

Statutory Obligation (Participation Duties) 2014

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Date submitted to regional team: 2nd October 2014

SECTION ONE: INTRODUCTION

1. Background

The London Borough of Wandsworth is the largest inner London borough with a population of just over 300,000.

Although it is a relatively wealthy borough, there are social differences across Wandsworth with pockets of poverty in areas of Roehampton, Battersea and Tooting. Of those living in poverty in the borough, 13,000 are children.

Wandsworth has a greater proportion of highly skilled workers than London and fewer lower supervisory and semi routine ¹workers. Rates of unemployment in the borough are generally low compared with London.

Wandsworth has a young population compared to the rest of the UK. In 2011, Wandsworth ranked highest nationally in terms of the proportion of the population aged 30 to 44 (30.6%) and 2nd highest nationally in terms of the population aged 25 to 29 (15.4%).

While this demographic of people are generally healthy they are also more likely to have higher rates of risky behavior around drugs, alcohol and sexual activity.

A third of residents in the borough are from an ethnic minority background which is lower than the London average but higher than the national average

¹ <http://realsociology.edublogs.org/files/2010/12/CI-WS3-09-2e72mee.pdf>



Appendix F: PPIRG Statutory Obligation (Participation Duties)

The health of people in Wandsworth is mixed. Life expectancy for women is worse than the average for England, as are rates of early deaths from cancer and from heart disease and stroke.

There are inequalities in health within Wandsworth². Life expectancy for men who live in the least deprived parts of the borough is over six years higher than for men who live in the most deprived parts. For women the difference is nearly five years.

There are specific wards with poorer health outcomes and economic and social disadvantage. These wards have high levels of social housing, lone parents with dependent children, benefit claiming households and low levels of educational attainment. There are also higher levels of over-crowding, greater numbers of black and minority ethnic residents and higher levels of long-term limiting illness.

Some other key facts about Wandsworth are:

- The teenage pregnancy rate is worse than the average for England but levels of smoking in pregnancy and breastfeeding initiation are better than average.
- Premature mortality, and tuberculosis are worse than average.
- The older population in Wandsworth is more likely to have poor health, and live in deprivation, than in other areas of south west London.
- Chlamydia diagnoses are higher than London as a whole
- Winter deaths are significantly high
- An excessive amount of alcohol related hospital admissions
- Violent crime and statutory homelessness are also highlighted as relatively high and both have a negative effect on health.

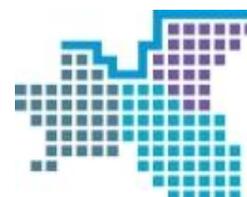
Wandsworth Clinical Commissioning Group (CCG) is responsible for planning, commissioning or 'buying' and monitoring health services for the people who live in the borough, including³:

- Rehabilitation care
- Non-emergency hospital care
- Urgent and emergency care
- Mental health and learning disability services
- Most community health services

Our group of 43 GP practices work together with our partners in the local NHS - pharmacists, dentists, hospitals and mental health providers, Wandsworth Council and local community groups, to improve health and wellbeing, reduce health inequalities and make sure everyone has equal access to healthcare services.

² Wandsworth JSNA

³ Wandsworth CCG Annual Report



Appendix F: PPIRG Statutory Obligation (Participation Duties)

With nearly 8,000 staff, St George's Healthcare NHS Trust, which is located in Wandsworth, is the largest healthcare provider in south west London; serving a population of up to 1.3 million people.

South West London and St George's Mental Health NHS Trust is also based in Wandsworth, was formed in 1994 and provides mental health services to Kingston, Merton, Richmond, Sutton, Wandsworth and to specialist services from over 100 locations. Employing over 2,500, 20,000 people are receiving treatment and care from the trust at any one time.

Wandsworth is also home to the UK's largest prison, which is able to hold 1,877 prisoners.

PPI is a responsibility for all CCG staff and is facilitated by the Patient and Public Involvement Team (PPI) and the Communications Team who work in partnership, each supporting the other as appropriate. The long term vision for PPI and engagement is that the partnership between the Wandsworth community and the CCG is evident in all its work.

Specifically the team is made up of the following members:

- Lay member on the CCG governing body (3 days per month)
- GP Clinical Lead for PPI (2 sessions per week)
- PPI Manager (0.4 WTE)
- Engagement Manager (1.0 WTE)
- PPI Administrator (1.0 WTE)

In addition to this resource and to ensure that we service the whole of the CCG, external expertise is harnessed on a project need basis.

1. Vision

Wandsworth CCG's vision for effective PPI is that we will involve the people and communities of Wandsworth in our decision making and priority setting. We recognise that patients, carers and service users have valuable expertise and insight which we will use to inform service redesign and commissioning decisions. We will strive to empower communities to develop sustainable approaches to health improvement and promotion.

Successfully implementing this vision will lead to demonstrable improvements in how we work with our local community. Specifically, effective PPI will mean that:

"I want to help patients get the care and treatment options that they want – maintaining a wide area of choice."

Commissioners will:

- Involve patients, carers and the public in decision-making
- Use the insight of patients and carers to improve patient care
- Support patients to make decisions about their own health



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- Ensure that all the providers we commission services from support our principles

“We are indeed entering exciting times, personally I can't wait to see how it works in practice.”

Patients, carers and the public will:

- Understand what services are available and how care is delivered
- Know how decisions are made and how to become active partners in the decision making process
- Know how to get help and support in maintaining healthy lifestyles and managing their own conditions

SECTION TWO: DEVELOPING THE INFRASTRUCTURE FOR ENGAGEMENT AND PARTICIPATION

The long term vision for PPI and engagement is that the partnership between the Wandsworth community and the CCG is evident in all its work.

1. Processes of engagement

Wandsworth has a diverse population and the CCG aims to engage a range of people from all backgrounds, ethnicities, ages, genders and geographical locations. To do this effectively we plan to use both established and innovative methods. The list below provides an overview of the approaches we plan to take. This is not an exhaustive list and we will continuously review how we are doing with patients, carers and other stakeholders to ensure we maintain a dynamic approach.

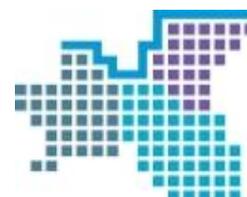
Providing information

This approach ensures that the public and local communities have the information they need to understand and access services, and to provide information about planned developments. This will support patients and carers to make the best decisions they can about the care they receive, and will enable the public to hold the CCG to account for its decisions.

Information can and is shared through a number of routes such as leaflets, newsletters, websites and social media and meetings. Examples of this are:

- Social media: we are developing our Facebook and Twitter profiles (5,000 followers).
- PPI Newsletter: we have developed two newsletters that are circulated via our customer relationship management system (see below), posted to our social media sites and distributed out to the public via third party organisations.

Consultation



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We aim to develop and improve our interactive processes whereby the organisation provides information whilst receiving views, ideas and experiences from the public. The feedback received can then inform our commissioning decisions. Consultation can be conducted in a number of formal and informal ways such as focus groups, public meetings, surveys or questionnaires, polls, interviews or through social media.

An example of an enabler to our consultation process is the Customer Relationship Management (CRM) System we use. It is a piece of software which helps us to manage all of our databases of patients and stakeholders. To increase our ability to involve and engage with patients, carers and communities we have upgraded the CRM system to the latest version that has significantly enhanced features. As well as being able to email and direct mail our databases through the system, text messaging is also being implemented as an alternative method of communication.

We currently have more than 3,000 (1,126 organisations) contacts on our CRM database who we proactively contacted with news, updates and opportunities to get involved in the CCG's work. A particular benefit of the CRM is the ability to track activity and interests of people and this can be used to inform and engage CCG projects.

Involving patients

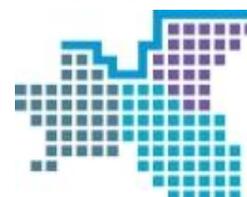
This is a more active process than consultation and implies that the public and local communities work in close partnership with the CCG to agree outcomes and plans. This could be through using patient groups (either based around specialty / disease group, population group or service area) which will be supported and encouraged. However, other routes for involving patients, carers and service users will also be explored, such as co-creation approaches, virtual groups, citizen's juries and lay representatives on decision-making or advisory bodies.

An example of this is the Wandsworth Youth Health Jury. Over the last 12 months the Youth Health Jurors have continued to have regular monthly sessions. The Jurors have been involved in a number of projects including: a presentation at Ernest Bevin College, an online group and Youth Health Jury blog, ongoing recruitment of Youth Health Jurors, development of a monthly newsletter, a website workshop and a new leaflet.

Youth Health Jury members are highly motivated young people who are relishing the opportunity to learn about the NHS, health issues as they relate to themselves and how they engage with their peers to share their experiences and knowledge.

Other examples where we have involved patients include:

- **Presentations at the PPI Masterclasses for CCG Development and at the National Annual Conference for Health and Social Care 2013 (GovKnow).**
- **Official launch of the CCG**
- **Community Roadshows (Wandsworth Health Involvement Zone): five roadshows were held last year and based on their success a series of monthly**



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community roadshows have now commenced, held in public shopping centres and supermarkets. Their aim is to increase interest in the work of the CCG and each has a clinical focus.

- Successful workshop on how the CCG needs to respond to the Francis Report was organised with over 65 patients attending.

2. PPI Networks

As a new organisation we have taken time to develop the role of the PPI Reference Group (PPIRG) which monitors and evaluates all PPI work in the CCG to make sure we are reaching out into the community, broadening the dialogue and partnership with the Wandsworth population.

The PPIRG was established in late autumn 2012 and meets every two months. Its remit is to oversee PPI throughout the CCG. Education and information sessions have taken place, attended by both staff and patient representatives so they are brought up to speed with the CCG's functions and commissioning activity, as well as the role of PPI in this.

The group have been increasingly engaging in various aspects of the CCG's agenda such as procurement and the commissioning plan.

Two members of the PPIRG have worked with the Commissioning Strategy Plan lead to develop the CCG's 'Commissioning Intentions' and in particular to ensure the patient voice is central to this. This has led to the establishment of an Engagement Steering Group, incorporating the patient voice into the commissioning cycle.

We will continue to develop the role of critical friend for the CCG, overseeing PPI in the organisation and ensuring connections with the commissioning agendas and clinical pathway developments both at Board and locality levels.

The PPIRG has been part of an observational research programme of PPI engagement and its effectiveness in CCGs conducted by the Centre of Public Engagement, St George's University of London. The feedback will contribute to evolving our approach to PPI.

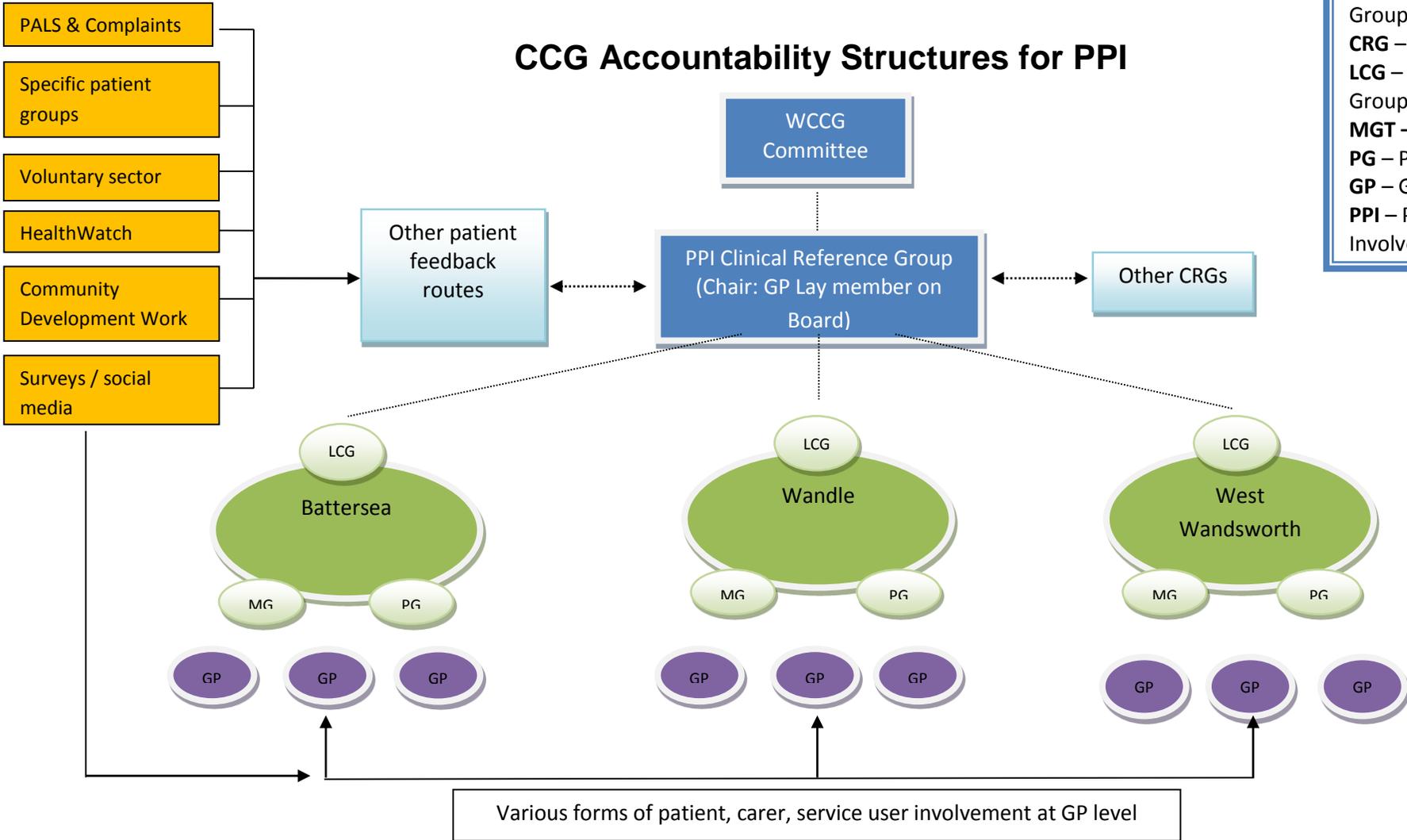
Equality and Diversity is an extremely important aspect of our PPI agenda. Our Thinking Partners Group, which is made up of both staff, patient and community representatives from protected equality and diversity characteristics, is a key sub-committee reporting to the Board via the PPI Reference Group and charged with supporting our equality and diversity agenda. A key element of this work has been the provision of small grants to enable seldom heard communities to have their voice heard by the CCG. Groups receiving grants are required to participate in the work of the Thinking Partners Group.

A good example of collaboration between seldom heard groups and the CCG is a project on GP visits to community organisations in the areas where their practices are based, to hear face to face some of the issues these communities have.



CCG Accountability Structures for PPI

Key:
CCG – Clinical Commissioning Group
CRG – Clinical Reference Group
LCG – Locality Commissioning Group
MGT – Management Team
PG – Patient Group
GP – General Practice
PPI – Patient and Public Involvement



3. Engagement structures

The role of PPI within the organisation is to ensure the patient voice is embedded throughout the organisation at all levels, and to be both an enabler of involvement and engagement as well as a conduit for information, sharing and support. As such its remit has moved away from direct involvement activity as PPI is the responsibility of all staff. There are times however, because of the staff expertise, that PPI activity may be led by members of the PPI team, particularly around events such as the AGM or other major CCG initiatives.

The PPI Reference Group has the same relationship with the Board as all Clinical Reference Groups (CRGs). Operating at this level means that each CRG can be both supported and scrutinised to ensure PPI is taking place. The CCG Board is holding each of the CRGs accountable for embedding the patient voice in all their work. In order to ensure open and supportive dialogue the PPI Reference Group membership is approximately 50:50 (patient reps to staff), and is chaired by the Lay Member on the Board. The role of individual members of the reference group is to ensure that a PPI operational plan is implemented and monitored.

The lay member on the (CCG) Board has two significant roles. Firstly as a full board member, the ability to scrutinise and question the Board's work programme and ensure that PPI remains central to their agenda. Secondly to ensure a clear link between the Board and the PPI Reference Group and enable a two way flow of information.

PPI Development in the Localities

Each of the three Wandsworth localities is working to a checklist which covers the basic elements of PPI. An annual review of this checklist has just been completed and it is expected that each locality will now develop a PPI action plan for 2014 focusing on educational aspects, involvement in the locality agenda and engagement with locality communities.

Each of the localities has a Patient Consultative Group (PCG) that meets at least bimonthly. Each group has its own terms of reference and meeting schedules which relate to their Member's Forum activities. PCG Chairs meet throughout the year sharing views and good practice. There have been a wide variety of locality PPI initiatives including the Nine Elms development project, Putney Society, Battersea Society, Wandle patient group led initiatives for 111, Youth Health Jury and many more.

The national PPI DES (Directed Enhanced Service) which is a national contract between NHS England and GP practices, is in its third year. The evaluation so far has revealed how many practices worked with their patient groups and have logged this activity on their practice website.

PPI in Clinical Reference Groups (CRGs)

PPI work in CRGs has been evolving throughout 2013/14 and is now being reviewed to identify any gaps. There are a number of initiatives including specific work with 'Lifetimes', a local voluntary organisation, that has been commissioned to create community events for end of life care, dementia and cardiovascular disease CRGs.

The main challenge now is to demonstrate how the patient voice has truly influenced the work to improve care for patients. Some examples are:

- In the Mental Health CRG the voice of the carer has been mainstreamed, by strong carer lobbying to the service. The Wandsworth Youth Health Jury are also taking an active interest in mental health issues that affect young people.
- The patient voice within the Falls Group has contributed significantly, with the group having now taken on CRG status, highlighting the need for services to work together and look at bone health within the whole community.
- Patients have influenced the sexual health strategy.
- Patients have contributed to the CCG's response to the Francis Report.
- Patients with multiple long term conditions participated in workshops to plan the new approach to the redesign of Community Adult Health Services.

4. Partnerships

Wandsworth Council

We work with our council colleagues in a variety of ways and commission services jointly, as well as work to assess the needs of the borough with them through the JSNA.

The council also has a role in scrutinising our work through the Adult Care and Health Overview and Scrutiny Committee.

Wandsworth Health and Wellbeing Board

The Wandsworth Health and Wellbeing Board first met in December 2010, and continues to meet regularly. The Board is a partnership between Wandsworth Council and the CCG. Board Membership includes elected members and directors of Wandsworth Council, clinical and managerial members of Wandsworth CCG and a representative of Healthwatch.

The Board works closely with the Wandsworth Health and Wellbeing Partnership, which also includes representatives of NHS Trusts and private sector providers, the professional representative committees, and voluntary, community and service user organisations.

The aim of the Board is to bring together the council and the CCG to agree shared priorities for improving the health and wellbeing of the people of Wandsworth.

The priorities are set following an assessment of local need, in the **Joint Strategic Needs Assessment**, and are then published in a Joint Health and Wellbeing Strategy. They include:

- Supporting people to help themselves, particularly in the more deprived parts of the borough
- Promoting healthier lifestyles, particularly tackling alcohol related harm
- Developing more effective and efficient delivery of care and treatment, with a specific focus on integrating health and social care services

Healthwatch

On April 1 2013 Healthwatch Wandsworth, launched as a statutory organisation that champions the voice of patients, service users and carers. Healthwatch is independent of the council and the CCG, although they work very closely on our committees and groups, feeding in the patient voice to the whole commissioning process.

Healthwatch Wandsworth consults with patients, service users and carers and makes sure that their views on local health and social care services are taken into account. They represent the views of people who use services, carers and the public on the Health and Wellbeing Board and the Adult Care and Health Overview and Scrutiny Committee set up by Wandsworth Council.

They also provide a complaints advocacy service from 2013 to support people who make a complaint about services and they report concerns about the quality of healthcare to Healthwatch England, who can then recommend that the Care Quality Commission take action. The Care Quality Commission, more commonly known as the CQC, is the independent regulator of health and social care in England. It monitors, inspects and regulates care provided by our commissioned services to ensure they meet fundamental standards of quality and safety.

Healthwatch (See also their statement in Section 6) are members of the PPI Reference Group which you can read about below and advise on patient engagement as well as providing the patient voice.

South West London Collaborative Commissioning Initiative

The six south west London CCGs and NHS England are working together as South West London Collaborative Commissioning (SWLCC). Their aim is to develop a joint 5 year plan to improve healthcare for patients by working with local doctors, Councils and NHS Trusts. SWLCC replaces the Better Services Better Value (BSBV) programme which the CCGs inherited. It will focus on the same issues as BSBV but has been widened to look at the whole healthcare system, including primary care, community services and mental health.

SECTION THREE: ENGAGEMENT AND PARTICIPATION ACTIVITY

The tables at the end of this document (Appendix A) show our engagement activities for 2013/14 and the impact and outcome they have had on their original objectives.

SECTION FOUR: MEETING THE INDIVIDUAL PARTICIPATION DUTY

All CRGs are tasked with delivering patient pathways on our health priorities that ensure the patient voice is embedded in all decisions. This includes making sure all providers plan and deliver patient care with the patient at the heart of their own care.

We have many examples of this starting to develop, including:

All patients who are under the care of Community Adult Health Services will have an individualised care plan that is joint across health and social care where necessary. The healthcare professional involved in the patient's care will ensure they are involved in their care planning and that the care plan is shared with other services including GPs, community services and their local hospital.

We also launched Wandsworth Self-Management Programme last year to educate and empower patients to take responsibility for their health conditions and their care. The programme includes a range of courses, a database of self-help support and opportunities and online information and advice. This year the programme is being further developed and the aim is to have 500 patients on courses.

SECTION FIVE: NEXT STEPS FOR 2014/15

The voices of the patients, carers and members of Wandsworth communities have been increasingly sought by Wandsworth CCG over the last 18 months. It is the responsibility of all members of the CCG, be they managerial or clinical, to ensure that these voices are heard in all aspects of the work, from the beginning of any project to the final consultation for change.

2013-14 has seen the CCG lay the foundations for integrating the Patient Voice in its ongoing practice. The PPI RG aims to support the CCG to build on these foundations to embed collaborative practice throughout commissioning and service delivery. Patient Engagement will continue and expand. But there is an imperative to move beyond engagement and consultation. Steps to capitalise on this dialogue include increasing the focus on outcomes, with clear lines of monitoring and accountability within the CCG for PPI. The vision the CCG has, of embedded PPI, is welcome but we are not there yet. Ultimately the PPI RG would like to see PPI mandated, possibly with monitoring and reporting similar to Equality and Diversity'

The full work plan can be seen on Appendix B (Operational Plan 2014/15). The challenge for this coming year is to evaluate how the CCG has listened to the patient voice and evaluate what effect this has had on commissioning healthcare, best access and best support.

We will build on the work already in place to forge a stronger partnership with patients, carers and the public. The areas we will be addressing include:

Establish principles to evaluate PPI to evidence its effectiveness.

The PPI Reference group will lead on this, taking into account the findings of the Observational Project performed by the Centre of Public Engagement, St Georges, University Of London and the principles of engagement promoted by 'Call to Action'.

Embedding the Patient Voice in the heart of the commissioning process.

This will build on the work done on the CSP Commissioning process and the establishment of the Engagement Steering Group. It will be the foundation ensuring timely engagement with the Patient voice throughout the Commissioning cycle.

We will continue to build on the work of the Clinical Reference Groups in developing their partnership with their patient and carer cohort ensuring strong and effective involvement in developing pathways. Support will be put in place for the participating patients and carers to enable them to participate to their best advantage.

PPI in the Localities and Primary Care

We will support and build on the excellent work started in the Locality Patient Consultative Groups and some active patient participation in practices. PPI modules have been suggested for the GP Development Programme and these will be developed in tandem with Self-Management in practices.

Developing Community connections and involvement

These are fundamental to the partnership between the CCG and the population of Wandsworth. We will build on the work put in place over the last year to consolidate this partnership, using technology to its best advantage.

Equality and Diversity

Equality and Diversity principles are core to all the work of the CCG in relation to its staff, the services we commission and the people of Wandsworth. We will build on the work of the Thinking Partners Group, Community and Seldom Heard projects and Staff charter in embedding these principles in an effective manner.

SECTION SIX - Healthwatch Statement

Healthwatch Wandsworth welcomes this report, which demonstrates a strong commitment to public and patient involvement Wandsworth, built up over a number of years by the Primary Care Trust (PCT) and the Clinical Commissioning Group (CCG). The CCG has put in place a strong governance framework with a clear programme and action plan further to develop patient and public involvement. The PPI Reference Group (PPIRG) which has a strong input from its community and public representatives, including Healthwatch, monitors the work programme set by the CCG.

The CCG works well with a wide range of groups across the borough. It engages the statutory and voluntary sectors and people from different ethnic groups and age ranges and gives a high priority to issues of equalities and diversity. It achieves a generally good response from patients and carers and members of the public covering an impressive range of activities.

We are still at fairly early stage of developing Public and Patient Involvement (PPI) in Wandsworth and we think some strong foundations are being set. Healthwatch works collaboratively with the CCG to extend and strengthen PPI, in particular through the "seldom heard" project, which gives a voice to a number of minority groups, whose needs might not otherwise be adequately recognised. We are very pleased that the CCG is collaborating with Kingston University in the research project and look forward to the outcome.

In its introduction the report sets out some key healthcare issues for Wandsworth. One important aspect it reveals is the significant health inequalities in the borough. The table which forms the appendix to the report describes an impressive array of PPI Activities. However, it is not always clear how these are linked to the CCG's key priorities for addressing the borough's health and social care needs. We think there is scope to give the PPIRG stronger influence on setting the work programme for PPI and determining its priorities

We recognise that patient involvement is essentially about the process of delivering healthcare. However we would like to see more focus on outcomes as the PPI work develops in the next few months and years. We would also like to see more analysis of the list of PPI activities as this would help to inform the future strategy and direction for this important work. Although the list of activities is impressive, there is not much information about the actual takeup and numbers of patients engaging in the activities. The activities listed are very different and each one is valuable in its own right. However, we would like to see some analysis and evaluation of the different types of public and patient involvement, their purpose and effectiveness.

GP Practice Groups are a key element of effective PPI. However their composition and quality vary across the borough, as do the lines of communication with their Locality Patient Groups. We think more analysis and research into Practice Groups is needed, with a view to giving them adequate support.

We would like to see a clearer emphasis on how PPI can help to address health inequalities, for example, is it engaging with those patients in deprived or disadvantaged areas in the borough, who most need support and who would benefit the most from involvement? Clearly the seldom heard project makes an important contribution towards reducing health inequalities, but there are wider issues to be addressed.

This report presents a clear summary of wide-ranging work to develop public and patient involvement, although some challenges remain. We look forward to working collaboratively with the CCG to build on this valuable work from the strong foundation it has set.