive ongoing feedback on the service and having a patient information point permanently set up at the Nelson Health Centre.

### 7.5 Improving Healthcare Together

**Purpose and background**

Improving Healthcare Together 2020-2030 is led by NHS Surrey Downs, Sutton and Merton Clinical Commissioning Groups (CCGs) – the organisations responsible for making decisions about how healthcare services should be provided in the local area.

Epsom and St Helier Hospitals have faced significant challenges for many years. This is in terms of the suitability of its buildings and how major acute services are organised. NHS Merton, Sutton and Surrey Downs CCGs are looking in detail at the challenges faced by the Trust and how it can make sure the hospitals continue to deliver high quality, safe and sustainable services for local people in the years ahead. The main challenges faced are:

- Improving clinical quality
- Providing healthcare from modern buildings
- Achieving financial stability

These challenges mean we need change and new ideas. If we do not tackle them, they risk affecting the quality of care, patient experience and potentially patient outcomes.

**Engagement activity**

Since June we have been talking and listening with local people about the challenges at Epsom and St Helier hospitals and some of the potential solutions to the issues around clinical standards, buildings and finances.

The potential solutions we put forward proposed bringing treatment for the seriously ill into one new major acute facility in the area. There are no proposals to close any hospitals in the Surrey Downs, Sutton or Merton area, and both Epsom and St Helier hospitals would still provide all other district health services including hospital beds. We proposed that the new major acute facility could be built on either Epsom, St Helier or Sutton hospital site.

The three potential solutions are:

- Locating major acute services at Epsom Hospital, and continuing to provide all district services at both Epsom and St Helier Hospitals
- Locating major acute services at St Helier Hospital, and continuing to provide all district hospital services at both Epsom and St Helier Hospitals
- Locating major acute services at Sutton Hospital, and continuing to provide all district services at both Epsom and St Helier Hospitals.

During our early engagement period, we received over 1000 responses from a range of people and there is a clear consensus that things must change if we are to continue to provide high quality care for our communities, not just now but in the future. However, there was no agreement about the type of change needed, with people both in favour of consolidating services and in keeping things the same.
It is also very clear that people value their local services and while many responses highlighted that people are willing to go further for better care, there is a natural sentiment to favour keeping services closer to home. People raised concerns about travel and access to hospitals, especially for those who are more isolated and less mobile.

You can read the independent engagement reports on our website.

Options workshops

As well as all this early engagement work, we have recently run three further workshops with members of the public, NHS professionals and other experts to consider these potential solutions.

These were part of our ongoing options consideration process and involved active participation from our communities to help develop the criteria, weightings and scoring of the options.

These workshops were independently facilitated and are part of our ongoing evaluation. You can read the report about the workshops on our website.

The information from these workshops will be looked at alongside the planned second phase of the Integrated Impact Assessment, financial assessments, the impact on other local NHS providers and feedback from NHS England, NHS Improvement, the joint London and South East Clinical Senates and the Joint Health Overview and Scrutiny Committee.

All of this evidence will be reviewed by the CCGs before we decide whether we wish to proceed to a public consultation on any proposals. No decisions have been made and no preferred solution has been decided.

Stakeholder Reference Group

A Stakeholder Reference Group (SRG) was set-up in May 2018 to advise on plans for public engagement, language, tone and style of engagement materials, how seldom-heard groups should be consulted and what forms of consultation would be most appropriate for these groups.

The membership of the SRG comprises representatives from different communities of interest in the local area, including patient groups, community groups and voluntary groups who indicated that they wished to be involved in the programme.

To date the SRG has provided invaluable feedback and input in the following ways:

- As a sounding board for the programme;
- As a forum for the programme to reach out to further service users and seldom heard groups;
- Input into the production of the programme’s website, subtitled animation video and mobile engagement work;
- Input into travel and access issues;
- Feedback on the initial equalities analysis; and
- Review of our options consideration and appraisal process through making recommendations around the evaluation workshops. Members of the group were also involved in this process in an observer capacity.

Mobile pop up events
Two events (one in Mitcham Market and one at the Nelson Health Centre) were organised to encourage local people to engage with the issues. Feedback was captured through a survey.

**Service user conversations on the clinical model**

Six focus groups were also arranged across the three CCGs with service users of maternity, paediatric and emergency services to seek feedback on the clinical model.

**Equalities focus groups**

An early equalities analysis was undertaken to understand which protected characteristic groups may be affected by any changes to acute services. Healthwatch and the IHT programme undertook a series of focus groups with deprived communities and those from different backgrounds to understand the impacts of the potential solutions and to put in place any mitigations so that different groups are not disadvantaged or disproportionately impacted.

Merton Healthwatch ran five focus groups which reached over 40 residents representing people with physical and learning disabilities, mental health needs and children and young people.

Other engagement undertaken with community groups in Merton involved imagine independence (mental health support group), Merton Vision (support group for people with visual impairments), Merton Mencap, Hearts and Minds (support group for young people with mental health needs) and service users at the All Saints Community Resource Centre for reach to the elderly, frail and people with physical impairments.

Common themes which emerged included:

- Impact of transport links, longer journey times, limited parking, parking costs and increased travel costs
- Ensuring services were disability friendly and that family, friends and carers are able to visit
- Meeting food and language requirements for people with different cultural backgrounds
- Ensuring quality of care
- Need to improve buildings and staffing levels

**Outcome and next steps**

Over the coming months we will be gathering further information on the positive and negative impacts of any potential changes to services on our local communities, to make sure we are not disadvantaging any groups with any proposed changes.

This work is called an Integrated Impact Assessment and you can read more about this on the Improving Healthcare Together [website](#).

We will be engaging with the public and community representatives over the coming months to make sure we hear from a wide range of people.

No decisions are made about services until after a consultation has finished and all the evidence and feedback has been assessed.

**7.6 Developing our Local Health and Care Plan**

**Purpose and background**

Health and care organisations in Merton are working more closely together to make services better connected and more joined up. The NHS, Merton council, voluntary sector and Healthwatch are developing a Local Health and Care Plan for how this might be achieved.
Work has already been undertaken to look at local population needs, current services and what patients have already told us about what they want from local services. Through this we have developed some high-level areas of focus around the themes of start well, live well and age well.

**Engagement activity**

To develop our ideas, we wanted to bring together local people, frontline staff and key stakeholders (including local councillors and voluntary and community groups) to help us agree priority areas for all the partners to focus on.

We recognised that a lot of engagement work had already been undertaken by the NHS and our partners. We summarised this and presented this, alongside our ideas and information about our local population, at an accelerated design event in November 2018. More than 130 people attended the day – including around 50 local people who had been specifically recruited to represent the diverse community in Merton and who had never worked with us before.

The event asked people to discuss what surprised them about what they’d heard about living in Merton, what they thought was missing from our ideas and, most importantly, their ideas for how we could take forward the priority areas. This focused on why the issue is important, what the challenges are, opportunities, solutions and how the change will be made.

Topics discussed included:

- Children and young people’s mental health and community services
- Primary care
- Diabetes
- Mental health
- Health and social care integration
- Dementia
- Making positive lifestyle choices
- How to make the most of the Wilson redevelopment

**Outcomes and next steps**

The energy and enthusiasm in the room generated a lot of feedback and ideas, which will be analysed into a feedback report, to be shared with those who gave up their time and decision makers in early 2019.

We will be using the outcomes of the event to form the basis of our Merton Health and Care Plan which will be drafted by March 2019 and be championed by the Health and Wellbeing Board. This will complement
the refreshed Merton Health and Wellbeing Strategy for 2019 to 2024.

But, publishing the plan won’t be the end of the conversation and we want to work together with local people and community organisations to put these plans into action. Further engagement work is planned for 2019/2020.

7.7 Improving Access to Psychological Therapies procurement

Purpose and background

The CCG is working to transform the current Improving Access to Psychological Therapies (IAPT) service. We know that the service is underperforming and there are long waiting times for patients whose preference is to have face to face therapy sessions. By April 2019 there will be a new IAPT service in place, following a procurement process which will include; a wellbeing service (which will cover social prescribing) and a primary care recovery service (for patients discharged from hospital with severe mental illness).

Engagement activity

To help inform the service specification, 4 focus groups were held between May and August 2018 with the CCG’s Patient Engagement Group, Focus 4 1 Mental Health Voice Forum, Merton Mental Health Forum and a service user and carer meeting.

The groups discussed mental wellbeing, IAPT services and primary care recovery.

Feedback themes included:

- waiting times to access services
- training for healthcare professionals and service user involvement in this
- lack of awareness of the service
- need for peer support or befrienders to complement care
- need for increased access to Recovery and Crisis Cafés
- access to specialist advice on employment and welfare benefits
- challenges with transition between adult and children’s services
- need for longer term support
- continuity of care
- greater role for signposting
- support needed for clinicians to understand available services
- greater support needed on discharge from hospital
- challenges and benefits of data sharing
- need for education in schools about drug usage and its ties to mental health

Encouragingly it was felt that integration between secondary and primary care is currently working well and that having service users on interview panels was practice that should continue.

The current specification emphasises establishing a service user group – it was felt this needed to be expanded to ensure the groups had clear terms of reference and were pro-active in engaging with community sector and voluntary groups.
Outcomes and next steps

Feedback received has informed the updated service specification. Specific updates have included making sure:

- The new providers establish a service user group
- Carers’ support and Carers’ assessments are included
- There is partnership working with the voluntary sector
- There is consistency across all three service specifications, for example the number of days from receipt of referral when patients will be contacted
- There is a description of a single point of access/referral-assessment hub

During the process of evaluating bids for a new provider, the Chair of the Merton Mental Health Forum and the Chair of the Patient Engagement Group were involved in assessing bids and ultimately selecting the new provider.

In response to feedback about lack of awareness around the current services and waiting times, the CCG has invested to increase the size of the Merton IAPT service through expanding the capacity of the existing service and introducing two new ones. The CCG has urgently promoted the range of services available to the people of Merton to increase uptake.

The new services are:

- Ieso Digital Health - one-to-one online therapy. Patients can self-refer online or over the phone.
- Big White Wall - CBT and Counselling sessions - delivered by typing, audio only or via secure webcam. Available via GP referral

As a result of the awareness raising campaign, we reached more than 30,000 people through Facebook advertising, which resulted in 734 clicks through to information about the service. We also distributed 4000 leaflets and are awaiting statistics about the impact the campaign has had on referral rates to the service.

7.8 Merton Autism Strategy

Purpose and background

We want Merton to be an autism-friendly borough in which people with autism can reach their full potential at all stages of their lives. To achieve this, we have developed a joint strategy with the London Borough of Merton, encompassing children, young people and adults with autism and taking into consideration the needs of families and carers. The strategy is supported by a 5 year action plan which sets out the actions we will jointly take to deliver the aims of the strategy.

Engagement activity

To develop this strategy we engaged with a wide range of stakeholders, including people with autism and parents and carers, people working in education, housing, employment and health services to seek their views on what is working well and what needs to improve for people with autism.
From the 5th of February to the 19th March 2018, we ran on-line and paper easy-read surveys and focus groups with stakeholders, including people with autism, parents and carers and professionals.

We spoke to more than 150 local people with 47 completing the questionnaire and 90 attending a face-to-face session. More than half of those (60) were people with autism or their families and carers.

There was broad support for the draft strategy, with the following themes being some of the most popular throughout the discussions:

- Ensuring the new assessment, diagnosis and support pathway for 0-18 year olds is easily understood, is available to those who need it and is in line with national guidance
- Voluntary register for adults to gain accurate data on adults with autism (diagnosed or undiagnosed)
- Group activities for children and young people to socialise
- Assessments to equip people with autism with realistic expectations of services available to them as they move towards adulthood, and have a focus on developing independence
- To review opportunities to improve support for families and carers of people with autism, such as strengthening signposting, peer support networks, advocacy services and short breaks
- Build on and strengthen the local offer for children, young people and adults to provide a single point of access to clear, comprehensive information about local services relevant to autism

Outcomes and next steps

Information was used to update and finalise the Autism Strategy and action plan which was published in August 2018. “You said, we did” information is included below.

<table>
<thead>
<tr>
<th>You said</th>
<th>We did</th>
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</thead>
</table>
| There is a need to strengthen accountability for the actions proposed and clarify those actions which are priorities. The phrase ‘long-term goal’ was ambiguous. | The full action plan, which includes specific actions required to deliver our aims will be published. This includes timescales for delivery and the team’s responsible for each action.  
We have separated the ‘how will we get there’ sections into action which will be delivered in the first year, and those which will delivered within 5 years. |
| The theme on training and raising awareness of autism is the most important theme | Training and raising awareness has been moved to theme 1 |
| Diagnosis takes too long and the current pathway is not NICE compliant | All comments relating to the diagnostic pathway for 0-18 year olds have been fed back to our colleagues who are re-designing the pathway. |
## 7.9 Diabetes Truth

### Purpose and background

In 2017, the Merton Health and Wellbeing (HWB) agreed to adopt a whole system approach to tackling diabetes across the life course. Rather than focusing on diabetes as a specific disease, the aim of the project is to use it as an exemplar for a whole system preventative approach because it lends itself to clinical, non-clinical and prevention approaches.

As part of this whole system approach, between January and March 2018 Health and Wellbeing Board members buddied up with residents who were at risk of diabetes, living with diabetes or with children over 8 years old.

<table>
<thead>
<tr>
<th>There is a lack of post-diagnostic support for adults following a diagnosis of autism</th>
<th>The action plan now includes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Develop 5 Year milestones plan for achieving NICE guidelines compliance.</td>
<td></td>
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</tbody>
</table>

| Increasing autism-friendly social activities is a priority | London Borough of Merton are supporting the voluntary sector to seek funding to support this action |

<table>
<thead>
<tr>
<th>Increasing life-skills training for young people with autism is a priority.</th>
<th>The action plan now includes:</th>
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</thead>
<tbody>
<tr>
<td>• Work with schools, libraries and adult education to explore their potential for providing more life skills training for young people with autism e.g. interview training, extended work experience opportunities, financial management training and cooking classes.</td>
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</tbody>
</table>

| There is a lack of parenting programmes available, particularly for those with children over the age of 8. | As part of the development of the CYP 0-19 assessment, diagnosis and support pathway, we will work with partners to identify resources to increase the availability of parenting programmes on offer in the borough—particularly for those with children over 8 years old. |

<table>
<thead>
<tr>
<th>Autism awareness training should be mandatory for all London Borough of Merton staff</th>
<th>We are exploring how best to deliver autism awareness training to all council staff as part of mandatory induction training.</th>
</tr>
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<tbody>
<tr>
<td>The action plan includes;</td>
<td></td>
</tr>
<tr>
<td>• Work towards all NHS and Merton Council staff undertaking autism awareness training as part of general induction and equality training.</td>
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</tbody>
</table>
caring for someone with diabetes. The purpose was to deepen their understanding, hear people’s stories and to identify root causes, barriers and influencers of change.

**Engagement activity**

This was continued in October 2018 through two mini-conversations, where we delved a little deeper into the issues and challenges that were identified in phase one of the programme. These mini-conversations, attended by 37 people, were designed and delivered by Merton CCG and Merton Public Health.

<table>
<thead>
<tr>
<th>What were people asked?</th>
<th>What did people tell us?</th>
</tr>
</thead>
<tbody>
<tr>
<td>How we can support people to be healthy and raise awareness of their risk of diabetes?</td>
<td>How we approach making healthy lifestyle choices is important. There needs to be more communication, education and awareness raising about how to eat healthily and options for physical activity. Taking a proactive outreach approach would support people to manage their diabetes and break down cultural barriers and stigma. This would also support those who are at risk. Existing resources and voluntary and community groups were cited as important assets.</td>
</tr>
<tr>
<td>How we can encourage people to attend (structured education) classes to help manage or prevent their diabetes</td>
<td>Flexible timings and lengths of courses as well as locations were all cited as important in encouraging attendance. People also felt these needed to be culturally appropriate and be shaped by those with lived experience.</td>
</tr>
<tr>
<td>Where they go to find information and support for their diabetes</td>
<td>It was recognised that a mix of face-to-face and digital methods work best.</td>
</tr>
<tr>
<td>What other services should be available</td>
<td>It was recognised that a holistic and joined up approach needs to be considered, as diabetes impacts physical and mental health.</td>
</tr>
<tr>
<td>The best places for the delivery of diabetes service</td>
<td>Most people felt that community based services worked best, recognising differing needs for those who are housebound.</td>
</tr>
<tr>
<td>Their experiences of different diabetes services</td>
<td>Experiences were mixed and, in general, depended on which healthcare professional people saw.</td>
</tr>
<tr>
<td>If there is a role for diabetes champions/support groups for Merton</td>
<td>Diabetes champions would be welcomed, if they linked in with voluntary and community groups.</td>
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**Outcome and next steps**

This feedback has been used to shape commissioning activity around diabetes services and will also be used to inform the development of the local health and care plan.
7.10 South West London Grassroots programme
Purpose and background

NHS England provided a grant to the south west London collaborative commissioning team in March 2016 to run a programme of engagement extending reach into seldom heard communities. With the success of the 2016/17 project, the grassroots funding was extended into 2017/18.

The project worked with Healthwatch organisations across south west London and provided small grants to local grassroots groups to run events/activities enjoyable to their population. We attended these sessions to speak to people about their experiences of local services.

By providing a pot of money to local Healthwatch organisations, we were not only able to capitalise on the extensive community connections that they had developed with local grassroots organisations, but we were also able to strengthen our own relationship with them as key stakeholders in health and care.

Engagement activity

In Merton, through the grass roots engagement programme, we spoke to more than 270 people between August 2017 and September 2018. We visited nine different organisations who work with local people who:

- Have mental health issues
- Come from areas of socio-economic deprivation
- Are from different races and religions
- Are the oldest and youngest in the local area
- Have experienced domestic violence
- Have recently given birth
- Have a learning disability

We asked local people about their experiences of health and care in Merton. They spoke to us about issues ranging from how to make the best use of social media, right through to how to improve mental health services.

Outcomes and next steps

Feedback from each session was captured and shared with commissioners and providers, the organisers of the events and with Healthwatch Merton – to enable it to inform local developments.

It was also logged centrally by the south west London patient and public engagement team and fed into each health and care partnership workstream. This approach meant that the feedback was used to enhance local plans as well as informing and shaping plans on a pan south west London and Surrey Downs basis. A “you said, we did” report is currently being drafted to demonstrate what has been done because of the feedback and we will be sharing this widely with those we spoke to, as well as linking to this on our website. You can read the “you said, we did” report from 2016/17 on our website.
8. Supporting patients to be effectively involved

We provide support to all lay members and patients who work with us. The more informed our patients and public representatives are, the better able they are to meaningfully engage with us. Our support includes:

<table>
<thead>
<tr>
<th>Training and policies</th>
<th>Increasing understanding</th>
<th>Briefings and advice</th>
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<tbody>
<tr>
<td>We have offered training opportunities to our PEG members through London wide training courses.</td>
<td>Attended PPG meetings and voluntary and community group meetings to explain more about the CCG, our work and how to get involved.</td>
<td>We have 1 to 1 meetings to support people to get involved and adapt our approaches if they have different needs.</td>
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<tr>
<td>We also train patient representatives on procurement systems, so that they can read bids and score appropriately.</td>
<td>Routinely updating our ‘Get involved’ section on the website so those interested in working with us have accurate information.</td>
<td>Support and briefings are provided by the commissioning leads to those involved in procurements and service redesigns and those sitting on committees.</td>
</tr>
<tr>
<td>We have an expenses policy to cover out of pocket expenses to those who engage with us.</td>
<td></td>
<td>We meet with staff on an individual or team basis to provide expert advice and support on engaging with stakeholders and patients.</td>
</tr>
</tbody>
</table>

9. You said, we did

Our engagement must always be meaningful. We must be able to evidence how the involvement of patients and the public has led to real improvements in services and the health of local people. When planning our engagement, we always consider what impact people can have. Our website has a whole section dedicated to feeding back to patients on the outcome of their involvement. This is not the only way we feedback; we also have direct contact such as revisiting groups, emailing or calling people who have attended focus groups.

Here are just a few examples of how patient and public involvement has made a difference.

You said
When designing the Wilson Health and Wellbeing Campus, you need to go to people, rather than expecting them to come to you.

We did
Reached out to voluntary and community groups in the Mitcham and surrounding areas to seek their feedback on the development.
You said

The term “MSK” is not always understood by patients but is on the self-referral cards and letters. There is confusion by patients and GPs as to what the service offers.

We did

Self-Referral cards and posters are being reviewed to ensure that the language used is helpful for patients and to explain what the service can offer. These are being developed alongside the CCG with patient involvement.

You said

There is limited awareness of mental health services in Merton.

We did

Invested in the service to increase capacity and ran a campaign to promote the service. The campaign reached more than 30,000 people through Facebook advertising.

10. Engaging all communities

We use the Merton Story, our Joint Strategic Needs Assessment, and other local intelligence to identify which communities experience the poorest health outcomes and health inequalities. We are working to make sure Equality Impact Assessments are always completed prior to the start of any project or engagement process. This helps us to identify those who would be most impacted by our plans so that we can reach out to them when seeking opinions. It also enables us to consider inequalities and health inequalities when planning and implementing commissioning decisions so that services are accessible and delivered in a way that respects the needs of each individual and does not exclude anyone.

10.1 Monitoring equalities information

We collect protected characteristic data when doing large scale engagement so that we can do our best to ensure we reach all these groups. We capture this by asking those who engage with us to complete an equality monitoring form. We use this information to decide if there are more groups we need to engage with, or indeed if we are engaging in the right ways to meet different communication needs.

10.2 The Health Hub at Mitcham Carnival

Ensuring we are engaging with all our communities is very important to us. Every year, we run a Health Hub tent at the Mitcham Carnival – the only annual event in that area. We use this as an opportunity to speak to whole families and to reach those in the most deprived areas of Merton.

The carnival, which this year was on the 20th of June 2018, had a footfall of around 1000 people. In our tent, we hosted stalls with our partners:
- One You Merton – who offered health checks
- Spectra – who gave advice about sexual health services
- Age UK Merton – who gave advice for older people about how to stay well and about local services
- The GP federation
- Falls service
- Centre for independent living

As a CCG, we talked to people about the Expert Patients Programme, Wilson Health and Wellbeing Campus, NHS 70, accessing GP hubs and talking therapies.

To make our tent as attractive as possible, we booked a face painter and smoothie bike – the rest of the event included dog shows, a fun fair, sporting activities and live music.

Through attending this event, we made valuable connections with local people and organisations, which enriches our engagement reach.

10.3 Responding to different communication needs
All our printed materials will include information about how people can get access alternative formats and easy read. Our approach to engagement is flexible to make sure people are able to feedback to us in a way that suits their needs.

10.4 Equality and Diversity
Over the last year, our multi-agency Equality and Diversity Group has monitored the CCG’s approach to equality and diversity. Activity has included:

- Reviewing the self-assessment of our Equality Delivery System (ED2) return – which was informed by involving patients and the public
- Ensuring we demonstrate how we are reducing health inequalities through producing our annual Public Sector Equality Duty report

11. Using digital tools to support engagement
Our website provides lots of information about how we involve people. Our ‘getting involved’ section has been improved and includes information on how to get involved; the impact patients have; a ‘you said, we did’ page: information about our local population and their health needs: our partners and how we work together as well as reports on our engagement activity. We use our ‘contact us’ page to respond directly to feedback and queries. We have also added new sections on the site to help people take better care of their health and manage minor ailments at home.

We monitor how many people are using our website and which pages they are looking at. This provides us with a better understanding of the most popular pages and the best place to upload content to increase readership and involvement. Through our partnerships, we also regularly share information about getting involved and the work we are doing on a range of other partner websites and bulletins including through Healthwatch and the Merton Voluntary Services Council. They promote our involvement opportunities and host content on their websites, which enable us to get a much wider reach to the local population.
Using social media to engage with local people is an important part of our communications and engagement approach. It provides us with additional techniques to listen and access people and communities who may have less time to get involved in more traditional ways, due to family or work pressures. The social media ethos is about engaging, participation and relationship building. This makes it a strong vehicle for informing patients and getting their feedback.

We use Twitter regularly and have posted videos that promote our work as well as photos, links to reports, quotes from our engagement work to encourage engagement, promote how to get involved, our events, healthy lifestyle information and self-care campaigns. We currently have nearly 5,000 Twitter followers.

Twitter enables us to reach out to a wider audience through our own followers and through retweets by followers and partners. It allows us to also reach people who do not usually engage and build effective relationships with those who follow us. We monitor activity daily to enable us to respond quickly to comments received and feed these back quickly into the organisation.

We live tweet through public events and use #hashtags to get more people reading and responding to our information.

12. Future plans
We are committed to ensuring our engagement activity is timely, meaningful, and comprehensive and is representative of our local population. We have undertaken a lot of patient and public engagement activity over the last year and have a strong culture of meaningfully involving patients.

We will be engaging the public and patients on our future priority areas which include:

- Developing our Local Health and Care Plan
- Supporting engagement to inform the national NHS 10-year plan
- Continuing to involve local people in the development of IAPT services
- Supporting children’s emotional wellbeing in schools through a trailblazer pilot
- Continuing to engage our local community in the development of the Wilson Health and Wellbeing Campus
- Enhance patient and public engagement in primary care – complementing the work of PPGs
- Developing a refreshed patient and public engagement strategy
- Creating stronger links with provider engagement teams to reach current service users