

Annual Engagement Report - Derbyshire CCGs 2018/19

Service Transformation



CCGs Merger

Asset Based Community Development

Our Plans 2019/20



Learning Disabilities Short Breaks Service in North Derbyshire

Improving Health and Care

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- Chestiness
- Diarrhoea
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Our Commitment



Equalities

Financial Recovery

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1. Welcome

It is with great pleasure that I am able to introduce the Derbyshire CCGs' first Annual Engagement Report. Engagement in local healthcare commissioning and provision is one of the pillars of how our NHS works. Seeking and acting upon the views of our patients is crucial to ensure that we are matching the overarching desires and drivers of the NHS with delivery of services that meet local needs and accessible to our populations. Of course, we have legal duties of engagement and involvement, but we believe that these are delivered as a by-product of our desire to work with patients.

It is well documented that 2018/19 has been a challenging year for the four CCGs in Derbyshire. Financial recovery, staff restructuring and a merger process to manage has seen us dealing with a number of difficult issues all at the same time. We have also come in for some criticism during this time around the level of engagement we have undertaken in our financial recovery planning and delivery. Some of this criticism has been fair, but much of it has not, although we have learned a number of lessons through this year's process which will help us for the future.

It shouldn't be forgotten that as well as the challenges – and we have made significant progress with them as this report helps to explain – we have had many successes across a range of our service improvement programmes and in delivering the model of care agreed by our partners in the Derbyshire Health and Care system.

This report highlights some of the work we have done to engage and involve people in our work as commissioners, in the difficult areas of financial recovery, but also in those areas where we have made real improvements to the lives of local people and the outcomes they are able to see as they interact with the local health service. The report also highlights where we have learned lessons and wish to strengthen our engagement approach as we move into a single strategic commissioner with the launch of the new NHS Derby and Derbyshire CCG from 1 April 2019. Finally, the report highlights the various ways in which the new CCG will further embed engagement in our working, so that we can better demonstrate where we have involved local people in every part of our work.

Dr Chris Clayton
Chief Executive Officer
Derbyshire CCGs



2. Who we are and what we do

Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

This means that it is a CCG's role to understand local health needs and ensure there are contracts in place with providers of NHS services to meet these needs. CCGs receive money directly from the Department of Health and Social Care and use this money to fund and monitor the contracts they have in place for services. The four Derbyshire CCGs – NHS Erewash CCG, NHS Hardwick CCG, NHS North Derbyshire CCG and NHS Southern Derbyshire CCG – receive a total of £1.6bn a year from government funding to buy services in this way.

CCGs are also membership organisations, made up of all GP practices in Derbyshire.

Derbyshire's four CCGs have been working closely together in 2018/19 with the intention of a formal merger into a new, single commissioning organisation from 1 April 2019. This is subject to approval by NHS England and regardless, the four CCGs have agreed to work together to align the approach to public engagement and patient experience across Derbyshire to ensure that the best of each CCG's approaches is adopted.



3. Our commitment

We are committed to involving people in the work of the CCG and to listening to what local people tell us about their experience of local care and services. This commitment is set out in our constitution, our draft Engagement Strategy and our draft Experience Strategy.¹

Our vision for engagement is that people who use services and their carers will be routinely involved in providing feedback to influence health and social care commissioning, provision and governance. The CCG already actively involves and engages with local partners and sees this approach as essential in the strategic planning process.

In practice, this means that we expect to see:

- People being involved and engaged in their care (day-to-day engagement)
- People's experience of services being captured, understood and responded to (patient experience and engagement)
- Patients experience and involvement leading the design and delivery of improvements to services (involvement in improvement projects) through the commissioning process
- Peoples experiences of services leading the development of transformation planning in both the conceptualisation and the development of an idea

Our work progress to mainstream patient experience, engagement and involvement in our decision-making processes, in line with the commissioning cycle, positioning patients at the centre of what we do through early engagement in all appropriate projects and service evaluations.

¹ To be approved by the Governing Body of the new NHS Derby and Derbyshire CCG from April 2019.

4. How we engage

The 4 Derbyshire CCGs aim is to include patient and public engagement at all stages in the CCGs work. This will see local people engaged at a range of levels on a spectrum of initial co-production of values and decision-making criteria, engagement in small scale changes, through to being respondents in formal public consultations where significant service change is proposed

We involve the public and patients in a variety of ways and use a number of developed processes to ensure we are capturing views, reaching seldom heard communities, ensuring views are influencing decision making and feeding back to those who have been involved.

The approach we use depends on what we are engaging on and who we need to engage with. We use a number of approaches including events, surveys, face to face interviews, focus groups, workshops, social media, and direct contact and through our partner networks. Critical to the success of our engagement is maintaining strong and effective relationships with our local communities and partners.

Healthwatch Derbyshire / Healthwatch Derby

Healthwatch continues to be an important partner for the CCG. They are regularly involved in CCG formal and informal meetings including Governing Body and Lay/Patient Reference Group discussions. They attend the Quality and Performance Committee on a monthly basis and are invited to input into the quarterly patient experience report that is tabled there. Healthwatch was invited to fortnightly commissioning intention meetings to discuss schemes of work under the financial recovery plan and has supported the CCG to put processes in place for early involvement of patients and members of the public in options and project development. They regularly provide patient engagement reports, for example Children and Young People's Mental Health Services which are a valuable source of information when service reviews are taking place. Healthwatch Derbyshire also has worked with in Southern Derbyshire CCG in validating consultation and engagement reports to ensure that there is no unconscious bias in the analysis of feedback from the public.

Working with the Voluntary Sector

The CCGs have a history of strong links with the voluntary sector in Derbyshire. We continue to work closely with them in relation to our plans, particularly with regard to Place. We use their networks as well as our own direct contacts to reach out to more voluntary sector organisations and into diverse communities across Derbyshire. Following a review of voluntary sector provision we are currently working with the Local Authority to look at infrastructure support and developing a revised offer with these organisations to ensure closer working links with vulnerable communities and specifically around social prescribing models and community connectors.

Derbyshire Maternity Voices

The Maternity Services Liaison Committees in Derbyshire were started via a series of events in the West and East of North Derbyshire and ran for approximately 20 years. The Derbyshire CCGs replaced these committees with a Derbyshire wide Maternity Voices group. The aim of this group is to facilitate the bringing together of interested parents and family members with professionals to form a self-managed group that provides opportunities for people to share their maternity experiences in order to influence positive change and service improvement in Derbyshire. The first meeting of the newly established Derbyshire Maternity Voices was held in March 2018 and further meetings and engagement events will take place throughout the year. [Derbyshire Maternity Voices - Home | Facebook](#)

Lay/Patient Reference Groups

There are formal Lay or Patient Reference Groups established in Hardwick, North Derbyshire and Southern Derbyshire, along with a robust lay network in Erewash. A small group of experienced members of the public have continued to meet on a monthly basis providing a valuable contribution in the role of critical friend to the CCGs. Over the last year the groups have provided valuable input to the CCG relating to for example QIPP and CCGs financial challenges; views on consultations; raising issues of concern from the community, for example a specific hospital ward as well as reports of good practice, such as in our Emergency Department.

Patient Participation Groups (PPGs)

Patient Participation Groups (PPGs) are a contractual requirement of GP practices and can be either a virtual or a formal group that meet on a regular basis. Many practices have had a PPG for a number of years and have often found them invaluable in getting feedback about practice issues and improving services for patients. Members of the Patient Experience Team have attended PPG meetings to provide project updates as well as offering advice on developing the group in terms of membership and engaging with the wider community. As PPGs have raised ideas and concerns which the CCG have acted upon e.g. suggestions regarding the provision of Ophthalmology in the community which resulted in a change in the service specification.

PPG Networks

PPG Networks bring together local groups of PPGs and are facilitated by the CCGs Patient Experience Team. There are PPG Networks in Hardwick, High Peak, Dales, Dronfield, Eckington & Killamarsh and Chesterfield. Standards for these meetings are in place including Terms of Reference, Patient Chair role description and schedule of meetings, Minutes produced by the CCG and standing agenda items. The meetings provide a forum to share good practice between PPGs and to keep informed and engaged with national and local NHS developments such as the Better Care Closer to Home project implementation; National Patient Experience Survey practice results;

8:8 practice opening; CCGs financial position and the Derbyshire STP. Visitors have regularly included the Assistant Chief Nurse, the Clinical Lead and the CCG's Chief Officer.

Place

'Place' involves commissioners; community services providers, local authorities, primary care, the voluntary and community sector, and the public working together to meet the needs of local people. There are eight 'Place Alliances' across Derbyshire. Each Place Alliance has a group of key decision-makers, from health, care and local organisations and stakeholders including the voluntary sector. This is to ensure the plans reflect the views of local people. The CCG aims to further enhance the involvement of communities and patients through the development of Place Engagement Groups during 2019/20. Members of the Place Alliances have been completing a "leading Across Boundaries" programme to support collaborative working and develop influence skills across traditional divisions and barriers.

Lay Representation on CCG Quality groups and Committees

Lay representatives sit on key forums in the CCG including Regional 111 Clinical Quality Review Group and Out of Hours Clinical Quality Review Group. Governing body lay members chair the Governance, Finance and soon to be established Engagement committees.

Quality Visits

Lay representatives are part of the quality visit team and bring a patient focus to the visits and an objectivity that is different from clinical and commissioning colleagues. Visits are usually part of a planned schedule of visits across the services, but occasionally can occur reactively in response to concerns raised with or by the CCG. Being part of the local community lay members are often able to bring 'local intelligence' to the teams observations and discussions and will be able to see quality from a patient and public perspective and therefore bring balance to what could otherwise be a top-heavy clinical and/or commissioning view of the patient experience. We have developed key performance indicators and "triggers" for a good patient experience and lay representatives and patients will be able to monitor performance against these on future quality visits.

Confirm & Challenge Panels

CCG Commissioners are invited to attend Confirm and Challenge sessions made up of lay representatives from across Derbyshire to consider key business projects.

The purpose of the panels is to enable Project Managers to present their projects at an early stage, to explain what their project is about, to be asked questions and to receive feedback. An important role of the panel is to challenge any assumptions about the project from a patient perspective.

Co-production Forum

Co-production working has been introduced as a critical first step in the CCGs financial recovery approach to support the CCGs in how they may ultimately make some very difficult decisions. A limited number of invited local people from communities across Derbyshire and representatives from the existing Lay/ Patient Reference Groups took part in an initial workshop to co-produce a robust set of values and decision-making criteria to be used within the CCG's decision-making processes. The CCG is committed to developing an ongoing programme of co-production, engagement and discussion as it develops its financial recovery plan.

Engagement Committee

The Derbyshire CCGs will set up an Engagement Committee to be in place by April 2019 in line with the proposed CCG merger. This committee will provide a lay forum within which discussions can take place to assess levels of assurance and risk in relation to the delivery of statutory duties in public and patient involvement and consultation, as defined within the Health & Social Care Act 2012. Governing Body PPI Lay members, representatives from Place, Healthwatch and the Voluntary Sector will form the membership.

Social Media

In order to access a wider range of participants the CCG has expanded its use of social media through the use of Face Book and Twitter. This was particularly useful when targeting engagement to specific demographics such as our maternity services engagement, and increasing our engagement reach during the Gluten Free and Self-Care prescribing consultations.

Advertising

The CCG promotes opportunities to get involved on the website, social media, in adverts in the local paper, standing in local marketplaces, attending community events and publicising through partner networks. A Patient Experience News Bulletin is produced in North Derbyshire that includes information about national and health local initiatives and opportunities to get involved and is circulated to PPG Networks and the Patient Reference Group. It is available on the Patient Zone of the CCG website. [Patient Experience Bulletin](#) Now that the CCG is preparing to enter a merged CCG the intention is to produce a patient experience and engagement newsletter to circulate to all patients/public that have an involvement in the work of the CCG.

Online

All 4 Derbyshire CCGs utilise online opportunities to engage and consult.

5. Patient experience and involvement in our services

We are committed to delivering health care using an integrated approach with our local partners to improve not only the safety and effectiveness of care but the experience of care for patients and service users.

Patient experience is a core component of clinical quality. In essence 'patient experience' is what the process of care feels like for the patient, their carer and the family and is captured by the quote "people may not remember what you did or what you said but they will remember how it made them feel"

The Four CCGs have been working together under single leadership to deliver a good patient experience over the last twelve months. Particular developments have been seen in how we use the information from patient, carers and the public about their experiences of health care to commission services. For example over the last year we have engaged patients in the commissioning process and seen a real change to services in a number of ways including:

Patient Experience Source	You Said	We Did
<p>IAPT Talking Therapy services. Following a range of patient engagement we identified the key feedback from patients to inform the revised service specifications</p>	<p>People want:</p> <ul style="list-style-type: none"> • clear easily available information via the web and marketing materials • locally based services available out of hours • to be easily accessible for people aged over 65 years • to be able to get treatment promptly • people to be able to have enough session to meet their needs • therapy to focus on how people can help themselves in the future to stay well • People want different things when it came to choice of provider. Some people wanted to choose; other people wanted to go to one place to get help and were more concerned about the quality of service • fair and transparent payment mechanism that recognised cost pressures and the 	<ul style="list-style-type: none"> • Built in a requirement to be included in the service specification* for out of hours appointments at all hubs • Explicit requirement in service specification not to have limited session numbers and to use NICE* guidelines • Proposed co-ordinated access via a lead provider and a single point of access using one computer system, with treatment provided by a range of providers • Inclusion of professional advice point • Inclusion of national guidance on caseloads. Updated payment model to reflect more complex need • We will include an improved protocol about how IAPT works with secondary mental health services

	<p>increasingly complex nature of treatment</p> <ul style="list-style-type: none"> • service to be designed in a way that enable people with more complex needs to be supported effectively • service well integrated with primary care and physical healthcare but had mixed views about how to do this 	<ul style="list-style-type: none"> • We have included a requirement in the service specification to work with community groups and organisations supporting wellbeing • Requirement for a 'hub and spoke' model across all Place areas
Children's Continence Services	<ul style="list-style-type: none"> • We want you to work with schools to support children and families • The Frequency of support visits is important • Access to advise out of hours is important • We are concerned about the quality of products • Compassion and dignity is important for young people 	<ul style="list-style-type: none"> • Specification went through 9 revisions in total to erasure the feedback was reflected in the standards and measures in it. Nov 2016 to final draft in august 2018 • The service specification has a section with individual outcome's that young people want including being listened to, telling their story only once, being involved in decisions, collaborative working and involvement of schools and other support

To embed this approach further we developed our Patient Experience Strategy the aim of which is to ensure that Derbyshire CCGs is fully equipped to improve patient and service user experience of commissioned services. This includes the achievement of national and local targets set for both Derbyshire CCG and its providers, embedding robust assurance processes and ensuring that patient experience improves year on year.

5.1 Patient Experience - Our Approach

Our approach is threefold

1. To ensure that we use a variety of different mechanisms, methods and approaches to engage with patients, their carers and the public to understand their experiences and needs. This includes understanding how we can best involve people, when they need to be engaged or indeed want to be engaged
2. To having systems, processes and infrastructure in place to ensure the feedback we receive influences the design, delivery and implementation of services in the commissioning, contracting and transformation cycles
3. To develop core patient experience criteria (KPIs) as a minimal requirement of all providers we commission with and to develop specialised and specific criteria as appropriate

The overall objectives of the CCGs are:

- To be an organisation which learns from multiple sources and uses a variety of techniques to inform the way we commission care and services
- To comply with the requirements of Equality Duty and Due Regard and Public Participation and Engagement when developing and commissioning services
- To review, develop and commission services where decisions are made in relation to putting patients, carers and their experience at the heart of what we do
- To ensure strategic priorities and commissioning intentions are developed which reflect the desired patient experience
- To work with patients and the public to increase their understanding and influence of health care
- To continue to improve the patient experience so that the number of patients who rate services highly (GP Surveys, Patient Experience Surveys etc.) continues to increase
- To develop robust, effective, timely and appropriate means of measuring and improving the patient experience.

6. Equalities

The Public Sector Equality Duty (the Equality Duty) was created by the Equality Act 2010 in order to harmonise the previous race, disability and gender equality duties and to extend protection to the new protected characteristics listed in the Act. The Equality Duty replaced these duties and it came into force on 5 April 2011.

The duty covers age, disability, sex, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation. It applies in England, Scotland and in Wales. The general equality duty is set out in section 149 of the Equality Act 2010.

In summary, we need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The way in which we meet the Public Sector Equality Duty includes:

- Ensuring all staff understand their duties around Equality and this will be included in all staff job descriptions
- Reporting progress through the EDS2 template every year
- Developing Equality Objectives and reporting progress against deliver
- Ensuring that Equality is considered at every decision making committee through robust cover sheets ensuring that the considerations are highlighted
- Ensuring Due Regard is taken in all decision making through an Equality Impact Assessment which is reviewed by the Equality lead and feedback is given for any areas needing development
- Supporting staff to understand Equality and how to complete an EIA through one to one and group discussion sessions
- Linking Equality and Quality impacts through a joint panel approval process
- Ensuring all decisions include a reasonable adjustment statement as there is an understanding that there are always exceptions

Through the processes above we can be assured that there is an assessment of the impact of the decisions we make. This is also true for our approach to engagement. At the start of any project and assessment of both the Equality (EIA) and Quality (QIA) impacts of suggested changes is undertaken. Through discussion at the joint EIA and QIA panel the project lead receives challenge and confirmation to ensure that they have considered the implications of proposed changes. The starting point for any discussions around engagement is around who is currently accessing the service and information from the EIA is used to identify any protected groups that need special consideration.

To ensure that we understand who has been involved in our engagement work we ensure that a full demographic questionnaire is included in any survey or other engagement work and this is used to build a profile of who has engaged with us. From this information we can see if there are any groups of people who have not provided feedback and we can then undertake additional work to ensure they are given the opportunity to engage.

7. Improving Health and Care

It is easy to turn straight to the statutory duties prescribed for CCGs through the Health and Social Care Act when talking about patient involvement and engagement. These are often the projects where the most contentious issues arise, yet there is a wide range of day to day engagement in commissioning processes which, whilst contributing to the CCG delivery of these duties, are not as contentious and therefore are not so visible to the wider population of Derbyshire. In all of our commissioning work we will seek to involve patients, their carers and service providers in helping us to understand how services can be adapted or developed to support patient care and improve the health of patients. We have highlighted some examples of this work to improve health below.

7.1 Wellbeing Erewash – April 2015/August 2018

Purpose: To work with communities to develop personal and community engagement using asset based community development.

Activity: Events were held along with Community connector development sessions and Asset based community development sessions.



Asset mapping was undertaken to assess the area. Surveys were produced and shared with the local communities. Online activities were shared along with organising a range of groups.

What people told us: People felt there is a lot happening and most services are available and appropriate, but people don't know what is happening and how-to join up the assets with the needs.

Outcome:

- Increasing citizen representation and participation on CCG groups and committees
- Citizen involvement in the Wellbeing Erewash programmes
- Citizen representatives in the Health as a Social Movement project

- Citizen and Lay representatives involved in the review of the Equality and Diversity scheme objectives and evidence for the CCG
- Established a **Community Development Forum** to connect individuals and groups and so strengthen communities
- Introduction of **Community connectors** – volunteers who work to connect people to groups and assets
- A number of events and information sessions with service users and providers
- In excess of 60 people now trained as mental health first aiders to support people to attend local groups and activities instead of mental health specific activities
- Hosted Well Being Erewash events to explore strengthening communities and developing personal and community resilience plans
- A range of activities to support community resilience including; Quality for Health Package to support the voluntary sector, an online community directory so users can find specific interests and support and the establishment of a voluntary sector forum to share practice, opportunities and resources
- Commissioned a **“Brilliant Erewash”** programme as part of the **“Art of Being Brilliant”** programme to work with year 7 pupils to transform the way young people think about themselves, developing good habits, increasing ambition, increasing ability to manage their own mental wellbeing and increase self-esteem, confidence and resilience
- As part of the community and personal resilience work stream of Wellbeing Erewash we have involved Derby University in conducting research with local women into their drinking habits and exploring ways to consider healthier choices. This also uses person centred approaches
- Voluntary sector and third sector engagement in our work
- Thriving Cotmanhay project



7.2 Diabetes Prevention Week 2018 (16 - 22 April 2018)

Purpose: The campaign has been developed to raise awareness of the Healthier You: NHS Diabetes Prevention Programme (NDPP), increase programme referrals and encourage members of the public to be more aware of the symptoms of type 2 diabetes. The campaign was developed by NHS England and Public Health England.

Activity: Toolkits were ordered for all 116 practices in Derbyshire to promote the awareness week to patient and included posters, leaflets and bunting.

- Diabetes Charity Silver Star was commissioned by STPs to hold Diabetes Prevention Roadshows across 8 locations within East Midlands, this included Normanton and Chesterfield in Derbyshire.
- Diabetes is particularly prevalent in south Asian people; therefore Normanton was targeted for this reason.
- Members of the public were invited to complete the Diabetes UK Risk Tool and if they were considered to be at risk, they were offered a point of care HbA1c blood test. They were provided with information about their risk of diabetes as well as information on the NHS Diabetes Prevention Programme and were advised to see their GP to request a venous HbA1c blood test and request referral onto the NHS Diabetes Prevention Programme.
- Social media channels were also used to reach a wider audience.

What people told us: Feedback from patients revealed they were keen to understand what actions they could take to reduce the risk of developing diabetes. They were also unaware that structured education was available to help them reduce the risk.

Patients with Type 2 diabetes also visited the prevention roadshow to enquire what was available to help them manage their condition. People were provided with leaflets about the XPERT structured education course and informed that it can also be delivered in community languages.

Outcome: The Normanton roadshow proved to be the most 'visited' roadshow in the East Midlands.

- At the roadshows members of the public were invited to have their risk of developing Type 2 diabetes assessed and were provided with information about the NHS Diabetes Prevention Programme
- Over the course of the week 255 people in Derbyshire had their diabetes risk assessed at the roadshows (158 in Normanton & 97 in Chesterfield)
- 76 people were identified as being at high risk of diabetes following point of care HbA1c blood test (59 in Normanton & 17 in Chesterfield)
- GP practice engagement with patients in surgeries via the use of the toolkit for Diabetes Prevention Week including the use of the NHS DPP videos – patient stories and animated clips – including display of these on TV screens in GP surgeries.

7.3 Handi App – February/June 2018

Purpose: To encourage parent and carers to self-manage minor illnesses for their 0-5 year olds.

Activity: Derbyshire CCGs created an App based on the existing app used by Taunton CCG

Outcome: As below and Handi App has been launched across Derbyshire.

Month	Used Parents/Carers	Used Medical Professionals	Total
February 2018	37	10	62
March 2018	462	186	648
April 2018	463	518	981
May 2018	1343	594	1937
June 2018	767	309	1076

7.4 Maternity Campaign Development – November 18/January 19

Purpose: For you and Baby is a county-wide campaign to promote healthy lifestyle behaviours in pregnancy and early years.

Activity: Data was collected using both qualitative and quantitative research with over 200 Derbyshire residents. This data was then analysed to support creating the plan.

- Online survey was created to investigate the attitudes of target audience groups towards smoking in pregnancy and breast feeding, as well as their awareness of support services and belief in myths related to the topic areas. It also asked participants to share their own experiences. Survey was cascaded to audiences via facebook advertising and key stakeholder contacts in areas including children's services (Early intervention) teams, Health Visitors, Clinical director leads, antenatal and new born services, midwifery teams and a local breastfeeding network.

What people told us: In total over 140 participants took part in the survey. A scoping phase was created to review the data particularly around smoking.

Outcome: Programmes are still live and outcome data is yet to be finalised.

8. Service Transformation

We work with teams across the CCGs and systems to support the engagement work required for service transformation. Such projects can range from wide-scale reviews of care pathways to very local transformation affecting a particular element of a particular service. In each case we work to understand the make-up of the local population or affected service users and tailor our engagement to ensure we can be inclusive and seek views from those potentially affected by change, and also to help determine the approach to our engagement as this differs from project to project. For instance, our pre-engagement approach for our Learning Disability Short Breaks looked very different to our engagement work in Belper.

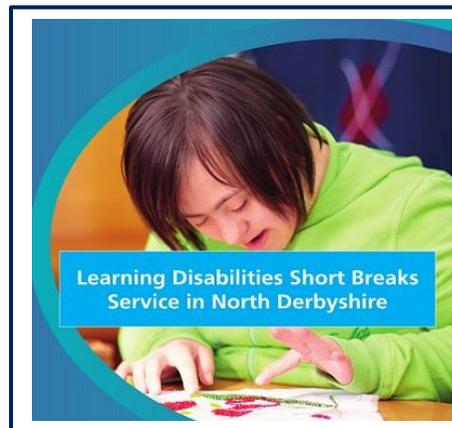
8.1 Learning Disability Short Breaks pre-engagement work – July 2018/September 2018

Listening Approach	Response
Interviews	54 families
<i>Face to Face</i>	36
<i>Telephone</i>	18
Feedback Survey	117
<i>Paper</i>	34
<i>Online</i>	17
<i>Interviews</i>	66
Survey respondents	117
<i>Person with LD</i>	11
<i>Carer/Family Member</i>	88
<i>Staff Member</i>	11
<i>Other</i>	7
Other responses	10
<i>Email, letters</i>	10
Group Meetings	4
<i>LD Partnership Boards</i>	37 people
<i>Patient Reference</i>	
<i>Group</i>	

Purpose: The NHS provided residential respite service has been delivered in north Derbyshire for around 30 years. However, many things have changed since the service started and many challenges are now presented. 5 Residential respite services in north Derbyshire were under consideration:

- Amberley, Eckington, North Eastern Derbyshire
- Orchard Cottage, Darley Dale, North Dales
- Robertson Road, Buxton, High Peak
- Valley View, Ashgreen, Chesterfield
- Rockley, Shirebrook, Bolsover

Activity: An issues paper was shared with Service users/carers, Staff and Stakeholders which outlined the challenges facing the provision of short breaks care in North Derbyshire and asking them for their views. An easy read document was produced. An online survey was also produced.



What people told us: A [listening feedback report](#) was produced outlining all of the feedback provided by service users and their families. Key themes were:

- **Service Users** - want to continue attending their NHS respite unit. They value staff as friends, their independence, activities and friends
- **Complex care needs** – carers said the person they cared for had complex needs. Staff said many required constant health checks and monitoring
- **Alternative respite** – small number of carers would/might consider either care at home or going away on holiday if care in the unit was no longer available. Preference was for residential respite in the local NHS unit to continue
- **Family survival** – respite care considered essential to continue to provide care at home. Otherwise carers say they may be forced to admit loved ones into care
- **Reduction in Service demand** – challenged. Some not getting as much respite care as previously. View that units have not taken new referrals for some time. People with challenging behaviour being care for alone in the unit
- **Willing to pay** – some carers said they would be willing to contribute to the cost of respite care
- **Quality – Trust, Confidence, Safety, Staff** – having dedicated specialist staff who could deal with complex health needs, behaviour, limited communication gave families the trust and confidence
- **Peace of mind** – it's only respite if you had peace of mind your loved one was being care for properly
- **Home-time not a holiday** – carers want to spend time at home re-charging their batteries
- **Routine and Continuity** – many service users require this to feel comfortable and happy
- **Potential service change** - Strong feelings against any change in availability of the current service

Outcome: The report has been shared with CCG commissioners of the Learning Disability Short Breaks service who have presented this to Derbyshire CCGs Governing Body (GB) Meeting in Common with the findings from the service review so far and potential areas for future consideration.

The GB asked that commissioners engage further with the individual service users and carers to fully understand the potential implications for them of any suggested change in service delivery.

Small group meetings with families are being offered during March 2019 to explain to families the next steps in the review process.

8.2 South Yorkshire and Bassetlaw Hospital Services Review – April 2018/Ongoing

Purpose: Health & Care Working Together in South Yorkshire and Bassetlaw, (SYB) known as the Integrated Care System (ICS) commissioned an independent review of Hospital Services covering:

- Urgent and Emergency Care
- Maternity Services
- Hospital services for very poorly children
- Gastroenterology including investigations
- Stroke (early supported discharge and rehabilitation)

This includes services provided from hospitals in the region including **Chesterfield Royal Hospital**



Activity: An initial feedback report was published in May 2018 and patients and public were asked to comment on the recommendations being put forward to change the number of hospital sites offering the reviewed services. The ND Engagement Team invited feedback in the following ways:

- North Derbyshire lay reps attended engagement meeting at the Source, Sheffield accompanied by members of the Engagement Team
- Ran an Equalities Focus Group attended by 12 people representing protected characteristics
- Agenda item and feedback collated from each of the North Derbyshire and Hardwick PPG Networks and Patient Reference Group meetings
- Publicised on the NDCCG website in the Patient Zone
- Targeted communication to community groups through voluntary sector organisations and Healthwatch + to MPs/ local councillors
- CCG attendance at Eckington Residents group
- SY&B Project Team attended North Derbyshire's Patient Reference Group Meeting

CCG Engagement & Communications staff continue to work closely with the SY&B Review Team during this engagement period. The formal consultation period for this Review is planned for the end of 2019 early 2020

What people told us: Concerns about:

- Transport issues for people in north Derbyshire, including visitor and ambulance transport times/ distances particularly Maternity
- South Yorkshire IT systems not being compatible with Derbyshire.
- Focus is on caring for people at home, but still a problem of bed blocking due to lack of care in the community.
- Risk of losing a consultant led maternity service in Chesterfield, complications can arise very quickly

It makes sense to access this specialist gastroenterology treatment as soon as possible to prevent long-term problems and unnecessary deaths.

Give us some data to back up your proposals - Tell us how many cases would be affected by any suggested change in ND

Outcome: North Derbyshire patient's views taken into consideration in the further development of proposals, including representation from protected characteristics.

Transport is recognised by the Review Team as requiring major consideration in development of firm proposals for change. 3 lay representatives from north Derbyshire are participating in a Transport Working group looking at practical patient transport issues that would result in any change to where services are delivered.

8.3 Joined Up Care Derbyshire – Belper Services Review - January/June 2018

Purpose: To engage with patients and public regarding a new health facility in Belper

- To understand local need
- To look at community facility
- To look at bedded service needs

Activity: A period of engagement was launched on 17th January with a joint meeting of the 4 local Patient Participation Groups of Appletree, Arthur, Riversdale and Whitemoor GP Practices.

Following this meeting information was distributed to the community through two main methods: Face to face engagement and distribution of materials.

In summary:

- 1359 People spoken to
- 3226 Joined up Care Belper documents distributed
- 26,082 Flyers distributed
- Number of booklets handed out: 2256
- The CCG and DCHS staff undertook engagement session both in Belper Clinic and on King Street in Belper as follows: Belper Clinic- 19 sessions, King Street, Belper- 10 sessions, Belper Farmers Market- 1 session, In total staff spent over 140 hours talking to local people about proposed changes.

After each engagement session staff completed a short feedback summary including how much information they handed out and how many people they talked to. A summary of this information is below.

When the CCG circulated information about proposed changes to Babington staff offered to attend meetings and groups to present information and answer any questions. Meetings to which the CCG were invited are listed below:

- NHS SOS
- Belper 50+ Forum
- Belper Town Council

The CCG also attended meetings of the four main GP Practices in the area before the engagement period started to talk to members about the proposals and encouraged them to engage in the discussions that were to come.

The CCG were supported in the distribution of flyers detailing ways to get involved in the engagement by:

Distribution at the turnstiles of Belper Town Football club match- 910 handed out at matches and the remaining 90 taken to local pubs and cafes by a member of the football club staff. Feedback from the person distributing the information to the pubs and cafes commented:

CCG Engagement & Communications staff continue to work closely with the SY&B Review Team during this engagement period. The formal consultation period for this Review is planned for the end of 2019 early 2020

There was media coverage both before and during the engagement. To understand the impact of media coverage a calculation has been done independently by Kantar Media:

- Belper News two stories = 1908 readers
- Amber Valley Info- two stories = 2750 readers
- Derby Evening Telegraph- three stories = 110562 readers

Total reached 115,220.

SDCCG and DCHS used Twitter to cross promote press releases and alert followers when new information was being added to the Joined up Care Belper pages of the CCG website.

What people told us:

Comments included the following:

- The building is no longer fit for purpose and that a new building is needed.
- It was also commented that the building no longer meets the needs of the local population and one member of staff talked about how they have a disability and find the current site very difficult to get around.
- There was recognition that local people have an emotional attachment to the current building and this is not felt by people new to the area
- There were 26 comments related to the need for more information.
- It was felt that there should be more information about the costs to refurbish the current Babington site and a feasibility study to understand all of the options
- There were 18 comments from people who felt that there was nothing wrong with the current site, especially the clinic, and investment should just be made on the current site.
- In addition there were also two questions asked as to why there had not been enough investment put into the current Babington site.

- People were clear that the proposed new service would be harder to access both by road and also by public transport as it is a longer walk from the nearest bus stop compared to the stop just outside the current Babington site.
- There were 14 comments around issues with car parking at the proposed new site. It is felt that 41 spaces will not be enough compared to the number of spaces at the current Babington site.
- There were 13 comments about concerns with having to access services on other sites such as Ripley and Ilkeston and how there were not suitable public transport links.
- There were 11 comments from people feeling that the proposals actually meant a reduction in services due to the change in bed model. People felt that they needed nursing beds in Belper. There was also one comment that the services in the new build were not equivalent due to the lack of nursing beds.
- There were 8 comments about concerns about future services. This included having enough staff to provide good quality care at home and enough support for people in their own home. There were also concerns about forward planning and if the new proposals were taking the changing health needs into account
- There were 6 comments about concerns for staffing at the proposed new site. Some concerns were related to reliance on social care staff at the new community care centre where beds would be in the future. Concerns were related to not enough staff and how cuts are always being made in social care and if this would affect services in the future. There were also concerns that staff in the proposed new service would not be equipped to deal with patients effectively as opposed to the current nursing model.

Outcome: The Governing Body made a decision in June 2018 to proceed with new build taking into account the comments and requirements made by local people.

8.4 Psychodynamic Psychotherapies Public Consultation – October 2018/January 2019

Purpose: Further to an extensive programme of engagement the consultation was designed to understand what matters most to service users about the Psychodynamic Psychotherapy service in the context of how it could potentially be delivered differently in the future. Also to understand the views of the service provider, clinicians, partners, stakeholders and others with an interest in this service.

Activity: A public consultation regarding Psychodynamic Psychotherapies was launched on 10 October 2018 and this was scheduled to run until 11 January 2019. This was delivered via a range of online and offline channels including a survey which was the main feedback route. It was also taken to various scrutiny committees and boards to ensure that it was widely publicised and promoted.

What people told us: From the point of launch the CCG received feedback from a range of sources which included survey feedback, direct correspondence and a petition. A consistent strand of feedback indicated that rather than focus on Psychodynamic Psychotherapy in isolation, the CCG should conduct a wider review of psychological therapies. This feedback was carefully evaluated and discussed in detail within the CCG and with other partners.

Outcome: Further to this evaluation a decision was made by the CCGs Executive Team and Chair of the CCGs Clinical and Lay Commissioning Committee to pause the consultation for Psychodynamic Psychotherapy from 4 December 2018. This was pending a recommendation to the CCGs Governing Bodies in common that the consultation should end and a wider review of psychological therapies in conjunction with a comprehensive programme of engagement should commence. The recommendation was approved by the CCGs Governing Bodies at their meeting in common on 13 December 2018.

Following that decision the CCGs, in conjunction with partners have been working to draft the Terms of Reference for the wider review and this work continues through a series of meetings and detailed discussions. Whilst some of the detail is still being worked through, the commitment made in public through various channels is that the programme of engagement to support the review will be extensive and inclusive.

This is an important example of the CCG's commitment to listening to views and changing approach in response to feedback.

8.5 Wheelchair Services Procurement – May 2018/December 2018

Purpose: To ensure standards in the contract and the procurement process is informed by current and past service users and future potential users, including children and people with learning disabilities.

Activity: Engagement with the following groups using surveys and attendance at meetings:

• Survey posted on line	• Erewash Healthy Voices	• Derbyshire Parents Forum
• Erewash Community Connectors Meeting	• Erewash Community Voluntary Services (CVS)	• North Derbyshire CVS
• Derbyshire Parents Carers	• Parents Carers Together	• Readycall
• DIASS	• Chesterfield Care group	• Parkinson’s Disease Society
• Parkinson’s Disease Support Group	• Red Cross Derbyshire	• Good Health Group
• Empower Derby – autism and LD	• Umbrella	• Stroke Association
• Armed Forces Support (SAFFA)	• Enable – armed forces	• Breathe Easy
• Alzheimer’s UK	• Derbyshire Dales Carers	• Crossroads – East midlands Carers
• Disability Nottinghamshire	• Sight Support Derbyshire	• Disability Syndicate
• Age UK Derbyshire	• Carers Sitting Services	• Homeless Trust
• Disability direct	• Derbyshire Centre for Integrated living (DCIL)	• Community Concern Erewash
• Homestart	• Fibromyalgia Group	

What people told us: The key findings suggest that people want a service that is accessible in terms of location and service hours with faster responses times than have previously been available. There is also an appetite for evening and weekend opening for around 20% of service users.

- The Chair in a Day Model was favoured by around 70% of service users
- Personal Wheelchair budgets received a mixed response with 35% saying it was an excellent or very good idea but 21% not liking the idea.
- When asked about home visits people were very clear in stating the circumstance in which they should be offered and these related to vulnerable and isolated people and those with transport concerns and issues. There were also suggestions about offering home visits to assess the use of the chair and equipment in the home setting
- Many people said they are willing and able to return and collect equipment, other were willing but struggled with transport and health issues.

Outcome: Services users supported to understand and decide on the personal wheelchair budgets options

- The findings were built into the service specification. Including operating hours, location of services, and implementation of a chair in the day model as appropriate
- Service went live on January 2019
- Service users were part of the evaluation and moderation of the bids
- Service users met preferred bidders for Q&As
- Children assessed in school as well as home setting.

9. Financial Recovery & Efficiency

The CCGs' financial challenge has been well publicised during 2018. Our Governing Bodies have been required to make some challenging decisions about the way in which we spend our money, and this has rightly been done in the public eye at our monthly meetings in common. In addition, the CCG has attended the local authority Scrutiny meetings regularly during the year to update on progress with financial recovery, in part to account for how we are seeking to make proposed savings and also to provide assurance on the engagement we have done or plan to do where services may change.

In the context of a £51m savings target, the CCG has continued to stress that only £5m related to prioritisation of resources or service decommissioning, with the remainder found in transactional, contractual matters where spending is duplicated or where other efficiencies can be found. Wherever the CCG has needed to engage to meet statutory duties under the Health and Social Care Act, we have appraised the scrutiny committees as necessary and continue to do so.

2019/20 will be an equally challenging year financially and we are already in the process of working with teams across the CCG to seek very early lay confirm and challenge into emerging plans. Again, where schemes represent a potential service change, we will implement a comprehensive programme of engagement to ensure patients; and other people's views can support our plan development and decision-making process.

Scrutiny Attendance

The CCG regularly attends local authority scrutiny meetings to update and involve local councillors in our planning and engagement processes. Since June 2018, we have attended regularly on the specific topic of our financial position and the table below describes the various attendances for this purpose. We continue to engage with scrutiny and this will continue into 2019/20 as we seek to implement our medium term financial recovery programme.

Derby City Adults and Health Scrutiny Review Board	Derbyshire Adult Health Improvement & Scrutiny Committee
19 June 2018 – private session	16 July 2018 – exempt session
25 September 2018 – private session	13 August 2018 – exempt session
	10 September 2018 – public session
	1 October 2018 – public
	26 November 2018 - public
	4 February 2018 – public
	11 March 2018 – public/exempt

9.1 Confirm and Challenge Sessions November 2018 and January 2019

Purpose: CCG Commissioners are invited to attend Confirm and Challenge sessions made up of lay representatives to consider key business projects. This is intended to build in engagement at a very early stage of a project, often in their embryonic form.

Project Managers explain what their project is about, and lay people ask questions, offer suggestions and challenge assumptions from a patient perspective.

Activity: Around 12 lay people attended each of the 5 sessions held to date:

- Learning Disability Assessment Treatment Unit Review & LD Short Breaks Review
- Mental Health Locked door rehabilitation project
- Outpatients Programme – Bringing services closer to home
- Review of District Nursing contract(s)
- Review of Children's Urgent Care Crisis Team

More sessions are planned in March and will be ongoing throughout 2019.

What people told us: A range of observations and suggestions were made during discussions. These are some examples:

- **Learning Disability** - Need to build in independent advocacy and link to child sexual exploitation.
- **Mental Health** - Explore repurposing of buildings already taken out of commission and preparing communities to receive patients.
- **Outpatients programme** - Evaluation of existing good and poor models required. Needs to be a local focus as well as consideration to people accessing a variety of cross border services.
- **District Nursing** - Existing contract system leads to waste and inefficiency. Contract with existing provider should be 1 year to allow for development of Place based commissioning. Concerns about changes in delivering wound care may prevent some patients from accessing the service
- **Children's Urgent Care** – Does a reduction in bed days equal an improved use of beds or reduction in access to CYP. Consider prevention initiatives to reduce service demand to include social media and technologies for CYP to get advice/support. Service needs to be appropriately linked in to the 111 service.

Outcome: Project Managers found the questions and observations very helpful and thought provoking. They agreed to take these into consideration in the further scoping of their project. They agreed to come back to participate in another session after 6 months' time.

9.2 CCG Financial Recovery Co-production Workshop – November 2018

Purpose: Co-production working has been introduced as a critical first step in the CCGs financial recovery approach to support the CCGs in how they may ultimately make some very difficult decisions.

Activity: Invited 16 local people from communities across Derbyshire and representatives from the existing Lay/Patient Reference Groups took part in an initial workshop to co-produce a robust set of values and decision making criteria to be used within the CCGs decision-making processes. The group considered and provided their input into the CCGs draft decision making criteria.

What people told us: Overall, the group felt that the decision making criteria was a really useful tool to support the CCG in its decision making processes but considered it difficult to apply weighting. Comments included:

- **Strategic fit/must do** - It was strongly felt that if something is a 'must do' then it should not be included in the weighting.
- **Clinical Effectiveness** - The shared view was that it was crucial that 'consensus evidence' is used for decision making.
- **Health Benefits/Health Gain** - A robust measure for Quality of Life was very important rather than just an extension of life without significant quality.
- **Cost Effectiveness** - Include some aspect of outcomes that could be expected for a certain cost and that would allow the CCG to understand value of the service.

Suggestion that the voluntary sector could do a lot more to support clinical services and how this would be a lot more cost effective.

Ask - Is there an alternative that provides the same outcome?

- **Impact on Health Inequalities** - You can't change health inequality but you can make your services targeted and responsive to health inequalities.

CCG needs to identify its priorities around health inequalities and the criteria can be weighted around that.

- **Do-ability/Return on Investment** - Return on Investment (ROI) might not be realised for a number of years, even a life-time and that should be considered along with short term gains.

Where does the added value provided by the voluntary sector come into this criterion?

Does this activity need to include a broader context **e.g. link with Social Care**

Outcome: The CCG considered the feedback received and clarified points already taken into consideration and made adjustments to the criteria in relation to the Impact on health inequalities. Comments on the importance of the voluntary sector were acknowledged and noted whilst not specifically included in the framework as this will depend on services/interventions being reviewed.

9.3 Voluntary Sector – April / December 2018

Purpose: To understand the services we fund through voluntary sector and ensure the service providers, stakeholders and service users provide feedback on current provision and ideas for future provision. To understand how we can provide a better offer for Infrastructure VCS organisations in Derbyshire.

Activity: We undertook case studies, interviews, local events, discussion groups. An online survey was developed along with undertaking feedback forums.

What people told us: There are a range of services that are identified as social care and without a direct impact on health across Derbyshire.

- Some services were identified as clinical pathway essentials and as such much are maintained and reviewed to meet the needs identified through the review
- It was stated that there was a need to maintain a strong infrastructure in Derbyshire to support the grant maintained organisations. It was noted that the offer to infrastructure needs to change and there needs to be more 'joined up' work at this level

Outcome: As a result of the feedback the range of discretionary grants being offered has changed to reflect clinical pathways and patient need.

- Joint work with Derbyshire County Council to ensure that social care grants are now part of their package of services
- A review of grant services with a view to moving to commissioned and contracted service with more stability for the provider than grants offer
- A review of infrastructure offer, jointly with Derbyshire County Council, to ensure that it meets the needs of smaller grant maintained organisations

9.4 Joined Up Care Derbyshire – Financial Solutions – July 2018

Purpose: To engage with patients and public on the financial situation and solutions.

Activity: A series of events across Derbyshire in the daytime and the evenings to present the current financial situations and engage with the public regarding potential solutions in the year ahead

What people told us: The timings of the Joined up Care meetings coincided with a review of discretionary grant funding of the Voluntary Sector as well as the decommissioning of the Mental Health Engagement service. Therefore, much of the feedback came from and was related to the Voluntary Sector.

- Returns on Investment - There were a number of discussions around the added value that the Voluntary Sector brings
- Concerns about the lack of engagement with the voluntary sector around ways in which the voluntary sector could support the system Firstly with funding as the voluntary sector has access to additional match funding and grant monies that they can bring to Derbyshire. In addition the sector can provide services at a lower cost and with additional added value than the statutory sector
- Communication about the discretionary funding- There were a number of requests for more communication about the process for decision making around the VCS funding including what the process is, what the timeframe for a decision and also if there were going to be any engagement events
- Joint funding with Local Authority - There were questions around joint working with local authorities and if opportunities had been explored looking at more joint funding
- Mental health engagement - Questions arose as to why the service was funded if it is being cut only one year into its existence. Was it supposed to be short term? There were also questions about the mental health investment standards and if this service should fall under that remit?
- There were questions about how the views of people using services would be factored into the voluntary sector funding review and also other service reviews
- There were specific concerns around older people who are often vulnerable and without family support mechanisms and they need practical and lower and higher level support including befriending and shopping
- Current social care arrangements which are often felt not to be enough to meet the persons full needs e.g. a couple of 15 minute visits per day. Where are these people going to go? There were also concerns highlighted that it may end up with people staying in hospital longer as there is not enough support for patients to be discharged in a timely manner
- It was felt to be difficult to expect staff in the VCS to work this quickly as they have other commitments and it is over the holiday period. It was strongly felt that there was not enough notice given on the need to provide information
- There were comments that it should be recognised that Derbyshire is very diverse and that there are areas of significant rurality and this can significantly affect accessing services as either services are not accessible or not available locally. Assurance from the CCG was requested to ensure that services would be equitable across Derbyshire and where appropriate special consideration would be given to rural areas.
- Those attending the sessions felt that there was a need to be more open with wider public about financial challenge as it is difficult to appreciate the scale of the challenge and understand why changes in services are proposed

Outcomes: As a direct result of this engagement a new process for confirm and challenge for projects at the earliest stage has been developed in collaboration with Healthwatch Derbyshire.

- With regards voluntary sector funding, we extended the programme of work around the voluntary sector and had two further periods of engagement with service users on one to one basis, case studies and through group sessions. Following a period of extensive engagement and review a panel of staff, GPs and lay people reviewed each scheme against criteria and identified those grants which are essential to pathway delivery and those which relate to social care provision. An adjustment in funding and grants was then agreed at the governing body to reflect this outcome
- We worked with the LA to review an offer for infrastructure organisations who support the services in receipt of grant funding
- It was confirmed that the 2 year turnaround is an essential programme of work for the short term but at the same time there is work on the longer term plans which people can be involved in
- There will continue to be a focus on local services and health needs through the development of Place Alliances. These will:
 - Be provider organisations delivering a wide range of services across the community to deliver outcomes specified by the strategic commissioner
 - Localise plans and prioritises community nursing services, community/neighbourhood mental health services, integrated care teams
 - Support the development of neighbourhood teams based around primary care hubs/ groups of practices working at scale – can cross over current CCG boundaries
 - Will be up and running in shadow form from 1 April 2019 if not before

10. CCG Merger

The four Derbyshire CCGs have been working closely together for the last two years, having in-common or joint meetings where this has helped to speed up and unify decision making processes. The appointment of a single Chief Executive Officer and Chief Finance Officer were the first steps towards joint management, and this has been followed by further appointments and a restructure of all CCG teams.

The CCG Governing Bodies made the decision in May 2018 that the CCG should come together formally in a merger as a final step in the development of a single commissioning approach across Derbyshire and Derby City. The aims of the merger were seen to be to enable strategic commissioning decisions across a single CCG to benefit local patients by providing consistency and reducing duplication, both for ourselves as health service commissioners and for the hospitals, community and mental health services we contract with. It would also help improve services for over one million patients by reducing variation in quality and access to care and will drive up standards across all providers. We undertook a brief public consultation on the merger in August 2018.

Purpose: To engage the public around the proposed merger of four CCGs to one Derby and Derbyshire CCG.

Activity: Stakeholders were consulted via an online survey and two public events. List of stakeholders as below:

Derby City Council (OSC)	Derbyshire County Council (ISC)	Derby City Council & Derbyshire County Council (H&WB)
All Borough Councillors	Derbyshire County & Derby City Councillors	
CVS (Amber Valley, Derbyshire Dales, South Derbyshire, Community Action (Derby City), Erewash, North Derbyshire)	Primary Care – GP PPG Groups	Healthwatch (Derby, Derbyshire and Staffordshire)
Royal Derby, DCHS, Chesterfield CRH and Mental Health Trust Public Governors	Local Medical Committee	Local Pharmaceutical Committee
Provider organisation staff	Patient/Lay Reference Groups	

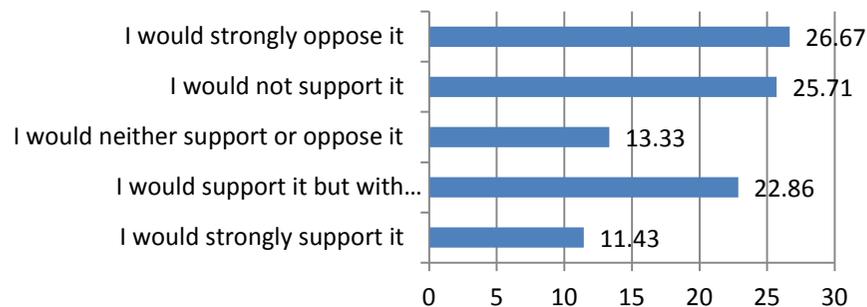
- Press and media releases to all local press and media outlets.
- Social media to remind followers about their opportunity to have their say about the proposed merger either online via the survey or by attending one of the public meetings.

What people told us: Below are bar charts showing examples of what people told us. Please note that for Question 1 and 2:

- Support is a combined score of those who strongly support and those who would support with reservations.
- Oppose is a combined score of those who strongly oppose and those who would not support it.

Answer choices	Responses %	Responses number
In support	34.29	36
Oppose	52.38	14
No preference	13.33	55
Total		105

Option one - To have four Derbyshire CCGs with a single management team and joint working arrangements, governance processes and committees



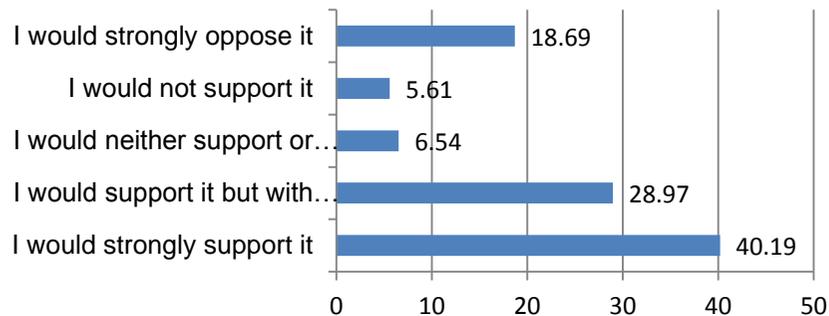
Reasons Option 1 being a preference

- Loss of localism – 4 CCGs to 1 lose local awareness
- CCG already out of touch with communities
- Not sure Place will deliver
- More City centric and more rural areas not given enough consideration
- Merger means loss of experienced staff and will cost a lot

Reasons Option 1 not being a preference

- To many Managers with 4 CCGs
- Agreed but want to see assurance that local needs
- Not efficient with 4 decisions, wasting money and duplication with 4 CCGs
- Too complicated with 4 different approaches and logical to just have one organisation

Option two - To have one Derbyshire CCG, which means a full functional organisational merge, one single Derbyshire commissioning approach and management team



Reason Option 2 being a preference

- See the reason for change but concerned about local knowledge
- Cost effectiveness and efficiency
- One CCG as it will match the STP footprint and reduce duplication
- One CCG easier for joint working with partner organisations
- More equitable services

Reasons Option 2 not being a preference

- Loss of local input
- Concerns about services cross borders
- Concern with regard to rurality particularly High Peak
- Vast range of diversity between Derby city and County

Outcome: Results of the engagement were included into a report which was shared on the CCG website and included in the application to NHS England for consideration to merge the CCGs.

11. Examples of other engagement through the year

11.1 Procurement for Targeted Early Intervention Service for Children and Young People's Emotional and Mental Health – December 2018 / January 2019

Purpose: To ensure standards in the contract and the procurement process were informed by current and past service users.

Activity: Children and young people (CYP) were used to develop the questions to be used in the procurement framework.

- The same children and young people met to score responses to the procurement questions particularly in terms of access to services.
- The CYP were advised that at this stage the information was confidential and not to be discussed outside of the process.

What people told us: The responses and discussions were captured to support the rational for both consensus scores and decisions where there was a stalemate. There was no requirement for clarification to be sent back to the bidders.

Outcome: The feedback provided by the CYP were part of the evaluation of the three individual tenders.

11.2 Self-care Campaign – May 2018

Purpose: To gain feedback on their Derbyshire CCGs self-care campaign

Activity: Online survey and individual emails to Practice Managers and PPG Chairs who would be displaying the information in GP Practices

What people told us: Comments received on the type of information that would support self-care. Feedback also provided on the design of the print.

Outcome: Feedback used to inform methods of communication and the final print. Information sent out to GP Practice so that those who provided feedback could see the end outcome.

11.3 Review of Child Adolescent and Mental Health Services (CAMHS) – May 2018 / July 2018

Purpose: The patient engagement team at the CCG supported Children's Commissioners to gather the views of patients and their parents/carers and other stakeholders who use the CAMHS services.

Activity: The team reviewed background work which had already been completed primarily the recent CQC inspection of CAMHS and the local Healthwatch report, both involved direct engagement with young people and families to receive feedback.

The team devised and implemented a plan to gather the view of the patients, parents/carers and other stakeholders to influence the development of the specification for future delivery of service.

Survey was developed for CYP, parents and carers and another for stakeholders and staff. These were online and paper versions and distributed widely to all stakeholders. Engagement staff attended morning and afternoon appointments at CRH, using an 'ipad' to capture opinions / feedback from children, young adults, parents and carers.

Poster and postcards were designed and developed in-house and shared at the CAMHS base and their outreach in Buxton.

The engagement team were provided with (consent was agreed by the CAMHS team prior to sharing the details) details for 8 children and parents who use the LD CAMHS Service and had to agree to provide feedback. Telephone calls were made and surveys undertaken over the telephone.

What people told us: The key findings suggest that the service offers advice and support to the CYP and family members if required with additional themes of:

- The service provides a diagnosis and medication if required
- The services offers counselling, an opportunity for the child and young person to talk and be listened to and interventions used if required.

Respondents shared details of CYP receiving a positive experience and supportive practical advice with additional themes being:

- Attendees who did not receive any positive experiences and stressed the waiting lists were too long
- Friendly helpful staff and continuity for appointments

Comments made around improvement of the service included waiting times for an appointment and then the length of appointment not feeling that enough appointments were provided for the problem with additional themes of: Increase the amount of staff

- Provide more support for parents/grandparents/carers in difficult times, suggestion of a parent network
- Provide signposting to other services
- Provide earlier intervention, rather than letting problems get to crisis point and do not withdraw services too quickly
- Do not withdraw services too quickly

The results of the questionnaire for **staff and stakeholders** findings are below:

What does the service offer the main theme is that it offers support with additional themes of:

- Offers advice and guidance and for mental health and emotional difficulties
- Provides support to learning disability children, young adults, parents and carers
- Support with eating disorders and family therapy

Key themes for positive experiences from staff and stakeholders were:

- CAHMS worker, positive and provide information on how to cope with challenging and difficult situations
- Meets not just the child or young adult's needs but the family's needs
- Excellent support with Learning Disability patients (LD CAMHS) and good links with schools and special schools
- Waiting for an appointment, inadequate support and access to the right team

Three things that could be improved were themed as:

- To offer quicker assessments, shorten the waiting times, employ more staff and additional funding
- To provide advice to parents and the school on additional signposting
- Increase work with schools, to provide feedback to schools on the referrals they have made, provide outreach training in schools and most information to be able to guide schools to signpost the young person
- Recommendation that the service lowers its thresholds to become available for lower level/behavioural needs
- To see increased joined up working with other organisations
- Offer home or schools visits particularly if the child or young adults anxiety levels would increase attending at CRH
- To support families, help with impact of diagnosis and ask for more feedback from the service

Outcome: The report has and is being used to guide the recommissioning of CAMHS. Work is still ongoing in developing the service specification.

11.4 District Nursing - December 2018 – January 2019

Purpose: Derbyshire CCGs are evaluating the services provided by the District Nursing Teams. There are currently two specifications currently across Derbyshire highlighting inequity for the patients.

Activity: An online questionnaire was developed to allow key stakeholders to provide feedback; this was shared widely as below.

- All GP Practices, DCHS managers to share internally and Derbyshire County Council group managers to share with their team
- Questions were open to allow respondents to express their thoughts and feelings in their own words. All PPG representatives across the Derby and Derbyshire area were emailed and asked to respond with any comments they had with regard to the District Nursing service.
- Information shared at a Confirm and Challenge Session in which lay representatives participated in February 2019 to help inform the specification.
- Provider feedback was requested regarding concerns and complaints for the service.

What people told us: The key findings suggested that the respondents were satisfied with the team working and the support network. Quoting good working relationships ultimately means better care for patients and promoting good standards of nursing care other themes were:

- Understanding the GP Practice, being in the same building and working as MDT's, Communication (positive or negative), Quality of the service, Palliative Care, Negative comments about the service, Information Technology and Practice Systems, DN's having their own caseloads

The **current issues** with the service included an inconsistency of services across the Derbyshire and staffing issues with regard to a shortage of district nurses, other themes were:

- IT Tech problems, Communication, Times of visits and Out of Hours, Travelling time, Wound care

The **vision for the new district nursing service** was described as being integrated into the primary care services and working within multi-disciplinary teams which would help create a truly integrated service, additional themes were:

- To be a fully staffed team, Providing excellent care, Communication, To have clear housebound guidelines, Clinics for non-housebound
To offer self-care and prevention, Information technology systems

If one thing could be **changed about the district nursing service** again the responses were around continued and further developed integrated working across primary care teams and MDT, other themes were:

- Staff levels, Staff roles, Operational issues, Management support, Communication, IT Systems, Training, Less admin time, Referral process / paperwork

From the **Confirm and Challenge** meeting the group shared their thoughts around the contract system of services, noting that the re- procurement time of the specification was to a very tight deadline and leaving no time to investigate if there is another provider on the market. It was noted to only offer the contract for 1 year initially.

Outcome: The findings will be built into one service specification (due April 2019)

11.5 Maternity Voice Partnership – March 2018 / April 2018

Purpose: The engagement team were asked to develop a maternity voices partnership. The partnership was to be a core group of dedicated people to come together to form a Maternity Voices Partnership Group for Derbyshire. At this group parents and parents come together to share their views and experiences of maternity care with midwives and staff responsible for local maternity services. The group will look at topics which are important to parents and make recommendations on how maternity can be improved. Keen to reflect the diverse community of the area and welcome members from all backgrounds, and with a range of different experiences of pregnancy and birth.

Activity: First meeting held in March 2018 with a group of interested women to discuss what was currently happening in Derbyshire and how to develop a maternity voices partnership. Minutes were written up. The team advertised widely using:

- Posters
- Letters
- Social media
- And previous groups which were called MSLC (Maternity Services Liaison Committee)

Second meeting held in April 2018 and subsequent meetings throughout the year

What people told us: From the first meeting it was ascertained:

What do we want from being involved? How do we attract more mums and dads? Time commitments? Social Media Platform?
How will information get back to the leaders? Key roles required? How often to meet and to talk about what? Who else should be on the group?
What skills? Activities outside of the group? What is the available Budget?

Outcome: Decided on a name of Derbyshire Maternity Voices. Two ladies agreed to be joint Chair/Leader. They became members of the CCG's Maternity Transformation Board in May 2018. The second meeting found a secretary. Facebook Page developed. They have used this regularly to advertise their meetings and other important details with regard to maternity services.

11.6 Childrens Continence Service – July 2018

Purpose: Review of children’s continence services provided by CRH, Derbyshire Healthcare Foundation Trust (DHcFT) and Derbyshire Community Health Services (DCHS)

Data collected will contribute towards the review of the service specification for Community Paediatric Continence Service Level 2.

Activity: Two short surveys compiled one for stakeholders and staff and the other for children, young people their families, questions were open and closed.

- Posters and postcards were developed to share widely across Derbyshire.
- Survey was sent to three continence services to be shared with staff, parents and children and young people and stakeholders.

What people told us: 53 responses were received. The key findings showed that the children’s continence service offered support and advice to the CYP and family.

Positive experiences that were shared highlighted that again good support and advice as well as excellent staff.

Comments made about improving three things within the service highlighted 81% of areas which required improvement.

Waiting times were too long and access to the service, Supply of equipment, Communication, Frequency of appointments, Parking, Location, Understanding of CYP with Learning and Physical disabilities, Computerised system, Face to face reviews in special and mainstream schools GP education, Increase numbers of incontinence staff, Continence products and quantity provided, Advice on continence products, Person centred service, tailored to the CYP, Referral to other services.

A survey was shared with staff and stakeholders.

Outcome: The information from the survey has been used to develop the specification for the Derbyshire Footprint Community Paediatric Continence Service Level 2.

12. Supporting patients for effective Involvement

We provide support to all lay members and patients who work with us. There have been a variety of initiatives developed in the four individual Derbyshire CCGs and it is our intention that in the merged CCG we will review and update these and expand their availability across Derbyshire during 2019/20.

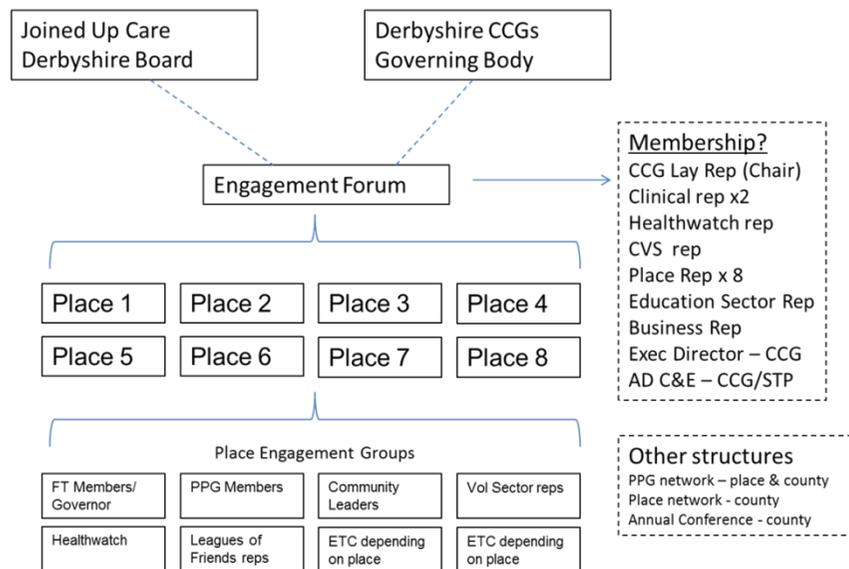
TOOLKITS	TRAINING	MEETINGS	PROCUREMENTS	STAFF	GUIDANCE
<p>A PPG Checklist was developed and shared with Practice Participation Groups in North Derbyshire. It provides useful information and discussion topics to stimulate activity in groups.</p> <p>A Participation toolkit for PPGs was developed in Southern Derbyshire that provides useful information such as draft Terms of Reference, role descriptions.</p>	<p>1:1 meetings to support people to get involved.</p> <p>Trained members to use our electronic Procurement System.</p> <p>Arranged Dementia Friends Training for Network PPGs.</p> <p>Through the Erewash Vanguard work we provided a range of training and support to lay representatives from the public including how to gather peoples stories, how to tell their story and asset based community development.</p>	<p>Attend PPG Meetings to help them get the most out of their group and to update them on major public consultations and CCG financial position.</p> <p>Facilitate PPG Network Meetings of representatives from local PPGs. This provides support, shares best practice and shares common issues. It is a valuable source for recruitment to CCG groups and meetings that need patient representation.</p>	<p>Support and briefings provided by the commissioning lead to those involved in procurements and service redesign.</p> <p>Training provided on the electronic Procurement system to help patient reps read bids and score appropriately. Also offered alternative scoring opportunities for patient reps to allow them to score in a supported group setting.</p>	<p>Engagement & Communications staff have attended numerous engagement & consultation training courses delivered by the Consultation Institute.</p> <p>Attended equality training provided in the voluntary sector eg Deaf awareness, Disability Awareness.</p> <p>Worked with Place Alliance Leads to identify what support they and their communities need to be able to engage effectively and co-produce.</p>	<p>An expenses policy covers out of pocket expenses for those people who engage with us.</p> <p>NHSE guidance on How to write effective Questionnaires shared with PPGs</p> <p>Erewash Vanguard produced a range of “How to” guides for local communities and lay representatives. These were jointly developed with lay members and the voluntary sector around the topics of connecting people, valuing people, identifying and releasing capacity, collaborating with communities, letting people lead and building partnerships.</p>

13. Our Engagement Model for the Future

Our engagement model has been re-developed during 2018/19 with the aim of mainstreaming early engagement in our planning and commissioning processes. The methods we've been using are described earlier in this report. As the CCGs potentially merge from 1 April 2019, with an ongoing financial recovery programme to deliver and a significant shift towards becoming a strategic commissioner, there is also the parallel work taking place to implement place-based commissioning, deliver a change to the clinical model of care in Derbyshire to bring care closer to home and to mark much of this transformation work with a refresh of Joined Up Care Derbyshire, the Derbyshire Sustainability & Transformation Partnership. Combined, this change to local commissioning and service delivery requires a review of our engagement model and this is work we are progressing at the time of writing this report.

Bringing together our existing CCG patient and lay reference groups, along with the Patient Engagement Forum set up to support Joined Up Care Derbyshire, we have begun a conversation to co-produce our engagement model. The founding principles are that this must:

- seek to build upon the opportunities to engage that already exist, and not reconstruct these for no reason
- provide an opportunity for everyone to be involved who has a desire to be involved, at a range of levels from specific service changes through to becoming a member of the system's Engagement Committee, which will begin meeting in April 2019
- reflect the emergence of place, and later Integrated Care Systems, so that our desire for engagement and the discharge of our statutory duties on engagement are met successfully in the new world as it emerges.



So far, we have a very high level engagement model which depicts the strategic, place and community levels required within our engagement model, building on existing forums such as Patient Participation Groups and Foundation Trust memberships, among many others. This has been, and continues to be used as a diagram to support ongoing discussions, and the meeting in common of our lay and patient reference groups continues to support the develop of a new model of working.

Further work will take place to develop the model further as we begin the new financial year; ensuring processes are aligned across the CCG and Joined Up Care Derbyshire wherever that is appropriate. In particular, the proposed terms of reference for the new Engagement Committee will have two parts to its meeting to reflect the potential conflict of interests between commissioner and provider, but the dialogue and content of the meeting is likely to often require a joined up discussion.

14. Our Plans for 2019/20

Our approach is to ensure our engagement activity is timely, meaningful, and comprehensive and is representative of our local population. We have undertaken a lot of participation activity over the last year and are strengthening the culture within our organisation where no decisions on service developments, redesigns or procurements are ever made without the meaningful involvement of patients.

We will be engaging the public and patients on our future priority areas, and seeking to embed the engagement approaches we plan to introduce as described above. This work will include:

- Confirming our new engagement model in greater depth within the Communications and Engagement Strategy for the proposed NHS Derby and Derbyshire Clinical Commissioning Group, to be reviewed by the new Governing Body in Quarter 1 of 2019/20
- Continuing the co-production of our engagement model, especially seeking to further develop emerging work to support engagement in place
- Launching the Derbyshire Engagement Committee from April 2019 to oversee the
- Supporting the delivery of engagement in our medium term financial recovery plan, utilising our confirm and challenge and co-production approaches across the breadth of schemes, and rolling this out to include schemes outside of the financial plan
- A significant increase in engagement on helping the CCG determine how it will deliver its Commissioning Strategy
- The roll out of our robust Equality Impact Assessment panel process to incorporate all commissioning schemes undertaken by the CCG, not just those under the heading of financial recovery
- Developing a more integrated urgent care system to meet the needs of patients in Derbyshire
- Transformation of outpatient services
- Extending the integrated care network model into other clinical and geographical areas.
- Continuing to engage on our transformation programme for people with learning disabilities and autism
- Promoting information campaigns around self-care, maternity, winter health and a range of public health campaigns