

Engaging with local people and our partners –



How we gathered people's views, what we heard and how this shaped our proposal for a Kent and Medway Clinical Commissioning Group (CCG)

www.kentandmedway.nhs.uk

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1. Introduction

Between January 2018 and 30 September 2019, we asked for people's views on possible changes to how NHS services in Kent and Medway are commissioned (planned and bought) and provided.

We want people to be able to live their best life, and get great treatment, care and support when they need it.

Until people need health and care services, most have no idea how many organisations there are or how complicated it can be to find the person you need to talk to. Sometimes services duplicate one another. Sometimes there are gaps. That is not good for patients or carers, it is frustrating for staff, and it is not the best use of NHS funds.

Over the last three years we have made real progress by working in a partnership of all the 19 NHS and top tier local authority organisations in Kent and Medway.

To help us further improve care for patients and meet rising demand, we want to have a Kent and Medway integrated care system with:

- a single organisation to plan and pay for services, instead of eight clinical commissioning groups as now
- people's care and treatment provided by NHS and other services working together in a much closer way (in integrated care partnerships and primary care networks).
- The GPs who chair the existing current clinical commissioning groups (CCGs) are championing this change, working with other partners. It is happening across the country too.

To develop these ideas and understand any concerns, we spoke to:

- patients, carers and the public
- Healthwatch Kent and Healthwatch Medway
- Kent and Medway GPs, who make up current clinical commissioning groups (CCGs), the Local Medical Committee which represents GPs, and CCG governing bodies, which take decisions on commissioning
- health and social care staff
- Kent and Medway health overview and scrutiny committees which review the NHS' plans and performance
- elected representatives, including MPs and councillors
- community and voluntary organisations

This report focuses on what people told us about our proposal to merge the eight existing clinical commissioning groups (CCGs) into a single Kent and Medway CCG, and what we did as a result.

The feedback has been shared with:

- Kent and Medway Patient and Public Advisory Group
- Healthwatch Kent and Healthwatch Medway
- System Transformation Steering Group
- System Transformation Oversight Group.

All groups considered how the issues raised by different audiences can be best addressed as the programme moves forward, and changes were made as a result of the feedback.

2. Aims for engagement

- set out why we think a single CCG will improve care and save money to invest in frontline services

- find out what they think and discuss any concerns about the proposed change

We talked to people to:

- ensure as many people and different groups as possible know about what we are proposing and why, before it happens.

- make changes to our proposal where practical, and, where we can't act upon suggestions, explain why

3.

**"You said,
we did."**

We reached a wide range of people by offering different ways to get involved. We published our Programme Initiation Document, a plain English summary, and an easy read version, along with frequently asked questions, on the sustainability and transformation partnership (STP) and eight CCG websites.

Most people we spoke to thought a single CCG was a good idea. Many of them were mainly interested in our other plans, to provide more joined up care for local people.

The most often asked questions about the single CCG were:

- how difficult and expensive will it be to make the change?
- will enough notice be taken of local people's needs?

GPs and the Local Medical Committee raised specific points, covered in detail below.

Overall, we received a lot of useful feedback, which helped shape our proposal.



Patients and the public

How we asked what they thought

- two surveys open to everyone in Kent and Medway, shared digitally and in hard copy. The first was completed by 234 people. The second survey is just completed and the comments are currently being reviewed (see appendix 4.3 and 4.4 for the independent analysis)
- discussions with patients and members of the public who work with us on a regular basis
- workshops with Healthwatch Kent and Healthwatch Medway members
- public meetings about the NHS Long Term Plan and our proposal for wider change.



They said...

- they agreed with the need to join up and improve health and care services
 - they wanted more information on what it would mean in practice
 - they asked for clear information that is easy to understand
 - they said we need to involve care homes and voluntary and community organisations
 - those who attended meetings said our presentation helped make sense of the new system.
- They liked the idea of:
- ♦ lower costs and less duplication
 - ♦ improved procurement (new contracts for services)
 - ♦ ending the postcode lottery of services
 - ♦ freeing up GP time with fewer CCG committees.

- They were concerned about the idea of:
- ♦ less focus on local areas and the potential loss of local people's views
 - ♦ the costs involved
 - ♦ the new CCG adding an extra layer of bureaucracy.
- Those who attended meetings were also concerned about:
- ♦ how well the new CCG would manage large Kent and Medway contracts
 - ♦ whether the plans are realistic, given pressure on staff time and the need for big changes to the way they work, and to patients' expectations.
- A number of people asked if there would be formal consultation on the merger. People also had concerns about other aspects of the new integrated care system including access to GPs.

We did...

- updated the frequently asked questions on our website with more detail on the practical changes
- ran a second survey to increase our understanding of views on a single CCG
- published a plain English summary of the benefits of our proposal (appendix 4.1) and here www.kentandmedway.nhs.uk/ics
- published a summary of our workforce strategy setting out how we will recruit and retain more health and social care staff across Kent and Medway and make the best possible use of their skills and expertise (appendix 4.2).
- held a public event in each of the four integrated care partnership areas to talk about system transformation along with the priorities of the NHS Long Term Plan. Voluntary and community groups were invited as one of the ways of involving them and hearing their views.
- held a series of workshops with our Patient and Public Advisory Group (PPAG) to design the principles and model of patient and public involvement for the new system (more details below). This builds in involvement at every level

- developed a new framework for patient and public involvement across the new health and care landscape
- invited community and voluntary groups to the public events in each of the four integrated care partnership areas to talk about system transformation and the NHS Long Term Plan, as one of the ways of involving them and hearing their views.
- reviewed with Healthwatch Kent and Healthwatch Medway lessons learned from previous procurements. Held a workshop to look at the results and:
 - ♦ what could have been done better
 - ♦ how commissioning needs to change in the future
 - ♦ how we manage our resources better against a background of rising demand for services.
- Sought legal advice which confirmed that engagement rather than consultation was appropriate for a change of this type.



Healthwatch Kent and Healthwatch Medway leadership

How we asked what they thought

Healthwatch Kent and Healthwatch Medway are represented by the chief officer of Healthwatch Kent on key STP groups, including the Patient and Public Advisory Group, the Programme Board, the System Transformation Steering Group and the engagement leads network in Kent and Medway.

We also had specific discussions with the chief officer about the proposed CCG merger.

They said...

Our local Healthwatch organisations support a single CCG. They gave us guidance on communicating and engaging with patients and public about the merger.

They said we needed to:

- describe the benefits of change and the 'so what?' for patients and public
- offer reassurance there would be no reduction in access to or quality of services as a result of the proposed merger.

They also gave us guidance on how the new integrated care system, including a single CCG, should make sure local people's views are heard.

As well as discussions as part of the Patient and Public Advisory Group, they said:

- involvement needs to be part of all service developments from the very start
- the new CCG should have a single point of access for any member of staff seeking patient and public input
- the new mechanisms for involvement need to be developed quickly
- staff need training and support in how to involve patients effectively
- Healthwatch would like to be an observer on the new CCG's governing body
- Healthwatch would like to be involved in developing the outcomes framework for the new single CCG and Integrated Care Partnerships.

We did...

- We agreed on the importance of involvement, training, and to ensure committee papers do more to highlight patient and public involvement
- We agreed to set up a single point of access
- We shared proposals for a Citizens' Panel and virtual network of people from across the county (more details below) which were welcomed by Healthwatch.
- We invited Healthwatch to System Commissioner Steering Group meetings, and agreed to involve them in the outcomes work and to consider them being an observer on the new CCG's governing body.

Healthwatch have subsequently confirmed their support for the new patient and public involvement framework for the new CCG and wider ICS. Their letter can be seen in appendix x.



Governing body lay members for patient and public engagement

Each of the existing eight CCGs has a lay member who is the voice of patients and the public on the governing body.

How we asked what they thought

As well as being on the governing bodies of their CCGs, some of the lay members also sit on our Patient and Public Advisory Group.

They said...

They supported the CCGs merging to improve care for people across Kent and Medway, efficiency and effectiveness.

They were concerned about the idea of:

- loss of patient involvement
- less focus on local issues.

We did...

- held a series of workshops with our Patient and Public Advisory Group to design the principles and model of patient and public involvement for the new system (more details below). This builds in involvement at every level
- agreed the new Kent and Medway group for patient and public involvement will include the patient and public engagement lay members from our existing eight CCGs for at least a year



Kent and Medway Patient and Public Advisory Group (PPAG)

Our Patient and Public Advisory Group includes patient representatives from each of the existing CCGs including people who have protected characteristics, as well as CCG lay members and Healthwatch.

They play a key part in our local sustainability and transformation partnership, including contributing to the different workstreams, and have a great deal of knowledge and insight about the local NHS.

They have been heavily involved in designing what patient and public involvement should look like in our new CCG. As well as the standing meeting, there was a series of workshops to design the principles and model for the new system.

They said...

The new CCG will need:

- to support the lay member for engagement on its governing body to represent the whole of Kent and Medway and its constituent localities
- insight from the whole system, including patient experience data, in a central place, accessible by all staff
- links to integrated care partnership and primary care networks engagement and their information, insight and best practice
- a true co-design and patient involvement approach, including a commitment to maintain engagement with local groups.

“A single CCG for Kent and Medway makes perfect sense. I think this is the way to go, I know what variation we have in the services we have now across different areas of Kent. This should end the postcode lottery.”

Male rep, Kent Community Health NHS Foundation Trust patient engagement group, August 2019



We did...

- in line with national guidance, the CCG will have an independent lay member for Patient and Public Engagement
- the CCG will have patient and public engagement constituency representatives supporting the lay member. This will be for a transitional period in the first instance until the integrated care partnerships are formally established and have patient and public representatives on their management boards
- all levels of the Kent and Medway integrated care system will act positively, empowering their local communities and seeking not just participation but to involve the public as equal partners to meet best practice standards and deliver high quality personalised care for all. This includes at a system, place and neighbourhood level across Kent and Medway
- to offer support to primary care networks and GP practices to enhance their patient and public engagement. This could include a mix of information, guidance, toolkits, training or more practical assistance
- the single CCG will establish an integrated care system core patient and public involvement group (again, name to be confirmed) to provide continuity and give patients and the public a strategic voice and provide a route for learning from all parts of the system. Its proposed membership will include:
 - ♦ expert patient/carer representatives from all the Kent and Medway priority workstreams such as mental health, children's services, cancer, primary and local care
 - ♦ patients with a general interest in health
- partners in the voluntary and community sector
- ♦ patient representatives from each proposed integrated care partnership area
- ♦ during the transitional period, the current CCGs' lay members for patient and public engagement.
- patient, client and carer-led task and finish groups will be drawn together for time-limited, focused pieces of work as the workstreams and overall programme of transformation and innovation require
- two new systems will be set up to support these groups:
 - ♦ a virtual **citizen's panel**, a network of people that is representative of the Kent and Medway population to give a public perspective on all the work programmes, or any priority issues required. Recognising that our partners in local authorities may have similar schemes, we will seek to learn from all and work together as appropriate. This will build on best practice from other areas and existing CCG health networks
 - ♦ an **insight bank** to collate and link all the existing intelligence on patient experience gathered by NHS trusts, Healthwatch Kent and Healthwatch Medway, CCG, integrated care partnerships and local authorities. These groups currently gather much patient, carer and service user experience; too often it is not used to best effect for learning and may be duplicated by different parts of the system.

This co-produced model of patient and public engagement will form the involvement approach of the new CCG.

GPs

The 211 GP practices in Kent and Medway form the GP membership of the clinical commissioning groups, which have the statutory duty to plan and purchase the vast majority of healthcare for local people.

How we asked what they thought

- meetings over many months with their CCG chairs
- a webinar open to all GPs in Kent and Medway in August 2019 (slides were shared, as well as a recording)
- email discussions.

They said...

A single CCG would need:

- to retain input from and focus on local areas
- to strengthen the voice of the public, patients and GPs in commissioning
- to retain strong support to GP services and primary care networks
- to be easily contactable
- to maintain links with local GP practices, primary care networks and integrated care partnerships
- to ring-fence GP practice and integrated care partnership budgets to support the local population
- clarity about what the CCG does as opposed to integrated care partnerships
- to improve specific services (e.g. children and young people's services) and support (e.g. GP IT).

They were concerned about the idea of one area's financial surplus being used to support a different area

¹ This is in addition to the formal voting process to merge the CCGs, which GP members were asked to vote on through their respective CCG membership meetings in September 2019

We did...

We made these commitments:

- the new CCG will always be **GP-led**, with a GP majority on its governing body including a GP from each current CCG until at least April 2022, and ongoing clear and transparent clinical representation from local constituencies across Kent and Medway
- there will be **strong and effective clinical leadership and input** throughout the whole organisation
- there will be a full and robust development programme for primary care networks that will enable them to be **effective leaders** within the emerging integrated care partnerships and **reinvigorate GP services**
- **local support for GP practices** will continue as now, or be enhanced, and there will **ongoing support in integrated care partnerships** for service design and delivery
- **primary care baseline allocations** will be protected and where possible increased. There will be **transitional protection of baseline commissioning allocations** for integrated care partnerships
- **there will be strong local patient and public representation** from the CCG governing body down to individual primary care networks.

Local Medical Committee

The Kent and Medway Local Medical Committee (LMC) is the voice of local GPs.

How we asked what they thought

The Local Medical Committee Medical Secretary co-chairs the STP Primary Care Board and the LMC is represented on the STP Clinical and Professional Board. The Chief Executive of the STP presented the Kent vision to the annual conference of the LMC in December 2018.

We also had specific discussions with the LMC about the proposed CCG merger.

They said...

- they understood the proposal, its context and rationale
- they knew the GPs who chair the existing CCGs supported a single CCG.

They were concerned about the idea of:

- GPs being expected to do work that was not funded through a contract
- GP practices having less influence on commissioning
- GP practices getting less support from the new CCG
- primary care networks becoming the sole voice for primary care.

We did...

- developed with the LMC a set of principles for the future
- sent a joint letter with the LMC to GPs, setting out the principles, and urging GPs to vote.

The principles:

1. Recognition of the gap between funded services and the expectations of the local care plan.
2. The integrated care partnership contract will describe outcomes to strengthen engagement and collaboration. The integrated care partnership contracts will not be let without the demonstrable sign-up of local GP practices
3. GP contract holders will be represented within the system by the Local Medical Committee as well as primary care networks.
4. No additional work will be expected of general practice without additional funding and resources.
5. Kent and Medway CCG constitution will be drafted in consultation with the Local Medical Committee.
6. GP contracts will be managed at the Kent and Medway level. Budgets will not be reduced, more likely increased.
7. GP practices and CCG will maintain local links.



CCG governing bodies

How we asked what they thought

Through formal and informal meetings, including working group meetings relating to the system transformation programme

They said...

- They were in support of a single CCG

They liked the idea of:

- removing duplication
- streamlined management structures and costs
- ability to commission at scale
- ability for services to get best value and better outcomes
- reduction in variation and the 'postcode lottery'.

They wanted to be sure the CCG keeps a focus on local needs, and hears local voices.

They were most concerned about:

- impact on CCG staff
- maintaining financial stability within their constituent areas, while also making sure funding is directed towards those areas with greatest health inequalities.

We did...

The CCG establishment and application documents were developed in line with the outcome of various governing body discussions.

The CCG chairs shared with their governing bodies:

- the commitments made to GPs
- the principles developed with the Local Medical Committee
- the principles and model for patient and public involvement developed with the Patient and Public Advisory Group
- the communications and engagement plan
- the workforce and organisational development plan.



CCG and sustainability and transformation partnership (STP) staff

How we asked what they thought

- face to face briefings over many months
- online surveys
- specific email for anonymous questions
- two all-staff sessions on 13 September.

They said...

- overwhelmingly understood the rationale for change and saw its potential benefits for patients

They wanted to know

- 'what does it mean for me?' including job security, location of workplace, team structures, future roles and responsibilities, conflicting priorities during implementation

They were concerned about:

- the impact on them as individuals and teams
- potential difficulties of implementing complex changes
- potential loss of local focus
- lack of resources (GPs, funding, staff, infrastructure)
- ability of the system to change.

We did...

- made a commitment to share as much information as we can, and be clear about when we don't yet know the answers.
- sent regular email bulletins from the STP chief executive, and from the two managing directors.
- prepared and continually revised a series of very detailed frequently asked questions.
- set up an anonymous email for staff to feedback their queries or concerns
- responded to all questions raised
- reiterated the importance of staff to the new system and the opportunities for them to develop their interests and new skills.
- shared all information developed, including plain English summary of benefits realisation plan and workforce plan.
- organised two half-day sessions on 13 September.

"All detail is about the patient experiences. What about all the staff this affects, where do we see how it affects us? I get "patient first" approach but it's my livelihood and I love my job. Will you need all the support services, or will some go? How many staff does this affect? How many job losses? Will trusts merge?"

Health and social care colleague

Kent Health Overview and Scrutiny Committee (HOSC) and Medway Health and Adult Social Care Overview and Scrutiny Committee (HASC)

How we asked what they thought

- formal public meetings
- informal meetings by arrangement.

They said...

Both our oversight and scrutiny committees have maintained an interest in our plans for an integrated care system with a single CCG.

Individual members of the committees expressed a range of views about the CCG merger.

They asked:

- how will social care and public health fit into the future arrangements?
- what will be the impact on primary care and workforce?
- how will the single CCG maintain transparency and avoid conflicts of interest?
- isn't this just re-creating structures of the past?

They were concerned about:

- the ability of a single CCG to meet the needs of individual districts and people
- potential for single CCG to become 'another layer of expensive bureaucracy'.

We did...

- updated them on our plans, specifically highlighting progress on all issues raised by them
- clarified the different roles of the proposed new single CCG, integrated care partnerships and primary care networks, highlighting that there will be more local focus, not less
- developed messaging on primary care networks to make it clear that they were not replacing GP practices but were a way for GPs to work together
- committed to continuing to update the committees at key points.

"I think it's a very good idea."

Member of Kent HOSC, June 2019

"You need to get over to a much wider section of the public that Primary Care Networks are not the same as GP practices."

Chair of Kent HOSC, June 2019

MPs

How we asked what they thought

- briefings with the Managing Director for their constituency
- letters to each MP.

They said...

- two MPs from Medway sent a letter opposing the proposals because of concerns about specific local issues

We did...

- offered to meet with the MPs who opposed the merger and wrote to them to address their concerns.



Elected members of upper and lower tier councils

How we asked what they thought

- letter updating councillors of the proposals and offered them a meeting
- eight councils took up the offer and we held separate briefings with them.

They said...

- recognise the need for a single CCG to oversee integrated care partnerships and primary care networks

They liked the idea of:

- streamlining bureaucracy
- freeing up GPs to see patients
- one group (the integrated care partnership for their area) representing the whole of health and care
- strengthening GP services
- teams of health and care professionals working together to support local people

They were concerned about:

- commissioning becoming remote
- potential conflict between patient choice and locally based integrated care
- ability of health services to keep up with housing development
- districts which straddle two integrated care partnerships.

We did...

- clarified the different roles of the proposed new single CCG, integrated care partnerships and primary care networks, highlighting that there will be more local focus, not less
- gave reassurance that patient choice remains a key principle of the NHS
- explained how a single CCG will improve strategic planning, including work with council planning departments
- committed to look at issues for districts working with more than one integrated care partnership.



Voluntary and community organisations

How we asked what they thought

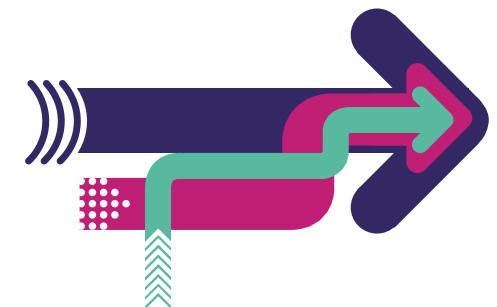
- letter updating them and inviting feedback
- invited them to public events in each of the four integrated care partnership areas to talk about system transformation along with the NHS Long Term Plan.

They said...

-

We did...

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4. A multi-layered approach to engagement

The following outlines the various activities and formats that we have used in our engagement activities

Activity	Format
Stakeholder e-bulletins	Electronic STP bulletins emailed to distribution list with onward cascade. Focus on system change in January 2019, May 2019, and July 2019.
Patient networks, including CCG networks, trust networks, and practice participation groups	<p>Presentations to standing groups (for example, West Kent patient participation group chairs) since January 2018.</p> <p>Email inviting people to give their views on integrated care system including single CCG, with links to the Programme Initiation Document, plain English summary <i>Helping local people live their best life</i>, easy read version, FAQs and survey, sent to patient networks across Kent and Medway, for onward cascade in June 2019.</p>
Partner networks, including Kent County Council, Medway Council, Healthwatch Kent and Healthwatch Medway	Email inviting people to give their views on integrated care system including single CCG, with links to the Programme Initiation Document, plain English summary <i>Helping local people live their best life</i> , easy read version, FAQs and survey, sent to patient networks across Kent and Medway, for onward cascade.
Focus groups	<p>July</p> <ul style="list-style-type: none"> Healthwatch members, Canterbury, Letraset Building Dartford, Gravesham and Swanley, West Kent and Medway PPGs group Hawkinge and Elham Valley Patient Participation Group <p>August</p> <ul style="list-style-type: none"> Healthwatch members – West Kent, Angel Centre, Tonbridge Healthwatch members Medway, Dragon Community Hub Kent Community Health NHS Foundation Trust patient experience group

Activity	Format
Surveys	<p>Survey on integrated care system and single CCG: June to August 2019. Promoted at face-to-face meetings with patient groups and through email cascade and online, including boosted post on Facebook. Available in hard copy and online.</p> <p>Survey on single CCG: August to September 2019</p>
Online materials	Programme Initiation Document, plain English summary <i>Helping local people live their best life</i> , easy read version and FAQs on STP and all CCG websites.
Social media	Facebook and Twitter including Facebook promoted content on single CCG survey and our plans
Printed materials	Booklet and supporting slides of <i>Helping People Live their Best Life</i> , shared with patients and the public at meetings and events along with FAQs.
Briefings with district councils, MPs etc	<ul style="list-style-type: none"> Ashford Borough Council Dartford District Council Folkestone and Hythe District Council Kent County Council – Public Health Cabinet Committee Maidstone Borough Council – this was extended to KCC divisional members and also MPs Sevenoaks District Council Swale Borough Council Tunbridge Wells Borough Council
Briefings with CCG and STP staff	<p>Monthly staff briefings to all CCG staff and regular briefings to STP staff.</p> <p>CCG and STP staff away day</p>
Kent HOSC, Medway HASC, Kent and Medway Health and Wellbeing Board	Regular briefings throughout 2018 and 2019
Media coverage	Proactively placed media copy



Our vision is for everyone in Kent and Medway to have a great quality of life by giving them high-quality care.

Quality of life, quality of care

Thank you

We are very grateful to the Kent and Medway Patient and Public Advisory Group, CCG lay members, Healthwatch Kent and Healthwatch Medway for the support they gave in shaping and undertaking the engagement, and co-producing our model for future public and patient involvement.

The report has been prepared by the Kent and Medway Sustainability and Transformation Partnership Communications and Engagement Team. To find out more, or get it in a different format, please contact comms.kentandmedway@nhs.net