



**Somerset**  
Clinical Commissioning Group

**PUBLIC ENGAGEMENT AND EQUALITY TEAM  
ANNUAL REPORT 2017-2018**

16 January 2019

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# 1 INTRODUCTION

1.1 NHS Somerset Clinical Commissioning Group (CCG) is committed to commissioning services in line with the needs and preferences of patients, their families and carers, and ensuring that these are provided in a fair and equitable manner. We achieve this by working with patients, carers, the general public, service providers and other stakeholders to plan, design and deliver services which support individual aspirations, meet their needs and deliver improvements to their experience of NHS services in Somerset. Our CCG's communications and engagement principles are:

<b>Values</b>	<b>Behaviours</b>
<b>Openness and Transparency:</b>	We will be open and transparent in our approach, communicating and engaging as widely as possible to encourage open and honest debate and feedback. Health and care leaders and experts will explain our changes as comprehensively, openly and frankly as they can.
<b>Effective and meaningful engagement:</b>	We will be as creative as possible in our engagement, working with existing user and patient involvement channels and seeking out new ways of reaching the seldom heard to ensure all are heard and listened to. We will listen to all views, and take account of what they say.
<b>Equality</b>	We will carry out a full assessment of the likely impact of any changes which could affect health inequality; we will research the most appropriate channels and carry out targeted engagement to fill any gaps we identify. Engagement events will be held in a mix of areas chosen for their contrasting demographic diversity and geography to reach the most representative cross-section of the communities of Somerset.
<b>Accessibility:</b>	Our documents will be published on a dedicated website and made available in print and different formats, including audio and easy-read as well as braille and community languages. We will present them in clear, plain language with simple explanations of the clinical evidence base, the proposed changes and how people might influence them.
<b>Clinical input and patient views:</b>	Clinical staff - the experts in delivery of care - will be closely involved in engaging with patients, service users and communities. We will ask clear questions and give opportunities for those people to be involved in the design of new services so patient views and experiences can be considered alongside clinical input.
<b>You said, we did:</b>	We will listen and consider ideas, proposals and suggestions, before key decisions are made, and we will feedback how we are using the ideas and views we receive.

Values	Behaviours
<b>Informing and engaging staff:</b>	We recognise the uncertainty for staff during times of change; we will keep them regularly updated, even when there may be little to report. They are crucial change ambassadors and advocates for new ways of working and new service models.

## 2 PATIENT, PUBLIC AND CARER ENGAGEMENT

### Our Statutory Duties regarding Public Engagement

- 2.1 NHS commissioning organisations have a legal duty under the National Health Service Act 2006 (amended) to ‘make arrangements’ to involve the public in the commissioning of services for NHS patients (‘the public involvement duty’).
- 2.2 For CCGs this duty is outlined in Section 14Z2 of the Act. To fulfil the public involvement duty, the arrangements must provide for the public to be involved in (a) the planning of services, (b) the development and consideration of proposals for changes which, if implemented, would have an impact on services and (c) decisions which, when implemented, would have an impact on services. As part of their governance arrangements, CCGs are required to prepare annual reports which must explain how the public involvement duty in the previous financial year has been fulfilled.
- 2.3 As a CCG we have a structure in place to ensure that the patient and public voice is represented in our work. We seek patient representatives to be involved in our work by sitting on project groups. The following report gives an overview of our patient and public engagement activity during 2017-18.
- 2.4 The duty to involve is set out in the NHS Constitution, republished in March 2013:

*“You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided and in decisions to be made affecting the operation of those services”.<sup>1</sup>*

### How are we Responding to our Engagement Duties?

- 2.5 Public involvement in commissioning is about enabling people to voice their views, needs, and wishes, and enabling them to contribute to plans, proposals, and decisions about services. Our use of the term ‘patients and the public’ includes everyone who uses services, or who may do so in the future, including carers and families. There are many different ways to involve patients and the public and different approaches will be appropriate, depending on the nature of the commissioning activity and the needs of

<sup>1</sup> NHS Constitution for England from Department of Health. Available from <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

different local people.

2.6 In order to ensure that everyone has an opportunity to participate we use a range of approaches enabling different groups and individuals to be engaged. The Government has made it clear in the Cabinet Office guidance on consultation that involvement should be appropriate and proportionate to the issue under discussion. Further information can be found here: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/691383/Consultation\\_Principles\\_1\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/691383/Consultation_Principles_1_.pdf). Therefore, we offer a range of engagement techniques. In addition, there is a move to provide a greater range of electronic/digital opportunities for involvement than has been the case in the past. For example, the CCG uses Twitter to promote involvement activities. There is an additional advantage in making involvement material web-based because it is then much easier for participants to view and interact with the material in a language or format that suits them. We do however recognise that not everyone is comfortable using web-based materials so we will continue to provide alternative methods.

2.7 There are a number of ways in which patients, public and carers inform and contribute to the commissioning process, and the development of the CCG's strategic plans. We invite patients and carers to share their experiences of local health services and give us their views on our commissioning proposals. In doing so, their views and experiences help to shape the CCG's planning and decision-making processes. Details of the arrangements Somerset CCG has in place are included in its Equality, Diversity and Patient Engagement Strategy (2016-2020) available on the CCG's website: <https://www.somersetccg.nhs.uk/EasysiteWeb/getresource.axd?AssetID=5204&type=Full&servicetype=Attachment>

2.8 There are several well-established structures that enable engagement and participation in our work, including:

2.8.1 **Patient Participation Groups (PPGs)** enable patients and carers to work in partnership with their local GP practice, scrutinising and influencing how the practice is run.

2.8.2 **PPG Chairs Network** meet with the CCG every quarter and contribute their experiences of health care, suggest change and actively scrutinise, challenge and support the development of commissioning plans and strategies.

Date	Venue	Number of attendees
11 April 2017	Taunton Vale Sports Centre	34
10 July 2017	Wynford House, Yeovil	32
17 October 2017	Taunton Vale Sports Centre	33
22 January 2018	Wynford House, Yeovil	39

2.8.3 During 2017-2018, the PPG Chair Network discussed and scrutinised:-

- Sustainability and Transformation Plan (STP)
- Improved GP access
- PPG and Healthwatch working together
- Community car scheme proposal
- Symphony Healthcare Services in South Somerset
- Medicines Waste Campaign
- Procedures of limited clinical value
- Carers' Voice Vision Group
- Closure of Health Forums in Somerset
- GP Out of Hours Service/Vocare
- Health and Wellbeing Board (from Public Health)
- End of Life Report (from Public Health)
- Somerset Integrated Digital Electronic Record (SIDeR)

2.8.4 The PPG Chairs Network Elections were held in October 2016 and the following members were voted in:-

- Sandra Wilson - Chair
- John Cuss – Vice-Chair

2.8.5 Current representatives agreed to continue representing the PPG Chairs Network and give regular updates:-

- Sandra Wilson - Governing Body
- Peter Hillman – Clinical Operations Group
- Martin Davidson – Primary Care Committee

2.8.6 **Health Forums** were closed in August 2017. The Chairman and Managing Director of the CCG wrote to health forum chairs in August 2017 to confirm that a decision had been made to move away from the historical format of holding health forum meetings in each geographical patch of the county. Whilst appreciating the time and effort that health forum chairs and members had put in, it was felt that the CCG could no longer support the forum meetings. Instead, the CCG intended to focus its energies on widening public participation and involving a broader range of people in different ways, including greater use of virtual involvement, social media and online forums. The CCG's work will increasingly align with the system-wide engagement activity planned to support the Sustainability and Transformation Plan (STP).

2.8.7 The CCG asked patients, carers and public representatives who were currently involved in health forums to continue to work with them in different ways, including:

- Representing the interests of your community at the quarterly Somerset Engagement Advisory Group (SEAG) meetings;
- Becoming a Healthwatch volunteer;
- Participating in future STP engagement activities;
- Volunteering to participate as a public representative on an STP workstream;

- Participating online and through social media;
- Joining and having a voice through your GP practice's PPG;
- Attending and/or asking questions at the CCG's Governing Body meetings, which are held in public; and
- Sharing their own experiences as patients and carers so that commissioners and service providers can learn from them.

The CCG believes that this change in direction will be a positive way forward to increase public engagement and expressed its thanks for the hard work, patience and support of the health forum members.

2.8.8 **Healthwatch Somerset** is a statutory partner of the CCG and plays a key role as our critical friend. It is a vital conduit through which the experiences of patients and carers are thematically collated and fed back to the CCG, giving us an overview of the common issues and barriers that people face when using health and social care services. The Healthwatch provider for Somerset was changed during this period and the new provider has published its priorities. The full report can be found here:

[https://healthwatchsomerset.co.uk/wp-content/uploads/2018/06/Healthwatch-Impact-Report-SOM\\_HRv2-reduced.pdf](https://healthwatchsomerset.co.uk/wp-content/uploads/2018/06/Healthwatch-Impact-Report-SOM_HRv2-reduced.pdf)

The key areas for Healthwatch Somerset are summarised below:

- The temporary closure of inpatient wards at Chard, Dene Barton and Shepton Mallet Community Hospitals by Somerset Partnership NHS Trust. Healthwatch Somerset's focus on ensuring that the wards re-open and that public consultation takes place ahead of any planned closures in winter 2018.
- Vocare - the 111 service was rated as 'requiring improvement.' Healthwatch Somerset led a local public survey about views of this service.
- Out of County Placements for those with Learning Difficulties (LD). Following the publication of the local Somerset Safeguarding Adult Board review into the National Autistic Society Somerset County Council raised concerns about the lack of oversight by placing authorities and Healthwatch Somerset agreed to work with key stakeholders to ensure that this improves.

Healthwatch Somerset can be contacted on 01278 264405 or email: [info@healthwatchsomerset.co.uk](mailto:info@healthwatchsomerset.co.uk) or via their web site: [www.healthwatchsomerset.co.uk](http://www.healthwatchsomerset.co.uk)

2.8.9 **The Somerset Engagement Advisory Group (SEAG)** meets quarterly and brings together many of our partners from the voluntary sector, Healthwatch, patient groups, service providers, carers and the county council to scrutinise the CCG and contribute to our work on public engagement and equality. All information about meetings and its Terms of Reference are published on the CCG [website](#).

Summary of Somerset SEAG Network Activity 1.4.2017 – 31.3.2018		
Date	Venue	No. of attendees
11 April 2017	Taunton Vale	40
10 July 2017	Wynford House	27
16 October 2017	Wynford House	27
15 January 2017	Wynford House	34

2.8.10 National research has established that people with characteristics protected under equality legislation experience barriers to healthcare and struggle to get their voices heard in order to influence improvements. Through SEAG membership, we strive to include organisations and champions that represent the nine protected characteristics, ensuring that their voices are heard and providing the opportunity for these groups to be involved in commissioning and decision-making. SEAG has through 2017-2018 contributed to discussions on:

- Procurement
- Commissioning
- Children & Young People (CYP) Mental Health
- Continuing Healthcare (CHC)
- Gypsy and Traveller Health
- Equality profiling
- Carers Voice Somerset Commitment to Carers
- Sustainability and Transformation Programme (STP)
- Equality Delivery System (EDS)
- Black and Minority Ethnic (BME) Community Engagement
- Healthwatch Somerset
- Joint Service Needs Assessment (JSNA)
- Service Users Engagement Group (SUEG)
- Somerset Parent Carer Forum
- Clinical Services Review

2.8.11 **Lay users:** We have three lay Non-Executive members on the CCG Governing Body. One Non-Executive Director has specific responsibility for championing Equality and Patient Engagement, and works closely with the CCG patient engagement team. We also have lay members on our Clinical Operations Group and Joint Commissioning Committee.

Lay members play an active role on CCG committees, programme boards, procurement panels and project boards, supporting and influencing commissioning activities. We encourage members of the public to become volunteer lay users and to take part in the commissioning process. Lay User involvement is supported by the CCG's Lay User Policy.

2.8.12 **Weekly Patient Engagement Bulletin** shares information with our lay members, voluntary sector colleagues, PPGs and community stakeholders. It is currently sent to approximately 400 people who then share with their colleagues.

## What are our Challenges and our Strengths?

- 2.9 In 2017-18, we continued to face a number of ongoing challenges in relation to public engagement and equality, including:
- The challenge of capturing the voice of groups who are marginalised, hidden, vulnerable or seldom heard for various reasons;
  - Equality challenges with hidden diversity, in a large rural county
  - The challenges of partnership working in the current environment of austerity and change;
  - Capacity challenges in the voluntary and community sector, particularly following the closure of some groups and important networks in recent years;
  - Challenges relating to communication and information-sharing when IT systems are still not joined-up;
  - The challenge of activating patients to take greater control of and greater responsibility for their own health and wellbeing; and
  - Access challenges due to the rurality of our county.
- 2.10 We have some key strengths in Somerset that support the involvement of patients, carers and the wider public in the CCG's work. We are fortunate in having a group of motivated and skilled lay users who play a range of roles as part of the CCG governance structures, including our Governing Body, Clinical Operations Group, Joint Commissioning Committee, and Patient Safety and Quality Assurance Committee. We also have well-established structures, such as SEAG and PPGs described above, through which much of our strategic engagement activity takes place.
- 2.11 However, one of the perennial challenges that we and other commissioners and providers continue to face is how to involve a wide range of individual patients and carers. Many of the people who choose to work with us are articulate, confident, and knowledgeable about health services and bring skills from other sectors and careers. While they are a very valuable resource for the CCG, there is the risk that we do not hear the voices of more vulnerable groups, such as people who find it difficult to participate because of language, disability, mental health, or other socio-economic barriers, or those who simply do not have the time or opportunity to actively participate, such as people who work full-time, carers, parents, children and young people.
- 2.12 One of the ways in which we have tried to address this challenge is to recognise that some groups and communities are under-represented and to develop connections with voluntary and community organisations that can advocate for them or represent their interests and views at the table. But we recognise that we still need to do more to engage more widely both to hear our public's experiences and in developing strategies that may lead to significant service change.

## **How have Patients and Carers Engaged with Us?**

- 2.13 To illustrate how we are responding to our statutory duties, here are some operational examples of how patients and carers have contributed to and participated in our work over the last twelve months. This is not intended to be a comprehensive list, but it gives a flavour of the different engagement activities that have influenced and informed our work.

### **Sharing your Views and Experiences**

- 2.13.1 We have gathered patient, public and carer views and experiences via our voluntary sector partners, the PPG Chairs' Network, Healthwatch Somerset, the Somerset Engagement Advisory Group (SEAG), and online surveys. During 2017-18, we heard a diverse range of patient stories and experiences in different health settings, covering:

- Gender clinic referral
- Elective care
- Communication between GP surgery and hospital
- Patient transport
- End of life services
- Maternity services
- Continuing healthcare
- Long term conditions
- Young people's services.

- 2.14 Some of these experiences were presented to the relevant CCG committee or programme board and others directly to the CCG Governing Body. In each case, commissioners and senior leaders were able to learn from these real experiences and identify some of the ways in which we could respond to the barriers and issues highlighted. If you would like to tell us your views and experiences on local healthcare services, please see the 'Contact Us' and 'Get Involved' sections of our [website](#).

### **Scrutinising our Public Meetings and Decision-making**

- 2.15 The CCG Governing Body meetings, the Joint Committee for co-commissioning of primary care and our Annual General Meeting (AGM) are held in public. This provides an opportunity for members of the public, voluntary and community sector colleagues, the press and media and other stakeholders to scrutinise decision-making and reporting, and to challenge the CCG through public questions. Dates, agenda and papers for Governing Body meetings are published on the CCG website ahead of the meeting and can be accessed [here](#).

### **Patient Advice and Liaison Service (PALS and Complaints)**

- 2.16 PALS is a free and confidential service for health service information and advice. If patients or carers have concerns or questions about health services, they can raise them through this service by telephoning 0800 0851 067 or email: [pals@somersetccg.nhs.uk](mailto:pals@somersetccg.nhs.uk). In addition, patients can

raise formal complaints - <http://www.somersetccg.nhs.uk/contact-us/complaints/> - from which we can learn lessons and identify areas for improvement.

- 2.17 Anonymised thematic data about patients' experiences brought to the attention of both the PALS and complaints services is reported to the CCG's Patient Safety and Quality Assurance and Governance Committees on a quarterly basis.
- 2.18 Below is a summary of the themes that have been gathered from PALS contacts from Datix for 17-18.
- 2.19 There were 744 registered contacts for the year (this obviously doesn't include the multiple follow-up calls that are received).

The top 20 are as follows:-

<b>Subject</b>	<b>Number</b>
GP	70
Medicines	57
Patient Transport	57
Individual Funding Requests	24
GP registration	22
Yeovil District Hospital	22
Dental	21
Mental Health	21
Alternate Hospital Request	19
Musgrove Park Hospital	19
Out of Hours/111	17
Wheelchair Service	16
Freestyle Libra Access	15
Children and Adolescent Mental Health Services	13
Dermatology	13
Access to Medical Records	12

Warfarin/Highbridge	12
Maternity	9
Adult Social Care	8

### **Public Workshops and Engagement/Consultation Activities**

2.20 Over the last twelve months, we have undertaken a number of specific engagement activities for service review and commissioning policy changes or developments. These include:

- Co-design workshops
- An online survey and spread of engagement activities
- Stakeholder events for other commissioning projects

2.21 More information about what we gleaned from these activities is set out below. In addition, we have run CCG information stands at parent carer events and made CCG presentations at a number of voluntary and community sector events, including at several children and young people's organisations.

### **What have Patients, Carers and the Public told us?**

2.22 During 2017-18, we have listened to public feedback in a range of different ways, including through the networks and groups referenced elsewhere in this report. The examples below are not a comprehensive list, but give an overview of the common themes of the feedback we have received and the types of comments, queries and concerns that are frequently raised.

### **The Key Themes of Reported Patient Experience**

2.23 We collect patient experience via Healthwatch, PALS, complaints, GP feedback, serious incidents, as well as experiences that are directly reported to the CCG. These themes are collated every quarter and reported to the CCG's Patient Safety and Quality Assurance Committee, where it helps to inform our understanding of the issues and barriers facing patients and our identification of possible solutions and responses. Annex 3 shows examples of how the CCG has responded to patient and public feedback.

### **User Feedback on Maternity Service**

2.24 Somerset is an Early Adopter of Better Births. There have been a number of activities to ensure that full public, service user and professional engagement has been at the centre of these activities. This not only supports the CCG's duty to engage with patients and the public, but also ensures that the CCG is paying due regard to many of the protected characteristics. In this particular example, the main characteristics are **age, pregnancy and maternity, sexual orientation, and disability**.

2.25 Parent and baby/toddler group activities undertaken: we have attended groups in Mendip and South Somerset and spoke with approximately 30 parents and collated their experiences into summary documents for consideration. We have made contact with GetSet who are preparing a schedule of visits to groups across Sedgemoor and West Somerset. Whose Shoes Activities undertaken: during the year we held two events undertaken one in Taunton and the other in Yeovil. The events were attended by approximately 75 people, feedback collated and summarised into a reference document used to influence decisions. We have supported other CCGs and providers in maternity engagement, including the use of Whose Shoes?®<sup>2</sup>, through the South West Clinical Network AGM.

2.26 **Social Media Activities Undertaken:** Created the Somerset Maternity Voices Facebook page and used existing Twitter feeds to promote service user engagement. We created a weeklong Twitter campaign using the Whose Shoes feedback to raise awareness, direct traffic to the Facebook page, and encourage a wider participation from the public. The analytics below show the positive results of this activity. The increase is compared to the previous week's activity:

Measure	Statistic	Additional notes
<b>Tweet impressions</b>	Increase of 205.2%	This means that the Tweets were read/acting upon by 9,330 people
<b>Profile visits</b>	Increase of 52.3%	
<b>Mentions</b>	Increase of 371.4%	Where the CCG account was mentioned in someone else's Tweet
<b>Number of followers</b>	Increase of 79.4% in the number of followers	

2.27 The next steps are:

- To continue to promote the use of Social Media
- To develop a website to build on the current Maternity Voices Facebook page. This would require investment in terms of website hosting, domain name and any licensing implications. It is estimated that this would be in the region of £10,000 to achieve something similar to that provided in Bristol, North Somerset & South Gloucestershire, which we are using as a template site. (<https://www.maternityvoices.org.uk/>)
- To move towards a community-led maternity voices for Somerset, meeting the national criteria for registration with the national Maternity Voices Network (<http://nationalmaternityvoices.org.uk/>)

<sup>2</sup> Whose Shoes?® is a maternity initiative that aims to bring together service users, commissioners, and providers to increase the understanding of how maternity services are delivered and received. More information can be found at: <http://nutshellcomms.co.uk/>

## **Transgender Feedback – 2BU**

- 2.28 The CCG has recently commissioned 2BU (a Somerset-based Lesbian, Gay, Bisexual and Trans organisation) to look at extending its services beyond the age of 18. A visit to the group by members of the CCG raised some points in respect of access to transgender referrals and the challenges that some of the group had faced in accessing this. This led to an exercise to gain a better understanding of the information that was available to service users and GPs.
- 2.29 Working with members of 2BU, the CCG helped to create a pathway and service user information that has now been published to all GP practices in the county.
- 2.30 Furthermore, NHS England recognises this to be an issue nationally and is encouraging Somerset to share this with its counterparts. The CCG and 2BU-Somerset presented the work at the South West Patient and Public Involvement Network in Bristol where NHS England requested that it be presented to the South West GP Assurance Committee also. The documentation has been sent to Gloucestershire, Wiltshire, Swindon, Bristol, North Somerset and South Gloucestershire, and North East and West Devon CCGs as a result. The information is currently being reviewed by North Somerset CCG with a view to making this available to their GPs and service users also.

## **Children and Adolescent Mental Health Services (CAMHS) feedback**

- 2.31 The CCG works closely with the CAMHS Service User groups within Somerset. These are operated by Somerset Partnership NHS Foundation Trust. During 2017/2018 the CCG has been invited to the groups to hear people's experiences of CAMHS and other health services, such as A&E and inpatient wards. This feedback has been collated into a video which has been used as at a number of events and meetings to ensure that service user feedback and experiences are included in discussions. The video was used at the Rapid Improvement Event in respect of CAMHS. The video combined local news coverage by BBC Somerset and face-to-face feedback received by the CCG. This can be found at the following location: <https://youtu.be/Gb9FQiqEmT0>.
- 2.32 The relationship that the CCG has developed with the service user group has been overwhelmingly positive. Group members actively invite the CCG to their meetings where they feel they have something they think we need to hear. The trust that has been developed between the group and the CCG also makes them a useful resource for the CCG both in respect of mental health services and also the views of children and young people.

## **Special Educational Needs and Disability (SEND)**

- 2.33 The CCG has been involved in the Participation Workstream of the SEND reforms within the county. The CCG has contributed to the health elements of training packages that are aimed at education, health and/or care professionals. This is to address concerns that the CCG has heard from

families that the understanding within health is not as obvious as in other settings.

### **Feedback from Somerset Parent Carer Forum (SPCF) Events**

- 2.34 In November 2017 the CCG ran an information stall with the parent carer forum in Yeovil at the Great get Together Event. Over 20 people asked about the CCG role and accessing health services. The forum is a standing member of the Somerset Engagement Advisor Group.
- 2.35 The CCG has signed a partnership agreement setting out how it will work with the Somerset Parent Carer Forum and continue to work closely with the County Council's SEND (special education needs and disabilities) team. Both these partner organisations are key to the CCG's ongoing commitment to understanding and acting on children's and young people's feedback.

### **Findings of our Work with Young People's Organisations**

- 2.36 The CCG has captured feedback from young people through joint work with young people's forums and organisations.

We shared information on the children and adolescent mental health service review and opportunities to participate in commissioning with young people via the Somerset Youth Parliament. Access to GP practices, safety, sexual health, mental health and young carers were among the issues and concerns raised by this group of young people.

The CCG worked with the Somerset Rural Youth Project (SRYP) to engage with health and social care students at Strode and Yeovil Colleges, who ran health campaigns to raise awareness of mental health, drug and alcohol abuse, sexual health and healthy eating. A key theme emerging from the campaigns was a need for more health information in schools and colleges, particularly regarding mental health. Smoking and unhealthy eating were found to be relatively prevalent among college students. These health campaigns and student presentations gave us the opportunity to establish a relationship with the colleges and a communication route which can be used for future engagement work.

## **3 EQUALITY AND DIVERSITY: PATIENTS, CARERS AND PUBLIC**

### **Our Statutory Duties Regarding Equality and Diversity**

- 3.1 The Public Sector Equality Duty (S149 Equality Act 2010) is a duty on public bodies and others that carry out public functions. It ensures that public bodies consider the needs of all individuals in their day-to-day work in shaping policy, in delivering services and in relation to their own employees.
- 3.2 The general Public Sector Equality Duty (PSED) has three aims. It requires public bodies such as Somerset Clinical Commissioning Group to have due regard to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it;
- Foster good relations between people who share a protected characteristic and people who do not share it.

3.3 The Public Sector Equality Duty (PSED) is supported by two specific duties which require public bodies such as Somerset Clinical Commissioning Group to:

- Publish information to show their compliance with the PSED;
- Set and publish equality objectives, at least every four years.

3.4 The protected characteristics covered by the PSED are:

- Age;
- Disability;
- Gender reassignment;
- Marriage and civil partnership (but only in respect of eliminating unlawful discrimination);
- Pregnancy and maternity;
- Race- this includes ethnic or national origins, colour or nationality. It also includes such communities as Gypsies and Travellers;
- Religion or belief – this includes lack of belief;
- Gender;
- Sexual orientation.

3.5 The CCG must demonstrate it meets the general duties under the PSED for staff, as well as for patients and carers. There are duties relating to our role as an employer. The CCG has now reached the threshold of 150 employees, and is required to publish the diversity profile of the organisation. The CCG's Equality lead is working with the Staff Forum to implement processes in order to meet this duty. Because there are just fourteen members of the CCG Governing Body, we are not required to publish equality information relating to their protected characteristics.

### **How are we Responding to our Statutory Equality Duties?**

3.6 Somerset CCG fulfils the specific duties of the Public Sector Equality Duty in the following ways:

#### **Corporate Equality Objectives**

3.6.1 Alongside this report, we have published our corporate equality objectives as part of our four-year Equality, Diversity and Patient Engagement Strategy (2016-2020) - <http://www.somersetccg.nhs.uk/about-us/how-we-do-things/equality-and-diversity/>

## **Equality Impact Assessments (EIAs)**

- 3.6.2 We support, advise and train colleagues to ensure that CCG policies, strategies and service developments are subject to an Equality Impact Assessment. This work helps us to ensure that our decision-making takes account of the needs of different groups and that mitigations are identified where we know that a negative impact on a particular group is likely. This ensures that our commissioning does not discriminate against protected characteristic groups and provides opportunities to promote equality of opportunity and foster good relations.
- 3.6.3 Over the last twelve months, we have pro-actively supported colleagues, helping them to develop, review or EIAs. We have started to publish our EIAs on the CCG website in the interests of transparency, and we have made improvements to reporting to ensure that our governance structure has oversight of equality considerations when making decisions.

The EIA guidance is available on our [website](#).

- 3.6.4 The CCG's Quality and Equality Impact Assessment has been implemented and includes an equality screening tool designed to advise the person completing the assessment if they are required to undertake a full Equality Impact Assessment.

## **Equality Delivery System Group**

- 3.6.5 The CCG co-ordinates the Somerset Equality Delivery System (EDS) Group, which brings together equality and engagement leads across the NHS in Somerset to work together and share best practice. The group is a virtual group which includes the CCG and the three NHS Trusts in Somerset. The group has also been an effective way of supporting and involving service providers in achieving good equality and diversity practice. This adds value to the work we are doing through contract management and quality assurance of our commissioned providers.

## **Equality Delivery System (EDS)**

- 3.6.6 We have signed up to NHS England's Equality Delivery System (EDS), which places a duty on all NHS organisations to monitor their progress against equality and diversity goals in relation to both service delivery and workforce. We undertake an annual review of our EDS objectives and provide an update through our governance streams. A full EDS review is planned for 2019/2020. [→](#)

## **3.7 Somerset CCG Fulfils its General Duties under the PSED in the Following Ways:**

### **3.7.1 Elimination of Discrimination, Victimisation and Harassment**

- We require providers to comply with equalities legislation. Evidence of this is requested during our procurement, performance management and quality assurance processes.

- As above, Equality Impact Assessments are carried out to record equality considerations for policies, strategies and service developments to ensure they are not discriminatory.
- The CCG has access to interpreting and translation services and is able to provide information in different formats and languages on request. Our website content is available in a variety of languages and also large print.
- Our premises at Wynford House, Yeovil, are accessible and we ensure that all our public meetings and patient engagement events are held in accessible venues. Participants are asked to let the CCG know of any additional requirements they may need to enable them to attend and participate at a meeting or event.

### 3.7.2 **Advance Equality of Opportunity and Fostering Good Relations**

- Through the Somerset Engagement Advisory Group, we promote partnership working, networking and information exchanges between different organisations, including those representing different protected characteristics.
- Through our wider voluntary sector and community networks, we have developed links with groups representing people with protected characteristics, including the Lesbian, Gay, Bisexual and Transgender (LGBT) community, Gypsies and Travellers, children and young people, faith communities, people with disabilities, and other people, such as carers.
- Our public workshops and engagement activities are facilitated in a way to promote better understanding of different groups' perspectives, experiences and challenges relating to local health care and to support finding solutions to these together.
- We are connected to a number of broader networks, including the Somerset Equality Officers Group, the South West Equality Network and a number of other forums, which enable us to work in partnership with partner organisations, to share good practice and to work on tackling equality issues throughout the county.
- We are networked with a wide range of voluntary and community sector partners, who support and scrutinise our engagement activities as well as enabling us to hear the voices of hidden or marginalised groups, including those with protected characteristics.

## 3.8 **In Relation to our General Duties as an Employer, we respond in the Following Ways:**

### **Equality Monitoring**

- 3.8.1 We regularly review our workforce statistics in relation to the protected characteristics of age, sex (gender), race, and disability. In addition, we collect equality data on the nine protected characteristics at every staff training session we run and annually through our staff survey.

## **Eliminating Discrimination, Victimisation and Harassment**

- 3.8.2 We hold a regular staff forum to provide an open and transparent method of communication to raise any concerns. Our organisational culture encourages two-way communication, as set out in our corporate values and behaviours summarised earlier.
- 3.8.3 There are a number of workforce policies and support services that support and protect staff from discrimination, harassment, bullying and victimisation as well as internal mechanisms to support staff with such issues. In addition, all CCG staff can access a free, confidential independent Employee Assistance Programme to provide additional support to staff on both work and personal issues. The CCG is a registered Mindful Employer and Disability Confident Employer. The CCG also operates an internal Compassionate Network.

## **Advancing Equality of Opportunity and Fostering Good Relations**

- 3.8.4 Employees have regular 1:1 meetings with their line managers to review personal development review through which training and development needs are identified. The CCG provides a supportive and challenging work environment with relevant development opportunities. The organisation supports work / life balance and is open to new ideas. The CCG actively encourages staff engagement, holding regular communication and staff briefing events, staff focus groups and training opportunities. All CCG staff must undergo mandatory equality and diversity training on an annual basis. A session on engagement and equality is embedded in all our corporate induction sessions.

## **Equality and Diversity Training**

- 3.8.5 New staff received engagement and equality information as part of their corporate induction training throughout the year.

During 2018, the CCG is launching an equality workshop that is available to all staff and focuses on the Public Sector Equality Duty and how to undertake a full assessment of impacts on the protected groups defined by the Equality Act 2010, and other groups within the county.

## **What are our Challenges and Strengths?**

- 3.9 Our Equality Delivery System report, first undertaken in 2015-16, flags up a number of areas of good progress, including work to increase flu vaccination uptake among older and vulnerable people, complaints monitoring and handling, learning from complaints, and training professionals in communication and planning for end of life care with patients and their families. It also identified areas where more should be done in 2016-17, including capturing patient experiences from the LGBT community, rolling out My Life Plan as a patient-centred care-planning tool, and improving co-ordination of end of life care.

## 3.10

The CCG undertook a review of the progress against each of the EDS objectives and has seen improvements, particularly in areas relating to goal 1.2. As detailed within this report, we have undertaken outreach to LGBT groups and the engagement team have been heavily involved in the delivery of the Planning Ahead documents and the Somerset Treatment Escalation Plan (**STEP**):

EDS goals:	Self-assessment of our progress:
<b>Better health outcomes</b>	
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	<b>Achieving</b>
1.2 Individual people's health needs are assessed and met in appropriate and effective ways	<b>Achieving</b>
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed	<b>Developing</b>
1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	<b>Achieving</b>
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	<b>Excelling</b>
<b>Improved patient access and experience</b>	
2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on reasonable grounds	<b>Achieving</b>
2.2 People are informed and supported to be as involved as they wish in decisions about their care	<b>Developing</b>
2.3 People report positive experiences of the NHS	<b>Achieving</b>
2.4 People's complaints about services are handled respectfully and efficiently	<b>Excelling</b>

## 4 OUR ENGAGEMENT AND EQUALITY PRIORITIES FOR 2018-19

4.1 Based on the feedback we have received during 2017-18 and our strategic direction of travel, the following were identified as areas of focus.

CCG corporate priorities	Engagement and Equality team priorities	Actions undertaken to support these priorities
Encouraging communities and individuals to take more control of and responsibility for their own health and wellbeing	Strengthen and support the CCG structures and conduits for patient, public and carer involvement.	<p>We have actively promoted Somerset Engagement Advisory Group to widen the representation of this group. Where there are certain groups that do not feel comfortable to attend, we have worked with them individually to ensure that their perspectives are included in discussion.</p> <p>The CCG is represented on a number of groups, such as Service User Engagement Group, Somerset Neurological Alliance, Carers' Voice, and the Joint Strategic Needs Analysis Working Group.</p>
Developing joined-up, person-centred care	Ensure that the patient voice informs and influences the CCG's work programmes, service planning and procurement, and commissioning strategies.	<p>The CCG gathers patient stories and feedback which are then shared with the relevant groups to ensure this feedback is acted upon.</p> <p>The CCG works closely with its Quality &amp; Safety, and Contracts teams to ensure that any themes that are gathered through engagement activities are acted upon appropriately.</p> <p>The CCG encourages members of the public to be involved in any procurement exercises and actively seeks feedback from groups where it is felt may be greater impacted.</p> <p>The CCG supports the PPG Chairs' Network to increase participation in PPGs at practice-level and to bring concerns and patient experiences to the CCG.</p>

Sustaining and continuously improving the quality of all services.	Support statutory compliance and improvement in commissioning by enabling, supporting and promoting public engagement and equality considerations in CCG commissioning	The CCG has created a training workshop on engagement and equality to CCG staff and commissioners which runs monthly.  This also includes how to undertake and Equality Impact Assessment and the procedures around this within the CCG.
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**Accessible and inclusive information:** Use of social media, e.g. Twitter, to share information particularly with young people.

4.2 The CCG has adopted social media as a complementary option for communicating messages and inviting feedback from members of the public, and organisations. In addition to the official CCG Twitter feed<sup>3</sup>, the CCG’s Quality, Equality & Engagement Lead operates an active Twitter feed<sup>4</sup> which is used to communicate “real-time” activities in the community. This feed has also been used to run Twitter campaigns, most recently in respect of maternity service user engagement, and using the #MatExp tag, which relates to Better Births. Additionally, the CCG manages the Somerset Maternity Voices Facebook page<sup>5</sup> which is intended to operate as a platform for service users, providers and other organisations.

### 4.3 Improvement and Assessment Framework (IAF)

4.3.1 The CCG Improvement and Assessment Framework (IAF) has been updated for 2017/18. The updated framework builds on the IAF introduced in April 2016 which was designed to assist improvement, alongside the statutory duty of NHS England to complete an annual assessment of all CCGs.

4.3.2 The framework is intended as a focal point for joint work and support between NHS England and CCGs. It draws together the NHS Constitution, performance and finance metrics and transformational challenges and plays an important part in the delivery of the Five Year Forward View.

4.3.3 New statutory guidance for CCGs and other health commissioners was published in April 2017, setting out the following ten actions relating to public participation in commissioning:

- Involve the public in governance
- Explain public involvement in commissioning plans
- Demonstrate public involvement in annual reports
- Promote and publicise public involvement
- Assess, plan and take action to involve

<sup>3</sup> <https://twitter.com/somersetccg>

<sup>4</sup> [https://twitter.com/Lee\\_SomCCG](https://twitter.com/Lee_SomCCG)

<sup>5</sup> <https://www.facebook.com/SomersetMaternityVoices/>

- Feedback and evaluate
- Implement assurance and improvement systems
- Advance equalities and reduce health inequalities
- Provide support for effective involvement
- Hold providers to account

4.3.4 CCGs were assessed based on the Annual Report (16/17), and publically available information (Governing Body papers, involvement webpages, engagement plan etc.). NHS England undertook a desktop review in June 2017 of CCG's work to engage with the people and communities. The NHS Somerset CCG assessment against the five domains within the patient and community engagement indicator from the desk top review is below:

Domain	Rating	
A. Governance	Requires Improvement	1
B. Annual Reporting	Requires Improvement	1
C. Practice	Requires Improvement	1
D. Feedback and evaluation	Requires Improvement	1
E. Equality and health inequalities	Good	2
<b>Overall</b>	<b>Requires Improvement</b>	<b>6</b>

4.3.5 In May 2018 the 2017-18 CCG IAF patient and community engagement indicator "Compliance with statutory guidance on patient and public participation in commissioning health and care" – final score was an Amber rating for the CCG. The CCG has recognised the need to increase evidence of good practice in patient and community engagement and is in the process of reviewing the website in this respect.

## APPENDIX 1: ENGAGEMENT GROUPS

Name	Description
<b>2BU-Somerset</b>	County-wide service which operates from Taunton. They provide 2 Lesbian, Gay, Bisexual and Transgender (LGBT) support groups; 1 for 13 to 19 year olds and another for 19 to 25 year olds. This includes support in respect of education and health. They also provide tier 2 CAMHS support.
<b>Beaumont Society</b>	A national group supporting transgender people through online information and a national helpline.
<b>Better Births</b>	The overarching project to improve maternity services within Somerset. This includes the patient/service user led group, Somerset Maternity Voices Partnership.
<b>Black and Minority Ethnic (BME) Community Engagement</b>	A project run by the Community Council for Somerset which looks to engage with BME groups within the county. They undertake outreach and provide organisations, such as the CCG with the opportunity to attend public events.
<b>Bridgwater Together</b>	An annual event that aims to bring together people of different races and/or ethnicities to celebrate the various cultures in Bridgwater. It provides organisations, such as the CCG, to engage with the wider public.
<b>Children and Adolescent Mental Health Services (CAMHS)</b>	Providing tier 3 and 4 support to children and young people with mental ill-health. They run a Service User Focus Group, which the CCG regularly attends to gather comments about and experiences of the service.
<b>Compass Disability Services</b>	Compass Disability Services run the Service User Engagement Group (SUEG) which brings together people who are accessing social care. The CCG regularly attends to understand how health and social services are working in partnership.
<b>Finding Your Way</b>	Linked to Somerset Parent Carer Forum, the Finding Your Way groups are peer support groups within Somerset that provide guidance and support to families who have children with additional needs.
<b>Healthy Weston</b>	An initiative in North Somerset on changing how health services are delivered in the Weston-Super-Mare area. Somerset CCG has been involved in order to understand the impacts on Somerset residents who access services at Weston General Hospital.

<b>Mermaids</b>	A national organisation supporting children and young people who identify as transgender, and their families.
<b>Participation Workers Network</b>	A multi-agency group of people who work with children and young people. This is an intelligence sharing network.
<b>Pathways</b>	A homeless charity in Yeovil.
<b>Special Education Needs and Disability (SEND)</b>	A multi-agency group working on the government SEND reforms across education, health and social care. This includes a work stream relating to children's participation.
<b>Snowdrop</b>	A Yeovil based peer support group for people who have experienced a stillbirth or early termination of pregnancy.
<b>Somerset Armed Forces Covenant</b>	An annual event at which the CCG has a stand bringing together service personnel, veterans and agencies that are committed to the covenant.
<b>Somerset Engagement Advisory Group (SEAG)</b>	A network of organisations that meet regularly to discuss Somerset's local health services and to discuss CCG proposals.
<b>Somerset Gypsy Traveller Forum</b>	A group run by Somerset County Council which has representation from District Councils and health, along with members of the Gypsy/Traveller communities.
<b>South West Clinical Network (SWCN)</b>	The SWCN is part of NHS England and provides support to local CCGs and providers in respect of maternity & children's services.
<b>South West Equality Network (SWEN)</b>	The South West Equality Network is attended by equality leads across South West CCGs and local authorities.
<b>The Space</b>	A community based mental health service in Cheddar for children and young people.
<b>Unity in the Community</b>	An initiative in Yeovil to celebrate the racial diversity in and around the Yeovil area.
<b>Whose Shoes?</b>	An interactive game relating to maternity services which is attended by members of the public, commissioners, health visitors, midwives, obstetricians and community organisations. It provides feedback relating to maternity services from a variety of perspectives.

## APPENDIX 2

Topics	What patients and carers have told us:	What the CCG is doing:	Quarter 17-18
111 - triage	A patient / carer reported negative experiences of urgent and emergency care, including an overlong telephone triage.	These experiences were discussed in detail by the CCG's Clinical Assurance Committee and Governing Body in December 2017. Responses from the directors of nursing in the three foundation trusts have been sought.	Q3
Closure of health forums	Community stakeholders have raised concerns about the CCG's commitment to alternative engagement strategies following the closure of health forums in 2017.	There has been increased joint work with voluntary and community sector partners to capture proxy voices. The intention is to utilise providers' social media conduits to capture feedback.	Q4
Dermatology access	A carer's experience raised concerns about access to dermatology services, particularly for people with dementia.	These experiences have been shared with the service provider for learning purposes, and will also be brought to the attention of the CCG clinical commissioners.	Q3
How we engage on the STP	Patient and carer representatives have asked for updates on the STP and the accountable care organisation, and expressed concerns and some confusion about our strategic direction of travel.	The CCG has begun to communicate information about the clinical services review. Nick Robinson has agreed to chair SEAG in January and provide a strategic update to community stakeholders.	Q3
How we engage with SEAG	SEAG members have repeatedly fed back how they would like to be engaged by the CCG, including that they would like a two-way dialogue, plain English, avoiding duplication of meetings and wasting time, and looking at both health and social care commissioning.	The CCG has: <ul style="list-style-type: none"> <li>• Introduced a 'you said; we did' agenda item to SEAG meetings;</li> <li>• Developed formal links between SEAG and the SCC's service user group;</li> <li>• Sought to avoid duplication between SEAG and the STP People's Panel.</li> </ul>	Q2

<b>Topics</b>	<b>What patients and carers have told us:</b>	<b>What the CCG is doing:</b>	<b>Quarter 17-18</b>
Mental health and cancer services co-ordination	Poor coordination of mental health and cancer services was raised by a patient story presented to Governing Body in Q1.	Patient feedback has been shared with the CCG's mental health and cancer commissioning leads, who are looking at how services can be joined-up.	Q2
Mental health support for adults	Mental health patients have raised concerns about the short term nature of interventions and the lack of ongoing support to sustain their recovery.	A patient experience, setting out her long term mental health journey, was presented to the CCG Governing Body to consider how they might respond as commissioners.	Q1
Mental health support for the young	There is a lack of mental health support for children, particularly under the age of 11. In addition, young people have raised concerns about their poor experience of CAMHS.	The CAMHS commissioner attended the Somerset Engagement Advisory Group (SEAG) to provide an update on services.	Q1
Patient transport/taxi service for renal patients	Feedback about patient transport and the taxi service used by renal patients was captured from service users at the Yeovil Renal Unit.	This feedback has informed the CCG's review of patient transport services, including regional work across the south west to agree consistent eligibility criteria for patient transport.	Q4
Pharmacy 2U	PPG chairs raised concerns about Pharmacy 2U as the advertising of their prescription postal service is seen as a threat to dispensing pharmacies.	Shaun Green, the CCG's Head of Medicines Management, confirmed that concerns should be directed to Pharmacy 2U Head Office for local resolution or escalated to NHSE which commissions community pharmacies.	Q4

<b>Topics</b>	<b>What patients and carers have told us:</b>	<b>What the CCG is doing:</b>	<b>Quarter 17-18</b>
Sustainability of primary care business models	Community stakeholders, including Healthwatch, have asked about the sustainability of primary care business models, including whether independent practices will survive or have to join other practices.	Nick Robinson, CCG Chief Executive, confirmed to the PPG Chairs' Network that there is no definitive view at this stage and that practice mergers will not be forced. Healthwatch has also been put in touch with the CCG's primary care team for a more detailed briefing.	Q4
Temporary closure of community hospital beds	Patient and carer representatives raised concerns about the temporary closure and the future of community hospital beds, and expressed confusion about the provider's recent announcement of a consultation.	The CCG lead commissioners have raised these concerns with the provider trust and will clarify whether or not a formal public consultation is needed. The links to the consultation documentation have been shared with community stakeholders.	Q3
Transgender support	Poor experiences of primary care services for transgender young people were reported by 2BU in Q2.	These experiences have been shared with the Director of Community Services and Primary Care with suggestions for training and support for primary care.	Q2
Transport and parking costs	Transport and parking costs both continue to be a barrier to accessing services. One patient selected to drive to Shepton Mallet for weekly treatment because that was cheaper than parking at Musgrove Park Hospital, which is close to his home.	CCG and SCC are working together with a group of PPG chairs to help plan and pilot a community car scheme and are preparing to review the eligibility criteria for patient transport.	Q1
Urgent and emergency services	A patient and carer story was presented to the CCG Governing Body in Q3, illustrating the barriers experienced when using urgent and emergency services.	Responses were received from Musgrove Park Hospital and Somerset Partnership, which were shared with the individual so that they were aware of how their experience had been used.	Q4

### APPENDIX 3: IMPROVEMENT AND ASSESSMENT FRAMEWORK (IAF)

	Description	Domain	Comments
1	Involve the public in governance	A: Governance	The CCG's published constitution makes a number of references to public involvement in governance.
2	Explain public involvement in commissioning plans	C: Practice	The CCG website has a section on getting involved. It details the various groups, such as Patient Participation Groups, Healthwatch, etc. Any consultation or engagement activity is also promoted through the CCG website. <a href="https://www.somersetccg.nhs.uk/get-involved">https://www.somersetccg.nhs.uk/get-involved</a>
3	Demonstrate public involvement in Annual Reports	B: Annual Reporting	The CCG's annual report includes a section entitled Patient, Carer and Public Engagement. (Section 1.37) <a href="https://www.somersetccg.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=7048">https://www.somersetccg.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=7048</a>
4	Promote and publicise public involvement	C: Practice	The CCG promotes public involvement through its website and through the use of social media, including Twitter and Facebook.
5	Assess, plan and take action to involve	C: Practice	The CCG keeps a record of its engagement activity, to which protected characteristic this relates (where appropriate) and an assessment of the outcomes. This information is used to monitor the effectiveness of the engagement activities undertaken.
6	Feedback and Evaluate	D: Feedback and Evaluate	The CCG reports using a "you said, we did" approach to its Patient Safety and Quality Assurance Committee. Some examples of this are contained within this report.
7	Implement assurance and improvement systems	A: Governance	Public involvement in procurement panels, and other meetings, such as Serious Incident reviews and Urgent Care meetings are encouraged by the CCG.
8	Advance equality and reduce health inequality	E: Equality and Health Inequalities	The CCG is involved in the JSNA working group in order to better understand its demographic. The training that is available to all staff in respect of Public Sector Equality Duty provides guidance on finding and interpreting data about the county's population.

	Description	Domain	Comments
9	Provide support for effective engagement	C: Practice	The CCG facilitates a number of meetings within Somerset, the main ones being the PPG Chairs Network and the Somerset Engagement Advisory Group. In addition, the CCG attends other meetings where feedback from other organisations is detailed. Going forward, the CCG will be publishing its engagement activity on its website at the following location: <a href="https://www.somersetccg.nhs.uk/get-involved/local-meetings-and-events">https://www.somersetccg.nhs.uk/get-involved/local-meetings-and-events</a>
10	Hold providers to account	A: Governance	The CCG uses patient and public feedback to work with providers to improve their services. This is often through members of the EDS Virtual Group that the CCG co-ordinates.

If you would like more information on our engagement and equality work or if you would like to participate in our commissioning activities, please contact us:

Sue Lilley, Patient, Public Experience and Engagement Co-ordinator, on (01935) 385020 or at: [susan.lilley@nhs.net](mailto:susan.lilley@nhs.net)