

# **4 Year Patient and Public Involvement Strategy 2015 - 18**

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## 1. INTRODUCTION

NHS Tower Hamlets Clinical Commissioning Group (THCCG) aspires to put the voice of local people at the heart of everything we do. We believe services should be based on local need and focus on the priority issues for our community, that is why involving patients and the wider public is central to service planning and provision, vital for service improvement and leads to a more positive experience of care. Involving local people also gives them a greater sense of ownership of the health services they use and their own health.

This Patient and Public Involvement (PPI) strategy builds on the vision and work undertaken since 2012/13 and on the PPI strategy of 2013/14. Since the April 1 2013, the CCG was authorised to take control of a range of local health services in Tower Hamlets. To compliment this position, the CCG has reinforced its commitment to PPI with a community-led refresh of its strategy. THCCG has continued to monitor and review its PPI strategy against PPI activity in 2014/15.

In order to ensure the strategy refresh has been informed and led by the community and the THCCG review of strategic priorities, in 2014/15 we engaged over 500 local people in a series of 'Big Conversation' events in the CCG's eight 'commissioning network areas,' with the engagement being led by local voluntary and community sector groups.

The review undertaken assessed the impact and direction and helped us to involve a wide range of people to make the strategy meaningful to the local community. The strategy sets out the aims, objectives and action plan that the CCG aspires to work to in 2015-18 to enable local people to be involved in healthcare commissioning.

The NHS England assurance process, through which we were identified as 'assured' in 2014/15 has provided a benchmark by which to assess the effectiveness of our strategy and we will look to build on this in 2015/16. We will continue to monitor and review the PPI strategy on an annual basis to assess its impact and ensure that we are involving people in the most effective ways that we can.

## 2. SUMMARY OF PPI STRATEGY REFRESH 2015-18

The CCG continues to work towards its vision for PPI:

*"Involving patients and the wider public is central to service planning, development and provision. Not only is it vital for service improvement, it also leads to a more positive patient experience of care. We want to commission services that are based on the needs of our community and ensure that our providers deliver personalised, patient-centred care. To do this, we will work with the community to ensure the patient and public voice can play an active role in shaping, planning and improving our local NHS services"*

The PPI strategy has six overarching objectives that will allow us to achieve our vision and put local people at the heart of what we do:

- 1) Develop the CCG's strategic approach to PPI**  
*Create a culture where PPI is embedded and reflected in the work of the CCG and the services it commissions.*
- 2) Help people to learn about the CCG and how to get involved**  
*Provide local people and members of the public with access to clear information about the CCG and changes to the health and social care system. Engage the local community in understanding the CCG so they actively choose to be involved.*
- 3) Provide direct opportunities for people to get involved in commissioning**  
*Develop a comprehensive and creative approach to ensure that patients and the public can be involved in the design, management and review of the services the CCG commissions and the broader commissioning process. Use varied approaches and best practice to enable local*

people with 'protected characteristics' to have meaningful influence.

**4) Provide direct opportunities for people to get involved in their own healthcare and promote a culture of person-centred care and care planning**

*Work with our healthcare providers to provide opportunities for people accessing healthcare in Tower Hamlets to become involved in their own care and promote the culture of person-centred care and care planning. Ownership of health and personalised care are increasingly important for local people to feel like they can manage their own health.*

**5) Improve our understanding of the services we commission from the patients' perspective**

*Use intelligence and feedback from patient experience as a central way to assess the quality of services that we commission, work with our service providers to ensure they have strong patient experience standards, and deliver patient-centred services and a workforce that values PPI.*

**6) Support grass roots capacity and capability for patient and public involvement**

*Support local people and local organisations being involved in the design, monitoring, delivery and review of CCG programmes. Create opportunities for organisations and local people to provide feedback and experiences of services commissioned by the CCG in order to enable local influence on strategic priorities and decision-making processes.*

### 3. DEFINITIONS OF INVOLVEMENT AND BEST PRACTICE

Involvement covers a broad spectrum of activities and can mean different things to different people. Terms such as “engagement,” “consultation,” “co- production” and “participation” are often used interchangeably with “involvement” as the meaning of all these terms overlap. However, each term has a slightly different emphasis: “engagement” has an emphasis on having someone’s understanding and interest in an issue or process, “co-production” has an emphasis on working in partnership from the very beginning of a project, “participation” has an emphasis on behaviour and action and; “consultation” is often used to refer to a formal process where people are asked their views on a proposed decision. THCCG aims to ensure there is good quality engagement in the lead up to any formal consultation so people have the opportunity to be involved and influence decision making.

For the purposes of this strategy, “involvement” will be used to cover all these terms, and is defined as *“the involvement of patients and members of the public in the design, management and review of services and the delivery of their own care”*.

However, it is important to note that people and organisations use different terminology and when communicating involvement to an external audience, consistent terminology that is meaningful to the audience should be used. The term “involvement” may therefore not always be the most appropriate term to use in external communication.

Models of involvement have been developed to enable people to evaluate and develop involvement in their own areas. D. Wilcox’s *“Ladder of Participation”*<sup>1</sup> is a well-known model of involvement based on a five-stage progression from basic to advanced forms of involvement. In this model, involvement moves from the provision of information, through to consultation to a level of “supporting independent local initiative.” Over fifteen years on, this model continues to provide an effective means of planning, evaluating and delivering involvement. Another established approach for viewing involvement is based on a model of influence. In this model, involvement moves from an individual level to an operational level and finally to a strategic level.

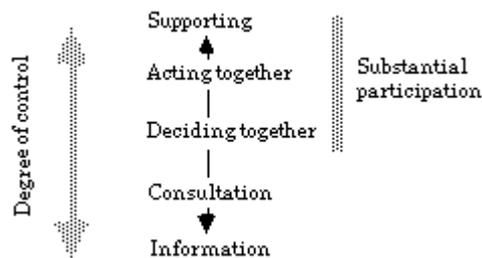


Figure 1. Illustration of D. Wilcox's "Ladder of Participation"

**Strategy in Practice** To understand more about how this model works in practice, the CCG produced a document called ['How you helped to shape your NHS in 2014/15'](#).

More recently, 'co-production' has placed a renewed emphasis on the service provider and user working in partnership from the very start of a project or plan. The premise underlying co-production is that the provision of public services can only be effective if the receiver of these services is an active participant in this role, and that the user has assets and expertise which can help improve services.

#### 4. CONTEXT - LEGISLATIVE, REGULATORY AND CHANGES TO THE HEALTH AND SOCIAL CARE LANDSCAPE

The involvement of patients and members of the public in the NHS has always been and is ever more so at the core of the way the NHS operates. Our approach reflects the current policy for patient and public involvement across the NHS and social care.

The NHS is founded on a common set of principles and values that bind together the communities and people it serves – patients and public – and the staff who work for it. These principles and values are set out in the **NHS Constitution<sup>2</sup>**.

Seven key principles guide the NHS in all it does, principle four is that "the NHS aspires to put patients at the heart of everything it does." The Constitution states that NHS should, as a statutory obligation:

- Support individuals to promote and manage their own health
- Deliver services that reflect and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers
- Actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.

Furthermore, patients have the right to be involved, directly or through representatives or leaders, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

**The Health and Social Care Act 2012<sup>3</sup>** saw major changes in the way that the NHS is organised. Clinical Commissioning Groups are responsible for planning, buying and monitoring (a process known as commissioning) most hospital, community and mental health services in local boroughs across the country. Subsequently in 2015 some CCGs (including Tower Hamlets CCG) also became responsible for commissioning primary care services. These reforms aimed to give greater control in the local decision making and involving patients in their care and in decisions about local health services. Engaging with patients and building public support for change has become increasingly crucial as the pressures on health services increase.

**The NHS Operating Framework 'Everyone Counts: Planning for Patients 2013/14'<sup>4</sup>** sets out the principles that underpin the approach to clinically-led commissioning and clearly identifies greater patient participation in commissioning and planning health services as a central principle. The NHS is challenged to become truly patient-centered, where patients participate in designing services and are

able to exercise choice as customers, whilst always seeking to ensure that all communities and groups of people are involved. CCGs and local communities have been empowered to prioritise on the basis of local needs and patient and public preferences.

**The NHS Outcomes Framework 2013/14<sup>5</sup>** sets out the outcomes and corresponding indicators that are used to hold the NHS to account for improving health outcomes nationally. Indicators in the framework are grouped around five domains; domain four is focused on ensuring that patients have a positive experience of care. *The CCG Outcomes Indicator Set 2013/14<sup>6</sup>* allows NHS England (the body to which CCGs are accountable) to identify the contribution of CCGs to achieving the priorities of health improvement within the *NHS Outcomes Framework*, as well as providing an element of local accountability. Commissioners will be expected to prioritise and make improvements against all outcomes and indicators encompassed in the framework and will be held to account by regular assurance processes.

**Local organisations known as Healthwatch** have been established in each borough in line with the requirements of the Health and Social Care Act (2012). Healthwatch builds on the role of former Local Involvement Networks (LINKs, known as THINK in Tower Hamlets). Each local Healthwatch has resident involvement as its core purpose, and is designed to be an independent “consumer champion” for health and social care services in Tower Hamlets.

**The Care Quality Commission (CQC)<sup>8</sup>** regulates all health and adult social care services in England. The CQC has mirrored the direction of government policy and the direction of other regulatory bodies in putting an increasing focus on involvement. The CQC makes sure that the voices of people who use health and adult social care services are heard by asking people to share their experiences of care services. It makes sure that users' views are at the heart of its reports and reviews. In some cases patients and their carers work alongside inspectors to provide a user's view of services. The first of the CQC's 16 ‘*Essential Standards for Quality and Safety*’<sup>9</sup> is, “respecting and involving people who use services”. Services are judged against this standard and deemed to be “compliant” or “non-compliant”.

**Barts Health NHS Trust (2015) is the main provider of hospital based services in the borough** and is regularly assured as a local provider by the CCG as well as the Care Quality Commission (CQC) In 2014/15 the Care Quality Commission published reports on the quality of services offered at Whipps Cross Hospital, the Royal London Hospital and Newham University Hospital. All three reports gave an overall rating of inadequate. Because of the reports the Trust Development Authority placed Barts Health NHS Trust into special measures. This means that Barts Health NHS Trust will get the support it needs to improve services.

Over the past year NHS Tower Hamlets CCG, on behalf of our neighbouring CCGs in Newham and Waltham Forest, has worked with Barts Health on a plan to improve patient experience and ensure that the voice of patients is high on the Trusts agenda. Since the patient experience improvement plan was introduced, Barts Health, with support from the Kings Fund, have identified additional resources to support in the development of a strategy to effectively engage with patients and carers, as well as improve the overall patient experience at each of the Barts Health sites.

We have been and will continue to work alongside Barts Health NHS Trust through monthly clinical quality review meetings and quality assurance visits to wards to monitor the improvement of the quality of services, patient safety and patient care. The visits give us an opportunity to talk to patients and staff directly and get a sense of the quality of care being provided.

Within this context the CCG has conducted two full assessments of Barts Health NHS TRUST since the Francis review. The full assessments can be found here:

<http://www.towerhamletscqg.nhs.uk/Publications/quality-and-performance.htm>

## **Strategy in Practice**

### **Legal Obligations Review**

A review of the CCGs PPI Legal Obligations was completed in 2014-15 using the learning taken from the Judicial Review of Bristol CCGs PPI processes and policies.

The '**Communities in Control**'<sup>10</sup> (2008) white paper, **Localism Act**<sup>11</sup> (2011) and the "**Big Society**"<sup>12</sup> agenda all demonstrate a growing emphasis on active citizenship and empowerment, and involvement and choice over public services as a right (and even expectation) rather than a privilege.

## 5. LOCAL BACKGROUND AND CONTEXT

NHS Tower Hamlets Clinical Commissioning Group (THCCG) is a clinically-led organisation that was formally authorised to undertake its role in April 2013. Made up of all 36 general practices in Tower Hamlets, the CCG's job is to plan and buy health and social care services that meet the needs of our local population. We are committed to bringing about better health for our residents, constantly improving services and ensuring that the organisation makes the best use of the resources it has to commission services for the borough.

Since April 2015, the CCG took on responsibility of commissioning primary care services according to local needs, improving quality and adapting services to suit the population that the GP practice serves. Co-commissioning was explored by NHS England in order to give more local control over the way that primary care services are delivered and integrated into the rest of the health and care system. Co-commissioning of primary care will mean improved quality, outcomes, experience and access of healthcare services.

More detail about how the CCG commissions services and the programmes it has in place to make improvements to services, improve peoples' health and save money can be found in the annual plan '*Tower Hamlets Clinical Commissioning Group Prospectus: our plans for 2013-16*'<sup>14</sup>. A new prospectus is being developed for 2016 -2020 which will be available from April 2016.

There is already a strong history of PPI in Tower Hamlets, some of the important things we have done include:

- Commissioning a Patient Leadership Programme jointly with Healthwatch Tower Hamlets, which supports local people to develop the skills and abilities to work alongside the CCG as leaders to get involved in health and care commissioning
- Establishing a shadow 'People's Panel' tasked with identifying and developing the CCGs approach to PPI structures
- Enabling strong leadership from local patients and carers to inform our procurement processes, including the review of Community Health Services
- Working with our local providers of healthcare including East London NHS Foundation Trust and Barts Health NHS Trust to ensure that a robust infrastructure is either in place or developed for patient engagement and involvement
- Working with the community to develop and refresh this PPI Strategy
- Developing knowledge about the local community by supporting 17 voluntary and community sector groups who worked with local people to understand the issues they face when using general practice, cancer and mental health services as well as issues specific to children and young people and older people using services that are specifically coordinated around their needs
- Supporting the 'Innovation Bursary' which funded 20 innovative health and wellbeing projects delivered by a range of local voluntary sector organisations. Approximately £184,000 has been invested in the Innovation Bursary to date
- Publishing feedback to patients and the public about how they shaped NHS commissioning in Tower Hamlets.

The CCG and other health and care organisations have an important role in communicating messages to the public. This can range from providing information about services and health literature, to trying to change the way that people use services (such as A&E) by using targeted communications.

Communications tools are varied and using the right tool for the right audience is important. This sits alongside and compliments the PPI strategy and there will be times were the two activities cannot easily be separated, for example we will involve patients and the public in the design of communications to make sure that what we produce works well for the audience it is intended for. However, these projects are not included explicitly in this PPI strategy as they have a focus on communications rather than involvement.

During 2015-18 we want to build on and learn from the rich PPI activity undertaken so far to further embed patient involvement in the commissioning process through the establishment of the community commissioning panel and become better at demonstrating the impact it has on improving outcomes for patients.

With this in mind we have refreshed our vision and principles for PPI along with a set of strategic objectives aligned to the outcomes we seek to achieve. To achieve our objectives and outcomes we have further developed an action plan of projects and activities.

## 6. OUR VISION FOR PATIENT AND PUBLIC INVOLVEMENT

Our vision for patient involvement is

*“Involving patients and the wider public is central to service planning, development and provision. Not only is it vital for service improvement, it also leads to a more positive patient experience of care. We want to commission services that are based on the needs of our community and ensure that our providers deliver personalised, patient-centred care. To do this, we will work with the community to ensure the patient and public voice can play an active role in shaping, planning and improving our local NHS services”*

Catherine Boyle, CCG Governing Body Vice Chair and Lay Member for Patient and Public Involvement.

The impact of involvement has the potential to be both lasting and far-reaching. To be successful, this strategy needs to be viewed not as a way for us to meet minimum regulatory and national requirements around involvement, but as a way for us to improve the quality of the services we commission, as a means of ensuring patients and the public are empowered to make a positive contribution and a way for communities to be strengthened through this contribution.

NHS England’s guide, ‘*Transforming Participation in Health and Care*’ (September 2013)<sup>15</sup> sets out the requirements for CCGs in relation to patient and public participation. The guide makes a distinction between individual and public participation in health and care services.

**Individual participation** is defined as patients and carers being involved in and managing their own health, care and treatment by being involved in decisions about their care and having choice and control over the NHS services they receive. The CCG is committed to enabling individual participation and addresses these requirement through core programmes of work such as care planning processes developed in our ‘Long Term Conditions’ programme.

**Public participation**’ is the involvement of patients and members of the public in the design, management and review of services and in the delivery of their own care. This strategy reflects the ambition that we want people to be involved in commissioning all stages. We want local people to help identify problems and design solutions, we want to listen to their feedback and act on it. Systematic involvement of patients and the public should lead to more joined-up, co-ordinated and efficient services that are more responsive to local needs. Involving people and communities helps people to understand how health and care services operate, how they can be accessed and used well and allows people to take greater ownership of local provision and their own health.

## 7. THE INVOLVEMENT PRINCIPLES THAT WE WORK TO

NHS England has developed a set of principles for PPI in 'Transforming Participation in Health and Care' which we advocate and incorporate into our approach to PPI. These principles, best practice and other methods for undertaking PPI will be encompassed into the CCG's PPI toolkit (see objective 1 on page x).

Some of the important principles which underpin our approach to PPI are:

#### **Getting our relationships right**

- Our relationships will be conducted with equality, respect and inclusivity
- We will work with our local partners to make sure that our work is well coordinated and delivered by organisations who know best how to involve different people and communities

#### **Recognising our communities**

- We will ensure that involvement reflects the diversity of our population with consideration for the protected characteristics under the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation)

#### **How we work – Our conduct and methodology**

- We will take time to plan well and start involving people as early as possible
- We will listen and truly hear what is being said, proactively seeking involvement from communities who experience the greatest health inequalities and poorest health
- We will use plain language and openly share information
- We will use different methods to involve different types of people, focusing on the population of our borough and how they want to be involved. Our methods will be tailored and targeted and we will always consider the barriers that may stop people from getting involved. We will review our methods to check what works for local people and if there is any impact.

#### **Continuous learning and development**

- We will understand what has happened and worked in the past and consider how to apply it to the present and future
- We will make use of best practice and learn from others, and regularly share our learning
- We will be clear about how peoples' involvement will be used and give feedback on the results of involvement
- We will provide support, training and leadership so that we can make improvements together
- We will evaluate the effectiveness of our PPI activities, sharing and incorporating our learning

## **8. PATIENT AND PUBLIC INVOLVEMENT: STRATEGIC OBJECTIVES & OUTCOMES**

We have reviewed and refreshed our strategic objectives for PPI and we now have six that we are committed to. The agreed strategic objectives are listed below along with some of the important activities and projects which form an action plan to help us meet these objectives.

**Our six PPI objectives seek to meet the following outcomes:**

- a. Patient involvement is embedded in the CCG's organisational culture and established part of each commissioning area which is assessed for its impact and outcomes
- b. Patients and members of the public can easily access reliable, clear and tailored information about the CCG and its commissioning role
- c. Patients and members of the public know how they can get involved in commissioning at different levels and the CCG can demonstrate their involvement
- d. Greater involvement in decision-making, giving patients greater knowledge and ownership of health services and managing their own health
- e. Demonstrate improved quality, performance and experience of services based on local needs and feedback of users

- f. Improved capacity for local people and organisations to be continually involved in commissioning of health care services

The letters listed against the objectives that follow represent the outcomes which we are seeking to achieve. This information can be seen as matrix in table one.

We will monitor the delivery of our action plan and our strategic objectives. Section nine sets out how we will do this along with some information about our structures. This is a refreshed strategy based on the feedback that we have received from local people and voluntary and community sector groups. We want to continually involve stakeholders in the delivery, development and review of our approach to PPI.

### **Objective 1**

#### **Develop the CCG's strategic approach to PPI**

*Create a culture where PPI is embedded and reflected in the work practices of the CCG and the services it commissions.*

Aiming to achieve outcome: **A**

We will:

- Plan and deliver training on PPI to CCG Governing Body members, our wider membership (staff of the 36 practices across the borough) and CCG staff to develop an understanding of and the skills to undertake PPI across the organisation.
- Update the CCG's toolkits on PPI, setting out the principles of good PPI and detailing the various approaches and methodologies that can be used for PPI, focussing on good practice and innovative approaches.
- Come together with our local partners via the 'Engagement and Communications Sub-Group' (a sub-group of the Health and Well-Being Board) to coordinate PPI activities and share best practice and intelligence.
- Support the PPI Lay Member of the CCG Governing Body to provide strategic leadership and scrutiny of how PPI is being applied in commissioning.
- Develop a process to enable the CCG's programmes to assess how well they are involving patients and the public in the design, management, delivery and review of commissioned services.
- Show patients and the public how things have been changed as a result of their involvement.

### **Objective 2**

#### **Help people to learn about the CCG and how to get involved.**

*Provide patients and members of the public with access to clear information about the CCG and changes to the health and social care system. Interest and engage the local community in understanding the CCG so they actively choose to be involved.*

Aiming to achieve outcomes: **A, B, C and F**

We will:

- Review and refresh the CCGs website with user friendly and engaging information about the CCG and how to get involved.
- Disseminate information about the CCG via bulletins and local partners.
- Ensure that all plans are communicated to the patients and the public as soon as they are to be considered, to seek early involvement.
- Ensure that all communications to patients and the public includes inclusive and clear language and imagery that reflects the diversity of the population so that communications resonate with all communities and groups of people.
- Develop our annual plan so that it is written in language that is clear to people external to the NHS and improve the way that the CCG produces other communications for external audiences with a focus on the information being easy to access.
- Develop the CCG's approach to using varied communication mechanism to ensure that particular communities and groups of people are reached (for example: social media for

younger people; alternative formats such as videos and story-telling; easy read; different languages for those where English is not their first language; or using 'pink media' to reach lesbian, gay and bisexual people).

- Organise and attend local meetings and forums to introduce the CCG and show people how they can get involved in commissioning.
- Provide opportunities for people to meet commissioners and ask questions.
- Engage with patients and public in online forums, for example Twitter to ensure that the CCG is using all possible avenues to engage openly.

### **Objective 3**

#### **Provide direct opportunities for people to get involved**

*Develop a more comprehensive approach to ensure that patients and the public are involved in the design, management, delivery and review of the services the CCG commissions and the broader commissioning process, using varied approaches and best practice.*

*Aiming to achieve outcomes: **A, B, C, D, E and F***

We will:

- Develop and maintain a PPI schedule that shows the various opportunities available for people to get involved and help shape health services. Making sure that these opportunities reach those who experience the greatest health inequalities in the borough.
- Involve patients and the public in corporate and cyclical activities such as the annual planning process through the Community Commissioning Panel. Through collaboration with existing groups and bringing the point of view of service users, patients and carers, the CCP will challenge, develop and shape health strategy and policy developed within the CCG. Its activity will enable the CCG to improve the quality of health services.
- Provide direct opportunities for people to get involved in the design, management, delivery and review of CCG programmes and improve the ways in which we do this to involve people in more of what we do.
- Support and develop local people to become more involved through the patient leaders programme.
- Work with local voluntary and community groups to involve and engage local people in particular those that are seldom heard.
- Explore ways of involving patients and the public regularly in the work of the CCG, such as via a 'patient council'.
- Develop a patient and public involvement incentive policy that sets out the options for incentivising people to get involved.
- Provide opportunities for local people to co-design the primary care transformation programme.

### **Objective 4**

#### **Provide direct opportunities for people to get involved in their own healthcare and promote a culture of person centred care and care planning.**

Work with our providers of health and care services to provide opportunities for people accessing healthcare in Tower Hamlets to become involved in their own care and promote the culture of person centred care and care planning. Ownership of health and personalised care are increasingly important for local people to feel like they can manage their own health.

*Aiming to achieve outcomes: **A, C, D, E and F***

We will

- Work with local communities to better understand how we can support them to stay well and have better health and wellbeing.
- Work with the community commissioning panel and patient leaders to champion person centred care.
- Enable patients to take control in managing their own health and to make informed choices through access to information and increasing health literacy and confidence in managing their health.

- Work with patients to develop care plans that are accessible for clinician and patient alike and that reflects the holistic needs of the person.
- Work with patients to develop appropriate ways to promote and share information on personal health budgets.

### **Objective 5**

#### **Improve our understanding of the services we commission from the patients' perspective.**

*Make using intelligence from patient experience a central way that we assess the quality of services that we commission, working with our service providers to ensure they have strong patient experience standards, deliver patient-centred services and have a workforce that values PPI.*

Aiming to achieve outcome: **E, F**

We will:

- Work with our main providers of services and our Commissioning Support Unit (CSU) to establish processes that allow the CCG to receive and understand data and intelligence on patient experience (including feedback and complaints) of commissioned services in more depth and consistently, and then use this information to enable the CCG to objectively assess the quality of services we commission.
- Look at how we can develop stronger requirements (e.g. contractual arrangements such as 'CQUINS') for our providers of services to gather and use patient feedback and intelligence and listen to and incorporate the voice of the patients that they provide services for.
- Deliver a programme of patient stories (delivered either directly by patients, videoed or transcribed interviews) to present to the bi-monthly CCG Governing Body public meetings, allowing the Governing Body and managers to hear direct and current experiences of services and embed the importance of patient experience in the business of commissioning services.
- Work with local partners including Healthwatch, the local authority and the voluntary and community sector to share local and national patient and user experience intelligence to ensure the CCG has the right information, data and intelligence to understand patient experience across the services we commission.

### **Objective 6**

#### **Support grass roots capacity and capability for patient and public involvement**

*Support local people and local organisations to be involved in design, management, delivery and review of CCG programmes and provide feedback and experiences of services commissioned by the CCG.*

Aiming to achieve outcomes: **A, B, C, D, E and F**

We will:

- Work with Healthwatch Tower Hamlets to obtain local peoples' views and experiences of health and social care services and the provision of this feedback to the CCG.
- Work with the community and voluntary sector via the Council for Voluntary Service (CVS) and the Health and Well-Being Forum (a forum for local CVS organisations with a health focus) to better understand local peoples' views and experiences of health and social care services in particular those that are seldom heard.
- Fund a bursary scheme that allows local voluntary and community organisations to bid for small amounts of grant funding that for innovative projects.

### **Outcomes we seek to achieve through PPI**

The below table plots the outcomes that we are seeking to achieve by delivering the activities and projects encompassed under our five strategic objectives.

#### **PPI outcomes and objectives 2013/14**

Outcomes achieved through the addressing the PPI objectives	PPI objectives					
	1	2	3	4	5	6

A. Patient involvement is embedded in the CCG's organisational culture and established part of each commissioning area which is assessed for its impact and outcomes	X	X	X	X		X
B. Patients and members of the public can easily access reliable, clear and tailored information about the CCG and its commissioning role		X	X			X
C. Patients and members of the public know how they can get involved in commissioning at different levels and the CCG can demonstrate their involvement		X	X	X		X
D. Greater involvement in decision-making, giving patients greater knowledge and ownership of health services and managing their own health			X	X		X
E. Demonstrate improved quality, performance and experience of services based on local needs and feedback of users			X	X	X	X
F. Improved capacity for local people and organisations to be continually involved in commissioning of health care services		X	X	X	X	X

## 9. DELIVERY AND GOVERNANCE OF THE STRATEGY

### Resources

The CCG Governing Body has a Lay Member lead for PPI who provides strategic oversight and scrutiny on patient and public involvement. The CCG has an Engagement and OD Team which consists of five permanent staff, one of whom has a lead for PPI. For this plan to be successful, CCG staff will need to have a clear role in mainstreaming it and undertaking PPI directly in their specific programmes of work. Strategic objective one is crucial to enabling this to happen. In addition to the PPI team holds an annual budget of approximately £120,000 to fund PPI activities.

### Tower Hamlets CCG Community Commissioning Panel

In 2014/15, the CCG explored the best ways of establishing and operating patient involvement structures and how these structures can support and govern PPI. From this research, the CCG established a Shadow People's Panel who were tasked with making recommendations on the formal involvement structure, ensuring that it was designed in collaboration with public and patients. As a result the Community Commissioning Panel (CCP) was established with the aim of being an integral part of the CCG's decision making process.

Through collaboration with existing groups and bringing the point of view of service users, patients and carers, the CCP will challenge, develop and shape health strategy and policy developed within the CCG. Its activity will enable the CCG to improve the quality of health services.

### Role of the Panel

The role of the CCP will include the following:

- Supporting the CCG in being transparent and publicly accountable about its patient and public involvement activity and strategy
- Contributing to CCG strategies and plans through consultation and feedback at relevant stages of their development.
- Informing respective commissioning leads and suggesting and providing ideas, feedback, and generating solutions to promote the effective use of THCCG resources
- Challenge CCG strategies and plans where appropriate to ensure they have considered the needs of service users, patients and carers, including business cases made to the CCGs Transformation and Innovation Committee (TIC).

- Offering patients' voice and perspective on appropriate committees, focus groups, and patient panels to feed into decision making processes in order to improve and enhance services and identify areas for service improvement. This will be done in a number of ways, including:
  - Bringing appropriate case studies and examples to appropriate committees, focus groups, patient panels to feed into THCCG decision making processes to help improve and enhance services
  - Reviewing and commenting on communications materials and publications aimed at patient and public audiences
  - Supporting and advising THCCGs engagement and public involvement work helping the CCG to connect with key groups and local community groups to maximise service users, patient and carer involvement.

## **Working in Partnership**

The success of this strategy also relies heavily on working closely with our local partners to coordinate activities and share best practice but also to look towards partners, such as the voluntary and community sector to undertake PPI on our behalf. Working in partnership underpins all of our PPI strategic objectives. Some of the partners we work closely with include:

- Healthwatch Tower Hamlets
- Tower Hamlets Council for Voluntary Service
- Tower Hamlets Health and Wellbeing Forum
- London Borough of Tower Hamlets
- Other CCGs, for example Newham and Waltham Forest

## **Monitoring and reviewing the strategy**

Our PPI action plan is monitored via the CCG Transformation and Integration Committee, a sub-committee of the Governing Body and the operational officers meeting that stems from this committee, both of which meet monthly. Each of the CCGs programme areas is required to have a PPI plan which is reported against and monitored at the monthly officer meetings. Items are taken to the Governing Body Executive or Senior Management Teams for information, decision and approval when required.

The CCG also regularly looks to its partners including the London Borough of Tower Hamlets, Healthwatch Tower Hamlets and the voluntary and community sector when monitoring and reviewing its patient and public involvement strategy, approach and activity.

The PPI strategy will be reviewed annually and published on our website. We will also publish information which shows our achievements in relation to PPI and the impact PPI has had. This information will contribute to the refresh of the strategy and allow us to continually develop our approach and commitments to PPI.

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15. NHS England - Transforming Participation in Health and Care: The NHS belongs to all of us. September 2013.

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