NHS
Richmond
Clinical Commissioning Group

Annual engagement report

April 2015 – March 2016

Working together – a healthier Richmond for everyone

HSCA 2012 Statutory Obligation (Participation duties)

The London CCG engagement leads have worked collaboratively to develop a template to support their organisations statutory participation obligations reporting requirements.

The report covers the period 1 April 2015 to 31 March 2016

Name of CCG	Richmond CCG
Name of person completing report	Caroline O'Neill, engagement manager
Internal sign off obtained from	CCG Governing Body on 20 September 2016
Healthwatch statement completed by	Mike Derry, chief officer
Date submitted to NHS England regional team	31 October 2016

Contents

Message from the chair and lay member for patient & public involvement

We would like to welcome you to our annual engagement report which sets out some examples of the patient and public engagement (PPE) that we have carried out during 2015/16 and the impact it has or will have on the CCG's work.

We have continued our focus on developing an outcomes based approach to commissioning and the report highlights examples of how we are involving patients and carers in the evaluation of the most capable providers for this programme. Outcomes based commissioning (OBC) is an ambitious project that aims to deliver the outcomes that matter most to local people. Our OBC programme restates our commitment as commissioners to put patients, carers and the public at the heart of our commissioning.

This report demonstrates how insight from PPE impacts on the development of our strategies and plans and how patients and carers are being involved in service redesign. We anticipate that in next report we will be able to provide more examples of the impact of PPE on the local services we commission such as the children & young people's transformation plan example included here.

We would like to thank everyone who has contributed during the year with their views and comments - providing us with valuable local insight to inform our future plans. We would also like to thank our partner organisations including Richmond Council, Healthwatch Richmond, Richmond Council for Voluntary Services and local voluntary sector and community organisations for working with us to engage local people so that together we can improve health outcomes and reduce inequalities across the borough of Richmond.

Dr Graham Lewis
Chair, Richmond CCG

Susan Smith
Lay member for patient and public involvement

SECTION ONE – Context setting – (demographics, vision, resources)

1.1 The Richmond story

On the whole, Richmond's population is healthy. However, the population is ageing and with this comes the challenge of caring for increasing numbers of people living with multiple long-term conditions. The numbers of local people who have adopted unhealthy behaviours that increase the risk of disease are rising. These include smoking, being inactive, eating a poor diet and drinking too much alcohol. However, a significant proportion of long-term conditions are avoidable with the adoption of healthy behaviours, which we continue to promote.

The challenges we face in Richmond:

- Like elsewhere, cost pressures in the health and care system are due to the rise in numbers of people with multiple long-term conditions.
- An ageing population with a significant number of older people living alone.
- A rising number of patients with dementia-related health problems.
- Unhealthy behaviours, as well as poor emotional and mental wellbeing, are responsible for at least a third of ill health.
- Cardiovascular disease and cancer remain the two leading causes of death, but an increasing burden of disease and suffering is also due to mental ill health.
- Increasing emotional, self-esteem and wellbeing issues in our school age population.

In partnership with Richmond Council, in 2015/16 the CCG commissioned a needs assessment of the borough which identified some priority areas set out below, which have informed our commissioning intentions during the year. This will also inform our focus for engagement such as children and young people, carers, men and older people as well as those groups who are protected within the nine characteristics of the Equality Act 2010

Unhealthy lifestyles

Despite favourable comparison with London and England, the estimated number of people in Richmond with unhealthy lifestyles is substantial. For example:

- An estimated 17,000 (11%) adults in Richmond smoke.
- Approximately 3,300 primary school age children and almost half of adults (approximately 65,000) are estimated to be obese or overweight.
- 25,000 adults are estimated to do less than 30 minutes of physical activity a week.
- Fewer than half (43%) of residents achieve the standard of eating five portions of fruit and vegetables per day.
- Richmond has higher than average estimated proportions of increasing-risk (21.3%) and higher-risk (7.8%) drinkers compared to England. Hospital admissions due to substance abuse in those aged 15-24 years is the fifth highest in London.
- National prevalence models suggest that there are large numbers of people with undiagnosed long term conditions.

Health inequalities

- Life expectancy is about five years lower for men and four years lower for women in the most deprived than in the least deprived area.
- An estimated 3,140 (8.8%) children in Richmond are living in poverty.
- Of those aged 16-18 years, 4.5% are not in education, employment or training.

- Only 8.2% of working age adults receiving mental health services in Richmond are in paid employment.
- 451 adults with learning disabilities are known to general practice.

Other threats to health

Approximately 15,800 people provide some level of unpaid care and 15% of those provide more than 50 hours unpaid care per week.

In 2013/14, there were 107 hospital admissions as a result of self-harm in those aged 10-24 years, the highest rate in London, and on average around 12 Richmond residents commit suicide per year.

Richmond has the highest proportion of people aged over 75 and living alone in London (51% in Richmond vs. 35% for London).

In Richmond, over 40% of acute sexually transmitted infection (STI) diagnoses are among those aged 15-24. STI rates have remained relatively stable over recent years in Richmond, but there have been increases in herpes and gonorrhoea.

Multiple long term conditions

Nearly one in three people registered with a GP has one or more long-term condition and nearly one in ten has three or more.

Almost 32,000 of the GP registered population have a heart condition and there are 5,840 patients with diabetes.

Around 1,700 people are estimated to have some form of severe mental illness and there are about 2,000 people recorded to be in contact with specialist mental health services. An estimated 22,000 people in Richmond have a less severe, common mental disorder (such as depression and anxiety).

There are 1,780 people recorded as having multiple sclerosis, Parkinson's disease or epilepsy and it is estimated that 2,072 Richmond residents have dementia.

Data gathering

We gather information about the health needs of our population from a range of sources including our member practices. All our GP practices have signed up to a data-sharing agreement with the CCG. This allows us to extract an agreed set of pseudonymised data from GP practices on a monthly basis. The purpose of this is to:

- Provide data to enable effective GP commissioning including a better understanding of patients with multiple long-term conditions (multi-morbidity)
- Identify patients at high cost and high risk of emergency hospital admission in the next 12 months
- Produce local practice profiles to understand variation between practices.

This data, together with Richmond's joint strategic needs assessment (JSNA) and health and wellbeing strategy, helps us to identify health inequalities and areas in need of improvement.

The healthcare needs of the borough are becoming increasingly complex. As people get older we are faced with the challenge of providing high quality healthcare to increasing numbers of individuals with multiple morbidities and mental health problems such as dementia. The provision of good health and social care for these individuals is essential, but

equally we need to get better at helping local people to stay healthy and out of hospital. This means protecting and developing a physical environment that enables individuals to make healthy choices and giving every child a good start in life.

To help us tackle these challenges, in the context of the current financial pressures, we are looking at opportunities to develop collaborative solutions. Our Better Care Fund (BCF) plans build on existing work with Richmond Council to integrate health and social care services. We are also working more closely with other south west London CCGs through the South West London Commissioning Collaborative (SWLCC) to ensure we access opportunities to work together to improve care and drive forward efficiencies. Our vision and corporate objectives are available on our website at www.richmondccg.nhs.uk.

We are committed to the development of integrated services at every level of the local health economy. Services will be designed and delivered around the needs of the patient, including integrating the patient pathways in physical and mental health, in health and social care and between our primary, community, secondary and voluntary care services. We have embarked on a large programme of work to move our services towards an outcomes based model of care which will help us to achieve the health and social care outcomes most important to local people.

As a clinically led organisation, we will make sure the services we commission have a strong clinical focus to guarantee patient safety and quality. We will do this by using information that patients give us about their experience of services we commission and the results we see in the care patients receive to drive up the quality of care.

1.2 Vision for engagement

For the CCG patient and public engagement is about putting patients, carers and the public at the centre of the commissioning process. We have a duty to inform, engage and consult with the public to ensure accountability and build the trust and confidence of our local communities.

Successful patient and public engagement will mean that:

Richmond CCG will:

- Involve patients, carers and the public in all stages of its decision making and explain how decisions are made
- Use patient and carer experience to improve the quality of services and patient care
- Support patients to make informed and timely decisions about their own health
- Work together with partners to share and use patient insight to improve patient experience across the borough of Richmond.

Patients, carers and the public will:

- Know how to be involved in our decision making processes
- Understand how decisions are made

- View Richmond CCG as an organisation that listens, takes account of their views and acts on them.
- Know where to get help and support in maintaining their own health and wellbeing

We acknowledge that this is an ambitious vision and continue to work towards achieving this with our partners, local communities and providers.

The NHS Five Year Forward View asks us to imagine new models of care and "a future where fully engaged patients, carers and citizens play a greater role in their health and health care." The CCG has taken up this challenge with its outcomes based commissioning programme and we want to take this innovation further into how we engage with our local population. We want to look beyond the traditional PPE approaches to new ways of engaging that also support positive behaviour change, improve health outcomes, and over time demonstrate more appropriate use of local health care services. Our forward plan for 2016/17 sets out how we will start to do this by working across organisational boundaries with our Health & Wellbeing Board partners, local providers and voluntary and community sector.

1.3 Structure and resources

The CCG has a governing body lay member for patient and public involvement, who chairs our community involvement group (CIG) and patient participation group (PPG) network. Our GP lead for communications and engagement is also the CCG chair, Dr Graham Lewis. Our executive lead is our director of quality & nursing with PPE and equalities as part of their portfolio. Our operational lead is the engagement manager with responsibilities split across PPE and equalities. In autumn 2015 we refocused our staff resources within the quality team to provide greater focus on PPE and equalities – the engagement manager's role was refocused and the new role of engagement and equalities officer introduced. During 2015/16 we had a non-pay budget for patient and public engagement of £10k and as a result some of the planned activities e.g. patient and staff training for PPE and patient stories development did not take place during the period.

The CCG and Richmond Council also jointly fund Richmond Council for Voluntary Services (Richmond CVS) to strengthen and support community engagement in adult health and social care. This includes recruiting and supporting service users/patients and carers to be involved in the work of the CCG and adult community services within Richmond Council. The role also provides an element of independent scrutiny for our PPE work.

1.4 Monitoring and assurance

In June 2015 NHS England undertook a deep dive of the CCG's patient and public engagement as part of its CCG assurance process and gave it an assured rating. Following the submission of our 2014/15 participation duties report in autumn 2015 NHS England assessed the CCG's delivery of its statutory obligations and reported that it was consistent with an assurance level for patient and public participation activity of **'good with elements of outstanding'.** Areas for improvement included providing examples of measurable improvements as a result of PPE and demonstration of how quality concerns raise in networks are utilised.

In February 2016 an internal audit of PPE systems and processes was undertaken as part of the CCG's annual internal audit programme. PPE received an amber/green rating with areas for improvement including adhering to timescales for reporting on action plans and ensuring current PPE information is available on the CCG's website.

As well as the above assurance processes we will look to have an annual internal review of the effectiveness of our PPE work. This will include identifying what has been achieved over the year, what remains to be done, and what can be improved. Learning from what has worked well and what has not will inform future work to ensure continuous improvement.

SECTION TWO – Developing the infrastructure for engagement and participation

2.1 Processes

The CCG continues to build up its involvement database of local people who have expressed an interest in being kept informed of or want to be involved in the CCG's work; as well as local voluntary sector/community organisations and patient groups. During the year we added approximately 70 new contacts from both local and South West London Collaborative Commissioning (SWLCC) activities.

We utilise a range of methods for involving patients, carers and local people depending on the service area or programme of work, examples of which are included in this report. This could involve working closely with Healthwatch Richmond, Richmond CVS or other local voluntary or community organisations to reach into local communities; buying in specialist expertise; working with our partners and providers or making best use of our own expertise and resources. Forums and networks such as the CCG's community involvement group and patient participation group (PPG) network are regularly utilised by the CCG's commissioning team and public health as a sounding board for engagement plans and for feedback on commissioning projects.

We continue to work with our Health & Wellbeing Board partners and in particular Richmond Council to identify ways of sharing engagement resources and working more collaboratively on projects. For example we have started to pilot using the Council's web based consultation finder to host and promote health specific engagement activities.

2.2 Networks

The CCG works closely with partner organisations including Richmond Council, other south west London CCGs, Richmond health and wellbeing board, Healthwatch Richmond and local voluntary sector and community organisations. Our work within these partnerships and local networks in listed below and underpins much of the engagement outlined in this report. We also a range of groups which provide ongoing low level engagement and input for local organisations and user and carer members in specific areas of work such as our adult and older people mental health strategy groups and the carers strategy reference group.

Community involvement group (CIG)
The CIG is a valuable source of insight and input from key voluntary sector and community organisations about local patient and public involvement and equalities in commissioning. The group meets every eight weeks and membership is drawn from local organisations and

groups that are largely representative of the identified protected equalities characteristics alongside Richmond Council, Richmond CVS and Healthwatch Richmond. During the year the CIG has provided valuable insight and feedback on many of the projects referred to in this report as well as highlighting equality and diversity issues and providing feedback on draft equality impact needs assessments.

Though public health are now within the Council the CIG continues to be actively involved in the JSNA work programme and public health led commissioning to ensure the local voice in needs assessments and identification of future health priorities.

Patient participation group network

Patient participation groups (PPGs) are made up of volunteers, who meet on a regular basis to discuss their GP practice services and how improvements can be made to benefit patients. The CCG's PPG network meets every two months and provides an opportunity for PPG representatives to network and share information and ideas with each other; to understand and get involved in the CCG's work programme and to share patient experience with the CCG.

To demonstrate the developing role of the PPG network as a channel for patient voice in primary care: a PPG network representative sits on the CCG's new primary care commissioning committee in response to taking on delegated commissioning of primary care medical services from April 2016.

Health and social care co-production group

The health and social care co-production group provides opportunities for people who use local health and social services and their families and friends who support them to work in a co-productive partnership with the Council and the CCG. The group is an evolutionary development of the Care Act co-production group. It aims to enhance and shape Richmond's health and social care environment through taking similar approaches to those it used to support the Council in implementing the Care Act in Richmond.

The group focusses on getting involved at the earliest stage, taking an integrated approach which recognises the inseparability of health and social care, and on achieving impact. It does this both through its full meetings and through smaller groups of members continuing work on mutual priorities. The group is jointly managed and supported by the Council, CCG and Richmond CVS' Community Involvement Coordinator. The full group met six times during the year and from November 2015 Richmond CCG representatives regularly attended the group. For more information, please visit www.richmondcvs.org.uk/community-involvement/coproduction

Richmond users and carers group

The users and carers group is a strategic forum for service users and carers who have lived experience of a range of health conditions, including learning disabilities, sensory impairment and mental health. The group aims to support, develop and strengthen the voice of users and carers in local decision making. This is achieved through group members participating in health and social care partnership boards or other formal forums established by the CCG and/or Richmond Council. Members also take part in forums developed by the community and by local NHS Trusts as well as patient participation groups so as to ensure a joined-up approach.

The group is supported and coordinated by Richmond CVS' Community Involvement Coordinator. It met six times during the year in order to help members to maintain and build upon the range of local health and social care involvement.

Richmond CVS health and wellbeing network
Richmond CVS health and wellbeing network is supported by the CCG and Richmond Council and meetings are held four times a year. The network gives the voluntary and community sector information and opportunities for engagement in the borough's health and care agenda. The meetings provide speakers giving updates on relevant health and care topics; opportunities to discuss, ask questions and provide feedback; an open forum section for people to provide their own updates and the chance to catch up with colleagues and make new contacts.

Healthwatch Richmond
The CCG continues to work with and develop our relationship with our local Healthwatch which has representation as a non-voting member on our governing body, is represented on our CIG and on a number of project groups including our OBC programme board and mental health strategy groups.

As part of the CCG's engagement for the OBC programme during 2015/16 we continued to work with Healthwatch who hosted an afternoon panel discussion for us in November 2015. The event was attended by approximately 120 people who had the opportunity to learn more about the programme so far to ask questions of a mix of clinicians and health professionals from the coordinating providers and the CCG. The panel discussion offered the public an opportunity to have their voice heard about the suggested changes in Richmond. There was a fairly even split between positive feedback about the programme and questions about if it could be delivered or would make a meaningful difference to patients. Other comments focused on the need to consider mental health, learning disabilities within the programme and to involve the voluntary sector in service development and provision. We hope to continue this way of working with Healthwatch Richmond as the OBC programme develops.

2.3 Partnerships

Richmond strategic partnership group
The CCG along with the Richmond Council's adult community services, public health and Achieving for Children (AfC) come together in the strategic partnership group (SPG) to support collaborative working across Richmond's health and social care system. This includes to maintain and sustain the commissioning of out of hospital and client group services; secure improvements in quality and choice in the commissioning of out of hospital services, ensuring local people stay independent and out of hospital; ensure integrated arrangements for the involvement and engagement of patients, carers, and local people; ensure that public health delivers to agreed service levels for both the CCG and the Council; that the health and wellbeing board is enabled to develop into the leadership body for the local health and social care system and that any further integration of health and social care meets the needs of the local population.

Richmond dementia action alliance
The CCG is a member of the dementia action alliance in Richmond which is part of a national movement to help local businesses and organisations to become dementia friendly.

We want to create a community that has a good understanding of dementia and is committed to helping people to live well with dementia.

Learning disability partnership board
The CCG is a member of our local learning disability partnership (LLDP) which meets regularly to discuss the issues and problems that affect people with learning disabilities and their carers. Members come from a range of organisations and groups and also service users and carers to work together to make a real difference to people's lives.

Health and wellbeing board
As a member of Richmond's health and wellbeing board (HWB) the CCG has supported the board's ongoing wish to improve how it engages with our local population. We are currently working on a collaborative approach with public health and our HWB partners around how we undertake public engagement activities for health and social care to maximise resources and avoid duplication of effort for both local people and staff.

The HWB run listening events throughout the year to give the HWB an opportunity to hear directly from patients, residents and the organisations that support them about their experience of health and wellbeing, as part of the board's wider 'learning by doing' process. During 2015-16 the insight from these events informed the development of the HWB's joint health and wellbeing strategy which is set out in more detail in section 3.8 of this report.

South West London Collaborative Commissioning (SWLCC)
The six south west London CCGs together with NHS England are working together under the umbrella name of South West London Collaborative Commissioning (SWLCC). The six south west boroughs are Croydon, Merton, Kingston, Sutton, Richmond, and Wandsworth.

The SWLCC programme is working with all health services and social care to look at what improvements can be made across south west London through the Sustainability and Transformation Plan (STP). STPs are being developed for every NHS region. The plan builds on previous work to develop a strategy for south west London. It is being developed by: clinical commissioning groups, acute hospitals, mental health services, community services, NHS specialised commissioning services (such as renal care), local authorities and GP federations.

South West London Collaborative Commissioning has worked to complement existing engagement activities within each of the individual CCGs in the area, to avoid duplication and maximise opportunities.

Public engagement on the case for change in health services in south west London has, historically, been extensive, including the other change programmes such as 'Better Services, Better Value'. The programme has continued engagement on an on-going basis throughout its development.

Guidance and assurance
South West London Collaborative Commissioning Patient and Public Engagement Steering Group (PPESG)

In order to ensure a robust approach to communications and engagement work, the programme established a 'Patient and Public Engagement Steering Group'. The group has

been formed to:

- Oversee public and patient engagement on the SWL Collaborative Commissioning programme, acting as a key strategic adviser to the Board and the communications and engagement team on these matters.
- Provide two-way communication between the programme and key community/public stakeholders ensuring all parties are kept up-to-date with key information/developments
- Provide a representative to sit on relevant governance structures
- Advise on the targeted engagement activities to support wider engagement with a) diverse community groups and b) engagement priorities of work streams.

The group comprises: lay representatives from each CCG, the local Healthwatch organisations and the local voluntary sector. It meets every six weeks.

Further assurance of the communications and engagement approach and activities is given by the Consultation Institute.

SECTION THREE- (Meeting the collective duty) engagement & participation activity

3.1 SWLCC engagement

The SWLCC programme uses a number of mechanisms to ensure that patients and the public are involved in every level of their work.

Direct engagement of patients and the public in SWLCC clinical design groups

In December 2015, the programme ran an open recruitment process in the local media to encourage patients, the public, carers and service users to apply to sit on the different work streams within the programme. Currently there are at least 3 service user/patient/ public/carer representatives on each of the clinical work streams. Healthwatches have also been invited to participate. Their role is to provide independent perspectives and critical friend challenge during clinical work stream meetings.

In order to support the representatives to meaningfully participate in the work stream meetings robust support systems have been put in place. These include: training to support participation in meetings; induction to the programme and to the work stream; allocation of a programme 'buddy' to meet with them before each meeting to discuss the agenda and paperwork; pre-calls and de-briefs to check in on their experience and to capture further feedback; quarterly meetings with all representatives to share learning and experiences.

Wider engagement

To complement the direct engagement SWLCC runs a programme of wider engagement. The following activities were run between April 2015 and March 2016.

- The programme published an **Issues Paper in June 2015**, setting out the challenges faced, emerging ideas to address them and questions for local people to consider. This was widely distributed in health and care and community outlets. There was an

online response form to capture feedback.

- The programme wrote to over **1,000 local voluntary, community sector groups** to tell them about the Issues paper and offer to discuss it with them – CCGs have met with local groups as requested.
- The programme provider an engagement toolkit for each CCG to support engagement with key stakeholders – including local authorities; health and wellbeing boards, overview and scrutiny committees, MPs etc.
- In September 2015, an **independently-facilitated deliberative event** was held in each of the 6 SWL boroughs. Attendees were recruited to reflect the general demographics of the local population. The report from these events captured local views and is published on the SWLCC website. The outputs were fed into each clinical work stream to influence their plans and thinking.
- In December 2015 the programme published an initial independent equalities analysis. The outputs from this have informed the programme's approach to engagement – ensuring that people most affected by any change are involved in the development of plans.
- All of the feedback has been collated into a **'you said, we did'** report which the programme is in the process of considering and responding to. This will be published in later summer 2016 – and will detail how the feedback has influenced the work of the programme.

3.2 Developing an outcomes based approach to commissioning out of hospital care

3.2.1 Patient and carer involvement in the Most Capable Provider process October 2015 – February 2016

The CCG established a group of patients and carers known as the user and carer evaluation group (UCEG) who were supported to be involved in the assessment and evaluation of the coordinating providers (CPs) submission to deliver an outcomes based out of hospital health and social care contract. The opportunity to be involved was promoted through local involvement channels and community organisations and groups during October 2015. An informal information session was held for individuals who wanted to find out more about the programme and what was involved. Following that session nine people registered an interest and all were accepted as members of the UECG.

A training/preparation session was held on 29 October for group members to find out more about outcomes based commissioning, out of hospital care, the most capable provider (MCP) process and their role as user and carer representatives in the MCP process and to ask questions. Five members of the group attended the session and two were selected (names drawn) to represent the group at the interim checkpoint assessment in November. During the session members were given the opportunity to develop questions to be included in the interim checkpoint assessment. However members chose a different approach and were supported to develop a patient scenario "Fred" for the CPs to respond to which was included in the checkpoint assessment.

UCEG representatives took part in the assessment with other members of the evaluation panel including NHSE, CCG and Council representative, GPs and clinicians. The panel received a presentation from and were able to ask questions of the CPs. Following the

session the UCEG representatives shared their feedback with the engagement manager which was then included in the overall feedback to the CPs.

At the UCEG request all available members of the UCEG took part in the final evaluation of the CPs submission in February. The UECG members received the CPs written submission in advance to review and consider feedback. On the day members met as a group with the CCG's engagement manager and RCVS' community involvement coordinator to discuss and share their feedback on the submission. The group then received a separate presentation from the CPs followed by questions before the CPs presented to the wider evaluation panel. The UCEG had the opportunity to debrief with the OBC programme director and feedback following the presentation. A UCEG representative supported by the engagement manager joined the wider evaluation panel to hear the CPs final presentation and share the UECG's feedback as part of the wider evaluation feedback discussion.

The UCEG had an overarching concern that the contract should not be awarded to the CPs without the condition being met of demonstrating plans for specific patient-centred work and a robust patient and public engagement plan.

As a result the CCG's governing body approved the award of the OBC out of hospital health and social care contract to the CPs with a number of caveats including development of robust engagement plan. Work towards the mobilisation of the contract is now taking place.

Impact

- Richmond CVS was asked to measure the UCEG members' satisfaction with the training/preparation session. All participants believed they had a clear or improved understanding of the reasons for focussing on outcomes as a result of attending the session. The response to whether participants believed they had been given enough information about participation involvement was lower at 86%. Overall less time was devoted to exactly how involvement would work and there were uncertainties created as the participants requested a change in what had been pre-planned about which it was not possible to make an immediate decision. However a willingness to participate in similar future involvement was high (93%)

- Learning at the interim assessment staged included the importance of having a customised training and preparation session with the evaluation group before each evaluation activity and developing a jargon buster for the group to support greater understanding of specific NHS and social care terminology. This learning is informing user and carer involvement in the mental health OBC programme.

- As a result of the evaluation group's request for all members to be able to be involved in the final evaluation of the CPs the process was reviewed and adapted to meet this request.

- Demonstrating more robust engagement planning was included as one of the caveats for the new contract to be awarded.

- Key learning from this involvement is the need to give users and carers sufficient time to review and provide feedback on written submissions. This requires dates to be agreed well in advance for any evaluation to give those interested an opportunity to be involved and effectively take part. This learning is informing how users and carers are supported in the MH OBC programme.

3.2.3 OBC work streams – Cardiology

The CCG and the CPs are collaborating on a number of work programmes as part of the out of hospital health and social care contract. The CCG is currently leading on patient engagement for the joint cardiology work stream which has the objective to deliver integrated, community based cardiology care for the population of Richmond designed around the needs of the patient, delivering consistent care pathways that reduce variability of care. The redesign will target patients most at risk of cardiovascular disease and empower patients to self-manage through education.

The CCG wanted to work with a small group of patients/carers with recent experience of local cardiology services to provide the patient perspective for this work stream.

A call out for interested individuals was sent via the CPs, local voluntary and community organisations, Healthwatch and the CCG's own database. A core group of five individuals with experience of a range of cardiology services came forward. In early March we held a session with them to map their patient journeys under the phases - symptoms, tests, diagnosis, treatment, follow up and back to day to day life; gather insight on their experience of care and identify areas for improvement. This session provided the individuals with an opportunity to share their experience of services and care received in a safe and empowering environment. The insight captured from this session has fed into the cardiology redesign process mapping and meetings. It is also acting as a reference for the individuals to return to and highlight when participating in the redesign process.

3.2.4 Impact

The work programme is progressing with patients empowered to participate in the regular design group meetings alongside clinicians (consultants and nurses) from Kingston and West Middlesex hospitals, Hounslow & Richmond Community Healthcare NHS Trust, GPs as well as CCG representatives. It is anticipated that a new local Richmond cardiology pathway will be in place before the end of 2016/17.

3.3 Children and young people's mental health service (CAMHS) plan

Since 2012 the CCG's engagement, accountability, transparency and partnership approaches with Richmond Council have led to numerous improvements in Richmond including multi-agency teams; a new emotional health service; a Single Point of Access; a schools and multi-agency services forum; information to schools project; the development of multi-agency care pathways; and much more.

We have also developed a range of planning processes and engagement activities from surveys, focus groups, an established schools and multi-agency forum. We have

commissioned consultation with specific groups such as parent/carers of CAMHS service users. We remain committed to engagement activity and recognise the importance of building our coproduction skills and capacity as part of the CAMHS transformation process.

In order to refresh and update the information on which the CAMHS transformation plan is based, and because of our ongoing commitment to engagement and involvement, we developed an engagement programme which included the following activities during 2015:

- A baseline assessment against the Children and Young People's (C&YP) Mental Health Taskforce Future in Mind recommendations, completed by a broad range of stakeholders including parent/carers and voluntary organisations

- Engagement activities

  - A Health and Wellbeing Board listening event held on 14 September 2015
  - Young people focus groups carried out in five secondary schools and with young people from a young people's community counselling organisation
  - A CAMHS transformation planning workshop involving a range of stakeholders
  - With young people who have special educational needs and disability (SEND) and those using tier 3 CAMHS
  - Questionnaires circulated to special educational needs coordinators (SENCOs) in order to ascertain the key issues for schools in the borough
  - Feedback from the National Autistic Society local branch on parent experience and views
  - GP follow-up poll to previous survey on CAMHS in 2013

The following is a summary of the feedback from the young people's focus groups:

1. **Stigma** – we want to talk more about mental health; have discussions earlier in school and for this to be routine (if not compulsory) within public, social, health and economic education (PSHE)
2. **Information** – we want to know more about resilience and mental health and how to look after ourselves and each other
3. **Access** – we want to know where we can go, when and how – both through online sources and staff in schools
4. **Earlier intervention** – we want this to be more of a priority than it currently is
5. **Involvement** – we want help from each other and our parents through mentoring/buddying, and parent workshops
6. **Choice** – we want high quality services including counselling at early stages when problems emerge
7. **Whole school and family approaches** – we want the people around us to know how to help us

The overall themes from the engagement were:

- **Children & young people** want**:** Access to counselling at early stage; they want to know where to go
- **Parents** want**:** A quick response once a referral has been made; help and guidance quickly; access to treatment quickly
- **Schools** want: visibility and ease of access to tier 2 services; community clinics with appointment; fast feedback from referrals
- **GPs** are concerned about: Access to specialist CAMHS; want to feel confident that referrals are appropriately assessed
-

3.3.1 Impact

The results of the overall engagement indicated a very similar picture to that highlighted through, *Future in Mind*. The traditional model of CAMHS needs to be changed in order to ensure that children and young people do not experience long waits and have to retell their story as they move between tiers, teams and different professionals. The insight from this engagement informed a refreshed CAMHS transformation plan 2015-17.

As a result of the CAMHS transformation plan progress has already been made during quarter 1 of 2016/7 to address the issues identified by young people, parents, schools and GPs such as:

- Community clinics offering brief face to face assessment operational in GP surgery
- Introduction of a new tier 2 service model increasing initial appointments from 25 to 32 per month plus 16 choice appointments for more in-depth consultation
- Reduction of referrals to tier 3 (pre-pilot 35% down to 28%)
- Step downs (pre pilot 38% down to 20%)
- Access time into Tier 3 April 4.7 weeks to May 2.7 weeks
- 1/3 referrals directly assessed by telephone triage
- Young people referred to OTR offered initial appointment within 2-3 weeks
- Tier 1 waiting time reduction to 6 weeks
- Introduction of after school counselling in a community centre
- Additional 48 counselling sessions created facilitating self-referral

3.4 Developing a joint carers strategy

A focused engagement programme started in March 2016 to inform the refresh of the CCG and Richmond Council's carers' strategy. The engagement was guided by the carers strategy reference group which has a membership of local carer focused organisations and carer members. Following a desk top review of insight gathered from carers from recent health and social care engagement it was decided that the engagement activity should focus on areas that had not been explicitly covered by other relevant engagement. establishing any new issues around assessments and IT post the Care Act implementation.

The main engagement activity during March and April 2016 was via an online and paper survey in an attempt to gather insight on specific areas such as the use of technology and carer specific services in Richmond. Local carer-focused organisations were also encouraged to use the survey as a basis for discussion at carer groups/forums taking place during that time.
Key findings:

- Most respondents to the survey had access to the internet with the most common reason for use being keeping in touch with family/friends or to save time using online shopping/banking.
- Use and knowledge of assistive technology was not widespread.
- Over 70% of people surveyed knew about carers' assessments but only half had had an assessment but seven in ten said they had found it useful.

- Three quarters of respondents said that their caring responsibilities had affected their financial situation with over half having to pay additional costs to do with caring.
- The most common local service used was ‘advice and information about caring’ followed by ‘advice about the person cared for’.

3.4.1 Impact

The results of the survey will be specifically used to inform the strategy refresh a draft of which is due for further consultation later in 2016. From the survey results emerging issues to be reflected in the strategy include the benefits of emerging technologies.

3.5 Listening to people with a learning disability

Following on from the successful Big Event for people with a learning disability in 2015 a similar event took place in March 2016. This year’s theme was supporting individuals to look after their health and wellbeing with a particular focus on living well. The CCG wanted to find out people’s experience of going to the GP, their knowledge of health checks/action plans and their experience of going to the hospital. This insight was gathered through an easy read questionnaire given out at the event, with people on had to support individuals to complete the questionnaire. The questionnaire was developed with input from the Working Together Group - services users and also members of Richmond’s learning disability partnership board. There were many activities to get involved in during the event and the completion of the questionnaire was low. The decision was taken to follow up after the event with all who were invited and attended by sending them the health questionnaire and an event feedback form.

One hundred and thirty five questionnaires were completed from a mail out to 436 adults with a learning disability plus carers and residential and supported housing. The high return rate demonstrates the importance of taking the time and effort to develop easy read materials in order to give individuals an opportunity to provide valuable feedback. The results of the survey are currently being analysed and will inform not only learning disability commissioning but other CCG transformation programmes such as primary and urgent care.

3.6 Improving the early detection of cancer and the support offered to people living with and beyond cancer.

In November 2015 the CCG ran a forum for patients and carers to discuss their cancer journey with a focus on the referral process to diagnosis and life after hospital treatment. The discussion with 10 patients and carers covered what went well, gaps in service, and made the following recommendations to inform the work of Richmond’s cancer steering group:

- Named cancer lead GP per practice for cancer patients
- GP contact with patient following diagnosis – e.g. letter offering support and appointment if patient would like one
- Breast screening – GPs to remind female patients aged over 70 that although they won’t be invited as part of routine screening system, they can still request breast screening every 3 years through their GPs

- GPs to intervene when 'system' breaks down, e.g. test results delayed/ appointment mix ups
- GP contact with patient following discharge from hospital treatment – appointment to offer a cancer care review to develop supported self-management care plan
- Informed signposting to relevant support groups for patients and carers

3.6.1 Impact

A number of the forum's recommendations have been taken forward by the cancer steering group as follows:

- A cancer lead GP had been identified for all practices
- A locally commissioned service for cancer care reviews – GPs to invite patient to a holistic review following completion of acute/hospital treatment – this is due to go live from the beginning of June 2016.
- Another locally commissioned service is currently in development to promote bowel screening

3.7 Chief officer recruitment

The CCG took the decision to involve users and carers in the recruitment process for its chief officer during April 2015. Following a call out via Healthwatch, Richmond CVS and local patient and community groups; five service users and carers participated in stakeholder panel, which also included CCG and local authority staff. Each candidate gave a brief introductory talk and the panel then asked questions to follow up on what candidates had said or to explore their thinking on areas relevant to the post and its 'Richmond' context. All service users and carers were able to ask questions and across all candidates each asked at least one question. After the candidate presentations the stakeholder panel discussed the candidate responses and agreed which one they would recommend. The panel recommendation and feedback was shared with the interview panel and informed the final decision.

The CCG asked Richmond CVS to measure the user/carers satisfaction with their involvement in the process using a questionnaire which explored:

- Whether the information provided about the post, taken together with the way the panel was organised was sufficient to allow them to participate in discussion?
- Whether they were able to ask the questions that they wanted to
- As a proxy for overall satisfaction, they were asked whether they would want to attend similar events in future.

Each response was graded on a four point scale from yes through to no with an opportunity to provide further comments. The overall satisfaction level for each question was 96%. In the feedback from Richmond CVS it was noted that a similar format of questionnaire has been used to measure satisfaction with a range of CCG and local authority involvement opportunities over the past two years and typically satisfaction levels have ranged from 80-90%, so satisfaction with involvement in this recruitment exercise was comparatively good. The comments service users and carers made help to understand this.

'*The background info helped'*

'understood what I needed to do' I felt comfortable and asked what I wanted.

As with other involvement exercises this one emphasised the importance of preparatory work to ensure that service users and carers understand clearly the type of involvement asked of them and have all the information that they require in order to participate effectively and confidently. Their level of confidence also enabled service users and carers to participate in discussion with CCG and local authority staff on an equal basis. There was also a tangible and immediate outcome from their involvement with the successful appointment of one of the candidates.

Working with Public Health

3.8 Health & wellbeing strategy refresh

Between September 2015 and March 2016 the CCG as a health and wellbeing board (HWB) partner supported a range of engagement activities to inform a refresh of Richmond's health and wellbeing strategy. The draft strategy was then made available for comment

3.8.1 Impact

Feedback from the HWB's listening events informed the theme and content of the strategy. In particular the young person's listening event helped ensure a more equal focus on children's services when the strategy had previously focussed more on adults, hence the chapter structure 'Start Well, Live Well, Age Well'. Themes from listening events and a review of other engagement activities showed that 'joined up services' and 'prevention' were still important issues for residents and formed the main theme of the strategy. The 'championed Initiatives' included in the strategy also reflect some of the important issues raised.

Feedback from the online consultation of the draft strategy resulted in a number of changes which included:

- Inclusion of the cancer strategy and living beyond cancer as a championed initiative
- Improvements to format of the document including a glossary and an accessible summary version
- More information about the accountability of the HWB and engagement framework
- A map of links to other strategies and plans
- Reference to carers of all ages, and young carers
- Reference to the importance of coproduction at all levels
- More clarity on the role of the strategy in forewords and introduction
- More information on monitoring and review of the strategy
- Clarity on the intended audience
- Information on the equality impact needs assessment carried out, and the consideration given to protected characteristics e.g. ethnicity

Feedback from the launch event helped the HWB to prioritise the championed initiatives for the year 2016-17. This year the HWB will focus on: whole systems approach to resilience

and emotional wellbeing and to prevention and identification of carers for referral and assessment

3.9 Developing a joint dementia strategy

Between January and May 2016 a joint dementia strategy was developed with input from across Richmond Council, the CCG and other stakeholders. The dementia strategy steering group which included carers and Healthwatch representatives met on a monthly basis to review proposed content discuss chapters and objectives. A number of engagement activities took place to gather views from a range of stakeholders prior to consultation on the draft strategy. Partnership working and engagement included: GP leads for dementia and learning disabilities; Council and CCG commissioners for learning disabilities, adult services, end of life care, older people, mental health; CCG older people's mental health steering group; Richmond CVS; Embracing Age; Alzheimer's Society; and Richmond Dementia Action Alliance.

During the public consultation phase which included an online survey members of the steering group held discussions about the strategy at the Ethnic Minorities Advocacy Group Older People's Group; Health and Social Care Co-production Group; Richmond Carer's Centre and Richmond Dementia Action Alliance

3.9.1 Impact

A number of changes were made to the strategy as a result of the consultation:

- Streamlining the number of objectives – more strategic objectives will remain part of the strategy whilst underlying actions will be incorporated into the subsequent action plan.
- An accessible summary document would be published highlighting the strategic direction.
- Clarified that GPs are able to make a diagnosis where appropriate, without referral to the memory clinic, in cases of advanced dementia;
- Inpatient diagnosis in hospitals was identified as a gap in services, information has been added to the strategy and a new objective included to investigate this issue;
- Clarification on the access to neurologists for those with rarer forms of dementia was included;
- Clarification of the wording around the reach of Richmond's carer services was included;
- Addition of a new strategic objective about supporting those with dementia to remain at home where it is safe for them to do so and the best place for them to be;
- A new objective was included to encourage local care and nursing homes to ensure quality of life at the end of life, and to share good practice in end of life dementia care.

SECTION FOUR- (Meeting the individual participation duty)

4.1 Self-management

4.1.1. DESMOND course

The CCG continues to commission DESMOND from our local community provider Hounslow & Richmond Community Healthcare NHS Trust (HRCH). DESMOND is a structured

education programme for people with type 2 diabetes; with the aim of promoting and understanding diabetes and self-management. At the end of the course patients are asked how confident they feel in managing their condition as a result of attending the course. In order to increase uptake of sessions during the year HRCH delivered DESMOND Taster sessions across the borough aimed at informing primary staff about the programme which have resulted in an increase in referrals. Talks and information were shared with local GPs, the local Diabetes UK group and the CCG's medicines optimisation team and information included on the HRCH diabetes app.

Take up of the programme has significantly increased when compared to 2014/15 with a high percentage of those attending continuing to report feeling more confident about managing their health condition as a result of attending the course.

DESMOND	April 2014 to March 2015	April 2015 to March 2016
Nos. of people referred	188	499
Nos. of people who completed the course	80	292
Nos. or % of people who reported feeling more confident to manage their condition as a result of attending the course.	99%	99%

4.1.2 Walking away from diabetes

As part of the healthy lifestyles service Richmond Council (public health) commissions the Walking away from diabetes programme developed by the DESMOND collaborative. The programme aims to help patients to understand why they are at risk of developing diabetes. Take up of the programme was maintained during the first part of 2015/16 as set out in the table below.

Walking away from diabetes	April 2014 to March 2015	April 2015 to September 2015
Nos. of people referred	188	50
Nos. of people who completed the course	80	44
Nos. or % of people who reported feeling more confident to manage their condition as a result of attending the course.	99%	98%

However following a review of the service requirements for public health's healthy lifestyles service a re-procurement took place and a new provider took over the service in September 2015. The changes impacted on the take up of the service during the second half of 2015/16. Approximately 90 people were referred to the service however; mobilisation and resource issues had a negative impact on the take up and completion of the course. Since April 2016 there has been a significant increased since April 2016.

During 2016/17 Richmond Council's public health team will be working with the National Diabetes Prevention Programme (NDPP). This programme offers a robust, longer-term evidence driven approach to self-management to prevent diabetes in those identified at risk.

The programme is being phased in from September 2016 with the aim of supporting 30 individuals per month to access the programme across the borough over a 12 month period. The programme incorporates support to manage the risk of diabetes including weight management programmes which include diet and nutrition support for self-management.

4.2 Shared decision making

4.2.1 GP led model of care

During 2015/16 we have continued with our GP led model of care. The model of care focuses on the 3% of patients most at risk of a hospital admission. A multi-disciplinary team comprised of GP practice staff as well as community health and social care team staff (community nurses and social workers) will review the list of patients at risk of a hospital admission in order to draw up an integrated care plan to meet the health and social care needs of the individual. The model puts GPs in charge of the care of these patients as an accountable professional to ensure a care plan is agreed and that the appropriate community services are accessed to avoid emergency hospital admissions. These services could include community matron, falls clinic, the community independent living service (CILS) and the carers hub.

Patients are offered a longer annual appointment with their GP which could include review of their care plan; medication review/optimisation; referral to diagnostics/treatment; end of life care planning; advice on what to do in an emergency or crisis e.g. out of hours arrangements and identification of and support for carers.

4.4.2 Avoiding unplanned admissions: proactive case finding and patient review for vulnerable people

This locally commissioned service is similar in its aim to the GP led model of care in that it aims to provide more personalised support to patients most at risk of unplanned admission, readmission and A&E attendances to help them better manage their health. This includes identifying the 2% of registered patients who are at high risk of avoidable unplanned admissions and to proactively manage these patients and work with them and where applicable their carer to develop personalised care plans and undertake review of care plans. There is a focus on supporting patients in care and nursing homes for GP practices with a large proportion of their patients in care and nursing homes. This may require local arrangements to be put in place with support from the CCG for example a care home community based service.

There have been challenges in measuring the impact these models of care are having on non-elective activity and the patient's experience of care. These issues will be taken forward during 2016/17 as part of the new outcomes based frail elderly work stream.

4.3 Personalised care planning/personal health budgets

The CCG has a history of providing access to direct payments through the Council for families with children and young people who have continuing healthcare needs, when families have expressed a desire to be in control of the services that they access.

For individuals and families who currently have access to a direct payment because of their continuing healthcare needs, providers are held to account through the delivery of the agreed services as specified in care plans. As part of the wider contractual arrangements; providers are held to account for services provided through contract management reporting and meetings.

During the year there have been a minimum of 12 personal health budgets (PHBs) through direct payments in place for adults receiving continuing healthcare. We currently have six PHBs through direct payments for children receiving continuing healthcare. PHBs are promoted through the continuing care nurse assessor who discusses the option of a PHB with all patients being assessed or reviewed for eligibility for continuing care.

As part of our quality, innovation, productivity and prevention (QIPP) programme we reviewed a number of placements for people with a learning disability which are directly funded by the CCG. A small number were identified as eligible to take up PHBs.

Towards the end of 2015/16 the CCG undertook a review of continuing healthcare and the decision was made to change provider. This has impacted on the work planned with patients to develop case studies as evidence of the impact PHBs on their individual health and care outcomes. This work will be taken forward by the new provider during 2016/17.

SECTION FIVE- forward plans for 2016-17

The high level plan attached sets out the main patient and public engagement (PPE) activities to support delivery of the CCG's objectives for 2016/17. The plan will be regularly reviewed in line with any changes to the CCG's priorities and objectives. The main PPE activities for 2016/17 include:

- Develop and implementation of a PPE framework for primary care to support delegated commissioning of primary care medical services.
- Support Richmond Community Health in Partnership (RCHiP) to develop an integrated approach to PPE across the joint venture providers and the CCG to support robust and innovative user and carer engagement in the OBC out of hospital care contract
- User and carer involvement in the most capable provider process (MCP) for the mental health OBC programme.
- Improving children & young people's engagement in the CCG's transformation programmes.
- Continue to work with the commissioning team to improve how the CCG is promoting the individual duty to support patients being in control through commissioning activities and what results can be demonstrated for patients.
- Support the implementation of the community access strategy (CAS). The CAS links in with Richmond Council's village-planning to establish a joined up place and community approach to help people access existing activities and assets for prevention. In the first phase, 'assets' refers to sports, leisure (including parks) community assets such as groups, clubs and services. Self-management and self-

care will be achieved through positively framing prevention messages within clinical pathways and working with community and patient groups to co-produce an offer which will be meaningful for local people. This will include working the GPs, patients and community groups to define an offer for prevention (community prescribing) at a local/village level as a pilot project in the first instance. This work will be integrated into the CCG's pro-active primary care programme.

South West London Collaborative Commissioning Strategy – forward plans

The following activities have been planned for 2016/17

- Four **place based events** to be held at the end of the summer to discuss the Sustainability and Transformation Plan. These are likely to be place based events (located close to the 4 acute hospital sites) and will be open to the public. The style will be market place to enable people to find out about the STP, feed into the next iteration and ask questions.
- A programme of **grassroots engagement** has been agreed to extend the programme's reach into 'seldom heard communities'. Each Healthwatch organisation has agreed to host a pot of money that local groups can apply to in order to run an activity enjoyable to their local community. The SWLCC programme will attend the events with the local CCG in order to ask people about their experiences of local services. The programme anticipates there to be between seven and ten events in each borough.
- Attendees of the grassroots events will be invited to take part in a '**People's Panel'.** SWLCC will then offer further opportunities for involvement – such as taking part in surveys and focus groups.
- SWLCC are also planning to run workshops with local Healthwatch organisations to bring them up to speed with developments of the Sustainability and Transformation Plan and to map out how their work aligns to the work of the programme.

SECTION SIX - Healthwatch statement

Building effective partnerships are an essential element of meeting the statutory obligations; Local Healthwatch organisations play a central role in acting as a patient and consumer champion for health and social care services. This section of the report provides an opportunity for your local Healthwatch to comment and reflect on the content of your report. Please indicate in this section if Healthwatch has been commissioned to undertake any engagement work for the CCG, and if so for which activities.

We welcome the CCG's 2015-2016 Annual Engagement Report. In our response to the previous year's report we were supportive of the overall vision and the general focus on engagement that had taken place. We did however recognise areas requiring greater focus.

This commentary relates to the reporting period between April 2015 and March 2016. We are pleased to see continuing improvements in engagement over this period and are positive about the performance of the CCG overall.

The coming year presents the CCG with significant, perhaps unprecedented, financial challenge and service change. These changes include the Sustainability and

Transformation Plans, the Financial Recovery Plan and the move towards shared staffing amongst CCG's in South West London.

Decisions taken during this period may be necessary to ensure sustainability within limited financial resources available, but for those affected by the changes, they may also be emotive and very tangible. It is therefore critical during this period that engagement communicates the need for these changes to the wider community of and ensures that the changed services meet the needs of the people who need them. The challenge facing RCCG and its partners is significant both in terms of financial scale and the public participation that will be required to enable the changes.

Vision

We support Richmond CCG's vision of patient and public engagement being at the heart of the commissioning process. This stated intentions - for patients, carers and the public being involved at all stages of decision making and for lived experiences to drive quality - are ambitious and appropriate.

We have previously been critical of the CCG's ability to embody this vision in the past due to tight timeframes and a lack of evidence that feedback had a meaningful effect on decisions before they were taken. The organisation has done much over the past year to demonstrate that it listens, takes account of people's views and acts on them. Achieving this vision will be increasingly importance and challenging over the coming period.

Structure and resources

Involvement of senior leadership within engagement is commendable but it is clear from the report that Richmond CCG is stretched in relation to engagement both in terms of staff and financial resource. The budget for non-pay engagement of £10k is half that of the previous year's budget. A lack of resources is given as reason for not having completed some planned engagement over the past year. It would be useful for RCCG to provide a view of the impact of not completing planned engagement and how any detriment was mitigated.

Developing the infrastructure for engagement and participation

Networks and partnerships

The networks of the CCG are a strength and the scope of them is impressive. It is not always clear in the report what outcomes they deliver for the CCG and for those who participate. Where explanations are provided of how the CCG has been influenced by patients and public involvement this is clear and welcomed.

In light of the challenges and changes anticipated in the future a review of the effectiveness of partnerships and networks would be useful. This will allow for recognition of good practice as well ensuring that they are impactful and effective.

The CCG has widened the scope of its engagement but it is important to ensure new views are being fed into thinking all the time. It would be useful to see action to ensure some turnover of membership of the CCG's engagement groups to allow a mixture of continuity and fresh ideas.

We were pleased to support RCCG's engagement on the Outcomes Based Commissioning agenda through a well-attended public event and exhibition. Feedback on the impact of this event would be welcome but we remain supportive of undertaking similar activities in the future.

We were disappointed that no mention was made in the report of the influence that the Healthwatch CAMHS survey in 2015 had on the CAMHS Transformation Plan. This influence is specifically referenced in the Plan itself and an example of the CCG responding to patient feedback and of the value of patient involvement.

Meeting the collective duty

The breadth of this work, covering as it does recruitment and informing strategies and services, is again impressive. This is especially so where patient and public engagement is described with clear aims and outcomes are reported.

The approach taken in this section of the report to identifying impact is welcomed. Several of the activities in this section describe clear and meaningful impacts of patient participation in decision making. Examples include:

- The addition of scenario criteria in the evaluation process of most capable providers
- The influence of young people's engagement in informing the CAMHS transformation plan, something we were pleased to support
- The CCG's work to engage people with learning disabilities effectively by producing accessible materials and is welcomed and we hope to see this translate into meaningful improvements.

In other areas narrative focusses more on the process of participation than on what changed as a result of participation.

Meeting the individual duty

Diabetes in Richmond is an area of relative local weakness historically. The increased focus on supporting diabetics to self-care is therefore to be welcomed. Self-management services however are no longer available for people with conditions other than diabetes and we are aware of some unmet need in this area.

We hope that shared decision making with GPs will lead to individuals being better able to access voluntary sector and other services that might benefit them via their GP. The current system is complex and creates barriers to GPs supporting their patients to access additional care. An important route for improving care is the Community Access Strategy which must be ambitious in resolving the challenges and avoid adding additional layers of structure to an already complex system.

Forward plans

We are broadly supportive of the CCG's plans. We have been involved in many of these either as participants or in providing practical support and evidence.

We hope that our own work, for example engaging around 1600 young people across Richmond and Kingston, will provide some useful input here. Whilst the focus was on emotional wellbeing, the findings are useful in improving wider services for young people.

We strongly encourage further engagement on the Sustainability and Transformation Plans (STP) as well as on more Richmond centric issues such as the Financial Recovery Plan (FRP) and South West London CCG integrations. Whilst we are aware that these will form an important part of the CCG's engagement plans for 2016/17, and are implicit within the forward plans for South West London Collaborative Commissioning Strategy, this implication is unlikely to be understood by the wider public and would benefit from overt explanation beyond the "SWLCC programme".

Even though Healthwatch has an opportunity to be involved in issues such as the STP through attendance at the CCG governing body seminars, we are not at liberty to make discussions public and so cannot elicit views from the public or share the thinking until proposals are fairly well developed. We have been pleased to support public engagement related to the STP through the Grassroots Engagement Fund and a planned public event in late 2016.

That said with the extent of the forthcoming work on the STP and FRP, it is vital that the CCG really does engage people early in the process rather than after proposals have been developed.

We encourage the CCG to recognise within its shared duty for engagement on safeguarding as part of the Safeguarding Adults Board, also notably absent from forward plans.

Finally we would like to acknowledge the ongoing improvements in patient and public involvement in Richmond CCG and to express our continued support for their work in this area.

Appendix 1: PPE and equalities work plan 2016/17

Priority area	Activity	Action	By when
Objective: ***To deliver our statutory and organisational duties and ensure the CCG is a highly effective membership organisation***			
Development of PPE	Annual participation duties report	Statutory requirement using NHS England template.	September 2016
Development of PPE	Work with commissioning team and Council's public health team to evidence arrangements in place to support patients being in control (individual participation duty).	• Focus on providing evidence for shared decision making. • Involvement in the Council's community access strategy to support the prevention agenda and self-management and care.	Review March 2017
Equality and diversity	Public sector equality duty report	Statutory requirement due on an annual basis	January 2017
CCG capacity and capability	Implement Equality Delivery System (EDS2)	• EDS report and action plan to inform future PPE and patient experience activities for learning disabilities and children & young people services. • Service areas confirmed for 2017 EDS review and plan in place • EDS stakeholder engagement	October 2016 Jan – March 17
Objective: ***to enable local people, patients and stakeholders to have a greater influence on services we commission and develop a responsive and learning organisation.***			
Patient experience	Raise awareness and gather insight using patient stories programme	• Targeted communications plan using GP practices, PPG network, Richmond CVS and social media. • Identify opportunities for cross over with developing OBC patient experience systems.	Review March 2017
Development of patient and public engagement (PPE)	Review and continue to build up engagement database	• Continue to use engagement activities and first contact opportunities to build database of interested individuals.	Ongoing
Development of PPE	Develop patient /staff training programme to enable patients to engage effectively with the CCG.	• Build on learning from in-house training provided for initial user involvement in OBC commissioning and MCP process. • Scope resources for staff and	Post – November 2016 launch of NHSE training

Priority area	Activity	Action	By when
		patient training (linked to NHSE London initiative currently being procured) • Explore opportunities for joint working with RCHiP and/or other SWL CCGs.	
Equality and diversity	Seldom heard voices engagement programme: more systematic outreach to identified groups as part ongoing transformation work. To include homeless, BME, men and young people.	• Develop rolling outreach programme based on SWLCC grassroots engagement fund activities and equality delivery system (EDS) findings. • Work with Richmond Council and Healthwatch to identify seldom heard groups and opportunities for joint working.	January 2017 and then ongoing
CCG capacity and capability	Work with lay member and Director of Quality to harness ideas and review systems and approaches to make best use of resources and adapt to changing priorities.	• Maintain regular 1:1s and briefings between lay member and engagement staff. • Review of formal engagement forums e.g. PPG network and CIG to ensure focused remit and outcomes and to avoid duplication with other forums. • Annual "time out" to review what is working well, what can be improved, best practice and lessons learned to inform future work. • Involve Richmond CVS and Healthwatch.	Ongoing November – March 2017 June/July 2017
CCG capacity and capability	Governing body and staff development on patient participation and patients in control	• Follow up session to 2015 development session to be confirmed as part of 2016/17 governing body seminar programme to include senior staff. • Develop and refresh tools on PPE	Tbc January 2017
Objective: ***To work in partnership with local health providers and commissioners to commission quality integrated services that achieve good health outcomes, are accessible and promote equality for local people.***			
Development of PPE	Explore opportunities for closer working on engagement as part of health and wellbeing board.	• Support development of integrated HWB communications and engagement plan. • Explore opportunities for joint working via Richmond Council's village planning and	Ongoing

Priority area	Activity	Action	By when
		community links team.	
Out of hospital health & social care (OBC)	Support Richmond Community Health in Partnership (RCHiP) the OBC joint venture to develop robust PPE approach and systems.	• Support PPE in joint service/pathway redesign with RCHiP for the following priority work streams: frail elderly, cardiology, respiratory, end of life care and diabetes • Support PPE in CQRG and other quality assurance and performance management processes for the new contract.	Ongoing in line with transition plan milestones
Mental health	Support PPE in mental health most capable provider (MCP) process and model of care development for mental health OBC.	• Continue to develop and support experts by experience group in MCP process. • Work with colleagues and providers to ensure appropriate PPE in model of care development.	November 16 – March 17
Children & young people	Support commissioners to have effective PPE mechanisms in place for C&YP health services.	• Ensure current effective PPE mechanisms across Achieving for Children and providers include a robust health element. • Develop an overarching C&YP engagement plan for health based on the wide ranging C&YP plans currently in place. • Improve liaison between participation colleagues in providers and Achieving for Children.	Ongoing
Partnerships	Support SWL Sustainable Transformation Plan (STP)	• Support ongoing SWLCC local grass roots funding engagement activities • Support local engagement activities for SWL sustainable transformation plan (STP). • Regular liaison with SWLCC engagement leads. • Explore opportunities for joint working on PPE with providers, Richmond Council and other CCGs.	Ongoing

Priority area	Activity	Action	By when
Urgent care	Support PPE in urgent care transformation programme		tbc
Primary care	Support PPE in primary care strategy development/implementation and wider transformation programme	• Develop and implement PPE framework for primary care • Development of PPG network as a key channel for patient voice in primary care governance arrangements (primary care commissioning committee) • Engagement plan in line with strategy implementation priorities	Ongoing