

**NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (HMR CCG)  
Chair's responses to public questions from Primary Care Commissioning Committee  
on 8<sup>th</sup> February 2019**

***The following questions were raised by JR on behalf of Bridging Communities 4 All.***

	Question	Response
1	What area's or thematic strand are your priorities for the next 12 months?	For Primary Care, the key priorities are: <ul style="list-style-type: none"> <li>• Primary Care workforce</li> <li>• Access/reducing variation</li> <li>• Introducing the changes set out in the five year framework for GP Contract Reform to implement the NHS Long Term Plan</li> </ul>
2	What preventative work if any are you going to commission?	Public Health commissions our preventative work which includes such things as the diabetes prevention programme, sexual health screening etc. The CCG work closely with our Public Health Prevention Programme commissioners to ensure we support this area of work.
3	In 2018 a piece work was commissioned around the mental health act. What was the purpose for this?	The CCG did not commission a piece of work in 2018 re the Mental Health Act, so at this stage are unable to comment on questions 3 & 4.  If further detail is provided as to what specifically is being referenced we can look into this further
4	The Mental Health Act - especially sectioning - only affects a small amount of the population in the HMR boundaries. What was your rationale and what outcome did you want from this?	As above
5.	What do you intend to commission for the BAME community which accounts for just over 24% and over which have many long term illnesses?	The commissioning for such long term illnesses is not specific to the BAME community as the way in which such conditions are managed are the same for all. However, we are aware that there can be access issues, therefore the CCG ensures that communications are targeted; examples being slots on Crescent Radio, holding events to try to encourage uptake of screening within certain communities, working with local Imams to ensure messages are shared etc. It should also be noted that for each new service commissioned, we complete an Equality Impact Assessment to ensure that our services, policies and practices do not directly, indirectly, intentionally or unintentionally discriminate against the users of our services or the staff.
5i	<b><i>15/3/19 - Supplementary question to response: This is not targeted enough.</i></b>	The commissioning of services will be the same for all communities, however the delivery will be different for long term conditions and access to services maybe different in different areas. As a CCG we are encouraging providers to say how they will deliver the outcomes. A lot of work is taking place.

		<p>The member of the public noted that somewhere communication is breaking down and more needs to be done to address this.</p>
6.	<p>How do you intend to keep them informed to worsening of their conditions and preventative measures which will save the NHS considerably a large amount of money?</p>	<p>Again, other than access/communication, this is not dealt with differently to any other patients with long term conditions. There are processes in place to manage the different conditions in a primary care setting to reduce the cases of exacerbations requiring inappropriate secondary care input etc and ensuring that appropriate clinical advice is provided to achieve the best possible outcome for our patients.</p>
6i	<p><b>15/3/19 - Supplementary question to response: There is not enough preventative work taking place.</b></p>	<p>The CCG confirmed a lot of prevention work is taking place, campaigns in relation to healthy diet, regular exercise, daily mile, cervical screening awareness etc.. Advice is the same to all populations this is delivered differently to be sensitive to cultural views. A Clinical Board member confirmed the work taking place locally via the prevention access board. It is hoped to hold an engagement event to improve awareness locally in the near future.</p> <p>The members of the public commented that the ways in which the messages are being delivered does not always work. The CCG acknowledged it was important to get the right message to the right people and this is a discussion that is taking place with care navigators as part of the awareness event to empower individuals so they can take on that message and share with their communities.</p>
7.	<p>Why are commissioners not consulting with grass root organisations?</p>	<p>The CCG has a well established Patient and Public Engagement Committee (PPEC) that meets on a quarterly basis. The Committee has been set up to provide assurance on the delivery of the CCG's patient and public involvement duty. Ensuring the CCG's commissioning activities meets its statutory duties, adheres to national guidance and best practice. This also has task and finish groups that are convened as required and report into the PPEC. The committee's core membership has Third Sector and voluntary organisations representing those groups with protected characteristics, the Chair of the Locality Patient Participation Group (PPG) is also a member of the committee representing the wider patient population and the committee is chaired by a lay member whose portfolio includes patient and public engagement.</p> <p>The CCGs primary care sub-committees have patient representatives as co-opted members who are invited as dictated by the agenda.</p> <p>The CCG is a member of the locality patient participation group who meet every two months. This group is made up of members of individual practice patient participation</p>

		<p>groups who meet to discuss best practice, share information and receive updates on healthcare transformation. The CCG engages many service users and local organisations on a regular basis to ensure they are kept up to date with current issues and can input into the CCG's business. This can range from informal meeting sessions, formal presentations to full co-design/co-production (e.g. #Thrive Service) The CCG attempts to ensure that events are arranged in all areas of the borough to enable participation from as many local people as possible. When the CCG is commissioning a service through a formal tender procurement service users are supported to participate in a panel to sense check the specification, score tenders and make the final decision jointly as part of the tender panel.</p>
<p><b>7i</b></p>	<p><b>15/3/19 - Supplementary question to response: Why does PPEC not have any patient representative?</b></p>	<p>Members of the public do not attend PPEC, organisations attend on behalf of their members, as a single member of the public does not necessarily represent all of the population. The CCG Engagement lead meets with individuals outside of PPEC and the PPEC also has task and finish groups that report in when appropriate. The PPEC has representation from the Patient Participation Group and as part of Governing Body membership Healthwatch Rochdale represent patients within the borough.</p> <p>Patients, Carers and Service Users are involved in the commissioning of services and link with the relevant work that is taking place. PPEC is a networking committee linking with third sector and voluntary organisations to ensure that communication links are made and ensure that information is shared with individual members of those organisations. Additionally data obtained from individual patient, carer and service user experiences is utilised to performance and quality monitor commissioned services.</p> <p>Health watch Rochdale is establishing a patient group which patients and members of the public are welcome to join, this will link in with PPEC via Healthwatch Rochdale representation.</p>
<p><b>8.</b></p>	<p>There seems to be a lack of evidence that your commissioning models and tendering covering equality &amp; diversity impact model. What is your response to this?</p>	<p>There are several support mechanisms in place to support the integrated commissioning team take account of equality and diversity in commissioning. This includes access to capacity building via the Equality Analysis (EA) and Equality Impact Assessment (EIA) Masterclasses delivered by our Equality Diversity &amp; Inclusion Strategic Lead and quality assurances of EAs undertaken. We recognise more needs to be done to ensure this becomes systematic across</p>

		<p>teams. We do have Equality Diversity and Human Rights (EDHR) Schedule that is embedded within our NHS Standard contracts with our providers and we recognise more need to be done to improve monitoring of this schedule. Equality questions are embedded within the NHS procurement process and some further work is required to ensure consistency across the wider health and social care landscape. Further work is required to ensure service specifications have a link to the EDHR schedule. We will be have a development session to ensure the members of the Integrated Committee and Health and Well being Board understand the role of EA/EIA in decision making . This is a priority area for 2019-20.</p>
<p>8i</p>	<p><b>15/3/19 - Supplementary question to response: Is it possible to see a time line of the priority area for 2019-20?</b></p>	<p>As a result of issues and gaps that we are aware of, which include the issues you have raised. A paper will go to the Integrated Commissioning Board after the Purdah period (3 May 2019). the date has yet to be confirmed.</p> <p>The paper will look at strengthening the current commissioning cycle and will also ensure the EIA is embedded throughout the cycle for Health and Social Care. The process that will be followed includes, the endorsement at Integrated Commissioning Board and an implementation phase to make the improvements.</p>
<p>9.</p>	<p>You have legal duty to provide services and take into consideration of the BAME community, under the equalities Act 2010, Ten year forward plan etc. How do you intend to address this?</p>	<p>Yes you are right, currently we have a lot of data of people in the borough, which informs our Joint Strategic Needs Assessment (JSNA) including for BAME communities. We recognise more needs to be done to use this data which an EA/EIA framework to inform our plans. For example our recent dementia workshop highlighted considerations that impact BAME communities; this will be fed into our forthcoming strategy to inform commissioning and service delivery.</p> <p>When feeding back to our communities about the transformation of local healthcare services we have commissioned 7 minute briefs to explain the key themes of transformation in three languages; English, Urdu and Bangla. As part of the engagement plan, we conducted engagement sessions with 3 groups attended by local Asian ladies who did not have English as their first language and had difficulty reading. To support their engagement the 7 minute briefs were transcribed to spoken word audio CDs to enable the ladies to listen to the messages contained in the briefs.</p>