Greenwich Clinical Commissioning Group

Patient and Public Engagement Strategy

(2017 – 2020)
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Executive Summary

Background
Greenwich Clinical Commissioning Group (GCCG) has ambitious aspirations to put the people of Greenwich at the heart of commissioning local health care services. We are also keen to build ‘a new relationship with patients and communities’ as identified by the NHS Five Year Forward View. We know that listening and engaging with local people are vital to improving local healthcare services and reducing health inequalities in Greenwich. The strategy provides a framework to enable local people to influence and shape the delivery of the CCG’s corporate objectives and to support Greenwich CCG to meet its statutory duties in a fair and proportionate way. This strategy takes account of the Joint Strategic Needs Assessment for Greenwich (JSNA ref: section 3.2 in the main document) and the renewed NHS guidance for CCGs and NHS England (ref: 2.3 in the main document).

Principles: Underpinning this Patient and Public strategy are the CCG’s principles of open communication and continuous engagement with patients, the public and key stakeholders in Greenwich. We are also guided by NHS England’s 10 Principles of Participation which is based on evidence and best practice. (ref: section 2.7).

Patient and Public Engagement Objectives:
- To pro-actively inform, engage and consult patients and local people (including seldom heard groups) to shape healthcare services in Greenwich throughout the commissioning cycle.
- To undertake proportionate patient engagement to support the CCG’s QIPP programme and monitoring of patient experience. The CCG is working towards a co-production model of design and evaluation of health services.
- To increase the number of functional Patient Participation Groups (PPGs) in GP practices in Greenwich so that patient voices are represented effectively and the CCG extends the geographical coverage of its engagement activity.
- To pro-actively work with partners and providers in the health and social care economy including “gate keepers” of local “seldom heard” groups.
- To work with OHSEL (Our Healthier South East London) and South East London CCGs to keep residents of Greenwich informed and engaged in the STP (Sustainable Transformation Plan) and regional NHS developments.

Previous Patient and Public Engagement Activity
This document refreshes the NHS Greenwich Clinical Commissioning Group’s (GCCG) previous Engagement Strategy 2014-16. Reports of previous patient and public engagement work are available on the CCG website.

We are working to improve the impact of our engagement activity; and examples of changes the CCG has introduced in 2016/17 as a result of local feedback are included in section 6.3 in the main document entitled the You said, We did.
Achieving our Patient and Public engagement objectives
Greenwich CCG’s current resource (including the composition of the Engagement team) is referenced in section 7.1. A fuller account of how we intend to achieve our objectives is described in section 9 and summarised in the table below:

<table>
<thead>
<tr>
<th>Patient and Public engagement objective</th>
<th>Summary of activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>To pro-actively inform, engage and consult patients and local people (including seldom heard groups) to shape healthcare services in Greenwich throughout the commissioning cycle</td>
<td>We will organise regular events and Patient/Public Forums aligned to our commissioning priorities to enable local people to contribute to developments in their local NHS. We will continue to communicate messages about health services through a varied range of channels. We will continue to support the Lay Member for PPE and Patient Reference Group to monitor patient engagement activities.</td>
</tr>
<tr>
<td>To undertake proportionate patient engagement to support our QIPP (Quality Improvement Prevention Productivity) programme and the monitoring of patient experience. The CCG is working towards a co-production model of developing, design and evaluation of health services</td>
<td>We will evaluate whether QIPP projects require the CCG to inform, engage or consult using NHS England guidance and engagement templates. We will undertake engagement activities (e.g. events, surveys, patient stories, focus groups) to inform our QIPP plans. We will work with the Commissioning team to strengthen the Patient Voice.</td>
</tr>
<tr>
<td>To increase the number of functional Patient Participation Groups (PPGs) in GP practices in Greenwich so that patient voices are represented effectively and the CCG extends the geographical coverage of its engagement activity</td>
<td>We will conduct a mapping exercise to provide a baseline of functional local PPGs. We will produce guidance to help practices maintain effective PPGs. We will also develop publicity about PPGs.</td>
</tr>
<tr>
<td>To pro-actively work with partners and providers in the health and social care economy including “gate keepers” of local “seldom heard” groups.</td>
<td>We will continue to work with local authority colleagues (e.g. Adult Social Care, Public Health teams). We will continue to work with voluntary groups, including GAVs and Healthwatch to reach the service users they represent.</td>
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<tr>
<td>To work with OHSEL (Our Healthier South East London) and South East London CCGs to keep residents of Greenwich informed and engaged in the STP (Sustainable Transformation Plan) and regional NHS developments</td>
<td>We will continue to ensure Greenwich is represented on appropriate OHSEL groups. We will cascade STP information through local Greenwich and CCG networks and encourage local people to influence the shape of developments in South East London.</td>
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</table>

This strategy will be monitored by the Patients Reference Group (PRG) chaired by the CCG Lay Member for PPE and reviewed on an annual basis.
1 Background

Greenwich Clinical Commissioning Group (GCCG) has ambitious aspirations to put the people of Greenwich at the heart of commissioning local health care services. We are also keen to build ‘a new relationship with patients and communities’ as identified by the NHS Five Year Forward View. We know that both listening and engaging with local people are vital to improving standards of local healthcare services and reducing health inequalities in our borough. The strategy provides a framework to enable Greenwich CCG to meet its individual and collective statutory duties in a fair and proportionate way and to continue its open communication and continuous engagement with patients, the public and key stakeholders in Greenwich.

Greenwich CCG recognises that more work needs to be done to achieve our ambitions to forge "a new relationship" with local people as envisaged by the NHS Five Year Forward View. As part of our commitment to improvement, this Patient and Public Engagement strategy has been developed with input from local people from the range of engagement activities during 2016/17 and also from a diverse range of stakeholders including – our GP membership, voluntary sector representatives, Greenwich Healthwatch, Royal Borough of Greenwich and local patient representatives.

This strategy is underpinned by the NHS Constitution (https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england) which provides for everyone cared for by the NHS in England to have formal rights to make choices about the service that they receive. The Constitution sets out one’s rights as an NHS patient. This strategy is part of Greenwich CCG’s commitment to uphold the NHS Constitution.

1.2 Greenwich CCG’s mission, corporate vision and key corporate strategies, such as our Commissioning Intentions, are key drivers for this refreshed strategy which outlines key ways that Greenwich CCG intends to involve local people in the on-going work of Greenwich CCG’s Constitution and it’s commissioning of local NHS healthcare.


1.4 The NHS today exists within a very challenging environment. More people are living longer, with multiple and complex Long term conditions. Expectations of health services are high, making it essential that all NHS organisations, including Greenwich Clinical Commissioning Group (GCCG), work with local people to make the right choices and decisions about healthcare services. Faced with constrained finances alongside increased demand for health and social care, this Engagement Strategy will provide a framework to enable local people to influence and shape the delivery of local NHS health services.
1.5 **Sustainability Transformation Plan (STP)**

Greenwich CCG, along with other CCGs, local authorities and healthcare organisations across South East London have developed a Sustainability and Transformation Plan (STP) to co-ordinate services and resources to deliver the best possible care now and in future. The 6 South East London Clinical Commissioning Groups and providers have done a considerable amount of work designed to address the challenge of increased demand within a constrained health economy and improve health outcomes for people across South East London. Through the Our Healthier South East London (OHSEL) programme, Greenwich is working with Bexley, Bromley, Lambeth, Lewisham, Southwark and Greenwich to engage stakeholders and local people across all six boroughs. This strategy complements this programme of pan South East London engagement activity. More information about this is available at [http://www.ourhealthiersel.nhs.uk/](http://www.ourhealthiersel.nhs.uk/)

1.5.1 **The Sustainability and Transformation Plan (STP) is summarised below:**
The SEL Sustainability and Transformation Plan (STP) can be downloaded at [http://www.ourhealthiersel.nhs.uk/about-us/](http://www.ourhealthiersel.nhs.uk/about-us/)

## 2  Statutory Duties, Guidance and Good Practice

**Collective participation duty:** Greenwich CCG has a legal duty under the NHS Act 2006 (amended) section 14Z2 to make arrangements to involve the public in the commissioning of services for NHS patients - the public involvement duty. Greenwich CCG’s statutory obligations, including The NHS Constitution, provides a legal entitlement for patients and public to be involved in:

- the planning of healthcare services

<table>
<thead>
<tr>
<th>2016/17</th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
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<tbody>
<tr>
<td><strong>Urgent and emergency care</strong></td>
<td>Plan to achieve 7-day services developed with Healthy London Partnership in line with the London Quality Standards</td>
<td>Front door streaming at co-located sites</td>
<td>Priority 7-day standards in place for 60% of population</td>
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<td></td>
<td>Evaluation of short stay paediatric unit</td>
<td>Rapid-response teams in place</td>
<td>Enhanced Urgent Care in place</td>
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<td></td>
<td>Assess options for CORE 24 and CORE Comprehensive for larger teaching hospitals</td>
<td>Digital access to care plans</td>
<td>Planning for 4 hour wait target for mental health and ceasing OATs</td>
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<tr>
<td></td>
<td>Ensure mental health needs are identified and addressed as well as physical health needs</td>
<td></td>
<td></td>
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<tr>
<td><strong>Planned care</strong></td>
<td>Elective care centres strategic outline case and consultation</td>
<td>Elective care centres full business cases</td>
<td>Elective care centres build and go live</td>
</tr>
<tr>
<td></td>
<td>Opportunities for further collaboration identified</td>
<td>All providers meeting referral to treatment standard</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GSTT and LQT meeting referral to treatment standard</td>
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<tr>
<td><strong>Cancer</strong></td>
<td>Support development of Accountable Clinical Network</td>
<td>Evaluate outcomes of multidisciplinary diagnostic centre pilot</td>
<td>Implementation of consistent community based care offer to support those living with and beyond cancer including addressing mental health needs</td>
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<td></td>
<td>Demand and capacity analysis to meet 02 day wait</td>
<td>Roll out of multidisciplinary diagnostic centre model across SEL</td>
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<td></td>
<td>Opening of Cancer Centres at Guy’s and Queen Mary’s</td>
<td>Go live of single Acute Oncology phone line for south east London</td>
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<tr>
<td><strong>Children and young people</strong></td>
<td>Development of SEL children and young people population planning network</td>
<td>Improving access to children and young people’s mental health services trajectory to 2020 agreed</td>
<td>Integrated care models for children and young people with long term conditions</td>
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<tr>
<td></td>
<td></td>
<td>Children and young people performance dashboard</td>
<td>Building parenting and peer support in the community</td>
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<td></td>
<td>Taking a preventative approach, incorporating working more closely with other agencies to tackle the wider determinants of mental illness</td>
<td>Develop emotional literacy and resilience through school based support, alongside earlier identification and intervention</td>
</tr>
<tr>
<td><strong>Maternity</strong></td>
<td>Maternity performance dashboard,</td>
<td>Standardised maternity specification, including mental health</td>
<td>Increased out of labour ward births</td>
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<tr>
<td></td>
<td>Standardised information on birth setting choices</td>
<td>Saving Babies Lives care bundle implementation</td>
<td>Local continuity of care ambition achieved</td>
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• the development and consideration of proposals for changes in the way those services are provided
• the decisions affecting the operation of those services

2.1 **Individual participation duty**: Under the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), CCGs and NHS England have duties to promote the involvement of patients in their own health and care, (sections 14U and 13H respectively). Individual participation relates to patients and carers being involved in and managing their own health, care and treatment by being part of decisions about their care. The CCG is committed to enabling individual participation and addressing the requirements of this duty.

Personalised care and support planning are at the heart of the CCG’s individual statutory duty to support people to manage their own health and well-being on an on-going basis. We aim to do this through the development of Personal Health Budgets and Personal Care Plans as well as supporting specific initiatives e.g. Greenwich Diabetic Support Group.

2.2 **Patient Choice:**

Choice is a key component of the NHS Five Year Forward View and central to the future of the NHS. Clinical Commissioning Groups (CCGs) have a duty (NHS Act 2006, sections 14U and 14V) to enable patient to make choices, and to promote their involvement in decisions in respect of their care or treatment. Improvements are needed not only for currently commissioned services but also in the planning and development of new services. This includes embedding patient choice within new care models, and in Sustainability and Transformation Plans (STPs). NHS England published the **Securing meaningful choice for patients: CCG planning and improvement guide** in August 2016 to help CCGs deliver their statutory duties by highlighting what they need to do to make choice work well for the populations they serve. One of the key enablers to delivering this CCG statutory duty is increasing patient/public awareness of their right to Patient choices, including their legal rights and the choices available to them. ([https://www.england.nhs.uk/wp-content/uploads/2017/01/choice-planning-guidance.pdf](https://www.england.nhs.uk/wp-content/uploads/2017/01/choice-planning-guidance.pdf))


2.4 CCGs progress on Patient and Public participation will be monitored through the CCG Improvement and Assessment Framework.
2.5 The guidance sets out 10 key actions on how CCGs and NHS England can embed patient involvement in their work. These 10 key actions are:

- Involve the public in governance
- Explain the public involvement in commissioning plans/ business plans
- Demonstrate public involvement in annual reports
- Promote and publicise public involvement
- Assess, plan and take action to involve
- Feedback and evaluate
- Implement assurance and improvement systems
- Advance equalities and reduce health inequalities
- Provide support for effective involvement
- Hold providers to account

2.6 This strategy is also informed by principles of good practice - open communication and continuous engagement with patients, the public and key stakeholders.

2.7 NHS England has also developed **10 principles** of participation based on a review of research, best practice reports and the views of stakeholders.

- Reach out to people rather than expecting them to come to you and ask them how they want to be involved, avoiding assumptions.
- Promote equality and diversity and encourage and respect different beliefs and opinions.
- Proactively seek participation from people who experience health inequalities and poor health outcomes.
- Value people’s lived experience and use all the strengths and talents that people bring to the table, working towards shared goals and aiming for constructive and productive conversations.
- Provide clear and easy to understand information and seek to facilitate involvement by all, recognising that everyone has different needs. This includes working with advocacy services and other partners where necessary.
- Take time to plan and budget for participation and start involving people as early as possible.
- Be open, honest and transparent in the way you work; tell people about the evidence base for decisions, and be clear about resource limitations and other relevant constraints. Where information has to be kept confidential, explain why.
- Invest in partnerships, have an on-going dialogue and avoid tokenism; provide information, support, training and the right kind of leadership so everyone can work, learn and improve together.
- Review experience (positive and negative) and learn from it to continuously improve how people are involved.
- Recognise, record and celebrate people’s contributions and give feedback on the results of involvement; show people how they are valued

2.8 Where applicable, we aim to take account of other models of good practice, such as principles developed by National Voices during their work with the NHS Vanguard sites. ([http://www.nationalvoices.org.uk/publications/our-publications/six-principles-](http://www.nationalvoices.org.uk/publications/our-publications/six-principles-)}
3 Local Greenwich Context

3.1 Greenwich is a diverse inner London Borough with areas of affluence and deprivation. With the rapid increase in new housing, the borough has seen its population increase rapidly and this rise is predicted to continue. The demography of the population has also changed, with approximately half of the borough’s population now of black and minority ethnic background. There has been significant migration into the borough, most notably from Nigeria and other West African countries, Nepal and a number of Eastern European countries such as Poland and Lithuania.

On average, healthy life expectancy is shorter in Greenwich than it is in England for both males and females; Although the picture remains mixed, improvements in life expectancy have been made and inequalities in life expectancy have reduced. Life expectancy in Greenwich is 82.5 years for females and 79 years for males according to the latest JSNA (http://www.greenwichjsna.org/app/uploads/2015/08/Health-quality-of-life-and-life-expectancy.pdf)

3.2 Main areas of poor health

In Greenwich we have a growing and ageing population, requiring increased health input, with ever growing expectations on health care services.

According to the Joint Strategic Needs Assessment (JSNA) for Greenwich the major causes of death in Greenwich are cancer and coronary heart disease (CHD), although death rates from both are improving. For respiratory diseases, including COPD, rates are falling faster than other areas in London. The JSNA priorities include six major conditions, six risk factors and seven underlying determinants of health as below:
There is ample evidence that social and environmental factors, including employment, income level and the suitability of housing have a marked influence on health. The green boxes (in the above diagram) show the identified determinants of health that impact on the health of people in Greenwich.

The amber boxes show the risk factors for the major conditions listed in the boxes in red. We describe these conditions as the avoidable burden of ill health, as with the right help and support, for example, to give up smoking or to get people back into employment. The development of some of the diseases may be prevented.

In the delivery of this strategy, the CCG will work with the Royal Borough of Greenwich’s Public Health team and other partners (e.g. Health and Well-being Board) to address and engage the local population to address the health challenges and reduce local health inequalities. The strategy also compliments the local authority’s Voluntary Sector and Community Sector strategy 2017 – 2022 which includes an objective “to develop and agree engagement systems between voluntary/community organisations and Greenwich CCG by December 2017. We recognise that by working with organisations within the wider health economy and across the public and voluntary sectors, Greenwich CCG will maximise the reach of its engagement.
4 Greenwich CCG Commissioning Priorities

NHS Greenwich Clinical Commissioning group (GCCG) plans, buys and oversees healthcare services on behalf of approx. 283,000 people in Greenwich. The Greenwich Joint Health Needs Assessment (JSNA) helps the CCG decide how best health services can address identified health needs and reduce health inequalities. We consistently strive to balance needs and clinical priorities to ensure that we can maximise the impact of the local NHS’s finite financial resources.

4.1 GCCG’s identified commissioning priorities provide an opportunity for tailored engagement activity. The CCG Engagement team will be working closely with respective project leads to ensure that the patient voice is fully represented in the following priority areas:

4.2 Primary Care: GCCG took on full level 3 delegated responsibility for primary care contracting with effect from 1 April 2017. As the CCG is a membership organisation it has a unique working relationship with local GPs and nominated clinical leads sharing management responsibilities for designated programmes of work. Together, GCCG is working to meet the challenges set out in the Five Year Forward View and the vision of a seamless seven day service. ([https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf](https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf))

4.3 Adult Integrated Care: Our plans include proactively identifying and managing people who are at high risk of illness (e.g. the elderly, those with long term condition) for early intervention within the community and primary care. Also when clinically required to also provide planned access to specialist support.

4.4 Children and Maternity care: We are working with the Council and wider South East Network to improve maternity services and to deliver the Greenwich Children and Young People Plan (GCYPP). More information is available at: ([http://www.royalgreenwich.gov.uk/downloads/download/247/children_and_young_people_plan](http://www.royalgreenwich.gov.uk/downloads/download/247/children_and_young_people_plan))

4.5 Adult Mental Health – GCCG is working with partners (including Oxleas NHS Foundation Trust) on a number of initiatives including addressing the shortcomings identified in the CQC Report following the inspection of April 2016. We are also improving diagnosis rates and care of people with dementia.

4.6 Planned Care and Cancer Care - GCCG plans to redesign a number of services within community settings that enable safe, smooth and timely transition of people with long-term conditions admitted to secondary care into the community. GCCG along with its partners plans to improve the cancer referral pathway within primary care and help improve performance around the 2 week wait for people with suspected cancer.

4.7 Urgent Care - We continue to work with partners in the local health economy and through the Accident and Emergency Care Delivery Board arrangements to review demand, improve the urgent care pathway and address increases in reported activity.
4.8 Medicines Optimisation – In light of the limited resources available, GCCG is working to encourage responsible prescribing of medication and improve a more equitable distribution of medicines.

The full copy of GCCG Commissioning Intentions can be downloaded via (http://www.greenwichccg.nhs.uk/stp%20plans/Clinical%20Commissioning%20Group%20Commissioning%20Intentions%20FINAL.pdf#search=Commissioning%20Intentions)

5 **Greenwich CCG’s Corporate Objectives:**
Greenwich CCG refreshed its corporate objectives in May 2017.

<table>
<thead>
<tr>
<th>GCCG’s Corporate Objectives are:</th>
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<tbody>
<tr>
<td>1. To commission safe, sustainable, efficient and affordable services to meet the health and wellbeing needs of the population of Greenwich and reduce health inequalities;</td>
</tr>
<tr>
<td>2. To ensure the CCG’s position recovers to meet its financial duties and performance standards;</td>
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<tr>
<td>3. To nurture and support primary care to be resilient and thrive;</td>
</tr>
<tr>
<td>4. To strengthen productive relationships with partners and the public to work as a health and care system;</td>
</tr>
<tr>
<td>5. To actively engage with our communities to improve their experience of healthcare;</td>
</tr>
<tr>
<td>6. To play an active and influential role in shaping SE London and London wide commissioning.</td>
</tr>
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</table>

This Patient and Public Engagement Strategy provides a framework for local people to influence and shape the delivery of the CCG’s corporate objectives.

6 **Previous Patient and Public Engagement Activity**
We seek to build on the wealth of engagement activities that the GCCG has undertaken since its authorisation in 2013. Reports of previous patient and public engagement work are available at http://www.greenwichccg.nhs.uk/Get-Involved/Have-your-say/Pages/Patient-and-public-engagement.aspx

6.1 **We will continue to use different levels of engagement to achieve our objectives:**
- Acting as a signpost and raising awareness of health topics by communicating with patients and local people in plain English and accessible formats as required. This level of communication is done through a number of channels including leaflets,
posters, the local media, our public website, our Annual Report, public Governing Body meetings and using social media, such as Twitter.

- Listening to patients and the public, establishing opportunities for on-going dialogue and obtaining feedback to monitor the quality of the services and ensure service reviews, changes and management is informed by patient experience. We gain feedback through our Patient Fora and social media; and also through complaints, feedback gained from our partners, e.g. GP Practice Patient Participation Groups (PPGs), Healthwatch, voluntary organisations and other health and social care service representatives.

- Involving service users pro-actively in focus groups and engagement sessions to develop services. The CCG is working towards a co-production model of planning, design, delivery and evaluation of health services.

- Working closely with our partners and community representatives as part of the CCG’s decision-making; with all parties having clear roles and responsibilities, usually for a defined purpose, e.g. lay members on the CCG Governing Body, members of the Patient Reference Group, patient/public involvement in CCG procurement and commissioning groups.

6.2 Highlights of engagement activity to date include:

- Establishing sound infrastructure for communications and engagement including: Three Governing Body members with responsibilities for patient engagement with a dedicated session at each Governing Body meeting giving local people on-going opportunity to engage with the CCG leadership and raise their concerns first hand. All Governing Body agendas and papers are published on-line at [http://www.greenwichccg.nhs.uk/About-Us/Governing-body/Pages/Governing-Body-Meetings.aspx](http://www.greenwichccg.nhs.uk/About-Us/Governing-body/Pages/Governing-Body-Meetings.aspx)

- Building strong community networks and partnerships including the Greenwich Pensioner Forum, GRIP (Greenwich Inclusion Project), GAVS (Greenwich Action for Voluntary Services) and Healthwatch Greenwich.

- A Patient Reference Group (PRG) to monitor GCCG’s engagement work and provide the GCCG with the appropriate assurance regarding compliance with its statutory duties.

- A series of engagement event reports about various local health issues pertaining to CGG’s commissioning intentions and service developments.
6.3 Some of the changes we have introduced in 2016/17 following local feedback are:

<table>
<thead>
<tr>
<th>You Said</th>
<th>We did</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td></td>
</tr>
<tr>
<td>You wanted easier access to services and help at times of crisis</td>
<td>We are developing a 24-hour crisis line so that service users, carers and their networks have easier access to support at a time of mental health crisis.</td>
</tr>
<tr>
<td>You would like easier transition between services</td>
<td>We are working on more joined-up care so that health, social and practical needs can be met by professionals working as one team.</td>
</tr>
<tr>
<td>You would like care that takes account of all your needs</td>
<td>We are making it easier for service users to receive care and support quickly without needing to go to A&amp;E or speak to several different professionals in a crisis.</td>
</tr>
<tr>
<td>Diabetes</td>
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<tr>
<td>You were concerned about high number of minor foot amputation rates for local people with diabetes</td>
<td>We are introducing initiatives to manage cholesterol, blood pressure and blood sugar levels in the community to reduce complications linked to Diabetes. We are also introducing extra structured education places for existing patients.</td>
</tr>
<tr>
<td>Stroke services</td>
<td></td>
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<tr>
<td>You wanted information about support available for local survivors of Stroke</td>
<td>We worked with residents to developed a leaflet for stroke survivors which we publicised through local network</td>
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</table>

7 Patient and Public Engagement Objectives:

A To pro-actively inform, engage and consult patients and local people (including seldom heard groups) to shape healthcare services in Greenwich throughout the commissioning cycle

B To undertake proportionate patient engagement to support the CCG’s QIPP programme and monitoring of patient experience. The CCG is working towards a co-production model of developing, design and evaluation of health services.

C To increase the number of functional Patient Participation Groups (PPGs) in GP practices in Greenwich so that patient voices are represented effectively and the CCG extends the geographical coverage of its engagement activity

D To pro-actively work with partners and providers in the health and social care economy including “gate keepers” of local “seldom heard” groups.

E To work with OHSEL (Our Healthier South East London) and South East London CCGs to keep residents of Greenwich informed and engaged in the STP (Sustainable Transformation Plan) and regional NHS developments
7.1 **Resources, Governance and Structure**

In a climate of constrained NHS resources, the CCG’s current resources to deliver our ambitions for Patient and Public engagement consists of:

- A full time Head of Communications and Engagement (CSU)
- A full time Stakeholder Engagement officer (CCG)
- A part time Communications manager (CSU)
- A full time Business support officer (CCG)

The CCG has three Governing Body members with responsibilities for patient engagement - The statutory lay member and Governing Body champion for patient and public involvement (PPE), the GP executive clinical lead on PPE and the Director of Integrated Governance. PPE sits within the Integrated Governance directorate.

The CCG also has a Patient Reference Group (PRG) to support and oversee the CCG’s engagement activities. The PRG is chaired by the lay member on the Governing Body for PPE and its membership includes local representatives from GP Patient Participation Groups (PPG), Healthwatch and individuals linked with voluntary sector groups e.g. GrIP (Greenwich Inclusion Project). The PRG meets on a monthly basis and reports to the Governing Body.

The CCG also continues to maximise the impact of its engagement activities through its partnerships with other organisations such as the London borough of Greenwich, the Greenwich Action for Voluntary Services (GAVS) and NEL CSU central team.

8 **Our Patients and Public**

Greenwich is made up of diverse communities sometimes living in contrasting parts of the borough. GCCG has identified three key challenges in the delivery of its engagement activity. These challenges are outlined below

- The Geographical Challenge – Greenwich CCG is striving to reach different areas of the borough of Greenwich Borough?
- The strategic Challenge – The CCG’s clinical and strategic priorities are key drivers for the organisation’s engagement activity
- The “seldom heard” Challenge – The CCG is committed to an inclusive approach and to take account of the groups whose views are traditionally under-represented
We also recognise that specific projects may require additional stakeholder mapping to ensure engagement activity is appropriately targeted. We aim to work with other local patient groups including relevant groups run by our providers e.g. Oxleas, Lewisham and Greenwich Trust.

8.1 GCCG is committed to an inclusive approach to engagement paying particular regard to “seldom heard” groups and striving to take account of the nine statutory protected characteristics identified in the Equality Act 2010, namely:

1. age
2. disability
3. gender reassignment
4. marriage and civil partnership (in employment)
5. pregnancy and maternity
6. race
7. religion and belief
8. sex
9. sexual orientation

In South East London, CCGs have identified additional groups which the health economy in South East London (as a whole) have agreed to pro-actively target to ensure diverse voices within the Greenwich population are appropriately considered. These additional groups are:

- Carers
- Residents in economically deprived areas
Diagram 8.2:

Geographical Challenge
Greenwich CCG striving to reach different areas of the borough of Greenwich Borough?

Equalities/ Seldom Heard – Challenge
The CCG is committed to an inclusive approach. We are striving to engage with groups whose views are traditionally under-represented.

Key drivers for engagement activity
- CCG’s clinical priorities/JSNA
- QIPP
- Areas rated “need for improvement”
- STP

Partners + Providers
Including
- Patients & residents of Greenwich
- MPs
- Local media
- CCGs in South East London
- OHSEL (Our Healthier South East London)

Areas of social economic deprivation
Achieving our Patient and Public Engagement Objectives

A Patient and Public Engagement Objective:

- To pro-actively inform, engage and consult patients and local people (including seldom heard groups) to shape healthcare services in Greenwich throughout the commissioning cycle

To achieve these objectives,

- We will organise regular events and Patient/Public Forums aligned to our commissioning priorities and where appropriate, sponsor external events (such as the Great Together and World Mental Health Day) to enable local people to contribute to developments in their local NHS on an on-going basis

- We will continue to support the Patient and Public Involvement Lay Member and Patient Reference Group to provide strategic leadership and scrutiny regarding the CCG’s patient and public engagement activities. We aim to embed the Patient Voice in CCG commissioning and governance processes.

- We will continue to communicate information messages about health services through a varied range of channels

- We will work with partners to gather intelligence through patient feedback to reduce health inequalities and improve health care services from events, discussions and partnership activities with Healthwatch Greenwich and Greenwich Action for Voluntary services.

- We will produce post-engagement reports and endeavour to show patients and the public how their involvement has influenced local health care

- We will use inclusive, clear language and imagery taking account of specific audience needs, where possible, e.g. alternative formats such as easy to read versions, video and similar communications to patients and public, where appropriate

B Patient and Public Engagement Objective:

- To undertake proportionate patient engagement to support our QIPP (Quality Improvement Prevention Productivity) programme and the monitoring of patient experience. The CCG is working towards a co-production model of developing, design and evaluation of health services
To achieve these objectives,

- We will evaluate whether QIPP projects require the CCG to inform, engage or consult on proposals to health care pathways and services using NHS England guidance and engagement templates.
- We will design and undertake engagement activities (e.g. events, surveys, patient stories, focus groups) to support our QIPP plans.
- We will work with Commissioning team to strengthen the Patient Voice/feedback from patients in contract monitoring and similar processes.

C  Patient and Public engagement Objective:

- To increase the number of functional Patient Participation Groups (PPGs) in GP practices in Greenwich so that patient voices are represented effectively and the CCG extends the geographical coverage of its engagement activity.

To achieve these objectives,

- We will conduct a mapping exercise (through desk research and engagement with Practice managers) to provide baseline for the increase of functional local PPGs.
- We will produce guidance to help practices maintain effective PPGs and work with Primary Care team to develop appropriate monitoring mechanisms for local PPGs.
- We engage with practice staff, existing PPG members and clinical leads to support the dissemination of information about developments in primary care to patients and the public.
- We encourage local people to join their local PPG through increased publicity (using printed materials and social media).

D  Patient and Public Engagement Objective:

- To pro-actively work with partners and providers in the health and social care economy including “gate keepers” of local “seldom heard” groups.

To achieve these objectives,

- We will continue to work with the Royal Borough of Greenwich (e.g. Adult Social Care, Public Health teams and Healthier Communities and Adult Social Care Scrutiny Committee (HCASC).
• We will continue to work with Healthwatch Greenwich on various committees – Patient Reference Group, Market Management and Procurement, the Quality Committee.
• We will continue to work with voluntary groups, including GAVs and Public Health community champions to reach the service users and people they represent
• We will continue to use partner communications channels to maximise the reach of CCG information

E Patient and Public Engagement Objective:
• To work with OHSEL (Our Healthier South East London) and South East London CCGs to keep residents of Greenwich informed and engaged in the STP (Sustainable Transformation Plan) and regional NHS developments

To achieve these objectives,
• We will continue to ensure Greenwich is represented on appropriate OHSEL communications and engagement groups
• We will ensure information about the South East London STP (Sustainable Transformation Plan), proposals is cascaded through local Greenwich and CCG networks
• We will continue to encourage local people to get involved in STP engagement opportunities and influence the shape of developments in South East London.

10 Monitoring and Reviewing this Strategy

The Director of Quality and Integrated Governance provides strategic oversight of this Patient and Public Engagement Strategy. In Greenwich, engagement is the business of all staff in the CCG and this is reflected in the inclusion of an engagement objective in annual appraisals and individual development plans.

The Communications and Engagement Team, (comprising of the Head of Communications and Engagement, Senior Stakeholder manager, Communications Officer (P/T) and Communications Business Support Manager), is responsible for the day-to-day delivery of this strategy. The strategy will be reviewed on an annual basis.

Greenwich CCG's Patient and Public engagement (PPE) activities are monitored by the Patients Reference Group (PRG) chaired by the CCG Lay Member for PPE. The group meets on a monthly basis and includes representatives from local PPGs, Healthwatch and Public Health. The PRG reports to the Governing Body. Progress reports about Patient and Public Engagement are also presented at the Greenwich Executive Group and the Quality Committee meetings.
The dedicated Patient Public Engagement area on the Greenwich CCG website (How to get involved) includes:

- Previous and current Patient Public Engagement Strategies
- Monthly Patient Engagement Reports (as part of the Governing Body Papers)
- Post-engagement activity and public consultation reports for different initiatives
- Minutes from the Patient Reference Group meetings
- Public engagement publicity and campaign materials