

Patient, Carer and Public Engagement Report

Governing Body meeting

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5 February 2015

Author(s)	Helen Mulholland, Senior Account Officer (YHCS)
Sponsor	Professor Mark Gamsu, CCG Lay Member Tim Furness, Director of Business Planning and Partnerships
Is your report for Approval / Consideration / Noting	
For consideration. Governing Body is invited to consider and comment on progress with the Patient and Public Involvement Plan and on issues raised by patients, carers and the public.	
Are there any Resource Implications (including Financial, Staffing etc)?	
Potentially, depending on actions arising from discussions.	
Audit Requirement	
<p><u>CCG Objectives</u></p> <p><i>Which of the CCG's objectives does this paper support?</i> Objective 1: To improve patient experience and access to care Principal risk: 1.1 Loss of public confidence in the CCG through poor communications Principal risk: 4.1 Failure to adopt best practice throughout the commissioning cycle (Domain 3)</p>	
<p><u>Equality impact assessment –</u></p> <p><i>Have you carried out an Equality Impact Assessment and is it attached?</i> No</p> <p><i>If not, why not?</i> This paper is based on past activity and therefore an EIA is not appropriate</p>	
<p><u>PPE Activity</u></p> <p><i>How does your paper support involving patients, carers and the public?</i></p> <ul style="list-style-type: none"> • This paper provides highlights of activity to support patient, carer and public engagement using systematic approaches. • It provides a snapshot of messages from local people that have been analysed and themed during this period. • This paper summarises progress with the Patient and Public Involvement Plan. • This paper provides an update from Healthwatch Sheffield. 	

Recommendations

The Governing Body is asked to:

- Consider the activity highlighted against the Patient and Public Involvement Plan.
- Consider what has been heard from local people.

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5 February 2015

Overview

Aims of this report:

- To highlight progress against the Patient and Public Involvement Plan¹ between October 2014 and January 2015.
- Provide a snapshot of feedback from local people based on specific engagement activity.
- To receive an update from Healthwatch Sheffield.

Content

1.1 Update on progress of the Plan and Strategy

2.1 What we've heard from local people

3.1 Appendix A - Respiratory Strategy pilot with Patient Opinion and Healthwatch Sheffield

4.1 Appendix B - Healthwatch Sheffield Information for Sheffield CCG

5.1 Appendix C - Patient Engagement and experience Group (PEEG) – Terms Of Reference

1.1 Update on progress of the Plan and Strategy

Significant progress is now being made against the aims that were set out in the local plan and strategy². A partnership approach to engagement is being developed within the local NHS family, with Healthwatch Sheffield and third sector providers. In addition, an innovative pilot (see appendix A) has been established with Patient Opinion which will be a national first and will demonstrate overt transparency in our decision making. Key progress includes:

1.1 Actions Following the Engagement Summit – The CCG Governing Body agreed to support the implementation of the outcomes at the meeting in October and Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and Healthwatch Sheffield have followed suit. A meeting with representatives from the third sector and local authority to encourage a system-wide approach is planned for March 2015.

1.2 Engagement Week – The aims were to: Raise the profile of patient engagement in the CCG and to give staff an opportunity to meet the team who are leading on this

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<http://www.sheffieldccg.nhs.uk/Downloads/CCG%20Board%20Papers/November%20Board%20Papers/PAPER%20J%20Public%20and%20Patient%20Involvement%20Plan.pdf>

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<http://www.sheffieldccg.nhs.uk/Downloads/CCG%20Board%20Papers/October%202014%20board%20papers/PAPER%20H%20Comms%20and%20Engagement%20Strategy.pdf>

agenda; provide opportunities for staff to hear about different aspects of patient, carer and public engagement through “learning lunches” and to support staff to seek support regarding involving the patient voice in their work. An average of 22 staff attended each of the eight Learning Lunches and the initiative evaluated very positively. An Engagement Month has been suggested by staff for 2015.

1.3 Programme Management Office – Patient, carer and public engagement has been built into the mandate stage of the PMO and therefore staff are required to state the level of input that will be required during the life of the project, at its inception. This demonstrates the organisations commitment to hearing the patient, carer and public voice in a systematic way.

1.4 Bespoke Role Descriptions for voluntary roles – Role descriptions have been developed for Involve Me members who are keen to become more involved with projects that are within or led by the Clinical Commissioning Group. These include roles and responsibilities, time commitment and knowledge as well as our commitment to relevant training, support and expenses payment.

1.5 Healthwatch Sheffield update – A Memorandum of Understanding is now in place to describe our relationship, particularly when a partnership approach is appropriate and when their scrutiny role is required. This complements the operational relationship that is in place around information sharing (Appendix B) and joint working.

1.6 Involve Me – To date 700 local people have registered with the Involve me network and are receiving regular information from the Clinical Commissioning Group. Members who have expressed an interest in specific areas of healthcare have contributed to the development of strategies, have been equal partners at the table for decision making and have suggested different ways of the CCG communicating with local people. This feedback loop is proving essential in allowing us to adapt to meet the needs of local people.

1.7 Commissioning Intentions – Significant engagement was undertaken during 2013/14 regarding the two year plans and therefore this year, engagement has focused on a mid-term review and engagement with specific groups.

1.8 Mental Health Partnership Board Strategy Refresh – The engagement element of this strategy development has followed national best practice and has been praised by Healthwatch Sheffield. Local people were asked to share their experience, the strategy was then developed with those comments in mind and then the re-drafted strategy was tested with the patients and carers who originally contributed. The Mental Health Partnership Board meeting where the strategy was agreed was dedicated to how ongoing patient and carer engagement across the voluntary, private and public sectors can be implemented. More than half of those present were service users.

1.9 Five Year Forward View – A system-wide approach is being suggested to partners, where health and social care organisations, along with Healthwatch Sheffield, join forces to have one conversation with the public and clinicians, rather than consulting separately. Based on positive feedback from the MSK workstream when clinicians and the public were engaged with simultaneously which provoked a richer and more diverse conversation, a similar approach has been suggested for the Five Year Forward View engagement

1.10 Engagement Approach - A three phase approach has been developed and is being piloted with the aim of streamlining patient, carer and engagement activity in projects and programmes:

Phase One	The first phase involves collating patient experience data that exists from provider and commissioner organisations as well as third sector partners both locally and nationally.
Phase Two	The second phase relates to engagement with people currently utilising the service or those with recent experience. Following phase two, the project product can be developed e.g. draft strategy, service specification etc, alongside other data sources.
Phase Three	Phase three involves talking to those who contributed in phase two to ensure their comments are visible in the general themes and trends of the product. This enables people to feel heard and their contribution valued.

This approach is providing significant benefits to the Clinical Commissioning Group in that engagement activity is being systematically managed in a proportionate way according to the scale of change required. This is demonstrated in bespoke communications and engagement action plans for each project. There have, however, been some hurdles, particularly in relation to NHS systems and the ability to extract specific data according to need.

1.11 Internal Audit –The CCG commissioned an examination of our patient and public engagement work by our internal auditors. A draft report has been received and will be discussed with the auditors. The final recommendations will be reported to Governing Body.

1.12 Guest Speakers at the Patient Engagement and Experience Group – Patient Opinion, Sheffield Cubed and Young Healthwatch (with Chilypep) have kindly given brief presentations about their work at recent Patient Engagement and Experience Group meetings with the aim of offering a different perspective on engagement within the health and social care community in the city. Roz Davies and the Tinder Foundation have been invited to the next meeting to discuss social media innovation. The Terms of Reference of the Patient Engagement and Experience Group have been revised in this quarter (Appendix C).

1.13 GP Practice Patient Engagement – The Practice Champion project that has been delivered by Sheffield Cubed in conjunction with Altogether Better regional funding from the Big Lottery was discussed at the Patient Engagement and Experience Group in January. The four GP Practices in the pilot have reported that this has a positive impact on staff throughout the surgery and allows clinical and support staff to concentrate on patient needs. This approach is supporting the ongoing relationship between Sheffield Cubed and Healthwatch and their work on Patient Reference Groups.

2.1 What we've heard from local people:

This section includes feedback from patient engagement that has been completed, analysed and themed in this period. The feedback builds on the thematic analysis undertaken in the MSK report³ and Mental Health and Wellbeing Strategy engagement which, after extensive patient, carer and public engagement have highlighted what patients feel are important to them in the following key themes for the NHS system locally:

- Good care from skilled, caring staff
- Information, advice and education for patients and general public
- Accessing a system that works well
- Services that are able to flex to individual patients and offer holistic care
- Understanding their condition and how to self-manage it
- Listened to, heard and involved in decision making
- Getting back to life
- Recognition of the emotional impact
- Pain
- Local services
- Awareness of diversity

Recent feedback received regarding the Clinical Commissioning Group's Commissioning Intentions will be included in a full report to the Governing Body meeting in March. This will include verbatim feedback received from local people to help inform decisions.

Feedback has been received regarding parity of payment for lay-people who contribute to strategic meetings. We are currently reviewing our systems and processes in light of these discussions alongside anticipated guidance from NHS England.

Feedback has been received that the role of the Clinical Commissioning Group is unclear within local communities and perhaps the Clinical Commissioning Group should look to raise the profile of the organisation. This information has been helpful in shaping our methodology for the Five Year Forward View discussions with local people.

Paper prepared by Helen Mulholland, Senior Account Officer (YHCS)

On behalf of Professor Mark Gamsu, CCG Lay Member and Tim Furness, Director of Business Planning and Partnerships

27 January 2015

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<http://www.sheffieldccg.nhs.uk/Downloads/CCG%20Board%20Papers/December%202014%20board%20papers/PAPER%20K%20Musculoskeletal%20care%20in%20Sheffield.pdf>

3.1 Appendix A

Respiratory Strategy pilot with Patient Opinion and Healthwatch Sheffield

Transparency is an important tool in our armory of developing strong and respectful relationships with local people. To demonstrate our commitment to this, we are piloting a new way of collecting and collating feedback from patients, carers and the public by working with Patient Opinion and Healthwatch Sheffield.

The CCG is committed to developing a strategy for people who live with respiratory conditions, particularly COPD, asthma and those who have recovered from pneumonia in the last two years.

A multi-channel approach is being adopted to gain the experience of local people which will include a blog site for feedback working with Patient Opinion, the CCG's Involve Me network being asked a set of specific questions and face to face meetings (with people currently accessing support services via local Breathe Easy groups and Pulmonary Rehab). We will be working with GP surgeries that have the highest prevalence of people who live with these conditions and through Sheffield Teaching Hospitals approaching people accessing secondary care services.

Credit-card size information sheets will be distributed widely within the city asking people to share their experience on Patient Opinion – either by the website or phone. All notes taken from face to face meetings will be checked with the contributors and will then be added to the Patient Opinion site. We will therefore be collecting data, which will help to shape the strategy, on a public site which is accessible to all.

In addition, we will be uploading a weekly blog throughout February and March that responds to what we have heard and encourages further feedback.

Once this phase of public engagement has closed, the strategy will incorporate this information, alongside data from Public Health and national and local data sets. Once the respiratory strategy is in draft form, Patient Opinion will contact the people who originally contributed and ask them to sense-check the plan based on the experiences they shared.

Healthwatch Sheffield have agreed to work in partnership with us on this pilot and will be offering reassurance, from their independent stance, that the process followed and the feedback received is reflected accurately in the final strategy.

4.1 Appendix B

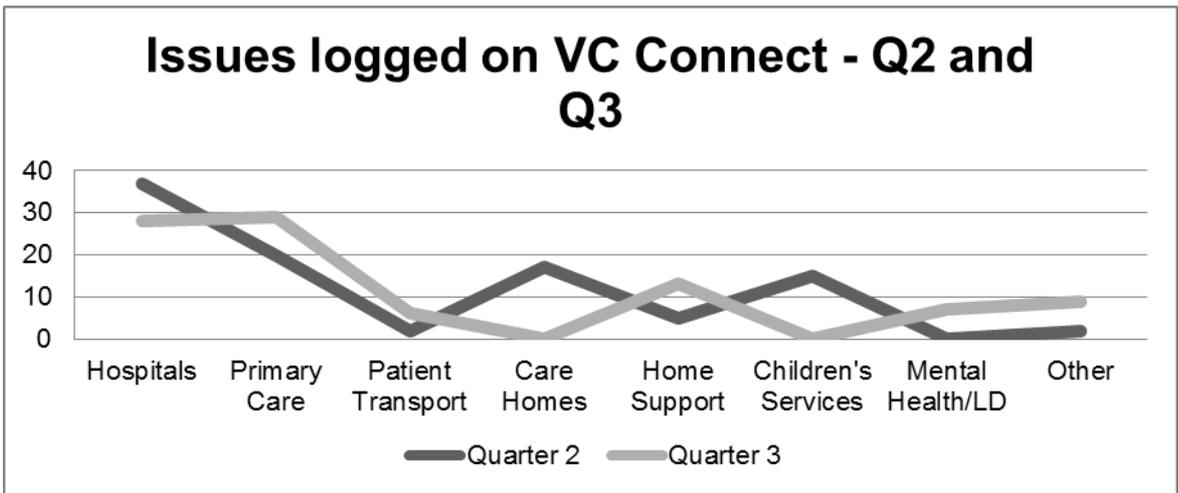
Healthwatch Sheffield information for Sheffield CCG

September – December 2014

Information & Advice – issues raised with Sheffield CAB by topic;

Issue	Number of Clients	% of Clients with this issue
NHS costs/charges	27	20.6
Other health & community care issues	18	13.7
Health Watch - General	17	13.0
Residential Care	13	9.9
Community Care (non-MH)	12	9.2
Community Care - Mental Health	11	8.4
General Medical Practice	11	8.4
Health Watch - Hospital Service	10	7.6
Hospital Services (non-MH)	6	4.6
Health Watch - Social Care Service	5	3.8
Dentists	4	3.1
Hospital services - Mental Health	4	3.1
Health Watch - Other Service	3	2.3
Health Watch - Childrens Services	2	1.5

Things raised by people contacting the Healthwatch Sheffield team at the Circle by issue;



We have received views, stories and/or complaints from 223 people in this quarter.

5.1 Appendix C

PATIENT ENGAGEMENT AND EXPERIENCE GROUP (PEEG)

TERMS OF REFERENCE

1. CONSTITUTION AND AUTHORITY

The Patient Engagement and Experience Group (PEEG) is authorised by Sheffield CCG to support engagement and experience activity within its terms of reference. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the group.

2. PURPOSE OF THE GROUP

The main role of the PEEG is to provide assurance to the Governing Body, that all decisions made by Sheffield CCG have been informed by the appropriate level of input from patients, carers and the public.

This group will ensure that the statutory requirements for engagement have been met in relation to Section 14Z2 of the Health and Social Care Act 2012 regarding public involvement and consultation by clinical commissioning groups and also ensure compliance with the core values of the NHS Constitution.

3. RESPONSIBILITIES AND REMIT OF THE GROUP

The key responsibilities of the group are to:-

- Ensure that Sheffield CCG has robust mechanisms for identifying and responding to patient and public experience.
- Provide assurance to the Governing Body, that decisions made by Sheffield CCG have been informed by the views of patients, carers and the general public. This will be in the form of a quarterly report.
- Ensure that the statutory requirements for engagement have been met in relation to Section 14Z2 of the Health and Social Care Act 2012 regarding public involvement and consultation by clinical commissioning groups and also ensure compliance with the core values of the NHS Constitution.
- To provide system-wide leadership for Engagement activity within the city.
- Ensure that engagement is central to the business of the CCG and that it is embedded in all decision making processes.
- Review commissioning priorities and plans for service change to ensure that they have been informed by intelligence from patients, carers and the public.
- Support the implementation of national guidance relating to patient and public engagement and consultation.
- Support the development and implementation of the CCGs engagement plan.
- Lead the CCG's work with partner organisations to develop community resilience.
- Ensure that effective processes are in place to identify and respond to safety issues raised by patients and carers.
- To take on other tasks assigned to the group by the Governing Body in relation with patient engagement and experience.

4. MEMBERSHIP

The group shall consist of the following members:

- Two Governing Body Lay Members for Patient and Public Engagement (PPE)
- Lead GP with responsibility for Patient and Public Engagement
- Director of Business Planning and Partnerships
- Chief Nurse
- Patient Experience Lead
- Sheffield Healthwatch Engagement Co-Ordinator
- Senior Communications Manager
- Senior Account Officer (Yorkshire and Humber Commissioning Support)

In attendance:

- Business Manager (Administration support)

Other Sheffield CCG Staff and representatives from across the community may be asked to attend meetings as and when required in order to discuss specific topics and work areas.

5. QUORACY

This group will be quorate if at least one lay member is present and three other members of the group are present.

6. FREQUENCY OF MEETINGS

The group will meet on a monthly basis.

Additional meetings may be called to take place in order to discuss specific topics as and when required.

7. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

The PEEG will be formally accountable and report to the Sheffield CCG Governing Body with the submission of a quarterly report

8. CODE OF CONDUCT

The group shall conduct its business in accordance with relevant codes of practice including the Nolan Principles and the Conflicts of Interest policy.

9. REVIEW

These Terms of Reference shall be reviewed annually.