



**Patient and Public Involvement**  
**NHS City and Hackney CCG**  
2015-2016



City and Hackney  
Clinical Commissioning Group



# 1. Setting the context

## The population of City and Hackney

Demographic data shows that the population of City and Hackney continues to grow. This is particularly the case for the working age population and the over 65's, a group expected to grow fastest in the next 25 years. Fertility rates continue to decline, while life expectancy continues to rise. According to 2012 Census, the population of Hackney is 252,119 whilst the neighbouring City of London Corporation has 7,604 full time residents, although hundreds of thousands commute to and from the area daily (City and Hackney JSNA, 2014 update). The population in City and Hackney continues to grow and both international and UK migration are up.

The population of Hackney is characterised by a diverse mix of ethnicities and cultures as well as over 100 spoken languages. 39% of the people in Hackney are born outside UK and two thirds of the population come from non-white ethnic backgrounds. Hackney also has the largest Charedi Orthodox-Jewish community outside New York and Israel, significant Turkish and Kurdish speaking communities, as well as Caribbean, Vietnamese, Chinese, African and Eastern European populations.

City of London Corporation attracts people from outside the UK with US, Australian and Western European residents well represented in the area. In terms of ethnicity, City population is largely white (78.6 %) with Asian population representing 12.7% (City and Hackney JSNA, 2014 update).

The health and wellbeing of the population in City and Hackney, as well as the common health issues and risk factors in the area reflect the diverse population as well as socioeconomic factors, including deprivation, age, gender and ethnicity. The 2010 Index for Multiple Deprivation placed Hackney as the second most deprived borough in the country after Liverpool (City and Hackney JSNA 2012, updated in 2014). It is worth noting though, that significant differences exist between different areas within Hackney and prosperity and deprivation live closely together and impact of gentrification in Hackney is clearly visible in parts of the borough.

Full City and Hackney Health and Wellbeing Profile which is now updated on rolling basis, is available [here](#).

## Our vision for engagement

We are responsible for making arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements. We do this by involving local patients and members of public in our decision making processes from planning and procurement through to evaluating the effectiveness of services and by ensuring that the providers we work with also measure and act on patient feedback.

The two-fold Patient and Public Involvement (PPI) duty states, that as well as ensuring collective involvement throughout the commissioning cycle, all Clinical Commissioning Groups (CCGs) must take steps to ensure that the services they commission enable patients to look after themselves, make choices about the care and treatment they receive, self-manage their conditions and take personal responsibility for their health and wellbeing where possible. During 2015/16 work has been taking place to ensure that patient information is accessible and easy to understand, that information and support around Personal Health Budgets is available to those who are eligible for them and that self-management and patient activation feature across all our Programme Boards.



It is our aim to reflect the diverse populations and their needs in the way that services are commissioned. Over the recent years we have focused on ensuring that the appropriate involvement structures are in place, enabling us to inform, involve and consult with people. We are committed to working for, and with, the local public and patients, and are proud of the relationships and trust we have built in the community.

We believe that working in partnership with members of public as well as the local government, voluntary organisations and the wider community is the way to achieve best outcomes for residents. Both City and Hackney have vibrant community and voluntary sectors and their role in our involvement structures cannot be emphasised enough.

We recognise that having involvement structures in place alone is not enough. We want to make involvement opportunities relevant, meaningful and accessible. In particular, we want to continue to make sure that the voices of vulnerable and hard to reach and seldom heard groups are represented, noted and responded to.

Our Engagement Strategy is being reviewed and updated during autumn 2016 to ensure that it reflects the above.

### **Patient and Public Involvement structures and resources**

#### **Patient and Public Involvement team**

The Patient and Public Involvement (PPI) team consists of a Lay PPI Chair, 2x PPI Clinical Leads, PPI Programme Board Director and Engagement Manager. The team works closely with internal and external communications departments as well as the CCG's membership engagement colleagues.

The PPI Lay Chair tenure is for two years at a time and the sessional commitment for the role is five meetings per month, representing one for the CCG Governing Body and one for the Clinical Executive, as well as the Prioritisation and Investment Committee, Audit Committee and PPI Committee. In addition to the non-

pay budget allocated for PPI, we also have a contract with London Borough of Hackney for PPI related communications.

Our PPI Team works across all of the Programme Boards, each responsible for commissioning for specific service area. This includes providing strategic and clinical input, ensuring that involvement is embedded in all CCG processes and that CCG's involvement structures have regular input into decision making. Our remit also covers supporting patient and service user representatives and overseeing a number of targeted involvement projects.

In 2016/17, one of the areas we are focussing on is making patient information accessible and available at relevant throughout the care pathways. Recruitment is on-going for a Clinical Pathway Co-ordinator and Patient Information Co-ordinator, who will work closely with the PPI team in making sure that information within pathways is easy to understand and has links to local support services. The non-pay budget allocated for PPI in 2015/16 is £181,000.

#### **Programme Board representatives**

NHS City and Hackney CCG consists of Programme Boards, each responsible for commissioning a specific service area:

- Long Term Conditions
- Primary Care Quality
- Planned Care
- Maternity
- Children
- Mental Health
- Medicines Management and Prescribing
- Urgent Care
- Integrated Care

Each Programme Board works with patients and service user representatives who are recruited from the local communities and who play an important role in helping to ensure that services are:

- Communicating with patients in an accessible and effective way
- Involving service users in service delivery and decision making
- Providing sufficient information to allow informed decision making at all times
- Providing good quality care

Patient and service user representatives attend Programme Board meetings, raise issues important to local residents about healthcare services, maintain links with other user groups, current and recent users to ensure their views are heard on the Programme Board. It is their role to comment on issues from a broader user perspective providing an impartial and independent view and engage with wider CCG activities such as events and public meetings to capture issues relevant to and affecting the Programme Board.

### Patient and Public Involvement Committee

All Programme Board representatives come together as the CCG's PPI Committee which has a Lay Chair and representation also from GP practice based patient participation groups, community and voluntary sector groups, local Healthwatch branches and statutory partners. PPI Committee is a formal sub-committee of the CCG's Governing Body and it plays an important role in ensuring that all CCG decisions are informed by patient voice.

### NHS Community Voice

NHS Community Voice is a patient led involvement forum, funded by the CCG and facilitated and co-ordinated by Healthwatch Hackney. The service delivers monthly open meetings on a number of health issues identified by local patients and residents and the feedback from these meetings is shared with relevant bodies who are asked to respond accordingly. NHS Community Voice also acts as a link between the CCG and the GP practice based patient participation groups, gathering feedback, passing on information and signposting people to them.

### Patient and Public Involvement into Hackney Devolution Pilot

PPI groups are involved in and informed about the progress of the [Hackney Devolution Pilot](#). There is a commitment to ensure that alongside our clinicians and practitioners, our citizens are at the centre of service redesign and decision making. A Devolution Engagement and Communications work stream has been set up to take forward this work and each of the devolution workstreams now have a patient/service user representative within them.

### Useful links:

Information about NHS Community Voice and the NHS Community Voice 2015 Report can be viewed [here](#)

Information about Patient and Public Involvement at City and Hackney CCG is available [here](#)



# City and Hackney CCG Patient and Public Involvement structures



## 2. Developing the infrastructure for engagement and participation

### Six Principles for involvement

Delivering the Forward View: NHS planning guidance 2016/17- 2020/21 identifies prevention, patient activation, choice, control and community engagement as key enablers for addressing the national challenges around 1) closing the health and wellbeing gap, 2) closing the quality gap and 3) achieving financial balance. Achieving these aims requires working in partnership with patients and the wider community in a range of different ways which are reflected in 'The Six Principles of Engagement and involvement' designed to support CCGs with their plans for the next five years. Our PPI activities are aligned to these principles and the examples included in this report reflect how these principles have been embedded in our work.

- Care and support is person centred: personalised and empowering
- Services which are created in partnership with citizens and communities
- Focus is on equality and narrowing health inequalities
- Carers are identified, supported and involved
- Voluntary, community, social enterprise and housing sectors as key partners
- Volunteering and social action are recognised as key enablers

### Processes for involvement

We want people to feel that they are being listened to and that their views are making a valuable contribution in setting health priorities for City and Hackney. To achieve this we have tried to make a wide range of options available for people who would like to have their say and help shape local health services. People can:

#### Take part in local and national consultations

We ensure that information on local and national consultations is circulated to our PPI representatives and where relevant to the CCG, and discussed at the PPI Committee.

### Become Programme Board representatives

Local patients and residents with an interest in particular services or with lived experience of specific conditions can apply to become PPI representatives for one of our Programme Boards.

### Attend meetings such as those organised by their GP practice patient participation group, NHS Community Voice and the CCG's PPI Committee

We facilitate a number of regular meetings, through which people can have their say on NHS services.

### Attend events

We host regular public events aimed at discussing local services, commissioning intentions, future plans, service changes and more. In 2015/16 these included monthly patient led NHS Community Voice events to discuss health, wellbeing and health services, City and Hackney CCG Annual General Meeting (July 2015), Self-Care event (November 2015) and our Commissioning Intentions Events which were delivered in partnership with London Borough of Hackney (January 2015) and City of London Corporation (February 2016).

### Provide feedback about services and where applicable make a complaint

We recognise that making a complaint is one way that helps organisations to learn lessons from their mistakes and prevent them from happening to anyone else. We welcome all feedback and can signpost and provide guidance to people wishing to make a complaint.

### Apply for grant funding

City and Hackney CCG Innovation Fund has been running since 2014, providing an opportunity for local grassroots groups and organisations as well as individuals able to demonstrate sufficient skills and knowledge, with an opportunity to access grant funding to deliver and test out new and different ways of meeting local health needs.

## **Visit our website and subscribe to the PPI newsletter'**

To keep up to date with involvement opportunities and access information and useful resources, we encourage people to visit the 'Get Involved' section of the CCG's website and subscribe to 'Checking the Pulse' a quarterly PPI Newsletter which goes out to all local GP practices and our involvement networks.

### **Views of patients and public are also represented by**

- **Lay PPI Chair** who represents the patient voice at the CCG Governing Body, Clinical Executive Committee and Audit Committee, as well as the Investment and Prioritisation Committee
- **GP clinical leads** who provide clinical overview and represent the patient voice at the Clinical Executive Committee
- **Healthwatch Hackney and Healthwatch City of London** who are in attendance at the Governing Body's meetings, Contracts Committee meetings and Prioritisation and Investment Committee

### **Partnership working**

#### **Providers and statutory partners**

We work in partnership with our providers, including **Homerton University Hospital (HUH), East London Foundation Trust (ELFT), GP Confederation, City and Hackney Urgent Healthcare Social Enterprise (CHUHSE)**, multidisciplinary teams and others. We regularly invite the patient experience teams from these providers to attend PPI meetings and to provide updates on their work.

2015/16 and the increasing focus on integrated services and the new [Hackney Devolution Pilot](#) means that we have continued to work closely and in partnership with local statutory bodies including London Borough of Hackney and City of London Corporation and their Public Health teams, as well as with Healthwatch Hackney and Healthwatch City of London. Through the North East London wide Sustainable Transformation Plan we are now also collaborate with the surrounding

CCGs in Tower Hamlets, Waltham Forest, Newham, Redbridge, Havering and Barking.

### **Community and voluntary sector groups**

The various community and voluntary sector organisations in City and Hackney are important partners to us. Working together with a number of local grass roots groups enables us to reach out and engage with groups considered vulnerable and hard to reach, including Black, Minority Ethnic and Refugee (BAMER) groups, those with long term conditions or mental health problems and older people, as well as children and young people, people with disabilities, those caring for others and many more.

Community and voluntary sector are also key partners in various CCG work streams and alliance service models, including work around Patient and Public Involvement, Early Years Strategy, Mental Health Alliance, Better Care Fund/Integrated Care and Hackney Devolution Pilot. Our Maternity Programme Board are looking into the possibility of a 'Maternity Alliance' or similar, that would bring together community and voluntary sector services working with mothers. The Prescribing and Medicines Management Programme Board are working closely with the community and voluntary sector to ensure that community pharmacists have information and can signpost to local services.

We have facilitated funding opportunities such as the City and Hackney Innovation Fund through which a number of grant agreements have been established with local community and voluntary sector groups. These funds have also acted as an opportunity for 'developing the market' and making funding opportunities more equal for community and voluntary sector. You can read more about the latest round of the fund under section 4.

In 2015/16 the PPI Team has worked together with the following community and voluntary sector groups: City and Hackney Older People's Reference Group, Hackney Refugee Forum, Health and Social Care Forum, Hackney Carers, POhWER (advocacy service for people with learning disabilities), Hackney Community Empowerment Networks and more.



Programme Board Representatives	PPI Committee	NHS Community Voice	Older People's Reference Group	Health and Social Care Forum & Hackney Refugee Forum
<p><b>"We represent patient voice"</b></p> <ul style="list-style-type: none"> <li>- Maternity Services Liaison Committee</li> <li>- Children's Disability Forum</li> <li>- Integrated Care Patient and Service User Group</li> <li>- Long Term Conditions representatives</li> <li>- Urgent Care representatives</li> <li>- Ad hoc involvement into Planned Care, Mental Health, Prescribing and Primary Care Quality</li> </ul>	<p><b>"This is where debates happen"</b></p> <p>Supported by the PPI Team, the Committee meets once a month to discuss topics relevant to the CCG and the services it commissions, as well as local and wider NHS issues, consultations and other engagement.</p> <p>Involved throughout the commissioning cycle including evaluation, service design /re-design, consultations, commissioning plans and procurement.</p>	<p><b>"Meetings on issues that matter to you"</b></p> <p>NHS Community Voice is a patient led project. Open monthly meetings take place at venues across City and Hackney and bring together patients from all GP practices in City and Hackney to discuss the things that matter to them about health. Each meeting is focused on a topic chosen by patients, and the feedback from discussions will help improve local health services.</p>	<p><b>"Collective Voice for Older People"</b></p> <p>The City &amp; Hackney Older People's Reference Group (OPRG) has for 16 years been giving older people the chance to speak up for themselves on issues that affect them and on the design and delivery of services. Hosted by Age UK East London, the Group holds regular big open meetings on services for older people present and future, a high profile annual event, periodic focus groups on particular areas of concern and is represented on numerous external bodies.</p>	<p><b>"We represent the health community and voluntary sector health and care providers"</b></p> <p>"We bring together the voice of local refugee and migrant groups."</p> <p>Hackney Refugee Forum is an umbrella organization that brings refugee and migrant's organisations (RMO) together to work, campaign and raise awareness about health, social care, and employment, education and welfare issues.</p>

### 3. Involving local communities in commissioning: meeting the collective duty



Since April 2012, we have worked on embedding patient and public involvement into our commissioning processes. This happens through one or more of the CCG’s Patient and Public Involvement structures, including PPI Committee, Programme Board Representatives and NHS Community Voice. Included below are a number of examples demonstrating how we’ve worked with patients, service users and the wider community during April 2015-March 2016.

#### Targeted community involvement projects

Targeted community involvement projects are an important part of our engagement strategy. We place great value on working closely with community and voluntary sector groups, thus building on existing assets, knowledge and relationships. This enables us to hear from a wider range of people, including those often considered hard to reach, and ensure that their voice informs our decisions.

We are pleased to be funding the following projects and have asked them to describe in their own words, the work they do and their thoughts on how it supports a stronger, collective involvement.

#### NHS Community Voice (January 2015 – on-going)



#### Objective

To make involvement opportunities available to everyone in the community with particular focus on vulnerable and seldom heard communities.

To deliver a patient led involvement forum. To raise awareness of and signpost people to GP practice based participation groups.

#### Activity

Monthly forum meetings take place across City and Hackney on topics identified by patients. Meetings are open to everyone and no booking is required.

#### Who was involved

This services is funded by City and Hackney CCG and delivered by Healthwatch Hackney in partnership with Age UK East London. Patient led steering group supports meeting planning.

### How were participants recruited and what were their roles and responsibilities

Healthwatch Hackney and Age UK East London were given a grant agreement following a procurement process in 2014. Patient representatives took part in reviewing and scoring applications.

NHS Community Voice patient led steering group representatives come from the six consortia that City and Hackney GPs are divided into. They are members of their local patient participation groups.

### Outputs, Impact & Outcome

Monthly meetings where issues important to patients and members of public take place across City and Hackney. Health professionals, speakers from provider organisations and commissioning bodies are invited to attend. Recommendations from meetings are noted and shared with relevant organisations who are asked to respond accordingly.

In 2015/16 11 meetings were delivered on 11 different topics

410 people attended

54% of attendees were from BME groups

27% have English as a second language

37% reported having a disability

82% of people who attended reported feeling better informed about health services and how to influence them

82% felt better informed about patient and public involvement

62% said they felt better informed about self-management.

### Co-ordinating a community based involvement forum

(by Sulekha Hassan, Co-ordinator for NHS Community Voice, Hackney Healthwatch)

NHS Community Voice is a patient led forum commissioned by City and Hackney Clinical Commissioning Group (CCG). Healthwatch Hackney delivers the project in partnership with Age UK East London.

The forum aims to help the CCG engage more widely with the diverse communities in City and Hackney to help inform the planning and commissioning of health service

The first step two years ago was to establish a steering group of local patient representatives drawn from local Patient Participation Groups across City and Hackney.

Our patient representatives volunteer their time, knowledge and skills, to ensure NHS Community Voice gives local people a real opportunity to influence local health services.

### Steering group member Shirley Murgraff told us:

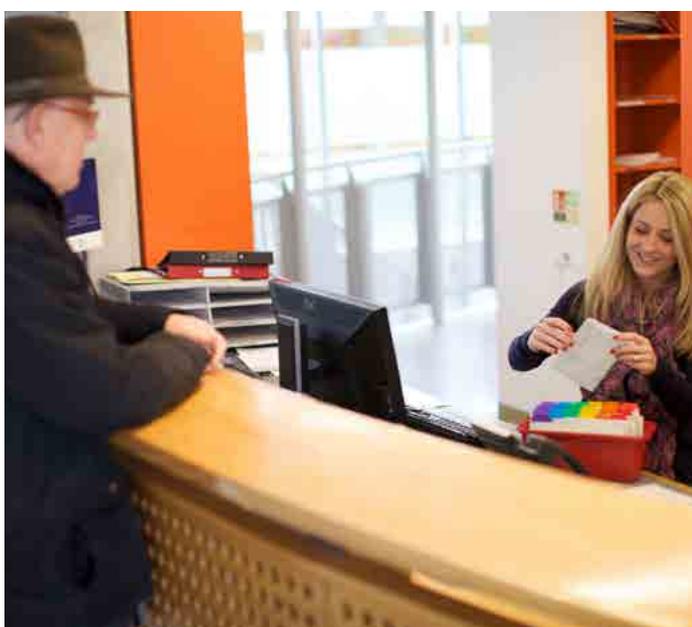
*"Since even before Community Health Council days (the 1970s) I've been convinced of the importance of the voice of patients and public being not only heard on the provision and quality of health and social services, but also involved in decision-making about them. I thought NHS Community Voice was a great idea, and Healthwatch Hackney has implemented it splendidly to increase significantly those possibilities: they have increased both public awareness of the issues and the number of people willing and able to express their views on them."*

In 2015-16 we delivered **11 NHS Community Voice meetings** on a range of health issues including the menopause, sickle cell and thalassemia, end of life care and Education, Health and Care plans for disabled children. Our meetings attracted a total of 410 people across City and Hackney.

- 82% of people who attended reported feeling better informed about health services and how to influence them
- 82% felt better informed about patient and public involvement

- 62% said they felt better informed about self-management

Each meeting generates feedback including recommendations from patients and service users. We send the feedback to the relevant CCG programme boards, service providers and other partner agencies for a response.



Feedback from attendees tells us that patient engagement and involvement in City and Hackney is important and valued, as one resident told us at an extremely well attended NHS Community Voice meeting on the menopause:

“It was really helpful to hear the menopause being considered seriously and the number of people attending showed the huge interest in improving services within the area.”

We are very grateful to local commissioners and service providers who have actively engaged in our public meetings and events, providing speakers and listening to patients’ voices. Patients and service users greatly appreciate this involvement. NHS Community Voice is also committed to ensuring City and Hackney residents unlikely to attend monthly forum meetings can also

have a voice. With this in mind our future meetings include targeted sessions with homeless people, refugee and migrant communities and disabled people in the borough.

### **Health and Social Care Forum and Hackney Refugee Forum (April 2015 – on-going)**

#### **Objective**

To act as an involvement link between the CCG and the community and voluntary sector groups delivering health and wellbeing services.

To bring together refugee and migrant’s organisations to work and campaign and raise awareness about health, social care, employment, education and welfare issues.

#### **Activity**

Health and Social Care Forum and Hackney Refugee Forum representation at the monthly PPI committee meetings and on-going input into involvement work.

Attending CCG events such as the annual Commissioning Intentions Event, Annual General Meeting and other such meetings, and encouraging participation from own networks.

Organising and facilitating x4 focus groups annually to engage with and seek the views of the migrant and refugee communities in City and Hackney and share feedback and comments with the CCG.

Raising awareness of NHS Community Voice and encouraging participation in the NHS Community Voice meetings across migrant and refugee communities in City and Hackney.

Raising awareness of the practice based Patient Participation Groups and building links between them and the community and voluntary sector health and social care providers.

Promoting and encouraging partnership working between the CCG and community & voluntary sector organisations.

## Who was involved

Health and Social Care Forum

Hackney Refugee Forum

CCG's Patient and Public Involvement team

CCG's Planned Care Programme Board

CCG's Mental Health Programme Board

Community and Voluntary Sector organisations (CVS) working with migrant and refugee communities and delivering health and care services.

## How were participants recruited and what were their roles and responsibilities

Health and Social Care Forum and Hackney Refugee Forum work with a number of local grass roots organisations.

## Outputs, Impact & Outcome

Representation at monthly PPI meetings, feeding back to members and contributing to discussions to ensure the needs of VCS and Refugees and Migrants are taken account.

Attending and actively promoting CCG events and NHS Community Voices Events through our weekly e newsletter that goes to 450 individuals (the majority of whom who work with local Voluntary & Community Sector organisations) – and contains local events, policy, funding and jobs.

Input into the Devolution Pilot planning

Input into the Bi-lingual advocacy service review

## Representing the refugee and migrant population in Hackney

(by Ali Aksoy, Director of Hackney Refugee Forum)

*I am the director of Hackney Refugee Forum (HRF), which is an umbrella organization that brings refugee and migrant's organisations (RMO) together to work and campaign, raising awareness about our health, social care, and employment, education and welfare issues. We also work together with the local council*

*and other service providers by organizing steering groups according to topics and activities.*

*I also work for Healthwatch Hackney as their Volunteers, Outreach and Signposting Manager. My tasks include organising sessions to collect comments and feedback from people, on health and social care services in Hackney.*

*I also represent refugee and migrant organisations (42 of them from various communities) and help them access resources that enable them to better serve their disadvantaged users and members.*

*For almost for 2 years now, we have been better involved with the CCG by attending their specific meetings, including the monthly Patient and Public Involvement Committee. This gives us an opportunity to voice our communities' health and social care issues which include things like access to information and services, mental health problems, advocacy and interpreting needs.*

*Firstly we have secured a very useful grant from CCG for six of our refugee organisations to help them signpost better, and provide basic advocacy services for their users who need to access health and social care services in Hackney. Hundreds of more people from refugee and migrant communities have been accessing the services which they weren't aware of before.*

*We have also found opportunities to raise awareness of our communities' mental health and advocacy support needs, especially by regularly attending PPI meetings. We also have organised speak up meetings on mental health together with Healthwatch and refugee groups on mental health needs. Now we will come together with reps from CCG in a planning meeting to discuss on ways of research and investigate on how can we better hear those vulnerable people' voices and suggestions to solve above crucial problems together.*

*We also have received a small grant from CCG supporting HRF to better help organisations and leading individuals from RMO to improve their knowledge, capacity and skills by organizing trainings (First Aid, Volunteer Management, mental health at*

*work etc.) and visits to certain health services (Homerton Hospital, H Recovery Service...)*

*I am happy to say that our recent involvement and getting support from the CCG helped us to better reach and serve our refugee and migrant groups improve their knowledge and helped change their mind and encouraged them reaching health and social care services much better than before.*

### **Working with the Huddleston Centre to develop involvement mechanisms for children and young people (April 2015 on-going)**

We have commissioned the Huddleston Centre to facilitate engagement and consultation with both young people with disabilities, and their parents and carers. The Huddleston have been effective at establishing their parents/ carer steering group, open coffee mornings, themed condition / pathway meetings, and promoting the forum to existing community and engagement groups in Hackney and the City.

The purpose of this group is to be a space where parents of newly diagnosed children can come and meet other parents. Emphasis was placed upon peer support and the importance of combatting the huge isolation felt by parents immediately after diagnosis. We also wanted the group to act as an involvement forum increasing the number of children, young people and their carers who are involved in service development and delivery.

#### **Objective**

Give families a stronger voice in improving services

Empower young people and their families in communicating with healthcare professionals.

Support commissioners in developing services based on the needs of individual patients and groups of patients.

Provide a qualitative perspective in the monitoring and evaluation of services.

Ensure that the views of children, young people and

their families in City and Hackney are placed at the heart of healthcare services and practice.

Support the development of a work plan that will contribute to improving service quality and increasing patient involvement.

#### **Activity**

Regular coffee mornings with focus on a relevant health topic are taking place monthly. Professionals attend these meetings to give advice and share expertise.

The group has provided feedback on a number of issues including needs around access to information, support for families with children with ADHD, autism or epilepsy as well as support for siblings.

#### **Who was involved**

City and Hackney CCG Children's Programme Board

The Huddleston Centre

Local children and young people with disabilities, their families and carers

#### **How were participants recruited and what were their roles and responsibilities**

A procurement process took place to identify the service provider for the forum.

Huddleston Centre is a short breaks provider for children and young people in City and Hackney and they have been able to identify participants through their existing networks and contacts.

Events and meetings have been advertised online as well as via local papers.

#### **Outputs, Impact & Outcome**

Feedback gathered from the group has resulted in Children's Programme Board seeking

- ADHD specific information sought from the CAMHS Pharmacist at The East London Foundation Trust (ELFT) and shared with the forum members, in addition to alternative information sources

- The Young Person's Carer pathway and support information, developed by the GP Confederation as part of the 2015/16 Vulnerable Children's Contract has been shared with the CDF
- Agreeing a regular schedule of CCG updates to the forum detailing how recommendations and feedback will be addressed

Children's Programme Board will also evidence the forum's influence via:

- The agreement of new Community Paediatrics and Hackney Ark specifications, following joint service reviews with the Homerton
- Formalisation and publication of clinical pathways for the Hackney and City Local Offer websites
- Contribution to the CAMHS Alliance 2016/17 priority work streams including parenting support

Additionally, we also hope to be able to reducing A&E admissions through better understanding of a condition: more understanding of how to deal with daily situations as they arise and to recognise an emergency and when it is necessary to seek medical intervention.

We hope that parents will be sharing information around safeguarding children in the public arena/mainstream schools/youth clubs.

*'I think that every borough should have an autism GP surgery with static GPs and Nurses and an ASD dentist' (Forum member)*

*'Overall I think preventative treatment is important and the key to accessing health related stuff, so education, training, ASD friendly environments. websites that ASD people can go to so they can look at where they will need to visit before they get there - so like a virtual tour, with pictures of staff, all this can help to reduce anxieties. ASD friendly video of procedures (not too graphic though like on you tube)' (Forum member)*

### **Hackney Village 2016 Event**

*(by Anjie Mailey, Coordinator, Children's Disability Forum, The Huddleston Centre)*

The Hackney Village project has been partly funded by City and Hackney CCG. The aim of this project is to give voice and visibility to disabled young people within City and Hackney. Allowing a safe space where young people can discuss their disability and any other health related topics they would like to talk about.

*Back in March 2016, I was given the contact details for staff at The Hackney Empire. Excited by this I went ahead and arranged a meeting. The possibilities in my head were endless and I knew immediately I wanted to do a BIG event for children living with disabilities in City and Hackney. Encouraged by staff at The Empire, and with the full backing of the creative staff, we set up Hackney Village 2016, a week of activities including arts and crafts, dance, music, drama, poetry and much more. Health and wellbeing were weaved into all activities.*





## City and Hackney Older People's Reference Group (2014 – on-going)

### Objective

To promote the consultation and engagement of older people in City & Hackney in the design and delivery of services intended for them.

To foster independence, health and wellbeing amongst older people.

### Activity

- To facilitate Advisory Group meetings
- Facilitate 4 open meetings for all Reference Group members
- Monitor the implementation of the Dignity Code
- To organise, manage and publicise the Annual Event for Older People
- Administer and develop individual 'Reader Group' members and provide 'Reader Group' support to health and social care colleagues when requested
- Maintain on-going database of members
- Develop and promote OPRG inter-active website
- To arrange service specific focus groups and support survey administration if requested by particular services to assist feedback from their users
- To facilitate the involvement of OPRG members and other older people in the statutory partner agency tendering processes

- To facilitate the involvement of OPRG members and other older people in the consultation programmes of the statutory partner agencies

### Who was involved

City and Hackney CCG PPI Team

City and Hackney Older People's Reference Group

Age UK East London

Residents of City and Hackney

### How were participants recruited and what were their roles and responsibilities

Participants were recruited through the existing membership of OPRG and Age UK East London who co-ordinate this service.

### Outputs, Impact & Outcome

Attendance at CCG PPI Committee

Regular monitoring meetings where feedback and current issues are discussed. Regular events including

Home Sweet Home (April 2015)

Questions about Dementia (July 2015)

Annual OPRG event (October 2015)

Five to Thrive (January 2016)

Housing (March 2016)

As a result of these activities, the voices of older people are now regularly represented across the CCG's involvement groups and OPRG has become a group that our Programme Boards regularly speak to for advice, comments and to help them reach out to the communities.

**Giving older people a collective voice (by David Holland, Co-ordinator of City and Hackney Older People's Reference Group)**



*It is not just because services are better designed if their users have a say in their design that older people need to have a collective voice. If ageist ideas and attitudes that treat older people as less than fully human are not constantly challenged, then older people's dignity and proper treatment can suffer.*

*The City & Hackney Older People's Reference Group (OPRG) has for 16 years been giving older people the chance to speak up for themselves on issues that affect them and on the design and delivery of services. Hosted by Age UK East London, the Group holds regular big open meetings on services for older people present and future, a high profile annual event, periodic focus groups on particular areas of concern and is represented on numerous external bodies. The Group is led by an Advisory Committee made up entirely of local older people.*

*In the year 2015-16, in April we held a meeting, 'Home Sweet Home,' on community based services, including the Chair of the local Pharmacy Committee and senior figures from community mental health services. Before the 2015 General Election we held an intergenerational meeting in which older people met a group of younger people to compare notes on their views and experiences of elections. In July we had a meeting on 'Questions About Dementia' with representatives from the Alzheimer's Society, the Homerton Hospital and the*

*East London Foundation Trust. Our October Annual Event was held in Clapton School for Girls and was introduced by the Chair of the Safeguarding Board and the Chair of the Clinical Commissioning Group's Patient and Public Involvement Committee, with workshops on including deaf people, convalescing at home, patient voice forums and integrated care. In January we called members together to discuss 'Five to Thrive,' measures to improve mental health and wellbeing. In March our topic was 'Housing Options for Older People,' introduced by the then cabinet member for housing, Cllr Philip Glanville, now Mayor of Hackney, together with other housing providers.*

*Amongst the external bodies on which OPRG representatives serve are the Connect Hackney Steering Committee, Hackney Council's Adult Social Care Framework Group; the Safeguarding Board; the Patient & User Engagement Group for One Hackney, the Homerton Hospital Patient Engagement Group, the Integrated Independence Team Board and the National Pensioners' Convention.*

**Partnership working with local community and voluntary sector groups**

**Interlink**

**Serving the needs of the Orthodox Jewish population in London and beyond (by Sarah Weiss, representative of Interlink and Chair of City and Hackney CCG's Maternity Services Liaison Committee)**

*Interlink has been around for well over 20 years serving the growing needs of the orthodox Jewish (Charedi) population in London and beyond. We have helped develop the capacity of voluntary groups, filtered and disseminated information to organisations and individuals, bridged the gap between mainstream providers and the local community through strategy groups, cultural training and other fora, as well as responding to the multiple calls for community insight, research and information both ways.*

*Part of this work involves regular attendance at groups such as the City & Hackney Clinical Commissioning*

*Group Patient and Public Involvement meetings. Here we share community intelligence regarding access and uptake of local health and social care services, challenges and trends with commissioners and also have opportunities for feeding into consultations and influencing commissioning intentions to make services more widely accessible.*

*Interlink has facilitated a Maternity Services Group meeting since 2006 bringing together Charedi voluntary groups operating in Maternity, statutory commissioners and providers which has a formal reporting structure into the sector. This group meets regularly to discuss issues and trends as well as raising any concerns. Models of good practice have been shared and joint learning and solutions have been taken forward. Using this role, I became interested in the work of the Maternity Services Liaison Committee and joined the parent representatives group in the 2012 recruitment drive, subsequently becoming its joint chair.*

*I attend the PPI meetings as the health lead for Interlink and the C&H CCG's joint lay rep for maternity and experience first-hand the genuine desire for the CCG to involve and listen to the voice of patients and the local community. They have invested resources to ensure that there is meaningful interface with individual programme boards and representatives who come from all walks of life and bring with them a wealth of experience in paid and voluntary work and patient interaction. This representation is crucial in keeping providers and commissioners in touch with local intelligence and hard to reach groups.*

*Some of the feedback is difficult yet this has not deterred the CCG who will unpick and seek to find solutions. It can however also be difficult for communities and patient groups who identify challenges but cannot be helped because the CCG will require hard evidence. This will drive organisations and groups to formalise and collect data and do other work before they can access any level of support.*

*I was very closely involved in a project which was funded through the Non-Recurrent Funding Programme. It was a grant awarded to Homerton*

*University Hospital's Health Visiting team to fund volunteers to engage with Charedi mothers and improve the uptake of the Healthy Child Programme, identified as having a lower uptake than in the rest of Hackney.*

*Interlink was involved very early on, utilising community links and intelligence, to develop a delivery plan and model that would work and achieve the desired outcome. The Mothers Health Support Project was a successful partnership between eight organisations. The project was funded by the C & H CCG and also in part by Public Health (London Borough Hackney), led by Homerton University Hospital Community Services through the Health Visiting Team, supported and incubated by Interlink, coordinated by JuMP (Jewish Maternity Programme), assisted by HJMT (Hansy Josovic Maternity Trust) and Beis Brucha (Mother and Baby Home) and hosted by Tyssen Childrens Centre.*

*Mothers health supporters were trained, went out into the community and beyond, talking to mothers at GP clinics, drop-ins in Childrens Centres, contacted them on the telephone and logged all efforts in a bid to improve the engagement and uptake of Child Developmental Health Reviews and sharing public health messages. Whilst the pilot scheme operated only from October '15 to March '16, the impact was very significant. There was a marked increase in developmental health reviews and immunisations and there were almost 1,600 contacts. The education and reach elements of the pilot went way beyond expectations and this plus an extensive list of issues and recommendations have been captured in a report which has been shared with all stakeholders and will be used to inform future provision. Due to the timing of the project, it was unable to be considered for the next round of Non-Recurrent Funding projects, which was disappointing, although there was talk of re-commissioning possibly from other sources. There does sometimes seem to be a local intelligence and cultural gap on working groups considering programme directions, applications, etc .and given the time and budgetary constraints, this may not always be helpful.*

*Maternity input has been challenging at times, but has also seen the patient voice being listened to, service adaptations made and through a series of meetings including young mothers and others; the service user's voice goes all the way up to Maternity Programme Board. It is also a place where a lot of information, audits and reports are shared and there is opportunity to share relevant information which is in the public domain for patients to be better informed and to get the true picture instead of sensationalising media items. Championing patient issues across communities and raising concerns where these are valid, leads to exploring solutions at strategic level and helps to improve the patient experience for all of City and Hackney residents. Whilst this role has its challenges, being at the heart of these discussions, there is opportunity to effect change and improve user experience and satisfaction.*

### **Skilled and confident patient representatives**

In order to support patient and public involvement representatives in their roles, the CCG ran a series of training and information sessions in March, April and May 2015. The topics covered in the sessions included:

- Public Health in City and Hackney
- What is commissioning and understanding the commissioning cycle
- Introduction to City and Hackney CCG's Programme Boards
- NHS Policy and Five Year Forward View
- Effective communication and influencing skills
- Giving and receiving feedback
- Patient leadership: different roles and shared decision making

The training was delivered by CCG programme board directors and managers as well as external facilitators from Public Health teams and King's Fund.

All the presentations and training materials are available on the [CCG's website](#).

### **Patient and Public Involvement in procurement Patient and Public Involvement into ophthalmology (minor eye conditions) procurement (November 2015 – January 2016)**

The below sets out the detail for how patient and public involvement was ensured into the Ophthalmology (Minor Eye Conditions) procurement process, which began in the autumn of 2015. Local Healthwatch branches in Hackney and in City were asked to take the lead on running community engagement meetings and a patient representative with lived experience of using eye health services was involved in the procurement process throughout.

#### **Objective**

To conduct patient, service user and public engagement to gain feedback about current Ophthalmology services and pathways of care

To gather views about the care that could be delivered in the community, rather than in a hospital setting. Focusing on location as well as the types of eye conditions.

#### **Activity**

Healthwatch Hackney set up a small task and finish working group of key Hackney stakeholders to plan engagement with service users. This engagement included joint events with other groups, surveying users at services and general comment collecting.

Healthwatch City of London encouraged City residents and service users to attend the events organised through Healthwatch Hackney and associated groups. Questionnaires were sent to relevant individuals and telephone conversations will take place with identified service users.

#### **Who was involved**

Hackney Vision Group

Blindaid

Selected BAMER groups

Healthwatch City of London contacted the residents, workers, students and the homeless that are in their database and the local estates including

Barbican Estate – City of London

Golden Lane Estate – City of London North Area

Middlesex Street Estate – close to the Portsoken area of the City

Tudor Rose Estate – City of London, sheltered housing



### **How were participants recruited and what were their roles and responsibilities**

Participants were recruited via Healthwatch contacts and databases

### **Outputs, Impact & Outcome**

The report produced from the consultation activity informed the procurement process.

### **Patient and Public Involvement in contract and service monitoring**

Patient and public involvement in contract and service monitoring takes place through:

- Clinical Quality Review meetings with providers as well as regular reports from providers to Programme Boards, including their patient and service user representatives
- Regular updates from Programme Boards to PPI Committee and input from programme board representative groups such as the Children's

Disability Forum, Maternity Services Liaison Group and Patient and Service User Group for Integrated Care

### **Walk the Patch – feedback on maternity services (2015 – on-going)**

#### **Objective**

Gather real time feedback from women (and partners) who have very recently had a baby at Homerton

#### **Activity**

Patients and patient representatives go to the Homerton hospital postnatal wards and community postnatal clinics (and other settings such as the neonatal wards and mother and baby unit) with a questionnaire to gather feedback from women on their experience of the maternity service. The results are compiled into a report and shared with the Maternity Services Liaison Committee (MSLC) and Maternity Programme Board with actions identified to improve patient experience.

#### **Who was involved**

Patients and patient reps from the MSLC and Social Action for Health ask women and partners questions. 122 parents were interviewed from January 2015 to April 2016.

### **How were participants recruited and what were their roles and responsibilities**

Interviewees put themselves forward for the role (coordinated by the MSLC and SAFH) and parents interviewed were those who were present on the postnatal ward or at clinics and were happy to be interviewed.

### **Outputs, Impact & Outcome**

Triage delays, long waits for admission and a space to labour consistently come up as an issue in all our patient feedback including Walk the Patch surveys. The Homerton have undertaken a quality improvement review and several audit to understand the triage and obstetric assessment unit demand and capacity. They are in the process of making changes to ensure women

are assessed swiftly, see the right health professional at the right time and are quickly moved into the birth centre if booked there.

### **Patient and Public Involvement in service planning, design, re-design and de-commissioning**

#### **City and Hackney Cancer Patient Experience Group (2015 – on-going)**

##### **Objective**

To hear from people affected by cancer and to improve cancer services in City and Hackney. To share feedback and learning with East London Cancer Board.

##### **Activity**

Quarterly meetings

Patient and service user representative for East London Cancer Board Input into local events

##### **Who was involved**

Patients and members of public with lived experience of cancer or experience of caring for someone with cancer

Representatives of local community and voluntary sector groups working with those affected by cancer

Transforming Cancer Services

CCG's Planned Care Programme Board

CCG's PPI Team

London Cancer

Macmillan / Bromley by Bow Centre (Social Prescribing for cancer patients)

##### **How were participants recruited and what were their roles and responsibilities**

Participants were recruited through a public event to discuss cancer services in May 2015 and via community networks.

##### **Outputs, Impact & Outcome**

Public event in May 2015

Quarterly patient experience group meetings

Input into East London Cancer Board's patient experience work stream

Plans include activity to

- Help improve early detection of cancer so that people can get the treatment they need faster
- Make cancer services patient centred so that they take into consideration patients' individual circumstances and needs
- Improve the way patients experience services from screening through to diagnosis, treatment and recovery
- Ensure that training and education for healthcare professionals includes the patient perspective
- Develop on-going ways to hear from patients going through cancer treatment

##### **Let's Talk about Cancer: an event to hear from people affected by cancer (May 2015)**

In May 2015, City and Hackney CCG together with London Cancer hosted a community event to talk about cancer and its impact on people's lives. The event brought together local residents, patients and healthcare professionals who contributing to the discussions and shared their personal experiences.

Since the event, City and Hackney CCG and London Cancer have continued to work together. The CCG is leading the patient experience work of the East London Cancer Board which has been set up to improve cancer services across City and Hackney, Tower Hamlets, Newham and Redbridge. This work is informed by the key issues raised by people at the event in May. These include:

- Living with and beyond cancer. How can we support patients to live with their condition?
- Holistic services. How can services ensure they meet the various needs of the patient, including physical and emotional support, information about work and financial support as well as self-care?

- Community perspectives. Working with community and faith leaders to reach out to local people

## **Patient and Public Involvement in setting the Commissioning Intentions**

### **City and Hackney Commissioning Intentions Events 2016/17 (January 2015 & February 2015)**

#### **Objective**

To involve local patients and residents in service planning for 2016/17

#### **Activity**

Public Event(s)

#### **Who was involved**

NHS City and Hackney CCG

London Borough of Hackney

City of London Corporation

PPI Committee and Programme Board Representatives

Community and Voluntary Sector Groups

Representatives from local providers

Local patients and members of public

#### **How were participants recruited and what were their roles and responsibilities**

Local patients, members of public and representatives of community & voluntary and advocacy groups were invited to attend.

The event was promoted online as well as using local media and community networks.

#### **Outputs, Impact & Outcome**

Two events, one for Hackney (Jan 2016) and one for City (Feb 2016) took were jointly organised and co-ordinated by the CCG and local authority representatives.

Presentations highlighting key priorities for 2016/17 took place and set the scene for service based group discussions. These were focused around the CCG's

Programme Board priorities as well as Public Health and Social Care.

Feedback from these events informed plans for 2016/17.



#### **Patient and Public Involvement in strategy development**

Involving patients and members of the public in the strategy development takes place through the CCG's structures including the Patient and Public Involvement Committee, Programme Board Representatives, NHS Community Voice, Older People's Reference Group and other community and voluntary sector partners. In 2015/16 involvement into our strategy development has been driven by two major plans taking shape in Hackney and North East London more widely; the North East London Sustainable Transformation Plan and the Hackney Devolution Pilot. Our commissioning plans and decisions in 2016/17 have been aligned to these initiatives.

#### **Sustainable Transformation Plan (STP)**

The involvement into the Sustainable Transformation Plan, both on a City and Hackney level as well as across North East London, has taken place in 2015/16 through our PPI Committee and at Programme Board level with

input from Programme Board representatives. We take pride in the fact that due to regular involvement with our local communities we have access to on-going feedback from patients and members of public, both through our formal involvement events and the less informal meetings and discussions that take place on an ad hoc basis. This has helped us keep our finger on the pulse and where possible, to try and embed the things that people have told are important to them, in the STP planning. More information on our involvement around STP can be found under section 5.

### **Hackney Devolution Pilot**

The Devolution proposal for Hackney sets out a shared vision of delivering an integrated, effective and financially sustainable system that covers the whole range of wellbeing - from public health initiatives for school children, timely and appropriate access to GPs and community pharmacists, and top quality hospital treatment, to excellent mental health services and supporting people to remain independent in their community for as long as possible. Examples of how this new model could benefit residents include:

- Giving parents easier access to immunisations for very young children by providing more community-based services
- Tackling obesity through better co-ordinated services and greater local powers to create a healthy environment
- Quicker progress towards parity of mental health and physical healthcare services

Providing tailored, more integrated support for people at the end of their life

During 2015/16, we have been working together with local residents to understand how we can make the most of this pilot and ensure that it works for local residents. We are also conscious, that although City of London is not a part of the pilot it is crucial for us to keep involving them in the planning.

The involvement and engagement for the Devolution Pilot is led and overseen by the Devolution Engagement and Communications work stream which is co-chaired

by the CCG's Lay Chair and the Director of Hackney Healthwatch. The first stage of the involvement process was focused on ensuring that local people were informed about the pilot and what it means for Hackney. Devolution information sessions were built in to our Commissioning Intentions events which took place in January and February 2016.

The next stage of the process included recruiting patient and public representatives for the Devolution Pilot's work streams. The model planned for this was similar to our Programme Board structures; work stream representatives come together as a Communications and Engagement Steering group and the Chairs would then take discussions and feedback from this group to the Transformation Board.

This work has continued into 2016/17 with further public events as well as targeted discussions with specific community groups in order to engage with a wide range of local residents. You can read more about this under 'On-going and future work' in section 5.

More information about devolution, what it means for Hackney and how people can have their say can be found on our [website](http://www.healthwatchhackney.co.uk) or at <http://www.healthwatchhackney.co.uk>.

### **Quality of information, monitoring and acting on patient feedback**

We regularly monitor patient feedback and service quality. Feedback and quality concerns are raised and addressed through

- Internal quality processes (including clinical quality review meetings and contract monitoring meetings with providers)
- CCG Quality Team Monitoring local and national patient surveys
- Quarterly quality reports from all providers to the CCG Board
- Biannual quality updates to the PPI Committee, including data from key providers as requested by committee members
- Feedback from patient and public involvement

representatives (PPI committee, programme board representatives and NHS Community Voice)

- Feedback from Healthwatch Hackney and Healthwatch City of London. Healthwatch is represented at the CCG Board, Contracts Committee and Prioritisation and Investment Committee
- Duty of Candour reporting
- Community and voluntary sector partners, other community intelligence and ad hoc feedback gathered at events, through outreach and events

### **Maternity Services Liaison Committee (MSLC) delivered by Social Action for Health (SAFH) (July 2015 – on-going)**

#### **Objective**

This project aimed to engage more pregnant women and new parents in the MSLC. SAFH were commissioned to develop the MSLC with a focus on engaging women in the community and feeding their feedback into the MSLC.



#### **Activity**

SAFH have engaged with over 400 pregnant women and parents (June 2015 to April 2016) and delivered various community events, outreach sessions and parent forums.

#### **Who was involved**

The CCG, with input from clinical leads, PPI lead and MSLC chairs, developed a service specification and tender process to invite local services to provide the MSLC development project.

#### **How were participants recruited and what were their roles and responsibilities**

SAFH delivered outreach work and community events to identify pregnant women and new parents who would like to share their experience of maternity services.

#### **Outputs, Impact & Outcome**

We have received a considerable amount of feedback from patients and parents. The coordination of the MSLC has come back 'in house' to the CCG but we have continued to commission outreach to engage patients and gather maternity care experience.

#### **Holding providers to account**

### **Patient involvement into CHUHSE (City and Hackney Urgent Healthcare Social Enterprise) Quality Review Meetings**

#### **Objective**

The Clinical Quality and Performance Review meeting is a forum between City and Hackney CCG and the out-of-hours primary care service provider and Paradoc provider, City and Hackney Urgent Healthcare Social Enterprise (CHUHSE).

The primary focus of the meeting is patient safety and clinical quality of services delivered by the provider. In addition to focussing on clinical quality, it will address matters of contractual performance, finance and activity.

**Activity**

Bi-monthly meetings

**Who was involved**

Lay Member, Independent GP lead, City and Hackney CCG – Urgent Care Programme Board Director, Urgent care programme manager, Head of Quality, CHUHSE clinical lead, CHUHSE, Chief Executive, Paradoc clinical lead, CHUHSE Service Delivery Manager, Patient representative and Super PPG Chair, CCG Patient and Public Involvement subcommittee representative, Senior Finance Manager, Senior Contracts Manager

**How were participants recruited and what were their roles and responsibilities**

PPI representatives were recruited through the existing PPI networks. They now co-chair the meeting.

**Outputs, Impact & Outcome**

The Clinical Quality and Performance Review group will report to the CCG's Urgent Care Programme Board and escalate any immediate concerns to the urgent care board chair.

Having PPI representatives involved ensures that patient views are included in decisions and actions regarding the following:

- Monitoring contractual requirements
- Formally addressing quality issues and reports
- Quality assurance visit reporting
- Care Pathways
- Service Transformation: provide guidance on service quality for future transformation of out of hours services.
- Clinical audit and benchmarking
- Addressing GP quality concerns
- Analysis of trends in the feedback received from GPs and patients
- Reviewing provider quality reports including patient experience

A summary of the quarterly performance reports will be provided to the finance and performance committee.

**Integrated Care Patient and Service User Experience Group****Objective**

The Patient/User Experience Group (PUEG) is established as an advisory body to the Integrated Care Programme Board and One Hackney and City Programme Board. It is an effective body to represent patient and user views and advocate for service change and re-design. The group brings together a number of Patient Experts to advise on the further development of integrated health and social care services.

**Activity**

- Provide summary reports and recommendations for Integrated Care Better Care Fund (BCF) Programme Board
- Ensure responses and requests from BCF board are reported back to the group
- Request, collate and present requested information to the group as requested, in appropriate and accessible format
- Ensure core representatives are engaged and able to contribute, by holding pre-meets or briefings outside main meetings
- Recruit new reps as directed by the group
- Work with CCG to ensure consistent and appropriate representation from statutory sector
- Support the chair with briefing before meeting, information in meeting
- Liaise with other community groups as directed by the Group
- Provide link with updates from patient representatives on other relevant boards, if not able to attend (e.g. Patient Discharge Forum)

**Who was involved**

Healthwatch Hackney x 2, Patient Representatives x 2, Carers/Service Users x 4, Hackney Quadrant Navigators x 1, Homerton Hospital Patient Experience representative, City and Hackney CCG PPI representative, Integrated Care Programme board, London Borough of Hackney representative, City of London Quadrant Navigator x 1 (Age UK)

### **How were participants recruited and what were their roles and responsibilities**

Participants were recruited through a number of routes including CCG's existing PPI groups, through Healthwatch and provider patient experience networks.

### **Outputs, Impact & Outcome**

Through the activities detailed above the groups will report its work to, and advise, the Better Care Fund Programme Board. Members of the group will sit on Better Care Fund Programme Board and will recommend service improvements and service re-designs based on patients' experiences of the services commissioned under Better Care Fund.

Group reviewed the outline list of 40+ 'carer indicators' being considered for development and shortlisted this down to 6-8.

In light of data collected from patients' experiences, the group's representation at the Better Care Fund Programme Board may hold relevant service managers to account.

### **Using information technologies to support Collective Duty**

In 2015/16 we have continued use of information technologies, including social media, to engage and involve patients on both a collective and individual level. Our current IT work streams include:

- Developing our 'digital plan' as part of our new Engagement Strategy
  - On-going content management and development of the CCG's website, including the PPI focused ['Get Involved'](#) section
  - [Have Your Say](#) section on the CCG's website
  - CCG Twitter account followers have gone up by more than 1,000 from 2,581 to 3,959. We now use Twitter regularly to promote events, news and to connect with local residents
- Electronic 'live' PPI newsletter goes out quarterly to more than 250 recipients, including PPI networks, community and voluntary sector, and 43 GP practices
  - PPI Team and Programme Boards regularly use online survey tools such as SurveyMonkey and SurveyGizmo to involve patients, gather views and run application processes
  - All meeting papers available on CCG's website

## 4. Involving people in their own care: meeting the Individual Duty

As well as ensuring that collective engagement and involvement takes place we have a duty to support people and enable patients to feel in control of their own health and the choices they make when it comes to the care and treatment they receive.

This means making sure that information, tools and support are available so that patients can make informed decisions about their care. The priorities for the CCG around the individual duty are

**(1) Self-Management, (2) Shared decision making and (3) Personalised care planning and health budgets.** In 2015/16 we have continued our work to embed these areas in the way that services are planned, but also in what we look for in terms of reporting from providers.

Whether it is ensuring that information and advocacy services are available to people and making sure that those who are entitled to Personal Health Budgets can do so and have the appropriate support in place or ensuring that patients can feel that their care is well co-ordinated and focused around their needs, we are committed to involving our residents and patients in their own care.

### Self-management

We recognise the role that people have in protecting their own health, making decisions about their care and managing their long term conditions. Self-management and making sure that the appropriate support is in place for patients to do this is now a theme that features across all our Programme Boards.



### 5 to Thrive (Oct 2015-ongoing)

Evidence shows that regularly incorporating the five ways - being active; giving; connecting; taking notice; and engaging in learning - into daily life can help to improve mental health and wellbeing. In 2015/16 our

Mental Health Programme Board have worked together with the local authority and community and voluntary sector groups to launch Five to Thrive. Five to Thrive is a local programme aimed at helping people look after their mental health through making small changes in order to feel better and stay well.

Rhiannon England, Clinical Lead for Mental Health at City and Hackney CCG said:

*"5 to Thrive is about really simple things that anyone can do to help keep themselves happy and healthy. In a world where we are increasingly juggling lots of things, it can be easy to neglect mental health. Stress is a massive factor for a lot of people and I hope that 5 to Thrive will demonstrate how everyone can tackle that by making small changes."*

In October 2015 a week of events took place to raise awareness of the programme. Funded by City and Hackney Clinical Commissioning Group (CCG), and delivered by voluntary and community sector organisations and Hackney Council, activities included mindfulness sessions from City and Hackney MIND, walks celebrating the borough's history, a mentoring information evening with Connect Hackney, a volunteer fair and sessions in Hackney's libraries. The week ended with a day-long extravaganza on World Mental Health Day, Saturday 10 October 2015.

### Supporting people with long term conditions

Supporting people with long term conditions and enabling self-management is one of our priority areas. Examples of the services we commissioned in 2015/16 to ensure support is place include:

#### *Long Term Conditions contract*

Long Term Conditions contract is in place with local GP practices to ensure those diagnosed with long term conditions have access to support. This includes extended appointments for those newly diagnosed with, and for those living with, a long term condition. The contract also includes annual reviews for people with long term conditions, including self-management support and lifestyle advice etc.

### *Targeted support for Sickle Cell patients*

Hackney has a relatively high number of patients diagnosed with sickle cell disease. We have funded a targeted service which works with and supports sickle cell patients, who are often high users of A&E services due to the characteristics of their condition.

### **Self-Care event 2015 (November 2015)**

To mark the National Self Care week (16-22 November 2015) we teamed up with London Borough of Hackney Public Health team and organised an event to raise awareness of services and support that are available locally to help people stay healthy and well, and to self-manage their conditions. The event took place at Hackney Central Library on Thursday 19 November, with stalls, refreshments, information, health checks and taster sessions available for attendees.

### **Shared decision-making**

#### **Making patient pathways accessible (March 2016 – on-going)**



We are committed to ensuring that patients have access to clear information that enables them to play an active role in their care; to stay well, self-manage health conditions and make decisions about the care and treatment they receive.

Plans for making patient pathways more accessible begun to take shape early in 2015. They include work streams that will aim to deliver both better clinical outcomes and improved productivity. We want to ensure that both current and new pathways are patient friendly and include information about relevant services and support. Work will include:

- Ensuring that the patient pathways used by clinicians to map out the treatment route for patients are developed in a way that enables them to be used and understood by both the clinician and the patient
- Ensuring that the pathways are patient friendly and that the patient facing information included in them is in line with the Accessible Information Standard
- Ensuring that the pathways have links to local and national information and services that are relevant to the patient and that the patient can access for additional support. These include services provided by statutory as well as community & voluntary sector organisations
- Maintaining an oversight of local and national services, support and information that are available and are of relevance to the pathways in question
- Ensuring that this information is included in the pathways in a format that is accessible and easy to understand, taking into consideration the diverse community
- Ensuring that all patient information included in the pathways is of good quality, in line with NHS guidelines and has been signed off by the clinical teams
- Involving local patients and members of public in shaping the patient information, making use of the CCG's Patient and Public Involvement groups, readers' groups, community networks and more

- Gathering feedback and questions from patients, ensuring that their views are shared with the clinicians and that these views inform the patient information included in the pathways
- Ensuring that use of patient information and patient decision-aids is embedded in the pathways, in local clinical practice and across all relevant local platforms.

To support this work and ensure clinical insight into it we have appointed a new clinical lead, Dr Anita Coutinho who is a local GP at Lower Clapton Practice. She said:

*“It is an honour to join the Patient Public Involvement team. As a GP and through working at the CCG I feel that patient involvement is crucial to the success of our health service. In particular, I will be reviewing patient involvement in clinical pathways. All of our services, pathways and clinics are used by patients so it is our job to make sure that patients are at the heart of their creation. Patients need to be at the centre of all our decisions and every voice should be listened to. It is important for us as a team to make sure patients of all ages, backgrounds, and hard to reach groups are heard. Thank you for this opportunity and I look forward to both working with and for patients.”*

We are also working with public health around the list of procedures where the evidence base for their effectiveness is limited. Once identified, these areas will become work streams where we will work with patients and clinicians to develop some local decision making aids, information and tools to help patients understand the dilemmas they may face and therefore facilitate more informed discussions with clinicians.

### Personalised care planning and personal health budgets

#### At home medicine reviews for vulnerable patients (July 2015 – on-going)

Lots of us take medicines and some people worry about them. Through our Home Based Medicine Review scheme we wanted to give patients an opportunity to discuss with a healthcare professional any issues relating to their prescribed medicines. The aim is to talk about and find solutions to any problems and ensure the patient feels they are supported and more confident in managing their medicines.

Following on from discussions with patient representatives in City and Hackney at our Commissioning Intentions the CCG has implemented a new service that will give patients the opportunity to have a medicines review with a specialist pharmacist in their own home.

PPI Committee receive regular updates of the progress of this service which aims to:

- Empower patients to manage their medicines through greater understanding
- Reduce the risk of preventable medicines related problems
- Avoid unnecessary hospital admissions

The service takes a holistic approach to reviewing medicines. Patients with long term conditions, those with complex care needs living in the community, housebound patients or people recently discharged from hospital are some of the key groups of patients that will be offered a medicines review, as a priority, by the new service.

For the service to make a real difference, it is vital that patients are engaged and understand the benefits to them. The review is intended to give patients the opportunity to openly discuss any aspect of their medication and to talk about issues which may be affecting their access to certain medicines, or their adherence to a treatment plan.

## Targeted antenatal classes

In order to expand local antenatal class provision and increase access and engagement for pregnant women who may not access generic NHS or private classes we have commissioned 4 providers to deliver targeted antenatal classes to pregnant women including :

- Turkish speaking women including those with limited spoken English
- Orthodox Jewish women
- Women with current or previous substance misuse problems
- Women on the public health midwifery caseload

94 pregnant women attended (with another 34 family members or partners).

The Maternity Service Liaison Committee (MSLC) reviewed antenatal education in 2014/15 and prioritised extension of current provision to better meet the needs of diverse groups of women. The CCG, with input from clinical leads, Public Health, Safeguarding and MSLC chairs, developed a service specification and tender process to invite local services to provide targeted classes.

The four providers recruited local women via midwifery and health visiting services and also through voluntary sector networks.

All classes were extremely well evaluated by women with 3 classes evidencing improved levels of knowledge, confidence and healthy behaviours pre and post classes. Classes also evidenced reaching women who would not ordinarily access antenatal education. Funding for classes has been secured for 16/17 and 17/18 onwards and provision is being extended to reach new groups including trafficked women and women with no resource to public funds.

## Personal Health Budgets (October 2014 – on-going)

Since October 2014 anyone who receives continuing healthcare has had the right to have a personal health budget. This offer has now been extended to children

and adults with learning disabilities and children and young people with a health component of the new SEND plans.

Through personal health budgets we want to support people to better plan their care, to use the budget to buy services and equipment that best meets their needs. The budgets will also give people more choice and control over the support they receive allowing people to think of new ways to meet your health and wellbeing needs.

Patient qualifying for a personal health budget can now have their health needs assessed by their continuing healthcare team who will then develop a care plan for them. Patients will receive advice on how much money they will receive. They will also have access to a support worker who will work with them and patient's carers to decide how to best use the budget. The support plan sets out how the budget is to be used to support patient's health and wellbeing needs and it must cover the following points:

- The health and wellbeing outcomes you want to achieve
- How your outcomes will be achieved
- The risks to your health, wellbeing, safety and independence
- How you will manage your personal health budget
- Contingency arrangements you will have in place should support arrangements fail

Different options are in place for patients to choose how they would like to receive their payments.

This includes direct debit, a national budget (where NHS staff will arrange and pay for the services for you or an arrangement where a third party holds the budget for you. Six personal health budgets have been issued so far in City and Hackney.

## Working with our providers

We work with our providers to help patients feel in control of their condition and their care. We commission and contract in line with NHS policies and regulations, including:

- NHS Standards Contract Service Conditions: Personalised Care Planning and Shared Decision Making (SC10) and Service User Involvement (SC12).

### **Homerton University Hospital, Shared Decision Making CQUIN (2015/16)**

Shared decision making is about patients and clinicians reaching decisions in partnership. It contributes to a more patient centred way of delivering care. To pilot and evaluate relevant elements of a person centred care scheme within in three different specialties a shared decision making CQUIN was agreed with Homerton University Hospital for 2015/16. The areas chosen for this were

#### ***Respiratory – Chronic condition***

COPD (Chronic Obstructive Airways Disease) is a lung condition that patients have to live with for life once acquired

- Trialling of Tools (OPTION and CollaboRATE) that measure how involved patients feel in decisions that get made during a consultation
- Trialling of in clinic Observation with subsequent structured feedback on the presence or absence of SDM features within the consultation
- Key Clinicians in the process of completing the Whittington “Advanced Development Course”
- Review of patient information provided pre appointment, and consideration of the use of a National Patient Decision Aid
- Reflection tool piloted for use with clinicians carrying out consultations

#### ***Musculoskeletal – Elective Hip and Knee Replacements - Surgical***

Osteoarthritis of joints has a number of management options

- Evaluation of patient involvement Measurement Tools OPTION, CollaboRATE
- Trial of decision outcome quality measurement Tools SURE, Harvard DQI

- Trial the introduction of a patient decision aid into the pathway OPTION Grid

#### ***Treatment Escalation Planning (TEP)***

This is the concept of making a plan in advance, so if the hospital Emergency Team is called they have the best chance possible of acting in accordance with a patient’s wishes/best interests

- Develop/adapt a questionnaire asking patients to report how involved they have felt in the process of the creation of their TEP plan
- Develop a patient support tool/patient information leaflet to facilitate TEP discussions
- Examine the concept of “Futility”, due to the legal role with regards to SDM in this field
- Develop (IT) infrastructure that facilitates sharing of conversations between Hospital and Community

#### ***Value Based Standard at Bart’s Health***

We are the lead organisation for East London’s Cancer Board’s Patient Experience work stream. Through this work we are involved in feeding into the new Macmillan Value Based Standard project which aims to address areas of poor patient experience.

Value Based Standard is based on MacMillan’s research and it highlights 8 focus ‘behaviours’ which equated to a positive care experience for staff and patients. Although the framework is not cancer specific, it has been applied to cancer services at Bart’s Health. So far the project has feedback on the project has been positive. The key themes identified for the work in the cancer context at Bart’s are detailed below. Work is on-going and regular updates are provided both at the East London Cancer Board Patient Experience meetings as well as at City and Hackney Cancer Patient Experience group.

# Macmillan Values Based Standard<sup>®</sup>

Naming – “I am the expert on me”	Private communication – “My business is my business”	Communicating with more sensitivity - “I’m more than my condition”	Clinical treatment and decision making - “I’d like to understand what will happen to me”
Acknowledge me if I’m in urgent need of support - “I’d like not to be ignored”	Control over personal space and environment - “I’d like to feel comfortable”	Managing on my own - “I don’t feel alone in this”	Getting it right “my concerns can be acted upon”

Source: Update for ELCB Patient Experience subgroup.

## Individual Duty and information technology

There is no doubt about the role that new technologies play in helping people find and access information, make decisions and look after their health and wellbeing. It is also planned that by 2018 all patients will have access to their digital care records and by 2020 health and care systems are paper-free at the point of care. Making the best use of digital technologies is one of the national challenges all CCG's need to address over the next five years.

We see the use of digital technologies as having the potential to:

- Help patients make the right health and care choices
- Enable patients to have more control over their health and wellbeing
- Give patients access to view and comment on their health records
- Help health and care professionals by giving them access to all the information they need to look after their patient
- Improve communication between GPs and hospitals, health and social care, patients and services
- Increase transparency by making quality information about services available online
- Save money for the NHS

## What's already available in City and Hackney?

- Patients can request access to their digital health records
- Patients can book GP appointments and renew prescriptions online
- People have access to national and local websites to find health information and information about local services (NHS Choices, Hackney i-care, City Health website, [myhealthlondon.com](http://myhealthlondon.com))
- Clinicians have access to DSX where they can find out about care pathways and relevant support services for their patients and print out leaflets etc. (More on pathway development under section 4 and Shared Decision Making)

During 2015/16 we have engaged patients and local residents in discussions about how our digital offer might be best expanded so that it meets people's needs. We are also aware of the digital divide that can exist between groups and are committed to supporting equitable access to information technologies where gaps and training needs are identified.

## IT and managing demand in primary care

We recognise that primary care is currently under unprecedented demand and are keen to explore the potential of IT in offering some solutions. A Primary Care Demand Management scheme has been developed together with City and Hackney GP Confederation to identify and pilot a suite of digital demand management activities over the course of 2016/17.

We envisage that this project will deliver patient benefit in terms of increased overall satisfaction with Primary Care whilst maintaining a fair access to all. Expected benefits also include benefits to staff through increased capacity and reduced stress levels, as well as supporting our member practices becoming more resilient.

The broad aim of the scheme is in line with our principles and aims for Primary Care as set out in its Primary care Strategy:

- Supporting the delivery and future development of high quality services for patients
- Supporting the use of well designed, robust, high quality IT to facilitate patient and public empowerment of self-care
- Having services that are resilient by being productive, efficient, safe and value for money
- Having services that are of high quality and offer comprehensive patient support
- Having services that are accessible
- Reducing health inequalities

21 Practices are now signed up to pilot eConsult, with two practices going live this week.

- 5 more practices are due to go live after Christmas 2016
- 6 practices are signed up to pilot group consultations for patients with Long Term Conditions. Our plan is to train Health Care Assistants to lead these sessions
- Initially groups will be set up for patient with COPD, heart failure, diabetes and epilepsy
- Group consultations are planned to be monthly and will be 90 minutes long. A clinician will be present for 60 minutes, and sessions will include objective setting for participants
- Evidence from other pilots suggest that once the group has completed their sessions they develop into self-sustaining peer support groups. It is hoped that this can be emulated in City & Hackney
- We are also in the process of developing a City and Hackney health app





## CITY & HACKNEY CCG INNOVATION FUND

# LEARNING DAY

### COMMUNITY IDEAS INTO ACTION

The City & Hackney Innovation Fund is a £400k fund that aims to identify innovative ideas that have the potential to deliver significant improvements in the health and wellbeing of City and Hackney residents. The Fund was set up to achieve better outcomes across the following themes which were co-produced with residents of City and Hackney:



To date, the fund has enabled 27 community and voluntary sector organisations, many of whom are working with some of the most vulnerable and seldom heard groups in City and Hackney, to test out new ideas focused on achieving better outcomes across these four areas.

### WHY INNOVATION?

The case for innovation in healthcare settings is strong. Health and Social Care services are faced with new challenges; meeting the needs of an ageing population and increased numbers of people living with a long term condition, not to mention the increasing financial pressures. We wanted to explore the potential of new and different solutions to meet local health needs, to enable communities and people to stay healthy and well and access the right service at the right time.

In addition to the above, we wanted to use the fund as an opportunity to strengthen our relationship with local community and voluntary sector groups and enable local smaller, new and emerging not-for-profit groups to build their capacity. Having followed the progress of the fund we believe that there are real benefits to be gained from these groups working more closely with mainstream services, and this is what we would like the fund's focus to be in 2016-17.

### WORKING WITH LOCAL PATIENTS AND RESIDENTS

The Innovation Fund has enabled us to work more closely with local patients and residents who have been part of the fund from the beginning.

They have not only told us what the local needs are and suggested different ways of doing things, but have also helped us shape the fund's remit and the application criteria, as well taken part in scoring bids and making decisions about how the money should be spent.

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## INNOVATION FUND PROJECTS 2014



### Core Arts

[www.corearts.co.uk](http://www.corearts.co.uk)

Core Sports and Physical Health project for adults with severe mental health problems.



### Off Centre

<http://www.offcentre.org.uk>

Peer support programme for young people with mental health problems.

### Sunbeams

Peer support for vulnerable girls within the Orthodox Jewish Community



### Epilepsy Society

[www.epilepsysociety.org.uk](http://www.epilepsysociety.org.uk)

Setting up and delivering self-management groups for people with epilepsy.



### Bikur Cholim

[www.bikurcholim.co.uk](http://www.bikurcholim.co.uk)

Working with the Orthodox Jewish Community to set up peer support groups in particular focusing on Crohns, Colitis and other gastric conditions.



### Drs of the world

[www.doctorsoftheworld.org.uk](http://www.doctorsoftheworld.org.uk)

Programme to support members of migrant and refugee community into accessing mainstream services.



### St Joseph's Hospice

[www.stjh.org.uk](http://www.stjh.org.uk)

'Compassionate Neighbours' project will offer competent and confident social and practical support to people living at home with a long term or a terminal condition.



### Royal London Society for Blind People

[www.rlsb.org.uk](http://www.rlsb.org.uk)

Engaging with young visually impaired people through regular Saturday sports sessions.



### Volunteer Centre Hackney

[vchackney.org](http://vchackney.org)

Neighbourhood Skills Share project based on time banking. Supporting vulnerable people in taking more active role, building confidence and social networks.



### Family Action

[www.family-action.org.uk](http://www.family-action.org.uk)

Social Prescribing Programme for children aged 5-11; promoting good health and independence, ensuring children have access to a range of services, support and activities.



### Mind

[www.cityandhackneymind.org.uk](http://www.cityandhackneymind.org.uk)

Establishing a Recovery Campus in a style of a college campus with the aim of empowering clients via delivering a range of self-management, improved access to information and a peer support system.



### Hackney Playbus

[hackneyplaybus.org](http://hackneyplaybus.org)

Facilitating groups that take vulnerable mothers and carers of babies from the 'one to one' support offered by Shoreditch Trust's Bump Buddies and support them in accessing maternity services, children's centres and other health services.



### Hackney People First

[www.hackneypeoplefirst.com](http://www.hackneypeoplefirst.com)

Training for mental health professionals about dual diagnosis (mental health and learning disabilities). Delivered by expert patients.



### Sickle Cell Society

[sicklecellsociety.org](http://sicklecellsociety.org)

Programme to support the sickle cell patient group, patients transitioning to adult services and looking at alternative therapies.

## INNOVATION FUND PROJECTS 2015



### Hands Inc

[reclaimthemenopause.com](http://reclaimthemenopause.com)

Promoting menopause wellbeing, improving health outcomes and empowering peri/menopausal women to better understand their health needs and navigate themselves to appropriate services.



### The Huddleston Centre

[huddlestoncentre.org.uk](http://huddlestoncentre.org.uk)

Pet/animal therapy for young people with disabilities. Aimed at reducing loneliness, depression, anger, and improving social skills, confidence and general wellbeing.



### Koach Parenting

Parenting support for families within the Orthodox Jewish community. Project uses the Solihull model to improve parent-child relationships, address behavioural problems and support healthy development. Project is delivered in partnership with First Steps psychology service.



### Spice Innovations

[www.justaddspice.org](http://www.justaddspice.org)

A time credit project co-designed and delivered together with residents at St Mungo's homeless hostel to improve health outcomes for people experiencing homelessness.



### The Centre for Better Health

[www.centreforbetterhealth.org.uk](http://www.centreforbetterhealth.org.uk)

Group counselling activities including mindfulness, drama therapy and art therapy. Delivered at a community setting.



### Hackney Playbus

[hackneyplaybus.org](http://hackneyplaybus.org)

Supporting vulnerable mothers and increasing their engagement with mainstream maternity services.



### Bags of Taste Limited

[www.bagsoftaste.org](http://www.bagsoftaste.org)

A project delivering dietary behaviour change courses with focus on using affordable ingredients. Aimed at residents at risk of food poverty.



### Read Together

[readtogether.org.uk](http://readtogether.org.uk)

Therapeutic reading group for people with mental health issues



### Tavistock Centre for Couple Relationships

[www.tavistockrelationships.ac.uk](http://www.tavistockrelationships.ac.uk)

Supporting people with dementia building on the couple relationship, utilising its established resilience and, through psychological interventions, strengthening its ability to survive and act as a protective resource, able to make optimal adjustment to the dementia, support interdependence and contain care needs.



### St Joseph's Hospice

[www.stjh.org.uk](http://www.stjh.org.uk)

Working with black, asian, ethnic and refugee (BAMER) hard to reach communities to help us understand what a patient centered end of life care service looks like for them. Using a co-production approach, addressing gaps in cultural understanding, improving people's understanding of the end of life care services available to these communities.



### Renaisi

[www.renaisi.com](http://www.renaisi.com)

Renaisi's Bilingual Parent Support Adviser (BPSA) service engages minority language families in schools, supporting them with resilience, attendance/ attainment and family wellbeing. The service provides 1-1 support/ advocacy, ESOL for Health Cafes; and mixed group workshops.



### Hackney Council for Voluntary Service

[www.hcvs.org.uk](http://www.hcvs.org.uk)

Community signposting project aimed at improving access to health services for black, Asian and minority ethnic and refugee (BAMER) communities.



### Bikur Cholim

[www.bikurcholim.co.uk](http://www.bikurcholim.co.uk)

Peer-to-peer support for older people with LTC within the orthodox Jewish community.

## LEARNING FROM THE INNOVATION FUND SO FAR

Learning from the projects has been a big part of the fund for us. In order to ensure that successful projects are able to make a case for their services in the future, we have wanted to ensure that outcomes and learning are captured as comprehensively as possible whilst not making the monitoring arrangements overwhelming and taxing to support this.

We have so far hosted two learning events for the projects, focused on measuring outcomes and sharing experiences. Additionally, each project has been 'adopted' by the relevant CCG Programme Board Support and guidance has been available to projects from them, as well as the CCG's partner in outcomes monitoring, the University of East Anglia.

We are in the process of finalising an Innovation Fund report, which will include a summary of the projects as well as information on key messages, learning and next steps. We will share this with all the organisations that have received funding, as well as with local commissioners and mainstream services.

The majority of projects funded to date have been focused on '**enabling confident and informed users**' and '**building independence**'. These projects have enabled individuals to develop new skills and to better understand their health and support needs. Across the projects, participants learnt more specific and **practical skills**, too, like managing their long-term health conditions, listening and advocating for their peers in health forums, cooking more healthily and developing techniques to manage their mental and emotional wellbeing.

A number of projects have focused on **enabling access** to health and social care services in particular by vulnerable social groups such as refugees and migrants, people with severe mental health issues and people with physical disabilities, enabling them to expect and achieve the same wellbeing outcomes as any other person in the City and Hackney.

Slightly less popular, but still present in most projects across the portfolio were the themes '**co-production and listening to patients**'. A number of projects were able to embed these themes in their project, enabling professionals to learn from the patient experience, thus changing the relationships between professionals and patients. These themes remain at the heart of the fund and are something we are keen to emphasise in the next round.

The theme most open to interpretation has been '**integrated services**'. From bridging gaps between services, bringing different groups of people together and partnership working with other organisations, to enabling people to access a whole range of health information in one place, the projects have applied this theme within their particular remits and with their particular target groups in mind. Having observed the progress of the fund we think that there are real benefits to be gained from pursuing this further, in particular when it comes to the Innovation Fund projects aligning their work with the priorities of mainstream services.

### NEXT STEPS



Based on our review of the fund progress and our observations on what's worked well, we would like the next round of the fund to be aimed at supporting the successful projects to expand and scale up and to look into potential partnership opportunities with the existing mainstream services in City and Hackney.

## 5. On-going and future work

### Equality and Diversity

We contract and commission in line with national policies and guidance on equality, including NHS Standard Contract Conditions.

In our 2014/15 report we recognised the significant overlap that exists between the equality agenda and many other aspects of social value and sustainability. We have therefore incorporated our Equality and Diversity work stream into our Sustainable Development Management Plan.

In 2015/16 Equality and Diversity Training was delivered to Programme Directors and Clinical Leads, covering areas such as use of Equality Impact Assessment (EIA) Toolkit when designing and re-designing services. We are following this up with training on Equality Audits and will be delivering a separate training session for PPI representatives as well as identifying a PPI representative with specific interest in the topic, to work alongside the group.

We recognise the need for this work stream to be formalised and embedded into our processes in a similar manner to PPI. We have therefore identified a designated CCG Equality and Diversity lead who is taking this work forward together with the CCG's Lay PPI Chair and a working group with representation from Programme Boards. The group reports to the CCG's Clinical Executive Committee. The key areas of work for 2016/17 include:

- Implementing the Equality Delivery Standard 2 (EDS2) framework by applying across number of services we commission as well as internally, to our workforce and leadership structures
- Reviewing progress against our 2013-17 Equality and Diversity Objectives using the EDS2 as a framework
- Reviewing existing Equality and Diversity objectives and agreeing new ones for 2017-21
- Carrying out a stocktake of internal processes around Equality and Diversity in order to identify and address gaps

Equality and Diversity work will be underpinned by the following policy context:

- NHS Constitution
- Human Rights Act 1998
- Health and Social Care Act 2012
- The Equality Act 2010 which includes the protected characteristics
- The Public Sector Equality Duty
- FREDA principles (Human Rights in Health Care benchmarking tool for Fairness, Respect, Autonomy, Dignity, Autonomy)

A report on the progress of the work stream will be available in Q1 of 2017/18.

City and Hackney CCG Equality and Diversity Strategy and Objectives are available [here](#).

### Equity of our PPI structures

In addition to the above, we will continue ensuring that our PPI activities are inclusive and accessible to the diverse population we serve. To do this, we will:

- Continue funding the NHS Community Voice with specific focus on involving groups that are considered hard to reach and seldom heard
- Work closely with Healthwatch Hackney and Healthwatch City of London who are able to provide valuable information and insight into local communities
- Maintain a close relationship with the community and voluntary sector in the area
- Commission targeted projects, such as those delivered through the Innovation Fund and the CCG's non-recurrent funding stream, aimed at hearing from vulnerable groups and raising awareness of service provision and involvement opportunities
- Make sure that documents are accessible and free from jargon
- Ensure that the membership of our involvement forums is reviewed regularly and that it reflects the local population

- Make sure we meet the diverse linguistic needs of our communities. Our website uses a translation tool and translation services are available on request at all our events and meetings
- Undertake a specific piece of work to make our patient pathway information relevant and easy to understand
- Continue working closely with local disability groups including Hackney People First, The Huddleston Centre and POhWER. An involvement forum with specific focus on children and young people with disabilities was set up in 2015/16
- Work to ensure equal opportunities for involvement for those groups identified under the protected characteristics sections of the Equality Act
- people live longer, healthier, happier lives
- the gap in life expectancy between the richest and the poorest will narrow
- people receive high quality, safe and accessible care
- the services we commission are responsive and comprehensive, integrated and innovative, and delivered in a thriving and financially viable local health economy
- services are procured in a fair and ethical manner
- we make effective and sustainable use of the resources available to us, securing the best deal for our residents

Our approach to commissioning sustainably and reducing health inequalities is underpinned by The Marmot Principles as well as aiming for financial stability, reducing CO2 emissions, eliminating waste, economic growth, adaptation and resilience, equality and diversity and social value.

**Increasing sustainability and reducing health inequalities**

Our mission is to commission high quality services that improve the physical and mental health and wellbeing of our residents and result in a reduction in health inequalities. We are committed to the following:



Patient and Public Involvement Committee receive regular updates on the progress of the Sustainability work and a member of the committee has taken the PPI lead for this.

### **Our work in 2016/17 and beyond**

During 2016/17 we have continued to maintain and develop PPI structures that are inclusive and enable involvement from the wide range of populations that we serve in City and Hackney. The work of our Programme Boards reflects the wider priorities set out in the NHS Five Year Forward View, NHS Planning Guidance and the four domains identified in the CCG Improvement and Assessment Framework (IAF). As mentioned in the sections above, the Hackney Devolution Pilot will enable us to deliver these priorities and work towards the four domains of the IAF with a local focus and in partnership with local authorities, service providers and patients.

### **NHS Improvement and Assessment Framework 2016/17**

In 2015/16 a number of key service areas in City and Hackney were identified for improvement under the IAF four main domains. These included Diabetes, Maternity, Learning Disabilities and Cancer services. We are developing action plans to address these areas and are working together with the relevant patient and public involvement groups to ensure that these plans include the things that matter to people. Decisions about these plans are made at Programme Board level and at CCG's Governing Body. Both bodies include patient and public representation and the latter is attended by our PPI Lay Chair.

### ***NHS Improvement and Assessment Framework 2016/17: four domains***



## **Plans to improve maternity IAF rating in 2016/17**

### **Support with choice in pregnancy, labour and birth**

- Information regarding choices for antenatal care and place of birth is given verbally by midwives and supported by information leaflets, parent education classes, early pregnancy 'place of birth' drop in sessions, tours of the unit, support sessions (for women who want to have a vaginal birth after C-section), Wednesday club for women with high Body Mass Index including discussing birth options and additional support from supervisor/consultant midwives for more complex discussions around choices
- Maternity Services Liaison Committee input into identifying what "choice" means in practice for women, to further develop birth plans as tools to start choice discussions and to support GPs to describe women's options at pregnancy appointment and 16w antenatal check
- Care in labour and birth to be improved through reducing the number of inappropriate referrals to triage to reduce waits and developing care bundles that will enable midwives to discharge more women. Women booked for birth centre flagged with a sticker on their hand held notes and referred directly there when in labour, bypassing triage entirely. Additionally, a pilot will take place to extending the maternity helpline hours to 24/7 and including telephone triage service

### **Being treated well after the birth**

- 2016/17 CQUIN to increase continuity (and therefore consistency) of care provided to women in the ante and postnatal period. Homerton University Hospital (HUH) implemented "partners overnight" project to enable birth partners to stay with mum and baby, which has been anecdotally reported as well received by parents

### **Support with feeding**

- The Homerton has developed a set of actions to address key areas raised in the CQC survey; this included improving skin to skin support to help with bonding and breastfeeding from birth
- The CCG also commissions two breastfeeding support services (peer support and tongue tie) and we have secured further funding for 17/18

### **Hackney Devolution Pilot**

Hackney's bid to become one of the five areas in London to take part in a health and social care Devolution Pilot, has been approved by Government. Hackney Council, City and Hackney Clinical Commissioning Group and local organisations delivering health, social care and wellbeing services have signed up for the initiative. The vision for the Hackney Devolution Pilot is to work together with our patients and providers to deliver an integrated, effective and financially sustainable service that meets the population's health and wellbeing needs.

Through the pilot we want to increase the independence and choice of local residents, improve the quality and timeliness of care and use our common infrastructure to deliver modern and responsive services.

Partners involved in the pilot include City and Hackney Clinical Commissioning Group, City and Hackney GP Confederation, City and Hackney Pharmaceutical Committee, City and Hackney Urgent Health Care Social Enterprise (out of hours GP), East London NHS Foundation Trust, Hackney Community and Voluntary Sector providing services to Hackney Council, London Borough of Hackney, Healthwatch Hackney, Homerton University Hospital NHS Foundation Trust and City of London Corporation.

### **Devolution engagement and communications**

A Devolution Engagement and Communications work stream has been set up to ensure the involvement of local patients and residents in the pilot. The aim of the work stream is:

- To inform Hackney resident about devolution and be a 'critical friend' to the programme of activity and other workstreams
- To ensure and facilitate regular and meaningful service user, stakeholder and public engagement and involvement at all stages of the project
- To encourage, support and enable the widest range of patients/service users and the public to engage with the project by participating in workstreams and other relevant and accessible activities
- To design and commission a programme of engagement with patients/service users, the public and other stakeholders that meets the aspirations of the Health and Wellbeing board. Citizens will be at the centre of service redesign and decision-making and the engagement achieves best practice for consultation on service changes on local authorities and the NHS
- To maintain an active log of all engagement activity and make sure that the results are fed into other workstreams
- To establish principles of patient/service user and public involvement that underpin the design of any new model of healthcare delivery that comes out of the project
- To develop and implement a detailed plan for stakeholder communications about the project
- To oversee the communications that are issued to ensure they are relevant, meaningful and accessible

The work stream will adopt a co-production approach that sees local communities as an asset and an integral part of service provision and health improvement. The desired outcomes from consultation and public engagement include:

- Co-design and implementation of best practice evidence based models of care which ensure a productive and integrated health and social care economy both locally within Hackney and with surrounding areas

- A local health and care system that offers choice and control to patients and service users and reduces or eliminates health inequalities and waste
- Citizens of Hackney are fully informed about the proposals and have had opportunities to ask questions, contribute ideas, be part of the design and decision-making process
- People of Hackney are more engaged in their health and care and feel more confident about their role in managing their own health and wellbeing

### Other things that we will be working on:

#### Events

Public events will continue to form an important part of our involvement work. Since April 2016 our events have covered topics such as views on the quality of primary care (June 2016), exploring how IT can be used to support self-management (June 2016), Health and Homelessness (Oct 2016) and Sustainable Transformation Plan (Oct 2016).

In May and June 2016 we ran a series of meetings and events with focus on Devolution and City and Hackney Five Year Plan. Led by Healthwatch Hackney, there was a programme of events leading up to a main event (28 June 2016) with the aim of starting the public engagement process with Hackney and City residents on the Devolution/Sustainable Transformation Project. 140 people attended the 28th June event with about 90 being residents. There were a series of earlier road show events with young people (20), people with mental health issues (20), carers (12), people with disabilities including learning disabilities (10), older men (10) and refugee and migrants (19). Total of 181 local people were involved in these meetings.

Key themes identified at these events were:

- Children and Young People (and their families) are concerned about their mental well-being and lack of access to appropriate support
- Unpaid Carers increasingly feeling isolated and unsupported
- Housing is seen as a challenging issue for workforce and vulnerable groups (e.g. older people and those with mental health issues)
- Opportunities and support for people with learning disabilities is quite limited
- There is a desire to know more about and access self-help (including using IT to self-manage) and have preventative assessments for early warning of potential health problems
- Public involvement needs to be deepened but seen as going in the right direction
- Sense that GPs are central to the future of services but struggling with workload
- Devolution is not necessarily seen as bad thing but concern that the current system's challenges will be carried over to whatever comes next
- Migrant/Refugee concerns about the quality and access of interpretation and translation services

The above themes have been shared with the Transformation Board leading the work and they will inform the next stage of engagement around Devolution. This will start with four quadrant based events which will take place in November 2016. These events are organised jointly with all Devolution partners and Hackney Healthwatch, and focus will be tweaked according to the local need. We are also using these quadrant based events as an opportunity to engage people in our commissioning intentions for 2017/18 and 18/19.

We are currently planning for a Men's Health Event (Oct 2016), Health and Wellbeing in Pregnancy event (December 2016) and a Hackney Refugee Forum focus group on mental health needs within the migrant and refugee community (Nov 2016). We are also involved and represented in events organised by local

organisations, including City Healthwatch Annual Event (Oct 2016), Big Do (organised by POHWER for people with learning disabilities, Oct 2016) and Carers Event (Nov 2016).

### **Supporting practice based patient participation groups**

Practice based patient participation groups are crucial for our PPI structures to work effectively. On-going work is taking place to look at how we can best support practices in making the most of these groups. We would like to see our existing involvement forums such as Older People's Reference Group, Health and Social Care Forum and Hackney Refugee Forum take an active role in working more closely with the practice based participation groups and are formulating a proposal for what this might look like.

### **North East London 111 service procurement**

We are involved in planning the engagement for the North East London wide 111 procurement process and our PPI representatives will take part in this.

### **Examples of Patient and Public Involvement into key performance indicators and contracting**

Patient and User Group for Integrated Services will continue to have a role in suggesting patient experience related Key Performance Indicators (KPIs) that reflect the Patient Experience Metric the group worked on in 2014/15 for a number of Integrated Care services. Additionally, our Equality and Diversity task group, which is chaired by PPI lay chair and will include PPI representation, has been asked by Contracting Team to comment on how KPIs included in contracts can better reflect patient voice and support our Equality and Diversity agenda. PPI input has also been requested into making sure that the KPIs within the CCG's Accessible Information Standard contract reflect patient and user voice.

### **Working with Hackney Refugee Forum to better understand the needs of migrant and refugee populations.**

A grant agreement is in place with Hackney Refugee Forum in order to understand how we can better meet the needs of our local migrant and refugee populations. As part of their work the refugee forum will be attending CCG's events and meetings to advocate for the migrant and refugee community, gather and share feedback and encourage participation in other involvement forums. Work will involve identifying and recording patients' needs, flagging them up in the system and ensuring that information is shared with relevant service providers.

### **Supporting GP practices to achieve Accessible Information Standard**

We are working together with City and Hackney GP confederation in supporting all 43 practices in City and Hackney to achieve the Accessible Information Standard.

The Accessible Information Standard is a new 'information standard' for implementation by all organisations that provide NHS or adult social care to ensure that patients and service users who have information or communication needs relating to a disability, impairment or sensory loss can have access to information that is easy to understand. It also applies to parents and carers of patients who have such information or communication needs, where appropriate.

The expected benefits include

- Improved health and wellbeing amongst patients
- Improved patient safety due to ability to understand and follow information regarding care and treatment
- More appropriate use of services
- Improvement in the effectiveness of clinical care due to addressing barriers to communication

- Improvement in patient experience and satisfaction, and reduction in complaints and litigation associated with failure to provide accessible information and communication support

### **Innovation Fund**

As described in section 4, we are pleased and proud of the work that has taken place through the City and Hackney Innovation Fund. Our vision for the fund going forward is to align projects that are funded with mainstream services, thus improving their fit with existing services as well as encouraging partnership working between them and the smaller Innovation Fund providers. The third round of the fund is due to launch in early November 2016 and all projects that have previously received funding will be able to apply for additional money to help them take their service to the next level.

As before, the selection process will be supported by PPI representatives, commissioners and clinicians and we will be looking for projects that can demonstrate that they have met their objectives and have a clear plan for scaling their project up.



## 6. Healthwatch Statement

### Healthwatch City of London statement for CCG PPI report 2016

Healthwatch City of London has been happy to engage with City and Hackney CCG over the last year through attendance at the governing body meetings, the PPI committee as well as the Prioritisation Committee and GP provider contracts committee. A City resident and patient has also joined the NHS Community Voices meetings to ensure inclusion of City issues.

### Ophthalmology engagement work

At the request of City and Hackney Clinical Commissioning Group Healthwatch Hackney and Healthwatch City of London carried out surveys and focus groups with users who have experience of using services for visually impaired people. This took place between December 2015 and January 2016. This informal consultation sought views on developing a community based Ophthalmology service. This work was carried out in co-ordination with Islington Clinical Commissioning Group (CCG) and Healthwatch Islington, who carried out a similar consultation.

The CCGs aim to provide care closer to home and provide services that meet people's needs at the right time, without the need to visit a hospital.

Engagement with City residents took place through:

- An online survey distributed to City residents
- A discussion session with the City 50+ group (an older persons group that meets on the Mansell Street estate)
- A discussion session with the Barbican Tuesday Club – a group of older people that all reside in the Barbican
- Telephone interviews with 2 City residents

The full report including recommendations and conclusion was presented at the PPI committee and Healthwatch City of London will follow up on actions that arise from this.

### Commissioning Intentions event

Healthwatch City of London was encouraged by the

focus on City residents at the City of London Commissioning Intentions event that took place on Wednesday 24 February at the Bishopsgate Institute – a centre for culture and heritage in the City. Attended by more than 50 local residents and patients, representatives of community and voluntary sector as well as health and social care commissioners and service providers, the event was jointly organised by the CCG and City of London Corporation.

It was good to be able to focus on the areas that are important to City residents and the unique situation of the City whose residents can often find themselves on health pathways of other boroughs. People had opportunities to share their experiences, make suggestions and ask questions about local key issues including:

- how pregnant women and children can be best supported in City of London
- physical and mental health services that are available for City of London patients in a crisis
- the role of community pharmacists
- the plans for ensuring that City residents receive good quality health care close to home
- what happens when people are discharged from the hospital

### City and Hackney Cancer Patient Experience Group

The Healthwatch City of London Manager has played an active role in this group and was instrumental in organising the public event in May 2015. We have since held a Cancer Care and Support workshop in August 2016 at St Bartholomew's Hospital in the City which was attended by a mixture of patients, carers and interested professionals in response to comments received in regard to the perceived lack of support available particularly between first diagnosis and the start of treatment and when the all clear is given.

The overwhelming response was that although there is a very wide range of information and leaflets available in the Macmillan Information Centre – patients, carers and the public were not aware of this. This could be

due to the fact that when people are first diagnosed – it is very difficult to take in any other information but the word – cancer. Therefore we will be working with Macmillan and the cancer unit to look at ways to overcome this.

Other areas highlighted included carers – what support should be available and who should be carers; poor administration causing stress; long waits at different areas such as pharmacy, haematology and the need for more information relating to symptoms of cancer and the need for swift action.

Healthwatch City of London will continue to work closely with City and Hackney CCG during the next year to ensure that City people are represented, in particular with engagement on the changing structures introduced by the Sustainability Transformation Plan.

## Statement from Healthwatch Hackney for the PPI Annual Report 2016

Note: In the interests of transparency we have contracts with the CCG to deliver:

- NHS Community Voice (with Age UK East London); and the
- Better Care Fund Patient User Experience Group.
- In addition we receive monies from the CCG via the Hackney Devolution Pilot to support the work of communications and engagement under this pilot. Healthwatch Hackney also attends the CCG Governing Body and is a member of the PPI Committee and the Prioritisation and Investment Committee.
- We welcome the City and Hackney CCG continued commitment and work to develop its Patient and Public Participation in Hackney.
- The Patient Representatives are on most CCG's Programme Boards and are increasingly well known to relevant stakeholders.
- The PPI Committee continues to offer excellent engagement with a range of patient representatives and groups involved.

- The CCG's lay member has been an active and effective champion for Patient Involvement
- The CCG continues to support Patient and Service User Involvement across Hackney, particularly in supporting some of the long established forums in Hackney such as the City and Hackney Older Peoples' Reference Group and the Hackney Refugee Forum. This enables to patient voice to play an important role informing service development and delivery.

NHS Community Voice has provided a valuable forum for patients to speak directly with commissioners and providers about service challenges and improvements. The underlying PPG structure is recognised by all as requiring a refresh and investment to build better patient involvement. Changes planned under the Devolution Pilot; in particular the introduction of 'quadrant working' in the primary care, suggests opportunities for a different approach could be tried. Therefore as primary care is restructured so should the model of patient engagement be reviewed to 'fit' this new model of care.

As set out in our last statement we continue to welcome significant positive changes in rhetoric, accountability and accessibility. The CCG continue to demonstrate this commitment and a willingness to adapt approaches to improve Patient Involvement. There are numerous examples set out in this report where the CCG show patients have been engaged to inform service development and commissioning.

We reported last year the commitment to delivering Patient Centred Care remains severely hampered by tight timeframes, limited resources, stretched staff, and a tendency for some health professionals to focus on medical models and solutions and be reluctant to relinquish control to patients. This is an increasing concern; with the implementation of new models of care and the 'pace' of introduction undermines the drive towards patient centred care.

In this context the reforms of the health system by NHS England through the implementation of Sustainability and Transformation Plans appears to undermine its

commitment of patient centred care. Translated into the local context of Hackney this means the CCG will find it increasingly challenging to effectively engage the public.

So to mitigate this challenge these are the areas we would like to work with the CCG to develop:

1. Timeframes continue to be a major barrier to effective patient involvement. This applies across commissioners and providers, not just the CCG. Genuine involvement takes time and resources. Agendas are often too full for genuine discussion, time is too short to set up meaningful patient groups and the time investment is not always there to support representatives to genuinely understand the task, and be able to play a full part. In this context the restructuring of the Better Care Fund initiated Patient User Engagement Group needs to be secured for the long-term. This group offers the opportunity to develop public representatives with the skills and time to respond effectively to system re-design and provide effective challenge to commissioners, clinicians and practitioners.
2. NHS Community Voice has improved qualitative feedback and increased attendees at its meetings. This starts to address the challenge we set last year to improve mass engagement and increase the range of involvement from Hackney's communities. We continue to look forward to working with the CCG on this agenda to increase Hackney resident participation in healthcare monitoring and development.
3. We are grateful that the CCG is receptive to the reports and recommendations we have made. We would like to explore a mechanism with the CCG for when we, or other patient groups, make recommendations on monitoring impact. This would enable us to feedback to patients how lessons from their experience have been taken on board, and encourage patients to be more involved through any route.
4. We continue to be concerned about how accessible the health service is to all of Hackney's communities. We set out a number of recommendations in our Fund for Health reports (published last year) and continue to pick up concerns about accessibility. In this context we urge the CCG to ensure its Programme Boards have clear and transparent guidelines on incorporating accessibility issues into the commissioning process. Such guidelines should be developed with and signed off by the PPI committee. This will help tackle issues ranging from understanding that literacy levels are quite low in Hackney and NHS jargon can be confusing, to large print letters, BSL interpreters, steps into buildings, lifts too small for walking frames, no waiting space for wheelchair users etc. are tackled.
5. A continuing large barrier to access is for people who do not speak English well. (2011 census shows 1 in 5 people in Hackney speak English 'not well' or 'not at all'), and we often find this is not recognised in the CCG's engagement plans. The Fund for Health and other long term engagement work show that simply translating documents is not the answer, as people often a) do not have good literacy either and b) are fundamentally unaware of how the health service works. We welcome CCG plans to review this area and its support for the Hackney Refugee Forum is helpful in this context. We believe this is a high priority issue and that any changes should be co-ordinated with local partners such as Hackney Council, Homerton Hospital, East London Foundation Trust, GP Confederation and Hackney CVS to maximise support for these communities.
6. We continue to encourage the CCG and the PPI team to develop relationships with other large commissioners and providers PPI teams to share intelligence and PPI work.

7. We welcome the way the CCG's Programme Boards are encouraged to engage with the PPI Board, which continues to be a lively and excellent forum for debate and discussion. We appreciate the work of the PPI team to support members to fully participate at these meetings. However the agenda is very crowded and time to properly discuss items remains a challenge. It would be useful to explore how this could be addressed so that the Board is able to fully address the issues brought to it.
8. Health is not an isolated activity in society. The CCG demonstrates a good understanding and willingness to address the Marmot Principles regarding the wider determinants of health such as the environment, housing, employment and education within its remit. The CCG should continue to promote this agenda and provide the PPI committee with straightforward and accessible commentary of these issues. This will help ensure PPI understand and contributes effectively to improving the health service in the context of wider societal pressures.



**Name CCG:** NHS City and Hackney Clinical Commissioning Group

**Name of the person who completed this report:** Eeva Huoviala

**Internal sign off obtained from:** CCG Governing Body

**Healthwatch statements produced by:** Healthwatch City of London and Healthwatch Hackney

**Date submitted to regional team:** 4 November 2016

**Please note the report covers the period – 1st April 2015 to 31st March 2016**