

Clinical Commissioning Group
Governing Body
Paper Summary Sheet
Date of Meeting: 23 July 2013

For: Decision Discussion Noting

Agenda Item and title:	GOV/13/07/11 A Communications and Engagement Strategy for NHS Wiltshire Clinical Commissioning Group 2013 – 2016 For sustainable and meaningful stakeholder engagement
Author:	Helen Robinson-Gordon Head of Communications & Engagement
Lead Director/GP from CCG:	David Noyes
Executive summary:	The purpose of this strategy is to provide a framework upon which to build strong, sustainable relationships with all our communities to understand their needs, priorities and experiences. It recommends that we work in partnership with local authorities through health and wellbeing boards, health select committees and local HealthWatch, to drive local improvement and collaborate on projects to share resources and approach. The Governing Body members are asked to approve it.
Evidence in support of arguments:	The Health and Social Care Bill 2012 The King's Fund (2012): <i>Leadership and engagement for improvement in the NHS.</i>
Who has been involved/contributed:	This strategy builds on and is a development of the existing Communications Strategy of February 2012. The Governing Body's Lay member for engagement has been involved in setting aims and objectives and the Exec Team and 3 Group Directors have provided feedback on their priorities for engagement
Cross Reference to Strategic Objectives:	The strategy supports to vision and values contained within the CCG's 'Clear and Credible Plan' which sets the priority of putting patients at the centre of the decision-making and being open and honest in engagement and involvement with our communities.
Engagement and Involvement:	It is not necessary to involve members of the public in the creation of the strategy but key stakeholders will be informed in the formulation of the annual action plans for communications and engagement

Communications Issues:	Public document
Financial Implications:	Specific costs will be outlined in the action plan
Review arrangements:	Progress will be required annually against the agreed action plan to ensure the objectives and aims of the strategy have been met.
Risk Management:	There is a risk that the CCG members may not fully understand the implications of sustainable engagement and involvement. The strategy outlines a proposal to train and support CCG members in this.
National Policy/ Legislation:	NHS Constitution – involving patients in their care
Equality & Diversity:	An EIA will be carried out within 3 months of the strategy going live. The strategy acknowledges the need to be inclusive and consider equality and diversity issues.
Other External Assessment:	N/A
Next steps:	Strategy is approved and goes live.

**A Communications and Engagement Strategy for
NHS Wiltshire Clinical Commissioning Group
2013 – 2016
For sustainable and meaningful stakeholder engagement**

1. Introduction

1.1 The Wiltshire Clinical Commissioning Group aims to be at the forefront of twenty-first century healthcare by putting patients and carers close to the heart of decision making, giving them more information and choice, and focusing on high quality and safe healthcare for the community.

1.2 Our ambition is to be one of the best Clinical Commissioning Groups in the country, with a reputation and reliability for understanding of what really matters to our patients, the public and local communities. We will forge strong, sustainable relationships with our stakeholders and the local population. We will actively work in partnership and collaboration to influence, shape and develop the way services are designed and delivered to achieve the best possible outcomes for the population of Wiltshire. Our decisions will be clinically led and locally focused and we want to be accountable and transparent in all we do.

1.3 There is strong evidence that effective communication and engagement with patients, carers, and the public and other stakeholders helps to improve commissioning decisions, patient satisfaction and service use. In addition, the Health and Social Care Act (2012) requires healthcare organisations to ensure there is a strong patient and public voice in the decision-making process and that services truly reflect the desires and needs of the local population. This strategy therefore outlines the approach to communication and engagement we will take to achieve our ambitions and to build and develop our reputation in this area with all our stakeholders.

2. Executive Summary

2.1 The purpose of this strategy is to provide a framework upon which to build strong, sustainable relationships with all our communities to understand their needs, priorities and experiences. It recommends that we work in partnership with local authorities through health and wellbeing boards, health select committees and local HealthWatch, to drive local improvement and collaborate on projects to share resources and approach.

2.1.1 We will proactively seek feedback from our member practices about local services and ensure effective communication about the changes that we have made because of their participation and that of the public. We will do this through a range of channels using the locality meetings and structures as a channel and working with GPs to develop appropriate and relevant channels. This will include both face to face and electronic channels, formal and informal approaches to ensure that all feedback is captured on an on-going basis. We will also conduct an annual survey with GP members and key partners to assess the quality and effectiveness of our communications and engagement activity.

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2.1.2. We will provide support materials to assist member practices and corporate staff in their communication and engagement activities. An example of this is engagement guidelines for staff involved in the commissioning cycle. *See appendix 1*

2.2 This strategy recognises that effective communication and engagement improves transparency, accountability and ultimately drives better services and outcomes for patients¹. Evidence shows that supporting patients to self-manage their long-term conditions contributes towards better outcomes; and care that is patient-centred makes a real difference to quality².

The delivery of effective corporate communication is essential to ensure that the public, partners, stakeholders and providers are clear about our activities and work to deliver our vision. This means a change in the way that people hear about and understand the work of a commissioning organisation such as the NHS Wiltshire CCG. This strategy will form the framework from which there will be annual action plans and these plans will detail how we will communicate and engage differently. Our corporate communication activities will reflect our values and the principles agreed for the CCG which, in summary, mean that they will be:

- honest
- inclusive
- appropriate
- responsible
- collaborative
- caring.

2.3 We will use all appropriate and relevant channels to communicate with our range of audiences and will work with groups to ensure that the channels we use continue to be helpful. Whenever possible we will use channels of communication and existing networks that people know and understand, and we will use these to provide regular updates on our work including actions that we have taken and changes made as a result of comments and complaints, and other feedback we receive either directly or indirectly.

2.4. As part of the strategy we will develop a strong brand and visual identity to ensure that our stakeholders and communities are able to easily identify the organisation and the services and advice we will offer. It will also help to clearly show the work we are doing for the people of Wiltshire and how we are making a difference. Our vision and values will be clear and well communicated and supportive of the NHS brand. Our visual identity will be distinctive and fit within the national guidelines to ensure that there is clarity about our status and function. We will seek the views and opinions of our stakeholders regarding the brand and visual identity and use their feedback in the creation of the final designs. We have already created some basic corporate templates for printed materials to ensure a professional and consistent approach to initial corporate communications. An example is attached as *appendix 2*

¹The King's Fund (2012): *Leadership and engagement for improvement in the NHS*.

²Coulter A (2012): *Leadership for Patient Engagement* [online].

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2.5 We will use and develop social media and other new ways of communicating to get key messages and information out to wide range of audiences to ensure that we are able to communicate with all our stakeholders in ways they can understand and prefer.

2.6 We will undertake awareness campaigns to help our local residents understand how we work, how we are supporting more patient choice, how to make complaints or feedback concerns, how to use local services wisely and patient rights and responsibilities under the NHS Constitution.

2.7 We will work with partners to undertake joint campaigns where appropriate to support a more joined up approach for the public and to communicate key shared messages.

2.8 Our vision is, “To ensure the provision of a health service which is high quality, effective, clinically led and local”. The focus of delivering care to people in their homes or as close to home as possible is of paramount importance. We also aim to promote our belief that shared decision making about care is understood and widely implemented. As a clinically led organisation we already have a comprehensive understanding of patients’ needs and experiences of health services and we will build on this to ensure that we understand the total patient experience, and use a range of sources of information, such as complaints, general feedback, community events and one to one meetings to help us understand local issues and to improve services and outcomes for our community.

3. Aims and Objectives

3.1 This strategy supports the vision and values of NHS Wiltshire Clinical Commissioning Group. The overall aim for engagement will be to ensure that local health services are patient centred and are developed to meet the needs of the local population. However, specifically we aim to achieve the following:

- to be open, honest and transparent in our actions and accountable to our communities
- to develop credible, meaningful and sustainable relationships with our patients, staff, carers and members of the public
- a better understanding of the needs, opinions and aspirations of our local stakeholders
- a clear understanding of how well local services meet those needs and where change may be required
- strengthen the patient voice in the development of local healthcare priorities and pathways
- ensure all NHS Wiltshire CCG staff and members have the opportunity to contribute to plans that affect their roles and responsibilities.
- ensure that decisions about commissioning healthcare services are shaped by and reflect the views and opinions of the people of Wiltshire

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These aims will be delivered by objectives. Objectives are the specific, measurable statements that break down the aims into the steps that must be achieved if success is to be realised. They are effectively the milestones for the annual action plan.

3.2 The objectives for 2013/2014 are:

- to ensure that stakeholders are encouraged and are able to engage effectively on an individual and a community basis to affect local services
- to ensure that the views of individual patients and practice populations are translated into commissioning decisions.
- to support staff and CCG members to deliver consistent and relevant messages which are clear and unambiguous, using relevant and accessible channels.

3.3 We recognise the importance of effective communication and engagement with a wide range of stakeholders to support our commissioning role and we aim to develop effective mechanisms to build relationships with stakeholders to help inform commissioning decisions. Those relationships must be supportive truly two-way and non-confrontational.

3.4 We have developed some engagement principles to shape the way that we aspire to engage with our many stakeholders and will guide our work going forward. *These principles are attached at appendix 3.*

3.5 Key to this approach is having clarity about the different kinds of engagement that can be undertaken from simple information giving through to the empowerment of people to determine and commission services themselves. To ensure there is a co-ordinated and consistent approach with the various audiences, we will use the following engagement scale to indicate the different levels of engagement and what activities could be considered within each of these areas. Engagement is an on-going process starting from a simple informing perspective, working through to two way communication, consultation, and participation and then empowering people to fully contribute to the development of local health services. This is illustrated in *Table 1* and outlines the types of activities that may take place at each level.

Table 1: Engagement and types of activity

Informing	Communicating	Consulting	Participating	Empowering
<i>Including</i> ↓ Exhibitions Posters Leaflets Newsletters and written	<i>Including</i> ↓ Public meetings Seminars Radio or live phone-ins Workshops	<i>Including</i> ↓ Focus groups Workshops internal and external for both staff and residents	<i>Including</i> ↓ Health panels and forums Involvement in clinical work programmes Patient participation	<i>Including</i> ↓ Community development Lay people appointed to committees and work groups Expert patients

documents	Conferences and events	Surveys	groups and locality networks to support local commissioning	Mystery shoppers
Web based information	Health Information	Events and meetings	Complaints and comments	
Local media	Social media	Online discussion	Patient experience	

4. Internal Communication

4.1 The CCG’s Clear and Credible plan³ outlines our approach to locality working; putting GPs back into the ‘driving seat’ for care delivery and care co-ordination in the community, supporting them with multi-disciplinary teams to allow more people to remain healthy in their own home. This means that high quality internal communication is a priority for us to deliver.

4.2 Systems will be developed to encourage easier internal communication between all groups and the effective use of IT systems and greater integration between the Communications Team GP groups will be used to facilitate this. As one of the largest CCGs in England, the effective use of IT will enable wider engagement in the most time efficient fashion. However it will not be relied upon to the exclusion of all other methods.

4.3 We will provide regular updates to all CCG members and staff to outline work programmes, development and opportunities for engagement, particularly in the Community Transformation Programme work, as well as feeding back decisions from governing body and committee meetings.

4.4 We will encourage feedback and better communication between practices to ensure that the locality voice is heard in a constructive and relevant way and support locality teams to develop their communication skills and internal networks. We will use a range of engagement channels to deliver this through face to face meetings, conferences and workshops, email updates, social media, internal discussion forums, intranets and newsletters.

4.5 Our overall aim of this work is to develop a shared understanding of our priorities and the accountability between practices, as well as a truly collaborative approach to service redesign and effective commissioning through the development of and use of appropriate communication channels which are relevant and helpful to members.

4.6 We will measure the success of this communication through an annual survey with staff and CCG members, as well as through other feedback using focus groups, to highlight progress towards improving communication and developing a shared and joined up approach to our internal communication.

³ NHS Wiltshire CCG (2012) *Two Year Strategic Plan: The right healthcare for you, with you, near you.*

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5. The Engagement Cycle

5.1 We recognise that engagement is an on-going process and adopt the principles of the engagement cycle, a representational model that highlights who needs to do what to engage patients, the public and stakeholders at each stage of the commissioning cycle.

The key elements of the cycle are:

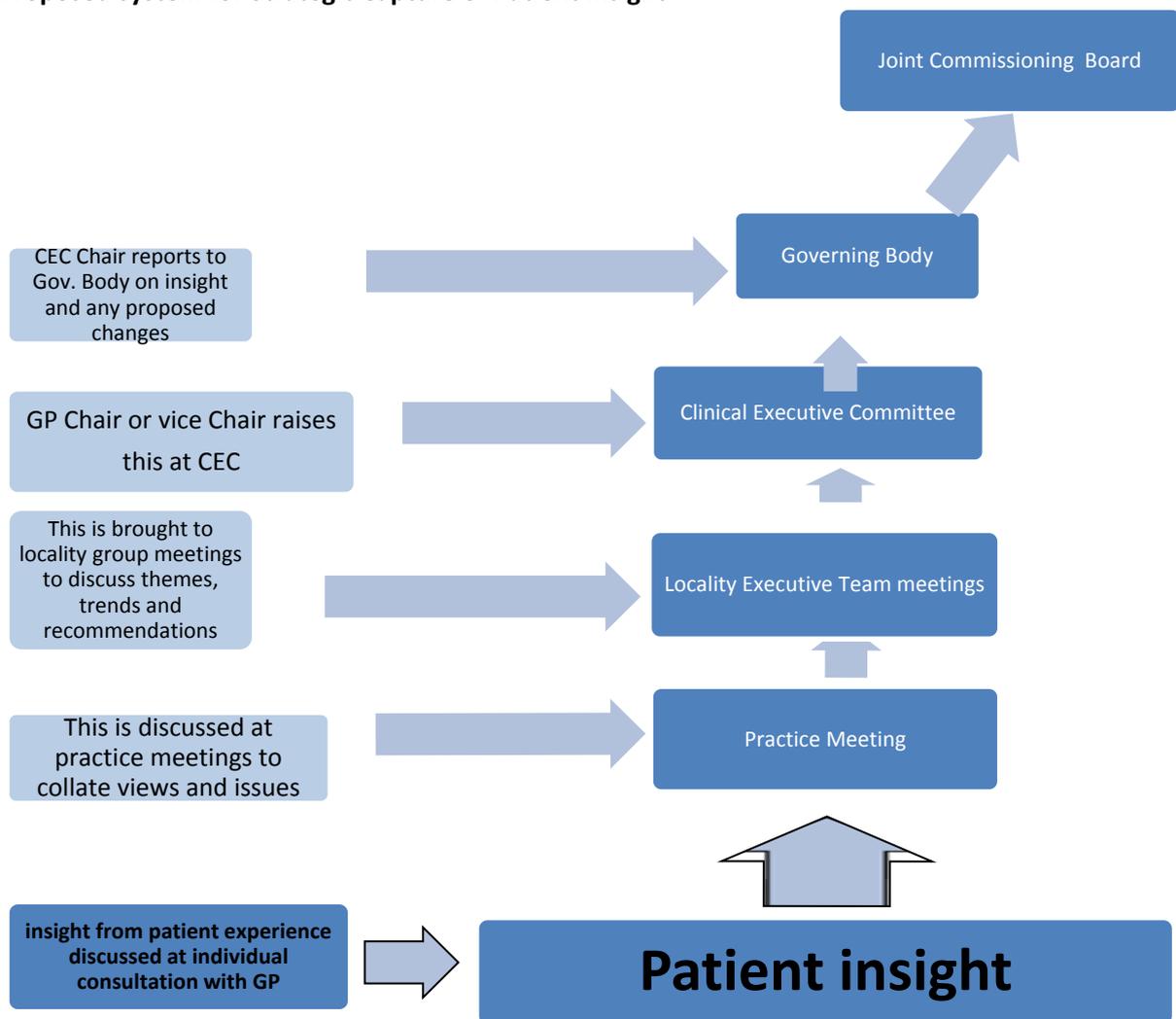
- engaging communities to identify health needs and aspirations
- engaging the public in decisions about priorities and strategies
- engaging patients in service design and improvement
- patient centred procurement and contracting
- patient centred monitoring and performance management.

5.2 It is also clear that to understand and fully engage patients, the public and carers in the commissioning of new services, customer insight is key. We aim to develop activities to generate data about what matters to patients, either ‘patient- derived’ (i.e. comes from patients directly or indirectly) or ‘patient experience data’ (i.e. is about people’s experiences of services). Specialist customer insight techniques will be used, such as dividing up the community into areas of interest (segmentation), customer journey mapping, understanding the drivers of satisfaction and social marketing to support the development of effective services for local people.

5.4 We will develop systems and processes to capture and make use of data which can then be fed into commissioning decisions from across the NHS Wiltshire CCG, including information from complaints, customer experience, locality networks, patient participation groups and local GP insight. This will include a process to use the information from individual consultations with patients to convert to plans and decision making. The following diagram provides a suggested structure to this process.

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Proposed system for Strategic Capture of Patient Insight



10. Equalities

10.1 We are committed to ensuring that all our communities are able to communicate and engage with us, in a way and at a time that is appropriate and accessible. We are aware of the requirements under the Equality Act 2010 and strive to eliminate unlawful discrimination, advance equality of opportunity and foster good relations

10.2 Using our links with local communities we will spend time building relationships, assist in

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capacity building and understanding the communities we serve to ensure that our methods and channels are relevant and clear.

10.3 We will use plain English, and other appropriate formats, and when necessary will offer

information in a translated format such as easy read or sign language or use interpreters to help with better understanding of issues and ways to get involved.

10.4 We are also aware that many of our communities are not able to engage with us directly and when this is apparent we will use existing trusted channels such as networks, community and faith groups, local leaders and advocates to undertake this work on our behalf, or invest time to capacity build these communities to help them to engage in the future.

11. Current engagement methods

11.1 We currently use the following methods to obtain feedback and engage with its key stakeholders:

- presentations to health overview and scrutiny committees and Area Boards
- stakeholder events in the three Locality Groups
- information on websites
- public meetings
- email feedback from the web site
- complaints and comments.

These methods are limited and there is a clear need to expand and diversify the ways in which we engage with and involve our stakeholders and obtain feedback. Alternative methods of engagement will be developed according to the audience that is being addressed, and the issues under consideration. However there will be a commitment to a proactive approach, attending existing community and subject-specific meetings and events rather than developing new channels.

11.2 Looking ahead, we need to develop more sophisticated methods of engagement which may include:

- social and new media channels
- patient and public engagement group
- mystery shopper
- expert patients
- audio visual tools
- webcasting
- blogs
- specific target audience interactions
- patient/public representation on service redesign meetings and committees

We are aware of the need to work with our partners to join up engagement activities across Wiltshire, to avoid engagement fatigue and to support our communities and local stakeholders to effectively engage. Wherever possible we will develop a joined up approach with partners to engage on shared issues and changes to not only support our working relationships but to share resources, support communities and groups to engage and to help them develop a better understanding of the

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wider wellbeing ambitions for the residents of Wiltshire.

12. The Engagement Process

12.1 We are committed to make sure that engagement is seen as an on-going process involving all staff and not simply something that is done in isolation or only by the Communications Department. Using the feedback from a number of sources including partner insights will help this process. However for more formal service change engagement, it is important that we have an agreed and clear process, not only for the organisation to follow but for our communities to understand.

12.2 We will also ensure that any proposed service change or development meets the national test for reconfiguration. These are:

- support from GP commissioners
- strong public and patient engagement
- a clear clinical evidence base
- developing and supporting patient choice.

12.3 Therefore the process for service change that we aim to follow is:

- service change or development considered by using existing patient insight, clinical input and public health data
- initial engagement with users, carers and other stakeholders, such as health overview and scrutiny committees, staff and clinicians to explore current issues, possible changes and to test out concepts;
- information gathered together and fed back to those involved with outlines of how their input has affected any change
- formal proposals for change prepared and further but wider engagement undertaken to ensure that there is a wider understanding of the issues
- feedback gathered from the public to inform final proposals. If significant changes are required, further engagement will be undertaken to test out new ideas and concepts
- final proposals agreed by the NHS Wiltshire CCG governing body.

12.4 Wherever possible we will allow enough time for engagement, other than in exceptional circumstances where there are pressing issues requiring timescales to be shortened. However if this required, it will be clear why it was necessary. All information for engagement and presentations will be in plain English and accessible to those involved in the engagement.

13. Reporting and Demonstrating Engagement

13.1 We will publish an annual report of the engagement activity which has been undertaken to support commissioning decisions, and this will be accompanied by a forward plan of engagement intentions to help people understand the future opportunity to engage with us.

13.2 The NHS Wiltshire CCG governing body will also receive regular reports on engagement activity with an annual report of engagement being submitted to the Governing Body no later than

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September each year for the previous financial year.

13.3 Updates and newsletters will be produced in format relevant to those who engaged with us to ensure that there is clear evidence of how engagement is making a difference to commissioning decisions and making a positive impact on local residents and communities.

14. Annual Action Plans

14.1 The delivery of effective and relevant communication and engagement requires a clear and practical plan for implementation. An action plan will be produced for each of the financial years covered by this strategy. Each plan will be produced for consideration and final approval by the Governing Body at the April meeting⁴

The strategy will be reviewed on an annual basis and an updated action plan developed as part of this process.

15. Conclusion

The Health and Social Care Bill places patients, the public and carers at the centre of healthcare in the future and we are committed to mirroring this at a local level. By promoting ways to be involved, by being proactive with local communities and communicating our work and decisions which have been made using insight from our range of audiences, we believe that the NHS Wiltshire CCG will be able to deliver a commissioning system that is relevant, is local and is influenced by local people.

⁴ With the exception of 2013/14 which will be in September 2013 due to the timing of the approval of the Strategy

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Guidelines for Engagement during the Commissioning Cycle

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1. Executive Summary

1.1 These guidelines are intended to support commissioners to engage with stakeholders during the commissioning cycle. They are designed to be used alongside practical and one to one support from members of the Communications Department.

1.2 The NHS describes the commissioning cycle as an annual process by which commissioners are expected to deliver improved health and well-being outcomes.

1.3 Commissioners are well placed to provide important information at a number of points in the commissioning cycle. By involving and engaging with stakeholders, this ensures commissioning decisions and resource allocation take into account the views and opinions of those affected and helps to highlight any factors that may adversely impact upon their health and well-being.

1.4 Increasingly, service users and carers expect to be involved in all stages of the planning and delivery of services that directly affect them – this approach is recommended as it can lead to the desired co-production of services.

Why is service user involvement so important?

- Ethical imperative – it's the right thing to do
- There are statutory and regulatory requirements – ‘Duty to Involve’
- Involvement has already resulted in essential improvements in the provision of services
- Service users are more likely to be satisfied with local services if they have played a meaningful part in their design
- It helps to maintain a focus on the quality of the service user experience
- It demonstrates good governance and probity
- It ensures that decisions take account of the expert recipients of service
- It provides an efficient use of resources
- Service users give really important insights into the following areas:
 - users may have different, but equally important perspectives about their illness and care
 - user involvement may improve the existing understanding of services
 - user involvement may be therapeutic in itself
 - user involvement may encourage greater social inclusion
 - there is widespread recognition that service users are experts, with an in-depth knowledge of their illness and of living with that medical condition

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2. What is Patient and Public Engagement and why do we need it?

Patient and public engagement is the active participation of patients, carers, community representatives and groups and the public in how services are planned, delivered and evaluated. It is broader and deeper than traditional consultation. It involves the on-going process of developing and sustaining constructive relationships, building strong active partnerships, and holding a meaningful dialogue with stakeholders. Effective patient and public engagement leads to improvements in health services, and is part of everyone’s role in the NHS.

3. Who are patients and the public – our stakeholders?

3.1 Patient and public engagement can encompass work with:

- Individual patients using a particular service, or NHS services more broadly
- Patient groups or representatives based around a particular service
- Patient groups or representatives based within the voluntary or community sector which relate to a specific issue or service
- People who care for someone using health services
- Local people, either on an individual or group basis, who do not necessarily use the service or services in question
- Local voluntary and community sector organisations, these might include organisations working with particular groups, for example, Polish community
- Other individuals or partner organisation, for example, MPs, Councillors, Health Select Committee and Health and Wellbeing Board

3.2 Even when focusing on a particular service, it is normally helpful to consider not only current patients or service users, but also people who are not using the service. This is because not all those who need the service will be accessing it. Common reasons for people not using a service include:

- they are unaware of the service
- the service on offer does not meet their needs
- institutional barriers prevent them

4. Why involve stakeholders?

The NHS can meet people’s needs better if we listen to what people tell us, instead of relying on existing knowledge and assumptions. We can develop better, more responsive services if we involve and truly listen to not only those who are already using services, but those who are not.

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CCGs have a statutory duty to involve patients and the public whether by consulting or providing them with information, or in other ways. This applies to:

- the planning and provision of these services
- the development and consideration of proposals for changes in the way those services are provided
- decisions to be made by the body affecting the operation of those services.

There is a need to involve and engage with patients and the public on the changes that are taking place in the way services are commissioned and delivered, and in how these services will be regulated.

5. Commissioning and Patient and Public Engagement

5.1 Developing a vision and strategy

The purpose of this stage is to develop a vision for health and healthcare that is shared across the CCG, local community and key stakeholders and from which the CCG develops its three to five year strategies to achieve this vision.

This means ensuring that community health aspirations are coupled with needs assessment and gap analysis activities in order to develop a shared local vision for healthcare for the local communities.

- CCGs should lead and steer the local health agenda in their community, and provide evidence of clear communication of local and national priorities, including consultation with the wider NHS community and patient and public involvement through partnership
- Involving patients and public in its visioning work will enable the CCG to demonstrate that it shares across the local community its ambition for health improvement, innovation and preventative measures to improve well-being and tackle inequalities
- In order to make commissioning decisions that reflect the needs, priorities and aspiration of the local population, CCGs have to engage the public in a variety of ways, openly and honestly

5.2 Approaches to doing this:

Intelligence gathered by public health through the joint strategic needs assessment (JSNA) gives essential information about demographics, morbidity trends, population needs and inequalities. Additionally, current and potential service users can provide useful input to needs assessment and gap analysis work.

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5.3 CCGs will need to supplement these traditional approaches by working with patients and the public to understand:

- Their own perceptions of their needs
- Their aspirations
- Where they feel there are gaps
- What is working and not working from their perspective
- What they feel the potential solutions might be

5.4 Approaches to this could include:

- Public meetings
- Focus groups
- Seminars
- Open space events
- Health panels
- Citizen's panels

6. Setting priorities

6.1 The purpose of this stage is to engage the public in how decisions are made about choices on what services might be commissioned, and be involved and empowered in being part of making those decisions.

This might lead to commissioning services that are different from how services are currently provided (i.e. reconfiguration) or in some cases de-commissioning services.

In order to make commissioning decisions that reflect the needs, priorities and aspirations of the local population, CCGs will have to engage the public in a variety of ways, openly and honestly.

6.2 Approaches

It means involving patients and the public in:

- Determining the principles that should underpin how priorities are set
- Ranking and priority setting
- Choosing a preferred strategic option(s)

6.3 Approaches to this are likely to include deliberative methods such as:

- Seminars
- Citizens' juries
- Health panels

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7. Planned Delivery

7.1 This means ensuring that users and potential users of a service are involved in defining how services are provided, including contributing to service design and care pathways.

7.2 Current and potential users of services need to be engaged in this process so that commissioners understand their lifestyles and choices and how services are used. Commissioners can build on this to ensure that services are developed and improved in the way that best meets people's needs.

7.3 Furthermore, involving current and potential users of services, particularly those from groups who are often termed 'hard to reach' and whose views are traditionally less likely to be heard, can ensure that new service models and care pathways are identified, not only the existing, more traditional, patterns of service delivery.

7.4 CCGs should not commission in isolation. Partners include local council, e.g Health Select Committee, other CCGs, healthcare providers, third sector organisations and clinical partners. Working collaboratively with these partners allow for CCGs to stimulate innovation, efficiency and better service design, increasing the impact of the services they commission to optimise health gains and reductions in health inequalities.

7.5 Approaches

This stage means involving current and potential service users in:

- Pathway design
- Designing service specification
- Developing criteria for evaluating tenders
- Assessing potential providers

7.6 Approaches to this are likely to include:

- Working with lay representatives
- Service users forums / patient groups
- Health panels
- Surveys and questionnaires
- One-to-one interviews
- Targeting interested people

7.7 Engaging patients and the public in this work will enable the CCG to ensure that patients and the public can share their experiences of health and care services and this information is used to inform commissioning.

7.8 CCGs are responsible for improving the quality of services available to their local population. The current tariff system and implementation of patient choice are unlikely to

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drive up the quality of services on their own. CCGs need to actively engage in driving quality improvement in the services they commission. As part of this, CCGs need to understand what a quality service looks like from the perspective of those using it.

7.9 This allows for patients and the public to share their experiences of health and care services which is used to inform commissioning and allows patients and public to respond and comment on issues in order to influence commissioning decisions and to ensure that services are convenient and effective.

7.10 Approaches

CCGs will need to work with providers to clarify their own role and provider's roles in relation to working with patients to assess provider's quality and performance.

CCGs will need to involve current and potential service users in:

- Determining criteria for demonstrating that a service is of a high quality from a service users perspective
- Measuring the service's performance against those criteria

7.11 Approaches to this are likely to include both quantitative work with patients (i.e. methods that are able to capture the views of a large number of people, but in limited detail) and qualitative work (i.e. methods that capture the views of only a small proportion of the people concerned, but are able to explore these in more depth).

Potential approaches include:

- Surveys and questionnaires
- One-to-one interviews
- Focus groups
- Patient diaries

8. Planning for effective patient and public engagement

8.1 Identify objectives and key issues or questions

If you need to involve and engage patients and service users as part of a specific activity or a piece of work in progress within the CCG

The following points need to be considered:

- What are the central issue or key question(s) that you are seeking to engage people in?
- What part of the commissioning cycle does this represent?
- What level of influence will the process have? For example:
 - The findings will inform future plans
 - The findings will form part of a range of inputs to a particular decision

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- The people engaged can influence the decision-making process
- The outcome of the engagement process will be a decision

8.2 Determine whether formal consultation is required

One reason early discussion with the Health Select Committee (overview and scrutiny) about variation of services is important is because it may suspect major (also known as substantial) change is being proposed. If it does, the CCG will be required to undertake formal consultation and agree with the Health Select Committee a minimum 12 week period during which the Health Select Committee will undertake a formal scrutiny in parallel with consultation by the CCG of patients and public on the proposed changes.

8.3 Key stakeholders you will need to engage with include:

- Internal stakeholders, e.g. staff, voluntary workers
- Service users, their carers and other representatives
- Service users and Carer groups directly connected to the service
- Statutory partners
- Healthwatch Wiltshire
- Professional associations – eg. BMA, RCN, UNISON
- Local Councillors
- Local MPs
- Local media
- Wider general public

9. Review available data

9.1 Once the objectives have been determined, explore what relevant information the CCG already holds, such as:

- Data from previous satisfaction surveys
- Existing monitoring systems, e.g. clinical audits
- Complaints
- PALS
- Healthwatch Wiltshire

9.2 Other potential sources of data include:

- Service-related patient groups, e.g. Patient Participation Group
- Local voluntary organisations working with your target group

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10. Identify decision-making and sign-off processes

10.1 Having determined that you need to run a formal consultation, you need to consider how the engagement work will relate to the wider activity or project it is part of.

For example:

- Where does the information you gather need to be reported? For example, the Steering Group of the wider project
- How frequently does this group meet, and therefore which meeting should the outcome of the engagement work be taken to?
- What does this imply for the timescales of the engagement work?
- Which individual or group needs to sign-off your report of the findings before they can be fed back to people? Particularly if the work is sensitive or controversial you will need to establish a clear sign-off process

11 Determine target group to be engaged

11.1 The target group you wish to engage with might be as wide as the general public or as narrow as users of an existing service.

You will need to think about any 'hard to reach' or 'seldom heard' communities within your target group/s and service or disease specific patient groups.

11.2 You will need to involve the following people or groups, or let them know about the work you are undertaking:

- Internal stakeholders, e.g. staff, voluntary workers
- Service users, their carers and other representatives
- Service users and Carer groups directly connected to the service
- Health and Wellbeing Board
- Health Select Committee (overview and scrutiny)
- Local councillors
- Local MPs
- Healthwatch Wiltshire
- Local media
- Wider general public

12. Methods of Engagement

12.1 Best practice would be to involve people early, encourage participation and make it absolutely clear that it is their legitimate experience around which service provision decision will be made.

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12.2 Patient and public involvement is a continuum, ranging from minimum involvement (just providing information) to maximum involvement (working in partnership).

12.3 You may need to choose a number of different methods at different stages of the commissioning cycle, and you also need to consider that the methods you are selecting fit with the project timelines.

12.4 Direct Involvement

- Direct service user involvement, describes the process of individual service users actively participating within activities linked to the commissioning of services.
 - Consultation panels
 - Standing conferences
 - Partnership boards
 - Speak out forums
 - Client narratives
 - Citizens panels
 - Citizens juries
 - Service Users Forums
 - Together we can panels
 - In-depth individual consultations
 - Oral or written submissions in response to public requests
 - Hot lines and phone-in's

12.5 Indirect Involvement

- Indirect service user involvement, describes the process where the views of service users are obtained via various feedback mechanisms.
 - Questionnaires
 - Suggestion schemes
 - Complaints/comments
 - Arrangements
 - Web based surveys
 - Community fun days
 - Involvement via community project
 - SMS text messaging surveys
 - E-communications (blogging)

12.6 Degrees of Involvement

- Inform
 - To provide full information to enable people to make informed choices
 - Give full and accessible information about services, to enable choice
 - Methods – posters, leaflets, newsletters, websites, one-to-one interviews, open days

- Consult
 - To get feedback on people's needs and views to inform decision-making

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- Ask for views, demonstrate we have heard them and feedback on what decision is made as a result
- Methods – surveys, focus groups, one-to-one interviews, open days, suggestion boxes

- Engage
 - To collaborate with people in developing and delivering services
 - Invite users and carers to work alongside commissioners to improve services
 - Methods – forums, working groups, advisory groups, users training staff

- Empower
 - To enable people to play an equal part in making the key decisions about services
 - Ask service users to play an equal part in decision-making
 - Methods – open space events, user-led projects or services, representatives on committees, user-led management committees

13. Valuing diversity – Involving all

13.1 Some groups of people have particular difficulties, not only in accessing services, but also in making their lack of access to services known to those who commission, plan and provide services. Terms such as ‘excluded’, ‘hard-to-reach’, ‘seldom-heard’ and ‘disadvantaged’ are commonly used to describe people who are excluded from mainstream systems.

13.2 These groups include:

- People who are disadvantaged by poverty and associated inequalities
- People who do not speak English as a first language
- People with hearing, speech or visual impairments
- People with learning, communications or cognitive difficulties
- People with physical disabilities
- Mental health service users
- Older people
- Young people – i.e. teenagers and children
- People who are housebound
- Homeless people
- People who have previously experienced or continue to experience discrimination such as racism or homophobia

13.3 These groups use and have access to services and their views are just as important as those given by members of the wider public.

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13.4 Without involving these individuals in planning, we may fail to understand the barriers to their participation and so are unable to design processes that encourage and enable them to be involved.

13.5 These groups often need a longer timeframe to be taken into account for involvement and it is likely that a wide range of different engagement methods, some tailored specifically, are needed to meet the needs of particular groups.

14. Feedback

14.1 The CCG will need to consider the different audiences that were engaged with from the engagement events, and these are likely to include:

- Those who participated in the engagement activity
- The wider group you were seeking to engage with (this might range from people with a specific interest in the issue, such as users of an individual service, to members of the public generally)
- Staff in the service or area under discussion
- Partner organisation, such as Health Select Committee

14.2 The CCG will need to consider whether the different audiences will need to receive the feedback in different levels of details and different formats using different feedback mechanisms.

14.3 It is important that you communicate both what you found as a result of the engagement work you undertook, and how those findings will be used to influence any decisions or future actions.

14.4 The more controversial the issue/service under debate, the more sensitive the feedback, and the greater care with which it needs to be handled. In order to ensure that feedback is managed and circulated, as part of the planning process, the sign-off for feedback needs to be agreed before it is made available to stakeholders. This could include:

- Can the overall Steering Group for the work that the engagement activity relates to sign it off?
- Does it need to go to the executive committee meeting?
- Does the Group Director need to agree it

14.5 Given that most engagement/involvement activities has a range of stakeholders, both in terms of those who were involved and those who are interested in the findings, a range of feedback mechanisms will need to be considered: These could include:

- A written report
- A summary poster
- A newsletter or short briefing
- Presenting at a meeting of interested groups, e.g. health and social forums
- Presenting at internal meetings

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- Issuing a press release

15. Conclusion

15.1 Wiltshire Clinical Commissioning Group is committed to involving local people in how we plan, develop and deliver health services. By involving the people that we serve, we will be able to provide responsive, high quality services that reflect the needs of the people who use them.

15.2 Commissioning has a direct impact on the health and well-being of the population of Wiltshire, driving improvements for patients in outcomes for patients. These guidelines outline how the CCG needs to embed continuous and meaningful engagement, supported by the communications department, with patients, the public, clinicians and community partners – our stakeholders.

This will enable the CCG to have better health services for the population of Wiltshire, including disabled people, people with impairments, older people, people with long term ill health, people from black and minority ethnic communities, and those who find it hard to access health services, for whatever reason.

Aims of the guidelines:

- Create awareness of the need for public and patient engagement within our everyday activities
- Promote an understanding of the wider issues relating to patient and public engagement.
- Provide practical guidance to enable commissioners to know when they need to involve and engage patients and the public in how services are planned, developed and delivered
- Support work to make services more accessible and appropriate to a wider group of people.
- Encourage a more pro-active, developmental approach to engaging people, including establishing long-term mechanisms for engagement

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- Use Arial font at least size 24 for accessibility reasons*
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Organisation and Date

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[Ref: Insert reference]

[Insert date here, format: 7 February 2013]

[Recipient's name]

[Recipient's job title]

[Company Name]

[Address Line 1]

[Address Line 2]

[Postcode]

Dear [Insert recipient's name]

Re: [Insert subject title]

Yours sincerely

[Insert Name]

[Insert Title]

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Chair: Dr Stephen Rowlands | Chief Officer: Deborah Fielding
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Standards for Engagement

We will adopt the following standards for engagement:

Honesty: we will be clear about the scope of the engagement activity and what can be changed and what can't. When changes can't be made, we will explain why.

Involvement: We aim to identify and involve the people and organisations who have an interest in the focus of the engagement.

Support: we will identify and overcome any barriers to involvement and support people to engage with us.

Planning: we will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken.

Methods: we will agree and use methods of engagement that are fit for purpose and relevant to the target audience.

Working together: we will agree and use clear procedures to work with others where appropriate to avoid duplication of engagement and effort.

Improvement: we will ensure that the engagement feeds into commissioning decisions so that people can see results of the engagement activity.

Feedback: we will feed back the results of the engagement to the wider community and those who undertook the engagement in a timely manner.

Communication: effective communication about the ways and opportunities to engage will be published and proactively shared with communities.

Proactive: we recognise that the CCG needs to be proactive in its approach and wherever possible will attend existing meetings and go to where people are rather than expect people to come to the CCG.

Monitoring and evaluation: we will monitor and evaluate whether the engagement achieves its purposes and ensure that we monitor those who have engaged with us.

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