

**REPORT TO MERTON CLINICAL COMMISSIONING GROUP  
GOVERNING BODY**

**Date of Meeting: 24 September 2015**

**Agenda No: 6.3**

**Attachment: 07**

<p><b>Title of Document:</b> Statutory Obligations Report 2014-2015</p>	<p><b>Purpose of Report:</b> Approval</p>
<p><b>Report Author:</b> Clare Lowrie-Kanaka Patient &amp; Public Involvement Manager</p>	<p><b>Lead Director:</b> Lynn Street, Director of Quality</p>
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<p><b>Executive Summary:</b></p> <p>This report details how Merton Clinical Commissioning Group (CCG) has fulfilled its statutory obligation to involve patients and the public in commissioning activity, to include both individual and collective duties.</p> <p>The report demonstrates how Merton CCG has involved patients, members of the public, local communities, carers, health professionals, local groups and organisations in shaping health services in the borough between 1 April 2014 and the 31 March 2015.</p> <p>The format of the report follows the prescribed NHS England template.</p>	
<p><b>Key sections for particular note (paragraph/page), areas of concern etc:</b> Section 3, page 16 : detailing how the CCG meets the collective duty Section 4 page 28: detailing how the CCG meets the individual duty Number 26, page 36: Statement from Healthwatch Merton</p>	
<p><b>Recommendation(s):</b> The Governing Body is asked to APPROVE the report.</p>	

**Committees which have previously discussed/agreed the report:**

Executive Management Team - 9 September 2015  
Merton Clinical Quality Committee - 11 September 2015

**Financial Implications:**

None

**Implications for CCG Governing Body:**

Patient and Public Involvement is a statutory duty for the CCG. The Governing Body should be assured that the CCG has fulfilled both the collective and individual duties.

**How has the Patient voice been considered in development of this paper:**

The patient voice has not been involved in the development of the paper but is the key subject of the paper and demonstrates how the patient voice has been considered in commissioning activity.

**Other Implications: (including patient and public involvement/ Legal/ Governance/ Risk/Diversity/Staffing)**

Risk Register Number 457: If patients and the public are not engaged appropriately, then there will be a lack of patient and public trust to commission appropriate services to meet Merton population needs 2 x 3 = 6

**Equality Assessment:**

Merton CCG is required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 and to promote positive practice and value the diversity of all individuals and communities.

**Information Privacy Issues:**

N/A

**Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution)**

The report is required to be submitted to NHS England by 30 September 2015 and published on Merton CCG website on or by that date alongside a short news item highlighting its publication. The report will be shared with key partners and promulgated via social media (facebook and twitter). Copies will also be shared with our new Patient Engagement Group members.



**Merton**  
***Clinical Commissioning Group***

**STATUTORY OBLIGATIONS REPORT 2014-2015**

Author: Clare Lowrie-Kanaka, Patient and Public Involvement Manager

Internal sign off obtained from: TBC

Healthwatch statement completed by: Dave Curtis

Date submitted to regional team: TBC

## **1. Introduction**

- 1.1 In this publication NHS Merton Clinical Commissioning Group (Merton CCG) reports on patient and public involvement led by the CCG in the borough of Merton between 1 April 2014 and 31 March 2015.
- 1.2 The report demonstrates how Merton CCG involved patients, members of the public, local communities, carers, health professionals, local groups and organisations in shaping health services in the borough between 1 April 2014 and the 31 March 2015.

## **2. Overview**

- 2.1 In 2014/15 NHS Merton Clinical Commissioning Group comprised 25 GP practices within the London Borough of Merton. Its purpose is to improve Merton's health by buying services tailored to the needs of individual patients, while addressing the diverse health needs of local population. The aim is that by involving local people and key partners in a timely, meaningful and appropriate way, the services commissioned will be more effective, supporting the CCG vision of '*right care, right place, right time, right outcome*'.
- 2.2 By reviewing and improving the ways in which local people are involved in decision making Merton CCG seeks to improve health outcomes and to improve the experience for everyone using the services provided.
- 2.3 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 includes involvement of the public, patients and carers in: commissioning activities, planning of proposed changes to services monitoring, insight and evaluation.

## **3. Merton's Demographics**

- 3.1 Merton has a resident population of approximately 211,000 and it is set to increase by over 21% by 2021. A significant feature of Merton's population is the changing age profile of the borough's residents. There is an increasing

and high birth rate and at the same time an aging population. The young and the old have more complex health needs.

- 3.2 Overall Merton's population is comparatively healthy and life expectancy exceeds the national and London average for both men and women. Life expectancy for men is 80.7 years and for women it is 84.6 years. However, there are stark differences between different areas of the borough and life expectancy is significantly lower in the most deprived areas in east Merton than the least deprived areas in the west of the borough.
- 3.3 Premature mortality (deaths under 75 years) is very strongly associated with deprivation, with all wards in East Merton being more deprived and having higher rates of premature mortality than their West Merton counterparts. Looking at rates of death in a population (rather than life expectancy), if East Merton had the same rate of deaths as West Merton, there would be around 113 fewer deaths each year in East Merton – an 18% reduction on the 640 deaths each year among East Merton residents. Of the 113 deaths, 81 are under 75 years of age.
- 3.4 In general, East Merton is younger, poorer, with greater ethnic diversity and with relatively lower levels of education outcome and training qualifications than West Merton.
- 3.5 Local communities have become more diverse over the last ten years, and it is estimated that overall 49% of the population are from Black, Asian and Minority Ethnic groups and non-British White communities, with emerging new Polish and Tamil communities in the borough.
- 3.6 These changes and differences have significant implications for the planning and delivery of local health and care services.
- 3.7 The communications and engagement approach reflects the make-up and health needs of the borough, and engagement activity is targeted to reach these different groups.
- 3.8 Demographic data for Merton's health need was taken from the Joint Strategic Needs Assessment for Merton 2013-14 and used in 2014/15.

[http://www.merton.gov.uk/health- social-care/publichealth/jsna/merton-place-people/mpp-people.htm](http://www.merton.gov.uk/health-social-care/publichealth/jsna/merton-place-people/mpp-people.htm)

#### **4. Vision for Engagement**

- 4.1 Merton CCG is committed to making sure that patient engagement and experience is at the heart of its work and to understand what matters to patients, their relatives and carers so that patient centred services are commissioned. A key principle of this is '*No decision about me, without me*'.

#### 4.2 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 and partnership– Working collaboratively with local communities, from different geographical areas, communities of interest and seldom heard groups as well as with strategic partners and voluntary groups to ensure their views are integral in the design, commissioning, delivery and evaluation of services.

4.3 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.

## 5. Resources

5.1 To reflect the increasing importance of communications and patient engagement the CCG increased the team membership. Some posts were initially covered on an interim basis. These have now been recruited to. The full team consists of:

- a full time head of communications and engagement (CSU)
- a full time communications and engagement manager (CSU)
- a full time PPI and EPP manager (Merton CCG)
- a part time communications manager (0.5) (CSU)
- a part time administrator (0.3) (Merton CCG)
- a lay member on the CCG governing body

5.2 The central CSU communications team provides additional support around campaigns and large scale consultation. Support is also provided for the CCG through a combined Patient Advice and Liaison Service (PALS).

5.3 In 2014/15 the Expert Patient Programme received £96,000 in Better Healthcare Funding. These funds enable Merton CCG to employ a co-ordinator and administrator to help train, develop and support local people to become qualified tutors, assessors and master trainers. It also covers the cost of community venue hire, promotional and course materials and additional support to encourage course participants to continue to self-manage their conditions, and the conditions of the person they care for. In addition the PPI programme has been allocated a budget of £44,000 to support its work.

## **6. Structure**

Capturing and acting on feedback on existing services and involvement in planning and designing new services is crucial to fulfil the Merton CCG promise to 'listen as never before'. The organisation is structured to ensure this happens with meetings and groups tasked to gather opinion and feedback about services to ensure a rounded view on the commissioning approach and service requirements.

### **6.1 The Governing Body**

The Governing Body meets in public to promote a culture of openness and transparency 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 have the opportunity to ask questions by submitting written questions in advance of meetings. In addition, people are able to ask questions at the meeting. The Governing Body holds the Executive Management Team, the directorates, the Clinical Quality Committee, the membership localities and the Equality and Diversity Group accountable for embedding the patient voice in all areas of CCG work. The lay board member for patient and public involvement attends local forums and meeting to ensure the board hears the voice of patients and local people.

### **6.2 Executive Management Team**

The executive leadership team ensure feedback received from patients is considered throughout the commissioning cycle.

### **6.3 Engagement through clinicians**

6.3.1 We have clinical input via the work of our localities, our Practice Leads Forum, the Practice Nurse Forum and our Clinical Reference Group (CRG).

The CRG work streams are:

- urgent care
- mental health
- children and maternity
- keeping fit and healthy
- early detection and management
- older and vulnerable adults
- acute and community care
- dementia and diabetes
- primary care

6.3.2 Primary Care Teams are asked to feedback patient views gathered during informal or formal consultation, through the practice representatives on the

practice leads, the practice manager or practice nurse forum, locality meetings, patient participation groups and the Clinical Reference Group.

#### **6.4 Quality Directorate**

6.4.1 The communications and engagement team sit within the Quality Directorate but play a key advisory role across the organisation, leading on specific events and activities such as 'Engage Merton', the Mitcham Carnival Health Hub, Better Healthcare Closer to Home Patient and Public Group, the Annual General Meeting and large commissioning consultation projects. The team also ensure the website and other digital channels are utilised to help support engagement.

6.4.2 The Director of Quality undertakes structured visits to providers to hold them to account. As an example during 2014/15 a 15-Step visit was undertaken to NHS South West London and St George's Trust. The visit involved a member of the public and a member of staff. As a result of the visit the team were able to feed back that the long wait to be let in was potentially off-putting to visitors and patients and also that the limited facilities for family group visits was an issue for some patients.

#### **6.5 Clinical Quality Committee and Clinical Quality Review Group (CQRG)**

6.5.1 Merton Clinical Quality Committee, chaired by the lay member of the Governing Body and lead for Patient and Public Involvement (PPI) is a key forum in which the voice of the patient is heard within the CCG and provides assurance that the views of patients and the public are considered through the quality assurance process.

6.5.2 A patient experienced significant delays in the application process for Continuing Healthcare (CHC). There was poor communication with the patient and their carer, resulting in a challenge to the decision made not to award funding. As a result a formal complaint was made to the CCG which was investigated and responded to by the Chief Officer. The carer, following the complaint resolution, agreed to the CCG's request to tell his story. At the Clinical Quality Committee meeting in February 2015, when CHC was on the agenda for discussion, the carer gave his experience and answered questions from the committee members. The carer reported that the experience had been 'cathartic' and that he felt he had really been heard. The work plan for MCQC now includes a bi-monthly focus on patient experience.

6.5.3 Merton CCG hosts the Sutton and Merton Community Services (Royal Marsden Hospital) contract and lead the Clinical Quality Review Group (CQRG) for this contract. Following a work plan review in August 2014, patient stories were introduced into CQRG meetings to support the quality assurance process. Each CQRG now starts with a patient story or clinical

presentation and has included, with patient consent, a professional telling the story on behalf of a patient, a young person's story being told using pictures and video recordings of the patients. In this way we monitor and measure how they have engaged with and responded to patient needs.

6.5.4 At a CQRG meeting, Kim, a District Nurse for Sutton and Merton Community Services, told the Group about a patient with whom she had had extensive dealings. The patient, a 33 year old man with MS, lives at home with his parents and requires a constant oxygen supply and has been in and out of hospices a number of times. He experiences physical pain at all times except when bathing in hot water. With this in mind, Kim made enquiries into the possibility of having a wet room installed in Sam's home, but these were unsuccessful.

Following a further stay in a hospice in early 2015, Kim looked into the possibility of having a free-standing bath in Sam's room at home. After much effort, a local hospice which was replacing its baths let Sam have one of the old ones. Kim told the Group that Sam was now pain free for significant parts of the days and felt generally much more positive.

## **6.6 The Better Healthcare Closer to Home (BHCH) Patient and Public Group (PPG)**

6.6.1 The Governing Body Lay Member for PPI attends the BHCH group. This helps ensure the voice of Merton's population is represented and heard at governing body meetings, and that there is a clear link between the two, supporting a two way flow of information and knowledge sharing.

6.6.2 The group was established by Merton CCG in December 2014 as a forum for patients, the public and carers to influence local services. The group's remit is to take a lead role in helping to inform and influence the planning, designing and delivery of BHCH projects, and support the Better Healthcare team and Governing Body in the decision making process. The group is designed to help ensure the voice of patients, the public and carers is embedded in the organisation, embracing the "no decision about me without me" promise. It currently has 21 members.

6.6.3 The BHCH PPG group received training in 2014/15 to support them to build and develop skills to act as a critical friend for the Better Healthcare programme.

## **6.7 The Equality and Diversity Group**

6.7.1 This group ensures we comply with Equality Duties under the Equalities Act 2010, and deliver positive outcomes for patients, communities and our staff.

- 6.7.2 The group support and monitor the implementation of the Equality Delivery System, EDS2, to ensure that within our commissioning and staff employment responsibilities we are assessing and improving our equalities performance, understand health inequalities in Merton CCG and influence commissioning decisions.
- 6.7.3 The Equality and Diversity Group 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 in October 2014. Merton was one of a few CCGs to have undertaken such a step in 2014-15 by offering evidence, a selection of board papers, and allowing itself to be scrutinised by a peer CCG.
- 6.7.4 This 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, which included training for the Governing Body on equality and decision-making.
- 6.7.5 Equality and decision-making training for the Governing Body will take place in October 2015. The Equality and Diversity Group have been responsible for shaping the scope and content of this module.

## **Section Two – Developing the Infrastructure for engagement and Participation (processes and networks)**

### **7. Engagement and Involvement Infrastructure**

Merton has a variety of stakeholders to engage with, internal and external. A stakeholder mapping document was produced as part of the programme of work undertaken to develop a combined Communications and Engagement Strategy, outlining the CCG's stakeholders and available channels to engage with each group.

#### **7.1 Internal engagement with GPs and staff**

- 7.1.1 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 two lay members, one of whom takes a lead on Patient and Public Involvement.
- 7.1.2 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.

## **7.2 External engagement**

- 7.2.1 Merton CCG has a wide range of external stakeholders, many of whom will overlap or interlink with each other and with internal stakeholders.
- 7.2.2 External stakeholders currently include: Patients; local people from all communities across the borough and their elected local and national representatives; patient groups; carers; NHS organisations; voluntary sector organisations, local authority and public officials including the police, social services, education and housing; local and specialist media outlets.
- 7.2.3 The CCG holds a database of individuals and organisations who have expressed an interest in giving views on local health services. This means we are able to proactively contact a range of relevant groups and individuals regarding relevant CCG activity.
- 7.2.4 We continue to promote engagement through the website, social media and through local groups, events and partner organisations.
- 7.2.5 Merton Integration Board is a senior multi-agency partnership group and the Merton Model Development Group, a multi-agency group both meet on a monthly basis to shape the development of work programmes which form part of the Better Care Fund. The CCG is represented on both. The group brings together commissioners and representatives from local providers (including acute trusts, community services, mental health services and voluntary sector organisations). The group has an important role in exploring issues which span organisational boundaries in order to collectively establish and take forward solutions ensuring integrated care and a 'whole person' approach.

## **7.3 Processes**

Merton CCG uses a number of approaches to implement, develop and evaluate engagement and participation activities. This involves using established communications channels and networks and developing a clear engagement framework to involve patients and stakeholders in decisions.

## **7.4 Communications and engagement strategy**

- 7.4.1 The development of our new strategy was an opportunity to make sure that engagement with patients is coordinated, consistent and works effectively. Communications and engagement activities are complementary and work in parallel so the two strategies have been combined to create a coordinated plan for the future.
- 7.4.2 To begin this process a Merton CCG group met in December 2014 to identify key stakeholders and available channels to communicate and engage with them. The session was attended by commissioning team members,

Healthwatch representatives, PPI manager, communications team members and an equalities team representative. During the session the group outlined the CCG's key stakeholders and analysed the available routes to communicate and engage with each stakeholder group and to identify any gaps. For example, are we reaching all the groups we need to? Do we need to introduce new communications and engagement channels as a CCG?

7.4.3 The results helped to form the basis of the strategy. The draft strategy was shared internally and with key stakeholders including Healthwatch, voluntary groups and patient groups. It was also made available on the website and promoted via social media for wider public comment. The responses were used to help inform the final strategy which was approved by the Governing Body in May 2015. The strategy is now on the CCG website.

## **7.5 Communications and Engagement Protocol**

7.5.1 A communications and engagement protocol was developed to support Merton CCG's Communications and Engagement Strategy. The protocol offers a structure of support, including outlining the responsibilities of staff and clinical leads when overseeing service change guidelines, check lists, guidance on engagement, marketing, campaigns, media, website and social media.

7.5.2 Staff are asked to complete a form as a standard part of any service change project, to determine what level of engagement is required, how it will be delivered and how patient and stakeholder feedback has or will influence commissioning plans. This enables engagement activity to be targeted for its audience, supported by relevant communications channels.

7.5.3 All service change papers submitted to Merton CCG Governing Body need to confirm how engagement has been considered. This ensures the necessary involvement activity takes place before final decision making.

## **7.6 Digital engagement**

7.6.1 The CCG has increased its focus on digital channels as a means of communicating and engaging with patients and the public. The website acts as a source of information and engagement for patients, the public and all local stakeholders. See [www.mertonccg.nhs.uk](http://www.mertonccg.nhs.uk)

7.6.2 People visiting the website can send feedback using a feedback form via the 'Get Involved' page, find out about opportunities to get involved in local health services, or the results of consultations and engagement that have taken place.

7.6.3 Merton CCG also uses social media including twitter and facebook. Tweets cover a wide range of topics and include re-tweets of partner

organisations posts. It is also used to respond to queries and comments. Facebook is used to promote services and consultations.

## **7.7 Specific engagement activities and consultations**

7.7.1 In the autumn of 2014 the CCG held seven public engagement events on topics including:

- Site for the new Mitcham health facility
- Community services procurement
- End of life care
- The Nelson Health Centre
- Inpatient mental health services in South West London

7.7.2 The annual 'Engage Merton' event invites members of the public to give views on key projects. The main subjects for discussion for the October 2014 event were the model of care to be provided in the new health facility planned for Mitcham and community services in preparation for retendering of the contract. Drop-in stalls covered a range of organisations and topics including the South West London inpatient mental health consultation.

## **7.8 Partnerships and Networks**

7.8.1 Merton CCG works in partnership with Merton Council to focus on preventing illness and helping people stay independent in older age or with a disability.

7.8.2 The CCG also works in partnership with Healthwatch Merton to ensure local residents are fully engaged in our work and are able to feed back their views. They advise us on preparation of materials, suggest routes to new audiences and work with us on key engagement events.

7.8.3 Health and social care organisations we work with also 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 and Kingston Hospital NHS Foundation Trust and 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
- 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
- Local voluntary and community groups with a health and social care focus

7.8.4 Merton CCG also works closely with our partner CCGs. The six south west London CCGs (Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth) and NHS England are working together in a strategic commissioning partnership – South West London Collaborative Commissioning - to address the challenges faced by the local NHS. A five-year strategy for local health has been published. The NHS faces a number of challenges in the years ahead and the six CCGs are working together on a long term plan to overcome these challenges and to improve the quality of care in south west London. The strategy was published in June 2014.

7.8.5 The six CCGs in south west London and NHS England are committed to ensuring patient and public engagement is embedded into their collaborative commissioning work. South West London Collaborative Commissioning has worked to complement existing engagement activities within each of the individual CCGs in the area, to avoid duplication and maximise opportunities.

7.8.6 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’. During 2014, the Consultation Institute and another expert body, Public Involvement, advised the programme that given the previous three years of in-depth engagement with local people, a further period of extensive engagement may frustrate residents and stakeholders. They instead advised the programme to test all feedback to date in a SWL-stakeholder event.

7.8.7 In May 2014 the programme tested all feedback to date in a SWL-stakeholder event <http://www.swlccgs.nhs.uk/documents/listening-and-learning-engagement-report-june-2014/>

7.8.8 A number of consistent themes were discussed, for example workforce, integration of services, patient education and information about accessing services and working more closely with the voluntary sector.

7.8.9 In April and May 2014, a total of 20 focus groups were carried out to extend reach into local communities and further test the feedback gleaned to date. Each group began the session looking at the overall patient feedback for South West London. It was strongly felt that we had heard the population correctly, with 17 out of 20 groups agreeing that we had heard the patients’ voice. No group disagreed with our findings. In addition, the results of the

focus groups were broadly in line with the outcome of the stakeholder event (noted above).

## **8. South West London Collaborative Commissioning - Patient and Public Steering Group (PPESG)**

8.1 To ensure that there is effective lay involvement and public and patient engagement in the SWL Collaborative Commissioning programme, in April 2014 a steering group of patient and public lay representatives from each of the six CCGs, the six local Healthwatch organisations and the voluntary sector within each of the six CCG areas was set up and meets every six weeks.

8.2 The six CCG patient and public lay representatives elected Sally Brearley as the Chair for the group and Clare Gummett, Merton (Governing Body Lay Member), and Carol Varlaam, Wandsworth as Vice-Chairs. The Chair represents the group on the Strategic Commissioning Board and the SWL Forum, with the Vice-Chair acting as a substitute as required. The group has been formed to:

- Oversee public and patient engagement on the SWL Collaborative Commissioning programme, acting as a key strategic adviser to the Strategic Commissioning 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 – Strategic Commissioning Board and SWL Forum.
- During 2014 and early 2015, information disseminated information about the case for change via Patient and Public Engagement Steering Group networks and social media and continued to update key stakeholders such as local MPs on developments with the programme. The programme worked with providers and Health and Wellbeing Boards to consider the next steps.
- Advise on the targeted engagement activities to support wider engagement with a) diverse community groups and b) engagement priorities of work streams.

## **9. Direct engagement of patients and the public in SWLCC Clinical Design Groups**

9.1 In addition to supporting the Patient and Public Engagement Steering Group, the programme also supports direct patient involvement in the strategy by inviting patient representatives to sit on each of the Clinical Design Groups.

These patient representatives are recruited through local CCGs, Healthwatch organisations and the voluntary and Community Sector.

- 9.2 Their role is to provide an objective patient voice in meetings – acting as a critical friend. The programme provides support to them through one to one meetings, training sessions and payment of out of pocket expenses. The programme is currently reviewing the numbers of patient representatives and their spread across the boroughs. A refreshed recruitment programme will run in autumn 2015.

### **Section Three – (Meeting the collective duty) Engagement and participation activity**

Engagement activity in 2014/15 focussed around two set piece public engagement events - '*Engage Merton*' and '*at the health hub*' – and a range of focussed engagement activity on specific groups and commissioning priorities. Engagement utilised a variety of channels and encompassed a wide variety of groups and organisations from across Merton.

#### **i) 'At the health hub'**

Objective: To provide local residents with an opportunity to comment on any aspect of their healthcare experience.

Activity: 24 health-related stands in the 'health marquee' at the local Mitcham carnival in the East of the Borough.

Audience: All Merton residents. The carnival attracts all ages and a wide variety of groups many of whom our standard engagement might not always reach. It also allowed us to reach families particularly those with young children.

Outcome: The marquee attracted one thousand visitors to the marquee and all the stands achieved a good level of interest. IAPT services in particular were an area of concern for many. The feedback regarding availability of services was fed into the commissioning team as part of their work on provision of new talking therapies.

#### **ii) Engage Merton**

Objective: Views on community service provision for 2016 and beyond, and a new health facility for Mitcham.

Activity: Engage Merton - On 16 October 2014, Merton Clinical Commissioning Group (CCG) our annual engagement event, Mitcham Football Club

Audience: patients, members of the public, service users, carers, clinicians and other stakeholders. Stakeholders were invited to attend and members of the public registered to attend the structured event in the afternoon and a 'market place' was held during the evening where members of the public could drop in.

Outcome: A total of 69 individuals took part in the event and the market place. Individuals from within Merton CCG and the Commissioning Support Unit supported the event. There was representation from:

- Black, asian and minority ethnic groups and organisations
- Carers groups and organisations
- Children, young people and families groups and organisations
- Community and voluntary groups and organisations
- Disability groups and organisations
- Faith groups and organisations
- Hospital and Community Trusts
- Merton council representatives
- Mental Health groups and organisations
- Older people groups and organisations
- Patients and the public
- Tenants and Residents groups

At the event carers said they wanted to be more involved in our strategy development. As a result carers and young carer's views are now actively sought as we design and shape our services. The Operating Plan now makes specific reference to our work with this group to ensure they are fully consulted at all stages. Alongside families and young people, we also worked with Carers Support Merton to draw up plans to provide improved support to young carers.

Attendees at the event also said more consultation work with families was important to them. As a result we spoke to families in receipt of NHS continuing care and the CAMH service to ask their views on service improvements. This work was done in partnership with Merton council and Healthwatch.

The CCG also commissioned a review by the Royal College of Paediatrics and Child Health in December 2014 on how best to improve the health outcomes for families and children in Merton with complex health needs. A number of recommendations were made and from these the CCG has

developed an action plan with clear timescales which will be progressed during 2015/16. A review of the process for children's NHS continuing care has begun and will continue into 2015, to improve the response to children and families with complex health conditions.

At Engage Merton concern was expressed by some attendees that when planning and reviewing services; we did not look at physical and mental health together. To ensure we do take a holistic 'whole person' view we updated our operating plan to include this as a specific requirement.

### **iii) Engagement around services for children and young people**

Objective: To improve co-ordination of service and boost positive experience by users

Activity: Meetings, workshops, one to one discussions. Merton worked in partnership with the local authority who lead on the Merton Health and Wellbeing strategy and also consulted and worked closely with council workers who deal with children

Audience: service users, carers, clinicians, local authority and safeguarding representatives and other stakeholders. Healthwatch supported the CCG to recruit young people and their parents and carers. This was led by commissioning managers for these services, supported by the Communications and Engagement Team.

Outcome: As a result the priorities focussed on in 2014/15 directly linked to the Merton Health and Wellbeing Strategy priority of giving every child a healthy start.

A review was conducted into the way that children and young people received health support. The services for children and young people that are jointly provided with LB of Merton were mapped to ensure it was easier to identify services and better integrate commissioning with Public Health and Children and Families Services. As a result an integrated Education Health and Care Planning team with LB Merton now supports the development of integrated care plans for children with special educational needs and disabilities.

Another outcome was that Merton CCG decided to fund additional consultant time at the specialist children's centre at St Helier Hospital to improve performance in relation to the provision of initial health assessments for Looked After Children.

Other actions taken as a result of working with LB Merton include:

- the integration of children's community health services to ensure that children's health needs are met early.

- the delivery of a joint action plan to address concerns about the needs of children transitioning from one service to another to ensure that a child's life is supported effectively.

The CCG and LB Merton also established a joint working group to improve child and adolescent mental health services (CAMHS) and refresh the Merton CAMHS strategy. The first phase of this work was a needs assessment and service review led by Public Health which began in December 2014.

#### **iv) Older People Services**

**Objective:** To better tailor and target services and provide more pro-active care, prevent exacerbations of conditions and support an increased number of older patients in the community.

**Activity:** Meetings, workshops, one to one discussions, discussion with Age UK Merton, Alzheimer's Society and other charities, visits to interfaith forums and other special interest groups. The Governing Body lay member with responsibility for patient engagement also undertook a series of visits and meetings seeking to identify priority concerns.

**Audience:** service users, carers, clinicians, local authority representatives and other stakeholders. This was led by commissioning managers for these services, supported by the Communications and Engagement Team.

**Outcome:** A key objective for the CCG has become to maximise independent living, prevent unnecessary admissions to hospital, and reduce the loss of independence and confidence that a hospital stay can bring about. We have also sought to ensure that when people do require hospital admission, services will be available to ensure that the stay is no longer than needed, support is available with the transition from hospital back into the community, and where possible premature admission to long term residential care is avoided.

Feedback from our engagement suggested a key area to be addressed was the need for additional support to help improve care in nursing and residential care homes in Merton alongside unnecessary ambulance conveyances and admissions to hospital. To tackle this we expanded the community prevention of admission team (CPAT) and increased the information, training and support available.

In addition:

- An integrated complex older people's pathway was agreed in partnership with Sutton CCG and implemented at St Helier Hospital. This service is led by a geriatrician and includes support from a

navigator and therapists to optimise the frail elderly pathway and ensure a successful and prompt discharge.

- New community services have been commissioned to provide “in-reach” nursing at St George’s Hospital to help identify patients who could be supported in the community rather than remaining in an acute hospital and supporting these patients through the transition. This has been extended to the emergency department and short stay wards through systems resilience funding.
- Commissioning of additional intermediate care beds with a model proposed for future commissioning of beds to enhance the services currently available, providing a “halfway house” giving a faster and more supported recovery from illness.
- Integrated locality based working – community services have redesigned their teams (of nurses, specialist nurses and therapists) to work on a locality basis alongside the health liaison social workers and primary care. MDT working has started, with the identification and management of those identified through risk stratification and people aged 75 and over. Key worker roles and responsibilities have now been designed to enable more proactive working, providing those with the most complex needs who are at risk of hospital admission with additional co-ordination and support to help manage their overall care.

A new Community Hub at the Nelson Health Centre was commissioned and includes HARI (Holistic Assessment and Rapid Investigation Service), which provides a multidisciplinary holistic service led by an interface geriatrician, providing both urgent and routine holistic assessments, with on-going rehabilitation where required. The aim of this service is provide a community-based solution to manage appropriately more complex needs in the community.

Another key area of work for the CCG has been around dementia and responding to public requests for greater levels of support in the community and in a clinical setting.

The Dementia Hub was launched in Mitcham with a number of partner agencies including London Borough of Merton and The Alzheimer’s Society. It provides a range of linked-up services including follow-up memory clinics. The Hub addresses local concerns around support networks for carers and families of people with dementia.

Three dementia nurses have been recruited to provide additional support to people with dementia and their carers in the community.

Increased training and support has been provided in primary care to help increase dementia diagnosis rates, to ensure that people with dementia are identified, treated and supported as early as possible. In addition CCG staff members have undertaken Dementia Friends training.

As part of the End of Life Care (EOLC) Strategy refresh a variety of groups including Carers Support and Age UK Merton were contacted and spoken with. Training for community staff and carers on a range of aspects of EOLC was felt to be important. This has been delivered, information about bereavement support developed, an update of the booklet "*What to do after a death at home*" has been published and arrangements made to enable home to hospice transportation, with the overall aim of improving support to people at the end of life.

**v) Review of Children's Continuing Healthcare:**

Objective: A review of the process for children's NHS continuing care

Activity: Telephone interviews, one to one meetings, workshop where participants were invited to attend. To support this work the feedback on these services received at other events including 'in the health hub' and 'Engage Merton' was fed in to help shape the direction of the work.

Audience: Healthcare professionals, families with children in receipt of Continuing Healthcare funding

Outcome: The Operating Plan was updated to reflect feedback that providing more integrated care for children with complex health needs was needed. This was a key concern.

An integrated education, health and care planning team involving the CCG and local authority was agreed and fully operational by the end of April 2015 and its operation reviewed by the end of October 2015. It will deliver joined-up, high quality plans for 200 children with special educational needs and disabilities. Alongside this joint commissioning arrangements with LB Merton will be strengthened, building on the working arrangements put in place in 2014 between LB Merton and CCG managers.

**vi) The Nelson Health Centre**

Objective: Patient focussed development of the new Nelson Health Centre

Activity: The Nelson Community Reference Group worked with Merton CCG regarding the business case for the Nelson Health Centre. Consultation with the public took place throughout the project. This contribution and the experience of the architects made a significant contribution towards producing a building that works for its users and the local residents

Audience: Nelson Reference Group, the Better Healthcare Closer to Home Group, local residents and key interested parties

Outcome: Following advice from the Nelson Reference Group, the following changes were made:

- The car park design was amended to reduce noise
- An acoustic fence was added to protect neighbouring properties from potential noise
- Staff car parking was placed adjacent to the boundary – this meant fewer vehicle movements per day (the stationary staff vehicles also help provide an additional sound barrier)

In order to improve access to the Nelson Health Centre, the old wall to the front of the building was removed, despite strong local feeling towards retaining it. By removing the old wall, more space was created on the public footpath by the bus stop, thereby improving the safety of service users and pedestrians. These designs were tested with the Nelson Community Reference Group, who agreed with this proposal. The latest feedback has been extremely positive about this change.

The road layout at the front of the building was amended, in response to residents' concerns about vehicles coming and going from Watery Lane. This was changed to permit in-access only at the front of the building.

In addition the Better Healthcare Closer to Home Group visited the Nelson Health Centre to give 'prospective user' feedback on access throughout the building, way finding, waiting-room calling systems, appointment systems, furniture, flooring and the design of communal areas. As a result of their suggestion pagers for patients who are visually impaired or hearing impaired have are available to use.

A five star review was recently posted on NHS Choices regarding a patient's experience of using the Centre:

Cystoscopy (done at Nelson Health Centre)

Following a bladder infection I was referred by my GP to St George's. I was offered an appointment at the Nelson Health Centre.

I was delighted with the new building. The car park had spaces and was very reasonably priced. The reception area was light and spacious. I was seen within a few minutes of the appointment time. The staff were all friendly, efficient and informative as they explained the procedure and I signed the consent form.

After an initial screening to make sure the procedure could go ahead, I was asked to get ready. I was presented with intriguing paper 'dignity' shorts and a

hospital gown. In the operation room, there were two nurses and a consultant. I was apprehensive about how painful the procedure would be and was given helpful and honest information that the administration of the anaesthetic gel would sting. It did! However as told, the pain soon went.

Throughout the procedure I was able to see what was happening on screen and everything was explained and my questions answered and thankfully nothing untoward found.

Aftercare didn't take long and once I had passed water I was able to get dressed and go.

The nature of the procedure was intimate and could have been embarrassing but I was treated with respect and dignity. I could not have asked or expected more. The modern NHS at its best. Thank you.

[Visited in July 2015. Posted on NHS Choices 24 July 2015]

#### **vii) Site identification for a new Mitcham Health Centre**

Objective: Choose the preferred site for the new Mitcham Health Centre

Activity: Website and social media promotion, invitations to an evening engagement event, hand held electronic voting, online survey and meetings with local groups and MP. A workshop discussion on the model of care to be delivered from the new building was also held at the CCG's Engage Merton event, including a questionnaire that asked how stakeholders wanted to be involved in the project.

Audience: Local community groups, MPs, councillors, patients and the public, voluntary organisations e.g. MVSC, Healthwatch, Age UK Merton, Carers Support Merton

Outcome: As part of that process we produced slides, information boards FAQ and a questionnaire. There were four options for the site location. We invited local residents to indicate their preferred option based on information on each of the sites. They chose the Wilson Hospital site. This option was then presented to the CCG Governing Body who agreed it and sent it to NHS England for their approval. We continue to carry information on our website how they want to be kept in touch on this matter going forward.

A wider strategy is currently being developed and implemented to ensure that patients have an opportunity to contribute to the services that will be available and the design of the new facility. This involves using a project management company to facilitate independent engagement on our behalf. The company, with our direction, will meet local groups and residents, provide facilitated

events, questionnaires, newsletters, briefing sheets, press releases and online coverage.

### **viii) Improving Access to Psychological Therapies (IAPT)**

Objective: Re-procurement of IAPT services

Activity: Workshop with invitations to key stakeholders including a programme of visits to interest groups (including Focus 4/1, Rethink, Sonic Group) to discuss what they might want from such services.

Audience: People with mental Health conditions, families, carers and healthcare professionals

Outcome: As a result of this feedback we have:

- Included clear information in the new service specification around communication, engagement, promotion, referral management, accessibility and working with other providers.
- Developed an outcome-based commissioning approach that incentivises the new provider to deliver better outcomes, including access targets for BME groups, older people and people with long term conditions, and recovery rates. Payment is linked to achievement of targets as per the NHSE guidance.
- Tested bidders around their track record of delivery of access targets, recovery rates and around meeting the needs of harder to reach groups, access to services, communication/engagement, promotion and referral management.
- Included our service user representatives in the evaluation and selection of the new provider.
- Selected a new provider with a strong track record in meeting targets around access and recovery rates, working across the whole system, and building a service from the bottom up within the community.
- Commissioned a new Complex Depression and Anxiety Service to fill the gap in service we had identified.
- Included working with the IAPT provider in our service specifications for the community services procurement.
- A 'Core Specification' has been developed which set out the common outcomes, service delivery objectives, principles and essential delivery requirements relevant to all the services being procured. In the 'Interdependence with other services/providers' section of this specification, IAPT was identified as a key partner.
- An overarching 'Proactive, Planned, Preventative Provision and Reactive, Rapid Response' Specification was produced and, underpinning this, a number of documents were developed which outlined the requirements to be delivered to support the management

of key health needs. IAPT was referenced as appropriate and the importance of close working relationships was emphasised. For example, in the Diabetes Health Need the following was stated: “Robust partnerships must be in place to provide specialised psychological support services, and there should be close working relationships with mental health services including IAPT. Patients’ psychological needs (including those related to depression, anxiety and other mental health issues) should be screened and supported on an on-going basis and the service should ensure that the patient has specialised psychological support integrated along the pathway according to patient need”.

#### **ix) Community Services procurement**

Objective: Engagement to inform the procurement of community services.

Activities included:

- Patient representation on the project board and other committees
- Two public engagement events
- A workshop (as part of ‘Engage Merton’)
- Press release and local media coverage to highlight the opportunity to get involved
- Website promotion of the discussion including feedback from engagement events already held
- Discussions with healthcare professionals and providers

Audience: Merton residents, local service users, GPs, providers, carers, children and parents, local authority and voluntary sector representatives

Targeted engagement discussions were held between January and April 2015 and focused on identifying key components for the different services. The views of 17 parents, eight young people, 48 school heads and 13 professionals were gathered in total across the seven events for children. The views of 16 adults, five carers and 21 professionals were gathered across the seven adult events.

Key themes from the events for children - 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.

GP engagement sessions included the Merton wide GP Practice Forum Leads meeting and the three locality meetings for GP practice leads. All 25 practices have been represented as part of this process. Discussions in December/January focused on outcomes; in February/March 2015 on essential service delivery principles and in April/May 2015 on the performance framework. In addition, all GPs were invited to access the secure intranet site by password during March and April and comment on draft service specifications.

Key points made stressed joined up working including cross borders, continuity, good communication and easy referral; and processes, education, family support and training and early intervention with a preventative focus.

An integration project public event relating to community services held in September 2014, focused on issues around joining up health and social care. 28 people attended. Insights covered key priority areas such as dementia, carers, end of life care, crisis, discharge from hospital and keeping well at home. Healthwatch Merton produced a report detailing the outcomes of this event which helped inform the procurement work.

Merton Health and Wellbeing Strategy refresh – an event was held in February 2015. This also covered issues around community services. Key points made were that peer support and engaging with the whole family are vital; that Merton's relatively transient population has particular needs; that on-going support is important; that easy access to services is crucial especially for men to access and better use should be made of existing resources including voluntary and community groups.

A Review of Health Visiting Services - undertaken by London Borough of Merton over summer 2014 also informed the development of the community service procurement proposals. 16 parents participated in a focus group and 389 parents responded to a survey. Breastfeeding, immunisations, infant feeding and contraceptive advice were the areas where respondents indicated they wanted support. Areas cited for improvement were access, information and consistency of service/advice received and continuity of care.

**The first drafts of the Specifications were revised to incorporate the key points made through all the engagement activities listed above about. The points were essential in determining the outcomes and in finalising the service principles and key delivery requirements of the Core**

## **Specification as well as the key requirements of the accompanying service specific specifications.**

As a result of the engagement we found out that:

- The providers of community health services need to communicate with service users, their carers/family, GPs and other relevant support groups to ensure good co-ordination of service - The final procurement document specifies that the provider must ensure there is good communication that helps ensure co-ordinated care and that information is correctly shared among agencies so that patients and carers do not have to repeat the information every time they use a different healthcare professional.
- There should be a smooth transition to other services – The specification requires ‘smooth, easy transfer between services’ and ‘given help to access other services’.
- People should be able to access services easily – the final specification states that patients should be treated in the most appropriate setting depending on their needs and includes the requirement to ‘deliver services from a range of locally accessible venues including in people’s own homes’ and ‘to arrange transport when necessary’.
- People should be given clear and accurate information about their condition, care plan and other available services – the service delivery requirement includes the need to ‘produce and distribute clear information on community services to both patients and professionals and give timely information on care plans and treatments to patients carers and their families. They should also be guided to other beneficial services.’
- Continuity of care is important to help ensure trust and understanding - Merton Health Principles require ‘responsiveness’ and ‘continuity and confidentiality’.
- Community health services should work with the whole family and value the help and support that family members can give. They should also help train and support families and carers so that they can give care and support – Merton Service Principles specify that providers must ‘take a whole family approach’. The service delivery requirements state that they must ‘provide advice, information, education and training to the patients, carers and families and other professionals and groups. Families and carers should be listened to and respected’.

The procurement process will include patient representation at part of the evaluation of responses.

**x) Cardiac Rehabilitation:**

Objective: To improve access to Exercise Classes

Activity: Members of the public told us during a number of public engagement events (including at Engage Merton) that exercise classes and groups should be more readily available and that people in need should be able to receive a prescription for such services. The CCG recognises that such areas of provision should not stand in isolation and must be embedded into pathways and aligned with other services.

Audience: Service users, patients and the public

Outcome: Cardiac rehabilitation was included in the specification for the new Community Services procurement (as it is an area of rehabilitation which benefits from exercise classes) along with education and support components. The aim was to increase capacity and improve patient choice, so that more patients were able to benefit from this valuable intervention. From April 2016 the successful bidder will be required to deliver a comprehensive, multi-modal, responsive and evidence-based cardiac rehabilitation service which encompasses holistic assessment (including both physical and mental health needs) and the provision of tailored and personalised interventions.

## **Section Four: Meeting our Individual duty**

### **10. Expert Patients Programme - Chronic Disease Self-Management Education**

In 2013-14 the Expert Patients Programme (EPP) delivered three of four courses within community venues. 41 individuals participated in courses, 30 participants completed the full six week course. To improve the impact, and increase the number of individuals accessing patient education and self-management support in 2014-15, the EPP now receives Better Healthcare Funding.

This has enabled Merton CCG to:

- More than double the number of courses run
- Target specific communities with greater prevalence of long-term health conditions
- delivered a course within the Tamil community with a Health Advocate known to the Tamil community to translate
- delivered a course for people living with COPD and other condition that effect breathing i.e. asthma, heart conditions
- delivered a course for carers living with LTHC

- Work more intensely with voluntary sector to reach out to those communities and individuals we seldom hear from, and to raise the awareness of the programme
- Support and utilise 11 trained qualified tutors to deliver the programme

Summary	2013-2014	2014-2015
No of courses	3	7
No of participants	41	103
Male	13%	26%
Female	83%	46%
Age	51% under age of 55	42% under age of 55
Ethnicity non-white British	54%	36% (37% preferred not to say)
Tutors	5	7 (in training)

## 10.1 Expert Patients Programme - Case study

10.1.1 MG was a participant on the Expert Patients Programme (EPP) course for carers, October to November 2014 at Vestry Hall, Mitcham. She is a carer for her adult son who has Autistic Spectrum Disorder (ASD).

10.1.2 *"I first heard about the EPP on the notice board at Vestry Hall. I try to take good care of my own health because of my son's ASD. I liked the course title, 'Looking after me'. I thought it might help me get less stressed and emotional and also I might meet other people with similar issues there.*

*"I hadn't heard of the term "self-management" before but when I started the course I started understanding this is all about how to deal day by day and not get frozen regarding doing things at home or out because being a Carer is 24/7 and non-stop."*

*"Since finishing the course I feel more in control of my situation - it has improved my quality of life. The course helped me deal with my tiredness because physically and emotionally it's a lot for me and it helped me with things like problem solving, which is very important."*

*"Sometimes my daughter says 'Mummy, you are not your age. I don't know how you get your energy'. This is to do with the course. Before I kept saying to myself 'Oh no, I can't do it. I'm getting tired'. Now, I say to myself 'Yes, you can do it, you're strong, get on with it'."*

*"Now I make sure I have time for myself by relaxation, this has helped with coping with anger, frustration and low moods. I learnt techniques that help me cope. To me it wasn't just a six-week course, because this is for my lifetime. I've now been on television twice, Deal or No Deal. My daughter put my name*

*down and I thought 'I'm going to go'. And I enjoyed it. I feel more able to do this because I learnt on the course that we should make time for ourselves. The thing is, because you laugh and share with others, you forget about the problems."*

*"I would definitely recommend the EPP. It boosts you up. You can talk to people and you find more friends. I have recommended the course to a friend whose son has ASD and he's worse than my son. I've been telling her 'go to this course, it's really good'.*

## **11. Independent Funding Request (IFR)**

- 11.1 The CCG held a round table review with NHS England in February 2015. This followed an IFR for a gastric electric stimulator for a teenage patient in 2014.
- 11.2 The request was initially rejected on grounds of clinical efficacy. The request was resubmitted for reconsideration but again declined. The family complained went to the Parliamentary and Health service Ombudsman.
- 11.3 The round table review was to resolve the issues highlighted by the case and to examine the sequence of events to provide learning for the future. The review was independently facilitated and participants included representatives from the CCG, NHS commissioners and provider.
- 11.4 As a result Merton CCG varied its IFR policy to enable a 'clinician to clinician' discussion to take place should further information be needed to reach a decision. In order to avoid inappropriate bias in this eventuality the IFR panel clinician taking part in such a discussion would share the information with the rest of the panel but would not take part in the decision making process.

## **12. Personalisation and Integration of Services**

Activity: 'You at the centre of your care' engagement workshop, and a simulation event

Audience: Patients, carers and healthcare professionals

Objective: To test possible future models of integrated working

Outcome: Users and carers were supportive of the integrated care pilot, and came up with a range of proposals for 'what brilliant looked like'. These included:

- Users and carers at the centre of their care
- A care plan for each patient - shared with the service user and carer
- More joined up services and information

- Rapid response to crises - and follow-up - preventing hospital admissions
- Better care and better co-ordination across hospitals, mental health, community services and GPs.

This fed into the development of the overall Integration work programme, which includes the work to develop and deliver 'The Merton Model'. As a result we developed Integrated Locality Teams working with the GP practices across Merton and made sure more health and social care workers were available in the evenings and at weekends to provide a rapid response in times of crisis. These principles fed into the development of specifications for our community services re-procurement and will be built upon further within our future commissioning arrangements.

The overall success of this is being measured through the Better Care Fund performance measures which include:

- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population;
- Number of new placements to Permanent Care Homes 65 and over;
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement/rehabilitation services;
- Proportion of older people (65 and over) who were offered a Re-ablement or Intermediate Care Service during the period;
- Number of older people (65 and over) who were offered a re-ablement or intermediate care service;
- Delayed transfers of care from hospital per 100,000 population (average per month);
- Number of delayed transfers of care from hospital;
- Social care-related quality of life (User Survey) - Enhancing quality of life for people with care and support needs.

### **13. 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.

### **14. Strategy development and implementation**

A refreshed communications and engagement strategy was presented to the governing body in May 2015. Going forward we will engage with stakeholder groups in their own meetings and settings – reaching different groups where they are rather than expecting them to come to us. We will continue to hold

key engagement meetings alongside this, like Engage Merton and public events around key consultations. We will also engage with a wider range of groups to ensure we are reaching a diverse audience and to avoid over-consulting the same groups of people utilising other organisations engagement channels e.g. Local Authority community networks. The strategy also commits us updating existing databases and exploring the best records management software for hosting the information.

## **15. Social Media**

A Facebook and Google page will be developed by May 2015 and used to support awareness of engagement opportunities as well as being used as a way to seek and receive views comments and feedback from local people, service users and providers. Our social media activity has already begun to rise and has helped increase visits to the website ([www.mertonccg.nhs.uk](http://www.mertonccg.nhs.uk)) with 19,300 website visits between March and May 2015. This is up from 7,320 in the previous quarter.

## **16. Patient Stories**

During 2015/16 we intend to explore opportunities to bring patient stories to the wider CCG and CSU staff and introduce patient stories to the Governing Body agenda.

## **17. South West London Collaborative Commissioning Strategy**

17.1 An Issues Paper was published in June 2015. Issues Papers are increasingly viewed as best practice for public sector change programmes, setting out the case for change and questions for the public and stakeholders to consider at an early stage. This paper will be the main mechanism on which the programme will engage during 2015. A meeting to brief local MPs will be held in early summer and led by the South West London Collaborative Commissioning team on behalf of Merton and other CCGs.

17.2 Key engagement activities for Merton include:

- Holding a deliberative engagement event in the borough in September 2015 – to gather in depth feedback from recruited patients and the public and voluntary and community sector stakeholders, about the challenges and issues affecting local health services. The event will be independently facilitated by the office for Public Management and led by the CCGs Clinical Chair and Chief Officer. The other CCGs will hold similar events around the same time.
- The SWLCC will run a complementary programme of outreach with local community and voluntary groups. The programme will be writing

out to all key stakeholders and offering to attend their meetings to discuss the areas raised in the issues paper – seeking their feedback on the key challenges.

- The CCG will be using the engagement toolkit provided by the SWLCC in August 2015 to support on-going engagement with key stakeholders – including local Authorities; health and wellbeing boards, overview and Scrutiny committees, MPs etc.
- The South West London Collaborative Commissioning team will also run ambassador training to support CCG staff and nominated individuals engage with groups on the issues.

## **18. Improving Dementia Care and Service Provision (May 2015)**

This engagement will be led by Public Health and will be undertaken as part of a Health Needs Assessment. The aim is that together, by May 2015, we will have gained a better understanding of the experiences and needs of people with dementia and their views regarding how services can be improved. The findings will inform the development of a Dementia Strategy and will help to enhance service provision in the borough for:

- People with dementia
- Carers of people with dementia

## **19. Review of CAMHs Tier 2 and 3 Services (June 2015)**

- 19.1 We will begin to engage with children, young people and their families, friends and carers through focus groups as well as questionnaires to carry out a health needs assessment to review service provision to gain an understanding of efficiency and effectiveness of services and the extent to which they meet local needs.
- 19.2 The aim is to make recommendations to improve health outcomes for children and young people and to inform service development and future commissioning arrangements.

## **20. No voice unheard, no right ignored: a consultation for people with learning disabilities, autism and mental health conditions – Green paper (June – July 2015)**

The consultation will ask people to comment on:

- assessment and treatment in mental health hospitals for people (all age) with learning disability 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); and No voice unheard, no right ignored – a consultation for people with learning disabilities, autism and mental health conditions.

## **21. Personal Health Budgets (August 2015)**

Children, young people and families initially through a questionnaire to gain insight into interest of personal budgets and then consultation with the family on implementing this to pilot personal health budgets for children and young people who are eligible.

## **22. Development of Carers Strategy (September 2015)**

Carers will be consulted in order to inform the development of a new Carers Strategy. Working in partnership with the local authority and the voluntary sector (Carers Support Merton) we will run a seminar for carers to discuss the strategy. This will involve consultation in relation to the following areas:

- Recognition and early intervention
- Carer assessments
- Respite/breaks/one off payments
- Support from GPs and health agencies
- Third sector support
- The particular needs of young carer
- Continuing care

## **23. Implementation of the Integration Project and Better Care Fund (October 2015)**

23.1 By October 2015 service users and carers particularly from HARI and intermediate care services will be engaged on further development of joined up services, including services to keep people well at home, prevent unnecessary emergency admissions to hospital and to help people back to independence following a hospital stay. Getting feedback from service users/carers on the impact of these services and reviewing whether changes have worked in the way intended.

23.2 Other elements included here, particularly, where they relate to the Care Act 2014, may be of relevance to adults in receipt of social care, including those with other disabilities.

To feed into the national consultation, this includes:

- People with learning disability, their families and carers;
- People with autism, their families and carers;

- People with mental health needs, their families and carers;
- Individual health and social care bodies responsible for the planning, commissioning and provision of services for people with learning disability, autism or mental health needs;
- Individual health and social care professionals;
- Representative local and national organisations for health and social care bodies or professionals;
- Individuals or organisations with evidence regarding the costs and potential impact of any of the proposed measures;
- Individuals and organisations with an interest in health and care legislation, in particular, the Mental Health Act;
- Individuals and organisations with an interest in restricted patient processes and support under the Mental Health Act;
- The police and other emergency responders who may be called on to respond to people experiencing mental health crises; and
- Any other party with an interest in improving the rights, health and wellbeing of people of all ages with disability will be also welcome to comment.

## **24. Better Health Care Closer to Home Patient Group and Patient Representatives and Patient Engagement Group (on-going)**

- 24.1 The PPI team will continue to support the Better Healthcare Patient Group and Patient Representatives sitting on the Community Services Procurement working groups, Independent Funding Review Board and the Medicines Management and Pharmacy Committee Community to act as critical friends, to help the CCG to make decisions about commissioned services, to ensure services meet the health needs of the local populations and that the voice of patients, carers and local people, including those from seldom heard groups, is embedded within the organisation.
- 24.2 Group members and representatives will be given the support and training required to enable them to participate fully in meeting and working groups, and the opportunity to development wherever possible.
- 24.3 The CCG is committed to supporting a patient engagement group (PEG) or forum as an additional mechanism to gather patient views on CCG plans, building on the learning from setting up a Steering Group for a period during 2014. The BHCH group will be invited to widen its remit to form the basis of that group.

## **25. Support following discharge**

Service users who have experienced being discharged from acute settings will have the opportunity to explore the strengths, weaknesses and areas for

development in relation to existing services and consider what further services over and above those currently commissioned could add value.

## **26. Healthwatch Statement**

Healthwatch Merton welcomes this report, which demonstrates a breadth of activity with strong commitment to public and patient involvement in Merton by Merton Clinical Commissioning Group (MCCG).

Merton CCG has put in place a strong governance framework with a clear programme and plans which will further develop patient and public involvement. We are looking forward to continuing to strengthen and develop our relationship with the MCCG, particularly around encouraging engagement with the community and ensuring that services are commissioned in the best interests of the Merton residents.

We encourage MCCG to aim high and to challenge itself to ensure that its infrastructure allows it to undertake extensive and effective engagement and to ensure that patient and public experiences are at the heart of all of its commissioning decisions.

Particular notes for highlight:

### **Vision of Engagement**

Healthwatch Merton appreciates the clear recognition that patients should be at the heart of service design and delivery and agree with the list of what MCCG uses: Individual involvement – Collective involvement – Co-production. We would recommend in future a fourth area be added here on Partnership working (though it is referenced within the body of the report) as MCCG does engage with the statutory and voluntary sectors on most occasions and this Partnership working has been a crucial part of the way MCCG delivers and achieves parts of this engagement and should be seen as part of the continuing vision of engagement.

### **Engagement and participation activity**

Healthwatch Merton recognises that MCCG have taken steps to engage with the public and other stakeholders in their consultations and have also produced a joint Communications and Engagement Strategy to enable more effective planning and delivery in its future work.

Overall Healthwatch Merton would like to recognise the progression and significant body of work done by MCCG for an organisation still effectively in its infancy and we look forward to this continuing, increasing and improving over the coming years.

Submission date: TBC