

13 February 2018

Dear Carena,

[Healthwatch Central West London's response to the NW London CCGs' governing body paper:
'Developing further collaborative working across the NW London CCGs'](#)

Thank you very much for your letter in which you set out your comments and questions in response to the paper we took to our governing body meetings in public in September 2017.

We warmly welcome your thoughtful and comprehensive response, which is helping to guide our ongoing work in this important area as we further develop our approach to collaborative working in NW London. Thank you too for coming to meet with us in early January to discuss this further.

As you are aware, last month we took a second paper back to our governing body meetings in public, to progress this work. In so doing, we highlighted patient and public engagement as an important element of this programme of work. These papers are available to view on CCGs' websites.

We recognise that making sure local people can play an active role in shaping health and care services available to them in their local area is a key priority both for CCGs and for our Local Authority partners, with whom many services are jointly commissioned. Getting this right requires an open and ongoing dialogue as we build on our achievements and learn from our mistakes.

To enable this to happen, we look forward to working together with local people across our wider shared footprint in NW London. As part of this we recognise that to ensure we create real opportunities to influence change, our collective investment into engagement requires dedicated and high quality staff time and support, plus time and input from our leadership team. This is a priority area for us as we move forward with this work.

As we move forward with our programme of collaborative working and develop our collaborative decision-making processes, we are committed to adhering to the principles of effective engagement that has always underpinned the way we work in NW London.

We would like to build on our existing principles and commitments for patient and public involvement and engagement, recognising what has already been achieved and highlighting areas of best practice to be shared. This in turn will help us to co-develop a common strategy together with our partners to ensure that our new ways of working together are effective, so that ultimately local people can see how their views and contributions inform our joint decisions.

We would therefore like to explore with you in detail how we will approach this in each of the NW London boroughs, fully recognising that local needs and priorities are different. We look forward to working together, in the context of collaborative working, to agree common principles and standards for consultation, engagement and communication. In so doing we will have reference to national statutory guidance and each of our respective existing local strategies and commitments.

Examples of the kinds of quality standards we will seek to jointly adopt will include ensuring we engage early in the process of developing joint proposals, making sure that engagement is accessible (i.e. that we give proper notice of events and opportunities and allow people time to respond to consultations), that we have a consistent way for providing feedback on issues raised and that we can demonstrate that impact of engagement on services commissioned. Adhering to and adapting these principles for joint working will help us to ensure that patient and public engagement clearly feeds into proposals to the joint committee or governing body for decision. Finally, we will seek to make effective use of the significant patient experience data available across the NW London sector. We will want to complete this important work ready for governing body approval by the time the joint committee comes out of shadow form.

In line with the above aspirations, we are now starting to develop a programme of patient and public engagement as part of our current phase of work on improving our collaborative working. We expect to involve the following groups in developing this:

- CCG governing body lay member leads for patient engagement
- CCG engagement leads
- Healthwatch representatives
- Patient representatives
- Lay member and lay partner representatives

We anticipate that this programme of engagement will include discussions with patients and the public, which will explore all the issues you have raised in your letter.

We would like to invite further conversations with you about how local people will be able to challenge and influence decisions made about health and care services available to them. This letter therefore sets out how we envisage patient and public engagement being effective and acknowledges that we are on a journey together towards improvement.

Further to the meeting of some of our NW London CCGs' colleagues together with Healthwatch partners on 7 February, we also look forward to further working with you to finalise a role description for Healthwatch representation on the emerging shadow Joint Committee, due to meet again on 1 March. Please continue to liaise with David Freeman, programme SRO for collaboration development, in the first instance via davidfreeman1@nhs.net.

Finally, the pages overleaf provide some of our current thinking in direct response to the specific questions you have asked. We look forward to further discussion with you about these and other issues.

Yours sincerely



Rob Larkman
Chief Officer, BHH CCGs



Jules Martin, MD, Central London CCG
on behalf of Clare Parker, Chief Officer, CWHHE CCGs

On behalf of the NW London collaboration of CCGs

Question 1: How will people from each local CCG area be able to influence the commissioning intentions of the joint committee?

- It is vital that local engagement continues to inform CCGs' local commissioning intentions, which directly shape our common priorities across the collaboration.
- The first point of contact for local people continues to be the local CCG to inform any joint discussions and decisions. We expect local views to inform all of our papers for decision-making to be gathered as an integral part of the development of proposals prior to any joint decision being sought.
- The joint committee will be held directly accountable to each of the CCGs' governing bodies, which each remain sovereign under the proposed joint arrangements.
- The membership of the joint committee is carefully designed so as to be inclusive and representative of local leadership. Quoracy arrangements will require local representation as part of any joint decision-making, and our approach to joint business will require evidence-based meeting papers to be informed by locally relevant information, views and priorities.

Question 2: How can local people hold the NWL CCGs, or the Joint Committee, to account for the services they commission and that are delivered in their local area?

- It is the CCGs which are ultimately accountable for the services commissioned and delivered in their local area. CCG governing bodies will therefore continue to hold meetings in public to scrutinise the performance of both delegated and non-delegated areas of commissioning.
- Questions from the public to governing bodies can be submitted in advance of meetings, as is currently the case. Papers will be made available no less than one week in advance of each joint committee meeting (as per the equivalent commitment for governing body meetings).
- Joint committee meetings will be held in public and will also take questions from the public at the end of its meetings. It is intended that these meetings will be made as accessible to the public as possible, such as through the use of online technology and through rotating the location of meetings among the CCGs. Lastly, local CCGs will provide feedback on local views in person at governing body meetings.

Question 3: How can local Health and Wellbeing Boards and Scrutiny Committees hold the joint committee, or NWL CCGs to account for commissioned services delivered in their area?

- The local arrangements between the eight CCGs and the local Health and Wellbeing Boards and Scrutiny Committees will need to continue.
- These important working relationships will need to be fully supported to be cognisant of the CCGs' respective local and joint working arrangements as they continue to develop.
- All relevant information, including any new reports of the joint committee (on matters that may have previously been reported via the local CCG) will continue to be shared for local scrutiny.

Question 4: How are people from each local area able to influence decisions about change to local provision taken through the joint committee at the NWL CCG Governing Body level?

- It is important to note that under the proposed new arrangements, local strategy continues to be a matter for CCGs' local governing bodies and will be consulted on and decided on locally. Consistent with this, a number of provider contracts will continue to be locally held, managed and monitored.

- The proposed Joint Committee will be held accountable to local CCG GBs and consist of members from all 8 CCGs. GBs will remain accountable for decisions made jointly and CCGs will still consult and engage locally on decisions which impact on local services. Clearly this is a complex and subtle area which is why we are testing the arrangements in shadow form and why we have Healthwatch on the Shadow Joint Committee to help us define how this will work. whether decisions are made jointly or not. For example, strong local CCG opposition to a locally material issue would carry weight, and therefore specific appropriate assurances that satisfy the local Governing Body would need to be obtained / achieved as part of robust joint decision making. Such assurances would include detailing what are the specific provisions in place to protect quality of services or ensure affordability, for instance.
- Lastly, the local impact of specific items will be taken into account when choosing the location of the joint committee meetings, and time will be given for questions from the public.

Question 5: How will the NWL CCG ensure that local views inform NW London-wide decisions?

- See above (questions 1-3), noting that there will continue to be eight separate CCGs.
- It is envisaged that in the event of significant areas of joint decisions to be taken, a combination of local and collaborative patient and public engagement events and mechanisms will apply, governed by minimum standards to be agreed across the NW London CCGs.

Meeting in public

Question 6: How will a decision be made about whether the joint committee will meet in public?

- Governing bodies make the decision about which committees meet in public and our expectation is that the majority of joint committee business will be undertaken at meetings in public. The same operational policies and procedures guiding the decision as to which matters are taken to private or publically held governing body meetings will apply.

Question 7: Will agendas be publicly available before the joint committee meets?

- Yes. An agenda and meeting papers will be published one week prior to the meeting in public.

Question 8: Will members of the public be able to submit questions to the joint committee?

- Yes. An invitation to submit questions will be made at the same time as papers are published.

Question 9: Will minutes be publicly available?

- Yes. Minutes will be published once they have been approved.

Question 10: What processes are being put in place to ensure that local people in all communities across the eight CCG areas are properly consulted about proposed changes in a timely manner and with appropriate time to respond?

- The same statutory requirements will continue to apply therefore there will continue to be locally-led engagement, or consultation where appropriate, both in person within communities and digitally.
- Opportunities to bring people together from across the wider geography of NW London will be pursued where relevant. This will not take the place of local engagement but instead will supplement it and also be conducted in such a way as to ensure that local commitments to how engagement is to be undertaken are consistently honoured.

- The NW London CCGs would like to share best practice in this area and to agree on minimum standards in relation to patient and public engagement, which will, for example, set out the minimum notice that can be given for events playing a role in engagement or consultation, or the duration for example of online surveys being open and available to the public.

Question 11: How will the joint committee of the NWL CCGs ensure that local people from all areas across the eight CCGs are aware of at what level decisions are being made regarding each proposed change and therefore know how, and to whom, to express any concerns?

- Information sharing locally and collaboratively will continue to remain important and work is underway across the CCGs to further develop both our internal and external communications.
- Where residents wish to express concerns or to offer feedback, the first point of contact relating to services offered in their area will continue to be residents' local CCGs and their teams. This in turn will inform the work of the joint committee representing all eight areas.
- The joint committee will have an outline forward planner for agenda items for the year ahead that will be in the public domain. This will include monthly and quarterly items and timed agendas. This will enable detailed planning for consultation, engagement and communication so that local people can know what to expect and when.