



Newcastle Gateshead
Clinical Commissioning Group

Involvement Strategy **2020/21**

1.0 Introduction and purpose of document

This strategy states NHS Newcastle Gateshead CCGs robust approach to involvement, and, how we are committed to working with the public, patients, voluntary and community sector organisations, carers, wider communities and stakeholders to ensure health services can be commissioned based on patient experience, stakeholder feedback and community need.

It includes:

- The aims and objectives of the strategy; including some high level key messages.
- Current legislation on the 'Duty to Involve' and the 'Equality Act 2010'.
- The key principles for communication, engagement and consultation.
- Proposals for the engagement process including a clear action plan.

The strategy has been refreshed for 2020/21 by the CCG Patient, Public, Involvement Team to reflect the development of the team's work and broader changes within the NHS. The content has been considered by patient representatives from the Forum Steering Group.

The final version of the refreshed strategy was approved by the Executive Director of Nursing, Patient Safety and Quality, who presented the strategy to the CCG Governing Body on 28 January 2020.

Implementation of the strategy will be the responsibility of the Executive Director of Nursing, Patient Safety and Quality and members of the CCG Patient, Patient, Involvement team.

2.0 Our commitment to effective involvement and measuring impact

NHS Newcastle Gateshead CCG came together as one organisation in April 2015. This followed the merger of the three separate CCGs covering the Newcastle and Gateshead localities. The merger resulted in a staff structure realignment which saw the two existing delivery teams merge into one, as well as changes to some senior management roles including a new Executive Director lead for patient and public involvement and a new post of Patient Experience Lead.

With the new structure, is the need to continue and strengthen the CCGs approach to engagement with the public, patients, voluntary and community sector organisations, carers, wider communities and stakeholders (referred to from this point forward as *public and patient involvement*). The changing landscape and the increasing demands on the NHS mean that involvement needs to be at the heart of our work to make sure that these voices are at the centre of the services we provide and that we work with our NHS partners and other stakeholders to provide high quality, responsive services.

We are committed to measuring the impact of engagement activity to reflect how patient views have been considered and have influenced change. We are also committed to

working with our patients, public and voluntary and community sector partners in a truly co-productive approach to ensure we work together effectively in developing our engagement work.

Throughout this document we also refer to 'people', who can equally represent users of services, carers, individuals with enduring health conditions, or members of the public with no active involvement with services, but remain members of the communities in which we work.

It is also recognised that effective involvement means working with a wide range of communities across Newcastle and Gateshead, including differing geographical communities, BME communities, those with specific health and social care needs, and, communities of interest. Therefore, innovative and tailored approaches are required to ensure engagement is appropriately planned with, and delivered for, varied audiences.

The CCG five year Health and Social care system vision requires new Models of Care delivery across care settings underpinned by sustainable, value based, and person centred co-ordinated pathways. Achievement of these will support the triple integration agenda and help narrow the three gaps within our local Health and Social Care system.

Newcastle Gateshead CCG will transform lives together by prioritising:

Involvement: of our communities and providers to get the best of understanding of issues and opportunities.

Experience: people-centred services that are some of the best in the country.

Outcome: focusing on preventing illness and reducing inequalities to help people live happier, healthier lives. (reference CCG Commissioning Plan, pg 23, 2012-2017)



3.0 Legislation – our statutory requirements

NHS organisations are required to ensure that public and patient involvement ensures a opportunities to influence any improvements or changes to services.

The process for involving people requires a clear action plan and audit trail, including evidence of how they have influenced decisions at every stage of the process and the mechanisms used.

The CCGs obligations are:

Equality Act

Section 242 of the NHS Act 2006 sets out the statutory requirement for NHS organisations to involve and consult patients and the public in:

- The planning and provision of services.
- The development and consideration of proposals for changes in the way services are provided.
- Decisions to be made by NHS organisations that affect the operation of services.

Section 244 of the NHS Act 2006 requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSC) on any proposals for a substantial development

of the health service in the area of the Local Authority, or a substantial variation in the provision of services.

Section 3a of the NHS Constitution gives the following right to patients:

“You 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.”

The Gunning Principles are also key for any public consultation and state:

- Consultation must take place when the proposal is still at a formative stage
- Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response
- Adequate time must be given for consideration and response
- The product of consultation must be conscientiously taken into account

The CCG will adhere to these principles when undertaking public consultation exercises.

4.0 Aims and objectives of this strategy

The strategy provides a framework to enable consistent, strong and effective involvement in delivering the CCG operational plan.

In addition, NHS England’s guidance for CCGs (Transforming Participation in Health and Care) focuses on embedding involvement at every stage of the commissioning cycle. This acts as a strong framework for the CCG public and patient involvement team to plan and deliver on our commitments.



The key aims of the strategy are:

- To ensure Governing Body level leadership of public and patient involvement activities.
- To underpin the delivery of CCG involvement with public and patient stakeholders.
- To raise awareness and understanding of CCG workstreams and the importance of involvement within each.
- To work with stakeholders, including the voluntary and community sector and carers to deliver key involvement programmes.
- To ensure a consistent, ongoing approach to involvement.
- To ensure that appropriate mechanisms are in place so that people feel engaged and informed and have the opportunity to get involved.
- To maintain credibility by being open, honest and transparent.
- To monitor and gauge public perception throughout the process and respond appropriately.
- To be clear about what people can and cannot influence throughout the engagement and consultation phases.
- To provide information and context about the proposals in clear and appropriate formats that are accessible and relevant to target audiences.
- To maintain trust between the NHS and the public that action is being taken to ensure high quality NHS services in their local area
- Through involvement and engagement, the CCG can continue to provide high quality and safe services which provide a positive patient experience.
- To demonstrate the NHS is planning for the future.

5.0 Public and Patient Involvement

There are many different ways in which people might participate in the Newcastle Gateshead CCG healthcare system, depending upon their personal circumstances and interest. The 'Ladder of Engagement and Participation' is a widely recognised model for understanding different forms and degrees of involvement, (based on the work of Sherry Arnstein).

Public and patient activity on every step of the ladder is valuable, although participation becomes more meaningful at the top of the ladder (see below).

When involving our stakeholders in our work, the CCG is committed to ensuring engagement, which is honest and transparent through the most appropriate method/s.

As part of this commitment, the PPI team have worked and will continue to work with CCG staff to embed the principles of engagement across the organisation.

We will use the Ladder of Engagement and Participation when planning engagement work to determine and ensure clarity of the work and the level of engagement to be used.

The Ladder of Engagement and Participation

Devolving	Placing decision-making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approach.
Collaborating	Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution.
Involving	Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example, partnership boards, reference groups and service users participating in policy groups.
Consulting	Obtaining community and individual feedback on analysis, alternatives and / or decisions. For example, surveys, door knocking, citizens' panels and focus groups.
Informing	Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, websites, newsletters and press releases.



6.0 The Principles of Participation

NHS England has developed some principles of participation based on a review of research, best practice reports and the views of stakeholders.

Working with each other

1. Our relationships will be conducted with equality and respect
2. We will listen and truly hear what is being said, proactively seeking participation from communities who experience the greatest health inequalities and poorest health outcomes
3. We will use all the strengths and talents that people bring to the table
4. We will respect and encourage different beliefs and opinions
5. We will value, record and recognise people's contributions
6. We will use plain language, and will openly share information.

Working well together

1. We will understand what's worked in the past, and consider how to apply it to the present and future
2. We will have shared goals and take joint responsibility for our work
3. We will take time to plan well
4. We will start involving people as early as possible
5. We will give feedback on the results of the involvement
6. We will provide support, training and the right kind of leadership so that we can work, learn and improve together

The CCG is committed to these principles of participation in all our work and these also form part of the Compact which we will use when working with public and patients in Steering Groups, Planning Groups etc., and ask partners to sign up to.

(See Appendix 1 The Newcastle Gateshead CCG Involvement Compact 2016/17)

7.0 Principles for communication and engagement

This strategy is underpinned by the following guiding principles for communication and engagement.

Clear – communication should be in plain language, jargon free, easy to understand and not open to interpretation.

Consistent – there are no contradictions in messages given to different groups or individuals. The priority to those messages may differ, but they should never conflict.

Credible – messages have real meaning, recipients can trust their content and expect to be advised of any change in circumstances which impact on those messages.

Honest – all information provided is based on known facts and the opportunities and level of influence stakeholder involvement will have is made clear.

Inclusive – in terms of language, method, time, and place, ensure there are appropriate opportunities for our population and the diverse communities within it to take part.

Open – decision makers are accessible and ready to engage in dialogue. When information cannot be given, the reasons are explained.

Targeted – the right messages reach the right audiences using the most appropriate methods available and at the right time.

Timely – information arrives at a time when it is needed, relevant to the people receiving it, and able to be interpreted in the correct context. Activities are planned to allow maximum time and opportunity for involvement to be effective. Results of the involvement are fed back or published to those who took part.

Two-way – there are opportunities for open and honest feedback, and people have the right to contribute their ideas and opinions about issues and decisions.

8.0 Stakeholders

Building and maintaining supportive and trusting relationships with our key stakeholders is critical to the success of our strategy.

For the purpose of this strategy, the definition of stakeholders is anyone who will be affected (either positively or negatively) or has an interest in the work of the CCG and the delivery of the Operational Plan.

There are a wide range of stakeholders who will have varying degrees of interest in our work.

Broadly, those stakeholders fall into the following categories:

- Public and patients
- Carers
- Voluntary and Community Sector Organisations
- Internal
- Political audiences
- Wider partners
- Governance and regulators
- Media.

Our key stakeholders and how we communicate with them are detailed in **Appendix 1** of the strategy.

During 2020, we will be reviewing our engagement structures to reflect the changing landscape within the NHS.

9.0 Methods and structures

A wide range of methods and existing structures will be used to communicate with, involve and advise stakeholders of the work of the CCG, as well as highlight opportunities to get involved. These will be scoped and agreed on a project/area of work basis. These methods will be tailored to the needs of different communities.

These include, but are not restricted to:

Methods

Face to Face

- Public events
- Partner Listening events
- Focus groups
- Identified groups for targeted engagement
- Interviews
- Presentations
- Public meetings

Online

- GP Teamnet – intranet for GP practices
- CCG website
- CCG hub
- CCG stakeholder bulletins
- My NHS database
- Public events
- CCG and partner websites
- CCG weekly bulletins to GP practices
- Social media
- Surveys
- Facebook
- Videos
- Virtual group

Written communication

- Engagement Reports for CCG Governing Body
- Materials – e.g. posters, leaflets etc.
- Media
- Paid for advertising
- Surveys
- Bulletin updates

Structures

- Practice Managers meetings
- CCG patient groups
- Health Champions (health champion groups)
- CCG Commissioning Forum

- CCG Engagement Reports Communication and Voluntary sector networks and bulletins.
- CCG staff sessions
- Engagement by CCG Involvement Contract partner – Involve North East
- Existing community groups e.g. Community Forum
- Information shared with community, voluntary and health sector partners such as Healthwatch
- Long Term Conditions Patient Group
- Primary Care Networks
- CCG Engagement Forums – to be reviewed during 2020
- Forum Steering Group

10.0 Key messages

It is important to reiterate strong, consistent key messages in all involvement work the CCG will undertake. Specific key messages for the area of work will be agreed, however, these will be underpinned by the agreed CCG overarching messages.

- Newcastle Gateshead CCG is committed to open, honest and transparent involvement of all our stakeholders.
- We are committed to actively engaging with our communities to ensure we fully understand the issues that affect our patients.
- We value the views, feedback and experiences of our patients and use this in an effective way to celebrate success and improve services to meet our patients' needs.
- Partnership working with other health organisations, voluntary and community sector (VCS) partners are key to the success of our involvement strategy.
- Providing high quality, safe patient care and positive patient experience is at the heart of the CCG.
- The CCG is committed to ongoing as well as targeted involvement and will work with our partners and communities to ensure inclusivity.

11.0 Monitoring and evaluation of this strategy

This strategy and the activity plan will be monitored by:

Ongoing

- CCG patient and public involvement team
- Forum Steering Group
- CCG Executive and Governing Body

Annual

- Executive Director of Nursing, Patient Safety and Quality
- CCG Executive.
- Stakeholder survey with key partners

The strategy and the effectiveness of the CCGs success in involving our stakeholders will be monitored by an annual benchmarking survey as well as the completion of evaluation forms at engagement forums and events.

Compact between NHS Newcastle Gateshead Clinical Commissioning Group (CCG) and Stakeholders

The CCG agrees that;

- We will ensure consistent, strong inclusive and effective patient, public and stakeholder involvement in delivering the CCG operational plan for 2020/21.
- We will be clear. Communication should be in plain language, jargon free, easy to understand and not open to interpretation.
- We will be consistent. There are no contradictions in messages given to different groups or individuals. The priority to those messages may differ, but they should never conflict.
- We will be credible. Messages have real meaning, recipients can trust their content and expect to be advised of any change in circumstances which impact on those messages.
- We will be honest. All information provided is based on known facts and the opportunities and level of influence stakeholder involvement will have is made clear.
- We will be inclusive – in terms of language, method, time and place and opportunities to do disadvantage any particular community or group of people.
- We will be open. Decision makers are accessible and ready to engage in dialogue. When information cannot be given, the reasons are explained.
- We will be targeted. The right messages reach the right audiences using the most appropriate methods available and at the right time.
- We will be timely. Information arrives at a time when it is needed, relevant to the people receiving it, and able to be interpreted in the correct context. Activities are planned to allow maximum time and opportunity for involvement to be effective. Results of the involvement are fed back or published to those who took part.
- We will work together. There are opportunities for open and honest feedback, and people have the right to contribute their ideas and opinions about issues and decisions.

The CCG asks that;

- Our stakeholders and partners to be clear.
- Our stakeholders to remain consistent.
- Our stakeholders to remain credible.
- Our stakeholders to remain inclusive – not only representing the communities they serve but all communities across the CCG.
- Our stakeholders to remain open and honest.
- Our stakeholders to be responsible for tasks and that tasks are shared.
- We will work in partnership with patients and organisations. There are opportunities for open and honest feedback, and people have the right to contribute their ideas and opinions about issues and decisions.
- For 'critical friends' to challenge and hold the CCG to account in a constructive and collaborative way.
- To consider the opinions of others to support amicable outcomes.

Together we will

- Keep patients at the centre of all our work
- Ensure all communities are represented
- Create environments of working to design better services for all
- Communicate effectively, clearly and inclusively
- Celebrate our success
- Recognise challenges and take positive steps to secure successful outcomes
- Take opportunities and chances to push boundaries and innovate
- Identified outcomes and commit to the task
- Adopt a 'Close the loop' approach ensuring all those involved and impacted are informed - We will start involving people as early as possible and we will give feedback on the results of the involvement
- Be accountable and demonstrate the effectiveness of our outcomes with shared goals and take joint responsibility for our work
- Our relationships will be conducted with equality and respect
- We will listen and truly hear what is being said, proactively seeking participation from communities who experience the greatest health inequalities and poorest health outcomes
- We will use all the strengths and talents that people bring to the table
- We will recognise, record and reward people's contributions
- We will use plain language, and will openly share information
- We will have shared goals and take joint responsibility for our work
- We will take time to plan well
- We will provide support, training and the right kind of leadership so that we can work, learn and improve together
- Abide to the Nolan Principles of public Life
 1. Selflessness
 2. Integrity
 3. Objectivity
 4. Accountability
 5. Openness
 6. Honesty
 7. Leadership

Stakeholder map

Stakeholder Group	Stakeholder	Stakeholder Prioritisation Category	Communication Method(s)
Internal	Governing body	Key Player	Bi monthly update report
Internal	Executive Committee	Key Player	Quarterly update report
Internal	CCG staff	Key Player	Staff briefing sessions
Internal	Clinical Leads and Delivery Team	Key Player	Regular update meetings and actions
Internal	GP practices incl. Practice Managers	Key Player	GP teamnet, bulletins, meetings when required. Support in identifying patients when required.

Patients & Public (general)	Members of the public	Active Engagement and Consultation	Face to face meetings and briefings/engagement events and activities to suit project/audience. Website, media and social media, My NHS
Patients & Public	Affected service user groups	Active Engagement and Consultation	Meetings with identified service user groups/ engagement events/ consultation events
Patients & Public	GP Patient Participation Groups Primary Care Networks Practice Managers PPG Chairs	Keep Informed and engaged via practices	Meetings/briefings
Patients & Public	Engagement Forums	Active involvement	Emails, briefing, attendance at meetings.
Community and Voluntary Sector	Engagement Forums	Active Involvement	Regular meetings and presentations/ongoing briefings and updates/ consultation and engagement documents

Political Audiences	Local Councillors	Active Engagement and Consultation	Regular correspondence updating on progress /OSC/engagement and consultation documents when appropriate
Political Audiences	Overview and Scrutiny Committees	Key Player	Meetings & presentations/ regular briefings when appropriate
Media	Local and regional media – work with NECS communications team	Keep Informed	Pro-active and re-active press releases and statements/ interviews / briefings/ paid-for advertorials and supplements
Governance & regulators	Local health and Wellbeing Board	Key Player	Meetings/briefings

Glossary of Terms

CCG	Clinical Commissioning Group
CVS	Community and Voluntary Sector
HAREF	Health and Race Equality Forum
NECS	North of England Commissioning Support
NGCCG	Newcastle Gateshead Clinical Commissioning Group
NHS	National Health Service
OSC	Overview and Scrutiny
PPI	Public and Patient Involvement
VCS	Voluntary and Community Sector

Appendices

Appendix 1	The Newcastle Gateshead CCG Involvement Compact
Appendix 2	Stakeholder map