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Options for patient and public voice in new governance arrangements at borough and south west London levels

Proposals developed from discussions from PPESG, SWL PPE leads and SWL SMT
July 2019

Principles



The distribution of time, effort and representation of local people in governance at local and SWL level should reflect proposed 80/20 split between borough and SWL CCG for planning and delivery – i.e. concentration at place

Expectation of transparency in decision-making and local accountability to communities should be supported by meetings in public of decision-making committees

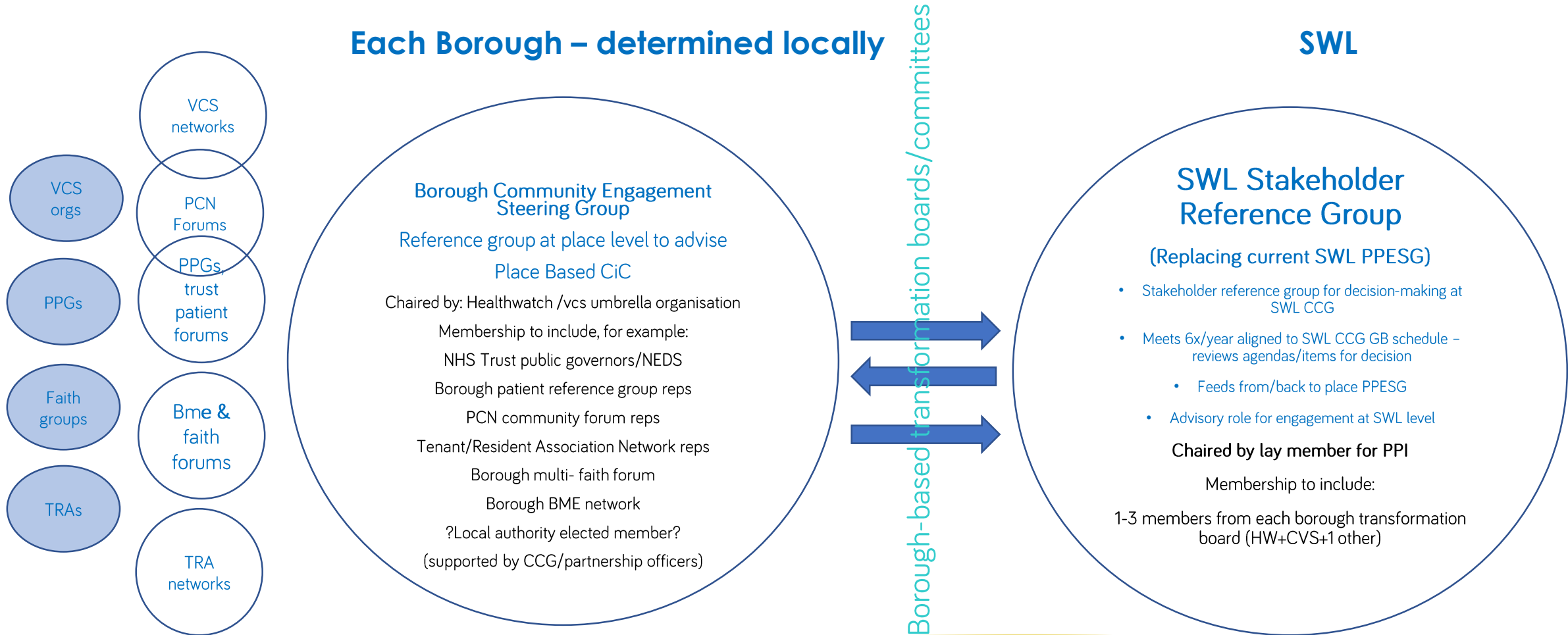
Representation of patient and public voices on a future SWL CCG should be managed so as to maintain a **clinically-led organisation**

Important to preserve distinction between patient and public voice representation in the governance of an organisation and the activities of engagement

Place voices vs professional voice at SWL level: various combinations of CCG lay members, Healthwatch or the vcs could enable the patient and public voice to have appropriate influence in decision-making for SWL. A single 'place voice for PPI' may not be a realistic ambition, as Healthwatch, CVS and lay members may have distinct views derived from their professional standpoints; in turn, the concept of a single 'professional voice' – ie, a Healthwatch voice, a CVS voice that would be common across SWL has some validity but represents a challenge to the building block of place and local variations may militate against one Healthwatch or CVS being able to represent all others in SWL without additional scaffolding

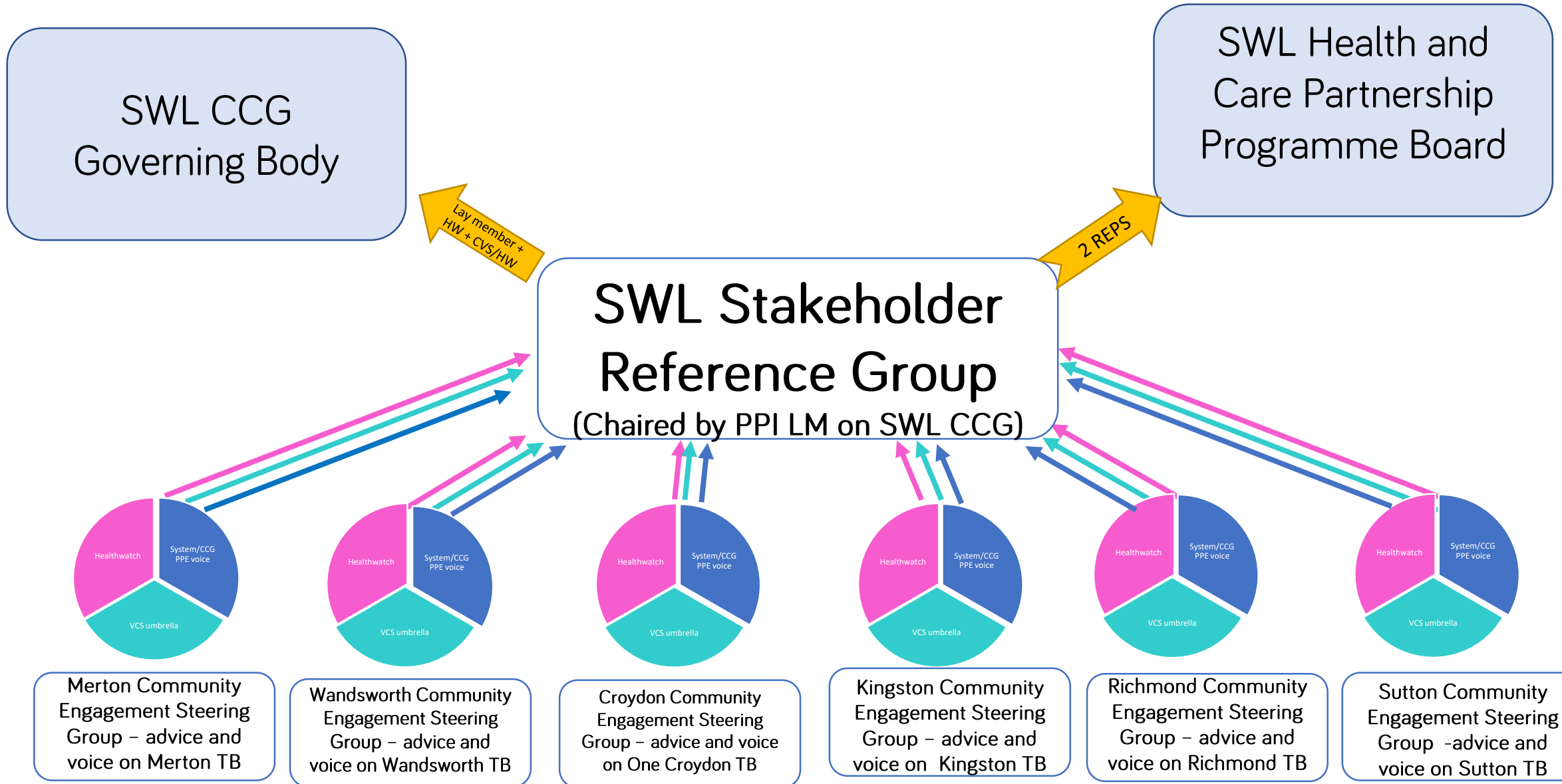
Suggestion of how it could work...

Patient and public involvement at borough and SWL level...



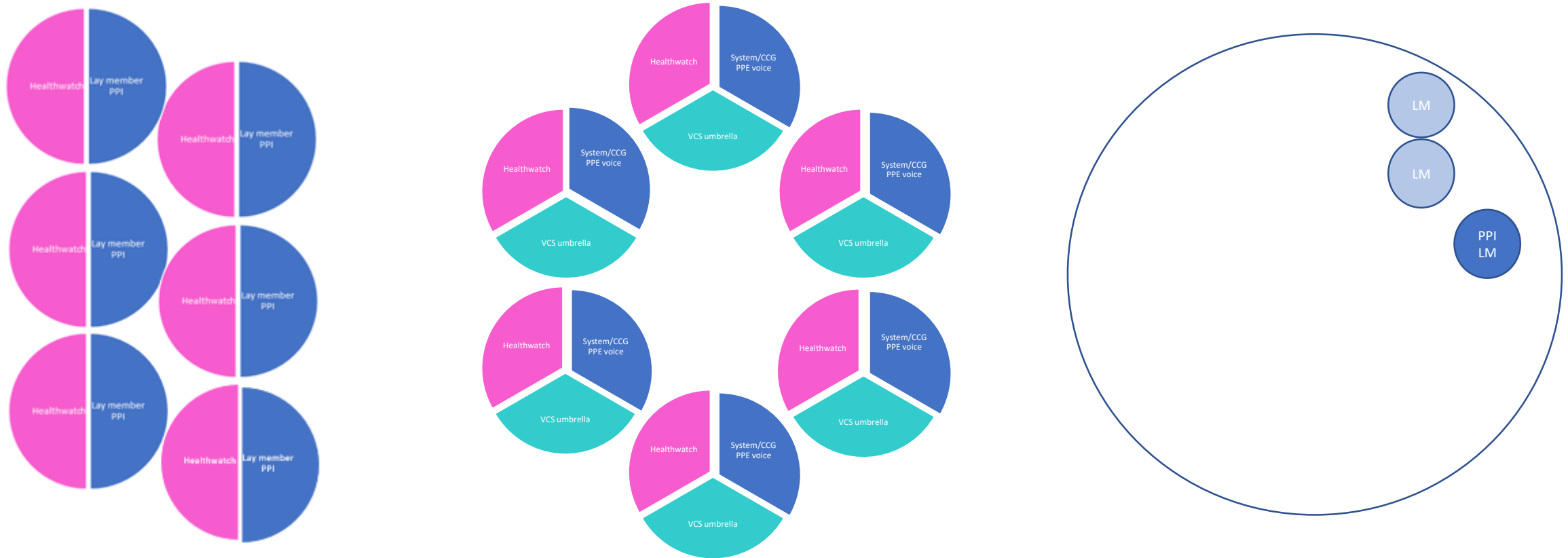
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Suggestion of how it could work...



Option 1 – one PPI lay member

Currently – 6 CCGs	In each borough	SWL CCG
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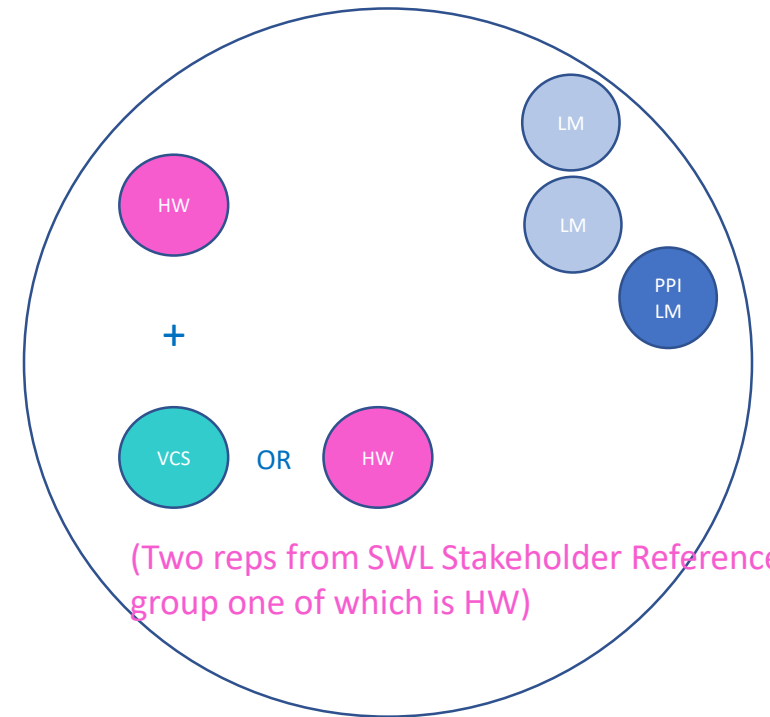
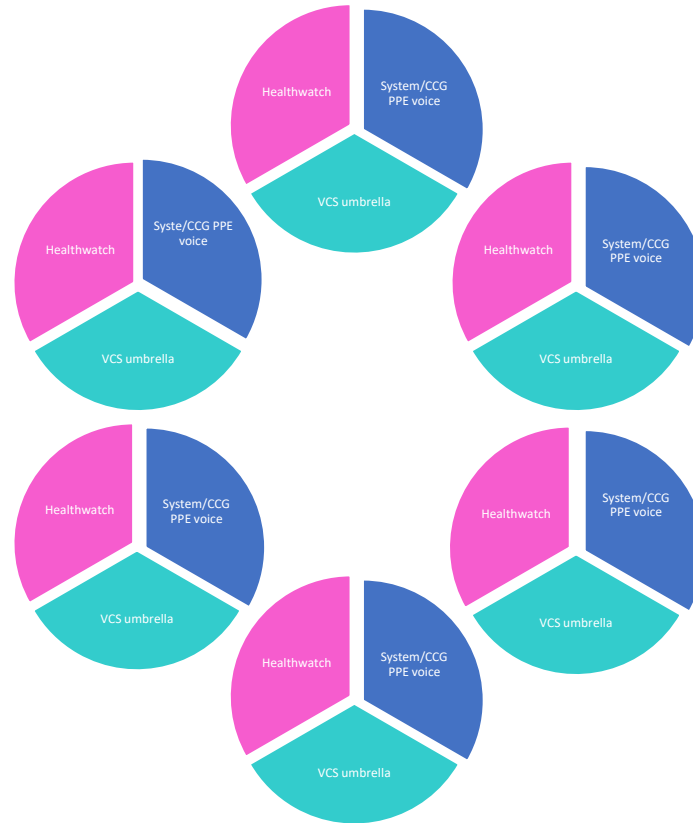


Option 2: PPI lay member + professional voice at SWL CCG (HW and VCS)

Currently – 6 CCGs

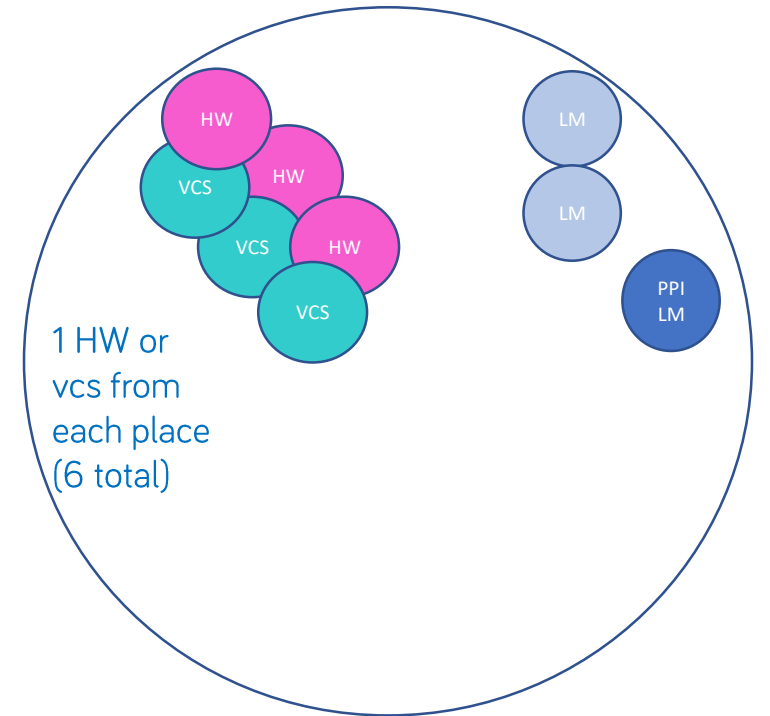
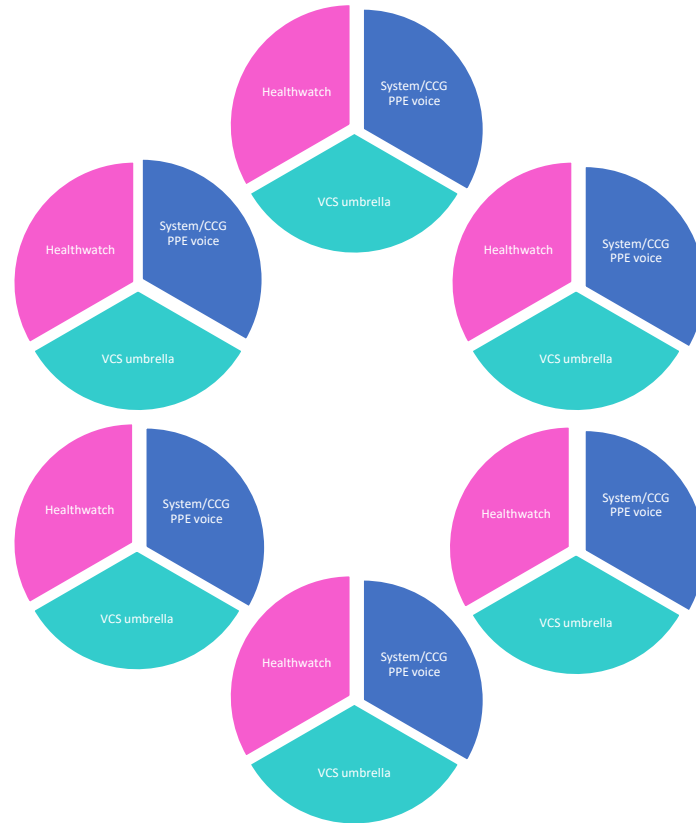
Each borough

SWL CCG



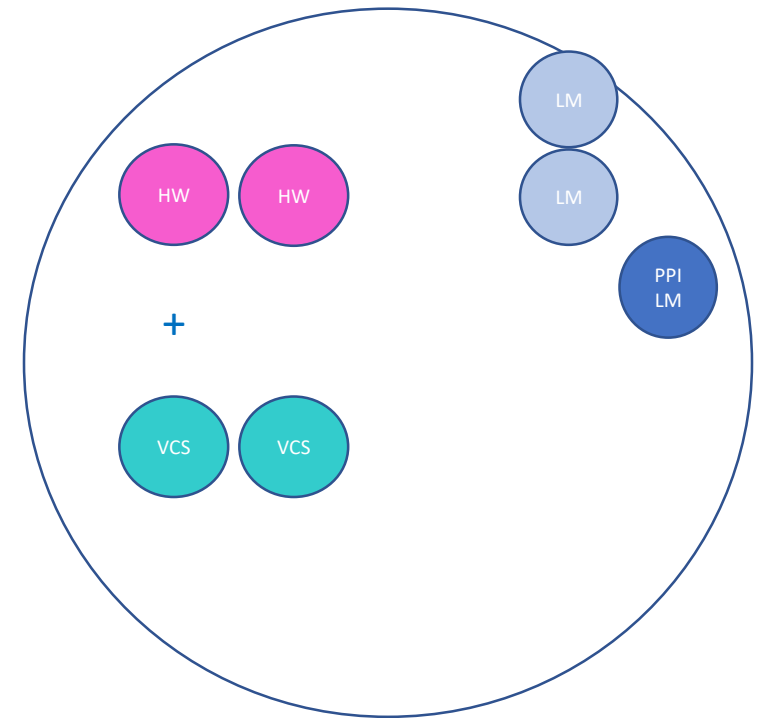
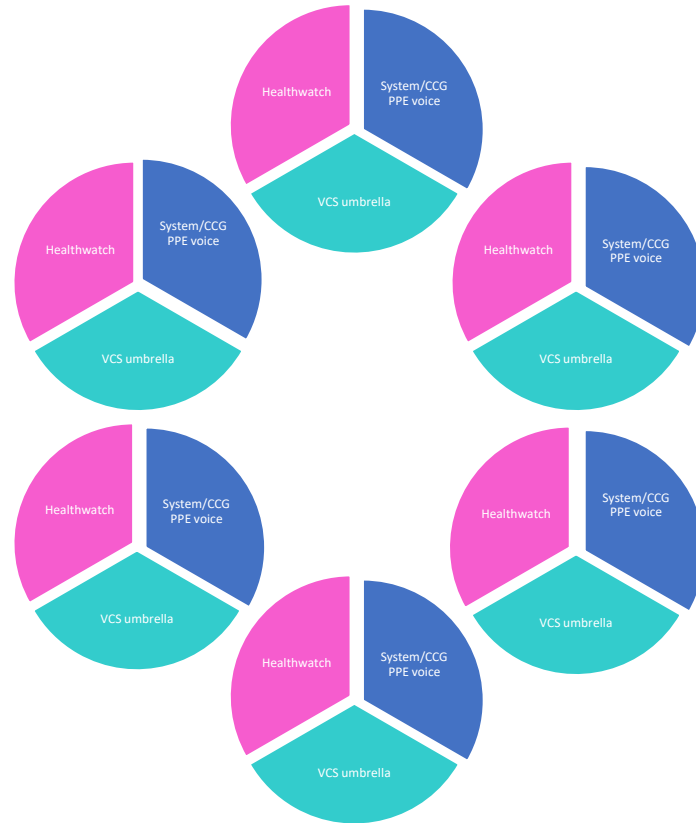
Option 3 - PPI LM + place rep

Currently – 6 CCGs	Each borough	SWL CCG
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Options 4 and 5 - PPI lay member + enhanced professional voice

Currently – 6 CCGs	Each borough	SWL CCG
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Transparency

- There will be an expectation about transparency in the new way of working
- SWL CCG meetings and Health and Well Being Boards will be in public
- Some people feel Local Transformation Boards should be in public – especially if 80% of decision making is to be local.
- Others feel these LTBs should be given time to develop and build relationships to ensure the success of new collaborative ways of working. And that with Healthwatch and/or VCS representing the patient voice on these TBs, plus the connection and advice from community engagement steering groups, as well as SWL CCG and HWBBs meeting in public this could be enough in the short term.

Questions for discussion

- What is your view about the proposed borough community engagement steering groups?
- What do you think are the advantages and disadvantages of each option?
- Do the PPESG have a shared view of their preferred option?