

PUBLIC SECTOR EQUALITY DUTY ANNUAL REPORT 2017



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1. Introduction

This is the third annual public sector equality report for Southampton City Clinical commissioning group (SCCCG). As a public sector organisation, CCG's are required to publish relevant information to show how we meet the Equality Duty. This information has to be published by 31st January each year. This report demonstrates how the CCG is meeting its Public Sector Equality Duty in relation to services commissioned and its workforce.

Southampton CCG is committed to embedding equality, diversity and human rights within all areas of its work. Our public health team provides key demographic changes and health inequalities profile data across Southampton. This information plays a pivotal role in ensuring that we commission for the diverse communities of Southampton.

Southampton City Clinical Commissioning group (SCCCG) recognises and values the diversity of the local community and believes that equality is central to the commissioning of modern, high quality health services. We know that we cannot achieve our vision without advancing equality and tackling health inequalities. In addition to our values- based commitment is our legal duty to promote equality as required by the Equality Act 2010, and to address health inequalities, as required by the Health and Social Care Act 2012.

The purpose of this report is to provide equality information on how Southampton City CCG is meeting the requirements of the Specific Duties of the Equality Act in its public facing functions.

NHS Southampton City Clinical Commissioning Group (CCG) was established on 1 April 2013. Our purpose as a CCG is to help meet the health and care needs of local people. A key part of what we do is working closely with Southampton City Council and other health and care partners to ensure the right services are in place for our community. We pool £68 million of our budget with £28 million from the Council in order to progress our vision for Better Care Southampton. This programme of work represents our vision for the transformation of care in Southampton and aims to integrate health and care services in order to improve people's quality of life. We also make sure we listen to local people. We actively engage with the public during the commissioning process to ensure that we act upon the views and needs of patients, carers and the public.

Our vision: *A Healthy Southampton for all*

Our vision statement means:

- ✓ **Healthy:** strong and resilient communities that are supported to maximise their potential to live fulfilling and prosperous lives; underpinned by strong, healthy organisations working together in a climate of trust and open, business-like healthy relationships
- ✓ **Southampton:** our City's future is our purpose, firmly shared with our partners
- ✓ **For all:** we are determined to tackle the unacceptable inequalities in health and wellbeing.

2. Governance

Governing Body members have a collective responsibility to ensure compliance with the Public Sector Equality Duty (PSED). The governing Body provides strategic leadership to the equality and diversity agenda.

Equality and diversity (E&D) is monitored by the Clinical Governance Committee and they have responsibility to ensure E&D is an integral part of their decision making and policy development responsibilities. Any issues relating to quality or risk is reported via the Quality lead into the Clinical Governance group.

Regular updates are provided to the Clinical Governance Committee on the progression of the Equality and Diversity Strategy, overarching action plans and any other related E&D issue.

The Head of Stakeholder Engagement oversees the implementation of the strategy and the supporting action plan.

Managers of the CCG have a responsibility for ensuring employees have access to appropriate training opportunities, access to policies and procedures, and support their staff to work within an environment free from discrimination, harassment and bullying.

3. Compliance with the Public Sector Equality Duty

The Equality Act provides a legal framework to strengthen and advance equality and human rights. The Act consists of general and specific duties. The general duty requires public bodies to show due regard to:

1. Eliminate unlawful discrimination, harassment and victimisation
2. Advance equality of opportunity between different groups
3. Foster good relations between different groups

There are 9 protected characteristics covered by the Equality Act 2010, these are:

Age	Disability	Sex
Race	Religion of Belief	Sexual orientation
Marriage and civil partnership	Pregnancy and maternity	Gender reassignment

The Specific Equality Duty

In addition to the general duty, the CCG must comply with the specific duties of the Public Sector Equality Duty. These require the CCG to:

- Publish equality information to demonstrate compliance with the general duty at least annually. This information must include how the decisions the CCG makes and the services it commissions affect people who have different equality protected characteristics
- Publish how activities as an employer affect people who have different equality protected characteristics. **NB.** Southampton CCG has a workforce of less than 150 employees and is therefore not required to publish this information.
- Set and publish one or more specific and measurable objectives which will help to further the three aims of the Equality duty.
- Publish Communication and Engagement Activities

Equality Delivery system 2 (EDS2) and the Workforce Race Equality Standard (WRES)

EDS2 and WRES have become mandated by NHS England from April 2015, for all NHS commissioning organisations and their larger providers. The CCG is also required to monitor the EDS and the WRES performance of their larger providers.

Accessible Information Standard

This standard requires a specific, consistent approach to identifying, recording, flagging, sharing and meeting individuals' information and communication support needs, where those needs relate to a disability or sensory loss. All providers of NHS and/or adult social care must follow the standard in full from July 2016.

4. Profile of Southampton Population

In 2015, the resident population of Southampton is estimated to be 244,980 (Hampshire County Council SAPF) with 276,257 (HSCIC) people registered with GP practices in January 2016. Southampton's population differs from the national average. This is because of the large number of students in Southampton; 21% of Southampton's population is aged between 15 and 24 years compared to just 12.5% nationally.

Population forecasts

Understanding how Southampton's population will change in future, and how this will affect demand for a range of services, is vital for service planning and commissioning going forward. There are many uncertainties around current and future population numbers. Hampshire County Council (HCC) provides the best available forecast of the future population of Southampton.

Hampshire County Council's small area population forecasts are based on the planned completions of residential dwellings in Southampton, which predict an increase in dwellings of 5,297 (5.1%) between 2015 and 2021. The largest growth in dwellings is predicted to be in Bargate ward (1,150 dwellings; 14.5%), followed by Woolston (858 dwellings; 17.7%) and Bevois (355 dwellings; 6.1%).

The increase in dwellings across Southampton suggests a population increase of 11,282 (4.6%) between 2015 and 2021. Within Southampton, the largest growth is predicted to be in Woolston (2,650 people; 17.7%) followed by Bargate (2,590; 12.4%). Swaythling is predicted to have the lowest growth of just 390 or 0.3% over the same period.

The older population is projected to grow proportionally more than any other group in Southampton over the next few years. The over 65 population is set to increase by over 15% between 2015 and 2021, with the over 85 population set to increase by over 20%. Importantly the proportion of the population of working age is steadily declining potentially impacting productivity and the skill pool of the resident workforce. It may also have an impact on the informal and community care available to the changing population structure.

According to the HCC forecasts, the number of 0-4 year olds will decrease by just under 6% between 2015 and 2021. However, local monitoring of births at UHS reveals that births have actually been increasing at 2.5% a year on year average since 2002, although recent data suggests this may be levelling off. This suggests that, the HCC methodology may be underestimating fertility in Southampton.

Migration, ethnicity and language

Since 2004, high levels of economic migration from Eastern Europe have contributed to the development and sustainability of many business activities, thereby bringing in greater richness and diversity to city life. Strong community relations over many decades have contributed to maintaining cohesiveness. Long term international migration up to the end of June 2014 shows that Southampton has more international incomers than leavers (5,300 compared to 1,400). There is also a high level of internal migration, with 15,100 people arriving and 17,200 leaving over the same period.

Based on results from the 2011 Census, Southampton now has residents from over 55 different countries who between them speak 153 different languages. In the 2011 Census 77.7% of residents recorded their ethnicity as white-British, which is a decrease of 11% from 2001. The pie charts in show that the biggest change has been in the 'Other White' population (which includes migrants from Europe) as this has increased in last 10 years by over 200% (from 5,519 to 17,461).

Within Southampton, there is a wide variation in diversity; in Bevois ward, over half of residents (55.4%) are from an ethnic group other than White British compared to 7.6% in Sholing. The annual school census in Southampton in 2015 revealed that 33.4% of pupils were from an ethnic group other than White British. This has increased from 26.4% in 2010.

Household Composition

The 2011 Census revealed lots about the way people live in Southampton; as expected from the large student population, Southampton has a higher proportion of single (never married) residents than nationally (33.3% compared with 25.8%). Southampton has 10,249 widowed residents and 17,184 who are single through separation or divorce. There are 11,283 households in Southampton consisting of older people living alone and 416 people in a registered same-sex civil partnership. In 2011, there were 6,918 lone parent families in Southampton with dependent children. Of these, 46.8% were not in employment (compared to 40.5% nationally) and the vast majority were female (over 91%).

A full detailed breakdown of our population can be accessed via the Joint Strategic Needs Assessment: www.publichealth.southampton.gov.uk/healthintelligence/jsna/

5. Equality and Diversity in Commissioning

Southampton City CCG places equality and inclusion at the heart of commissioning services for local people from vulnerable protected groups. We have made some progress in embedding equality and diversity into our decision making processes

and this will be increasingly reflected in the redesign of existing services and the commissioning of all services.

To ensure E & D is embedded in commissioning we:

- ✓ Ensure all staff (including new starters) receive training in how to embed E&D into day-to-day practices.
- ✓ Ensure providers monitor fair access to services by protected groups.
- ✓ Build equality returns into contract reviews.
- ✓ Build E&D criteria into all contracts.
- ✓ Involve all protected groups in service design and re-design.
- ✓ Show “due regard” – undertake equality impact assessments on commissioning programmes, strategies and policies where appropriate.
- ✓ Specify required equality outcomes within service specifications.
- ✓ Engage local protected groups to identify health needs and any negative impacts on protected groups from healthcare changes under consideration by the CCG.

5.1 Key information and data (evidence base)

We use a range of data/information to assist us when commissioning and procuring services; some of the key demographics, health inequalities and engagement information is accessed via:

- The Joint Strategic Needs Assessment (JSNA) provides a baseline assessment of needs in Southampton and is a key piece of evidence underpinning the development of the Health and Wellbeing strategy. NHS and local authority commissioners will be expected to have given due regard to the JSNA and Health and Wellbeing Strategy when developing commissioning plans
- Health and Wellbeing strategy
- Public Health Annual Report
- Southampton Fairness commission - The Southampton Fairness Commission was set up in late 2013, against a backdrop of impressive economic growth for the city that is somewhat negated by the poverty and deprivation experienced by a significant proportion of its citizens. The Southampton Fairness Commission comprises representatives from the public, private, and voluntary sectors. They have shaped and promoted the work of the Southampton Fairness Commission and worked together to identify practical ways of making the city a fairer place.
- The Business Intelligence team based within the CCG provides commissioners with a wealth of data about the local population, particularly at primary care level.
- Communications and Engagement
- Quality Reports

- Patient Insight Report
- Complaints and Patient Experience data

Our commissioners use the intelligence from the above sources in a number of ways, for example:

- To ensure providers monitor fair access to services by protected groups and differential satisfaction levels
- To involve all protected groups in service design and re-design
- To undertake equality analysis and human rights screening on early decisions, priorities, commissioning intentions, policies etc.
- To specify required equality outcomes within service specifications
- To engage local protected groups to identify health needs and negative impacts on protected groups from healthcare changes under consideration
- To use feedback and satisfaction data to manage performance

5.2 Decision Making (Equality Analysis)

We are committed to ensuring that we pay due regard to the aims of the Public Sector Equality Duty (PSED). The systematic analysis of the impact of our actions and decisions on equality is one way this can be achieved.

The Equality Impact Analysis (EIA) process is central to being a transparent and accountable organisation. The EIA ensures we do not disadvantage people from protected and marginalised groups by the way we commission services. The EIA helps us to develop a better understanding of the communities we serve. EIAs are an integral part of the business case and policy development and, as such, they are required to be completed whenever we plan or change a service or policy. This assessment is incorporated in the cover sheet for each paper to the Governing Body.

Our process requires individual staff and teams to think carefully about the likely impact of their work on different communities or groups. It involves anticipating the consequences of the organisation's strategies and policies on different communities and making sure any negative consequences are eliminated or minimised and opportunities for promoting equality are maximised.

The Head of Stakeholder Engagement has produced guidelines and supports staff to make the process of equality analysis easier to understand and implement.

During the last year Equality Impact Assessments undertaken have included:

- Choice and Equity policy
- Enhanced Access to Primary Care Outline Proposals
- Rehab and Reablement services redesign

- Transforming Care Partnership Programme
- Quality Framework

6. Performance Monitoring of Providers

Provider contracts have been reviewed in terms of reporting and monitoring the requirements as set out in service condition 13, Equality and Diversity, of the NHS contract. We have developed a robust E&D schedule that is included in all provider contracts to ensure they comply with E&D requirements. The schedules are tailored and proportionate in relation to the size of the organisation. Regular Clinical Quality Review Meetings are held to ensure compliance and understanding from providers and assurances are given via the Quality Team to Clinical Governance Committee.

Additionally, providers tendering for new contracts now have to demonstrate how they are addressing equality issues throughout the tender process.

7. Workforce

As part of the requirement of the PSED, organisations with over 150 employees are required to publish information relating to their employees. As our workforce is less than 150, our approach is to review and monitor workforce data through our internal reporting mechanisms. We encourage staff to provide information through the electronic staff record so that we may identify areas of development in order to be inclusive and ensure no group is disadvantaged in the experience of the workforce. In line with agreed employment policies and guidance SCCCG'S Human resources service monitor staff concerns in order to identify issues of discrimination and other prohibited conduct.

In 2017 our staff completed a staff survey, results of which are due to be published in March. However, early indications show that:

97% of our staff had not experienced discrimination from patients/service users, their relatives or other members of the public and 96% had not experienced discrimination from manager/team leader or other colleagues.

In line with most NHS organisations SCCCG advertises jobs and processes applications via the national recruitment system NHS Jobs. All applicants are asked equalities monitoring questions covering 7 of the 9 protected characteristics. Equalities information for successful candidates is then pulled into the Electronic Staff Record system. Applicants have the option to not disclose their protected characteristics, if they wish.

A range of core employment policies are in place which enable managers across the organisation to make sure the workforce is treated fairly, is representative at all levels and staff have a positive experience at work. Equality and Diversity training is mandatory and is part of corporate induction training. These policies include:

- Recruitment procedure
- Absence management policy
- Disciplinary Policy
- Grievance Policy
- Harassment and Bullying at Work Policy

In 2016 we signed the Charter for Employers who are positive about mental health and in 2017 our staff forum, which includes representation from each team across the organisation, are developing a Wellbeing Action Plan. The aim is to focus on wellbeing at work and enable staff to feel able to be open about their mental health in the workplace. The Wellbeing Action Plan also forms part of our overall Organisational Development Plan. Progress so far has included meditation sessions for staff, and internal communications displays which focused on wellbeing and enabled staff to get involved.

8. Equality and Diversity Objectives

We have refreshed our objectives in line with the strategy.

Our Equality Objectives

- a) Reduce health inequalities through a targeted approach and improve access to existing services by protected groups e.g. address issue of low uptake of screening programmes in BME communities
- b) Improving access to equality information and data for commissioning and service planning
- c) Monitor outcomes for our patients and patients, carer and public experience of our commissioned services
- d) Develop a culture which is inclusive of Equality, Diversity and Human Rights, where staff are confident and feel valued
- e) Ensure regular reporting of harassment, bullying and perceived victimisation relating to our staff by implementing and making sure all staff are aware of our bullying and harassment policy.
- f) To have good governance to improve Equality Diversity and Human Rights performance through the Equality Delivery System and engage local population in assessing the CCGs performance

In addition, one of our key organisational goals is:

Make It Fairer - this means we will reduce the inequalities in access to care across our population through:

- Eliminating variations in the quality of and access to care
- Hearing the voice of disadvantaged people
- Putting people's needs first when commissioning services
- Implementing our equality and diversity policy
- Being accountable for all we do

Our guiding principles/core standards to make care fairer:

1. We will recognise and value the diversity of the local community
2. We will ensure that equality is central to the commissioning of modern, high quality health services.

Make It Fairer – interventions:

1. Reduce Health Inequalities
2. Promote Equality and Diversity
3. Uphold the NHS Constitution

9. Equality Delivery System 2 – Assessment of Performance

EDS2 is a mandatory requirement for all NHS organisations to assess its performance against Equality and diversity.

During 2016 we held our second annual Equality Delivery System 2 (RDS2) grading event focussing on two goals, Better Health Outcomes and Improved Patient Access and Experience.

External stakeholders, including our Equality and diversity reference group assessed the CCG as “developing” across both goals.

In 2017 our work on Equality and Diversity was rated as “outstanding” against the Improvement and Assessment framework (IAF) for patient and public engagement, by NHS England.

10. Communications and Engagement

Throughout 2017 we have engaged and worked in partnership to better understand the health inequalities and needs of the people of Southampton and take action to ensure a better experience of care.

We try to ensure that all of our engagement activities include the collection of demographic information to ensure inclusion of all protected characteristics.

Our member's network is continuing to expand and there are several ways in which patients, carer and the public can be involved in the co-production and co-design of our work. Opportunities include:

- Joining our members network
- Joining our Consult and Challenge co-production group
- Joining our Patients forum
- Joining our communications and engagement reference group
- Joining our Equality Reference group
- Becoming a volunteer with the CCG
- Joining the People's Panel

Some examples of how we have connected with our communities to tackle health inequalities include:

Communications and Engagement Group

Southampton City CCG's Communications and Engagement group is chaired by Dr. Mark Kelsey. Representation is wide and varied and includes our lay advisors, providers, PPG Chair, young people, users of diabetes services, carers, people with learning disabilities, people with physical disabilities, older people, BME communities etc.

This group provides us with valuable patient insight and local people's experience of services. They work in partnership with us on key projects to ensure our plans are always patient focussed. Engagement activity has included:

Revision of our Choice and Equity policy
Personal Health budgets
Enhanced Access to Urgent Care
Making Best use of our Community Hospitals

Equality & Human Rights Reference Group

This group was set up through the request of the SCCG Board as a 'critical friend' to ensure that the SCCG provides equality and fairness in access to and use of services and the impact and outcome are positive for all

The Equality Reference Group provides advice, support, assurance and feedback to the CCG to ensure the organisation meets its Equality Commitments. Individual experiences of healthcare services are discussed in the group and issues reported to the CCG for appropriate actions.

Local Patient Participation Groups (PPGs)

The building blocks for engagement at GP practice level. Each GP practice has set up a group of patients who are interested in engaging with their work. In 2017 it was agreed that we would support Healthwatch to develop a PPG Chair's network.

Community Engagement

Our community engagement programme encompasses a wide variety of activities from information sharing to community empowerment. It enables us to gain insight into the communities' concerns and is a means of supporting people to understand the issues confronting their community and finding possible solutions.

“Building Relationships with Our Community”

Increasingly we are working collaboratively with local voluntary and community sector organisations to develop effective involvement. We have commissioned voluntary organisations to undertake engagement programmes where they have specific expertise, e.g. the Stroke Association. We also regularly meet with a range of community and voluntary groups to ensure that we engage with groups representing the nine protected equality characteristics

We undertook a range of community initiatives in 2017 which included:

- Support to central GP practice to improve cervical screening rates in BME women, e.g. health event in gurdwara.
- Supporting learning disability week. Aldermoor practice has been awarded a certificate for being a LD friendly practice.
- Support for Carers week
- Ongoing support to local voluntary organisations working specifically with 'seldom heard' groups, e.g. West Itchin Trust, Stroke Association, Dementia alliance.
- Support to Steps to Wellbeing to improve their BME outreach work.

Health Road Shows

In partnership with a variety of other agencies and with support from a number of GPs, we attended 24 different venues across the city during our **health roadshows**.

Our partners included:

The Stroke Association
South Central Ambulance Trust
Local GPs and pharmacists
Solent NHS Trust
Southern Health NHS Trust

University Hospital
Healthwatch
Wessex Healthier together
Southampton Healthy Living
Steps 2 Welbeing
Care UK.

“The roadshows are a great way to get back out and talk to people we wouldn’t otherwise engage with” (GP)

A full report on our Health roadshows is available on our website.

Healthy Communities Event

The CCG held an engagement event on 31 October at Southampton Solent University’s ‘Spark’ building.

The event centred on the theme of how we can support communities and how communities can support the NHS of the future. Over 160 people attended, including twenty one organisations taking part in the exhibition which preceded the main event.

Over the course of the evening, a short film about the future of primary care featuring staff from Solent NHS Trust was shown followed by a workshop to discuss how primary care was changing in the city. A second workshop was run by Cllr Satvir Kaur, Cabinet Member for Communities at Southampton City Council, to debate how the community could work together with the council, businesses and the arts to improve health outcomes. The feedback from these workshops has been analysed in this report and a number of actions have already taken place since the event.

The event also included updates on our Mental Health Matters consultation and the work of the CCG. This gave our clinical leads and senior commissioners an opportunity to showcase the excellent work undertaken by the CCG in recent months.

The Black Heritage choir provided a musical interlude. They were set up with funding from the city council’s Community Learning and Adult Skills Service. We were concerned that people from the BME community have a low uptake of education sessions about COPD and evidence exists to show that singing can support breath control, as well as reduce loneliness and help people to relax.

Attendees were asked to make a pledge on what they could do to support the NHS and their community, following everything we discussed at the event. The pledges made range from promising to lose weight and take more exercise, to pledging to run a dementia awareness festival in 2018.



The purpose of the event was to engage communities and motivate them about improving their health.

The aims of the event were:

- to engage in discussion and debate about how we can support communities and how communities can support the NHS of the future.
- increase participation and engagement
- keep the public informed about key issues facing the city
- motivate the community despite challenges
- improve partnership working and capacity building of individuals, organisations and communities.



In addition to an interactive programme for the evening, there were also twenty one different exhibition stands providing information about local health services and opportunity to network with voluntary organisations, community groups, clinicians and health trusts.



Manager for Mental Health, updated attendees on our progress following 2016's 'Mental Health Matters' consultation.

A selection of our social media feedback from the evening is shown below:

Rebecca Kinge @kinge_rebecca
 Loads of feedback at Healthy Communities
[#healthysoton2017](#)



Soton Healthy Living @SOHealthyLiving
[#healthysoton2017](#) well done for the most creative call for [#flujab](#)...Q: do you know what asplenia is? A: without a spleen and [#flujab](#) needed

CaresinSouthampton @CaresinSoton · Nov 1
 Thank you for having us for a fantastic event last night @NHSSotonCityCCG Great night working towards [#healthysoton2017](#)



Wessex AHSN @WessexAHSN
 The Spark building is looking especially fantastic! [#healthysoton2017](#) @solentofficial

Wessex AHSN @WessexAHSN
 We're very pleased to be attending and a co-sponsor of tonight's [#healthysoton2017](#) - say hello to us!



Mandy Pike @mand_1972
 GD fable meets Hearing dog Gemma @NHSSotonCityCCG [#healthysoton2017](#) @guidedogs @HearingDogs



Emma Abdulaal @emmaabdulaal
 A busy day ending with the @NHSSotonCityCCG [#healthysoton2017](#) event this evening :) thanks to everyone who came and said hi! Great turnout

Southampton City CCG and Solent University
 5 Retweets 8 Likes

Hello my name is KJB @katherinebarb37
[#healthysoton2017](#) @NHSSotonCityCCG excellent event bringing together many agencies in the city

Craig Gregory @craiggregory
 Supporting [#healthysoton2017](#) @ Soton CCG Healthy Communities seminar @HFRSHealthAsset #communitysafety



UHS NHS FT @UHSFT
 All set up and ready to go at [#HealthySoton2017](#) Come and say hi!



Wessex AHSN and NHS England
 3 Retweets 9 Likes

Next steps and actions

Following the workshops and feedback we have received from the event, we are taking forward a number of actions:

Improved communications and engagement

- We will promote new technology being used in GP practices; particularly e-consult as it is rolled out across more practices in the city.
- The CCG has implemented an engagement campaign to promote access to GPs and will increase its communication activity in support of this.
- In light of the importance people value on having a pharmacy close to a GP surgery, we are supporting Southampton City Council's Pharmacy Needs Assessment (PNA). The PNA will be used when deciding if new pharmacies are needed, in response to applications to open a new pharmacy. The PNA is also used to inform decisions by local organisations about whether services provided through community pharmacies meet the health needs of the local population adequately. A survey which ran earlier in the year gathered information from the public about how their community pharmacies are used and a consultation is currently being held on a draft PNA for Southampton. The consultation closes on Friday 22 December.
- As part of Better Care Southampton, we have a community solutions group in which looks at ways community groups can support the health of local people. We will look at ways to strengthen this, taking into account the feedback we have received from question two of the primary care workshop.
- There is a considerable amount of interest in setting up more, stronger patient participation groups (PPGs) across the city. We are working with Healthwatch Southampton to give more support to PPGs. In November 2017 we met with a number of PPG chairs, practice managers and GPs to develop plans to establish a PPG network in the New Year.
- Solent NHS Trust will look to use the primary care film for recruitment purposes.
- Future engagement plans already include further community roadshows across the city, following the success of the project in spring 2017.

Supporting primary care

- Whereas we have no plans to roll out walk-in services at a practice level, we are ensuring walk-in services continue to exist for urgent care, including the implementation of an urgent treatment centre at Royal South Hants Hospital.
- GPs are continuing to provide reminders for appointments and advertising flu vaccinations to their patients.
- GP practices are obliged to ensure they find support for people who attend their surgeries and cannot speak English. We will continue to support practices in supporting their diverse populations.

- We will share all of the feedback we received from the primary care workshop with the CCG's primary care team. They will analyse the results and make sure they continue to implement the city's primary care strategy.

Bridging the gaps in care

- We will share all the feedback with Southampton City Council, to ensure they are aware of gaps in their services which attendees have identified.
- We will share the appropriate feedback with teams at the CCG with responsibility for commissioning services which attendees identified as not meeting the needs of our local population.
- Southampton City Council will reflect on the feedback gained from the event when considering future service planning and update stakeholders on progress made as part of our "You said, we did" framework.

Conclusion and recommendations

In line with the aims of the event, we have:

- Achieved greater discussion and debate of how we can support communities and how communities can support the NHS of the future by holding two successful workshops focussing on primary care and how to bridge gaps in the city's health services
- Increased participation by targeting invites at people who have not previously attended a CCG event. Over 160 people attended this event.
- Kept the public informed about key issues facing the city, with a number of interesting exhibition stands and an update on mental health (following widespread interest in the Mental Health Matters consultation in 2016).
- Motivated the community by inviting attendees to make pledges on how they will support the local NHS.
- Improved partnership working and capacity building by giving businesses and the arts a prominent role in the event, ensuring a range of our providers and notable community groups ran exhibition stands, and working closely with Southampton City Council for the 'bridging the gaps' workshop.

Patient and Public engagement in Commissioning

Engaging communities to identify needs and aspirations

- The CCG always uses the Joint Strategic Needs Assessment and the Health and Well Being strategy, both of which are informed by the views of local residents, when commencing any planning or recommissioning projects.
- **Better Care Southampton** – is a joint initiative between the CCG and Southampton city council and is based upon the vision of health and social care working together with communities for a healthy Southampton.
In our second official year of Better Care Southampton we continued to make significant progress in joining up care across Southampton. This work is transformation on a major scale and has already seen a shift in emphasis to care which takes account of the person as a whole rather than treating illnesses individually. It prioritises early intervention, supports people to maintain their independence and harnesses and co-ordinates community and voluntary sector services.
- We continue to work with the voluntary sector to find creative new ways of supporting people and are supporting our Community Solutions Group to develop local groups in each of the six areas of the city. These groups aim to harness the potential of local clubs, groups and networks that benefit health and wellbeing and provide links with the NHS, social care and housing services. E.g. In Bitterne, the local solutions group have been working to get everyone in the area Dementia Friendly and have signed up numerous local businesses.
- We are part of a research project to implement GENIE with the CLARCH> this involves the recruitment of 20 people via the community solutions group to be trained up to use the tool with 20 people each. Genie is a personal resource mapping tool designed by Southampton University which enables people to map out their relationship networks. Community assets, thereby reducing loneliness and promoting health and wellbeing, at the same time as diverting people away from accessing statutory services. As such it makes a key contribution to supporting the aims of self-management and prevention and early intervention which are central to the Better Care agenda
- Partnership working with voluntary organisation to improve the health and wellbeing of residents in sheltered housing.
- Our community engagement officer regularly visits groups and small organisations across the city to listen to any concerns and feedback about local health services.

Engaging the public in decisions about strategies and priorities

- **Mental Health Matters** – Between February and May 2016, we undertook a full public consultation, Mental Health Matters. The proposals set out in the consultation were developed following feedback from service users, carers, GPs and other interested parties as a result of engagement work undertaken during Autumn 2015. A consultation report was published in August with clear feedback that the majority of people agree with the proposals for a new model of care for mental health services in Southampton. The CCG Transforming Mental Health Care and Services Plan is now available and includes details of our progress along with information on how our plan links to other transformation work (including our local STP, the national Mental Health Forward View and our children and adolescent mental health services (CAMHS) transformation plan.) The feedback gathered is already helping us to implement changes and this year we have achieved the dementia diagnosis standard as well as being well above the national standard for early intervention in psychosis.
- **Carers** – In 2016/17 we developed our carers' strategy in partnership with a number of local service providers. The strategy forms the basis for agencies across the city to proactively engage with and promote support to carers.

Engaging patients in service design and improvement

- The CCG, including the Integrated Commissioning Unit (ICU), are proactive in involving local people as we develop services. We view people as 'experts by experience' who can make a real contribution to improving our commissioning approaches. Examples where patients have helped shaped services include:
- **Behaviour change** – Southampton Behaviour change services are commissioned by Southampton City Council Public Health to support people to make healthier life style choices. During the year work was undertaken to review and redesign these services. A number of engagement events and a survey took place using a number of engagement methods to provide a wide range of residents and stakeholders with the opportunity to have their say and share their views on how services should be designed and delivered. The service will support people to change unhealthy behaviours, stop problems from getting worse, or avoid them altogether, by taking a wellness approach that goes beyond looking at single lifestyle issues and instead takes a whole-person, whole-family and community approach to improving health.
- **Redesign of an integrated Rehabilitation and Reablement service which has reduced admissions to residential and nursing homes.**
- **Mental Health Matters** - A consultation report was published in August with clear feedback that the majority of people agreed with the proposals for a new model of care for mental health services in Southampton.
- **The CCG is currently engaging people in its plan to develop an Enhanced Access to Primary Care service.** The engagement to date has

informed the development of the specification for a service. Patients, service users, carers and families will be engaged throughout this project and will be part of the procurement process.

Patient and Carer Engagement to Improve Services

- **Carers** – In 2016/17 we developed our carers’ strategy in partnership with a number of local service providers, carers and their families. The strategy forms the basis for agencies across the city to proactively engage with and promote support to carers. This year we have seen our community based Carers in Southampton service increase contact with adult carers, whilst also raising awareness of carers and the valuable work they do. They have implemented a **Carers Card** and provide a monthly newsletter setting out services and opportunities for carers. The service has also coordinated and supported the delivery of assessments around carers’ wellbeing on behalf of the Council, with increasing numbers of carers accessing direct payments to help them continue in their caring role. The young carers’ service has continued to support an increasing number of young people in Southampton, providing them with assessments, support, advice and information. As awareness around young carers increases the numbers seeking support is expected to increase. The current service is working with young carers to explore ways of meeting increased demand within diminishing resources. We will be using the success of the current services, which are due to be re-procured in 2018, to inform our commissioning plans moving forward.
- Our service users and carers group, Consult and Challenge, was originally set up to help disabled people and carers to have greater involvement in the
- design, creation and improvement of the local services that affect them. Throughout the year they have helped us to develop our policies around topics such as Choice and Equity and personal health budgets and have been an invaluable source of feedback.

Patient Centred procurement and contracting

- Following an evaluation of the pilot “over 75’s nursing service” a decision was made to procure the service for a further three years. The service provides proactive screening assessment, signposting and navigation. We had patient and service user involvement throughout the whole procurement process. Involvement included service users feedback contributing to the proposed specification and ITT (invitation to tender) questions and being part of the scoring panel for questions relating to patient experience and equality.

Patient and Carer Engagement to monitor services

- Consult and Challenge is a group run by service users and carers who are Experts by Experience and possess a wealth of knowledge on their own requirements and capabilities. The group was set up to help disabled people have a greater involvement in the design, creation and improvement of the local services that affect them.
- The Communications and Engagement group have been engaged in a number of activities throughout the year. One important element of their work is sharing patient experience stories to assist us with monitoring our services.
- Stroke Health promotion and engagement – the CCG has commissioned the Stroke Association locally to work with service users to ensure their involvement in the planning and monitoring of improvement in stroke services. Reports are submitted to the CCG on a quarterly basis. The “Know your blood pressure” project highlighted the need to engage with BME communities and promoting Employee Health and Wellbeing.

Feedback about people’s experience of services is also gathered from a variety of sources including Patients Forum, Engagement Reference Group, Equality Reference Group, Consult and Challenge Group, GP Annual Survey, local authority residents’ survey, website and social media, national surveys and the Friends and Family Test. All feedback is collated and analysed to identify trends and patterns and report on outcomes. A quarterly Patient Insight report is submitted to the Clinical Governance Committee.

11. Complaints and Patient Experience

The Patient Experience service is a core function of the Quality team. The service monitors and responds to concerns, comments and compliments as well as handling formal complaints about services commissioned by the CCG. The service is run in accordance with the National Health Service complaints (England) regulations 2009. The Patient Experience service monitors and responds to comments, compliments and concerns, as well as dealing with formal complaints about services commissioned by CCG. The service is run in accordance with Statutory Instrument 2009 No 309, NHS England, Social Care, England and the Local Authority Social Services and NHS Complaints Regulations 2009.

The service is publicised in a variety of ways including leaflets distributed to all GP practices, via the website and at communications and engagement events. Members of the Patient Forum and Equality Reference group were involved in developing the Patient Experience leaflet and also an easy read version for people with learning disabilities. An audio version of the Patient Experience leaflet is also available for people who are visually impaired.

The Clinical Governance Committee receives monthly complaints reports, which identifies trends and patterns arising from complaints, and any subsequent action taken as a result of lessons learned.

12. Conclusion

The evidence set out in this report demonstrates that the CCG continues to make good progress towards paying due regard to the way healthcare services are commissioned and delivered. We are committed to making continuous improvements as a commissioner of services and employer for all our local population. We will continue to monitor progress against our action plans and will report regularly and openly on the development of this work.

For further information please see our Equality and Diversity Strategy and Action Plan 2017 – 2020 which is available on our website.

