

# **Public and patient participation strategy**

# October 2018

## Foreword from Nicolas Small, Chair of Herts Valleys CCG

Here at Herts Valleys Clinical Commissioning Group (CCG) we want to encourage and facilitate the maximum possible participation of patients and local people, in our work. And we want to make it easy and rewarding for people to work with us.

This is because we are genuinely committed to making the views of local people count. We know that we will only get things right if we hear from, listen to and are influenced by the people who use the health services we commission on their behalf.

We also know that certain groups of people are less likely to get involved and some of those are people who are most disadvantaged in terms of health outcomes. Our new strategy will help us direct our energies to encouraging those groups and those living in our more deprived communities— who we don't hear from often enough.

Overall this strategy signals a renewed and increased focus on the voice of patients, carers and local people and a desire to branch out in terms of the local residents who play a part in the work that we do.

Developing a strong and sizeable cohort of community health ambassadors is a key part of this approach. We will work hard across our organisation to put into practice our commitment to broadening the base of our public involvement and to making those contributions really count.

This renewed strategy also directs us to monitor and evaluate our participation work more – so that we can review how effective it is.

Our overall vision for engagement is that:

*Patients, carers and people living in west Hertfordshire will have many and varied opportunities to influence our work and the decisions we take. The ways that people will participate in our work will reflect the diversity of our population. We seek to work in partnership with local people, operating with transparency and making sure that people's contributions make a genuine and significant difference.*



Dr Nicolas Small  
Chair, Herts Valleys Clinical Commissioning Group

## 1. Executive summary

This strategy document sets out how Herts Valleys CCG will approach patient and public engagement. Public involvement in commissioning is about enabling people to voice their views and contribute to plans, proposals and decisions about services.

The term 'involvement' is used interchangeably with 'engagement', 'participation' and 'consultation' in this strategy. The term 'formal consultation' has a slightly different meaning under legislation.

A number of key elements characterise our approach which seeks to make us a genuinely patient-centred organisation:

- We will broaden the range of people who actively engage with us, seeking contributions from those whose voices are generally less often heard. This includes exploring how we might best stimulate and support engagement among children and young people on local health issues.
- Our involvement activity will have an increased focus on seeking participation from people who experience health inequalities and poorer health outcomes.
- We will expand our band of community health ambassadors – using this group of volunteers to share information and messages in their communities.
- Patient participation groups (PPGs) will also be a central strand of our participation strategy and we will support them to maximise their effectiveness.
- We will widely promote all the many and varying ways that local people can get involved.
- We seek to ensure that the views and experience of patients, public and carers have an impact on all areas of our work – including our projects, programmes and service quality monitoring.
- We will ensure that we feedback thoroughly to those who become involved in developing plans and giving us views
- We will thoroughly record all engagement activity and evaluate the effectiveness of our work, publicising the impact of all engagement
- We will work increasingly collaboratively with partners on engagement activities – particularly with other CCGs across the sustainable transformation partnership (STP).

**We will produce an accessible summary of this strategy for wide circulation among local people living in west Hertfordshire.**

An implementation plan will be developed following the finalisation and sign off of this strategy document. This plan will be discussed and signed-off by the PPI committee.

When we talk about public participation, this is about people who live in the area covered by our CCG – those living in in west Hertfordshire. We also engage with groups of people and organisations together and also with elected representatives – such as councillors and MPs. This strategy is primarily concerned with local residents, but when we provide information and invite views from local people, we also include these other stakeholders.

We also arrange specific meetings with bodies such as Hertfordshire County Council's health scrutiny committee and similar sessions run by the district and borough councils.

Healthwatch are a particularly important partner in terms of our engagement work. They have supported the development of this strategy and we have agreed we will work more closely together. That is also the case with neighbouring CCGs – most particularly those in the Hertfordshire sustainable transformation partnership (STP). Our local NHS providers will also be key partners in this and they have signalled an interest in working more closely together.

## **2. Links with other strategies and areas of work**

This participation strategy is connected to and is designed to work alongside a number of other areas:

- CCG objectives
- Communications strategy
- Quality strategy
- Equality and diversity strategy and action plan
- Carers strategy
- Volunteer and reimbursement policy

## **3. Regulatory and legal framework**

A number of national and legal drivers help provide a framework around our approach to involving local people in commissioning.

Key amongst these is the Health and Social Care Act 2012. Under the terms of this legislation commissioners are expected to:

- Make arrangements for and promote participation in care and treatment through commissioning activity;
- Make arrangements for the public to be engaged in governance arrangements by ensuring that the CCG governing body includes at least two lay people;
- Listen and act upon patient and carer feedback at all stages of the commissioning cycle – from needs assessment to contract management;
- Publish evidence of what 'patient and public voice' activity has been conducted;
- Engage with patients and carers and the public when designing or reconfiguring services, demonstrating how this has informed decisions.

The act also requires us to promote the NHS constitution. And in turn the NHS constitution states that people have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided and in decisions to be made affecting the operation of those services.

In 2017 NHS England produced a new guide for commissioners, this is key to how we engage local people. This is their 'Patient and public participation in commissioning health and care: statutory guidance for clinical commissioning groups and NHS England'. The document refers to ten key principles of participation and these provide a helpful guide for our involvement work. (**Appendix four**)

There is also a section in NHS England’s improvement and assessment framework (IAF) that outlines the requirements on CCGs in terms of participation and there are five domains on which all CCGs are assessed. These are:

- a. governance
- b. annual reporting
- c. practice
- d. feedback and evaluation
- e. equalities and health inequalities.

CCGs are given an annual rating against each of these domains and these ratings are: inadequate; requires improvement; good; and outstanding. The framework is attached here included in **appendix four**

The ‘Gunning’ principles (see **appendix one**) will also provide a guide for us and this guide on fairness, whilst more specifically directed at formal consultation, will help steer us on all our involvement work.

Other legislation that is relevant in this context:

- Equality Act 2010, including the public sector equality duty
- Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and Guidance 2014.

Herts Valleys CCG will comply with all the regulations required and be mindful of good practice around involvement. Additionally, we will seek to exceed regulatory requirements and to involve patients, carers and local people in such a way as to develop and demonstrate excellent practice.

We aim to achieve a minimum of five ‘good’ ratings in our IAE assessment in the 2019/20 assessment.

We will report on compliance with legal and regulatory requirements via the annual engagement report which will be submitted to PPI committee for discussion and to the audit committee for purposes of formal assurance to the board.

#### **4. Herts Valleys - our strategy and objectives**

We want engagement with local people to form an integral part of the business of our organisation. So everything we do around participation is intended to support the strategic objectives of Herts Valleys and to align with our values. These have been agreed by our board.

##### **4.1 Strategic objectives**

<b>Effective Engagement.</b> We will continually improve engagement with member practices, patients, the public, carers and our staff to contribute to and influence the work of Herts Valleys CCG.
<b>Quality.</b> We will commission safe, good quality services that meet the needs of the population, reducing health inequalities and supporting local people to avoid ill health and stay well.
<b>Transforming Delivery.</b> We will work with health and social care partners to transform the delivery of care through the implementation of “ <i>Your Care, Your Future</i> ”, the Strategic Review in west Hertfordshire and its fit with the wider STP strategy, “ <i>A Healthier Future</i> ”.

**Affordable & Sustainable Care.** We will ensure that we fulfill our statutory duty to deliver a financially sustainable and affordable healthcare system in west Hertfordshire.

#### 4.2 Our values

These values are the six things that matter most to us at Herts Valleys CCG and these were arrived at following discussions with staff, GPs, and patient members of the PPI committee.

1. Being: caring and respectful.
2. Having: ambition, courage and high standards.
3. Making sure we: are open, transparent, honest and straightforward.
4. Working: with partners and the public – as a team.
5. Empowering and energising: clinicians, staff and local people.
6. Learning: to be the best we can.

#### 5. Purpose and objectives of participation strategy

This strategy has a number of key objectives:

- To support the delivery of Herts Valleys' *Your Care, Your Future* strategy – through the delivery of activities and a framework to hear and act on the views of local people;
- To foster an ethos of engagement throughout the CCG;
- To maximise the impact of public and patient engagement;
- To encourage transparency and accountability;
- To strengthen and forge relationships across the community.

It is important that we deliver this strong public participation for a number of reasons:

- Engaging with people – forging relationships and listening to views – helps us understand the patient perspective and this is vital to good care, outcomes and a better patient experience;
- Good patient and public engagement provides us with something of real value – an insight that is key to successful service re-design;
- Genuine and constructive engagement in monitoring and improving health services can lead to more trusting and confident relationships;
- Effective engagement supports good decision-making, helping us ensure we are legally compliant and less likely to be challenged about our decisions; it also helps protect our reputation.

#### 6. Key principles and themes

During the course of developing our refreshed strategy, a number of key principles and themes have emerged, particularly out of our discussions with local people and patient representatives. It is these themes that inform the development of our framework for engagement and the activities that we will put in place for the delivery of that participation. We are also working in a way that is more closely aligned with national approaches, such as NHS England's participation framework.

1. We need to broaden the range of local people who contribute to our work. This includes, among others: children and young people and people from ethnic minorities. We will work with a range of partners including other local NHS provider organisations; Herts County

Council, district and borough councils, Healthwatch Hertfordshire and local CVSs to help us engage with these groups who are 'seldom heard'.

2. We will apply a particular focus on people who are disadvantaged by health inequalities
3. The expansion of the role of community health ambassadors will help us reach into communities where there is currently low awareness and it generates involvement from a wider group of local people. We will particularly seek to recruit community health ambassadors in areas with poorer health outcomes. And we will look to develop a cohort of young community health ambassadors – particularly through University of Hertfordshire's health-related courses and with the help of HCC, through Youth Connexions and their network of youth councils.
4. When looking to involve new people and groups, we will be mindful of people's own motivation; 'what's in it for me?'
5. Engagement that raises awareness broadly across the population has value so we will use social media and community health ambassadors, for example, to raise profile in general of what we are doing.
6. We recognise that for people to contribute meaningfully, we need to provide them with knowledge and information and in a timely manner so that their feedback is provided at a stage that can influence decision-making.
7. We need to continue with the more focussed participation – where patients and local people contribute ideas and views on specific projects and proposals. This is through an in-depth partnership with the PPI committee and via project teams including procurement projects. We will seek to involve those who are particularly affected by a proposed service change and/or who fare less well on related health outcomes.
8. When we involve local people - asking them to give us their time to contribute - we will make sure we have a clear purpose in doing this and make clear to people what this objective is and what they can expect.
9. There will be more support and rigour to project and programme engagement activity, effective planning of engagement with local people and an approach that broadens and deepens contributions that patients and members of the public can make. The communications team will lead on some capacity- building within other teams – particularly colleagues in commissioning teams – and develop a shared understanding of best practice.
10. Working with partners will contribute to the success of this strategy and reflects the increasing collaboration that is expected. For example we will continue to develop ways that we can work across CCG boundaries in the way we did successfully with 'let's talk'. And on service changes we will conduct our engagement work with relevant provider trusts.
11. Expectations will be as transparent as possible; we will be clear about what people can influence and also what the limits of that influence are likely to be.
12. We need to make sure there is a timely and genuine 'thank you' to all who participate, together with information about what is changing as a result of the participation and this will be made public. Effectively communicating the impact of participation, will act as a trigger for further and wider engagement. We will record all activity we undertake – stating exactly what we have done – keeping our website up- to- date with this information.
13. We will report on our engagement activity overall in three main ways: via the annual report and summary annual report which will demonstrate more clearly what engagement we have carried out; we will start to produce an annual engagement report which will give more

information on involvement and its impact; and our website will have a dedicated section to promoting involvement and outlining work to date.

## **7. Our approach**

We want to involve patients and local people in every aspect of developing and delivering our services. We want patients to talk to us about key strategic plans and proposals and to work with us on big scale service reconfigurations and on the procurement of new services so that we commission services in a way that puts patients at the centre of our thinking and planning. Patient involvement in service redesign will continue up to the point of new services going live.

Once services are in place we will involve patients in work that our quality team does with partners to improve the experience that local people have of services.

**7.1** To ensure **patient and carer engagement input into improving and developing services**, all programme and project groups and boards will have public engagement as a central activity running through their work. Engagement will be properly built into the structures and processes for service re-design. For example, business cases will outline plans to maximise public involvement – as appropriate to the activity - and projects will begin with agreements on engagement plans and will monitor delivery against those plans, including feeding back to participants regularly. The Herts Valleys engagement lead will advise colleagues running projects on suitable engagement approaches and support as appropriate. Methods of engagement for projects will include, for example: having patient representatives sitting as full members of project teams and representing their wider communities. We will look to include patient reps that are particularly impacted by the service and also those from groups with poorer health outcomes. Coordinated reports on projects and programme engagement activity will be presented to the PPI committee.

**7.2** As we embark on **projects to procure services, we will seek and make use of the views of patients and carers**. Patients and local people will be actively involved in procurement and contracting including developing tenders and participating in tender process panels to make decisions. As with all programmes and projects - see above - project leads will draw up plans for agreement on how members of the public will be involved with procurement. Direct representation on steering groups and implementation groups is likely to form part of all plans, and this will be enhanced by other forms of patient involvement - such as questionnaires and social media – that are appropriate to the particular project. And again, the Herts Valleys engagement lead will provide advice and a coordinating role between projects. We will seek to have at least one and preferably two or three patient reps on these project teams – with efforts made to broaden involvement.

**7.3** Once providers have been selected and/or contracts have been awarded and as we prepare to **launch new services** we will work with the successful provider to ensure that ongoing engagement with patients, families/carers and the public is part of the plan for mobilising new services.

**7.4** Finally, we will harness patient and public experience and work with partners, including providers, and Healthwatch Hertfordshire to **monitor services so that they can improve**. One way we will do this is via a new approach to hearing patient stories. We will hold joint board with PPI committee sessions to hear directly from patients about their experiences and use those events to receive and discuss feedback following previously-aired patient stories.

In addition we will include patients – drawn from our patient representative network - in our CCG quality assurance visits – bringing the patient view to ensuring high quality and safe services which meet contractual standards and are continually improving.

## 8. The framework

We will use existing mechanisms and develop those so that we have a framework as below. This is the framework that will deliver our key principles and themes and the methods outlined in section 7:

GP practice patient groups	Most GP practices have a practice participation group –made up of registered patients working alongside staff: acting as critical friends, providing a patient perspective and supporting the practice to improve services. We will support practice patient groups to be as effective as they can be, including providing guidance and encouraging GPs and practice managers. Some localities are strong networks of PPGs and so we will also have relationships with these groupings.
PPG network	Network of representatives from practice patient groups in west Herts - for sharing good practice and acting as a resource to gather wider views on key issues. Face-to-face and electronically. We will support this network, including hosting regular network meetings and doing more to encourage all PPGs to take part.
Development sessions	Regular sessions for patient representatives and PPG network members – exploring topics in more detail, providing opportunity to feedback on plans / proposals direct to project leads. We will work to expand the number and diversity of those who attend.
Community health ambassadors	Our ambassadors connect with local communities on health issues, encouraging participation and sharing information. We aim to increase numbers considerably and to involve the ambassadors in all campaigns, including, for example, around using services and improving health. We will particularly seek to introduce a youth ambassador programme, recruiting school-age children and others.
Forging links with community groups representing equality groups and those in disadvantaged communities	Herts Valleys CCG will develop stronger relationships with voluntary sector groups to connect with those residents who are underrepresented in our participation.  We will engage with and get feedback from groups who fare less well in terms of health outcomes. This includes, for example, those with a learning disability – via established forums include health watch’s LD group.
Patient representatives on project groups and workstreams for service change	We will seek to have at least one and preferably two or three patient reps on these project teams, working alongside Herts Valleys staff. We will look to include patient reps that are particularly impacted by the service and also those from groups with poorer health outcomes.
PPI committee	This is a key element of our governance arrangements and oversees engagement activity, providing assurance to the board. Members play a key role in reviewing strategic plans and proposals, public information (such as website). We seek to develop this committee and its role as a key sounding board. We will provide structured induction training to all new members and continue to provide on-going training and information to help members carry out their duties. Terms of references are attached at <b>appendix two</b>

Reader panel	The panel reviews draft patient and public communications prior to publication / distribution. This helps ensure information is easy to read and free of jargon. We will refresh the list of reader panel members to increase numbers and diversity.
Patient stories	We will work with quality team colleagues to identify patients to share their experiences of newly-commissioned services. Aim to hold two events per year – between PPI committee and board - to share experience of specific services.
Service quality monitoring	Patients will join quality monitoring visits and we will deliver training for them to help maximise their contributions.
Social media and other digital media	This is a way that we can continue to build a wider base of people we engage with - to provide information, generate views and hold conversations.
Surveys	We will use surveys to gain views from as much of a cross section of local people as we can. In most cases we will survey people through digital questionnaires, but we recognise that not all respondents are online and will make questionnaires available in paper form too. Surveys will focus on proposals for service change and they may or may not link to a formal consultation.
Consultation	Where appropriate we will conduct formal consultations on service change and will use all possible methods and make reasonable efforts to involve as many people as possible in these. We will be transparent about our proposals and intentions and wherever appropriate, indicate CCG preferences. We will also make sure people are aware that consultations are not votes or referendums. For major consultations we are likely to use independent agencies to collate and analyse results. We will present results in a clear and timely way.

### Evaluating engagement

We are keen to improve the level and quality of work we do to record, monitor and evaluate our engagement activities. This means providing more widely available information about what we have done and its impact. And it means giving more focussed feedback to those who have taken time to provide us with views and comments via our participation projects.

We will:

- Set out what we seek from engagements at the outset – aims being expressed in tangible and measurable ways, for example, in terms of numbers and diversity;
- Record all engagement activity on the appropriate area of the CCG website;
- Ask participants in project teams and other engagement activities assess their involvement – via feedback templates;
- Project teams to evaluate engagement and impact as part of their wider project brief;
- Submit and discussion evaluation reports to PPI committee;
- Produce an annual engagement report that describes the year’s activities and their impact. The report will be presented to PPI committee and board and made widely available to local people;
- Ensure the CCG’s annual report and accounts include a significant amount of material that outlines our engagement work and its impact.

### **Strategy implementation**

We will draw up an implementation plan – for agreement by the PPI committee.

Implementation will seek to achieve the following specific objectives:

- To achieve minimum of five ‘good’ ratings in the NHS England assessment 2019/20.
- To achieve improved ratings on engagement with the public as demonstrated in the 360 degree stakeholder survey 2019.

Executive responsibility for delivery sits with the associate director, communications and engagement.

### **Appendices:**

- NHS England improvement assessment framework (**appendix one**)
- Gunning principles (**appendix two**)
- PPI committee terms of reference (**appendix three**)
- Equality impact assessment (EQIA) of participation strategy (**appendix four**)