

Patient engagement and involvement

While NEW Devon and South Devon and Torbay CCGs have been working closer together, extending the area for which they are jointly responsible, it has been important to retain focus on communities to ensure services meet the needs of people in their local areas.

To develop and improve ideas and proposals, two-way discussions about services and places that people relate to are crucial to help us understand perspectives, issues, aspirations and wishes. These in turn influence thinking and planning of future services and the way they link together to support our population.

There are several ways in which the CCG has been engaging with and listening to the people of Devon. These are:

1. Working with people strategically – Mechanisms for strategic engagement
2. Involving people locally – Involving people in commissioning
3. Listening to people personally – Gathering views and feedback from experiences
4. Strengthening our processes for effective engagement.

This section shows how the CCG has discharged its duty to involve the public, as set out in section 14Z2 of the Health and Social Care Act 2012.

Involving people strategically

2017/18 has been a year of change for the CCGs and, as part of a Sustainability Transformation Partnership, the two CCGs in Devon have been working much more closely. The governing bodies and their sub-committees became 'committees in common' and this enabled the coming together of the two CCG engagement committees into a single process.

The engagement committee in common is a sub-committee of the governing body in common and has an assurance role.

It examines the engagement carried out by the CCGs and advises on whether it is fit for purpose and meets our legal duties to engage. In setting up this arrangement we worked with public and community representatives to help shape the membership, purpose and ways of working for that committee. Both CCGs retained their locality-based engagement mechanisms, and these feed into and hear reports from that committee.

Strengthening engagement

The CCGs in Devon have had various mechanisms to ensure that the people of Devon have means to influence strategic and service-specific discussions regarding commissioning.

Across both Devon CCGs there are several groups with this kind of strategic engagement role.

In the latter part of the year a review of our engagement mechanisms has started to better support the more integrated working across Devon health and social care.

This new structure is still in draft and we have shared this with our engagement groups in the localities to seek their views and input. The groups that the CCGs currently support are:

- Engagement committee: membership includes commissioning staff, Healthwatch and community representative volunteers drawn from the locality groups below.
- Clinical policy committee: lay people help to ensure that policy change is appropriately engaged on
- Primary care joint commissioning committee: CCGs working with NHS England to jointly commission primary care services.

In the four geographical areas of our collective CCG there are further groups that meet to discuss health issues and service change with us.

To enable involvement in these groups, the CCGs regularly communicate with or support about 60 community representatives.

The representatives have provided both a patient perspective and community insight, These representatives have directly influenced decisions about the introduction of new policies via the clinical policy committee; implementation of Your Future Care decisions through involvement in community conversations and membership of both the implementation and operational groups for Your Future care; supporting and shaping the approach to implementing strategy via the western locality system design groups, shaping pathways of care via specific working groups such as the shared decision making group; and in procurement decisions this is described more fully below in the example of Children's and Young people procurement.

These groups provide an opportunity for members to share with CCGs the areas of interest or concern in their wider networks, and for members to share for discussion and feedback topics brought to the group by the CCG.

Volunteers are also involved in the following boards which look at future strategy:

- Learning Disability Partnership Board
- Dementia Partnership Board
- Carers' Partnership Board.

In setting up the engagement committee, community representatives identified and helped to develop a ['What Good Looks Like'](#) tool. This acts as a checklist for engagement committee members as well as commissioning staff planning engagement processes. It also enables a helpful format for reporting the impact of engagement.

Healthwatch

Healthwatch organisations from Torbay, Plymouth and Devon have worked closely with us

through the year at a strategic level. They are integral members of the engagement committee and have also been core members of STP workstreams as they have developed. As well as this, Healthwatch has been core members of specific projects, such as the steering group for planning engagement, to inform re-procurement of children's services.

Patient Participation Groups (PPGs)

In some of our areas PPG networking and support is strong. However, in some areas it has been identified that more support could be available. In response to this and to requests from PPG members from across the area who had met through the National Association of PPGs, we supported the development of a Devon-wide PPG network.

With CCG help, the group canvassed all PPGs in Devon to find out how they worked, what further support they might need and how inclined they were to join the network. Output from the group was a series of findings reports prepared on their behalf by the CCG. The group will use these to determine its work going forward. The CCG hosts [a web page](#) for the network to ensure that PPGs can share information more easily.

Joint Engagement Forum (JEF)

This has been developed in response to feedback from service users and other stakeholders about the type of gathering they wanted. The forum enables Devon County Council (DCC) and Devon's two CCGs to come together with service users and/or patients and their representatives/advocates to share and discuss information related to plans, activities and outcomes of local health and social care engagement. It provides a forum for health and social care service users and/or patients and their representatives/advocates to share their experiences of and evaluate the effectiveness of involvement activities undertaken by DCC and the two CCGs.

Reaching hard to reach groups

We recognise that, for some people, being involved and engaged through the more common engagement methods is a challenge and, given this, the CCGs have a spot-purchase contract with a local organisation Living Options Devon (LOD), which supports our engagement with harder-to-reach groups. To do this effectively, LOD works with a range of partners:

- [Age UK Devon](#)
- [Citizens Advice Devon](#)
- [DeVA](#)
- [Exeter and East Devon MIND](#)
- [Healthwatch Plymouth](#)
- [Healthwatch Torbay](#)
- [Hikmat Devon CIC](#)
- [Plymouth and Devon Racial Equality Council \(PDREC\)](#)
- [Plymouth MIND](#)
- [Proud2Be](#)
- [Westbank](#)
- [Young Devon](#)

Annual General Meeting

NEW Devon CCG held its CCG AGM on Thursday 28 September 2017, following the public governing body meeting, and members of the public were invited to attend. The presentations covered the highlights of the report, the annual accounts 2016/17 and an 'ask the CCG' session.

The AGM was attended by representatives from member practices, the CCG, Healthwatch, local community organisations, and local NHS providers. There were 10 people in the audience of the meeting, and 11 members of the CCG's governing body. In the open session, members of the audience asked 10 questions.

Involving people locally

For people in Devon to be able to be involved in an informed way we do need to share information and communicate with them and to support this, we use newsletters, social media and our public website. Our public newsletters have over 300 subscribers. The website receives around 15,000 hits per month and on social media we have around 3,000 likes/followers across Twitter and Facebook.

Listening to people personally

During the past year the CCGs have asked people across Devon for their views on a variety of topics using surveys. These include:

- Gluten-free foods prescribing
- Re-procurement of children and young people's services
- Feedback on a new hip and knee pathway
- Carers' health and wellbeing
- Over-the-counter medicines-prescribing of low-cost drugs.

What people told us through those surveys helped to inform changes in practice. These include:

- A change to the range of gluten-free foods being prescribed
- Service specifications and outcome frameworks for children and young people's services that reflect what service users need
- Information on how the new hip and knee pathway is working for patients, to inform improvements to the pathway
- Carer input into the development of a Devon-wide carers' strategy.

Engaging on change and development

It's really important that patients, carers, families and the general public are able to be involved in our commissioning processes. Where we don't have the expertise to involve particular groups of people, we will ask organisations that do to facilitate good engagement in order for service users to effectively influence our work.

Over the past year we have commissioned Lifeworks to help us hear from young people with learning disability, Sound Communities to help us hear from young people in youth groups, Young Devon to help us hear from young people using mental health services, and Dartington Social Research Centre and Childwise to help us hear from school children.

Children's re-procurement

Having evaluated all engagement undertaken in Devon between 2011 and 2016, through the winter of 2016/17 we checked the themes that arose with parents. In the spring of 2017, we took the themes and experiences that people had given us and we developed principles for a future service. We also described critical factors that it must have to be successful for children, young people, their families and carers.

Then, once again, we worked with the people of Devon to get their views on what we had created from their feedback so far. During the summer and autumn of 2017 we asked them to tell us if we were on the right track in how we described how services should be for the next 7-10 years.

The comments we received have been taken into account in all of the documents we have produced for this re-procurement of services. We have also used social media to ask further questions to help us further develop our thinking.

The outcome of the most recent engagement programme is finalised in this *document*. More than 900 individuals and organisations were contacted for feedback during the summer engagement period. We spoke to more than 200 children, young people, parents/carers, community organisations, clinicians and health and social care professionals using various forms of engagement including social media. In June, the children's page of the CCG website was the most visited in the website's history.

Without understanding, through engagement, what is important to people who use, work in and refer to the services, the specifications would more likely be a repeat of current contracts and not be able to resolve any problems. We feel we have been able to strive for something different that we hope will resolve the systemic problems we currently experience.

The messages we heard and how people prioritised them are being built into the questions we will ask each of the bidders in the procurement process itself. Parents, children and young people are being directly involved in designing questions and evaluating responses to them, therefore directly influencing who is chosen to be the new provider/s of services in Devon.

Throughout this process we worked with an engagement steering group that was chaired by a parent from Devon Parent Carer Voice and involved Torbay Parent Carer Forum and Healthwatches from Plymouth, Devon and Torbay. This group gave essential guidance on how to ask our questions and how to enable as many people as possible to take part. Via commissioners, it referenced back to the SEND Steering Group that had been operating in Plymouth for some time.

Children, young people and parents are now fully involved in the process to select new provider/s of services. Parents are being trained alongside CCG and Local Authority staff to become evaluators of the bids received. Living Options Devon is facilitating groups of children and young people to enable them to design questions that they want asked during the formal selection process.

During the pre-procurement process a common question was how we would be monitoring the new provider. This is a key question that we have been discussing with the steering group and the parents who are involved with the procurement process. Together we are devising a way they can be involved with routine contract monitoring meetings with existing and future providers.

During the pre-procurement phase, one of the most consistent issues raised was how families struggle to get advice or help when they need it, feeling vulnerable when they are hanging on with little information, or need to wait for a new referral back to a service they have previously used.

Commissioners responded to this by putting forward a coordinator role. In their minds, this role would support parents to navigate the system, keep them informed of next steps and put them in touch with other organisations and support groups where needed.

During the engagement process, we tested this concept: would the role be well received? What best could this person do to support families? We received mixed reviews, with some people stating that they would be an extremely helpful addition to the services. Others felt that it would add complexity to their lives.

While reference to this type of role remains in the procurement documentation, we continue to work with stakeholders to define the precise nature of it and check whether it is still needed. As well as direct feedback we received on proposals, discussions with parents and the siblings of children with a range of conditions and/or disabilities were invaluable.

These discussions are currently influencing commissioner thinking with regard to both the selection process of the new provider/s and the design of the system.

The engagement was further supported by a specially commissioned survey of school children. This engagement reached:

- 765 children from school years 6-12 between the ages of 10 and 17, made up of 413 girls and 352 boys
- 258 Year 6 children across six primary schools
- 485 Year 7-12 children across six secondary schools
- 22 children from two special schools.

The schools were in the three areas of NEW Devon CCG's footprint. The response rates for each was:

- Northern Devon: 134
- Eastern Devon: 387
- Western Devon: 244

The findings served to support those of the wider engagement and the key themes and issues were picked up in the finalised service specification and current service improvement work with the existing provider.

End-of-life survey

From October 2016 to April 2017, South Devon and Torbay CCG and Northern, Eastern and Western Devon CCG ran a survey asking for people's experience of end-of-life care. It was open to patients receiving end-of-life care and to carers, relatives and friends of someone who had recently passed away or was receiving end-of-life care.

The purpose of the survey was to seek people's experiences of end-of-life care and see if they felt patients were treated with dignity, compassion and respect. One hundred and fifty-five responses were received, and that information has now been collated in a report: [Dignity in death](#).

The report also makes a range of recommendations for improving end-of-life care, based on the comments received. These include: specific end-of-life training for all frontline staff in Devon; standardised Devon-wide literature to set people's expectations around what happens when someone dies; longer opening hours and wider promotion of bereavement services; and 'bereavement suites' in acute hospitals, to provide a private space for people who have recently lost a loved one.

The report's recommendations have been given to the end-of-life strategic boards in Devon, and developments will be monitored by the CCGs' patient experience teams. An update on the actions is available [here](#).

Commissioning the Joint Carers' Service

In 2017/8 we built on the extensive engagement work we had undertaken in 2016/17 to produce the detailed description of the Carers' Support Service we wished to commission.

To do this, we worked with our carer ambassadors (volunteer carers and former carers) to understand how the views of the wider population of carers could influence the specification.

We adopted the more accessible appreciative enquiry approach in this work and attended the carer ambassador's own meetings, involved some of them in direct design work through our carers working group, and the carer ambassadors themselves kept in touch with carers in their local network. Carers of people who use Devon Partnership NHS Trust services were particularly influential in the changes we made to the shape of the services to be commissioned.

These changes required any future provider to be carer-focused and carer-led and therefore carers were also involved in preparing the bids we received.

The influence of carers on the specification was extensive. They gave us instances of things that were working well that needed to be kept and strengthened – for example, links with GP practices, peer support, good-quality training for carers. We changed a number of things in the new service – for example, much improved online support, which working age and male carers particularly valued; and more extensive specialist support for carers supporting people with Mental Health needs. Better joint working between the carers' service, health and social care teams and hospitals was also prioritised.

Shared-decision making

Health and care services in Devon have this year launched a programme of work to develop and support effective shared decision-making (SDM) between patients and health professionals.

Based on the feedback already gathered from the workforce and population so far, the challenge areas we asked opinion on were:

- How can we further integrate our services, taking the next steps to further embed the care model?
- How can we support our population in adopting healthy lifestyles? How can we best promote the principles 'self-care' and 'prevention', and what do you feel your role in doing that is? How can we best support people (our workforce and population) to easily find the right information, most appropriate services and support tailored to what's important to them?
- How can we effectively reduce demand on our overstretched urgent and emergency care system?

The CCGs are working with 14 patients to look at how shared decision-making can be embedded in the hip and knee pathway. To develop SDM for this pathway a steering group was set up with patient representation and this in turn established three working groups:

- A patient working group to ensure the patient input into the development
- A workforce group with patient representation
- A tools and resources group with patient representation

The patient group is helping to identify what patients will need to support their involvement in shared decisions about their care and choices around treatment.

The views they bring will help to shape the Devon approach to shared decision-making on the hip and knee pathway. In particular, patients from the patient working group have evaluated a telephonic support service used elsewhere in the country and their feedback is being used to assess whether this is a workable approach here in Devon.

Self-care co-design workshops

To help the local health and care system better understand the views of the workforce and population in relation to wellbeing, over the winter we held a range of co-design workshops across Torbay and South Devon.

The workshops were intended for professionals and volunteers who support people in the health and care system in South Devon and Torbay.

Co-design puts the end users of solutions and those who have to implement them – the experts of their experience – at the centre of the design process. It was hoped that the workforce can help co-design solutions to a series of challenges that were identified by the South Devon and Torbay Prevention Board.

Working together with people from across the 'wellbeing system', and with ICE Creates, we started to co-design solutions to these challenges at a series of workshops and developed diagrams of what we wanted these to look like.

Participants included those who work in health and wellbeing teams, primary care, secondary care, voluntary organisations, pharmacy, housing, public health, mental health and organisations supporting young people. The workshops were intended to stimulate discussion on how issues affect each town or area, as well as what it's like across South Devon and Torbay.

During these co-design workshops, we worked together to prioritise the challenges that need to be overcome and co-design the first steps needed to overcome them. We also explored the roles we each play.

Support

Master classes for staff

Feedback suggested that engagement could also be strengthened in other ways. This shows that there was a need to ensure that all staff understood the legal duties associated with engagement, its value and best practice and that they had the skills and tools to engage with people effectively.

In response to this feedback the communications and engagement staff developed and ran master classes for staff on topics identified in that feedback:

- An introduction to engagement
- Facilitation made easy
- Web-editing
- Presenting using PowerPoint
- Social media support for GPs
- Running events.

Sessions were also offered to our volunteers and six took up this offer attending the engagement and facilitation sessions.

Social media support to PPGs and GPs

In addition to facilitating the development of PPG forums, we have been available to practices and PPGs to support their individual development if needed. This has involved attending PPG annual general meetings, supporting plans for local health and wellbeing events and advising and supporting with use of social media. Learning needs in regards to social media has progressed as a theme, so plans have been made to address this in 2018/19. This includes a workshop for practice managers on responding to public comments and one for PPG members to see how the scope of practice or PPG social media could be developed.

Volunteers expenses, job description

Our existing volunteers have fed back to us the importance of support, especially through times of change. They identified some specific areas where they felt support could be improved:

- Clearer, more balanced role descriptions
- Effective induction processes
- Tools to help
- Improved information

- Involving Patient Participation Groups (PPGs)

Working groups were set up to address this feedback. These included our community representatives and staff with relevant skills and expertise. As a result, a role description for community representatives in localities was developed that was better balanced between what the CCG expected of volunteers and what they could expect of us.

The question of an agreed induction needs to take into consideration both the organisational change and the review of engagement structures in progress. A new working group has been set up to look at this and again this is made up of community representatives and staff.

Information-sharing, regular newsletters

Although the CCGs routinely involve people in their commissioning work, the lessons learnt from our Your Future Care, feedback from the public, staff and external assessors identified that our approach to engagement could be made even more effective.

These showed that there was a need to ensure that all staff understood the legal duties associated with engagement, its value and best practice and that they had the skills and tools to engage with people effectively. One of the primary areas for strengthening was in the CCGs' ability to plan for any engagement and, to support this, we are working on an annual engagement plan and run a live calendar of upcoming events.

NHS England assessment process

During this year, NHS England published revised statutory guidance for CCGs and NHS England commissioners on [Patient and Public Participation in Commissioning Health and Care](#) which links to ten key actions for CCGs to adhere to. To assess how CCGs were performing against this guidance, NHS England has developed a new assessment of patient and public participation as part of its statutory annual assessment of CCG performance.

This assessment reviewed the following information:

- Corporate Annual Reports
- CCG websites
- Documents and information published on CCG websites

NHS NEW Devon received an assessment of outstanding for our day-to-day engagement but were given a number of areas for improvement including demonstrating how people have influenced commissioning decisions. Overall, NEW Devon CCG received a rating of amber.