LONDON REGION TEMPLATE for 2014/15 REPORT

HSCA 2012 Statutory Obligation (Participation Duties)
The London CCG Engagement Leads Networks have worked collaboratively to develop a template to support their organisations statutory participation obligations reporting requirements. (Please return by 30th September 2015)

Name CCG: NHS Hammersmith and Fulham CCG **Name person completed this report: Sebastien Baugh, Engagement and Communications Lead** **Internal sign off obtained from: Engagement and OD committee recommending chairs action** **Healthwatch statement completed by: 25th September** **Date submitted to regional team: 30th September**

Please note the report covers the period- 1st April 2014 to 31st March 2015
SECTION ONE – Context Setting – *(demographics, vision, resources)*
The purpose of this section is to obtain summary background information regarding the population demography of your CCG, including ethnicity, deprivation, age, etc. You may wish to include population information and demographics found in JSNA Population profile or you can add a hyperlink to the relevant documents.

Hammersmith and Fulham is a small but densely populated and vibrant borough with a population of approximately 180,000. The age profile of the borough is common to other inner city areas in that it has a very large young working age population and smaller proportions of children and older people. Compared to London, the borough has the 5th lowest proportion of children, 4th highest of young working age residents and 9th lowest of retirement age.

Whilst life expectancy for men in Hammersmith and Fulham is lower than London and England, it is consistently higher for women. Those living in areas of high density social housing in areas such as College Park and Old Oak, Hammersmith Broadway, Wormholt and White City are around twice as likely to report bad/very bad health compared to those in areas with low density housing, across all ages.

Hammersmith and Fulham has high levels of migration in and out of the borough, leading to the population being socio-economically and culturally diverse. Although the proportion from white British groups is similar to London (and accounts for less than half the population), a quarter are from 'other white' backgrounds. This is reflected in the range of European languages spoken in the borough. One third (32%) of the population are from Black, Asian and minority ethnic (BAME) groups, up from 22% in 2001. Hammersmith and Fulham has a small Asian population but a similar Black population to the London average and larger than average proportions from the 'Mixed' and 'Arab' categories.

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A quarter of children under 16 (25.6%) live in poverty according to official Public Health profile definitions, which is higher than London and England averages. The Joint Strategic Needs Assessment (JSNA) advises that prevalence of obesity remains high for children in the borough. In year 6 around one-fifth of children are obese in Hammersmith and Fulham.
The annual JSNA is carried out by the local Public Health Department in partnership with the London Borough of Hammersmith and Fulham, the NHS, and community representatives. It is founded on a strong evidence base of need. It provides a comprehensive local picture of health and wellbeing needs and how they may develop in the future and is focused on the needs of the population, not individuals.

The full JSNA can be found online at www.jsna.info and should be referred to in order to understand the full, complex picture of health and wellbeing of people who live in the area Hammersmith and Fulham CCG covers.

Vision for Engagement
Please include the vision for engagement and participation for your CCG.

NHS Hammersmith and Fulham CCG (HFCCG) is committed to ensuring patient and public engagement, and participation is embedded through all activities the organisation undertakes. The CCG's vision is 'Working together to build a healthy future for everyone in Hammersmith and Fulham'. To deliver this vision the CCG's objectives of 'Enabling people to take more control of their health and wellbeing through information and ill-health prevention' and 'Working with stakeholders to develop strategies and plans' ensures that the patient is at the heart of all our work. There is a commitment within the CCG that that every opportunity must be taken to build on the current engagement arrangements and to make greater strides to engage with and involve patients, the public and the wider community. In order to strengthen and build relationships the CCG must become part of the local community health and social care architecture. The *Five Year Forward View (FYFV)* clearly sets out its vision for the NHS. Chapter two identifies what the future will look like with a particular focus on a new relationship with patients and communities. The CCG must continue to work towards encouraging community volunteering and building stronger partnerships with charitable, community and voluntary sector organisations.

HFCCG's vision ensures that the CCG aligns itself with the FYFV to ensure that it is able to excel on the patient and public involvement (PPI) frontier. Additionally, the CCG must think about new ways of working to make certain that PPI shapes the future of services commissioned, empowering patients and engaging communities. To transform and build on the CCG's current strategy the CCG will:

- Ensure that the public know more about what we do by being out in the public interacting with residents, patients, service users, carers and the community and voluntary sector
- Work together with the local authority, community and voluntary sector to have an understanding of the key issues in Hammersmith and Fulham, informing how and what we commission
- Work with community and voluntary sector organisations to engage patients in seldom heard groups, so that we can widen our conversations within the community
- Develop Patient Participation Groups (PPG) so that we can ensure there is two way communication between the CCG and what happens in primary care, in addition to improving patient representation at the Patient Reference Group (PRG)
- Work together with local partners to ensure the CCG is 'getting serious about prevention'

Structure and Resources

Please include details of the current resources for participation and engagement in your CCG, including SLA/specification if this service is provided by a CSU/third party. You may wish to present this in the form of organisational structure charts, with details of non-pay budgets allocated to engagement & participation.

There is lay representation at Governing Body level consisting of four lay members. There is a lay member for governance, one for finance and two for patient and public engagement. The lay members chair the following CCG committees: Finance and Performance (F&P), Quality Patient Safety and Risk (QPSR) and Engagement and Organisational Development (EOD). The Patient Reference Group (PRG) acts as a subcommittee to the EOD committee and includes up to 16 patient, community and voluntary sector representatives. The PRG meets on a bi-monthly basis. It acts as a patient representative group for the wider borough population. Through their involvement with the PRG, members feed back to patients, public and carers the work of the CCG. Figure 1 below shows the organisational structure for patient and public engagement at the CCG.

The Vice Chair of the CCG is the clinical lead for patient and public engagement. The CCG employs both a Head Governance and Engagement, and an Engagement and Communications Lead in full-time roles. They work alongside the Vice Chair and lay members for patient and public engagement to deliver the CCG's programme of participation and engagement. The CCG ensures that it fulfils its individual and collective duty to engage by engraining engagement with patients and public through its structures involving the CCG team and Governing Body.

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The CCG has a central communications team that supports the five CCGs in the CWHHE collaborative (Central London, West London, Hammersmith and Fulham, Hounslow and Ealing CCGs). The central communications team provide support for patient and public communications and public consultations. HFCCG's engagement team also work closely with engagement teams in the CWHHE collaborative to share best practice and identify opportunities for collaboration. Furthermore, this is supported by a CWHHE Equalities and Patient Experience team including an Assistant Director, Project Manager and Project Support Officer. The CWHHE collaborative makes up part of the North West London Collaborative of CCGs including Brent, Harrow and Hillingdon.

The number of lay members/patients involved has developed with time. The four GB lay members where recruited through an official recruitment process that was advertised widely throughout the borough. The lay members are currently supported through an appraisals process and 1:1 support sessions. The appraisals identify the support and training requirements for those individuals to develop and be successful in their representative role. The 1:1 sessions aim to support lay members in their operational duties as GB members.

Patient representatives are recruited through a range of channels. We rely on strong relationships and networks with our community and voluntary sector groups as they are an asset to the CCG and are representative of the population the CCG serves. The PRG and local events provides an ideal networking opportunity for people to become involved in work taking place within the CCG. Additionally, patient representatives are supported in a number of ways by the CCG. A training programme commissioned by the three borough CCGs (HFCCG, Central and West London) hosted by Healthwatch is described below. The CCG also provides bespoke training and support for patient representatives taking part in procurements to ensure they are able to take part in the process.

Our business as usual spends for engagement and participation include: communications and marketing, events, volunteer expenses and reimbursement. Looking forward we will endeavour to implement dedicated non-pay budgets during 2015/16.

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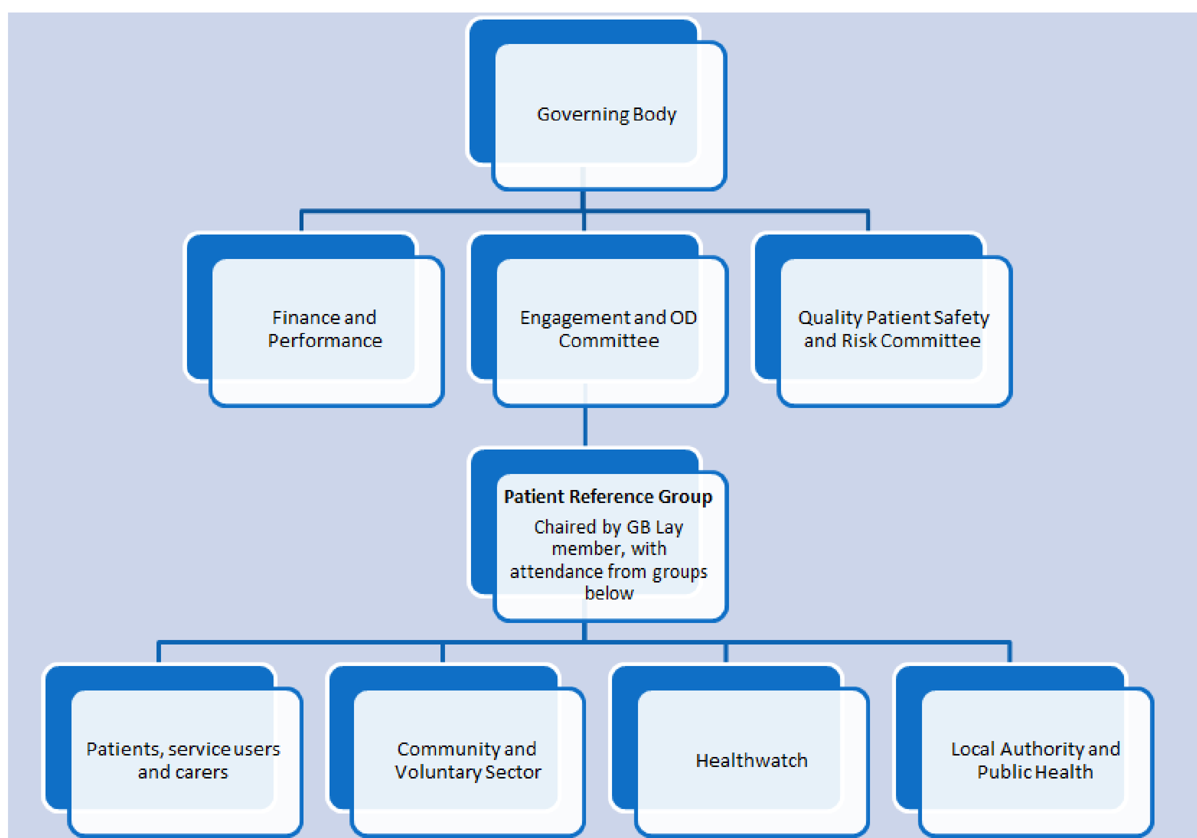

Figure 1: Lay and patient representative structure

SECTION TWO – Developing the Infrastructure for Engagement and Participation

The purpose of this section is to gain an understanding of how engagement has been established within your CCG. There are four main areas that we would like you to cover:

Processes *– what processes for engagement are in place, please give examples of how you have included the local population in your work. This could be through focus groups, participation and engagement events, and any other engagement mechanisms.*

We have various processes in place for engagement to take place. This includes:

- **The Patient Reference Group -** acting as a patient representative group for the wider borough population. It feeds back to patients, public and carers the work of the CCG through their involvement in the PRG and invites views on what works and what doesn't work across the borough.
- **Engagement and Organisational Development Committee –** ensures mechanisms are in place to engage with patients, the public and lay partners, using the co-production approach where appropriate. Additionally, this committee makes sure the outcomes of our engagement activities and development plans are acted upon and evaluated

- **<u>Planning and engagement in procurement for services –</u>** the CCG have identified and mapped out all the procurement and commissioning activities due to be undertaken by the CCG over the next two years. This includes a live spread sheet tracking our requirements in the coming months. It ensures that the CCG plans proactively for patient and public involvement in commissioning activities.
- **<u>PPG development –</u>** the CCG invested in a PPG development officer role in 2014-15 to build up and improve the PPG networks
- **<u>Regular communications with patients and the public –</u>** these communications highlight work underway at the CCG and how patients can help to shape the work of the CCG. The CCG also use social media as a channel to engage with service users and the wider Borough community.
- **<u>Healthwatch and CCG meetings –</u>** Healthwatch and the CCG routinely meet every six weeks to ensure that the CCG is made aware of any issues raised by Healthwatch and their volunteers and to actively engage with Healthwatch programmes of work.
- **<u>Attending local events –</u>** the CCG attends many community events throughout the year. In doing so, the CCG is more visible in the community, providing opportunities for the CCG to talk to and engage with local people about its work programmes and receive feedback and comments from those using local services.

Networks *– details of any formal networks that you are responsible for including information about the constituency, purpose and outputs from the network.*

<u>Patient Participation Group (PPG) Development</u>

In May 2014, HFCCG recruited a part time one year fixed-term PPG Development Officer to help support practices to establish PPGs and, or help develop existing PPGs.

The PPG Development Officer worked alongside lay members for patient and public engagement to help inform the approach for this area. At the time of completion of the project, the CCG had 25 active PPGs within Hammersmith and Fulham.

HFCCG is now working closely with the newly established GP Federation and Healthwatch to continue the development of PPGs. There will be a particular focus on: supporting the effective functioning of PPGs at all 31 GP practices in Hammersmith and Fulham; developing and implementing patient and carer feedback mechanisms for Out of Hospital services; and building a network of active patient representatives across the borough to support procurements and commissioning activities.

<u>BME Health Forum</u>

In partnership with Central London and West London CCGs we commission the BME Health Forum to facilitate a forum which brings together diverse individuals, groups and

organisations from the community and voluntary and statutory sectors who have a shared interest in the health care needs and provision of services to BME communities. Evidence shows that BME communities, commissioners and providers benefit from an independent facilitator in engaging with BME communities around health issues.

The objectives of the service are to empower and enable BME communities to engage with and influence commissioners and providers; to improve commissioner and provider understanding of and response to the needs of BME communities; to improve communication between BME community organisations, commissioners and providers; to develop a continuation strategy for sustained activity following the lifecycle of this initiative; and to contribute towards the evidence base relating to the contribution of involvement mechanisms in improving health and well-being. The BME Health Forum works with the CCG to identify topics for the quarterly forum and maintains a database which supports CCG communications.

Diabetes User Group

NHS Central London, Hammersmith and Fulham, and West London CCGs are committed to working in partnership with local people to develop NHS services. As the number of people living with diabetes increases, it is important that the services available to manage diabetes are meeting the needs of the local population. This includes a focus on the role of prevention, identification and education which are of increasing importance. We collectively commission the Diabetes User Group (DUG), which provides a targeted forum to ensure that the voices of the local population contribute directly to the provision and development of local diabetes services.

The CWHHE Diabetes Strategy Group enables the CCGs to collectively consider how diabetes care for local people can be improved. The DUG is a key partner in ensuring that the views and experiences of people within the their boroughs are represented.

Two members of the DUG attend the CWHHE Diabetes Strategy Group and provide a link between the two. In the service specification for the DUG there is a requirement for members to develop and maintain a strong active working relationship with the CWHHE Diabetes Strategy Group. The CWHHE Diabetes Strategy Group's terms of reference confirm that up to three patient representatives are part of the membership.

We are currently in the process of re-procuring the DUG for the next three years. The planned mobilisation date is October 2015. This will ensure the group is strengthened and becomes an integral network.

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CWHHE Engagement Leads Bi-Monthly Forum

NHS Central London, West London, Hammersmith and Fulham, Hounslow and Ealing CCGs have set up and coordinated a bi-monthly Engagement Leads Forum. This has been running for the last two years. The purpose of the forum is to create an open space for collaboration between the CCG Engagement teams, shared CWHHE Communications team and shared CWHHE Patient Experience and Equalities team. The Strategy and Transformation Engagement Team, which covers North West London and the Engagement teams within Brent, Hillingdon and Harrow, are also invited.

Our standing agenda items include any shared working practice, NHS England reporting and obligation duties, the potential for joint commissioning and shared procurements or service redesigns.

Mental Health User Group

The forum provides an independent mechanism to offer people with lived experience of mental illness a way to feedback their experiences of services provided with independent support and to do so effectively. It offers a structure within which members can democratically decide their roles, responsibilities, level of involvement and work plans. Importantly, the provider/s of the forum will support the development of the forum to incrementally work towards independence and make decisions about projects they wish to take forward and how this is undertaken. The forum provides opportunities for professionals to be questioned/challenged.

We are currently procuring this service across West London, Central London and Hammersmith and Fulham CCGs, to ensure mental health engagement structures align with primary care and new statutory obligations.

Structures *– details of engagement structures that are in place.*

Please see section one for details about the engagement structures in place, including diagrammatic representation.

Partnerships *– details of partnership work with other organisations.*

Healthwatch Central West London

Healthwatch Hammersmith and Fulham is a key partner in championing the voice of local people. Healthwatch is represented at the bimonthly PRG meeting in addition to HFCCG and Healthwatch Hammersmith and Fulham meeting on a six-weekly basis. This ensures that the two organisations are able to work in partnership to address local health and care concerns.

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In 2014/15 we undertook the patient training programme. Healthwatch Central West London hosted training sessions for patients and also led training seminars across Central London, West London and Hammersmith & Fulham CCGs, to support patients to be involved in the planning and buying of local health services. The course offered five sessions including the 'Health and Social Care Landscape'; 'Designing Local Services to Meet Local Need'; 'Patient and Public Engagement in Procurement'; 'Monitoring Services and Measuring Outcomes'; and 'What does being a Patient Lead/Representative mean?'

A key priority for 2015/16 will be to continue to strengthen the relationship and ensure joint working between Healthwatch and the CCG. This will include Healthwatch continuing to attend the PRG, the CCG and Healthwatch continuing to hold six weekly meetings, the CCG attending Healthwatch's AGM and the CCG working closely with Healthwatch on various projects, including specific pieces of work in relation to how 18-35 year olds access urgent care and PPG development.

Whole Systems Integrated Care

Across North West London, as part of the early development of the Whole Systems Integrated Care (WSIC) programme, CCGs worked together to establish a co-productive approach to developing Whole Systems called Embedding Partnerships. During 2014/15 a diverse range of local patients have been working with the CCGs as Lay Partners to:

- Participate in the Lay Partners Forum to help inform Whole Systems plans;
- Be involved with the Lay Partners Advisory Group, to actively work with other programme partners to co-design whole systems solutions, considering areas such as GP and provider networks, commissioning and finance, population and outcomes, and informatics.
- To be involved in the overarching governance structures for the WSIC programme. Training has been provided to support lay partners in their role.

There have been two Hammersmith and Fulham representatives as members of the Lay Partners Forum.

Learning Disabilities

The Tri-Borough Learning Disability Joint Partnership Board is co-chaired by a service user and tracks improvement across the health and social care economy. A recent Partnership Board focussed on health and looked at:

- Accessible information
- Training
- Primary Care
- Acute Care
- Community Health Care
- Complaints

We are currently remodelling the Partnership Board to try to facilitate a more proactive improvement process focussed on the achievement of outcomes. This involves a session of 'talk to the commissioners' where people that use the services have an opportunity to ask questions and raise specific improvements areas. There is then an opportunity for Commissioners and operational managers to respond at the next LD Partnership Board.

The outcomes from this process include:

- Chelsea and Westminster Foundation Trust are developing plans for changing facilities at the hospital. In the interim (until building work is completed) arrangements are underway to provide a temporary place where people with disabilities can get changed (bigger space, changing bed, hoist etc.)
- Imperial College Health Care Trust is including plans for a changing space in the new development at St Mary's Hospital.
- A proposal is being made to the collaboration of CCGs to produce all new information in easy read.

The CCG has all of the main providers, commissioners, service users, carers and operational teams around the table at the LD Health Steering Group chaired by a lay member of NHS Hammersmith and Fulham CCG. The CCG asks all providers to present what they are doing to make reasonable adjustments to ensure that people with learning disabilities have access to high quality health services. This includes accessible information.

Carers

The Carers Joint Partnership Board brings together commissioners and operational staff together with third sector organisations and carers, to work in partnership to inform commissioning intentions and improve the delivery of services.

We have also worked in partnership with the Royal College of General Practitioners and third sector partners to develop and maintain an information resource of services for health professionals (including GPs) to refer carers and young carers. We have also implemented our carer primary care navigator service that supports health professionals to improve identification and support to carers in primary care. This service will be continuing over the next four years.

The service was identified as a priority by carers and carers organisations, and support by commissioners has resulted in an increased level of identification and referrals in to carer services via primary care.

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SECTION THREE- (Meeting the collective duty) Engagement & Participation Activity (*what has been the outcome/impact?)*

The purpose of this section is to provide evidence of the engagement activities (programmes/projects/initiatives) that have been undertaken directly by the CCG, through commissioned providers and in partnership with others, and the impact and outcome they have had on their original objectives.

For each engagement activity please specify:

- ***Objective** – what was the purpose of the engagement activity?*
- ***Activity** - what was done?*
- ***Who** – who was involved in the engagement? **How** – how were the participants recruited and what were their roles and responsibilities*
- ***Outputs, Impact & Outcome** – what was learned? What changes were made as a result of the engagement? Was this information shared with CCG partners? What were the key messages for other organisations?*

Please include details of the way in which the CCG is ensuring that it is listening to and responding to voices of individuals and groups who have often been considered hard-to-reach.

In each case please indicate which of the following has been impacted by the activity:

- *Procurement*
- *Contract and service monitoring*
- *Service planning and design*
- *Commissioning intentions*
- *Strategy development*
- *Quality of service*

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Objective	Activity	Who	How	Outputs, Impact & Outcome
Transform wheelchair services across North West London (NWL) by working together with service users and key stakeholders	Service users have come together to share views on how wheelchair services in NWL could be improved and this feedback is being used to shape the redesigned service. Three user events have been run across NWL. Additionally, a questionnaire (produced with service user and stakeholder involvement) was distributed to service users and stakeholders. The questionnaire and service user events will inform the programme about how existing users perceive the current service, how other programmes of work (including the Better Care Fund and Whole Systems) can dovetail into the wheelchair procurement and whether the draft service specification has captured all the service user involvement to date. The wheelchair strategy board additionally has service user and lay representation.	Service user and key stakeholders including clinicians, carers, providers and commissioners	Service users where recruited through a number of communications channels. Electronic flyers were designed. The opportunities were advertised on the CCG's website and through the twitter account. Our networks were used to disseminate the adverts to specific groups such as action on disability. The service users provided invaluable feedback on current services, what works well and not so well at the user events. At the wheelchair strategy board, service users and lay representatives have taken on the role and responsibility of providing the patient voice at strategic decision making working groups.	The planned impacts following the redesign include: • A co-designed business case and service specification • An integrated assessment and maintenance wheelchair service across NWL • Improved and quicker access to services across NWL Lessons learnt and feedback from the procurement are also being fed into the National Wheelchair Alliance and Department of Health Tariff Committees by representatives from the wheelchair procurement team. Strong themes have emerged, including an expectation from service users and stakeholders that future services would be better integrated and have improved access.

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Objective	Activity	Who	How	Outputs, Impact & Outcome
Ensure that the patient and public voice is heard through Whole Systems Integrated Care (WSIC).	The CCG has engaged patients and carers in a number of ways: The WSIC Partnership Board includes lay partners to give a regular and active voice to patients and carers. The NWL WSIC Lay Partners Forum provides an opportunity for lay representatives to be involved in the development of NWL wide whole systems strategy development Healthwatch have been engaged through their membership of the WSIC Partnership Board and through attendance to the meetings Two simulation events that used actors and clinicians to play out real life patient pathways and suggest improvements. The CCG has also led discussions and sought recommendations for actions at the local Patient Reference Group to engage with	Lay representatives, Healthwatch, patients and public	Patients were recruited through a range of channels for the simulation events including social media, the CCG website and partner newsletters (including Healthwatch) Lay representatives were recruited for the Whole Systems Partnership Board through their work with the CCG in other lay representative roles	Following the two sequential events, themes were developed from the patient, public and other stakeholder feedback. These themes have consequently formed the work plan for NHS Hammersmith and Fulham CCG whole systems work and strategy for 2015-16 Lay representatives attend the Whole Systems Partnership Board helping to shape the strategy for the whole systems programme The simulation events used social media and twitter to engage with patients and public. The events were regularly advertised through Twitter and on the day of the events the hashtag #Hfengage was used to encourage conversation through social media channels with both those present and not present at the event.

Objective	Activity	Who	How	Outputs, Impact & Outcome
	patients on our work programme for 15/16 and collect feedback on the experience and themes that arose from the events A self-management commissioning framework has been developed in line with the CCG's priorities to ensure that patients and the public are empowered in their health and wellbeing			
Co-produce a perinatal mental health service with people with lived experience across the Hammersmith & Fulham in partnership with Hounslow and Ealing CCGs	This service has been co-produced with people with lived experience of perinatal mental illness. This was done through a series of engagement events and working groups to ensure that the service meets the requirements of the local population Coffee mornings were used as support group sessions for users with current or previous perinatal mental health illness to discuss the issues of current service provision and what an ideal service would look like with other service users.	Service users with lived experience of perinatal mental health illness including a service user lead.	Service users were recruited through: Mumsnet, Netmums, adverts in local clinics, GP practices and consultant clinics. This led to the appointment of a service user lead that had lived experience of perinatal mental health illness. The service user lead organised, with the support of the CCG, coffee mornings in a local children's centre. Hammersmith and Fulham MIND were also used as a channel to recruit representatives, including attempting to reach seldom spoken to groups to ensure representation of the	The feedback from the coffee mornings and various workshops has fed into the perinatal mental health working group. Within this working group, the service specification has been developed including defining specific service-user outcomes. These outcomes were developed by service users. These have been embedded as part of the service through the key performance indicators that are indicative of specific outcomes developed as a result of consultation with service users with lived experience. We are running a pilot perinatal service for the period of a year, and

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Objective	Activity	Who	How	Outputs, Impact & Outcome
			borough's diversity. The service user lead roles and responsibilities included being a member of the working group	the working group will become the reviewer and evaluator (contract and monitoring) of the pilot service. The evaluation of the pilot will inform the procurement of the longer-term service. The development of the service and pilot has also been aligned with the reconfiguration of maternity services across North West London to ensure integrated working across the patient pathway.
Using patient and community feedback to address quality concerns and hold providers to account	Parentsactive, a support group for families of children with disabilities living in Hammersmith and Fulham, carried out a survey to assess the performance and experiences on health care services within the Borough. This resulted in a report that highlighted key points arising from the survey and the desired follow-up actions required from providers and CCG. The report was initially presented at a public meeting. Consequently, Parentsactive were invited to present their report at the PRG. This report went to the Quality Committee; as an example it	Parentsactive, Patient reference group and Clinical Quality Groups	Parentsactive are a well-established community group that are supported by the local Mencap	The CCG recommended that an action plan was taken forward by Parentsactive with the support of the CCG. Parentsactive took forward the issue with providers via Clinical Quality Groups (CQGs) with lay membership to ensure that the appropriate facilities were available. A Hammersmith and Fulham lay member and CCG staff attended the CQGs to facilitate the discussions between the providers and CCG. The outcome has resulted in: • Providers committing to

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Objective	Activity	Who	How	Outputs, Impact & Outcome
	highlighted that not all hospital had Changing Places toilets available.			ensuring that Changing Places toilets are available within their premises, and appropriate interim measures are made until the providers are able to implement fit for purpose facilities • A patient experience strategy has been developed with service user /lay involvement. This resulted in the development of a standardised feedback template for providers to reduce the variability of feedback from providers and improve the quality of feedback. • The core quality requirements now ensures that providers have a duty to involve patients, public and service users
CNWL is currently commissioned to deliver the	In the last eighteen months concerns have been raised about the quality, co-ordination, safety and financial stability of the	Rethink recruited young people who had used CAMHS Out-of-Hours services and a	An online questionnaire completed by 319 people, with a median age of 22, found that 40% felt the support received	The report recommended making an additional investment across North West London (i.e. increase investment from £250,000 to

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Objective	Activity	Who	How	Outputs, Impact & Outcome
CAMHS Out-of-Hours service. The service provides a telephone advice service and consultation to North West London Accident and Emergency units and is staffed by an on-call Senior Registrars (SpRs).	service. Rethink – a major national mental health charity with strong experience in service user and carer engagement as well as using co-design principles - was appointed to undertake a review and recommend a model.	questionnaire was designed by 'Young Champions' and distributed through social medial. There were also focus groups arranged for service users, where the current Out-of-Hours model was reviewed and compared with additional options. The subsequent review to explore the CAMHS Out-of- Hours service interface included a Stakeholder Consultation.	was 'poor' and a further 20% responded with 'very poor'. When looking at the source of support, 75% respondents accessing the service at A&E felt they were 'poor' and 'very poor'. Interestingly, of those accessing services at their GP only 41% felt the service was 'poor' or 'very poor'.	£1,000,000). The additional resource would provide waking psychiatric nursing staff to achieve essential improvements in the quality of patient experience, consistent threshold decisions, appropriate use of paediatric beds and stronger performance reporting and pathway management. The North West London Mental Health Programme Board has welcomed the revised model recommended by the review. Each CCG however will want to scrutinise both the principles underpinning the recommended new model and the business case for the additional investment. The revised CAMHS Out-of-Hours model costs approximately £1 million.
Central London, West London, Hammersmith & Fulham, Hounslow and Ealing Clinical Commissioning	The CWHHE Collaborative, are committed to working in partnership with patients to ensure that local health services deliver the highest possible quality to patients. HFCCG leads on the relationship with Imperial College	The Core Quality Schedule, monitored at the CQG provides us with a systematic and transparent way to hold our providers to account for patient and public	Two lay members attend the ICHT CQG to ensure there is lay representation at the meetings. The discussion points and outcomes of the CQG	A Lay Member for the CCG is holding regular meetings with the provider to facilitate a 'plain English' approach to patient outpatient letters, making it easier for patients to understand the next steps planned for their respective

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Objective	Activity	Who	How	Outputs, Impact & Outcome
Groups (CCGs) formal process for holding providers to account – and this includes for patient and public engagement. This ensures we effectively monitor the quality of the services.	Healthcare NHS Trust (ICHT) and hosts a Clinical Quality Group (CQG) for ICHT. A CQG includes representatives from both commissioners and providers to monitor areas of clinical quality together and to jointly identify areas for clinical service development and innovation. To ensure that the patient voice is championed and at the centre of these meetings, the membership includes two patients. We are now looking to increase this representation of patients.	engagement. Their duty to involve is monitored in their annual report. Patient experience reports reflecting trends and themes emerging from monthly reporting is assessed on a quarterly basis. There is also an annual Themed Patient Experience Report.	meetings are reported back to the PRG who are able to comment and provide their views.	care pathway. The CQG monitors Patient Experience on a quarterly basis. In April, commissioners asked that the trust identify key overarching themes in future reports. One of which is the Friends & Family Test (FFT) – patients feel they are treated with kindness, dignity, and respect. Negative responses received are linked to outpatient waiting times and delays. By the request of the CQG, the trust has recently carried out an extensive RTT validation exercise, whereby patients no longer needing treatment or being treated elsewhere have been cleared off patient waiting lists to reduce delays in admitted, non-admitted, and incomplete pathways. Trust learning outcomes of the exercise will be disseminated via a communication package to primary care practices along with thanks for their assistance in the process. The CQG will be measuring the impact of these learning outcomes to ensure actions are followed up and

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Objective	Activity	Who	How	Outputs, Impact & Outcome
				maintained.

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SECTION FOUR- (Meeting the Individual Participation Duty)

Please provide information on the arrangements in place for promoting the individual duty to support patients being in control through commissioning activities and what results can be demonstrated for patients in terms of:

- *Self-management*
- *Shared decision-making*
- *Personalised care planning and personal health budgets*

Enabling people to take control of their Health and Wellbeing

HFCCG is committed to working in partnership with people with long term conditions, their carers and the wider community to promote and commission management of long term conditions, more specifically, we have:

- Worked with Central and West London CCGs to co-design a self-management commissioning framework. This was developed as part of the Tri-Borough Better Care Fund (BCF) programme and engaged with over 120 local people, frontline staff, health, care and housing managers as well as community organisations. The framework will be used as the basis for commissioning local self-management activity and re-commissioning of Expert Patient Programme (EPP).
- Commissioned EPP (in collaboration with Central and West London CCGs).

As the EPP contract was coming to an end, a working group was established to review the service and the case for re-commissioning the service. The working group included patients, GPs, CCG representatives and Public Health. The review strengthened the case for re-commissioning but it also highlighted gaps in current provision such as online provision. We are therefore piloting an online version of the course outside of this commissioning process to widen access for those who find attending a face-to-face course difficult.

The working group revised the service specification, shaped the tender documentation and collectively identified the questions for the evaluation. Due to unexpected circumstances only two of the four patients originally recruited were able to score. As this had been a trend across other procurements we sought to recruit a higher number of patient representatives to anticipate a drop-out (see below). We were unable to award the contract and are rerunning the procurement.

Looking forward, we took away valuable learning and have now rerun the procurement that took place in July 2015. We advertised for more patients to join the evaluation panel and had interest from a further five. We held a briefing session on 3rd June to explain the history of the procurement and what being involved meant. This time, we opted to ask the patients in our evaluation panel to decide the presentation question as

opposed to a collective decision by the working group (which included patients) last time. Patients were very much central to the scoring of the procurement process which has led to a prospective provider being chosen with a valuable input from patients.

Once the service is procured, we are committed to ensuring that service users work alongside the contract manager. In our recent meeting we discussed the possibility of patients attending the service on occasion to ensure quality as part of the monitoring process.

Person-centred care

All people who are eligible for Continuing Healthcare (CHC) are offered a Personal Healthcare Budget (PHB). The Central London Community Healthcare Trust is commissioned to provide the CHC service. The Care Co-ordinator / Nurse Assessor, with the relevant multi-disciplinary team and the client/patient, identify the clinical and care needs. The personalised support plan is then developed with the person and an indicative budget identified. It outlines how the PHB will be used to achieve a person's identified health and care outcomes. This includes; who will be providing each element of support, who will be managing the budget and contingency planning. The support plan involves looking holistically at a person's life to improve their health, safety, independence and wellbeing.

The CCG commissions the local authority to provide the financial administration and case review (FACR) element of PHBs. As well as the routine three month review and the annual review, a simple audit of sample cases was completed. The Case Reviewer, and the relevant CLCH Care Co-ordinator, identified areas which could be improved. A PHB work plan for taking forward the quality of PHBs in terms of processes, documentation and personalised outcomes was developed. The overall intention is to support continuous improvement in establishing and monitoring personal healthcare budgets. Areas for improvement included PHB contracts, training for personal assistants, (in areas such as infection control, manual handling, medicines management and tissue viability) and financial monitoring and accountability.

Realised outcomes to date include: a change from unit costs per case for FACR to funding two dedicated posts, funded between three CCGs, a revised local authority service specification, a revised PHB contract (Direct Payment Agreement) to be issued to all PHB holders, as well as the benefits which having a personal healthcare budget provide, as identified in the national pilot.

Planned outcomes include: an increase in patient satisfaction /experience with regard to patient journeys, improvement in clinical outcomes (e.g. reduction of unplanned hospital

admissions) and all those eligible for PHBs being issued with an updated direct payment agreement.

The personal experience of the PHB holder (or their nominee or representative) is used to inform areas of on-going improvements. A PHB group (for CHC) meet monthly to operationalized the work plan and focus on areas for improvement. Service users will benefit from improved contracts for PHB holders, ensuring clarity over the CCG's and patient's individual rights and responsibilities; carers/personal assistants will be able to access training, therefore leading to improved quality of care; and in some cases, individual cases being referred back to the continuing care panel, where there is a relevant change in circumstances.

At present the CCG has nine active PHB cases. The CCG has plans to offer PHBs to people with long term conditions, including mental health conditions, in the coming year. West London CCG are currently piloting and leading on the implementation of PHBs to people with mental health conditions. Service users have opted to join the pilot for PHBs in mental health. In care co-ordination meetings, shared decision making takes place; the patient and the team determine what the patient's needs are and how they might be best met with their PHBs. A peer support broker then works with the patient to determine a plan going forward. The peer support broker also runs a peer support group that all service users involved in the pilot can access. This pilot will finish in December 2015 with an interim report due in September/October and a final report due in January 2016. The support broker will be retained for the purpose of reporting on the patient experiences and patient feedback on the pilot until March 2016. These reporting mechanisms will ensure that service user feedback and experiences are fed into any expansion or extension of the pilot.

How Information Technology is being used to improve engagement with patients, both addressing our collective and individual duties

The CCG IT team has worked in collaboration with stakeholders to implement the migration to a shared system (SystmOne) and secondary system installations in all Hammersmith and Fulham GP practices. Joint working with other CCGs in the CWHHE collaborative has brought about the pooling of resources, faster lesson learning and cross-cutting momentum. Secondary systems which facilitate patient online services and engagement include the following:

- Electronic Prescribing Services (EPS) – Release 2: where patients nominate an EPS2 enabled pharmacy for the electronic transfer of prescriptions. This pharmacy can be changed any number of times
- Online Patient Access (SystmOnline) - where patients can view their summary care record, book or change appointments from their computer or phone app

- Memorandum of Understanding for data sharing (MoU) - the MOU for direct patient care is a document drawn up to provide practices with a detailed outline for the safe and secure sharing of patient records.

Key outcomes from these projects include:

EP2

- Comprehensive engagement process with practices and pharmacies and development of cohesive working practices
- Full Implementation of EPS2
- Over 30% utilisation (uptake by patients) of EPS2 by practices in H&F, in line with national targets
- Distribution of publicity materials, such as printable 'fair notice' and information posters and SMS scripts across all practice sites

Online Patient Access (SystmOnline)

- Approx. 95% of practices have online service facilities allowing patients to book appointments, renew prescriptions and view their summary record online
- 8.45% of practice population actively using online accounts and this number is increasing at pace, in line with system integration

MoU

- MoU for data sharing as good practice model compiled and distributed - Dame Fiona Calidicott endorsed and signed by 100% of practices
- Comprehensive engagement process inclusive of federations and all practices
- Comprehensive resource pack distribution including posters, leaflets and scripts via direct delivery and extranets / CCG websites
- Proactive telephone and helpdesk support for patients
- Promotion of GP-patient communication and good practice

Additionally, the CCG opened a Twitter account in January 2015 to ensure that the CCG takes advantage of the opportunities social media offers in engaging and communicating with residents and those that use and provide services across of Hammersmith and Fulham. It has allowed the CCG to engage with groups of individuals that are active on social media and who may not otherwise normally engage with the CCG. Outcomes to date include: over 280 followers; 400 tweets sent from the account; average impressions per month: 20,000 (impressions are the total number of times a tweet from your account, or a tweet mentioning your account, appears in other users' twitter feeds during the report period); over 300 retweets and 200 favourites since January ; active engagement has been undertaken at events with CCG setting up a hashtag: #HFengage. We also plan to work in partnership with the local authority and local partners to set up tweetchats to engage the younger residents of Hammersmith and Fulham in conversation with topics related to health and social care in the borough. We propose to contain and shape the social media presence through continuing to build our online profile and ensuring that the information

and engagement undertaken on social media is locally relevant to service users and residents of Hammersmith and Fulham.

LONDON REGION TEMPLATE for 2014/15 REPORT

SECTION FIVE- Forward Plans for 2015-16

In this section we would like to hear about what your plans are for further developing your organisations capacity and capabilities to meet the participation duties, please include how you will ensure your organisations will have effective mechanisms to ensure groups identified in the Equality Act as having protected characteristics, have opportunities to be involved in the full range of your organisations commissioning activity and your commissioning activities actively supports patients to self-care and be in control.

LONDON REGION TEMPLATE for 2014/15 REPORT

Collective Duty

Activity	Description	Outcomes	Timescales
Encouraging and promoting engagement in commissioning activities	Mapping out engagement activities to ensure we are clearly sighted on the engagement requirements in commissioning activities over the next two years to ensure that we are well prepared for future demands of patient and public involvement	• Improve the process by which patients are recruited in the commissioning cycle • Effective patient representation from across the community • Ensure there is appropriate representation across the various workstreams through the commissioning cycle • Increase in number of patients involved in our work in a more consistent way; • Patients and commissioners feel more supported; a broader range of patients are involved in our work e.g. through broader, • More consistent approach to recruitment	Throughout 2015 and 2016
Improving our engagement with patients, service users and lay members	In collaboration with the Patient Reference Group and lay members we have developed key engagement priorities for the year. These priorities reflect the work left for the rest of the year	• Ensuring we review and aim to develop strong PPGs that have close links with the CCG, aligning PPG outcomes with best practice guidance and frameworks • Listening to our Patient Reference Group and ensuring it works well • Using more accessible language • Supporting all staff to promote consistent CCG messages and capture patient feedback at meetings/events • Ensuring lay involvement in all relevant workstreams/projects • Ensuring a professional relationship with Healthwatch	December 2015
Management of Parkview Centre for Health and Wellbeing	The proposal is to pilot a community-led management approach for Parkview Health and Wellbeing centre. This means appointing a local voluntary sector organisation or social enterprise to manage the centre in the interests of local residents.	• Increasing utilisation of existing space • Developing a more integrated approach between providers • Improving links with local community, including voluntary sector and community champions	Expected Autumn 2015

Individual Duty

Activity	Description	Outcomes	Timescales
Commissioning Expert Patient Programme, Diabetes Champions and Diabetes User Group	Continue to offers Expert Patient Programme to local patients to help improve their confidence in managing their long term condition and relationship with health professionals, support the delivery of Diabetes Champions raising awareness throughout the community.	Service successfully commissioned and increase number of opportunities to engage in their own health this will include: • Courses available to local patients to undertake the Expert Patient Programme (generic version of the course) • The Diabetes Champions service will help raise awareness of diabetes • The Diabetes User Group will bring together local people living with diabetes to help improve services	Target mobilisation date for the new contract is October 2015
Children and Adolescent Mental Health Service CQUIN (Commissioning for Quality and Innovation)	To help ensure that all individuals transitioning between Adult Mental Health (AMH), CAMHS (Children and Adolescent Mental Health Services) and Early Intervention in Psychosis Services (EIS), have a well-managed, personalised transition plan that is monitored to ensure successful transition we have introduced two CQUINs.	75% of any service users that transition between services will have evidence in their notes that the transition was managed via an agreed and negotiated care plan and that if possible given the timescale of the audit period lasted for a six month period. 100% of young people with an EHSC (Education, Health and Social Care) Plan transitioning between specialist CAMHS and AMH services will have notes in their records relating specifically to the consideration given to these during transition and how the transition will ensure that any mental health needs identified by the plan will be met by the receiving service.	April 2015-March 2016
Social Prescribing Pilot	Pilot Social Prescribing roles into the CCG's whole systems work programme to complement care planning and ensure that patients are also signposted to other services to help them take greater control of their health and wellbeing e.g. those provided by voluntary sector organisations and community groups	• Patients will have greater access to services that support their broader wellbeing • It will empower patients to have greater control over their own health • Member practices have a stronger understanding of the services available from voluntary sector organisations and community groups.	Expected Autumn 2015

SECTION SIX - Healthwatch Statement

Building effective partnerships are an essential element of meeting the statutory obligations; Local Healthwatch organisations play a central role in acting as a patient and consumer champion for health and social care services. This section of the report provides an opportunity for your local Healthwatch to comment and reflect on the content of your report. Please indicate in this section if Healthwatch has been commissioned to undertake any engagement work for the CCG, and if so for which activities.

Please see Healthwatch statement attached.