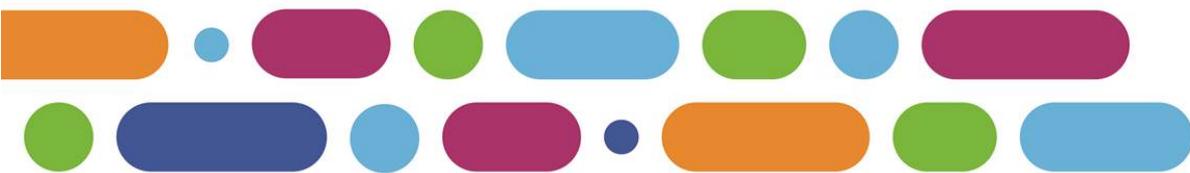




Public and patient participation strategy

2018, updated January 2020



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 in our work, from patients and local people. 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 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. This approach will also support engagement on our Equality Delivery System (EDS2).

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 an active group 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 effectively. We are putting more effort into finding out from those who have worked with us, what it was like, to assess their contributions, and to let them know what we did as a result. We want to have a greater focus on identifying the difference that involvement has made.

The team here at Herts Valleys CCG has also found the process to prepare for the NHS England participation assessment useful in focussing on some key areas and this will continue during 2020/21. This includes taking part in good practice webinars and taking on board detailed feedback from assessments.

Finally, we will absolutely focus on intensifying our engagement work and fitting in with new structures as we move towards new arrangements in 2020/21 and 2021/2. This includes making sure the developing ICP maximises the opportunities for people to make their voice heard in our work to improve services for local people.

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. We want to involve patients and local people in every aspect of developing and delivering our services; to talk to us about key strategic plans and proposals and to work with us on big scale service reconfigurations and procurement of new services. This way, patients will be at the centre of our thinking and planning.

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

2. The people we work with

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 and 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 as are the two CCGs and other partner organisations in the Hertfordshire and West Essex sustainable transformation partnership (STP). Our local NHS providers are key partners and they have signalled an interest in working more closely together which fits with the development of our local integrated care partnership for west Hertfordshire which is, at the start of 2020 gathering pace.

3. 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

4. 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 which expects commissioners to: promote participation in commissioning activities; engage with the public in governance arrangements; listen and act upon feedback at all stages of the commissioning cycle and engage when designing or reconfiguring services. Commissioners should also promote the NHS constitution and publish evidence on patient and public involvement activity.

For more information on the Health and Social Care Act: [here](#)

In 2017 NHS England produced a new guide for commissioners, and it 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 most recent assessment (2019) rated Herts Valleys CCG as 'good'. The only area of these five that didn't achieve a rating of either 'good' or 'outstanding' was annual reporting. We are responding to comments in the assessment; by giving our participation work more prominence in the annual report and setting out more clearly how patients have impacted on decisions. We are also responding to assessment feedback by applying a greater focus on evaluating our participation activity and feeding back to those who have involved – this is outlined below.

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.

5. Herts Valleys - our strategy and objectives

We want engagement with local people to continue 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.

5.1 Strategic objectives

Effective Engagement. 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.
Quality. 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.
Transforming Delivery. 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.

5.2 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.

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

6. 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 and the wider STP ‘healthier futures’ – 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.

7. Our approach, key principles and themes

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. We will also work with local people whilst taking a comprehensive approach to gathering evidence for Equality Delivery System (EDS2). This will focus on engagement with those representing all the protected characteristics. We are also working in a way that is more closely aligned with national approaches, such as NHS England's participation framework, detailed below.

- We need to broaden the range of local people who contribute to our work. This includes among others young people, ethnic minorities and those particularly disadvantaged by health inequalities and poorer health outcomes. We will work with a range of partners including other NHS organisations, Herts County Council, district and borough councils, Healthwatch Hertfordshire and local community organisations to help us engage with groups who are 'seldom heard'
- We will expand our band of community health ambassadors – using this group of volunteers to share information and messages in their local communities. We will particularly seek to recruit ambassadors from a wider group of local people and in areas with poorer health outcomes. We will continue to work alongside West Herts College to deliver health awareness sessions to their health and social care students, providing information and asking for this to be shared among their peer group, particularly on social media.
- Patient participation groups (PPGs) will also be a central strand of our participation strategy and we will support them to maximise their effectiveness; this includes a new PPG standard and incentive scheme that we are introducing in 2020.
- We are also keen to start to explore how the 16 new primary care networks (PCNs) can start to be a vehicle for further public participation – and within the new ICP for west Hertfordshire.
- 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, service redesign and quality monitoring. This will include active involvement with procurement and contracting including developing tenders and participating in tender process panels to make decisions. Direct representation on steering groups and implementation groups is likely to form part of all plans, enhanced by other appropriate forms of patient involvement such as questionnaires and social media.
- We will have a transparent and clear purpose when involving people, including clarity on what people can expect from their involvement and what they can influence. We also need to provide them with knowledge and information in a timely manner so their feedback is provided at a stage that can influence decision-making.
- We will work with providers to ensure early and ongoing engagement with patients, families/carers and public especially when mobilising new services.
- Our engagement lead will advise colleagues running projects on suitable approaches and support as appropriate. We are holding a special session in 2020 with local participants on recent project teams and staff to review their experience and impact and consider any improvements on the process we use to recruit and support.

- We will ensure that we feedback thoroughly to those who become involved in developing plans and giving us views. We also need to make sure there is a timely and genuine ‘thank you’ to all who participate.
- We will thoroughly record all engagement activity and evaluate the effectiveness of our work, publicising the impact of all engagement. This includes promoting via our website, information around ‘*you said, we did*’.
- We will regularly update our strategy implementation plan and report on all engagement activity via our summary annual report which will link to the ‘*you said we did*’ section of our website, an annual participation report and through discussions with our PPI committee.
- We will work increasingly collaboratively with partners on engagement activities – particularly with other CCGs across the sustainable transformation partnership (STP) and also with the developing integrated care partnership (ICP).
- We will harness patient and public experience, working with partners, providers and Healthwatch Hertfordshire to monitor services so that they can improve. We will do this, partly, by holding joint board and PPI committee session to hear directly from patients their experiences and use what we hear to identify areas for improvement. Recently these sessions have included experiences of mental health. Services for the trans community will be the subject of a session early in 2020. In addition we now include patients – drawn from our patient network – in our quality visits and meetings – bringing the patient view to ensuring high quality and safe services which meet contractual standards and are continual improving.
- Overall we will continue to use NHS England’s assessment framework as a guide to good practice – and aim to achieve ‘outstanding’ in 2020.

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

8. The framework

We will use existing mechanisms and develop them so that we have a framework as below. This is the framework that will deliver our key principles and themes and the methods outlined above

GP practice patient groups	<p>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.</p> <p>As a result of feedback from practice staff and patients we are implementing a patient group incentive scheme to support group activities such as health events.</p>
Patient engagement and development network	<p>Network of representatives from practice patient groups and community representatives in west Herts - for sharing good practice, information 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 encouraging more local people to take part</p>
Community health ambassadors	<p>Our ambassador scheme helps to connect us with local communities on health issues, encouraging participation and sharing information and linking with groups that are ‘seldom heard’</p>

	Our + ambassadors represent groups such as National Childbirth Trust, Trans community, local Gypsy and Traveller project, healthwalks and luncheon clubs.
Forging links with community groups representing equality groups and those in disadvantaged communities	<p>Herts Valleys CCG will develop stronger relationships with voluntary sector groups to connect with those residents who are underrepresented in our participation.</p> <p>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, gypsy and travellers and the trans community.</p>
Patient representatives on service redesign, procurements, project groups and service quality monitoring	<p>We will seek to have at least one and preferably two or three patient reps on all service redesign projects, procurements and project groups, working alongside Herts Valleys staff. We will look to include patient reps that are impacted by particular services and also those from groups with poorer health outcomes. The aim is for these representatives to be full participants at a very early stage of the life of a project.</p> <p>Patients will also join quality monitoring visits and meetings and we will deliver training to help maximise their contribution.</p>
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 appendix two
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 constantly refresh the reader panel membership to increase numbers and diversity.
Patient stories	We work with quality team colleagues to identify patients to share their experiences of newly-commissioned services. We hold two events per year – between PPI committee and board - to share experience of specific services. To date, this has included experience of mental health.
Service quality monitoring	Patients will join quality monitoring visits and meetings and we will deliver training for them as appropriate 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.
Formal 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 – our ‘you said, we did’ approach

We continue 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. We realise it is not possible to pick out and thereby evaluate every contribution, especially as our aim is to get the patient voice integral to all discussions and indeed this is how our conversations mostly operate – with the patient reps in the room just as active and involved as others, seamlessly.

We will:

- Take a '*you said, we did*' approach to feeding back to those who are involved in our activities and the wider community. A page on our website will focus on this and will be regularly updated.
- Record and regularly update how patient and stakeholder involvement has made a difference in what we do. We will also share this information regularly through our networks, for example information in our annual 'Seasons greetings and thank you' card, and our weekly Herts Valleys updates.
- 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;
- Hold sessions with patient representatives and staff to regularly evaluate how our patient involvement processes are working and what we can do to make any improvements;
- Project teams to evaluate engagement and impact as part of their wider project brief;
- Submit and discuss activity regularly with our 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;
- The summary of our annual report will have a live link to our 'you said, we did' website page, for updated information.
- Ensure the CCGs annual report and accounts include a significant amount of material that outlines s 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**)