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NHS

Croydon

Clinical Commissioning Group

Participation duty report

Croydon Clinical Commissioning Group 2014 - 2015





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Introduction

The Health and Social Care Act 2012 sets out two complementary duties for clinical commissioning groups (CCGs) with respect to individual and public participation. CCGs must promote the involvement of patients and carers in decisions which relate to their care and treatment, and involve patients and the public in the full extent of their commissioning activities.

The first duty - Individual participation duty requires CCGs to ensure they commission services which promote the involvement of patients across the full spectrum of prevention or diagnosis, care planning, treatment and care management which may include:

- Shared decision making, regarding individual episodes of care and longer term care.
- Self-care and self-management support to better manage health and prevent illness.
- Information with targeted support to enable patients to be more in control of their health.

The second duty – Public participation places a requirement on CCGs to ensure public involvement and consultation in commissioning processes, decisions and activities. A description of these arrangements must be included in the CCGs constitution. Public participation activity may include involvement in:

- Planning of commissioning arrangements which might include consideration of allocation of resources, needs assessment and service specification.
- Proposed changes to services which may impact on patients.
- Monitoring, insight and evaluation of services being commissioned.
- Procurement of services which might involve patients and the public being part of the procurement project team.

This report outlines how Croydon CCG has met the above duties for the period 1 April 2014 to 31 March 2015.



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1. Context setting

Population of Croydon CCG

Croydon has 363,400 residents which makes it the largest Local Authority in London by population.

Croydon's population has grown at a faster rate than the rest of England. For 2004 compared with 2014 Croydon has seen an increase of 11.5%, which is 3.3% higher than the national average.

The 2011 census shows there are 13,600 more people living in Croydon than had previously been estimated based on the 2001 census rolled over population figures.

People are living longer and the population is ageing; the latest projections suggest the number of people aged over 85 will increase by more than 50% by 2029. This will lead to an increased demand for health and care services.

Deprivation

In 2010, Croydon was the 19th most deprived borough in London. Between 2004 and 2010, levels of deprivation in Croydon increased more than in any other borough in south London.

There is more deprivation in the north of the borough than in the south and there are also areas of high deprivation in the east of the borough.

Migration

Approximately 20,000 people move into Croydon and 22,000 people move out of Croydon to elsewhere in the UK each year.

Croydon is estimated to have 4,200 new, long-term immigrants per year from outside the UK and at least 2,000 emigrants.

In recent years, the main areas immigrants have been coming from are:

- Southern Asia: 1,300 people per year
- Eastern Europe: 700 people per year
- Central and West Africa: 400 people per year

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Age

- 0-4 year olds (pre-school) make up 8% of the total borough population.
- 5-19 year olds (school age) make up 13% of the total borough population.
- 20-64 year olds (working age) make up 60% of the total borough population.
- 65+ year olds (older people) make up 13% of the total borough population.

Compared to other areas, Croydon has a relatively young population. 26% of the population is aged 0 – 18; the fifth highest proportion of any London borough. In the next ten years, the highest growth is projected to be in the 0 to 19, 35 to 44 and over 55 age groups.

Ethnicity

The 2011 census shows the ethnicity breakdown for Croydon as follows:

- White 55%
- Black 20%
- Asian 16%
- Mixed 7%
- Other 2%

Croydon has the twelfth-largest proportion of BME residents in London, comprising 43% of the total population, and the proportion is increasing over time. The total BME population has increased from 98,642 in 2001 to 163,200 in 2011.

Given the diversity of Croydon's population, there is a corresponding diversity in the languages spoken by local residents. For local people whose first language is not English, there may be barriers to engaging with services.

Household language data from the 2011 census shows the proportion of people who have English as a main language. The breakdown for Croydon is as follows:

- In 83% of households all people aged 16 or over have English as a main language.
- In 7% of households, at least one, but not all, people aged 16 or over have English as a main language.
- In 2% of households at least one person aged 3 – 15 has English as their main language.
- In 8% of households no people speak English as their main language.

Other than English, the most common languages spoken by people in Croydon are Tamil, Polish, Gujarati and Urdu.



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Gender

49% of the population is male (182,500 men) and 51% of the population is female (193,500 women). There are more males in the 0-19 age group however, for all other age groups the female population exceeds males. There is almost double the number of females over 85 years old compared to males.

Religion

The figures from the 2011 census, shows the religious breakdown for the borough as follows: Christian – 56%; Buddhist – 0.6%; Hindu – 6%; Jewish – 0.2%; Muslim – 8%; Sikh – 0.4%; No religion – 20% and Not stated - 8%. 6% stated their religion as 'other' but did not specify an additional category.

Life expectancy

For 2011 – 2013, life expectancy at birth for males was 80.0 years which was an increase of 2.1 years compared to 2005-07. Life expectancy at birth for females was 83.5 years, which was an increase of 1.5 years compared to 2005-07.

Disability

The Equality Act 2010 defines disability as: 'a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities'. In Croydon a total of 24,380 people, (which equates to 7% of the total population) are classified as disabled, and are limited a lot in their ability to do normal daily activities.

Key issues

Compared to other areas Croydon has a relatively young population due to the current high birth rate and effects of migration. Over half of Croydon's population are from Black, Asian and Minority Ethnic groups.

The health of people in Croydon is mixed compared to the England average. Croydon has a higher life expectancy, higher level of excess weight in children, higher proportion of low birth weight babies, higher prevalence of severe mental illness and lower level of deprivation than the England average.

However, there is significant variation between wards. In Fieldway nearly half of children live in poverty whereas in some wards in the south of the borough only 1 in 10 children live in poverty. Life expectancy is also lower in the most deprived areas of Croydon.

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The north of the borough is more deprived than the south and it is known that many risk factors for poor physical and mental health are associated with deprivation including poor housing, unemployment, poverty, poor education and high crime.

Breast feeding initiation and continuation is a real success in Croydon but childhood immunisation rates do not compare favourably with other areas. Sexual health, drug and alcohol related crime, teenage pregnancy and homelessness continue to present challenges for the borough.

Changes to the make-up of Croydon's population and lifestyle trends are likely to lead to more people needing care in the future. An ageing population, increase in long term conditions and changing social trends will mean that people will need better organised care, closer to home, to help them self-manage their conditions and live as independently as possible.

Our vision for engagement

Health and health care are vital issues for everyone – which is why Croydon CCG is committed to involving people from every part of Croydon in discussions and decisions about local NHS services.

Our vision is to ensure patients, carers and local communities have a real influence on the way that health services in Croydon are planned, designed, developed and delivered.

This vision is driven by the following, desired outcomes:

- More accessible, sensitive, responsive health services based on patient need
- Croydon CCG learns from patient / public experiences - ensuring feedback informs, shapes and drives the way we plan, design, develop, buy, deliver and monitor local health services
- Providers of health services give people a real “voice” so that they can effectively become involved in expressing views, contribute towards decision-making processes, and improve the patient experience in Croydon.
- A better informed public who share decision making about priorities and use of limited resources.
- Greater trust and confidence in our services
- Less waste and duplication, more cost-effective and flexible services



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- Greater ownership of health services
- Patients taking more responsibility for their own health and care
- Better health outcomes
- Community cohesion and reduced health inequalities

We aim to be an open and listening organisation that has the needs of local people at its heart and delivers real benefits through collaborative and partnership working.

In order to achieve this we are developing a Patient and Public Engagement Framework for our CCG which we will share with our partners for comment and input.

We are updating our communications and engagement strategy in 2015/2016, which will support and align with our overall organisational strategy. Our new strategy aims to strengthen and build upon the engagement work done during our first two years, and to help ensure patients, public and stakeholders:

- Recognise the CCG as a credible local health leader for commissioning and monitoring the delivery of health services.
- Understand the CCG priorities and the context in which they are set.
- Are engaged in a meaningful way in our planning.

To do this we must be open and honest in all our communications and we must actively seek ways to facilitate dialogue with our diverse communities, and a representative range of stakeholders.

Structure and resources

The Communications and Engagement function for Croydon CCG is provided by the South East Commissioning Support Unit, with operational support delivered by a Communications and Engagement Lead (0.5 Whole Time Equivalent – 2 ½ days), and a Patient and Public Involvement Manager (1 Whole Time Equivalent – full time post). The team is accountable to the Director for Quality and Governance. In addition, further communications support of 0.4 Whole Time Equivalent (2 days) is provided.



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The Service Level Agreement, between the CCG and the CSU has agreed provision of:

- High impact communications and engagement strategy and work plans that support achievement of the client's operational and business plans
- Strategic communications and engagement support for the client's leadership
- Effective communication of the client's strategies and plans
- Co-design of service changes with stakeholders
- Effective public affairs and stakeholder management
- Tailored communications materials and briefings e.g. for engagement with public, Department of Health, NHS England, MPs, Local Authority, etc.
- Management of public and patient consultations
- Campaign delivery with demonstrable outcomes
- Effective and timely handling of FOI requests and media
- Up-to-date website, social media presence, intranet and extranet
- Strong member engagement eg through internal communications, online surveys

2. Developing the infrastructure for engagement and participation

The CCG continues to develop a strong infrastructure to ensure patient and community views are integral to our work at corporate, community and practice levels.

Corporate level

Patient and Public Involvement Reference Group

A Patient and Public Involvement Reference Group chaired by the Lay Representative for Patient and Public Involvement to quality assure the patient and public engagement activity undertaken has been established. Membership comprises representatives from Healthwatch, community and voluntary groups, Croydon Council, community and acute providers and, patients and the public.

Practice Engagement

Practice engagement is crucial to the long term success of the CCG. The CCG GP Engagement Team has continued to work with the Governing Body and GP network leads to ensure optimum engagement with practices using a variety of forums. These include Network Coordinators who work alongside the Network leads to facilitate discussions between practices at the Network meetings. These forums enable a coming together of practices together with CCG representatives to learn and share together across a range of clinical areas impacting on primary care.

In addition to this there is a regular newsletter that practices receive which keeps them abreast of developments and initiatives across Croydon. Additionally, we are undertaking a series of 1:1 engagement meetings with practices to provide a smaller forum for them to openly discuss issues affecting them as individual practices. We are regularly reviewing our approach to engagement with practices to ensure that the approaches continue to build a healthy facilitative relationship between the CCG and General Practice.

Partnership and Stakeholder working

We promote and facilitate specific work streams with Croydon Council, and have developed a number of strategic partnerships.

We will continue to develop our relationship with Croydon Healthwatch and other groups that represent the views of local patients and the public, to ensure an integrated network for patient and public engagement develops.



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We will continue to engage with clinicians in acute care, community care, mental health, and independent contractors regarding the development of service redesign proposals, and use the 13 partnership groups of the Health and Well Being Board, which also includes patient representatives, as a feedback mechanism.

We will also use the Transition Board, as a way of developing its key integration and primary care strategies. Its membership includes the all key stakeholders including the Local Representative Committees.

Strategic Partnerships

Healthwatch Croydon

Croydon Healthwatch plays a pivotal role, working with NHS Croydon Clinical Commissioning Group (CCG) to improve health services in Croydon. As well as being an active member of the CCG's Patient and Public Involvement Reference Group and Croydon's Transforming Care Board, Healthwatch has over the last year contributed to proposals on; Outcomes Based Commissioning for Older People, the future of urgent care services and participated in the working group to develop and implement the prevention, self-care and shared decision making strategy.

Healthwatch representatives regularly attend CCG Governing Body meetings and contribute to the Governing Body's discussions. The CCG values this input and will continue to nurture this close working relationship. Healthwatch have been particularly valuable in supporting the CCG to develop and deliver its Patient and Public Involvement work programme. Additionally, Healthwatch shares information it gathers from residents on their experiences of local healthcare services, which informs the CCG's work on the commissioning, design and delivery of services.

Health and Wellbeing Board

The Health and Wellbeing Board considers matters relating to the provision of public health services and the commissioning of adult social services and children's services across health and social care and the impact of these on the health and wellbeing of the local population.

The Board's focus is on improving health and wellbeing so that individuals and communities are able to live healthier lives, have better health outcomes, and have a better experience of using the health and care system.

The Health and Wellbeing strategy sets out the Board's vision and the long term improvements in people's health and wellbeing that they want to achieve. It also sets out priorities for action and indicators that will help measure progress.



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Public Health

From April 2013, the London Borough of Croydon became responsible for commissioning most public health services. The CCG works collaboratively with the public health commissioners in Croydon Council to deliver joint priorities as set out in the health and wellbeing strategy and ensure the best health outcomes for local people.

Examples of work undertaken include delivery of an agreed work-plan for the CCG including one off evidence reviews, data analysis, needs assessment, strategic advice and assistance with patient pathway redesign, and with regard to directly commissioned services procured and deployed a new IT solution to help move from manual to electronic data recording to enable more effective performance management of the NHS Health Checks programme.

Joint Strategic Needs Assessment

We also work with our partners in Public Health and the London Borough of Croydon to respond Joint Strategic Needs Assessments (JSNA), which analyse the health needs of our local population. We use the JSNA to inform and guide our planning and funding of health and well-being services in the borough.

Transforming Adult Social Care

Under our Strategic Transformation Board that includes Croydon Council, acute healthcare providers, local residents and health and social care teams, we are also working to achieve a transformation in integrated health and social care.

The work and developments have involved a number of patient involvement events and formed the basis for the Delivery of Outcomes based Commissioning for the Over 65s. The programme has also developed a number of significant service improvements for the patients/population of Croydon including the development of a Rapid Response Service, Single Point of Assessment, Roving GP, Intermediate Care Beds and improved working in nursing homes. The services have also emphasised the involvement of patients in their care through Multi-Disciplinary Team working and joint care plans shared with patient and carers.

Integrated Commissioning Unit

Croydon Clinical Commissioning Group and the London Borough of Croydon have established an Integrated Commissioning Unit (ICU) to better commission health and social care which will lead to better outcomes for people.

Key achievements of the ICU in 2014/15 include the implementation of a new model of adult mental healthcare focussing on community based services, support for care homes involving staff training and quality of care including for people towards the end of life, commissioning services for people with the most complex needs and a new Emotional



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Well-being and Mental Health Strategy to support young people with Special Educational Needs and Disabilities.

South West London Collaborative Commissioning

The six south west London CCGs and NHS England have recognised the need to come together to share and align strategic priorities and commissioning intentions on issues that are of common interest to all six organisations.

We are therefore working together under the umbrella name of South West London Collaborative Commissioning to develop a five year strategy for the local NHS and agree a model of commissioning support that will:

- Improve the quality of care across south west London
- Tackle the workforce gap
- Ensure local NHS services are financially sustainable
- Achieve performance against NHS England's seven outcome measures

Public engagement was carried out prior to the establishment of SWLCC and continues as the five year strategic plan develops. This included a large meeting convened in May 2014 to gather views from a wide range of local organisations and patient representatives plus a deliberative event held in Croydon on 7th September 2015 attended by local residents, community organisations, voluntary groups and patients.

Annual patient and public perception survey

We also monitor the perceptions of our stakeholders through an annual 360 degree stakeholder survey – the results are reported to the Board to identify how best to improve our engagement with local residents and patients through action planning.

Quarterly Patient and Public Forums

These are open invitation events, which aim to improve transparency and provide an opportunity for local people to influence CCG decision making.

Stakeholder database

A database of stakeholder and patient representative contacts has been created and is regularly updated with details of individuals who would like to be involved in the CCG's work. Our website also provides a dedicated 'get involved' section and email address to facilitate ease of response.



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Governing Body meetings

Governing Body meetings are held in public and attendees regularly take the opportunity to ask questions and raise issues.

Expenses policy

Out of pocket expenses are available to members of the public who are involved in working with Croydon to inform programmes and policies. A formal policy on 'Reimbursement of Patient expenses for Patient and Public Involvement' based on national best practice will form an important part of the CCGs objective of removing the financial barriers that can prevent patient participation.

Governance

To help ensure engagement is routinely monitored as part of our governance process, the following arrangements have been put in place:

- All reports to the Governing Body include a section on engagement which should be completed for all proposals for service change.
- The patient and public involvement strategy and work plan is signed off each year by the Senior Management Team and Governing Body.
- A patient and public involvement report is presented to the Quality Sub Committee bi-monthly for approval. This will include data on engagement activities undertaken, evaluation and feedback from the participants and a diversity monitoring report.

Community level

GP clinical networks

At Community level the CCG has developed six network practice teams to facilitate opportunities to work with local community based groups, individual patients and members of the public. The Communications and Engagement team will work with the network Clinical leads to develop mechanisms to engage with and involve local groups and individuals in commissioning decisions.

Practice level

Patient Participation Groups

During 2014-15 the CCG worked with member practices to help develop Patient Participation Groups (PPGs) which provide a mechanism for registered patients to provide feedback at practice level. This helps to ensure that the views of local patients can influence practice issues/changes and development and wider CCG commissioning decisions. We have supported PPGs, and funded promotional activity and materials for PPG awareness week. We also fund NAPP membership for Croydon PPGs, to support



their development, and the Croydon PPG network coordinator has been an active member of our PPIRG.

The patient participation enhanced service ceased on 31 March 2015 with the associated funding reinvested in core funding. It is a contractual requirement for practices to have a PPG and to make reasonable efforts for this to be representative of the practice population. It is an expectation for CQC assessments that practices have a PPG. The practice PPG should also be open to the involvement of carers of registered patients but who themselves are not registered patients. Croydon CCG as co-commissioners of Primary Medical Services will work with NHS England as the contract holders and seek to ensure that PPGs are used effectively to shape services for the local population.

Plain English Group

The CCG has also established a Reader Group comprised of patient and public representatives which regular reviews communications materials to ensure the content is user friendly and jargon / acronym free. The group has recently reviewed the annual report and operating plan summaries.

2. Meeting the collective duty - engagement and participation activity

During 2014/2015 the CCG's patient and public participation activity focussed on its urgent care re-procurement strategy and this engagement will continue into 2015/2016.

Urgent Care

Objective:

Urgent care services impact all groups in Croydon. Therefore a key component of our urgent care re-procurement strategy is to ensure that we involve patients and local residents in shaping future proposals for a redesigned urgent care system that is based on their views, needs and experiences.

Activity:

Between December 2014 – March 2015 five interactive feedback events were held to gather a wide range of views on current urgent care services as well as patient and public preferences for future provision. The events commenced with an overview of the CCG strategy for urgent care which incorporated updates on the national emergency and urgent



care review and information on local services as well as the challenges the CCG faces in the coming years.

Participants were then asked to provide feedback using an interactive voting tool and group-work on subject areas such as:

- Public behaviour in managing their own health
- What do the public look for from an urgent care service?
- What is important to the public in an urgent care service (e.g. model, services, and hours)?
- What do the public think works well now?
- Is what current services do clear to the public including opening hours?
- What does the public need to help them stay in the community?
- With the budget available what urgent care services would the public spend money on?
- What support would the public look for in the community?
- How can urgent care help the old and the young?
- What do good service outcomes look like?
- What should the future look like?
- Who else do the public think needs to be involved in future modelling?

Participants:

The events were attended by approximately 300 people representing a cross section of individuals, backgrounds and age groups including young people, parents, older people, carers and BAME groups.

In addition to patients and members of the public representatives from Health watch, residents associations, the Carers Partnership, Youth Council, Age UK, BME Forum, children's centres and patient forums also attended these events.

Outputs:

From these engagement events feedback was collated with the comments structured under a number of themes. Please find an overview of the key themes from the feedback provided below:

Carers

Carers asked to be involved in shaping new services, recognised and identified, offered information and supported when asking for help. Carers need to know how to access services. How can services such as Croydon Care Line and 111 provide more support? Discharge and discharge packages should include proper engagement with carers. The flexibility of services and use of other services such as pharmacy.

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Public

Different services should be offered by the Minor Injury Units; improved awareness, signposting and clear descriptions of the different services available; greater campaigns to inform the public; more knowledge and education of self-care, prevention and the public taking responsibility for their health; high quality services, improved GP access, greater opening times (7 days), walk in facilities and more appointments and resources in the community; need for increased use of services such as pharmacies, use of new technologies, telephone consultations, sharing of records and co-ordination of care.

Impact & Outcome:

The feedback provided from these events was used to develop eight delivery scenarios which were incorporated into the CCG's Urgent Care Re-procurement Strategy presented to the Governing Board.

Services described by the public which fed into the scenarios included urgent care centres (24 hours a day seven days a week or 16 hours seven days a week) and extended GP opening managing minor injuries (open 7 days a week from 8am-8pm) which focus on patient self-care, self-management and shared decision making.

These scenarios will be the subject of further co-design work, engagement and consultation with local residents and impacted groups to shape the final model of urgent care for Croydon.

3. Meeting the individual participation duty

Person-centred care empowers patients and carers to manage their own health and well-being, and generates better patient outcomes. It puts the patient and carer at the centre of every health decision and intervention. It also supports people to make informed decisions which enable them to manage their own condition, and remain independent.

However, person centred care only happens when those providing health and social care work collaboratively with each other and the person being cared for on the basis of partnership, shared decision making and a real understanding of self-care needs.

To help us commission effective person-centred care, we will adopt a co-design approach in our work with individual patients and carers managing their condition that:

* Involves patients, carers or community groups in planning new services, or changing existing services, which support patients to be in more control of their health

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* Involves patients, carers or community groups in planning how other service users can take part in and influence the commissioning process eg through co-design groups

Our approach will also be based on collecting, sharing and using insights from patients and carers to influence the commissioning process, working with patients and public health to build a profile of local groups, and developing patient/carer leads to work with us and patient groups to promote person centred care.

Our vision for patient-centric commissioning co-designed with our patients and carers aims to achieve the following:

- * **Shared decision making** – systems for ensuring patients are supported to make decisions about their treatment and care by patients and clinicians working together using the best evidence available.
- * **Enabling greater self-care**: looking at different ways of commissioning services which support patients (and their carers) to manage their own conditions more successfully, based on what patients have told us is important to them to achieve this.
- * **Working in partnership** with the voluntary and community sector to deliver health services to meet patient need
- * **Personal care planning** – working with patients and carers to develop a care plan that encompasses the patient’s personal situation as a whole, recognising that there are needs, not just medical needs, that affect and can potentially negatively impact on a patient’s total health and wellbeing.
- * **Information resources** – provision of accessible, timely information tailored to the needs of patients, developed with patients and based on their feedback on what’s important to them, when, through various stages of their condition
- * **Peer support systems** – designed with patients, to reflect what support they value from their peers, individually and in groups, and how to develop these in practice

Outcomes Based Commissioning

Objective:

Croydon CCG and Croydon Council are working together to deliver a new approach to commissioning services for people over 65 to support the personalisation agenda.

Known as Outcomes Based Commissioning (OBC), this is an exciting and innovative approach that promotes the integration of health and social care services in order to transform the way services are provided for older people in Croydon.

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Croydon Clinical Commissioning Group

Our aim is to transform the way services are provided by putting what matters most to older people and their families at the heart of everything we do. We want to deliver services that meet the patients' needs with greater emphasis on prevention and by working together improve the quality of care provided to older people.

Activity:

A series of engagement activities were co-designed with local voluntary sector organisations to make sure that the views of patients, carers, and the wider public were central to the development of the outcomes framework.

We worked with Croydon BME Forum, Age UK, Croydon Healthwatch, Croydon Voluntary Action, and Carers Groups to agree an engagement plan that was robust and would engage a wide range of groups including Croydon's BME populations, carers, and older people who had been recently experience care in an acute setting.

As a result, we engaged over 400 Croydon residents through a range of engagement activities including public meetings, workshop discussions, roadshow events, 1:1 interviews, and detailed working group sessions.

Participants:

Please see **Annex 1** for a detailed breakdown of the communities and organisations which participated in this wide-ranging engagement exercise which included carers, older people and BAME communities.

We have been engaging with communities across Croydon around the outcomes based commissioning programme, gaining feedback on the progress of the programme and which can influence the next stage of contract development.

Communities contacted have included day centres, church groups, carers Groups, PPGs, BME forums and the general public through CCG/Council events and attendance at festivals within Croydon. Through the summer we have communicated with more than 100 people with on-going engagement planned for October, November and December including carers groups, long term condition groups, PPGs and a BME event planned for November for 300 from the Asian community.

Output, Impact and outcome:

From the 'I' statements reviewed four high level outcomes were developed for incorporation into a draft framework which will be tested, refined and sense checked with



the public with the help of the working groups already established. **Annex 2** provides further details.

Please see further below for information about our Prevention, Self-Care, Self-Management and Shared Decision Making (PSSS) programme which also supports the personalisation agenda.

General

Finally, **Annex 3** maps a wide range of other patient and public involvement activities undertaken during 2014/15 demonstrating how we have met the collective and individual duty across the organisation (**Appendices 4 – 8** provide supporting evidence).

4. Forward plans for 2015/16

2015/16 will see a continued focus on patient and public engagement activity for our urgent care and outcomes based commissioning work-streams.

In 2015/16 the CCG will also develop and implement the first year of its ambitious three year Prevention, Self-Care, Self-Management and Shared Decision Making (PSSS) programme.

Prevention, Self-Care, Self-Management and Shared Decision Making (PSSS) programme

The PSSS programme aims to embed prevention, self-care, self-management and shared-decision making across all the services commissioned by the CCG to enable residents and patients to take greater responsibility for their health.

In its first year, this will involve implementing an education and training programme for primary and secondary care clinicians to promote an understanding of prevention, self-care, self-management and shared decision and how they can support patients.

The PSSS programme will also work with patients and residents to raise awareness, create a demand for shared-decision making and identify what support, information and services they feel they need to better manage their own health.



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The first year will prioritise patients with long terms conditions with a focus on muscular-skeletal, respiratory (COPD and asthma) and diabetes services and conditions, urgent care and effective commissioning initiatives.

Please see [Annex 9](#) for a full summary of our patient and public engagement activity planned in the next quarter including the work-streams mentioned above.

Capacity building

Finally, a new PPI Manager has been appointed to take this exciting work forward, strengthen our patient and public involvement infrastructure and build relationships with local partners.

This will involve a particular focus on:

- Embedding consistency in PPI practice and know-how across the organisation, standardising procedures, raising visibility, facilitating the engagement process and staff learning / development.
- Building and nurturing the CCG's relationships with Healthwatch and patient, voluntary and community groups.
- Embedding a systematic, co-ordinated approach to capturing, monitoring and evaluating involvement activity to maximise impact on service change and reach to seldom heard / protected groups.

Conclusion

This report summarises engagement activity undertaken by the CCG in 2014/15 to meet its collective and individual participation duties. We are investing in major programmes to support person centred care and continue to build on our collective engagement work with local communities – through consolidating our successes to date and striving for no less than excellence in ensuring the patient and public voice sits at the heart of every decision we make.



5. Healthwatch statement

Healthwatch Croydon (HWC) is required to provide a statement to reflect on Croydon's Clinical Commissioning Group (CCG) and patient public participation (PPP) activity from 2014 to 2015. The statement reflects on the CCG's infrastructure for PPP, its activity and individual PPP duty. HWC has reviewed the report and made recommendations to support the CCG's development in PPP.

Healthwatch Croydon and Croydon Clinical Commissioning Group Partnership

Healthwatch Croydon's business plan 2015 to 2016 explains that the majority of health services in Croydon are bought and provided by NHS Croydon Clinical Commissioning Group, which includes Croydon University Hospital and South London and Maudsley mental health services (SLaM).

The CCG has financial levers which contribute to its decision-making and Healthwatch Croydon has tried to bring its influence to bear on these decisions. To achieve this it facilitates community views through volunteering opportunities, within the development of commissioning intentions, through formal procurement and through Healthwatch Croydon's non-voting seat on the CCG Governing Body. The business plan is currently available on the Healthwatch Croydon website.

Unlike many CCGs in England, Healthwatch Croydon is not co-opted on to the CCG Governing Body but invited as a member of the public.

Healthwatch Croydon's recommendation:

To co-opt Healthwatch Croydon on to the CCG Governing Body to demonstrate good practice and publicly acknowledge the independent patient voice is taken seriously.

Healthwatch Croydon's patient and public feedback

As the statutory patient voice on Croydon health and social care services, Healthwatch has an independent perspective on the strategy, decision-making process and commissioning delivered by the CCG. Healthwatch Croydon independently gathers views and experiences of patients and services users and is in an apt position to support the CCG in robust patient participation and good governance as well as in the marketing of CCG activity through its broad networks.



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Healthwatch Croydon's recommendation:

To invite Healthwatch Croydon in advance of the decision-making process to contribute using their independent local intelligence to the CCG decision-making in its commissioning and from the patient's experience.

PPP infrastructure

From 2014 to 2015, the CCG's Participation Duty report stated vision for 'patients, carers and local communities' was to have a real influence. In the years 2014 to 2015 it has fallen short of this aspiration. Healthwatch Croydon has found marketing and communications on consultations and engagement to be unavailable in a timely manner.

Healthwatch Croydon has worked hard to publicise NHS work through 'tailored materials and briefings' to the widest possible range of people in Croydon. CCG members of staff have been signposting the public to the CCG website. Although the information is there it is not always easy for the general public to assimilate and understand and importantly how they can be involved.

The CCG's PPI Reference Group was communicated to Healthwatch Croydon as invitation only which is contrary to the stated ideals of, 'transparency and to provide an opportunity for influence.' Representation does not cover the breath of age and ethnicity in the borough or those who are not active nor are frequent patient representatives. Not all CCG proposed 'get-involved' opportunities reach the relevant organisations and wider population.

Healthwatch Croydon's recommendation:

The CCG distinguishes its communication and public engagement roles into two separate positions. (Pages 8 to 10). Healthwatch Croydon receives consultations within a realistic time-frame to share with its networks and in turn it can develop a feedback mechanism between the CCG and Healthwatch Croydon. To map Patient Participation Groups, and share it with Healthwatch, for a partnership in gathering patient experience and communicate health and care activity. To provide patient representation training to enable new patient representatives to be involved in NHS work.

Strategic Partnership

The Participation Duty report does not appear to be wholly inclusive of Healthwatch Croydon and the views it has gathered on behalf of Croydon residents. Healthwatch Croydon does not appear to be acknowledged as a Strategic Partner (page 12).



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Healthwatch Croydon's recommendation

The official patient voice organisation, Healthwatch Croydon to be involved in the initial stages of a strategy and the partnership between the CCG and Healthwatch Croydon to become a wider dialogue across more aspects of the CCG's work for example, Healthwatch Croydon sharing its feedback report on patients' experience of Urgent Care.

Evidence of PPP

The Governing Body meeting reports, on, for example, service re-design or quality improvement does not provide an evidence-base or map engagement activity through the service planning. Healthwatch Croydon does not receive proposals for service change in advance or a calendar of upcoming CCG activity, they only hear of it in within a short time-frame, on a busy agenda in the public section of the CCG Governing Body meeting. The various appendices attached to the CCG's Participation duty report do not explain how many people attended or the background of attendees.

Healthwatch Croydon providing patient experience

Healthwatch Croydon would welcome the opportunity to participate in engagement prior to decision-making and support the CCG in efficiency savings and service improvement. Healthwatch Croydon's extensive collection of 'insights from patients and carers' would potentially provide better governance, improve quality and improve the CCG's public relations; reviewing cost-effective services and provide the CCG with the patient experience complimenting the CCG's existing clinical and patient referral data in regard to funding new services or the contract monitoring of current services. (Page 18).

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