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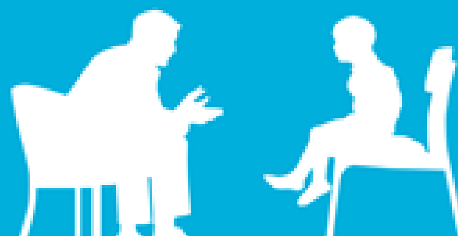
Dated submitted to regional team: **29th September, 2014**

NHS
Kingston
Clinical Commissioning Group

Annual Duty to Report on Patient and Public Involvement

2013 - 2014



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Introduction

Welcome to Kingston Clinical Commissioning Group's (Kingston CCG) first Annual Patient and Public Involvement (PPI) Report. 2013/14, our first year of operation, has been a year of development and achievement; we have laid robust processes for a strong foundation; we have achieved tangible successes and we continue to make steady progress towards the integration of health and social care for the benefit of our local community.

In this annual report, we describe how we have fulfilled our statutory duties laid down in the National Health Service Act 2006 (as amended), specifically our duties under Section 14Z2 Health Act 2012 (public involvement and consultation by clinical commissioning groups).

Kingston CCG is a clinically led, membership organisation made up of 27 GP practices. On 1st April 2013 we began operating as a statutory commissioning body with no conditions and with an elected governing body. We are responsible for approximately £200million which we use to commission hospital, mental health and community services. Community services include services provided by district nurses or physiotherapists. In commissioning these services Kingston CCG has utilised a number of key Communications and Engagement processes and approaches to ensure that we have discharged our duties under Section 14Z2 Health Act 2012 (public involvement and consultation by clinical commissioning groups).

Kingston CCG has worked closely with local partners including Health Watch, a range of Voluntary Sector stakeholders, the Local Authority and providers on PPI duties for collective and individual participation. Health Watch is represented on the Board and a number of committees within the organisation as are Voluntary and Community Sector (VCS) Organizations.

As a Governing Body, we are confident of Kingston CCG's assurance against the six domains: Quality, Patient and Public Engagement, Delivering outcomes for patients, Governance, Partnerships and Leadership.

In April 2014 Kingston CCG published its first Patient Engagement Yearbook highlighting key areas where PPI made a real difference to commissioning decisions. We acknowledge and thank our patients, our partners, our staff and everyone who has engaged, supported and worked with Kingston CCG to help us ensure that our local healthcare services are safe, effective and provide for positive patient experience.

Dr Naz Jivani

Chair – Kingston Clinical Commissioning Group

Section one: Context setting

About our borough

The Royal Borough of Kingston is situated in the South West of London and is bordered by Richmond to the west; Wandsworth to the north; Merton to the north-east, Sutton to the south-east and Surrey to the South. The borough covers an area of 38.66 square kilometres, which makes it the seventh smallest out of the London boroughs in terms of its geographical area.

Population

The population of Kingston is estimated to be between 158,851 (Greater London Authority – GLA) and 160,100 (Office for National Statistics – ONS) and has risen approximately by 7.4% between 2001 and 2011. The GP registered population was 190,072 on 31st March 2012.

Demographics

Since 2001, the population of Kingston has become more ethnically diverse with the proportion of Black and Minority Ethnic (BME) groups rising from 15.5% to 26.6% in 2011. The main BME groups in the borough are:

- Indian/British Indian (4%)
- Sri Lankan (2.5%)
- African (2.3%)
- Korean (2.2%). T

The Korean population in New Malden is estimated to be the largest in Europe. The Spring 2011 School Census indicated that 671 Tamil children and 642 Korean children were attending Kingston schools.

In addition, some 1600 refugees predominantly from Iran/Iraq, North Korea, North and East Africa, Afghanistan and Eastern Europe are known to access the services of Kingston Refugee Action.

Life expectancy

On average, people in Kingston have a longer life expectancy than found in England or in London. The average man in Kingston can expect to live to 81.3 years while the average life expectancy for an English man is 78.6, and the average life expectancy for men living in London is 79.0. Similarly, the average woman in Kingston can expect to live to 84.1 years. This is longer than the average life expectancy for English women (82.6 years), and longer than the life expectancy of women living in London (83.3 years).

Births

Births in the borough have risen by 29.4% from 2001 to 2010 (1,787 to 2,312). Recent population projections, however, indicate that the large increase in the number of children aged 0-4 that was evident in previous years is not likely to continue.

Deprivation levels

The Indices of Deprivation rank Kingston upon Thames as the third least deprived local authority in London (only the City of London and Richmond are ranked higher).

The average house price in Kingston in October- December 2012 was £383,852 compared to the average house price of £227,478 in England and Wales, in February 2013.

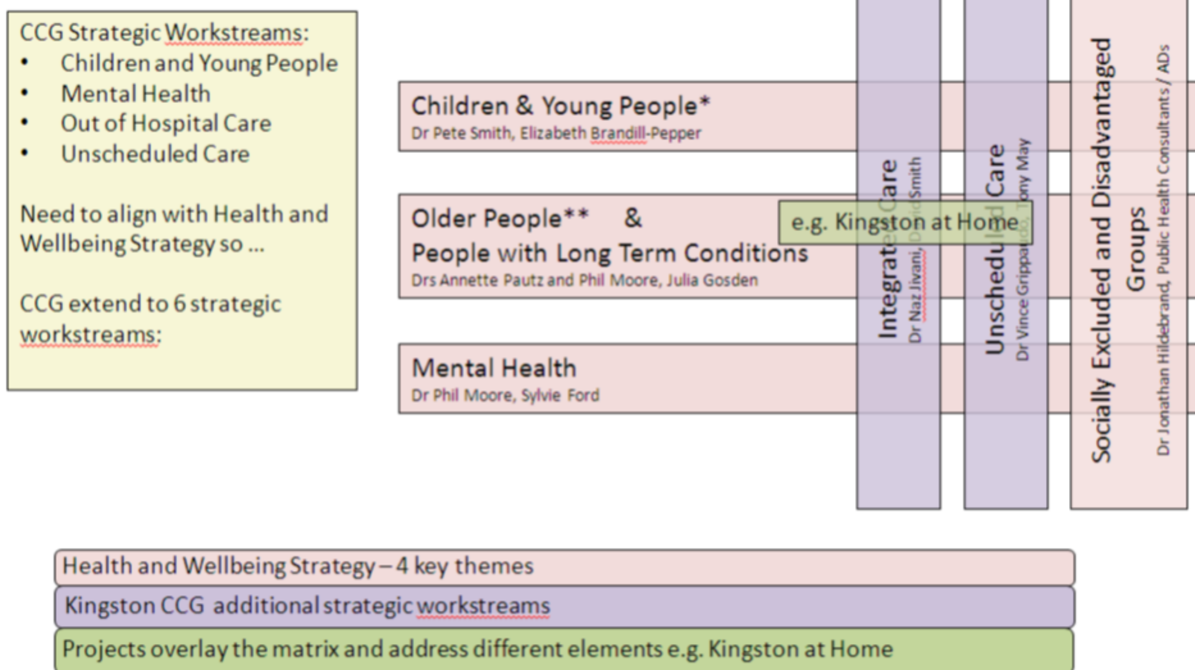
In 2010 the level of child poverty in Kingston (14.9%) was lower than the England average (20.6%) and the second lowest in London. The majority were living in families claiming out-of-work benefits, i.e. Income Support and Jobseeker's Allowance.

The percentage of children living in households with low income and material deprivation during 2008/09-2010/11 was 15% in London (21% in Inner London and 12% in Outer London), 16% in England and 14% in UK.

Attainment levels in Kingston schools are high, with average results for the authority well above average for England.

Kingston had one of the lowest levels of recorded crime in London during 2010/11 to 2011/12.

Strategic priorities



Our Vision for engagement

Kingston Clinical Commissioning Group (CCG) is committed to involving local people in how we plan, develop and deliver health services. We believe that only by involving the people we serve, we will truly be able to provide responsive, high quality services that reflect the needs of the people who use them. We want to be seen as an open and listening organisation that has the needs of local people at its heart and delivers real benefits through collaborative and partnership working.

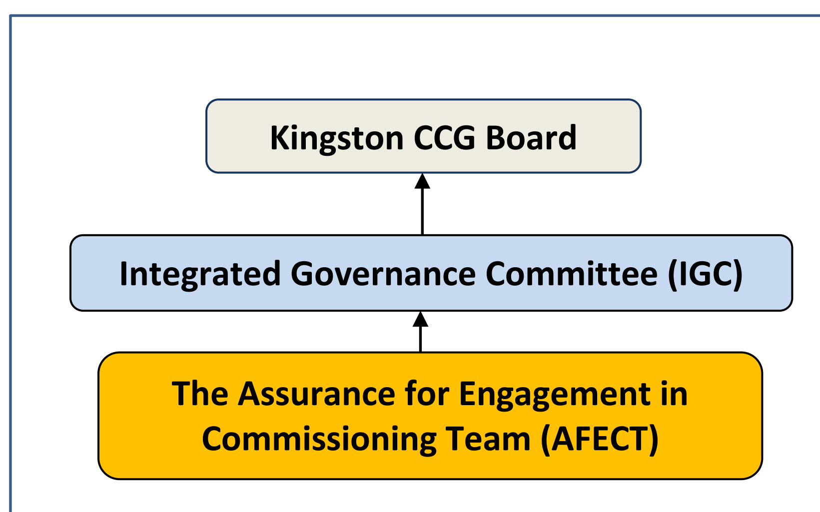
Structure and resources

We have created structures that will enable us to involve patients and local communities in CCG decision making with a view to improving the quality of health services, patient experience, reducing health inequalities and to comply with the Health and Social Care Act 2012, the NHS Act 2006 and the Equality Act 2010, as well as enable the CCG to deliver the Communications and Engagement Strategy. The same structures support the CCG vision, organisational objectives and strategic priorities.

Governance Processes

- Governing Body papers outlining proposals for service change include a section for confirming that patients and the public were involved in decisions related to the proposed change.
- A patient and public engagement report is provided bi-monthly to the IGC and CCG Board.

Fig. 1 Governance Structure and Human Resource



The Head of Governance and Business is the designated accountable post holder for quality, patient safety and patient and public involvement.

Assurance for Patient Involvement

Supporting the Patient and Public Involvement function are one PPI Lead and Board Lay Member for PPI.

AFECT (see section 2), a sub-group of the IGC, is comprised of a range of partners and patients including Healthwatch, lay people, representatives from the Voluntary and Community Sector and Local Authority. The team acts as a critical friend, advising on PPI strategies, testing of approaches to commissioning services and enables joint working on PPI in the Borough.

The CCG has a fully staffed Communications and Engagement team which leads on delivering the Engagement Strategy. A Customer Care Manager is in place with whom patients and the public liaise directly both by phone and email as appropriate.

Section two: Developing the infrastructure for engagement and participation

The infrastructure developed in the first year since CCG authorisation focused on creating PPI processes that would enable us, as a new organisation, to build relationships with patients, carers and the public, key partners at Health Watch, the Local Authority and Voluntary and Community Sector (VCS). These are intended to be our core methods providing regular fora for discussions, exchange of information and ideas, routes for receiving feedback and views related to commissioning decisions, as well as scrutiny and constructive criticism of engagement activity.

The core collective participation methods developed are:

1) Quarterly Public Forums
2) The Assurance for Engagement in Commissioning Team (AFECT)
3) The Patient Experience Group (PEG)
4) The Patient Participation Group (PPG) Network
5) The Governing Body meetings held in public
6) The CCG Website, which includes a ‘Have your say’ page with a feedback form and dedicated email address
7) A bi-monthly patient e-newsletter is circulated to our email lists
8) Engaging with your local NHS training course
9) Stakeholder database

The core individual participation methods

10) Self -Management of Long Term Conditions Courses (8 of these were run in the last year, with an extra 2 to be added next year year)

11) A number of other self-management courses and support is being delivered by the our Community Services provider, *Your Healthcare*, for patients with a history of angina, those recovering from pulmonary illness, patients with a Cardiac history and patients with mental health conditions and those with Diabetes.

In addition, 1:1 guidance and support has been provided to commissioning and project leads to develop appropriate engagement plans for specific work streams including, our commissioning intentions, service re-design activity, Personal Health Budgets (PHB) and the Better Care Fund.

We appointed a Lay Member for PPI to the CCG Board, whose role is to ensure that the voice of patients and citizens become integral to all the work being carried out in commissioning. The GP Chair sits on the Health and Wellbeing Board at Kingston. A number of senior managers sit on strategic partnership teams in the Borough. The CCG has a Communications and Engagement team, which leads on delivering the Engagement Strategy. A Customer Care Manager is also accessible to the public by telephone and email and receives complaints, queries and feedback from members of the public.

PPI with all Kingston Communities

The PPI Lead works closely with the Equalities and Community Engagement Team (ECET). ECET is a Public Health commissioned service engaging with marginalised communities to tackle inequalities in health. We are also partnering with Refugee Action Kingston and ECET on issues related to equal access to services in primary care and acute providers to improve the experiences of service users from BME and Refugee/Asylum Seeker backgrounds. A representative from the Lesbian, Gay, Bisexual and Transgender (LGBT) Forum chairs the CCG's Equality and Diversity Steering Group. A lay representative from Kingston Centre for Independent Living (KCIL), a user led group which campaigns for full equality of status, opportunity and inclusion for all disabled people, sits on the BCF Board. We need to further develop our relationships with faith groups in the Borough and this will be taken forward during the coming months, facilitated by Kingston Racial Equalities Council (KREC), which already has significant links with the major faith groups in Kingston.

Kingston CCG recognises that effective engagement with all communities includes interactions with community based groups in the localities where they reside or operate. As such, commissioning project leads including GPs have attended events and meetings by invitation, to talk about the CCG and its commissioning work and to listen to issues of concern to respective constituents. For example talks have been given at Kingston University to young people, the VCS Forum, Health Watch membership, Community Development training course run by ECET. We hope to develop this in the next year to include Governing Body members going out to more grassroots communities in Kingston. Attendance has recently been made at an event to raise awareness of social challenges faced by Gypsy and Traveller communities, which have an impact on their health and well-being.

The core collective participation methods

Quarterly Patient and Public Forums

Our Quarterly Forums are open meetings with a focus on receiving feedback and input on a specific area of commissioning as well as providing updates of key issues and messages from the CCG. In addition to patients and the public, the forums are attended by members of the Governing Body, clinicians, commissioning managers, Healthwatch and representatives from community and voluntary groups.

Up to 70 members of the public have attended Forums over the past year, with a dip in attendance in January due to the weather. Four Forums were held between April 2013 and March 2014. Each Forum had a theme linked to the design and planning of services. Patient and Public feedback was received for the following themes:

- Cardiology Community Service (April 2013)
- Unscheduled Care: Urgent Care, End of Life care, Long-term conditions and technology (July 2013)
- A Call to Action (October 2013)
- Personal Health Budgets (January 2014)

Forum Feedback is routinely circulated to the relevant commissioning team to be incorporated into service redesign plans and/or commissioning decisions. Feedback is always uploaded onto the CCG website with a summary of 'You said - We did' based on the Feedback.

The Assurance for Engagement in Commissioning Team (AFECT)

We have established an Engagement Assurance Team as a sub-committee of the Integrated Governance Committee (IGC). The remit of AFECT is to ensure that the CCG is able to demonstrate that it is continuing to show good performance across Domain 2 of the CCG Assurance Framework (Patients and the Public are actively engaged and involved) as well as Domain 4 of the NHS Outcomes Framework (Patients should have a good experience of care). In addition, the team, which is comprised of lay people, representatives from Health Watch, the VCS and CCG staff (see Appendix 1) acts as a critical friend and quality assures engagement activity.

The Patient Experience Group (PEG)

This group acts as the mechanism for providing assurance on the quality of provider services as reflected in patient feedback and experience data. See Appendix 1 for the group's composition.

The Patient Participation Group (PPG) Network

The network of PPG chairs and representatives meets quarterly with the Board lay member and PPE Lead. Of the 27 GP practices in Kingston, 25 have PPGs in varying stages of development and types. The network is a platform for sharing best practice amongst PPGs and engaging on CCG commissioning work for example the commissioning intentions.

Governing Body meetings held in public

The meeting is held at different sites across Kingston borough to encourage accessibility to the general public. Attendance by the lay public is variable, but can be as high as 15 people. Time for questions from the public is itemised on the agenda. The agenda and papers are posted on the CCG website.

The CCG Website

The website can be accessed at: http://www.kingstonccg.nhs.uk.

Patient update newsletter

Examples can be found at: http://www.kingstonccg.nhs.uk/news-and-publications/Publications.htm

Patient Engagement Yearbook

A copy can be found at:
http://www.kingstonccg.nhs.uk/Downloads/Publications%20folder/Patient%20forum%20meeting/NHS%20Yearbook_final%202014.pdf

Engaging with your local NHS training course

The CCG partnered with ECET to develop and run this course for people living or working in Kingston. The aim is to empower people with knowledge and understanding of the new NHS landscape since the reforms, what the implications might be for the Kingston health economy, hear from patient leaders and advocates with experience of engaging with health services and recruit people for engagement with the CCG. The course was oversubscribed to and the feedback was encouraging. The CCG plans to run this course again in future.

Annually, ECET run a 14 week Community Development course for Kingston community leaders. The PPI Lead delivers one of the sessions on the CCG's role and remit.

Stakeholder database

A database of community groups, organisations and borough level stakeholders was created as a result of a mapping exercise. The database supports our aim to broaden the range of people the CCG engages with.

Public Involvement in commissioning programmes

Patients, carers and the public are involved in an ongoing way in individual commissioning workstreams through lay representation on Boards, for example the BCF Board, Patient Reference Group, e.g. Kingston at Home Reference Group.

As part of this process, consultation and engagement guidelines have been produced to help project managers undertake appropriate engagement activity tailored to their specific proposal.

The core individual participation methods

See Section 4

Section three: Engagement and participation activity

In 2013/2014 PPI activity had a range of foci including training commissioners in PPI legal requirements and methods, building relationships with borough partners, orientating practice participation groups (PPGs) to the NHS reforms and the role and remit of the CCG, streamlining PPI in commissioning areas and launching our program of Quarterly Public meetings. We successfully included Patient and Public Involvement in proposals for service redesign.

We formed reference groups aligned to the specific projects, to ensure our service users were given a genuine opportunity to influence the redesign of services. We also thought it was important to involve carers as far as possible in projects and have worked closely with Kingston Carers' Network (KCN) to enable this.

We invited people to join the Groups on the basis that they are 'experts by experience' i.e. they all had used the services directly, or indirectly - in the capacity of carer, relative or friend.

There are many benefits to establishing these groups, most notably, to enable integration of the service user perspective in the planning and development of future services.

This benefits us as commissioners as it helps ensure our service redesign proposals are relevant and appropriate for service users, their families and carers.

It benefits patients, their families and carers as they are more likely to use services appropriately and have better patient outcomes, if they are given the opportunity to help shape services around their needs.

Examples are shown on the following pages.

Objective	Activity	Who	How	Impact	CCG or Commissioned
Developing our commissioning intentions	Patient Forum Meetings Health Conference for VCS	PPG members Voluntary and Community Sector representatives (150 delegates) VCS other - e.g. Kingston Voluntary Action and Age Concern	Presentations Discussions Emails Phone conversations	PPG members wanted earlier engagement and more information so that their members could be more fully involved Reminded us of the range of existing partnerships and networks in Kingston available for Kingston CCG to engage with Age Concern endorsed the effectiveness of the Stay Well Model in supporting people with dementia especially on admission and/or discharge from hospital. As a consequence of this feedback, we have incorporated key components into Kingston's Better Care Fund (BCF) Plan. Further to a number of patient/ public discussions, we have established a Patient Reference Group to help shape the Better Care Fund Plan and its implementation.	CCG
Support the development and on-going work of Kingston at Home which provides short term, effective health and social care services for older adults living in Kingston	Patient Reference Group	Lay people, carers, Age Concern, Kingston Centre for Independent Living (KCIL)	Bi monthly meetings	Key feedback from patients include the importance of continuity throughout the system, the involvement of patients in planning their discharge from hospital and the need for better co-ordination for a more effective transition of patients from hospital to the home setting Patients affirmed that they want choice and control over the healthcare professionals and workers who care for them at home and that they preferred information about local services and groups to be easily accessible by elderly, frail people living at home and who want to be	CCG

				independent for as long as possible The reference group is currently developing quality measures that the CCG will use to monitor the services it commissions for the Kingston at Home program	
A review of the KCAS outpatient referral service	A survey of questions about the overall patient experience, the time taken to deal with the referral and the information provided about the referral process.			65 patients responded to the survey Varied levels of satisfaction with KCAS Referral process was found to take longer than expected Challenges booking outpatient appointments Issues around follow up information received by patients Responses were used to help improve the overall service and ensure that the outpatient service is consistent and provides a high quality service to patients	CCG
Kingston A&E Survey to ascertain why people attend A&E and how they make the choice to go to A&E at Kingston Hospital instead of the GP or other NHS	Survey in A&E, CCG staff attended on a rota over a 2 week period to run the survey	364 forms were returned		Highlight the need for patients to be signposted and encouraged to use alternative services to reduce the pressures on A&E Only 2% of patients had consulted NHS 111 and 10% consulted a GP first A proportion of A&E attendance may be avoided if patients are encouraged to use NHS 111 (a 24hr service) or seek advice from their GP first	CCG in collaboration with Kingston Hospital

service					
Raise awareness amongst university students and staff about the CCG and its role in commissioning local health services **Survey on the future of the NHS (A Call to Action)**	Outreach stall at Freshers' Fayre Survey Conversations Information sharing	49 students completed a short survey on the NHS	We held conversations with numerous students, staff and other visitors, listening to their views and concerns about the National Health Service and their local health services.	We heard strong views about key values that the NHS should always retain health services remain free at the point of use patients regardless of age, ethnicity, gender or sexuality should have equal access healthcare provision should remain of high quality and easy to access. health issues reported as most troubling to young people included, stress related mental health, obesity, anorexia, sexual health, abuse of alcohol and drugs, smoking and the 'privatisation of the NHS'	CCG
Personal Health Budgets	Quarterly Patient Forum Information sharing Meetings Pilot testing with 6 patients	Members of the public Voluntary and Community Sector (VCS) organisations including; Age Concern, KCIL, Disability UK	Presentations Meetings Discussion sessions	Through the pilot cases and discussions with individuals who are likely to be eligible for a PHB in the future we have found out about what works. providing plenty of information about the process giving people opportunities to ask questions training for staff will include case studies to illustrate the range of needs and the aim is to ensure that different services are coordinated in offering support to people	CCG
Urgent Care	Quarterly Forum	Members of the public	Presentation Breakout session for discussion and	Difference between Walk in Centre, Minor Injuries Unit and Urgent Care Centre needs to be clarified for public. Patients unclear of options	CCG

			Collection of Feedback	due to Poor information from GP, lack of patient knowledge and clarity about criteria for accessing urgent care service and/or the management of their condition. A&E survey (See above) to further ascertain patient needs to aid decision making around urgent care	
Cardiology	Quarterly Forum Steering Group	Members of the public		Multiple locations should be considered to keep services close to all patients/ convenient A clear and concise bus guide for the local area is useful for new location e.g. Surbiton Hospital “One stop shop” concept well received Feedback was used to develop service specifications Development of the idea of a one stop shop to support patients Explore feasibility of multiple sites for the service Development of a guide to services at Surbiton which will include bus route information	CCG
End of Life Care	Quarterly Forum Steering Group including VCS	Members of the public	Presentation Breakout session for discussion and collection of feedback	End of Life Care Steering Group – We have set up a Steering group consisting of members from Kingston Hospital, Primary Care , Royal Borough of Kingston Social Services, third sector organisations, Community providers and Princess Alice Hospice to promote partnership working in the full range of relevant settings in Kingston.	CCG

				This year we have adopted a robust strategy to promote the use of Co-ordinate my Care (CMC) which is a nationally approved electronic care record to ensure that the patient's preferred care is documented and delivered. We've used the Enhanced Services as a driver to increase the use of CMC across Kingston. Next year we will be looking at how we can effectively incentivise the identification of the unique needs of different patient groups i.e. non-cancer patients (once CMC is strongly embedded in the system).	
Long term conditions	Quarterly Forum	Members of the public	Presentation Breakout session for discussion and collection of feedback	Patients need education to understand and be confident in the self-management of their LTC CCG will promote the Expert Patients programme and work will providers to ensure wide delivery of self-management courses The CCG Expert Patients Co-ordinator has received the feedback collected at the Forum. Currently there is a waiting list for patients wanting to join the course	CCG
Better Care Fund	Quarterly Forum Bespoke Workshop	Members of the public VCS	Presentations Breakout sessions	Informed BCF vision Co-produced strategy for PPI on the BCF	CCG PPL Consultants

	VCS and public workshop Task and finish group (including VCS lay people) VCS and 2 lay people appointed to BCF Board Meetings		Email communications/ updates	Health Watch and KVA to lead on PPI Health Watch and KVA have run workshop for members of the public	Health Watch Kingston Voluntary Action
Care.data	PPG Network Meeting	PPG members	Presentation followed by Q&A session and discussion	Understand benefits and need for large data, but corruption of scheme by commercial sector the key factor Data in any form should not normally be sold or supplied to commercial sector. However recognition that commercial sector not all bad; if data is supplied to them needs to be fully under control Need to have a balance of benefits and risks spelt out Large scale media campaign needed, with patient addressed letters, full information. Needs to make much clearer the different types of data – primary and secondary uses; need to do more than use internet communications to widen access – direct mail best for vulnerable groups, if clear and informed One person argued strongly that benefits for	CCG with NHSE speaker

				society and future generations were not sufficient to convince him not to opt-out Concerns about security of data from hacking, illegal access Need for some sort of receipt process confirming opt out	
Self-Management	Patient Expert Program DESMOND Dafne Angina CBT Pulmonary Rehab Cardiac Rehab New Beginnings (a mental health version of the CDSMP)	Patient diagnosed with a long term condition Patients with Diabetes (Type 2) Patients with Diabetes (Type 1) Patients with a history of Angina Patients recovering from pulmonary illness Patients with a Cardiac history Patients with mental health conditions	Seminars and learning activities centred on empowering patients to take control and become better at shared decision making	Patients who have undergone the program can elect to be trained and become trainers and peer supporters themselves	CCG Your Health Care (Community Services Provider)

Section four: Forward plans for 2014/15

Developing capacity for PPI

While work has been undertaken to raise awareness of the participation duties within the organisation and with partners, we recognise the need to further develop our capacity to embed these duties in the work of commissioning more effectively. As such, Kingston CCG plans to access the resources and tools afforded by the Patient Participation Program and Patients in Control (PPP and PiC) Programs currently being designed by SL CSU.

We will develop the work of AFECT to ensure that we are engaging in the right way at the right time and with the right people.

We will continue our partnership working with ECET to reduce inequalities in health and engage with the seldom heard communities of Kingston.

We are working with partners to further develop engagement activities related to our Strategic Work Streams (Integrated Care, Older people and those with long term conditions, Mental Health, Children and Young People, Unscheduled Care, Socially excluded and disadvantaged groups).

We are aiming to pilot a Patient Leaders Program to train and support patients, carers and members of the public to get involved and to influence the commissioning of local health care services and the decisions we make as a CCG.

We are piloting an Awards scheme to recognise the added value, commitment and expertise that GP Practice Patient Participation Groups bring to the commissioning of health services.

We will also be developing more rigorous processes to enable improved reporting on PPI activity by commissioners, which will provide more robust assurance of PPI.

We will update our communications and engagement strategy.

Section five

Healthwatch statement

Healthwatch re-established itself in Kingston in April 2013, and was pleased to receive an early invitation to join the CCG Governing Body as a non- voting member. We began our formal engagement with the CCG in this way in September 2013 placing Healthwatch at the heart of the strategic conversations about the best way to commission and organise local healthcare for the benefit of residents, and allowing for representation of a consumer or service user perspective on key issues. This report, for example, comes at a time of ongoing debate in particular about acute service commissioning which is a topic that often concerns the wider public who hold local hospitals and ease of access to them dear.

For Healthwatch to provide both critical and supportive commentary, it relies on taking an approach that is evidence based and reflective of the complexities of local health need, clinical recommendations, public opinion and financial pressures. We can acknowledge that the CCG has always been ready, open and helpful in respect of providing us with data that we can then use to ask deeper questions and so help influence developments. In respect of public concerns expressed to Healthwatch about the efficiency of the 111 service, for example, we were able to obtain detailed performance data which in turn gave the CCG an extra public voice with which to press the contractor to make improvements. In addition our Mental Health Task Group welcomed the key clinical and commissioning leads from the CCG to a meeting in May 2014 which enabled a good exchange of views about the way forward for local mental health services in the light of the development of the Kingston Wellbeing service and plans being shaped by South West London St Georges MHT.

The CCG has offered Healthwatch several opportunities to contribute to publications and speak at key events so that there is a good balance of presenters with a mix of perspectives. Most recently Healthwatch has worked in close partnership with the CCG to help shape public participation in co-designing the Better Care Fund action plan and local Programme. Working with voluntary sector partners we have enabled service user participation at Board level and sponsored information sharing events and workshops.

In response to CCG concerns that there should be more engagement of children and young people in thinking about planning and reviewing local services that they use or impact on them, we have had preliminary conversations about what may be an appropriate way forward and we have now appointed a new Board Member who will have responsibility for leading on our work in this area.

Healthwatch is pleased to recognise the evidence of the CCG fulfilling its statutory duties as set out in this report, and its commitment to engagement and community participation. However what is equally important is the quality of ongoing relationships between stakeholders and the CCG and we are very content with the way in which individual CCG

colleagues and ourselves maintain good channels of communication especially over matters where there may be differing perspectives. As chair I have had personal meetings with the chair of the CCG to share our broad thinking and agree ways we can work together. However since part of Healthwatch's remit is to hold the CCG to account for its actions on behalf of local consumers our relationship will always remain that of a critical friend and we continue to value our respected independence.

We look forward to further years of close co-operation as a result.

Grahame Snelling
Chair Healthwatch Kingston upon Thames
September 2014

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www.healthwatchkingstonuponthames.org.uk

Lay Patients' Advocate statement

As a person who has been involved in statutory and voluntary sector participation and engagement over many years, it is heartening to experience greater opportunities to participate than hitherto. Kingston Clinical Commissioning Group has opened its Board Meetings to the public for a variety of issues to be brought before Members that affect health and Wellbeing where time has allowed. The Patient and Public Forum also provides this opportunity, not only to tinker around the edges of service provision but to be involved in supporting areas of policy and strategic engagement that are crucial in the making of major service transition. Involvement on the Forum, not only as a participant but as a lead, on an occasion when Personal Health Budgets were in the spotlight, begins to feel that contributions, skills and expertise are valued.

Ann MacFarlane – local patient advocate and lay representative 'SWL Collaborative'

Kingston Voluntary Sector Statement

KVA see important steps being taken by the CCG to engage with the Voluntary Sector. At the KVA Health Conference in January 2014, there was strong CCG representation. Delegates felt their diverse range of perspectives was listened to. We are working hard to strengthen the links between the CCG and KVA with the aim to enable local voluntary and community sector organisations to better operate in the new environment.

Hilary Garner, Chief Executive, Kingston Voluntary Action

Lessons learned

During 2013-2014, we held conversations and engagement events with a wide range of local patients, carers, lay people, partners and other stakeholders. Some lessons we have learned to help us engage with our local communities even better include:

- We need to give local people more information about NHS changes and what these mean for them.
- we need to involve key partners more effectively from the outset of service design
- We need to become more proactive in our engagement and refresh our local partnerships.

Conclusion

Since its inception in April 2013, Kingston CCG has endeavoured to become a listening organisation. We are committed to continued growth in our capacity to listen and respond to patients and the public going forward. Over the last year, we listened to the many insights and concerns raised by our communities about their health services. We have responded by incorporating them into decisions made in the commissioning of health services.

This report summarises the work we have done in our first year to meet the participation duties. We will remain committed to demonstrating success, in this area, in the future.

Sources of information

Annual Public Health Report for Kingston 2013

Kingston CCG Annual Report

Kingston CCG Commissioning Intentions

Kingston borough profile 2012: http://www.Kingstonobservatory.org/population/

APPENDICES

Appendix 1

AFECT membership: Health Watch, Kingston Voluntary Action, Kingston Racial Equality Council (KREC), 1 lay person recruited thus far, Board lay member for PPI, Interim Chief Officer, Head of out of Hospital commissioning, PPE Lead.

PEG membership: Health Watch, KVA, Carers' Network, all providers, lay people and reps from the community sector such as the LGBT Forum, the CCG Board lay member for PPI and PPE Lead.