Annual Report on the Involvement of Patients and the Public
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1. Introduction
NHS Newark and Sherwood Clinical Commissioning Group is committed to ensuring that it actively engages with patients, the public and other key stakeholders to ensure that the commissioning, design, development, delivery and monitoring of healthcare meets the needs of its population. By listening to patients and/or their representatives, and learning from their experience of health care we can understand what really matters to people. This information can be used as an evidence base to support and inform future commissioning decisions and service redesign.

NHS Newark and Sherwood CCG along with NHS Mansfield and Ashfield CCG is part of the ‘Better Together Alliance Programme’ and as such all communication; engagement and experience work will be shared with the Alliance and vice versa. The Alliance is an agreement between providers and commissioners of health and social care who have agreed to take joint responsibility for the health and wellbeing of the local population; sharing the associated rewards and risks. Integral to the Better Together Alliance governance is the Citizen’s Council that provides an assurance mechanism for patient and citizen engagement.

Communication, engagement and experience is increasingly linking into the work of the Nottingham and Nottinghamshire Integrated Care System (ICS). There will be close relationships at a strategic level to ensure engagement that needs to cover the population of the ICS is coordinated and joined up.

1.1 About Us
NHS Newark and Sherwood Clinical Commissioning Group (CCG) is a membership organisation made up of the 14 general practices across Newark and Sherwood. The CCG is responsible for planning and paying for healthcare for its local population including mental health services, urgent and emergency care, planned hospital services, and community health care.

1.2 Legal Duties
The CCG has a statutory duty to involve patients and the public in decisions about how services are commissioned (Section 14Z2, NHS Act 2006). This report describes how we have discharged our statutory duty for patient and public involvement during the period 1 April 2018 to 31 March 2019.

2. Patient and Public Communication, Engagement and Experience Strategy 2017-20
The CCG’s Patient and Public Communication, Engagement and Experience Strategy 2017-2020 was refreshed during 2017/18. Its purpose is to ensure that the views of patients, carers, stakeholders, partners and the wider community are represented and embedded in the CCG’s decisions around service planning, delivery and also how they can be improved, including:

- Laying the foundations for a credible, effective organisation that achieves its strategic objectives and delivers on its vision and values;
The strategy continues to be implemented in line with other CCG strategies, such as equality and diversity and provides clear direction in relation to communication, engagement, involvement and experience. The strategy will enable the CCG to meet its responsibilities under the Health and Social Care Act 2012 through:

- Putting patients first and at the heart of everything we do;
- Focusing on improving and implementing those issues that really matter to our patients;
- Empowering and liberating patients and clinicians to innovate ideas, with the freedom; to focus on improving healthcare services and patient experience;
- Delivering the recommendations of the Francis Report.

**Aims**

The strategy has four specific aims to support the CCG to:

1. Ensure and monitor that the patient and public voice is embedded in all of the CCG's key strategic commissioning decisions including new models of care and any changes to services;
2. To continue to develop as a listening organisation, with a culture of 'no decision about me, without me' by understanding the wide variety of patient experiences which reflects the diversity of the local population;
3. Monitor communication and engagement with patients, public and stakeholders ensuring this is consistent, sustained, innovative and proactive to support health promotion and prevention through wider engagement on health issues in the CCG’s area;
4. Ensure that our population and patient and public representatives have the opportunity and are actively encouraged to be involved in the joint strategic needs assessment and local health and wellbeing strategy.

The strategy demonstrates the CCG’s commitment to ensuring that we actively engage with patients, the public and other key stakeholders to ensure that the commissioning, design, development, delivery and monitoring of healthcare meets the needs of our local communities.

By listening to patients and/or their representatives, and learning from their experience of healthcare we can understand what really matters to people. This information can be used as an evidence base to support and inform future commissioning decisions and service redesign.

**Five key principles**

The CCG will apply the following five steps set out by Healthwatch to ensure local people have their say:

1. Set out the case for change so people understand the current situation and why things may need to be done differently;
2. Involve people from the start in coming up with potential solutions;
3. Understand who in your community will be affected by your proposals and find out what they think;
4. Give people enough time to consider your plans and provide feedback;
5. Explain how you used people’s feedback, the difference it made to the plans and how the impact of the changes will be monitored.
3. Involving the public in our governance arrangements

3.1 Purpose

The Patient and Public Engagement Committee (PPEC) has been established as a strategic group to ensure the patient voice is at the centre of NHS Mansfield and Ashfield CCG and NHS Newark and Sherwood CCG. The PPEC brings together members of NHS Mansfield and Ashfield CCG Citizens’ Reference Panel, the NHS Newark and Sherwood CCG Stakeholder Reference Group and the mid Nottinghamshire Patient Reference Group.

PPEC provides an interface between communities and networks across mid Nottinghamshire and the CCGs’ Governing Bodies for the purposes of providing the patient and public perspective in the planning and commissioning of health and care services for the CCGs’ areas.

3.2 Achievements

Between April and June 2018, the membership of PPEC was confirmed and members contributed to the development of the Terms of Reference for the Committee and participated in a Development Session. The PPEC Terms of Reference were ratified by the Governing Bodies in June 2018 and this coincided with the PPEC’s inaugural meeting.

3.3 Setting the Context

PPEC members received a presentation from the Chief Commissioning Officer to set the context within which they were working. This covered:

- Integrated Care Systems and Integrated Care Partnerships
- Financial challenges and Quality, Innovation, Productivity and Prevention (QIPP) schemes
- Commissioning Intentions 2018/19 and highlighting opportunities for PPEC involvement in the development of the Commissioning Intentions for 2019/2020
- Primary Care Networks

3.4 Elections

Elections for the positions of Chair and Vice-Chair of the Patient and Public Engagement Committee (PPEC) took place in August 2018. Julie McIntyre was elected Chair and Mary Hodgeon was elected Vice-Chair. In addition to their PPEC roles, Julie McIntyre joined the Governing Body as a Lay Member and Mary Hodgeon joined the Quality, Risk and Safeguarding Committee.

3.5 Commissioning Intentions

The first piece of work undertaken by PPEC related to the CCGs’ Commissioning Intentions. Key principles arising from the discussion from the perspective of PPEC members were:

- Acknowledgement of the importance of the commissioning principle to “put patients’ needs first before organisational needs and make sure the system can continue to deliver.”
- Strategic planning should be informed by multi-agency discussion including the third sector.
- Service transformation needs to factor in early engagement with patients, carers, citizens and the workforce.
Assurances were sought that processes are in place to respond to gaps in services for the most vulnerable client groups to avoid people reaching crisis point.

PPEC members provided further comment on the next iteration of the CCGs' Commissioning Intentions and advise on a public facing document in support of effective communication and engagement. A copy of the public facing document is available here.

3.6 PPEC Workplan
A series of meetings took place with Commissioning Leads focusing on mental health and community services, Locality Hubs, musculoskeletal services, maternity and children, urgent care and cancer services. PPEC reviewed the information gathered and identified three key programmes of work for their work plan – cancer services, mental health services and social prescribing/self-care. The PPEC will focus on these services during the course of 2019.

3.7 Service Updates
During the course of the year, PPEC members responded positively to numerous requests to provide updates on programmes of work or to engage them in service transformation including end of life care, cancer services, community pain management service, NHS App and non-emergency patient transport services.

3.8 Issues of importance to local communities
PPEC members are invited to share issues that are of importance to the groups and networks they represent. A range of issues have been raised and are recorded and responded to at each meeting. Issues raised include;

- Impact of changes to low level mental health services provided by voluntary and community sector organisations in the Newark locality
- Pressures of demand within emergency and maternity services and the impact on patients
- Mental health crisis concordat, execution of action plan and associated expenditure.
- Event in Mansfield for vulnerable, homeless people delivered healthcare and information and heard about issues of concern relating to accessing foodbank parcels that will be pursued through the homelessness multi agency forum.
- The catastrophic impact of universal credit on the most vulnerable people in our community
- Under-utilisation of the Newark Urgent Care Centre due to patients contacting NHS 111 being advised to attend other centres
- Access to paediatric speech and language therapy for children over the age of 6 years.
- Community trigger that brought together agencies to review the care and support provided to a family
- Sustainability of voluntary and community sector organisations

3.9 PPEC Development Session
As part of our ongoing commitment to the support and development of PPEC, a follow-up development session took place facilitated by Arden and Greater East Midlands Commissioning Support Unit. The session sought to;

- deepen PPEC members’ understanding of each other’s preferences
- build resilience as a Committee
- refine and refresh PPEC’s approaches to providing feedback
- consider PPEC’s collective mind set to make a difference for patients across mid Nottinghamshire
As a consequence of the development session, PPEC members agreed to define a shared common purpose, owned by all members and used as a vision statement for the Committee.

3.10 Representation on CCG Committees

The Chair of PPEC is a voting Lay Member (Patient Participation) on the Governing Body. Every Governing Body meeting receives an update on PPEC and on engagement generally through the Chief Officer’s Report and the PPEC Highlight Report.

In addition, the Vice-Chair of PPEC is a member of the Quality, Risk and Safeguarding Committee.

3.11 Citizen’s Council

Who are the Citizen’s Council?
The Citizen’s Council is a group of patients, carers and members of the public that works across Mid Nottinghamshire with provider organisations. The Citizen’s Council were established in 2012. The aim of the Citizen’s council is to provide assurance to the Better Together Alliance Board that patient and public engagement and involved has been carried out within services. The Chair and the Vice Chair of the Citizen’s Council provide feedback to the Better Together Board and are appointed members.

Following the Citizen’s Council meeting feedback is provided into the Better Together Board providing assurance that patient engagement has taken place in the services that are being established or provided within Mid Nottinghamshire.

Since inception there has been a drive to ensure that all provider organisations are represented at the Citizen’s Council.

Over the past 12 months the Citizen’s Council has received various presentations and information from various services across Mid Nottinghamshire, including End of Life Services, Pain Management Service, Cancer Transformation Projects, Community Centred Approaches and the emerging Integrated Care System and Partnership.

Most recently the Citizen’s Council met on the 8 February 2019 and received a presentation from the ICS Team on the Clinical Services Strategy. This provided an opportunity for patients and public to provide input into the strategy. Engagement work is continuing across the County and the team kindly agreed to provide an update in 6 months. The Council also received an update from the End of Life Head of Service which was well received and noted that the service is having an impact of the avoidance of emergency admissions when patients are returning to their preferred place of care.

A current membership review of the Citizen’s Council is taking place to ensure that this is fully representative of the organisations.

3.12 Annual Public Meeting, Celebrating Success Awards and CCG Staff Awards

An Annual Public Meeting (APM) took place on 5 September 2018 to present the annual report and annual accounts for NHS Newark and Sherwood CCG. 60 people were in attendance at NHS Newark and Sherwood CCG’s APM.

The first part of the meeting comprised a market place that provided attendees with an opportunity to access information from a range of service providers and network.
The formal business section of the APM was opened by the organisation’s Clinical Chair followed by presentations from the Chief Officer, Chief Nurse and Chief Finance Officer.

A Question Time Panel followed the presentations, expertly hosted by Professor Rachel Munton. Questions from the audience related to:

- Improving Assessment Framework for CCGs focusing on financial performance, prescribing costs and cancer services
- Monitoring of provider organisations and care homes
- Processes in place to recognise and treat sepsis in GPs, hospitals and care homes
- Population health management
- Impact of Brexit on workforce and plans to increase number of GPs working locally
- Relationship between CCGs and the third sector
- Future provision of care for patients with multiple sclerosis, including access to services on Chatsworth Unit and provision of a local MS specialist nurse
- Availability of gluten free food on prescription to children

The APM concluded with the presentation of the General Practice Celebrating Success Awards 2018.

Full details are included on the CCG website.

4. Engagement Activity;
During the course of the reporting year engagement has been undertaken to ensure patients and the public are involved in a range of programmes of commissioning and primary care. Details are provided below;

Commissioned Services

4.1 Maternity Services
- The National Maternity Service Review, Better Births (2016) identified that despite the increasing numbers and complexity of births, the quality and outcomes of maternity services have improved significantly over the last decade. However it also concluded there was unwarranted variation in clinical outcomes for mothers and babies across maternity services nationally, and recommendations of the review reflect opportunities to improve quality and consistency of maternity care nationally.
- The review recommended that Local Maternity Systems (LMS) be formed to provide place-based planning and leadership for transformation of maternity and neonatal services, aligning the professionals, providers and commissioners of services within a larger geographical area, co-terminus with the Sustainability and Transformation Partnership (STP) Footprint.
- To respond to the recommendations made in Better Births, LMS are developing local transformation plans to ensure that by the end of 2020/21:

We have improved choice and personalisation in maternity services so that:
- All pregnant women have a personalised care plan.
- All women are able to make choices about their maternity care during pregnancy, birth and postnatally.
- Most women receive continuity of the person caring for them during pregnancy, birth and postnatally.
More women are able to give birth in midwifery settings (at home and in midwifery units).

We have improved the safety of maternity care so that all services:

- Have reduced rates of stillbirth, neonatal death, maternal death and brain injury during birth by 20% and are on track to make a 50% reduction by 2025.
- Are investigating and learning from incidents and sharing this learning through their Local Maternity System and with others.
- Are fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Health Safety Collaborative.

The successful delivery of the Local Maternity Service will be underpinned by the CCGs engaging and communicating effectively with the key stakeholders as defined in section (2). By working in partnership, we will ensure the services we plan, procure and monitor will not only ensure the CCGs fulfil its legal and statutory obligations but as importantly it will:

- Raise awareness of the Better Births Programme
- Involve patients throughout to ensure that the service is fit for purpose
- Obtain service users thoughts and ideas about what a good local maternity service should look like and where should it be located and feedback into planning/workshop sessions
- Provide patients with an opportunity to be listened to and their questions answered
- Give staff the opportunity to be listened to and engage in the process
- Raise awareness of the Maternity Voice Partnership Meetings and look at what is needed
- Recruit membership to the Maternity Voice Partnership meetings to ensure that there is sufficient representation across all areas in Nottinghamshire

In line with the National Better Births Programme and the Local Maternity Service Transformation, a workshop was held on the 25 July 2018 to look at what a local Maternity Community Hub could look like and what this should contain in Newark. The workshop was well attended from Health Care Professionals, Service Users, Charities and Members of the Community and Voluntary Sector. The aim of the session was to look at what should be included to meet the needs of the local community and how this will be taken forward.

Throughout 2018/2019 engagement sessions have taken place across Newark to identify the needs of the community and to shape the maternity hub in the area to ensure that this is fit for purpose and meets the needs of the local community. A final report is currently being prepared and will be published once available with the results. Further updates will be provided and available on our website. A copy of the current engagement report can be found here.

4.2 Newark Urgent Treatment Centre

Newark Urgent Care Centre will change to become an Urgent Treatment Centre and the public, staff and other stakeholders are key to ensuring the service meets the needs of local people, hence a series of conversations to understand what local people believe are important factors for consideration in the development of this service.

Key requirements for the Newark UTC were described as:
• It should be part of integrated urgent and emergency care services working closely with the ambulance service, NHS111, local GPs, hospital A&E services and other local providers
• Patients should be able to access more routine and same-day appointments for both urgent and routine appointments, at the same facility
• Walk-in appointments should still be available at the UTC
• Offer people in Newark access to urgent appointments in the right setting for their illness or injury within four hours.

A series of co-production events took place in July, September and October 2018. The events looked in further detail, through presentation and/or discussion, at the key issues raised by participants, including NHS 111, workforce, clinical pathways, future population growth and transport. The Clinical Lead for NHS111, provided explanation of the current provision of NHS 111 and described how the clinical assessment service would develop to ensure the service delivered a consult and complete approach to care rather than assess and refer as at present. Explanation was provided that public health data analysis had been used to predict demand and plan for the future.

The key issues that emerged from the discussion groups may be summarised as:
• Differing opinions emerged regarding the opening times of the Urgent Treatment Centre going forward. Some participants were of the view that it should be available 24/7 whilst others, with a caveat regarding the accuracy of the data, were of the view that opening between 12 midnight and 8 am was not a good use of public money due to low numbers of people using the service.
• With regard to services provided within the Urgent Treatment Centre, access to mental health crisis intervention was considered important in addition to the provision of care closer to home or within the home, as appropriate.
• There was a consistent thread through all the co-design events that related to communication. There was a view that there is a general lack of awareness of the range of services available in Newark and when it is appropriate to access those services.

Further details may be found in the Newark Urgent Treatment Centre Engagement Report.

4.3 Mental Health Service Specifications
Interested members of the Patient and Public Engagement Committee recently met with the Head of Mental Health Services Commissioning to provide input into the mental health service specifications that are under review. This will form part of an ongoing dialogue as more mental health services specifications are developed and reviewed.

Engagement sessions are also taking place with service users at the Involvement Centre at Nottinghamshire Healthcare NHS Trust to ensure openness and transparency with those people who use mental health services.

There are a number of service specifications which will require input from patients and public. The groups will also provide relevant information around how we measure patient experience and engagement and ensure that this is fed into the specifications and KPIs (Key Performance Indicators).

4.4 Diabetes
As part of the NHS Diabetes Prevention Programme Diabetes Prevention Week campaign in April 2018, the two CCGs within mid-Nottinghamshire undertook local activity in areas of high footfall to:
• raise awareness of the Healthier You: NHS Diabetes Prevention Programme (NDPP) to increase referrals to the Programme and reduce variation between sites with:
  o patients and the public
  o healthcare professionals, specifically GPs and Practice Nurses
• raise awareness of the causes of Type 2 diabetes and the complications associated with it; and raise awareness of at risk groups – to support sites in mobilisation of the Programme.

4.5 End of Life Care
The new service was launched on the 1 October 2018. The aim of the service is to successfully redesign a seamless Integrated End of Life care service which incorporates the knowledge and skills of services such as Hospice at Home, Day Therapy and Bereavement services, making them accessible through one care navigation hub. Providing a holistic approach with clearly defined outcomes and reflects the principles of the Mid-Nottinghamshire End of Life Care Strategy which will be developed in partnership with providers to enable the patients preferred priorities for care, including preferred place of death. The service will also help to support, facilitate and enable the development of a Compassionate community.

A full communications and engagement plan has been implemented to ensure that the staff and patients are aware and know when to access this service. This has been carried in partnership with all of partners of the service. Staff training sessions have taken place and delivered by the providers. Communications and engagement activities continue to proceed.

Following the implementation of the service there has been a reduction in A&E admissions allowing people to return to their preferred place of care at the end of their life.

A patient information leaflet and staff information poster was also produced and distributed to all GP Practices across Mid Nottinghamshire to raise awareness of the service.

4.6 Cancer
To increase the uptake of bowel cancer screening across all GP Practices in mid Nottinghamshire and support all practices to reach 60% uptake the CCG Engagement Team worked in partnership to;

• Raising awareness of the screening
• Provide registered patients with accurate information
• Ensure that PPGs are aware to raise awareness in the practice
• Provide staff with information to raise awareness Give staff the opportunity to be listened to and engage in the process

Presentations were delivered by Cancer Research UK to a number of Patient Participation Group meetings to harness their support in cascading the message.

4.7 Help Us to Help You Campaign
In line with the Help Us Help you National Campaign and providing patients with information on local services, the Engagement Team held a stand in Kings Mill Hospital in the main atrium. All information provided was well received and this also provided people with an opportunity to provide feedback on local services across mid Nottinghamshire.
In addition to raising awareness of the Help Us to Help You Campaign, there was also an opportunity to raise awareness of the GP Extended Access Service amongst staff.

**Primary Care**

### 4.8 GP Extended Access

Much effort has been put into raising awareness of GP Extended Access across Mansfield, Ashfield, Newark and Sherwood in order to improve overall access to GP appointments. This has been progressed through the deployment of a wide range of approaches, including:

- Posters, leaflets, articles in newsletters
- Social media
- Websites in a format that enables use of google translate
- Text messages to patients

A partnership approach has been progressed to engage anyone who may experience barriers to accessing services, eg. voluntary and community sector colleagues engaging our gypsy and traveller community.

The communications and engagement work has resulted in an increase in uptake of GP extended access appointments has risen during the course of the year to an average of 85% of appointments being taken across our four Districts.

A patient information leaflet was also produced in partnership with the Chair of the Patient and Public Engagement Committee, Julie McIntyre. Julie is also supporting the next wave of communication and engagement activity with the practices. A specific web page was also introduced to ensure that patients were kept up to date with information. [Relevant information can be found here.](#)

A pilot scheme is also in place with a local GP and also Sherwood Forest Hospitals Trust to provide a service in the Newark Urgent Care Centre on a Sunday to allow patients in the Newark and Sherwood community to access the service closer to home. The services are also working partnership to ensure that people accessing the Urgent Care Centre are in the right place, but if the need relates to primary care then the patient is diverted to the GP Access System.

### 4.9 Farnsfield Surgery

Over 100 people attended a public meeting at St. Michael’s Church of England School, Farnsfield. The meeting delivered in partnership by the CCG, Sherwood Medical Partnership and PPG provided an opportunity to respond to the many issues raised at an earlier meeting held on 24 April 2018. Chaired by Dr. Amanda Sullivan, an initial presentation delivered by Cathy Quinn, Deputy Director of Primary Care summarised the key issues arising from the earlier event and outlined the CCGs role in practice performance. Michelle Barksby, Practice Manager responded on behalf of the practice sharing information about access to services and clinical cover provided at
Farnsfield and progress already made to deliver improvement. The event concluded with a question and an answer session. Further clarification was provided during the question and answer session.

The engagement provided an opportunity for patients to raise issues of concern and the practice and the CCG to provide a response. This delivered positive change for patients and led to an ongoing dialogue with patients through the practice’s Patient Participation Group.

A report of the engagement has been produced and shared with Farnsfield patients.

4.10 Celebrating 70 years of the NHS

Eleven members of staff represented the Mid Notts CCGs at national services marking the seventieth anniversary of the NHS in July.

Staff were selected to join special services taking place at York Minster and Westminster Abbey on Thursday 5 July after being nominated for their outstanding service by colleagues.

Colleagues at Birch House marked the anniversary by taking part in celebration events coordinated by NHS England. The Guest of Hour was John Corrigan who was the first baby born in Nottinghamshire after the foundation of the NHS seventy years ago.

Meanwhile, the CCG Engagement Team were out and about Mid Nottinghamshire ASDA Stores to raise awareness of the NHS 70 Birthday and also raising awareness of local NHS Services, including GP Access, Diabetes Prevention Programme, supported by the Community and Voluntary Sector at the events.

5. Equalities and Health Inequalities

5.1 Protected Learning Time

The Engagement Team delivered three Non Clinical PLT Sessions to discuss “What it is like to be a patient arriving at a GP surgery”. The Engagement Team developed the scope of the brief to consider what it is like for underserved communities to visit a GP surgery. Three members of the public from underserved communities were identified and asked to attend to present to the audience around barriers that people from specific communities could face. The presenters all had lived experience of either being profoundly deaf, having a disability or from a Black/Ethnic Minority community. Following the sessions all staff were asked to make a pledge to take back to their practice around one thing that they could do differently to make their service more accessible.

The session was well very received and evaluated well. Staff took away some easy and changeable ways to reduce the barriers for some communities including looking at people and smiling rather than face down in work and also having a text message or email system in place for the
deaf community to make contact around appointments.

5.2 LGBTQ+ Health and Wellbeing Networking Event
On Saturday 29 September 2018 the CCGs, in partnership with the Voluntary and Community sector organisation, held their first LGBTQ+ Health and Wellbeing Event. This event was attended by over 50 people and the evaluation that has been received is excellent. There were over 15 information stands at the event and there were key note speakers from Sam Hope, Dr Manny Barot and Julie McIntyre gave an update on how patients and the public can get involved in the Patient and Public Engagement Committee.

The audience received information about the services available at your GP Surgeries and there was a question and answer session around what barriers people can face from their community. Information was provided around GP Online Services, GP Extended Access and also how you can make a difference if you become a member of your GP’s PPG.

Due to the initial evaluation and feedback from this event, further events are being planned to place in other areas across mid Nottinghamshire

This event provided an opportunity for the LGBTQ community to:
- learn more about the role patient groups have in shaping and influencing health services
- provide a platform for the LGBTQ community to network, with a view to the possibility of communities setting up self-help and support groups locally
- raise awareness of the availability of services which support the LGBTQ community

Further information is available in the engagement report.

An additional event is taking place in May 2019 in partnership with Nottinghamshire LGBT+ Network to provide a bespoke training session to the local community around this underserved community.

6. Support and Development
As part of our ongoing commitment to the development and support of lay members, patient leaders and volunteers with whom we work we deliver or provide access to a range of resources, training and development opportunities including;

- Patient and Public Engagement Committee Development Sessions
- Patient Participation Group Networking Events
- Patient Participation Group Chairs Meetings
- Publication of Network News
- East Midlands Academic Health Science Network; Patient, Service User, Carer and Citizen Networking Event 14 February 2019 Patient Leadership Programme Masterclasses
- Top ten tips guides covering a range of engagement and involvement topics

6.1 East Midlands Academic Health Science Network Patient, Carer and Citizen Networking Event
Wendy Saviour, Managing Director of the Nottingham and Nottinghamshire Integrated Care System (ICS), delivered a keynote address at the East Midlands Academic Health Science
Network Patient, Carer and Citizen Networking Event on 14 February 2019, explaining the role of the ICS and emphasising the importance of patient, carer and citizen involvement in the ICS.

The aim of the event, attended by over 100 people, was to raise awareness of various opportunities for people to get involved and make a difference with various organisations across the East Midlands including Clinical Commissioning Groups (CCGs), Higher Education, Patient Participation Groups, Research and NHS Hospital Trusts.

Our Engagement Team delivered a workshop to over 50 people explaining the role of CCGs and the importance of patient and public involvement in local health commissioning decisions. In partnership with the Chair of the Patient and Public Engagement Committee, the workshop explored how the CCGs work in partnership with patients and the public, the difference this makes and provided details of opportunities for involvement now and in the future across Nottingham and Nottinghamshire.

Evaluation from the event is currently being analysed but initial feedback from the day was that the presentations were well received and the information provided around our work with our underserved communities was praised.

Further information is available on our website.

7. Partnerships
Our local partnerships are a key strength to our engagement work. The relationships and networks that our voluntary and community sector partners have with our underserved communities, for example our gypsy and traveller community, bring valuable insight regarding the barriers these communities experience in accessing healthcare. They also play a valuable role in signposting to sources of information and support.

Newark & Sherwood CVS continue to work across the district with a range of groups, individuals, their carers and families to raise awareness of health issues and gather feedback on current and planned health and care services. A particular focus on activity has been engaging with our underserved communities and this has included:

- Weekly health drop in sessions for our gypsy and traveller community on Tolney Lane
- Supporting 84 gypsy/traveller families and families from the Eastern European community with a range of issues
- Supporting Syrian families to access same sex GPs and sign up to online appointments
- Supporting partnership agencies, eg Fire, Police, Anti-social Behaviour Team, Community Safety, Planning and Education to patch walk on Tolney Lane and meet with residents to discuss their concerns

Other work during the course of the year has included:
- Developing the role of Carer Champions within GP surgeries
- Facilitating the Older People’s Forum and the North Nottinghamshire Learning Disability Network
- Supporting Dying Matters Awareness week

Newark and Sherwood CVS continues to work with local GP practices and Patient Participation Groups (PPGs) offering support around recruitment, group development and events/health promotion campaigns.
8. Plans for involving the public in 2019/20

9.1 NHS Long Term Plan
The NHS Long Term Plan provides an initial focus for engagement going forward in 2019/20, as we seek to understand what really matters to patients across the Integrated Care System (ICS) of Nottingham and Nottinghamshire. The information gathered through a robust engagement process will be used to inform local delivery of the NHS Long Term Plan.

8.2 Primary Care Networks
Primary Care Networks (PCNs) are a key part of the NHS Long Term Plan and will become an essential building block of every Integrated Care System (ICS), with all general practices being required to be in a network by June 2019, and Clinical Commissioning Groups (CCGs) being required to commit recurrent funding to develop and maintain them.

A new extension to the GP contract was recently introduced in NHS England’s five-year framework for GP services: the Network Contract (a Directed Enhanced Service) will go live from 1st July 2019 and will enable GP practices to play a leading role in every PCN.

The networks will have expanded neighbourhood teams which will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and Allied Health Professionals such as physiotherapists and podiatrists/chiropodists, joined by social care and the voluntary sector.

A Communications & Engagement Strategy is being developed which will consider the level of engagement required, taking account of a number of factors including the scale of change and its impact on patients and service users.

8.3 Cancer Screening
Further plans are in development to support improvement of performance in respect of uptake of cancer screening programmes. We will actively participate in Public Health England’s Cervical Cytology Screening Campaign during the month of March. We will also continue work to work with Cancer Research UK and our Patient Participation Groups to promote bowel cancer screening.

8.4 Diabetes Prevention Programme
A further key programme of work is to improve performance in the number of patients completing the Diabetes Prevention Programme, that provides evidence based behavioural interventions for individuals identified as being at high risk of developing Type 2 diabetes. Although referrals are being made a significant number of patients do not attend the programme and we will undertake work to understand the reasons for this and recommend actions to achieve improved performance.

9 Healthwatch Statement
As the independent watchdog for health and care in Nottingham and Nottinghamshire, we work hard to ensure patient and carer voices are heard by both commissioners and providers. We are grateful for the opportunity to view and comment on the CCGs Annual Report.

The report describes the purpose, aims and principles of the CCGs Patient and Public Communication, Engagement and Experience (PPEC) Strategy 2017-2020, the role of the PPEC and Citizens Council and the CCGs partnerships.
The report also describes that PPEC members advised, developed principles, raised issues at meetings and inputted into strategies. However, what changes the CCG has made as a result of this input is not elaborated on in the report.

As with previous years, HWNN would welcome additional detail on how involving patients and the public has influenced the work of the CCG to ensure that the commissioning, design, development delivery and monitoring of healthcare meets the needs of its population.