



By Email

Healthwatch
Central West London

1 October 2019

Dear Colleagues,

NWL Case for Change – response from Healthwatch Central West London, August 2019

Thank you for your response to our engagement programme on Commissioning Reform. We have carefully considered all of the feedback and as you know, the eight CCGs have now agreed in principle to a merger in April 2021, rather than April 2020. This will give us enough time to address outstanding questions such as how the finance and governance will work and to engage further with local stakeholders.

You raise a number of questions and the answers to some of these are still emerging. Indeed that is the point of taking the extra time for the merger. The attached slide pack which we have released previously provides further detail on the case for change and I believe addresses many of the issues you raise.

I have answered each of the specific questions that you raise below.

A Patient voice and quality of local health care services

Question 1: How is the patient voice to be included at all levels of commissioning within the single NWLCCG commissioning framework?

As the case for change makes clear, we are committed to strong teams at local level and to strengthening public engagement and involvement across North West London. We intend to work with Healthwatch as part of our Integrated Lay Partner Group, to co-produce specific proposals for how this will work in practice. Our aim is to become an exemplar of best practice in patient and public engagement. Slides 20 and 21 say more about our future approach to patient and public involvement, which we hope to work with you to develop.

You will see on slide 14 and 16 that we plan to have four lay representatives on the CCG governing body and that there will also be lay representation on the local committees.

Question 2: How will the single NWLCCG involve local Healthwatch in local engagement plans – including by commissioning us to have conversations with local people about proposed changes and gathering their views?

We are keen to further develop our relationship with Healthwatch and we have been pleased to work with Healthwatch organisations across NW London on public engagement on our response to the NHS Long Term Plan.

We would welcome a discussion about how we can work more closely with Healthwatch on an ongoing basis and I will ask our Director of Communications and Engagement, Rory Hegarty, to pick this up with Healthwatch teams and local CCG engagement leads.

Question 3: How are local Healthwatch to be further included in discussions about STP area future plans and commissioning decisions?

Healthwatch will be represented on the CCG governing body and on local committees (see Governance section of slide pack). We would also welcome the opportunity to discuss these matters collectively with local Healthwatch leaders.

Question 4: How much attention has been paid to how the NWLCCG will talk to its diverse local populations and create opportunities for them to be a meaningful part of on-going discussions and decisions about local provision?

Again, our thinking is set out on slides 20-22. The development of the case for change coincides with work in our communications and engagement team to develop a best practice approach to engagement. This work is on-going and will be discussed at the Integrated Lay Partner Group, which is attended by local Healthwatch organisations, with individual Healthwatch bodies and with the wider patient population. We are committed to the principle of co-production and to involving many more of our residents in developing and feeding back on services. This includes putting in place an improved model of patient and public representation, the development of a Citizens' Panel to enable us to test public views on a range of issues and targeted engagement to reach as many of our communities in possible, with a specific focus on groups whose interests are protected under the Equality Act 2010.

Question 5: What further conversations about the change to a single NWLCCG and how this might affect local people are planned before implementation?

As set out above and on slides 20-22, we are developing and will discuss at the Integrated Lay Partner Group a plan for further public and stakeholder engagement. We would be happy to work with Healthwatch on this.

Question 6: What plans are there for local Healthwatch to be included in plans for patient and public engagement, to ensure that all communications produced are clear, accessible and provide the information that patients and local people most need to hear?

We would very much welcome the involvement of Healthwatch in developing our plans for patient and public engagement. We are planning a new #keepitsimple campaign to promote the use of clear language in all our communications and we would welcome Healthwatch support for this.

Question 7: How will the NWLCCG ensure that it takes into account local health needs being addressed through local Integrated Care Partnerships and does not remove ownership of acute hospital services from the local level?

Integrated Care Partnerships are about all parts of the system working together for the benefit of the people who use them. We anticipate each local CCG area developing its own Integrated Care Partnership, working together at local level. See the Governance section, slides 14-18.

Question 8: As Integrated Care Partnerships are developed across the eight CCG areas can you provide more information on when and where patient feedback can be offered?

Integrated Care Partnerships and our plans for patient and public involvement are still under development. We would very much like to co-produce our future approach to patient and public involvement through the Integrated Lay Partner Group, which includes Healthwatch.

Question 9: How will the single NWLCCG ensure that GP practices support PPGs as an essential route of local engagement for patients, and to also ensure how the work that they do can affect positive change at GP Practice level for patients?

We would like to bring the various strands of patient engagement and involvement together in a unified system and we are planning an event for PPGs, provider patient groups, Healthwatch and our own lay members to discuss how we can best achieve this and make sure the patient voice is heard consistently at all levels.

Local accountability and quality of local health care services

Question 10: How will Healthwatch and local authorities in each area retain responsibility and power to use local patient experience to scrutinise and tackle poor performance or gaps in health services at a local level where those services are commissioned at a single NWLCCG level?

The role of local scrutiny committees and Health and Wellbeing Boards will remain unchanged by a merger of the eight CCGs. Each CCG area will have a local team which will continue to attend these meetings and be subject to the same scrutiny as they are now.

Question 11: Will local Healthwatch be offered a place for at least two representatives on the NWL Governing Body?

Our draft constitution allows for one Healthwatch place and four lay representatives on the governing body, but this is still up for discussion. We would also expect Healthwatch to be invited to local commissioning meetings in their own areas.

Question 12: Will NWLCCG guarantee that local Healthwatch will continue to have one representative on the Quality Committee?

Yes.

Question 13: What plans are in place to ensure that conversations about future service provision are held with local people and patients, and for local people and patients to be involved in monitoring quality of local provision across the NWLCCG area?

Our responsibility to involve local people in commissioning plans is unchanged. What we want to do is come up with an improved system of patient and public involvement and representation and we would very much like to co-produce this with the Integrated Lay Partner Group, which includes Healthwatch. We are very much open to discussion on how this would work. It might be worth including as an agenda item for the next joint Healthwatch meeting and inviting Rory Hegarty or a colleague to attend.

Question 14: How will the NWLCCG ensure that the drive for consistency in health provision standards across the wider area does not drown out local people's needs for diversity of health support and the potential for innovative models to be developed at local levels?

As we have explained previously, we will have local borough/area based committees which will work with local authorities, Healthwatch and other stakeholders at local level. Tackling health inequalities across the sector is one of the key drivers of the merger.

Question 15: How will the NWLCCG ensure that all local Healthwatch have the resources and support to fully represent local people's views and experiences in discussions on health and care provision that are happening within Primary Care Networks and Integrated Care Partnerships at a local level, as well as being part of conversations at the NWLCCG level?

We are keen to work with Healthwatch wherever we can. Healthwatch funding is not part of our remit, but we will of course look at opportunities to work with Healthwatch on patient and public engagement. We are happy to discuss with you the best future working arrangements between us.

Question 16: How does the NWLCCG intend to work in partnership with local Healthwatch to ensure that the public and local patients have the opportunity to have their say on local changes and to report back on the impact these are having on their health and wellbeing?

As set out above, we are keen to work with Healthwatch and others on developing our approach to patient and public involvement, which is set out on slides 20-22.

Question 17: How will patients be able to feedback on localised problems in quality of service or gaps in provision through the single NWLCCG mechanism?

We would expect patients to feed back to the local borough team, or via the formal complaints process if necessary.

Question 18: How will patient reported impact of changes to local provision be monitored and responded to, especially in situations where there may be variable outcomes as a result of a change across the larger area?

We do not anticipate variable outcomes as a result of what is a change to NHS management arrangements. Local provision and changes to services will be monitored in the same way as they are now, at both local and NW London level.

My thanks again for your response and I look forward to working with Healthwatch as our merger plans develop.

Yours sincerely



Mark Easton
Chief Officer
NW London Collaboration of
Clinical Commissioning Groups