

**GOVERNING BODY**

<b>LEAD:</b> Tonia Michaelides	<b>ATTACHMENT:</b>	<b>J</b>
<b>REPORT AUTHOR:</b> Michelle Johnson	<b>AGENDA ITEM:</b> 9	
<b>RECOMMENDATION:</b> The Governing Body is asked to note the information	<b>GOVERNING BODY MEETING DATE:</b> 5 <sup>th</sup> November 2013	

**PATIENT & PUBLIC ENGAGEMENT FEEDBACK**
**EXECUTIVE SUMMARY:**

In September and October PPI activity was focused on:

- 1) **Kingston at Home Patient and Public Forum:** The meeting was held on 9<sup>th</sup> September with 5 members of the public in attendance. Minutes are available on request.
- 2) **Practice Participation Groups – Borough Reference Group meeting:** This meeting was held on 2<sup>nd</sup> September. Worked with Phil Chapman to design a feedback tool for PPGs on the Commissioning Plans process. He presented the process at the meeting. Naz Javani was invited to address the key concerns of PPGs in the Borough. Dee Odell-Athill attended and described her role.
- 3) **A Call to Action:**  
A 'Call to Action' is a national initiative to engage the public around the challenges facing the NHS nationally and locally. It is a programme of engagement that will allow everyone to contribute to the debate about the future of health and care provision in England. The themes for engagement include needs based service delivery, quality, financial challenges and sustainability. A Call to Action will be framed by the national context but informed by local priorities and shape strategic plans over the next 3 – 5years.

Broad Themes

How can we improve the quality of NHS care?

How can we meet everyone's healthcare needs?

How can we maintain financial sustainability?

What must be do to build an excellent NHS now and for future generations?

Key areas of focus for developing a London wide Case for Change

*Primary care*

Urgent and Emergency care

Integrated care

Cancer  
Mental health  
Dementia  
Service change  
*Specialised commissioning*

#### Kingston CCG engagement on this agenda

We have used some of the main routes recommended by NHS England for engagement on the Call to Action programme:

- a) Discussions and debates about Call To Action at existing CCG engagement meetings – with local patients, public and stakeholder groups
  - Call To Action was the main theme of the Quarterly Patient and Public Forum on 29<sup>th</sup> October. We have used 5 of the key questions recommended by the Call To Action team for breakout discussion groups.
  - We combined a Stakeholder event with the public Forum to gather views and feedback from stakeholders including Healthwatch, RBK, the Equalities & Community Engagement Team, Health & Well Being Board and the Voluntary Sector.
- b) Reached out to groups through alternative/bespoke events
  - We had a Kingston CCG stall at Freshers' Fayre at Kingston University and ran a survey on the themes of Call to Action and local commissioning plans for young people's services. 49 completed questionnaires were returned by students attending the Fayre.

Additionally, the Communications team have included write ups on Call To Action in our September Patient Newsletter and will include it in the GP Newsletter and Staff Update due out in November. Information on Call To Action is also available on the CCG's website.

- c) Utilise social media, myhealthlondon web space, online surveys etc to generate online debates around local and regional themes.
  - KCCG Communications and Engagement team will augment events already staged with digital avenues for engaging the public including an on line survey and setting up an online discussion via the myhealthlondon Dialogue App tool.

#### Strategy for sending feedback to NHS England

Feedback received will be collated using the template designed by NHS England's Call To Action Team and will be a record of all activities and themes that have emerged during engagement on this programme.

#### NHS England timetable for A Call to Action

*October – December*

- Collation of Engagement outputs from CCGs by NHS England
  - KCCG will forward local feedback collected from young people, the public, patients and carers and local stakeholder organisations to NHS England by beginning of December

- Publish interim outcomes of engagement to inform planning and provide input into interim report

*January - March*

- Conversation on themes with stakeholders and the public at a pan-London level
  - Report on full engagement for end of March
- 4) **Influence your local NHS Services:** Piloted a course which was designed in-house to enable and empower the public to engage more effectively with NHS commissioning. The course was run in partnership with ECET. Course evaluation was very positive, signalling this was a worthwhile effort.
  - 5) **A&E survey:** On-going support given to Tony May for the development of an A&E survey designed to gain insight into the reasons people who can be treated in other types of services chose to attend A&E.
  - 6) **Personal Health Budgets:** Engagement plan designed in collaboration with Margaret Edwards, Project lead. On-going support given.
  - 7) **RBK Community Engagement Team:** Collaborative effort with RBK to develop their community engagement toolkit.
  - 8) **Joint Strategic Needs Assessment:** Joined steering group working to develop mechanism for collecting feedback from all commissioners and providers of health services

Over the next two months Patient and Public Engagement activity will focus on:

- 1) **Kingston at Home:** next meeting in November. Supporting the head of commissioning with the Kingston at Home Reference Group meeting and continuing to recruit to that group.
- 2) **Patient Forum:** Planning will commence for the next Forum meeting in February.
- 3) **A&E:** on-going support as required
- 4) **Personal Health Budgets:** on-going support as required
- 5) **Practice Participation Groups:** Planning will commence for the January Meeting
- 6) **Patient Experience Group:** Develop a patient experience group, made up of patient experience leads from provider units, Health Watch and the CCG. The remit of group will be to ensure systematic collection and review of patient experience data for presenting to the Board and influencing commissioning decisions.

- 7) **Young Peoples' Forum:** Invite students from Fresher's Fayre who agreed to be contacted, to look at the feasibility of setting up a young peoples' Forum on health services.
- 8) **Call to Action:** Collate all the feedback on engagement on this programme and return to NHS England.

**KEY SECTIONS FOR PARTICULAR NOTE:**

Summary of Feedback

**RECOMMENDATIONS:**

To note this information

**RISKS IDENTIFIED:**

If actions not carried out we will fail to fulfil our mandate for meaning engagement.

**FINANCIAL IMPLICATIONS:**

None

**GOVERNING BODY OBJECTIVES for 2013/14:**

Please indicate below all the domains which the paper provides evidence for:

- Domain One:** A strong clinical focus and multi professional focus which brings real added value
- Domain Two:** Meaningful engagement with patients, carers and their communities
- Domain Three:** Clear and credible plans which continue to deliver the QIPP challenge within financial resources, in line with national requirements (including outcomes) and the local joint health and wellbeing strategy
- Domain Four:** Proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities, including financial control, as well as effectively commission all the services for which they are responsible.
- Domain Five:** Collaborative arrangements for commissioning with other CCGs, local authorities and NHS England as well as the appropriate external commissioning support
- Domain Six:** Great leaders who individually and collectively can make a real difference

**EQUALITY IMPACT ASSESSMENT:**

**PRIVACY IMPACT ASSESSMENT:**

Please indicate whether any engagement has been carried out regarding this service change. (tick appropriate box)  Yes  No

If no, please state reason: This is not a proposal for service change.

**Kingston Clinical Commissioning Group  
Board Objectives for 2013/14**

Set out below are a set of objectives for the CCG Board. The format is based on the 6 authorisation domains. Within each domain there are a small number of mission critical key objectives where the Board should collectively focus the majority of its attention.

**Domain one: a strong clinical and multi-professional focus which brings real added value.**

- Continued development of the role and function of the Council of Members.
- Clinicians leading service change.

**Domain two: meaningful engagement with patients, carers and their communities.**

- Genuinely involve patients in service design and evolution.
- Engagement with Healthwatch.

**Domain three: clear and credible plans which continue to deliver the QIPP challenge within financial resources, in line with national requirements (including outcomes) and the local joint health and wellbeing strategy.**

- Delivery of the 2013/14 financial and service plans.
- Delivery of the National Outcomes Framework.
- Innovation.

**Domain four: proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities, including financial control, as well as effectively commission all the services for which they are responsible.**

- Effective arrangements for oversight of the quality and safety of commissioned services.
- Compliance with statutory duties.

**Domain five: collaborative arrangements for commissioning with other CCGs, local authorities and the NHS England as well as the appropriate external commissioning support.**

- Integrated commissioning of services with RBK.
- Effective discharge of our lead commissioning arrangements with Kingston Hospital NHS Trust, South West London and ST Georges NHS trust and Your Healthcare CIC.
- Primary Care development.
- Better Services, Better Value

**Domain six: great leaders who individually and collectively can make a real difference.**

- Board development.
- Commissioning staff development.

## **KINGSTON CCG MISSION & VALUES**

**We are passionate about your health, compassionate about your care**

**Our task is to:**

- help you stay as healthy as possible
- support you in looking after yourself when you are well and when you are not
- make sure the right services are available if you become unwell, and for those services to be safe, effective and provide the good experience you deserve
- listen to you, involve you and be influenced by you
- work with you to continuously improve:
  - o the health and wellbeing of people in Kingston
  - o the support that's available to help people look after themselves
  - o the quality of local health services
- work with you to reduce inequalities in health across Kingston
- become recognised and respected as the leader of the health care system in Kingston

**We value:**

- healthier lives for people in Kingston
- getting the best possible health improvement and health care for people in Kingston
- health services for local people, shaped by local people
- you being able to say, I'm heard, I'm healthier, I'm cared for

**We plan to achieve this by:**

- targeting the causes of ill health and premature death
- improving the quality, safety and responsiveness of services
- ensuring good quality health services are available and accessible in a timely way
- developing services across health and social care

**We will measure how well we do by:**

- your feedback on the services you use
- the improvement in health and life expectancy across Kingston
- the reduction in the health gap between affluent and more disadvantaged areas and people