NHS Sutton Clinical Commissioning Group

Patient and Public Involvement Annual Report

January 2018 - December 2018

Sutton CCG
Nadine Wyatt, Patient and Public Engagement Manager
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1 Welcome</td>
<td>3</td>
</tr>
<tr>
<td>Section 2 Context Setting</td>
<td>4</td>
</tr>
<tr>
<td>2.1 Who we are and what we do</td>
<td>5</td>
</tr>
<tr>
<td>2.2 Sutton CCG vision &amp; commissioning intentions</td>
<td>5</td>
</tr>
<tr>
<td>2.3 Profile of Sutton communities</td>
<td>5-6</td>
</tr>
<tr>
<td>2.4 Performance Monitoring</td>
<td>7-9</td>
</tr>
<tr>
<td>Section 3 Planning our Engagement</td>
<td>10</td>
</tr>
<tr>
<td>3.1 Statutory duty</td>
<td>10</td>
</tr>
<tr>
<td>3.2 Equalities</td>
<td>10-11</td>
</tr>
<tr>
<td>3.3 How we engage</td>
<td>11</td>
</tr>
<tr>
<td>3.4 Developing the infrastructure for engagement and participation</td>
<td>11-16</td>
</tr>
<tr>
<td>3.5 Working across South West London</td>
<td>16</td>
</tr>
<tr>
<td>Section 4 Engagement Activities in 2018</td>
<td>17</td>
</tr>
<tr>
<td>4.1 Sutton Health &amp; Care Programme</td>
<td>17-19</td>
</tr>
<tr>
<td>4.2 Improving Healthcare Together</td>
<td>19-22</td>
</tr>
<tr>
<td>4.3 Statement of Educational Needs &amp; Disabilities</td>
<td>22-23</td>
</tr>
<tr>
<td>4.4 Perinatal &amp; Infant Mental Health Network</td>
<td>23-24</td>
</tr>
<tr>
<td>4.5 The Dreaming Tree Project</td>
<td>24</td>
</tr>
<tr>
<td>4.6 Help Yourself to Health</td>
<td>24-25</td>
</tr>
<tr>
<td>4.7 Health Champions</td>
<td>25</td>
</tr>
<tr>
<td>4.8 Adults Mental Health &amp; Wellbeing Strategy</td>
<td>25</td>
</tr>
<tr>
<td>4.9 Children &amp; Young People</td>
<td>25-32</td>
</tr>
<tr>
<td>4.10 The Fairness Commission</td>
<td>33-34</td>
</tr>
<tr>
<td>4.11 Healthwatch Sutton</td>
<td>34</td>
</tr>
<tr>
<td>4.12 Community Action Sutton</td>
<td>34</td>
</tr>
<tr>
<td>4.13 Sutton Domestic Violence Transformation Board</td>
<td>35</td>
</tr>
<tr>
<td>4.14 Clinical Work streams</td>
<td>35-37</td>
</tr>
<tr>
<td>4.15 Other Wider Engagement Activities</td>
<td>37-39</td>
</tr>
<tr>
<td>Section 5 Future Plans 2019-2020</td>
<td>39</td>
</tr>
<tr>
<td>Section 6 Healthwatch Sutton Statement</td>
<td>40</td>
</tr>
<tr>
<td>Appendices:</td>
<td>41</td>
</tr>
<tr>
<td>Appendix 1: Commissioning intentions 2018/19</td>
<td>41-45</td>
</tr>
<tr>
<td>Appendix 2: About Sutton</td>
<td>46-47</td>
</tr>
<tr>
<td>Appendix 3: Equalities Monitoring Form</td>
<td>48-49</td>
</tr>
</tbody>
</table>

2
Section One: Welcome

Welcome to Sutton Clinical Commissioning Group’s (the CCG) annual participation report 2018. Over the past year, the CCG has coped well with the challenges and opportunities presented by the NHS Five Year Forward View, which outlines a vision for a sustainable NHS and emphasises the legal duty of engaging with patients in the provision of services. Sutton CCG is part of the South West London Sustainable Transformation Partnership (STP) and joined Merton, Kingston, Richmond and Wandsworth CCGs in the South West London NHS Alliance in April 2018. Sutton CCG has strong partnerships with the London Borough of Sutton, NHS providers and both the voluntary and community sector. The development of The Sutton Plan led by London Borough of Sutton in 2017 has further strengthened partnership working and started to deliver on a number of new programmes for the residents in Sutton, focusing on the Sutton vision.

The Sutton Plan – Shared Vision
We want to sustain and develop the good quality of life, access to decent jobs and services, and strong communities that we know are Sutton’s strengths. We also want to ensure that these benefits are shared by everyone in our community, tackling the inequalities experienced by some of our residents.

This vision is underpinned by three strategic priorities:

- A better quality of life and opportunities for all residents
- Places underpinned by inclusive and sustainable growth
- A coherent system of health and care that is shaped around the needs of Sutton’s residents- (Sutton Health and Care plan- see section 4.2.2)

Over the past year, we have been working with local people to develop new models of care that look at both health and social care requirements of individuals so that we can develop integrated and person centred services. We are working in 2018/19 with our Local Transformation Board, to ensure that a new model of care is put into place, working with partners to develop integrated care for the Sutton population. The Sutton Health and Care Programme is being developed to ensure those people with the greatest need, receive a holistic multidisciplinary service, that works collaboratively across partners, with the Sutton resident (who is sometimes a patient) at the centre. The CCG has worked with pace and enthusiasm to implement the new working arrangements, whilst ensuring it continues to meet its statutory duties under the Health and Social Care Act 2012.

Sutton CCG is committed to putting the views of local people at the heart of the NHS, and ensuring that they are involved in the planning of local services.
Section Two: Context Setting

2.1 Who we are and what we do

NHS Sutton Clinical Commissioning Group (CCG) assumed statutory responsibilities from 1 April 2013. The CCG is a membership organisation made up of 25 GP practices in Sutton. Our aim is to secure the best possible health and care services for everybody in Sutton, to reduce health inequalities and improve health outcomes, in a cost-effective way that provides good value for money. We use what we know about the health needs of our residents, to plan how and where to provide care and support which we commission from hospitals, community services and other providers of care.

All Governing Body members have a collective and individual responsibility to ensure compliance with the Health and Social Care Act 2012 duty, which in turn, will secure the delivery of engagement with patients and the public regarding service provision. A Lay Member was appointed to the CCG’s Governing Body to lead on patient and public involvement. The Lay Member has oversight responsibility for ensuring that:

- The governance arrangements for promoting equality are effective
- Opportunities are created and protected for patient and public involvement and engagement.

The Lay Member chairs the CCG’s Engagement and Equality Steering Group. This is a subcommittee of the Quality Committee and was established in 2015 to ensure that engagement and equalities are embedded in the operations of the CCG. Its role includes providing feedback and assurance to the CCG Quality Committee, that engagement and equalities responsibilities are being carried out in the best way and meet the legal duties placed on the CCG. The Group is a management group, chaired by the Lay member and supported by the Assistant Director of Quality, with membership including representatives from various teams within the CCG.

Sutton CCG has a strong history of partnership working in Sutton. Our partners include:

- Sutton Council
- Healthwatch Sutton
- Sutton GP practices
- Epsom and St Helier University Hospitals NHS Trust
- South West London and St George’s Mental Health NHS Trust
- St George’s University Hospital NHS Foundation Trust
- Royal Marsden NHS Foundation Trust
- Sutton Community Health Services
- NHS England
- Sutton Health and Wellbeing Board
- South West London Health and Care Partnership
2.2 Sutton CCG’s Vision, Objectives and Commissioning Intentions for 2018/19

2.2.1 Vision

During 2016/17, Sutton CCG updated its vision statement in consultation with Staff, GP members and practice staff. Its focus is to commission high quality healthcare that meets the physical and mental wellbeing needs of its population, through joint working with health and social care organisations.

The refreshed vision statement is: “Achieving the best affordable health and wellbeing for people of Sutton”.

The values that guide the CCG’s work are:

- Innovative – we use the creativity of our membership, staff and stakeholders to continuously improve.
- Professional – we act with consistency, responsibility and transparency.
- Compassionate – we actively demonstrate, care and compassion for others.
- Collaborative – we work in partnership to make a difference.

2.2.2 Corporate Objectives

- Objective 1: Ensure patients are at the heart of decision making, working in partnership with individuals, patient representative groups, families and carers to deliver high quality, accessible services that tackle inequalities and respond to personal need.
- Objective 2: Commission high quality cohesive health services for the population of Sutton through joint working between health and social care organisations ensuring patients’ physical, mental and social wellbeing needs are met.
- Objective 3: Maintain an efficient and financially stable, local healthcare system by improving primary care and community services and working closely with secondary care to deliver integrated services that bring healthcare into the community.
- Objective 4: Work with the local authority to develop an integrated commissioning framework that supports single, pooled budget for health and social care services with planned and agreed delivery across a range of areas.

2.2.3 Commissioning Intentions

For Sutton CCG’s commissioning intentions for 2018/19, please see appendix 1.

2.3 Profile of Sutton Communities

2.3.1 About Sutton

There were 190,146 people living in the London Borough of Sutton at the time of the 2011 census. This number is projected to rise to 217,300 by 2024. The most recent population estimate for 2016 is 201,900 residents. The GP registered population was 191,670 people at January 2017 (the resident and registered population differ slightly, as a small proportion of
residents in Sutton are registered with a GP practice in another borough and vice versa). For more in depth data, please refer to appendix 2.

2.3.2 Health Needs of the Sutton Population

This section sets out the demographic profile and the health and wellbeing of the people of Sutton. A wealth of further information and intelligence is available about all aspects of the health and wellbeing of our population in the Sutton Joint Strategic Needs Assessment (JSNA) available at: http://data.sutton.gov.uk/sutton_jsna/

2.3.3 Key Facts about Sutton

As the infographic shows below, overall Sutton is a healthy place, with longer life expectancy for males, similar life expectancy for females, and similar rates of infant mortality to the national average. Over the last decade, life expectancy in Sutton increased by around 4 years for men and 3 years for women between 2001-03 and 2013-15. The average life expectancy for residents in Sutton is 80.5 years for males and 84 years for females which is higher than the national average.
2.4 Performance monitoring
2.4.1 How we collate and use patient experience information

All providers of healthcare in Sutton collect patient experience information, which is shared with Sutton CCG during contractual Performance and Quality meetings. This ensures that Sutton CCG are continuously informed on patient service experience and have insight on how providers are involving them and responding to their feedback (complaints and compliments).

Sutton CCG has a range of other performance measures to ensure quality is assured and feedback is gathered. Some of these measures are:

**Clinical Quality Review Groups**
We have effective quality assurance processes in place. The Quality Committee oversees these processes which include attendance at Quality Surveillance Group (QSG); Clinical Quality Review Group (CQRG) meetings with commissioned services; attendance at other CCG CQRG meetings with services that affect Sutton CCG’s local population and Serious Incident Sub-Committee meetings with a specific focus on the scrutiny of serious incident investigations.

We monitor patient experience through national data including the Friends and Family Test and National Patient Surveys, in conjunction with locally sourced information from Complaints and the Patient Advice and Liaison Service (PALS). Providers report on patient experience in their quality reports to us, and quality monitoring is also informed through regular visits by our staff. These visits include discussing patients’ experience with patients, their families and carers. We also work closely with our GP membership and local Healthwatch, who feedback any issues or concerns raised with them by patients.

We actively seek feedback from our patients and local community on a number of issues and services. We also seek feedback routinely through a strong patient engagement network, led by the Sutton Patient Reference Group, supported by Healthwatch Sutton, and including members of our practices’ patient participation groups - please see section 3.4 for more information.

**Compliments and Complaints**
Sutton CCG, through its contractual meetings with providers requires reporting on complaints and compliments, which includes the timeliness of response, subject or themes as well as whether the complaint was upheld. Complaints and compliments are reviewed by the CQRG via quarterly reports in the context of other patient experience data.

**Friends and Family Test**
The CCG liaises regularly with its local providers on the results of their Friends and Family Tests. The latest published results (from January 2018) for our main acute (hospital) provider Epsom and St Helier Hospital Trust, showed that just over 93% of inpatients would be likely or very likely to recommend a stay on their ward. With just under 83% of patients recommending a visit to the Accident and Emergency Department (A&E) the trust is carrying out more in-depth survey of A&E attendees in order to create an improvement action plan. FFT test is a common methodology used by a number of providers including primary care.
Early warning and quality assurance
We have continued to be members of, and contributed to, the South London Quality Surveillance Group, informing NHS England, the Care Quality Commission (CQC) and other agencies about identified risks or quality issues. We have ensured that all contract review meetings are focused on the provision of high-quality and safe, effective care. We also speak to directly to patients when visiting providers and speak to the CQC who also receive patient feedback sharing any intelligence they may have.

Managing serious incidents
We are responsible for performance managing serious incidents relating to any NHS or independent provider with which we contract. Incidents are managed in line with the National Serious Incident Framework. It is vital that we learn lessons from serious incidents to help reduce patient harm in the future.

2.4.2 Holding providers to account
In order to make sure that patients and the public are involved in services we commission, we ensure that we are working in partnership, using our contracts and reviewing quality accounts.

Working in partnership
We work closely with our local health and care service providers, to ensure that patients and members of the public have opportunities to give feedback on current services and be involved in developments for the future.

Increasingly, our work across South West London is developed in partnership, with commissioners and providers of health and care services working together to coordinate our effort to involve local people. You can read more about this project in section 4 of this report.

Using our contracts
In our contracts, we set out requirements that services must meet in relation to communicating with and involving service users, the public and staff. We use the standard NHS contract for all services we commission, other than primary care, which is covered by separate contracting arrangements.

The contract covers:

- Involving individuals in decisions about their own care and treatment, providing them with information they can readily understand and responding to questions in a timely way
- Actively seeking feedback from service users and the public about the services they are using or have received; this includes using patient surveys and the Friends and Family Test
- Involving service users and the public when considering and implementing developments to services, and providing evidence when required of how they have done this and its impact
**Reviewing quality accounts**
Sutton CCG reviews all NHS providers annual Quality Accounts to quality assure the work they have done, to listen to, and improve the experience of their patients and the public. You can see the reports on the Trusts' websites as per table below:

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<tr>
<th>Trust Name</th>
<th>Quality Account Web Site Link</th>
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<tr>
<td>Epsom and St Helier:</td>
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<td>South West London and St George’s Mental Health NHS Trust:</td>
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<td>St George’s University Hospital NHS Foundation Trust</td>
<td><a href="https://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=1290">https://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=1290</a></td>
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<tr>
<td>Royal Marsden NHS Foundation Trust:</td>
<td><a href="https://www.royalmarsden.nhs.uk/quality">https://www.royalmarsden.nhs.uk/quality</a></td>
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Section Three: Planning Our Engagement

To support Sutton CCG commissioning intentions and assess our legal duties, Sutton CCG uses the NHS England standard template which can be found in the Appendices A and B in the NHS document entitled “Patient and Public Participation in Commissioning Health and Care”. This ensures that the views and experiences of local people are at the heart of our plans, driving forward the changes needed to improve local services. We believe in on-going conversations, and making sure that the needs of local people are central to what we do. Nobody knows more about how we can improve than the people who use our services.

We work in partnership with individuals, patient representative groups, families and carers to deliver our vision of high quality, accessible services that tackle inequalities and respond to personal needs. This helps us to meet the requirement of Section 14 of the NHS Act to involve patients and the public in the planning of services, development of proposals for change and any decision which would impact on services.

3:1 Our Statutory Duty

As set out in the Health and Social Care Act 2012, CCGs have a duty to engage with patients and the public regarding service provision. In Sutton CCG, we already have in place engagement mechanisms (see section 3.3) to ensure we routinely engage with local stakeholders, patients and the public to ensure community involvement in how we design, deliver and improve local health services.

It is important that we design and commission services that meet the needs of our patients, to enable us to provide the best possible health outcomes. We recognise how critical it is to get the right level of patient involvement in our work as can be seen from our recent review of the Mental Health and Wellbeing Adult Strategy (see section 4.9). We ensure engagement is embedded in our work by complying with the guidance set by NHS England, in their publication “Involving people in their own health and care”: Statutory Guidance for CCG and NHS England 2017, as outlined below:

- Involve the public in governance
- Explain public involvement in commissioning plans/business plan
- Demonstrate public involvement in annual reports
- Promote and publicise public involvement
- Assess, plan and take action to involve
- Feedback and evaluate
- Implement assurance and improvement systems
- Advance equality and reduce health inequalities
- Provide support for effective involvement
- Hold providers to account

3.2 Equalities

The CCG is required to have due regard to the aims of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in exercising its functions, especially when making commissioning decisions. Equality impact assessments ensure we target communities who may be most
impacted by any proposals, and helps to inform our commissioning intentions to ensure the right groups have been involved. Please click here for our latest PSED report.

3:3 How we engage

In Sutton, we always ensure to follow the NHS England guidance, which list the 10 principles of participation documented in the Patient and Public Participation in commissioning health and care based on a comprehensive review of research and best practice.

We involve the public and patients in a variety of ways to ensure we are capturing views and reaching seldom heard communities. This ensures that the views and feedback are influencing decision making within the commissioning cycle (analyse, plan, do, review). Section 4 below illustrates how Sutton CCG involves the public and patients through engagement activities. The method of engagement we use depends on what we are engaging on and who we need to engage with, but include events, surveys, focus groups, social media, and direct contact through our partner networks, such as the Patient Reference Group (PRG) and Healthwatch. Critical to the success of our engagement is maintaining strong and effective relationships with our local communities and partners.

3.4 Developing the infrastructure for engagement and participation

Sutton CCG is continually building on our existing engagement and participation infrastructure and employed a full-time Patient and Public Engagement Manager in 2018 (PPE lead) to ensure we strengthen and build on the existing infrastructure. The new PPE Lead will also provide expert advice, guidance and support on all participation activities to ensure we fulfil our statutory obligations. Moreover, this role will ensure that Sutton CCG provides more opportunities for our diverse communities to be involved in decision-making around commissioning; and to support individuals to be proactive around self-management and prevention of ill health.

Also, as part of continuous improvement to engagement activities, Sutton CCG has taken account of Healthwatch Sutton who felt that more rigorous engagement could be established to bolster the patient voice in this Sutton At Home Service (see section 4.1.1); As a result, Sutton CCG ensured that more rigorous and focused engagement took place with the Sutton Health and Care Plan (sections 4.2.3) and ensuring patients voice was central to the service.

Moreover, to support engagement activities, Sutton CCG staff have attended the “10 Steps Engagement Training” delivered by NHS England to fully understand the drivers for participation and ensure best practice. New staff within Sutton CCG are encouraged to attend this course as part of their induction and to ensure engagement is embedded within the whole organization.

3.4.1 Governing Body meetings

Governing Body meetings are held in public and attendees have the opportunity to ask questions and raise issues. Meetings are hosted at the CCG’s offices at Priory Crescent.
3.4.2 Practice Networks

Local GPs are well placed to inform the CCG as they interact with patients every day. The CCG has developed locality networks based on geography, patient needs, and local relationships to other partners and stakeholders. The three localities in Sutton are Carshalton, Wallington and Sutton and Cheam. Each locality is responsible for addressing local commissioning, service redesign and QIPP Programme (Quality, Innovation, Productivity and Prevention) challenges. Localities are responsible for delivering the strategic objectives of the CCG as well as providing peer support to GP practices and encouraging the delivery of high quality patient care.

Locality meetings enable local issues to be addressed more readily and promote local partnership and conversations for those communities. Lead GPs for each locality are members of the CCG’s Executive Team and actively encourage their patient representatives to attend CCG Patient Reference Group meetings and input into the CCG’s commissioning strategy and plans.

3.4.3 Patient Groups

The CCG commissions and works very closely with Healthwatch Sutton who provide independent support to the Sutton CCG Patient Reference Group and the practice based Patient Participation Groups. Sutton CCG and Healthwatch Sutton are committed to ensuring meaningful engagement and communication with all patients, carers and the local communities, so that patients are fully able to participate, engage and influence decisions on practice based services, with demonstrable input into commissioning intentions. The two different groups are outlined below:

**Sutton CCG Patient Reference Group (PRG)**

The Patient Reference Group is firmly embedded in the CCG’s infrastructure and receives recurrent funding. We also have a service level agreement with Healthwatch Sutton to work in partnership with Sutton CCG to provide ongoing development of local patient participation groups. Each GP practice in Sutton can have up to 3 members elected to join the PRG.

Terms of Reference and minutes of Patient Reference Group meetings are available on Sutton CCG’s website: [https://www.suttonccg.nhs.uk/Get-Involved/publications/Pages/default.aspx](https://www.suttonccg.nhs.uk/Get-Involved/publications/Pages/default.aspx). The Patient Reference Group is patient led by an elected chair and 2 vice chairs. Over 92% of Sutton’s practices have representatives, nominated or selected by their Patient Participation Group, on the patient led Patient Reference Group. The group, which meets bi-monthly, brings together the representatives, with staff and representatives from Sutton CCG, to provide a patient perspective and feedback for the planning, delivery and monitoring of commissioned services.

As an Independent People Champion organisation, Healthwatch Sutton ensures the CCG has meaningful engagement with patients and that informed patients have an effective voice. Patient representatives are encouraged to raise issues about local commissioned services with the CCG, which has included feedback on the Sutton Health and Care service development, Primary Care transformation plans, musculoskeletal services review and the design of the Patient Education programme.
Representatives are provided with regular updates on commissioning planning, priorities and changes to the way services will be commissioned including updates on investment planning from Sutton CCG, Sutton Community Health Services, Epsom and St Helier University Hospitals NHS Trust, South West London and St Georges Mental Health NHS Trust, Sutton Centre for Voluntary Sector, South West London Health and Care Partnership and NHS England.

An important role for representatives is engaging and disseminating information to their PPG and the wider practice population. Informative presentations have been provided on Sutton Health and Care, 111 and GP Out of Hours, Central Sutton Development, Sutton Transformation Plan, Redesign of Respiratory and Diabetes Services, Health Champions and Patient Online.

**Practice Participation Groups (PPG)**

All of Sutton’s GP practices now have patient participation groups, the majority of which are active and effective, where patients are working in partnership with their GP Practice to bring about continuous improvements to services, raise quality of care and promote health and wellbeing.

During 2018, we worked collaboratively with Healthwatch Sutton to ensure patient groups continue to receive independent support and have the opportunity for engagement and personal and group development. Patient group members have access to a Healthwatch programme of training and education, to ensure patient representatives are knowledgeable, have an understanding of the healthcare structure and their role as a representative, so that they are fully able to participate and influence decisions and commissioning priorities.

In April 2017 Healthwatch Sutton held the annual Patient Participation Groups Forum to support patient participation group members to develop their skills, broaden their knowledge of local services and support and build confidence to strengthen their role as critical friends. Members report “feeling empowered” and “inspired” with ideas on how to take their group forward.

A recent example of where PPG was effective can be demonstrated in the “You Said, We Did” report (July 2018) by Faccini House Surgery, please click link here for more details: www.faccinihouse.com/PPG/NEWSLETTERS/201807_PPG_Newsletter.pdf

**3.4.5 Stakeholder Database**

The CCG maintains a comprehensive database of stakeholder and patient representative contact who wish to be involved in the CCG’s work. Additionally in continuous development, the CCG ensures the database is aligned to equality groups with the 9 protected characteristics to ensure they are fully involved in all engagement activities. During 2019, Sutton CCG in collaboration with London Borough of Sutton and other key partners, will develop a User and Public Engagement Network to share stakeholder database, and align joint engagement activities throughout the year.
3.4.6 Sutton Information and Advice Service Steering Group

This group is made up of local stakeholders and parents, to address special education issues including, identifying and promoting good practice, raising issues, concerns and gaps in service.

3.4.7 CAMHS Partnership Board

This group includes representation from all stakeholders across child and adolescent mental health services (CAMHS) across all tiers within Sutton, including identifying good practice, raising issues, concerns and any gaps in service.

3.4.8 Mental Health Commissioning Advisory Groups

These groups are comprised of service users and carers to facilitate regular dialogue with the lead GP and commissioning managers, responsible for commissioning mental health services in Sutton, including school representation and the Sutton Parents Forum.

3.4.9 Equality and Engagement Steering Group

This is an internal assurance group which meets quarterly. The group is chaired by our CCG Lay Member for Patient and Public Engagement and involves discussions regarding the work of the CCG, oversees our patient and public engagement and equality activities and forward plans, and seeks to provide assurance to our Governing Body that we meet our statutory duties in terms of engagement and equality.

3.4.10 Health and Wellbeing Board

The Health and Wellbeing Board is a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. The Board considers matters relating to public health services, the commissioning of adult social services and children's services; and the impact of these on the health and wellbeing of the local population. For the most recent meeting minutes, please see link here.

3.4.11 Healthwatch Sutton

We work closely with Healthwatch Sutton, and commission them to provide ongoing support to Patient Reference Group and Patient Participation Groups. This provision enables meaningful engagement and communication with groups and furthers their development to ensure they are fully able to engage, participate and influence decisions with demonstrable input into commissioning intentions.

3.4.12 Local Transformation Board Communication and Engagement Steering Group

The group has been established to bring together NHS, Local Authority, Healthwatch, patients, and voluntary sector representatives from Sutton to develop and implement the communications and engagement plans for Sutton Local Transformation Board (LTB).
The Sutton LTB Communications and Engagement Group collaborates as a network of professionals and service users to share expertise, knowledge and intelligence on current health and social care services. A summary of purpose and objectives can be seen here.

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

In order to ensure a robust approach to communications and engagement work, the programme established a PPESG. The group has Lay Member representatives from each CCG, the local Healthwatch organisations and the Local Voluntary Sector, and was formed to:

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

It meets every three months and uses a number of mechanisms to ensure that patients and the public are involved in every level of their work.

3.4.14 South West London Health and Care Partnership Patient and Public Engagement

South West London Health and Care Partnership is committed to ensuring that the views and experiences of local people are at the heart of their plans, driving forward the changes needed to improve local services. Conversations with local people are on-going and ensure that the needs of local people are central to what we do.

3.4.15 Patient & Public Engagement Leads Network Meetings

PPE leads across SWL (Croydon, Richmond, Kingston, Sutton, Wandsworth and Merton) meet together to discuss common SWL engagement activities and share best practice ideas and approaches to engagement.

3.4.16 GP Team Net

In April 2017, Team Net was commissioned to support engagement and information sharing between the CCG and its member practices. In addition, there are functionality benefits for practices to support the running of the practice, reflective learning and the revalidation/appraisal process. GP Team Net was commissioned for 2 years and current licencing agreements will expire in 2019.
3.5 Working across south west London

Over the last year, the NHS, Local Councils and the Voluntary Sector in South West London have strengthened their commitment to working together to deliver better care for local people as the South West London Health and Care Partnership.

A local approach works best, and organisations providing health and care in six London Boroughs have come together as four local partnerships, acting as one team to keep people healthy and well in Croydon, Sutton, Kingston & Richmond, and Merton & Wandsworth.

To ensure effective Lay Member involvement and patient and public engagement across the Health and Care Partnership, the South West London team runs a Patient and Public Engagement Steering Group. Attendees include:

- Patient and public CCG Lay Representatives from the six South West London boroughs
- Healthwatch representatives from the six South West London boroughs
- Voluntary Sector representatives from the six South West London boroughs

This group oversees public and patient engagement in the Health and Care Partnership and provides:

- two-way communication between the Programme and key community/public stakeholders,
- advises on the targeted engagement activities to support wider engagement with diverse community groups,
- advises on how engagement should be undertaken on work streams within the partnership.
Section 4: Engagement Activities Jan 2018- Dec 2018

It is very important that any engagement activity undertaken is outcome focused, and contributes to the delivery of the Sutton vision and strategic priorities. Best practice shows that when patients, public and healthcare staff all work together, it results in better services which ultimately lead to better health outcomes.

Throughout the section below, we have highlighted key engagement activities that have taken place during this year which clearly show patient and public involvement is at the heart of our commissioning and decision making.

4.1 Sutton Health and Care Programme

3 strategic priorities were agreed during the development of The Sutton Plan. The 3rd priority was to develop a coherent system of health and care that is shaped around the needs of Sutton’s residents.

Health and Care Organisations in Sutton have continued to work more closely together to make services more integrated though the Sutton Health and Care Programme. This started with the implementation of the Sutton Health and Care at Home service in 2018, and is continuing with the development of the Sutton Health and Care Plan.

4.1.1 Sutton Health and Care (SHC) at Home service

Over the last year, partners in Sutton have worked collaboratively to design a new integrated model of care for people that started in April 2018, working very closely with a Patient Advisory Group (PAG) made out of patients and carers. Health and social care commissioners have worked with five local providers to identify a single vision, shared objectives and a ‘one service’ integrated delivery model under the banner of Sutton Health and Care (SHC).

Provider partners

• Epsom & St Helier University Hospitals NHS Trust (ESH)
• Royal Marsden NHS Foundation Trust (RMH)
• SW London & St George’s Mental Health NHS Trust (SWLStG)
• Sutton GP Services Ltd (GPS)
• London Borough of Sutton (LBS)

Commissioner partners

• London Borough of Sutton (LBS)
• Sutton Clinical Commissioning Group (SCCG)

Engagement activities took place with the Patient Advisory Group throughout the development of SHC at Home as can be seen from the presentation and discussion which took place with
PAG, which fed into the development of 'I statements' which were included in the SHC Performance Framework.

The first phase of service delivery commenced in April 2018, when SHC at Home service was launched.

4.1.1.1 Patient and service user engagement in the development of the SHC at Home service

The service user design group involved patients and service users, and the model was been tested with wider stakeholders to assess how far it addressed key concerns including fragmentation, duplication and lack of continuity.

Healthwatch Sutton were commissioned by SHC to carry out a baseline of patient and service user experience and to design an effective process for monitoring and evaluating user experience as SHC develops further. Healthwatch Sutton are therefore using the I-Statements to have a rolling programme of user feedback from people using the service.

4.1.2 The Sutton Health and Care Plan

A Sutton Health and Care Plan that describes some of the future work that health, social care and voluntary sector organisations will be undertaking over the next 2 years is being currently developed and will be published in July 2019.

Effective engagement has been undertaken as part of the development phase with our partners, community and voluntary organisations and residents to inform the Sutton Health and Care Plan. Examples of this engagement are grassroots events which took place during 2018 and the Sutton Health and Care Plan event (November 2018).

Grassroots

The SWLHCP runs an extensive programme of outreach work – going in to local grassroots communities and speaking to people they don’t normally hear from on a wide range of SWLHCP wide initiatives. This work is delivered in partnership with local Healthwatch organisations. Local organisations that support seldom heard groups are invited to apply for a pot of money to run an activity that is enjoyable to their community. The NHS then attends the session to speak to people in an environment they’re comfortable in about their experiences of local services.

Since the grassroots programme began in April 2016, the engagement team at SWLHCP together with colleagues in local CCGs have attended over 110 sessions and have reached over 6,000 people.

These included engagement on 10th July 2018 with the Women’s Centre which provided feedback on issues being experienced with the provision of Children and Adult Mental Health Services, and the need for greater support for parents of children with disabilities. These are issues that have also informed the development of the Sutton Health and Care Plan. A summary of Grassroot events can also be seen here.
**Sutton Health & Care Plan event**

The recent Sutton Health and Care Plan engagement event, took place on the 29th November 2018 and involved bringing together stakeholder and residents for engagement on the case for change priorities. Feedback from the event has been used to refine the priorities and to identify key initiatives that will develop further over the next 2 years. Moreover, Sutton CCG has fed back to all the participants who took part in the event and outlined how their involvement activity will make a difference.

### 4.1.3 Sutton Health and Care Proactive and Preventative Model

Two of the areas for focus in the Sutton Health and Care Plan are around how we improve the delivery of proactive and preventative care in adults. A Sutton Health and Care Proactive and Preventative model is therefore being developed to support this area of focus.

Engagement in the development of this model has been undertaken in a number of ways including participation of key stakeholders including voluntary sector, Health watch Sutton and the Patient Advisory Group. See links to engagement with the PAG on the model of care being developed.

### 4.2 Improving Healthcare Together (IHT)

#### 4.2.1 Purpose and background

Improving Healthcare Together 2020-2030 (IHT) is led by NHS Surrey Downs, Sutton and Merton Clinical Commissioning Groups (CCGs) – the organisations responsible for making decisions about how healthcare services should be provided in the local area. Epsom and St Helier Hospitals have faced significant challenges for many years. This is in terms of the suitability of its buildings and how major acute services are organised. NHS Merton, Sutton and Surrey Downs CCGs are looking in detail at the challenges faced by the Trust and how it can make sure the hospitals continue to deliver high quality, safe and sustainable services for local people in the years ahead. The main challenges faced are:

- Improving clinical quality
- Providing healthcare from modern buildings
- Achieving financial stability

These challenges mean we need change and new ideas. If we do not tackle them, they risk affecting the quality of care, patient experience and potentially patient outcomes.

#### 4.2.2 Engagement activity

Since June we have been talking and listening with local people about the challenges at Epsom and St Helier hospitals and some of the potential solutions to the issues around clinical standards, buildings and finances. The potential solutions we put forward proposed bringing treatment for the seriously ill into one new major acute facility in the area. There are no proposals to close any hospitals in the Surrey Downs, Sutton or Merton area, and both Epsom and St Helier hospitals would still provide all other district health services including hospital
beds. We proposed that the new major acute facility could be built on either Epsom, St Helier or Sutton hospital site. The three potential solutions are:

- Locating major acute services at Epsom Hospital, and continuing to provide all district services at both Epsom and St Helier Hospitals
- Locating major acute services at St Helier Hospital, and continuing to provide all district hospital services at both Epsom and St Helier Hospitals
- Locating major acute services at Sutton Hospital, and continuing to provide all district services at both Epsom and St Helier Hospitals.

During our early engagement period, we received over 1000 responses from a range of people and there is a clear consensus that things must change if we are to continue to provide high quality care for our communities, not just now but for the future. However, there was no agreement about the type of change needed, with people both in favour of consolidating services and in keeping things the same. It is also very clear that people value their local services, but while many responses highlighted that people are willing to go further for better care, there is a natural sentiment to favour keeping services closer to home. People raised concerns about travel and access to hospitals, especially for those who are more isolated and less mobile.

You can read the independent engagement reports on the Improving Health Care Together website by clicking here which highlight all the engagement activities undertaken.

4.2.3 Options workshops

As well as all this early engagement work, we have recently run three further workshops with members of the public, NHS professionals and other experts to consider these potential solutions. These were part of our ongoing options consideration process and involved active participation from our communities to help develop the criteria, weightings and scoring of the options. These workshops were independently facilitated and are part of our ongoing evaluation. Details of these workshops can be seen on the Improving Healthcare Together website. The information from these workshops will be looked at, alongside the planned second phase of the Integrated Impact Assessment, financial assessments, the impact on other local NHS providers and feedback from NHS England, NHS Improvement, the joint London and South East Clinical Senates and the Joint Health Overview and Scrutiny Committee. This evidence will be reviewed by the CCGs before we decide whether we wish to proceed to a public consultation on any proposals. No decisions have been made and no preferred solution has been decided.

4.2.4 Stakeholder Reference Group

A Stakeholder Reference Group (SRG) was set-up in May 2018 to advise on plans for public engagement, language, tone and style of engagement materials, how seldom-heard groups should be consulted and what forms of consultation would be most appropriate for these groups.
The membership of the SRG comprises representatives from different communities of interest in the local area, including patient groups, community groups and voluntary groups who indicated that they wished to be involved in the programme.

To date the SRG has provided invaluable feedback and input in the following ways:

- As a sounding board for the programme;
- As a forum for the programme to reach out to further service users and seldom heard groups;
- Input into the production of the programme’s website, subtitled animation video and mobile engagement work;
- Input into travel and access issues;
- Feedback on the initial equalities analysis; and
- Review of our options consideration and appraisal process through making recommendations around the evaluation workshops. Members of the group were also involved in this process in an observer capacity.

4.2.5 Mobile pop up events

Two events (one at St Helier Hospital and one at Asda – St Nicholas Way) were organised to encourage local people to engage with the issues. Feedback was captured through a survey. The IHT programme also participated in the Sutton Health Hub held over the summer to reach local residents.

4.2.6 Service user conversations on the clinical model

Six focus groups were also arranged across the three CCGs with service users of maternity, paediatric and emergency services to seek feedback on the clinical model.

4.2.7 Equalities focus groups

An early equalities analysis was undertaken to understand which protected characteristic groups may be affected by any changes to acute services. Healthwatch and the IHT programme undertook a series of focus groups with deprived communities and those from different backgrounds to understand the impacts of the potential solutions and to put in place any mitigations so that different groups are not disadvantaged or disproportionately impacted.

Sutton Healthwatch ran five focus groups which reached 100 residents representing older people, black and minority ethnic communities and carers (including young carers). Other engagement undertaken with community groups in Sutton, involved Sutton Mencap (to reach people with learning impairments), Sutton Parents Forum (to reach parents and carers of children with complex needs), Sutton Mental Health Foundation (mental health support group), Oaks Way Centre and Sutton Lodge Day Centre (for reach to older people with physical impairments and the frail).

Common themes which emerged included:
• Impact of transport links, longer journey times, limited parking, parking costs and increased travel costs
• Ensuring services were disability friendly and that family, friends and carers are able to visit
• Meeting food and language requirements for people with different cultural backgrounds
• Ensuring quality of care
• Need to improve buildings and staffing levels

4.2.8 Outcome and next steps

Over the coming months we will be gathering further information on both the positive and negative impacts of any potential changes to services on our local communities, to make sure we are not disadvantaging any groups with any proposed changes. This work is called an Integrated Impact Assessment and you can read more about this on the Improving Healthcare Together website. We will be engaging with the public and community representatives over the coming months to make sure we hear from a wide range of people. No decisions are made about services until after a consultation has finished and all the evidence and feedback has been assessed.

4.3 Statement of Education Needs and Disabilities (SEND)

In January 2018, the local area of Sutton was inspected by Ofsted and CQC to see how well the area had put in place the changes across all services that the Children and Families Act 2014 requires for children and young people with special educational needs and disabilities (SEND) and their families. Whilst the Chief Inspector identified a number of strengths in the local area, there were also three areas of significant weaknesses identified in Sutton. These were set out in a letter published on the Ofsted website on 21 March 2018.

Below, is a summary to date of engagement activities which have taken place to address the three areas of significant weakness:
## TABLE: Progress against 3 main areas of weakness SEND

<table>
<thead>
<tr>
<th>Area of Weakness</th>
<th>Engagement Activities (progress to date)</th>
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| A lack of coherence and joint working between local area leaders, agencies and schools, which is resulting in poor communication, inconsistent opportunities for social inclusion and a high number of exclusions, especially at primary school level | • The vision has been shared and communicated at relevant events throughout the autumn term including all school forums, Sutton Parent Carer Forum (SPF) forums etc.  
• Vision is also included in the [Education Bulletin](#), which is shared with the Local Area. The first Partnership Newsletter was sent to schools, health colleagues, local authority, and Parents Career Forum.  
• A survey was launched across the partnership in order to get an understanding on the impact the vision has had across the partnership. Findings will be available in January 2019.  
Working with Sutton Parents Forum, the Local Authority has agreed processes involving families and young people more effectively in the SEND EHC Needs Assessment processes (through guidance and support in completing "All about Me" documentation). |
| Poor oversight of quality and impact of EHC plans in meeting the needs of children and young people | • The EHC Needs Assessment Process has been refreshed and clarified with a large number of stakeholders and the SPF has been involved in constructing the new process so that they are able to explain it clearly to parents new to the assessment process.  
• Letters sent to parents and young people during the EHC Needs Assessment have been co-produced with SPF, schools and other professionals. |
| Inequality of opportunity for families, which has arisen from a serious decline in the availability of an effective independent advice service in Sutton | • Sutton's Information, Advice and Support Service (SIASS) is now fully operational with positive feedback.  
• Through the SPF, the Local Area has organised two Coffee Morning Sessions where the proposed changes and developments were discussed with parents/carers. This was then followed up by parent/carer surgeries to ensure parents had the opportunity to discuss in detail their individual cases with the relevant agency so that issues can be resolved. |

### 4.4 Perinatal and infant mental health network

The Perinatal and Infant Mental Health Network (PIMHN) was established in spring 2017 to improve and support women and families in the borough that suffer from perinatal mental health. The network was developed when professionals realised that there was a gap in the provision of this service. The network is made up of professionals across the borough including
commissioners, clinicians and practitioners. This short film aims to promote the work of the PIMHN: [https://youtu.be/1wbqm3AiOGc](https://youtu.be/1wbqm3AiOGc)

In October 2018, a perinatal steering group was set up, chaired by the Assistant Director of the CCG and Sutton Local Authority, to draft a comprehensive action plan with 5 work streams. One of the work streams is focusing on service user feedback and focuses on the following actions:

- To agree an engagement strategy for consultation on service user feedback for perinatal mental health
- To support experts by experience to take a lead on capturing experience and supporting service development
- To ensure the strategy considers the needs of all residents including minority groups and proportional social economic.

### 4.5 The Dreaming Tree Project

The Dreaming Tree Project are a small charity dedicated to improving the lives of Deaf people through support, education and training. They have been in operation for one year, and have already raised funds for equipment and furniture to improve learning and education for deaf children in a primary setting. Set up local peer support groups for parents, children and adults. Supply transport for members who are less independent to and from activities. Delivered deaf awareness training, arranged trips, days out, summer activities and family fundraisers.

Sutton CCG attended The Dreaming Tree Project ‘Bourbon Coffee Shop’ Group to investigate original findings and gather further patient and carer feedback on accessing Sutton’s interpreting service, patient experience and future engagement methods. The CCG staff, supported by the Dreaming Tree lead and a volunteer BSL interpreter, spoke with 11 members (60 years and above) and 2 carers regarding the recent experience of accessing the interpreting service. It was agreed that further engagement was required to gain a wider feedback on the service. Meetings have been arranged with the PRG Group to take this forward through PPG’s in all the GP surgeries.

### 4.6 Help Yourself to Health

Health Yourself to Health (HYTH) commenced in 2015/16 in Sutton. It is a 6-week interactive educational course for Sutton’s Tamil, Urdu and Polish communities, delivered by Tamil, Urdu and Polish speaking Health Advocacy Workers. Recruitment to the programme focuses on disadvantaged communities and health inequalities to improve health outcomes through targeted patient education. The programme is created with the aims of supporting participants to gain the skills and knowledge to improve theirs and their families’ health and wellbeing. In doing so, awareness is being raised about all health services in the borough, old and new, including how and when to access them.

HYTH is designed in partnership, with input from Sutton CCG, Live well Sutton and the course participants. It supports learning about NHS services and how to access them appropriately. Raises the awareness of key health messages, improves lifestyles, reinforces positive health behaviours, promotes self-care and supports individuals to take control of their health and
wellbeing, and improve the health and welling of their families. HYTH is constantly being promoted to all GP practices and this presentation summed up the positive impact of the programme

4.7 Health Champions

Health Champions are volunteers who work within their local communities to motivate, train, empower and help people lead healthier lives by encouraging people to make healthy lifestyle choices. The Health Champions are drawn from volunteers in the community or paid front-line staff within organisations, workplaces and faith setting who have regular contact with people who are (might be) hard to reach and thus at greater risk of poorer health. Click here for more information on health champions and their activities during 2018 click here.

Our champions have received:

- Some training in understanding the basics about how healthcare is provided and by whom, and about what to do if they have concerns about the safety of anyone they speak to,
- Information about local services that they can share, online, at their GP surgery, with friends, family and people that they undertake activities with (like the walking group they belong to) and where they work,
- Signposting to places and websites where they can get more information to share with people,
- Posters and flyers which they can use to promote activities and services in their local community.

4.8 Adults Mental Health and Wellbeing Strategy (2018-2023)

Adults Mental Health and Wellbeing Strategy is currently being reviewed and will focus on adults over 18 years old with mental health problems. The joint strategy is being co-produced between Sutton Clinical Commissioning Group (CCG) and London Borough of Sutton (LBS).

The strategy is being developed by focusing on local priorities and ensuring a robust engagement plan is in place to ensure it is meeting needs of Sutton residents. A series of engagement events have taken place with users, carers, stakeholders and staff during November 2018 and feedback from the events is being used to influence the strategy. Further events will be planned to feedback to all participants in the first quarter of 2019.

4.9 Children and Young People

The NHS Sutton Clinical Commissioning Group’s (CCG) Child and Adolescent Mental Health Services (CAMHS) Local Transformation Plan (LTP) refresh document (2017 - 2021) reflects our position and planning as of September 2018. The CCG works in partnership with the London Borough of Sutton (LA) in order to provide a joint approach to assessing and meeting the needs of those individuals under our care.

Together with our partners we are currently reviewing and developing our commissioning intentions and structures for children’s services of which CAMHS is an integral part. This is
to ensure our future commissioning aligns to the Sutton plan and realises seamless integrated arrangements where possible. We have completed a number of engagement exercises and our CAMHS LTP will reflect these developments and in doing so, have the voice of children and their families firmly embedded throughout. The LTP will be presented to our Health and Well-Being Board for this to be endorsed and formally adopted later this year.

2017/18 was a key year for driving some considerable improvements to Mental Health services for children via the local transformation plan and we are now able to measure some impact of the changes that have been made. A good example can be seen in the section below (4.11: Fairness Commission project). All partners are committed to build on these successes to ensure that we achieve our reaffirmed vision for 2021 through the Sutton CAMHS Transformation Plan 2017-2021. Sutton CCG has effectively mobilised its Local Transformation Plan (LTP) programme of services, ensuring a good range of services exist and has made progress towards filling gaps in services in this last year.

Our vision was developed in partnership with our local authority and is linked to the vision of the other strategies and transformation plans in Sutton. This remains our vision for 2021 and recent national directives will support us in our delivery of increasing the emotional resilience and achievement of positive mental health outcomes for children and young people.

4.9.1 Engagement with Children and Young People and their Parents/Carers

The CCG has carried out several engagement events with children and young people over the last 2 years. This has helped inform our future commissioning intentions and help influence our response to the new Green paper to improve mental health support services in School. Sutton has always listened to the views of local people, including young people on health and well-being, and this year there has been enhanced listening and engaging activities. The programme of listening and engaging with children and young people has included learning from outcomes and themes across South West London, and from partnership engagement strategies and engagement with Sutton children and young people. The LTP refresh has engaged Children, Young People and Families in several different forums, settings, and engagement opportunities to discuss the priorities for CYP mental health commissioning and plans.

The LTP refresh has engaged Children, Young People and Families in several different forums, settings, and engagement opportunities to discuss the priorities for CYP mental health commissioning and plans.

Governance – There are parent representatives on the CAMHS Partnership Board and neurodevelopment steering group

Needs Assessment – Yes See below

Service Planning – Yes, see below

Service Delivery and evaluation – Yes, see below

Treatment and supervision – Yes, see summary and overview tables

Feedback to inform commissioning and services – Yes, see summary and overview tables
We have spent further time listening to and involving people in the development of transformation plans for children and young people with autism, ADHD, those who experience problems with self-harm, and emotional health and well-being issues.

Self-Harm
Following serious incidents of self-harm, in the summer of 2017, the CCG and local authority had a series of meetings with stakeholders which included teachers, parent’s groups and voluntary sectors organisations. The respective organisations had spoken to young people including the peer groups of the affected children about their experiences of getting additional support. The feedback from young people was that they needed additional support from specialist teams in the community and in the hospital settings out of hours. There was a reflection that there was a lack of clarity with the self-harm policy. There were suggestions that it would be helpful to get a better understanding of children and young people’s views on self-harm.

Healthwatch agreed to undertake a survey on emotional wellbeing which includes self-harm which was co-produced with children and young people and was launched in spring 2018. Findings from this survey that gathered over 3000 responses were collated and analysed by December 18. Together with the data in the needs assessment and KPI data has informed the development of the LTP in relation to developing innovative digital solutions for children and young people to access emergency care and treatment 24/7 including crisis care, improving the local services for children who experience self-harm and in developing a workforce who can respond to children and young people with these needs.

South West London Health and Care Emotional Resilience Engagement
South West London Health and Care partnership designed an Emotional Health & Well-Being engagement exercise in spring/summer 2018. An online survey, and focus groups were held, engaging a total 1252 people of which 428 were young people. There was strong support for additional interventions for children and young people with emotional health and well-being conditions, including self-harm, eating disorders, Autism and ADHD; including support for parents, additional training, and a directory of information on local resources. This work has fed directly into the development of our bid to become a mental health in school’s trailblazer and further south west London priority work stream on emotional resilience.

Youth Participation
A group of young people attended the SWL CCG commissioners (Sutton, Merton, Wandsworth, Kingston and Richmond) meeting to discuss their thoughts about the work they had been doing on access. The young people identified gaps in access to services for children and young people access CAMHS which is a gap in commissioned services and results in inequalities in health for children and young people with emotional wellbeing conditions. The insights gained from this work has informed the development of the LTP in relation to promoting resilience, prevention & early intervention and improving access a tier less system The young people who attended the SWL commissioners meeting with the youth participation officer presented the following insights:

- During prolonged waits, the mental health of children and young adults deteriorates further, often very significantly.
• “Children have started to self-harm, become suicidal or dropped out of school during the wait.” – Young Minds, on CAMHS waiting times
• By the time they are seen, individuals present with even more acute issues than the ones they suffered from at the time of referral.
• These issues take longer to treat, leading to later discharge times and a slower admission rate for other patients.
• The delayed waiting times perpetuate a perennial cycle that negatively affects CAMHS, the NHS, and most of all, the young people seeking help.

The Children and Young people proposed the following solution:
• Increasing the availability of counsellors in schools and local youth groups,
• This will help to alleviate the influx of young people reaching out to the CAMHS service by offering less intensive help to those with less acute problems, leading to shorter waiting times for those in dire need.

The Young People proposed the following pathway which has informed the transformation plan in terms of improving direct access to counselling.

**Neurodevelopmental Pathway**

The parent’s forum is a parents group for children with learning disability and neurodevelopmental conditions. In 2017 they highlighted concerns about the changes in the neurodevelopment pathway. The CCG has had a series of engagement meetings which have included children and young people, to understand the current pathway and to agree a new model of care. The outcome of the engagement highlighted gaps in the following areas:

• Pre-diagnosis support
• Long waits in getting a diagnosis - the process needs to be streamlined
• Post diagnosis support is not available for those children who do not have a diagnosis of mental health.

The gaps and the inequalities of care for children with disabilities identified by parents, children and young people supported by the KPI data and the information from the SEN strategy, has informed the development of the Local Transformation Plan for vulnerable children. Following the launch of the new pathway, another engagement event occurred in June 2018, which explained the new pathway to a wider cohort of parents and listened to some of parent’s
concerns regarding elements of the CAMHS offer. In particular, the transition to adult’s services was an area where parents felt officers need to focus more time developing.

**Transforming Care and Crisis Care**
The CCG has attended and where appropriate chaired CETR, Care Program Approach and multi-disciplinary team meetings for children in inpatients settings and in the community for children prior to admission to inpatient settings. As part of this process parents, children and young people are asked about their views, wishes and feelings. The emerging themes from these discussions included children requiring more support from schools for children with emotional wellbeing; there were gaps in children and young people having crisis and safety plans, they needed more support in the community on self-harm, autism and ADHD. This was identified as an inequality in care for children with disability and those who are vulnerable. This has informed the development of the LTP in all the key lines of enquiry.

We have also ensured that children and young people form part of the ‘at risk of admission register’ meeting chaired by the adult’s commissioner. The lead CAMHS consultant, CAMHS commissioner and Head of CWD, are now invited to these meetings so we now have an all age register.

**Access to services and equalities in health**
The voluntary sector (Community Action Sutton) established the Fairness Commission to carry out some work on understanding inequalities in Sutton. The focus was around children and young people. Community Action Sutton worked with representatives from CCG, Local Authority, voluntary sector partners, and provider organisations. The focus of the Commissions work was children and young people in Sutton who would be aged 13 in 2020 which was led by young commissioners. This work has involved a variety of engagement events with children and young people, their parents and agencies and organisations who work with or support children, young people and their families and the input of the CCG was fundamental to gaining a better understanding. The work of the commissioning was ongoing at the time of writing the LTP however, some of the initial feedback from children and young people, was that there were gaps and inequalities in health on self-referral services for children aged 13, the current services start at age 14. Children under 14 can only access services via referral. The feedback has informed the development of the LTP in relation to changing the access criteria for self-referral services to include those aged 13 years of age.

**Looked after Children**
There is a lot of engagement with children who are looked after in Sutton. There are young people, foster parent, and young people participation group representatives in the corporate forum. The emerging themes in these meetings focused on emotional wellbeing training for foster carers to enable therapeutic fostering, the lack of information about the effectiveness of the CAMHS intervention for those children who were re-referred in CAMHS, the positive benefits of having an imbedded co-located clinical psychologist in the social care team. The engagement with CYP supported by the data in the needs assessment, identified these issues as gaps and inequalities in health for those children on the edge of care, and those who are subject to statutory orders including LAC. The LTP is committed to addressing these inequalities in health by investing in imbedded co-located CAMHS workers based on the LAC
Youth Justice
As part of ongoing engagement with children and young people, we ensure providers gather feedback about the services they offer. The following photos below capture young people’s views about the psychologist interventions they received from the Youth Offending Team.

They were asked two questions:

1) What they liked about seeing the psychologist?
2) What could have been better?

The emerging themes were as follows:

- Young people said they would have benefited from seeing the psychologist sooner
- Some young people said they could have concentrated more in their sessions
- In terms of the co-location of the psychologist in YOT - there were no complaints.
- A few YP noted that they found the sessions fun. This is because the Clinical psychologist can utilise resources such as cooking activities in the session.
This engagement work informed the development of the LTP, in that it identified gaps in the workforce supporting these children and young people which resulted in inequalities in health. This also informed the indicators for Youth Justice that are contained in the strategic dashboard.

A case study illustrating engagement with individual young people is shown below.

**Case study:**

This is a brief summary of a piece of work undertaken by the Co-located clinical Psychologist in Youth Offending Team (YOT) that is typical of a Tier 2 Youth Offending Team (YOT) CAMHS role. It includes a brief background of the case, the referral process to Tier 2 CAMHS, work undertaken and outcomes. All names have been anonymised for the purposes for this report.

**Brief background**

Tracey is a 15-year-old female, with the YOT for several offences including shoplifting and assaults on police officers. She was on a 12-month referral order and attending the local pupil referral unit. At the beginning of the work, Tracey was deemed to be a Child in Need (CIN) but this was escalated to Child Protection (CP) due to increased concerns around her offending behaviour. Tracey lives at home with her mother, father and elder brother, who was also known to the YOT. She has an elder brother who does not live in the family home, however, is well known to the police and facing charges around domestic violence. Her father has cancer, which during the intervention, was deemed to be terminal. There was also a significant incident a few years previous where Tracey’s father was attacked with knife and left with severe injuries, which her and her brother witnessed.

**Referral to Tier 2 CAMHS**

A referral was made to the Tier 2 Clinical psychologist in the team from her YOT worker. This was following concerns that her offending behaviour was escalating and she had reported that she having difficulties managing her anger to her YOT worker. Her YOT worker was also concerned about the impact of her father’s diagnosis and potential trauma from witnessing the attack. It was raised that Tracey has a history of turning down previous support offered and has refused to engage with any psychological intervention.

Referrals within the YOT are made directly to the Tier 2 CAMHS worker, to allow them to screen as an appropriate referral and encourage effective multi-agency working. This reduces confusion as the case is already known to the worker, and they are best placed to liaise with the YOT to arrange assessment. Once the referral was received, it was agreed that Tier 2 CAMHS would engage with Tracey to complete an extended assessment.

**Extended Assessment**

As it had been noted that engagement has previously been difficult for Tracey, a period of extended engagement and assessment was agreed as the best plan through discussion with the YOT team. Therefore, two reparation sessions (completing activities that give back to the community) were attended by the worker with the aim of collecting informal observational information and building a rapport with Tracey. This was successful and Tracey agreed to meet to complete an assessment session. She did not attend the first appointment offered but did attend the following one.
This assessment session indicated that she struggles with anger and feels angry around 60% of the time. Tracey refused to complete the standard outcome measures (SDQ & RCADS) stating that she prefers to discuss things rather than do paperwork. She reported that she never feels sad and would like to feel happy 100% of the time. She was able to reflect on how realistic this goal was. So, we agreed to meet to look at ways that she can manage emotions different, particularly her anger.

**Intervention**

**1:1 sessions:** Sessions were agreed to be completed the Quad offices as Tracey felt comfortable in this environment. It was explored how sometimes Tracey would become angry, when in fact she was sad. Towards the end of the work, she was able to share that a lot of her offending behaviour was because she found out about her father illness and not cared about the outcome of her behaviour. Assertiveness was part of the work, as Tracey did not want to look weak in situations so often would revert to aggressive strategies, rather than assertive ones for fear of being passive. A key part of the intervention was using survey from local police officers about their motivation for doing the job. She expressed from reviewing these surveys that she now believed that most police were trying to keep people safe. The final work was completed around helping Tracey to clarify her values and choose behaviours that fit with these. Tracey expressed clear values around family and being successful. She was able to refocus on her goal to become a lawyer.

**Child protection process:** As Tracey was subject to a child protection plan, all CP conferences and core groups were attended. These meetings were used to share a psychological perspective of Tracey’s behaviours and think with her mother (and father, when well enough) about strategies to support Tracey. To ensure Tracey was able to attend her session, regular phone contact (text and calls) was maintained with her mother. Furthermore, regular conversations were had with Tracey’s YOT and social worker to help promote a psychological understand of her challenging behaviour. Tracey had opted for our sessions to be statutory. This meant that they counted towards her order, but also that if she did not attend then she would be in breach of her order. This meant that liaison with the YOT worker was key to ensure she was meeting her YOT order requirements.

**Outcomes and Feedback**

As Tracey refused to complete outcome measures, outcomes were collected as qualitative feedback. During the work, there was a significant reduction in offending behaviour, Tracey had not come to police attention for a number of months on ending. She was not missing appointments and members of the YOT team reported increased engagement. Her YOT worker was particularly pleased with Tracey’s engagement as previously she had not engaged with any interventions offered.

On ending, Tracey’s mother shared that she had noticed an improvement in mood at home as she was more willing to do family activities and not going out as much. Mother reported that “she just doesn’t seem as angry”.

Tracey had also improved her school attendance and behaviour at school which was recognised by her being appointed head girl.
4.10 The Fairness Commission

This section looks at how the Fairness Commission has been set up to enable the CCG to better understand the experience of children and young people. The Sutton Fairness Commission (which started in 2017), agreed that the focus of its work would be investigating what a child born today would need to have in place when it is 13 – in 2030 – to enable that child as a young person to have the best conditions for a positive future.

The Commission recognised from the secondary data already in existence that there are many drivers that impact on the future of young people, and as part of its conversations it explored these drivers. These included life experiences that impact on children and young people:

- Living with domestic abuse
- Living with parents/carers with mental health issues
- Living with parents/carers with drug or alcohol issues
- Family status
- Employment status of parents/carers;
- Living in poverty
- The levels of social capital they enjoy.

The Fairness Commission also recognised that there are a range of indicators that can predict the life chances of children and young people including:

- The mental health of children and young people
- Schools readiness
- Identity
- Educational experiences and attainment

Key findings from the conversation with children and young people is highlighted in the table below and the presentation here:
The Fairness Commission will use its platform to recommend a new approach to supporting a positive future for children and young people – collaborative leadership within the context of the Sutton Plan, with the voice of children and young people at the centre.

4.11 Healthwatch Sutton

2017 saw the launch of an exciting project to investigate the state of young people’s mental wellbeing in the London Borough of Sutton. Early last year, Healthwatch Sutton pulled together a group of professionals from a variety of organisations including school teachers, mental health service providers and commissioners, voluntary and community sector representatives. They all met to discuss the best way to collate views of young people about their mental health and wellbeing. The group felt that this was the right time to collect this information, following some serious incidents recently that had come about due to issues relating to the mental health of young people locally.

The group agreed that engaging through schools and colleges would be the most effective approach. Using a survey, they can gain an understanding of the themes and issues that are facing young people. In January 2018, the project was launched in schools. In total 7 secondary schools have taken part so far, with a majority of students at each school completing the survey. Healthwatch Sutton have received thousands of responses and are in the process of entering and analysing all those responses. A Sutton wide report will then be produced to identify all the key areas that local commissioners and providers of mental health services can focus on to improve the lives of young people.

For details of engagement activities undertaken by Healthwatch, please see link below http://www.healthwatchsutton.org.uk/our-work

4.12 Community Action Sutton

Community Action Sutton and Healthwatch Sutton decided to use Hearts and Minds to produce a series of short films looking at the experiences of young people. The organisation Hearts and Minds are a grassroots peer led organisation, who have experience in working with young people and mental health. We had an initial scoping meeting on what was required and liaised with the project manager who was working on the short films. Both Community Action Sutton and Healthwatch Sutton promoted the short films through social media. The videos will be shared in February 2019 with Health and Wellbeing Board and other groups to share with young people and get their feedback.

Links to the videos are shown below:

Is there a right way to break confidentiality?
https://www.youtube.com/watch?v=693j3vsLBs8&t=18s

Being a young carer
https://www.youtube.com/watch?v=uwe1vfM-atA&t=1s
4.13 Sutton Domestic Violence Transformation Board

When the Sutton Plan was launched last year, bringing together the council, public sector partners, businesses and the voluntary and community sectors, one of the top priorities was to tackle persistent domestic violence and abuse. As a result, the domestic abuse transformation programme was launched, which is a partnership involving Sutton Council, Sutton Housing Partnership (the council’s arm’s-length housing management provider), the NHS, police, schools, the London Fire Brigade and the voluntary sector. The Sutton Domestic Violence Transformation Board has made progress with a new commissioning strategy.

To help inform and guide the programme, Sutton wanted to hear the views and experiences of Sutton residents. Over 270 people completed an online survey to give their views on current services in the borough. This report presents the findings of that work, and details of service improvements as a result of feedback. Sutton commissioned and has consulted with residents on how they access support and advice. Along with family and friends, over half of residents (54%) said GP practices would be a source of advice and support.

The CCG has been a key partner at the transformation board and has set up a healthy economy network to support transformation in local health services. The network is engaging with Standing Together Organisation to learn from national pathfinder work in health and is developing accreditation based on NICE Quality Standards for Domestic Violence and Abuse.

4.14 Clinical Work Streams

Dermatology, Ophthalmology, and ENT

In March 2018, a presentation was taken to the Patient Reference Group to explain the main areas Sutton CCG were looking to complete service redesign work in (Dermatology, Ophthalmology and ENT), as well as areas where work may occur in the future (Cardiology and Urology). The PRG were in general supportive of the ideas for redesign.

They highlighted some things to take account of when implementing the work and they were keen for services to be available within sites in Sutton. Comments given by the PRG on the services were incorporated into the service specifications that were drafted for the Ophthalmology and Dermatology services.

Musculoskeletal Disorders (MSK)

In April 2017, a new community MSK service for Sutton was launched, people with suspected mechanical MSK conditions are directed to this new service by their primary care clinician, in line with NHS England guidance – Elective Care High Impact Interventions: Musculo-skeletal triage (May 2017). Sutton CCG have a well-established MSK Clinical Network supporting these changes which includes patients and clinicians in Sutton.

Diabetes

Sutton CCG was successful in securing NHS England diabetes transformation funding alongside other South West London CCG’s. For Sutton, this has resulted in increased provisions of Diabetes Inpatient Specialist Nursing at St Helier and increased podiatry provision in Sutton, as well as increased capacity in both type 1 and type 2 diabetes structured education. A Diabetes Book & Learn service has been set up for South London, streamlining
the booking in process and supporting patients to access convenient diabetes structured education programmes following referral by primary care clinicians [https://www.diabetesbooking.co.uk/](https://www.diabetesbooking.co.uk/). We have a well-established Diabetes Clinical Reference Group, which includes patients and clinicians in Sutton.

**Respiratory**
The new Sutton integrated asthma guidelines was launched in October 2018, along with a refresh of the COPD guidelines.

**Epsom & St Helier Maternity Voice Partnership**
Our Maternity Voices Partnership (MVP) is an independent multi-disciplinary co-production committee which brings together midwives, doctors, commissioners, recent service users and service user representatives to plan, oversee and monitor maternity services and to make recommendations for improvements if necessary. The Committee is chaired by a service user representative and at least a third of Committee members are volunteers representing the views of women and their families who have recently had a baby under the care of Epsom and St Helier.

Epsom and St Helier Maternity Voices Partnership is not a user group. The strength of Maternity Voices Partnerships lie in their multi-disciplinary configuration. They enable a range of views to be fully integrated into decision making. Meetings are held once every two months (currently 10.30-12.30 on different days of the week) and alternate between the Epsom and St Helier hospital sites.

The Epsom & St Helier Maternity Voices Partnership includes:
- Parents who have had a baby in the past five years, or service user representatives who have regular contact with pregnant women, their families, and new parents.
- Representatives of local groups who have an interest in maternity services such as Surrey SANDS, and Get on Downs, and volunteers who work on post-natal wards.
- Midwives and Doctors involved in Maternity Services.
- Commissioners of maternity services from Surrey Downs and Sutton Clinical Commissioning Groups (CCGs).
- Others who have an interest in maternity services for example: children’s centre leads, public health leads, and health visitors.

**End of life care (EOLC)**
Representatives from Healthwatch and representatives from Sutton CCG were involved in the development of Sutton’s 2017/18 EOLC strategy. They will also be involved in long term, with supporting the work of the EOLC Assessment and Coordination Partnership Board. Service user feedback will form part of ongoing evaluation of the EOLC Assessment and Coordination service.

Voluntary sector organisations, faith and community groups through the forums facilitated by Community Action Sutton - a membership organisation that supports, develops and promotes the voluntary sector in the London Borough of Sutton, were involved with the development of Sutton’s EOLC strategy which highlighted the commissioning of the care coordination hub as a strategic priority. As indicated in the [Strategy](#), Sutton CCG believe that by investing time and
resources in building strong relationships, Sutton CCG will be in a stronger position to jointly deliver maximum benefit to individuals, families and carers going through the dying experience and bereavement.

The important role and contribution of unpaid carers to End of Life Care, deserve our respect and recognition. Sutton CCG ensures that unpaid Carers of all ages continue to receive advice, information and training, as well as access to breaks and emotional support, so that they are equipped to care for family members during their last days. We also want to hear the opinions of unpaid carers and empower them to influence the local End of Life Care agenda. Agreeing a process that will enable carers to contribute to planning and provide regular feedback to commissioners and providers on the quality of End of Life Care services.

In summary, we will involve service users in monitoring, review and consultation on future plans by:

- Developing a systematic approach in collecting feedback on service user and carer satisfaction. Gaps identified through the process, will be developed into an action plan by the providers and monitored by the CCG,
- Sutton’s user and carer EOLC forum will be established to ensure engagement throughout the life of the project and the sustainable service.

Results of service user feedback, surveys or the outcome of the monitoring process will be shared via Sutton CCG, Sutton Centre for the Voluntary Sector and other communication channels that have been agreed with users and carers.

**Medicine Optimisation**

NHS England are seeking views on the guidance that they have published to CCG’s on items which should not be routinely prescribed in primary care. NHS England has partnered with NHS Clinical Commissioners to support Clinical Commissioning Groups (CCGs) in ensuring that they can use their prescribing resources effectively and deliver best patient outcomes from the medicines and products that their local population uses. CCGs asked for a nationally coordinated approach to the development of commissioning guidance in this area to ensure consistency and address unwarranted variation. The aim is that this will lead to a more equitable process for making decisions about guidance on medicines but CCGs will need to take individual decisions on implementation locally.

**4.15 Other wider engagement activities**

**4.15.1 Quality Assurance Visits to Care Homes and other commissioned services**

Quality assurance visits to older people’s care homes in Sutton are undertaken to ensure that a quality service is provided to our most vulnerable population. Some visits are routine and others are initiated where concerns have been raised, and many visits are undertaken jointly with the Local Authority. During every visit, the quality assurance nurse will speak to a number of residents, staff and families if available, to gain an understanding of the home and what it is like to live or work there. By speaking with residents, this highlights where potential improvements can be made and these are then discussed with the provider. Each provider is also asked to outline how they engage with their residents, families and the wider community and how they can demonstrate improvements made to their service.
Commissioners from the CCG regularly visit commissioned services and speak directly to service users asking them to feedback on their experiences of care and the effectiveness of the services they are receiving. For example, CCG Leads have taken part in review visits as part of CQC preparation in acute health services and in local mental health services in 2018.

Sutton CCG main providers such as Epsom and St Helier adhere to the 15-step challenge, which is a NHS initiative, and focuses on seeing care through a patient or carer’s eyes, and exploring their first impressions. Board members and other members of staff from both our acute and mental health Trusts, visit clinical areas to gain insight in to its challenges and successes. Evidence of necessary action is taken if required.

Evidence of this approach and actions can be found on the Provider’s website in Trust board minutes.

Further information on the 15 step challenge can be found on the link here.

4.15.2 Joint Intelligence Group (JIG)

All care homes are discussed at the monthly Joint Intelligence Group (JIG). The JIG brings together a range of organisations from across health and social care services in Sutton to monitor care homes, in order to maintain a strong focus on quality, performance and safety. This is achieved by working together in a collaborative way, sharing data and intelligence. The group comprises senior representatives from the following local organisations; SCCG, LBS (social care and safeguarding), London Ambulance Service, Epsom & St Helier NHS Trust, The Royal Marsden NHS Trust (community services provider) and the Care Quality Commission (CQC).

The JIG is informed by evidence from a number of sources; such as CQC inspection reports, quality assurance visits, performance management data and intelligence from local agencies. This combined intelligence is used to identify and determine whether an individual provider has performance or quality issues that pose a risk to any specific service user or all service users. Based on the level of concern, the JIG membership will decide what action is required to ensure the safety of the residents and support for the provider to address quality issues identified.

4.15.3 Wider Community Engagement

NHS 70 Years celebration

28 July marked the NHS 70 years’ celebration, and Sutton held a public engagement event in Sutton High Street to celebrate. Many CCGs and partners attended including Age UK Sutton, a GP offering blood pressure recordings and body mass index calculations, Primary Care team, continuing care team, CCG Directors, infection prevention and control nurse and many others. There was a birthday card for the public to sign to send messages to the NHS. On the day, hydration was promoted and the prevention of E.coli bacteraemia. A variety of cold drinks were offered, alongside table and chairs to take a break, rest form shopping or to have a chat and rehydrate. Discussions were had about the importance of good hydration, prevention of urinary tract infections and vaccine preventable infections. Key messages from the event was
the importance of social events particularly for the older generation and prevention of social isolation.

**Older and frail population**

In July 2018, the infection control nurse met with Age UK, to discuss at risk groups for acquiring infection including E.coli bacteria. The main at risk group being the frail, elderly, living in their own home, often due to inadequate hydration. Other topics included vaccination preventable infections such as seasonal influenza and shingles. From this meeting, invites were received to attend the Alzheimer's support group.

A Community Safety day for older people event was held in August 2018 at Sutton Library Civic centre. The annual event went very well and was attended and run by Local Authority. Infection Prevention & Control had a table promoting vaccines for preventable infections, how to tell when you are dehydrated, the importance of good hydration and other safety concerns such as confusion and falls. Also discussed, were the GP hubs and out of hours service, NHS 111 and the use of the community pharmacies. The public were keen to ask questions and talk about their experience of the NHS which was all fed back to CCG commissioners for data insight.

Alzheimer information cafes are run across the 3 localities Sutton, Cheam, Carshalton and Wallington. They are monthly events, for each locality to provide support, information and networking for people with Alzheimer’s and their carers. These cafes are well attended, and the Infection & Prevention Control Nurse was asked to attend to talk about staying well in summer and winter. At the time of the visits, there had been a long period of very hot and dry weather and the local Trusts were seeing an increase of admissions to hospital and A&E with dehydration related conditions such as urinary tract infections, confusion, falls and sepsis.

**Section 5 Future Plans 2019-2020**

In order to ensure SCCG is committed to putting the views of the local people at the heart of the NHS, and ensuring they are involved in the planning and reviewing of local services, the following key priorities have been identified:

- Working more collaboratively across Sutton and South West London CCG’s which will strengthen sharing of best practice engagement methodologies and approach and cross fertilisation of ideas.
- Review of engagement framework at Sutton CCG to ensure it is more outcome focussed and can demonstrate impact on patients and members of the public. This will be achieved by adopting the “Outcome Based Accountability Model” (OBA) developed by Mark Friedman, based on his book *Trying Hard is Not Good Enough* (2000)
- Ensure SCCG is fulfilling all its legal duties by reviewing current engagement framework, strategy and processes and ensuring closer alignment to the commissioning cycle in any engagement activity undertaken.
- Wide system development for collation and triangulation of feedback from patients and members of the public to produce key intelligence based on common themes and issues.
- Explore more innovative ways to engage with patients and member of the public using new technologies and methods (digital) and learning from best practice.
Section 6: Healthwatch Statement

The ongoing development of the Sutton Plan and the health and social care elements that sit within it, has helped all relevant organisations, including Sutton CCG, to focus their efforts to support the plan’s delivery of the last year.

This report shows Sutton CCG’s continued commitment to patient and public engagement and ensuring that local people’s views influence the organisations’ decision making.

The CCG’s continued investment in support for GP surgeries’ Patient Participation Groups (PPG) and the over-arching Patient Reference Group (PRG) thorough an agreement with Healthwatch Sutton demonstrates the organisations focus on patient voice. This year, the PPGs in the Borough have continued to develop with notable successes, including the expansion of the walking group set up by a PPG in Wallington and the thanks given by one GP surgery for the PPGs part in the Care Quality Commissions (CQC) inspection that led to a good rating for patient engagement.

The CCG also commissioned Healthwatch Sutton to support the development of Community Health Champions in the borough. The Champions enable the CCG to pass on health messages (e.g. take up of flu jab) to local communities and for local communities to give feedback to the CCG about the quality of local services.

With support from Sutton CCG, Healthwatch Sutton and Community Action Sutton are working together with a local organisation called Hearts and Minds to produce a series of videos demonstrating the issues that some people experience with accessing service that support their mental health.

During the last year, Healthwatch has challenged the level of engagement that has been carried out as part of the creation of the Sutton Health and Care process. Healthwatch Sutton felt that more rigorous engagement could be established to bolster the patient voice in this programme. A proposal was developed to support the Sutton Health and Care At Home Service by carrying out a baseline audit of feedback from services that have been incorporated in to the new service, followed by the establishment of an continuing system of collection of service user views. This proposal was accepted and the system continues to be developed.

Finally, Healthwatch Sutton was very pleased to see the CCGs appointment of a full time role within the CCG to specifically support all patient and public engagement activities. This new role has helped to develop the relationship between our organisations.

Many thanks,

Pete

Pete Flavell
Healthwatch Sutton Manager
Appendix 1: Sutton CCG’s commissioning intentions for 2018/19

Urgent and Emergency Care
This section look at the Integrated Urgent and Emergency Care Review and work plan for 2018-19. There are plans underway for a 24/7 integrated urgent care service for physical and mental health being implemented by March 2020, this includes a clinical hub that supports NHS111, 999 and out-of-hours calls. This intends to deliver a reduction in the proportion of ambulance 999 calls and less attendances at the A&E department.

Work Programme for Urgent and Emergency Care 2018-19
Some of the CCG’s urgent care programme will continue to focus on:
- Working with colleagues across SWL to move towards delivering urgent care services which are available consistently and achieve effective outcomes for all patients.
- Ensuring the London facilities standards for Urgent Treatment Centres are fully implemented so as to ensure there is a consistent urgent care walk-in offering for the public, reducing confusion and ensuring patients receive the right care, the first time.
- Ensure primary care is the first point of contact for patients requiring urgent care. Increasing urgent care access to primary care.

Primary Care
Primary Care transformation is a strategic priority to achieve a sustainable, resilient, high-quality health system. This transformation will support General Practice to achieve the specifications set out in the London Strategic Commissioning Framework for Primary Care. The vision for primary care in South West London is to achieve co-ordinated, accessible and pro-active care. Primary Care will also prioritise delivering the areas set out in the General Practice Forward view, including 10 High Impact Actions for General Practice and the 10 Point Plan for General Practice Nursing.

Primary Care commissioning will focus on proactive care and enhanced capacity working at scale using the GP federation and work streams that streamline and offer better quality patient care. This will include roll out and evaluation of social prescribing across health and social care, including a greater emphasis on self-care and well-being and continued development of the extended hours access service.

Improving Access to GP Practices -Extended Access
The service is provided by Sutton GP Services Limited (SGPS), which is a collaboration of 25 practices in Sutton set up to provide quality healthcare for all Sutton patients. SGPS was formed in response to the growing need for change and collaborative working within General Practice. Its key aim is to deliver patient-centred care in an efficient way, out of hospital, locally, in line with patient needs.

Our GP practices are often the only contact most patients will have with the NHS, but also act as the entry point for referrals into other services. This can be for tests and treatment as hospital out-patients, admission on to a ward as a hospital in-patient, or as someone who needs community based services. As a result of being the first point of contact with the NHS, GP practices are always busy. During 2017/18 Sutton CCG worked with the local federation...
of GP practices – Sutton GP Services – to provide over 18,000 additional patient appointments under our Extended Access Scheme.

The service has proved to be effective and convenient for patients, particularly younger working adults, with the most common reasons for attendance being minor illness, long term conditions, children’s illnesses and mental health conditions. On average, the service offers 180 GP appointments and 180 nurse appointments every week, with sessions mainly covered by local Sutton clinicians. Nursing services include: wound care, contraception advice, blood pressure checks, ear irrigation, minor illness and cervical smear tests. The service can refer patients for specialist treatment (with practice approval), order routine investigations and generate prescriptions, and records consultations into patient records for their registered practice to view.

The service is provided from two GP Surgeries in Sutton: Wrythe Green Surgery, Wrythe Lane, Carshalton, SM5 2RE or at Old Court House Surgery, Throwley Way, Sutton, SM1 4AF. Full details on the service are available via the Sutton GP Services website. www.suttongpservices.co.uk/extended-access-service.html

Work Programme for Primary Care 2018-19
The CCG’s work in Primary Care for 2018/19 and 2019/20 is focussed on delivering the Sutton Primary Care Strategy, building on the aspirations of the Strategic Commissioning Framework for transforming Primary Care in London. The framework sets out specifications to be delivered, structured around themes of co-ordinated, accessible and pro-active care. The General Practice Forward View covers a number of key areas to develop resilience, sustainability and transformation in primary care, with key enablers including: Extended access, Online Consultations, Provider Development, and Workforce.

Mental Health
This section focus on the commissioning on parity of esteem – join up approaches to mental health and physical health management including those that fit with the Sutton Health and Social Care model and some key work programmes for 2018-19. Other areas of focus include continued work on improving access to different patient cohorts to dementia and meeting the national targets on Improving Access to Primary Care (IAPT) for individuals with Long Term Conditions, supporting multi agency work on reducing self-harm and suicide across Sutton is another key priority.

Mental health work plan 2018-2021
Increase baseline spend on mental health to deliver the Mental Health Investment Standard. Deliver in full the implementation plan for the Mental Health Five Year Forward View (MHFYV) for all ages, including:

- Expand capacity so that more than 50% of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral
- Additional psychological therapies so that that at least 19% of people with anxiety & depression access treatment, with the majority of the increase from 15% to be integrated with primary care
- Increase access to Individual Placement Support for people with severe mental illness in secondary care by 25% by April 2019 against 2017/18 baseline
- Eliminate out of area placements for non-specialist acute care by 2020/21 Increase access to evidence-based specialist perinatal mental health care, to meet 100% of need by 2020/2021 performance.
- We will continue to monitor our performance level on our key deliverables on EIP, IAPT, Dementia and SMI Physical Health Checks
- We will work with our partners to develop a joint transformation plan to meet the MHFYFV priorities in 2018/19 and beyond.

**Children and Young People**
This section focuses on the review of all children and young people’s services, including the main partnership approaches to working with children and especially complex children to ensure we have the right services in the right places to meet demands. We are working with partners in Sutton Council, Primary and Secondary Care, to ensure equitable services for all young people led by their needs, we are placing particular emphasis on children and young people with Mental Health, Special Educational Needs and Disability. We want to provide flexible services that make sense to children, young people and their families that focus on improving outcomes.

**Children and Young People Work plan 2018-19**
CAMHS Transformation Plan –we are working with partners to;
- Implement the local 2018/19 action plan in line with the principles of future in mind which seeks to ensure a joint up strategy with partners
- Ensure the transformation plan delivery is monitored and governed through the CAMHS Partnership Board
- Enhance the Neurodevelopment Pathway
- Implement a Community based diagnostic service that is compliant with NICE Guidelines and meets the needs of children and young people
- Develop a training programme for the children’s workforce to identify and manage neurodevelopmental conditions.

**Learning disabilities**
This section focuses on improving services for people with learning disabilities and work plan for 2018-19. Sutton CCG and London Borough of Sutton are focusing on improving services for people with Learning Disability (LD) as a key commissioning priority. We want to make a tangible difference to the lives of people with learning disabilities ensuring personalised care and access to good quality integrated services.

**Learning Disability Work plan in 2018-19**
- Enhance community provision to deliver integrated care around the needs of patients; identifying patients with the most complex needs and ensuring patients can be supported in the community wherever possible Continue the rolling programme of Community Treatment Reviews (CTR), ensuring patients are cared for by enhanced community services wherever possible and are admitted to hospital type settings of care on an exceptional basis.
- Roll out personal health budgets to deliver our commitment to offering personal health budgets (PHBs) to people with LD as a way of increasing the personalisation of services, offering patients and families’ choice and driving improved outcomes and quality of life.
Planned Care
This section focuses on the CCG’s Planned Care programme and work plan for 2018-19 a part of a wider SWL HCP programme that is looking at how we can deliver transformational change for our patients, to deliver the right care, in the right place, at the right time. Our focus is to ensure we have the right services available for our patients, close to home and in the most appropriate setting.

We aim to do this through the redesign of pathways to deliver services in the community if they:

- Are acceptable to patients
- Promote choice and improve access
- Are of equal or improved quality compared to existing hospital provision
- Are cost effective and provide value for money

Planned Care Work plan 2018/19
- Supporting Epsom St Helier Hospital to meet and sustain the 62 Day Cancer Standard
- Early Detection in Cancer Screening (Bowel; Breast; Cervical)
- Ongoing Cancer Education events and GP engagement (to support the roll out and refresh of two-week rule (TWR) referral forms according to NICE guidance)
- Supporting practices with safety netting and significant analysis
- Recovery Package (Stratified Prostate Follow Up & Cancer Care Review)
- Improve Skin TWR pathways
- Promote Psychological support for cancer patients.

Through the QIPP/CIP group on planned pathways to ensure the CCG has the most efficient and effective pathways in place, reducing outpatient appointment and where appropriate moving care to a community or primary care setting The CCG will also explore different ways of working, including new and innovative health-based technology that could benefit patients on care pathways for conditions such as Diabetes, Respiratory disease, Gynaecological and Dermatology conditions.

Integrated Community Care – Sutton Health and Care
This section focuses on integrated care which is an approach to ensure that health and social care, is delivered to people at risk of an unrequired hospital admission, and for those that required admission, to ensure they are supported promptly to get them home again as quickly as possible after hospital admission.

Following agreement on a business case and service delivery model, Sutton Health and Care (SHC) launched in April 2018, an innovative joint venture between local partner health and social care organisations, to support the delivery of a new care model for the people of Sutton. Hosted by Epsom and St Helier University NHS Trust the model ensures the breaking down of traditional organisational barriers to enable the provision of care that is wrapped around the patient. Partners have adopted a phased approach to implementation, with the initial phase focused on the prevention of unplanned hospital admissions and attendances.
**Better Care Fund**

Sutton CCG’s plans for its Better Care Fund (BCF), and work plan for 2018-19 integrates health and social care programmes through pooled funding and partnership working with London Borough of Sutton, were formally approved by NHS England in October 2017, the programmes will improve the quality of experience by achieving integration in adult services focusing on vulnerable people.

With regards to equalities, the BCF will help to achieve a greater level of integration across health, social care and wellbeing services for all parts of the community. The plans make specific reference to people with learning disabilities and mental health problems who often experience greater difficulty in accessing services and experience poorer health outcomes than the wider population.
Appendix 2 – About Sutton

Ethnicity
26.3% of the Sutton population are from Black, Asian and Minority Ethnic (BAME) communities, while 10.3% are from non-British White communities (often other European communities and White Irish). Overall, 36.6% of the population are from diverse ethnic groups.
The extent of diversity depends on age.
- There are 64.4% of younger people in Sutton aged 0-24 years from white ethnic groups. This compares to 46.2% in London, and 79% in England.
- For the Sutton population aged 25-64 years, 74.8% are from white ethnic groups compared to 59% in London and 86% nationally.
- In those aged 65 years and over, 88.2% in Sutton, compared to 73.4% in London, and 95% in England, are from white ethnic groups.

Polish, Tamil and Urdu are the most common languages spoken in Sutton primary schools after English.

Religion and Faith
At the 2011 Census 58% of people living in Sutton reported their religion as Christian, followed by 25% who identified no religion and 4% who declared themselves Hindu and 4% Muslim. Sutton’s profile of religious affiliation is closer to the national profile than to London.

Age
Children and young people aged 0-19 years comprise a quarter of the population. Their numbers are projected to rise by 10.3% over the decade from 2018 to 2028. This is a bigger increase by comparison with London which has a projected increase of 6.6% and 4.9% for England.

Sutton has an ageing population with people over 65 comprising 15.4% of the population. This population is projected to rise by 20.8% from 2018 to 2028. Those aged over 85 years comprise 2.2% of the Sutton population.

The percentage of the population aged between 0-19 and 35-44 years is higher than for England and increasing at a faster rate. This suggests inward migration to the borough. There are implications in that the demographic profile of new arrivals is likely to differ from the current population, for example inward migrants might be either more or less deprived compared to the present demographic. Some of this is likely to be influenced by housing and business development plans for the borough, for example from the Sutton Local Plan.

Disability
14.3% of people living in Sutton reported having a limiting long-term illness at the 2011 census. This is similar to London (14.2%) but a lower proportion than for England (17.6%)

The attainment gap between children with special educational needs and their peers at Key Stage 2 is wider in Sutton compared to England. However, overall attainment for children with statements for special needs is higher (better) than the average for London and England.
Sexual orientation
If Government estimates that the lesbian and gay population comprises approximately 5% to 7% of people were applied to Sutton, there would be between 7,800-10,900 adults in the borough, though this does not include bisexual or transgender individuals.

Deprivation
Sutton is one of the least deprived London boroughs. At a borough level, it ranks 215 out of 326 boroughs nationally according to the Index of Multiple Deprivation 2015 (where 1 is the most deprived and 326 is the least deprived). Sutton has some small areas that are in the 20% most deprived in the country, the following wards that are in the most deprived quintile are Beddington South, Belmont, Waddle Valley, St Helier and Sutton Central. Sutton has one area that ranks in the most deprived decile of England, in Beddington South.

Health inequalities
Overall Sutton is a healthy place, with longer life expectancy for males, similar life expectancy for females, and similar rates of infant mortality to the national average.

Over the last decade, life expectancy in Sutton increased by around 3 years for men and 3 years for women between 2002-04 and 2014-16. The average life expectancy for residents in Sutton is 80.5 years for males and 84 years for females which is higher than the national
Appendix 3: Equalities Monitoring Form

Equalities Monitoring Form for engagement activity

At Sutton CCG we monitor the diversity of our engagement and how far we reach into local communities. You do not have to fill in this form, but if you choose to do so, we will use the information you provide to inform and improve our work with local communities. The individual information you share on this form will be kept confidential by Sutton CCG.
1. Your name:

2. Borough:

3. Full post code:

4. Please state what your occupation, or if retired, what you used to do:

5. **Ethnicity** (Please tick the box that best describes your ethnic group)

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