

Let's talk
health



We are building our vision around the views of the community

Involving Local Communities 2016-19

An Engagement Strategy



Contents

Section	Page
1. Foreword	3
1.1 Executive Summary	3
2. About NHS Vale of York CCG	4
3. Our Engagement Journey	5
3.1 Why engaging and involving the local community is important	6
3.2 Our engagement principles	6
3.3 Where we are and what we've learnt	7
3.4 Our engagement activities	7
3.5 Practice Group Network	8
3.6 Our approach to engagement	9
3.7 How we engage	10
3.8 Who we engage with	10
4. Our engagement objectives	11
5. How we engage	12
5.1 What we're good at	12
5.2 What we can do better	12
5.3 Meeting future engagement challenges	13
5.4 Engagement action plan	13
5.5 Standardised engagement approach	13
5.6 Engagement oversight	14
6. Appendices	15
A: Legal obligations surrounding engagement	15
B: Definitions of reconfiguration proposals and stages of engagement/consultation	16
C: Definitions of marginalised groups and Equality Act 2010 protected characteristics	17
D: Strengths, weaknesses, opportunities and potential threats	19

1. Foreword

Since its inception NHS Vale of York Clinical Commissioning Group (CCG) has been committed to ensuring that patient needs are at the heart of everything we do. In order to ensure we reflect patient need we have always tried to ensure that we have effective patient, carer and public involvement in our work and in our planning processes.

Over the coming months and years we aim to build upon the strong foundations we've set in involving patients, carers and our partners by growing what we do, and embracing new technologies, mechanisms and opportunities for involvement.

over the coming months, we commit to:

- Grow the My CCG network
- Engage more patients than ever before
- Improve how we feedback to people



<Insert signature>

Keith Ramsay
Governing Body Lay Chair



<Insert signature>

Fiona Bell
Deputy Chief Operating Officer
and Innovation Lead

1.1 Executive summary

This strategy outlines how the CCG's engagement and involvement activities will continue to evolve over the coming year. The objective for this strategy is to align our engagement activities and approaches with the objectives of our Five Year Strategic Plan (2014-19) and achieve 'the best health and wellbeing for everyone.'

This document outlines:

- an overview of our engagement journey
- our engagement principles
- an analysis of our strengths, weaknesses, opportunities and threats
- our future engagement objectives and an action plan for the future

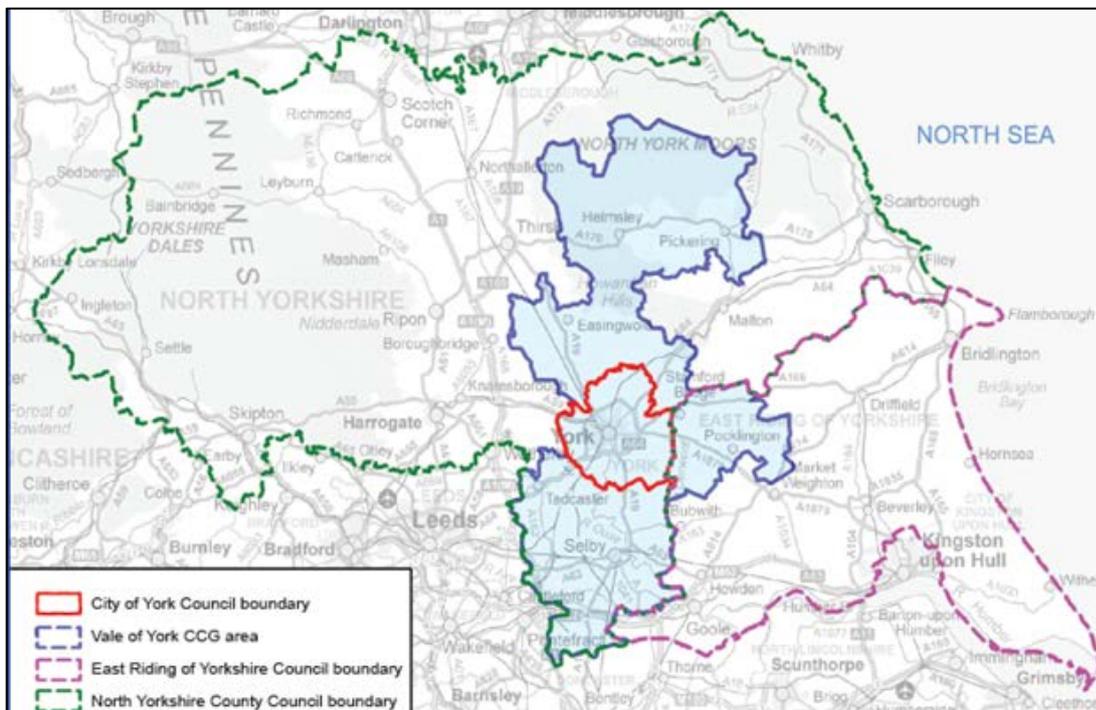
This strategy builds on the 'Engaging and involving our stakeholders – a review of our work' document which details how we engaged with our stakeholders during 2014/2015.

2. About NHS Vale of York CCG

We are an NHS organisation – established in 2013 – led by local GPs and clinicians from across the Vale of York area who see patients on a daily basis. We are responsible for commissioning healthcare, planning and designing local health services. Our vision is to make the most of the resources available across the Vale of York to achieve ‘the best health and wellbeing for everyone’.

We work closely with our three local authority partners (City of York Council, North Yorkshire County Council and East Riding of Yorkshire Council) to ensure that local people and patients from our member practices are able to access the best possible healthcare and support when they need to.

We have 29 member practices within the CCG covering a diverse population across Easingwold, Pocklington, Selby, Tadcaster and York.



We know that local people want increasingly joined up health and social care services, better access to information, support for self-care and most importantly improved coordination of care. Patients want to be able to receive the right care, at the right time, in the right place, by the right person; regardless of whether this is rapid access for short-term support or longer term help for people with complex health needs.

3. Our engagement journey

Engagement is a vital part of our goal to achieving our strategic initiatives and delivering the best in health and wellbeing within the resources available. To commission the best services we can, we work with service users and citizens to understand what good services look like from their perspective and what their health priorities are.

The CCG's 'My Life, My Health, My Way' strategy 2014-19 explains what we want to achieve as we move towards more integrated health and social care in the Vale of York area. It involves helping people to make healthier choices, to stay healthy through prevention, the promotion of self-management and by engaging our stakeholders, partners and local people to become involved in helping to shape services. Our flexible approach to engagement and involvement will continue to develop alongside the evolving delivery of My Life, My Health, My Way.

To meet the broader needs of the local community and the changing health economy, both locally and nationally, we are refocusing some of our engagement approaches and priorities.

People in our local communities are living longer and more of them are living with long term conditions. Many individuals are living with more than one long term condition and have said that they want health and support services which look at all of their needs rather than their separate conditions. The budgets for health and social care services will not keep pace with the growth in the demand for services.

To meet these challenges, we need to work collaboratively with our communities, partners and stakeholders on the future of services both now and in the future. Our approach is summarised in the diagram below:

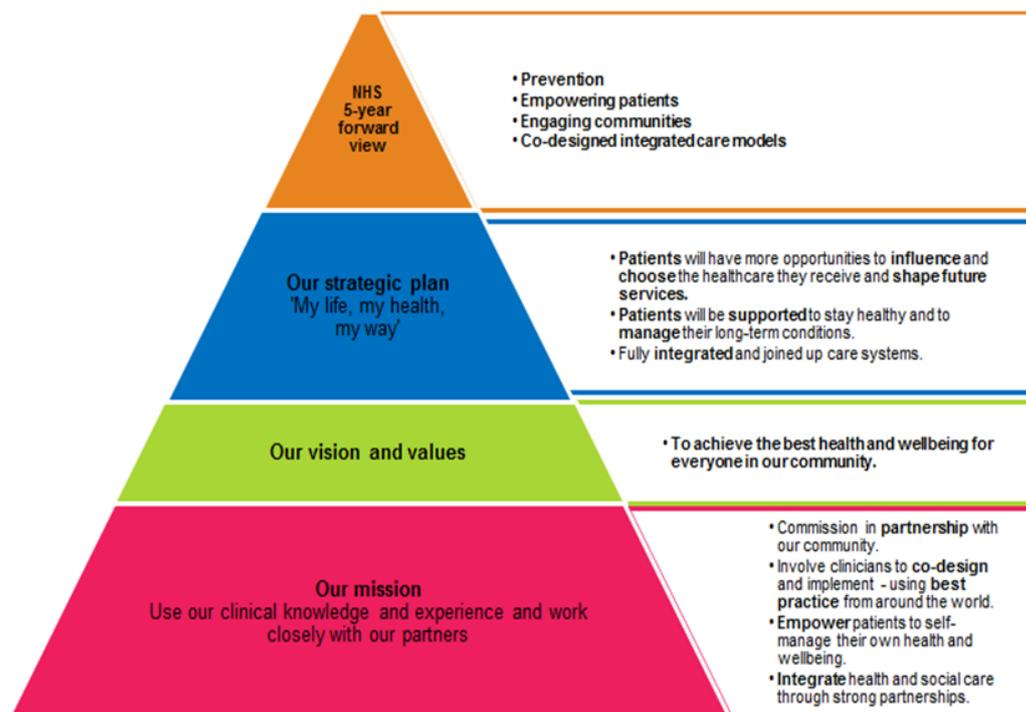


Figure 1: Our strategic plan, vision and values

3.1 Why engaging and involving the local community is important

We believe that working collaboratively with our communities and effective engagement are key factors in how we successfully plan and commission high quality services which will help to improve the health and wellbeing of local people.

Engagement offers our patients, the public, partner organisations and the clinical community the opportunity to be involved in shaping local healthcare, in a transparent and open way. We want to make sure that we understand what local people think good services look like, and how they're delivered. To do this we want local people to be involved in the conversations we have around how we develop and improve those services.

We know that the views of local people will be influenced by their own experiences, and those of family and friends and that there are more people that use some services than others. As a Clinical Commissioning Group we need to listen to the voices of all service users and ensure that these views and ideas form part of the conversation alongside the voices of clinicians and other partner organisations. It is our duty to balance these views along with regulatory requirements and best practice guidelines as we make decisions on how best to use funds for the greatest impact locally.

The aim of this engagement strategy is to help share our plans to strengthen the approach we are developing around collaborative working and the direction this will take over coming years.

Our engagement philosophy will continue to support the achievement of our strategic objectives to deliver the best health and wellbeing for local people within the resources available.

We are committed to effectively involving local people and communities in our decision making. In addition, we have a statutory requirement – protected by the NHS Constitution – to ensure that this is something that we deliver on an ongoing basis. As a statutory organisation we are required by law to implement a number of key engagement activities (See Appendix A), but we are committed to going above and beyond these minimum requirements.

We have committed in the CCG's Procurement Policy (November 2015) to 'ensure that service users, carers, staff and partners are engaged throughout the procurement process' whenever a decision is made to tender a service.

3.2 Our engagement principles

The CCG has 10 core values:

Communication

Courage,

Empathy,

Equality,

Innovation,

Integrity,

Measurement,
Prioritisation,
Quality
Respect

And we have used these to help create our key engagement principles.

We will endeavour to:

- Hold open, clear, informed and collaborative conversations
- Ensure engagement is core to our planning, prioritisation and commissioning activities
- Develop innovative and interactive approaches to holding engagement conversations
- Seek and listen to views of our partners, patients, carers and other local citizens
- Be honest and transparent in offering opportunities and discussing constraints and challenges to the delivery of services

3.3 Where we are and what we've learnt

To date we have been involved in a significant amount of stakeholder engagement during 2014-15, particularly – although not exclusively – relating to the commissioning and redesigning of some local health services such as diabetes and neurology, community services and gluten free products. Details of the CCG's engagement during 2014-15 can be found in the 'Engaging and involving our stakeholders – a review of our work' document available on our website.

3.4 Our engagement activities

We will:

- proactively involve local people in the development of our plans and commissioning intentions
- proactively seek feedback on our plans, commissioning intentions and proposed service change
- plan and resource engagement activity appropriately
- ensure dialogue is two-way, listen and encourage involvement whilst managing expectations
- recognise people are different and provide support to overcome barriers to involvement and find new ways of holding conversations together
- be accountable and respond to feedback
- use existing local and national patient experience information
- work with other agencies, stakeholders, patients, patient representatives and carers.
- provide a range of opportunities for people to engage with us using appropriate formats and technology
- proactively seek ways of engaging with people from marginalised communities and the nine protected characteristics identified in the Equality Act 2010.

- develop a culture where involvement is everyone's business - we learn and act upon input and feedback from patients, carers, the public, staff and member practices across the CCG

We will do this by:

- Recruiting to a newly devised role dedicated to working across the CCG in ensuring and assuring effective and appropriate consultation and engagement
- Supporting Clinical Leads to embed Patient, Carer and Community Engagement in the work that they lead
- Establishing a new CCG-wide Practice Group Network with patient representatives from each of the CCG's member practices
- Creating a standardised approach to creating engagement and consultation plans
- Using scoring mechanism (Appendix B) to score proposed service change
- Using the service change score to establish minimum standards for engagement
- Bringing patient experience and engagement to the CCG's Quality and Finance Group as a regular agenda item
- Implementing a series of workshops for CCG and practice staff to build their existing skills around engaging with patients, carers and the public
- Advising and supporting CCG staff in the development of engagement plans
- Establishing links with the largest employers in the CCG area
- Working with local HealthWatch organisations to ensure patient views are reflected in all our activities
- Working with local voluntary and community sector organisations we contract with to encourage and gather feedback and input from service users
- Introducing a new Engagement Action Plan coproduced with members of the community, to be updated quarterly

3.5 Practice Group Network

The CCG's Patient and Public Steering Group will be replaced by a new Practice Group Network, offering the CCG an opportunity to gather feedback, test ideas and gain insight into what matters to our communities. The network will create a two-way dialogue with and support member practices' patient groups by practice allowing a wider range of patients and carers to share their thoughts with us, and offering a mechanism for us to share the work that the CCG is involved in

3.6 Our approach to engagement

We are committed to engaging with local people throughout all of the stages of the engagement cycle (Figure 2) using a range of involvement mechanisms.

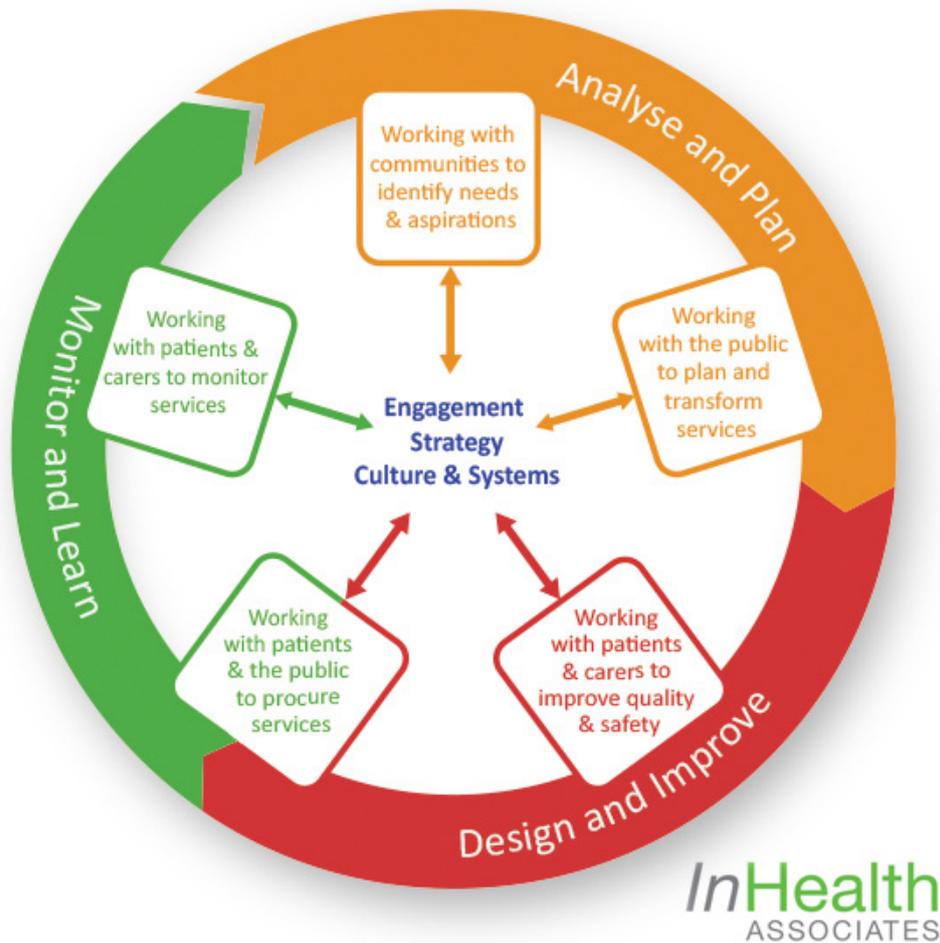


Figure 2: Patients and the public are integral to the commissioning cycle (copyright InHealth Associates)

Throughout the Analyse and Plan stage, we will:

- work with communities in identifying local health needs and aspirations;
- engage patients, carers and the public in shaping future priorities and strategies; and
- encourage service users and their families to share their experiences and to add this to other formal data to better inform our planning

Throughout the Design and Improve stage, we will:

- engage local people in service design and improvement;
- support patients, carers and the public to be involved in procurement and contracting of new services;

As we Monitor and Learn we will:

- include patient experience feedback in our contracts;

- give patients a voice in ongoing monitoring of provider performance through the Friends and Family Test, 'Have your Say', and primary care patient participation groups
- ensure feedback and insight is incorporated into commissioning processes, refreshed key performance indicators and other contract monitoring mechanisms
- share feedback with other partners to help them to continually improve services
- monitor patient experience feedback on services
- Explore creative ways to encourage more people to give feedback on services and their experiences of care

As a local leader within the health economy, we will work with colleagues in neighbouring CCGs, other health and social care organisations, local authorities, public services and the voluntary, community and faith sector to make the best use of our combined resources.

We will increase our use of patient stories and qualitative patient experience intelligence to inform Governing Body, Programmes and Projects.

3.7 How we engage

Wherever possible, we will link into existing networks and opportunities to involve local people. We will work collaboratively with our neighbouring CCGs and the local authority to share insight and data on patient experience, views, needs and preferences.

3.8 Who we engage with

At the beginning of our commissioning and planning processes we identify the groups that we need to talk to and work with on future plans. We use tools such as service user, population and Joint Strategic Needs Assessment data alongside local knowledge and partners to help us do this. We also actively seek input and feedback from our stakeholders as to how we can continue to improve in our engagement and how we can seek the views of marginalised communities and groups.

We collaborate and co-produce with stakeholders, patients, service users and their families to commission the best results for our residents.

We recognise that we need to engage with the whole community and whilst we are increasingly effective at working collaboratively with service users, local people and partners in our service change, we recognise that we still do this with only a small section of our communities. We are working hard to increase the opportunities to co-produce services and to challenge ourselves to broaden the range of people that we actively engage with and to ensure that we are effectively engaging with marginalised groups.

We work closely with our local partners in the voluntary, statutory and community sector to identify who we should be working with and the best ways of doing so. Where possible we will work with our partners to involve marginalised groups through existing structures and engagement methods.

4.0 Our engagement objectives

1. We will aim to develop a range of tools to take account of the different needs of individuals and groups to make each conversation count.
2. Through using patient experience metrics, we will measure the effectiveness of new or changing services to inform learning for future developments.
3. Closing the feedback loop - we will publish plans and commissioning intentions that will provide details of our spending, information about future schemes and how the public have influenced decisions – including continually sharing the “you said, we did...” document that many have said they value.
4. We will develop a flexible engagement plan in April of each year. It will encompass engagement around the planned commissioning intentions whilst allowing for additional work as the CCG workplan and in year opportunities and priorities develop. This plan will be signed off by the CCG’s Governing Body
5. We will engage more consistently with a wider demographic of our service users and clinicians, in particular:
 - young people
 - families with young children
 - GP practices and their patients
 - marginalised groups

In addition to these core engagement objectives we will continue to ensure that wherever possible we avoid using acronyms and complicated terminology in all public-facing documents, communications and on our website. Where this isn’t possible we will explain the acronyms, and complicated and clinical terminology that we do use.

We will strive to improve how we engage and share information across partners, for example, sharing patient data between primary and secondary care (where appropriate) when looking at service redesign and improvement.

We will ensure that all procurements, innovation, service change and development projects have patient engagement embedded from an early stage.

Engagement and involvement plans will be tailored to meet the needs of the relevant patient populations and will reflect the content of the project’s initial Equality Impact Assessment.

We will ensure that we utilise patient experience intelligence in the development of projects, and where this does not exist we will ensure that it is gathered to inform pre-engagement and early stage project planning.

We will create opportunities to host events in conjunction with our partners and coordinate information across the locality to better inform service plans.

5.0 How we engage

We will regularly review our engagement approaches and activities against best practice standards, toolkits and other organisations to ensure that we continue to have a clear, evolving and effective process for structured and unstructured engagement.

We believe that involvement isn't just the role of an individual, or one team; but the responsibility of everyone in the CCG. Patient, carer and public involvement in our commissioning conversations is already the norm. We will build on this to further embed engagement behaviours throughout the CCG, creating an organisational culture of involvement.

To meet our commitment to engagement we will create experts in teams across the CCG, supporting staff to develop their engagement skills through training, peer support and participation in engagement activities.

We already utilise a variety of mechanisms for involving local people in our work, including:

- Focus Groups, workshops and world café events
- Informal discussions
- Formal consultations
- Newsletters
- Patient Interviews
- Public meetings
- Social media
- Surveys

and we will work with our communities to find other ways to have conversations and make it easier to get involved.

5.1 What we're good at:

Working with partners to gain best results for engagement

Working with clinicians and service users to design proposed changes to services

Consistent engagement with certain patient demographics

Exploring opportunities for joint engagement with partner organisations

Utilising a range of established approaches to engage with communities

Trying to be honest about what the CCG is able to do, and what we can't

5.2 What we can do better:

Help patients and the public to understand the constraints and limitations across our localities

Improve consistency of approach to engaging across the Vale of York locality

Utilise local networks to reach key groups who we may not always engage with well

Engagement with wider demographic groups – particularly working age adults and young people

Understand and link to social norms work being carried out by Public Health locally

A full Strengths, Weaknesses, Opportunities and Threats analysis can be found in Appendix E

5.3 Meeting future engagement challenges

We will develop our links with existing mechanisms for engagement including:

- City of York Council Youth Forum
- Connect engagement programme
- Local HealthWatch organisations
- Meetup
- North Yorkshire County Council Citizens' Panel
- Talkabout (City of York Council Citizens' Panel)
- Engagement groups and networks at provider organisations
- Practice Participation Groups at the CCG's member practices

We want to be able to use new and developing mechanisms to involve a broader range of people. We will do this by exploring practical opportunities to:

- Use pre-existing online resources eg. MumsNet, PatientsLikeMe
- Broaden use of social media
- Establish online Focus Groups
- Liaise with student populations through links to local Student Unions
- Implement SMS based surveys
- Access major local employers
- Commission social research

5.4 Engagement Action Plan

Each year we will produce an engagement action plan, which will be signed off by the governing body; it will be built around our commissioning intentions and priorities for the coming year and shaped by our conversations with individuals, communities and partners.

This action plan will be complemented by the ongoing development of a live engagement activity document which will outline and keep up to date the engagement activities that are aligned to specific projects and programmes which will develop and evolve over the course of the year. We will publish this on our CCG website and look for other ways to share the plan.

We will also continue to report on our engagement activities for each year as part of our commitment to transparency through the publication of our Annual Report.

5.5 Standardised engagement approach

We will introduce a standardised core approach to patient, carer and public involvement across all of our commissioning intentions which we can build on according to the needs of the groups with whom we are working. This will involve the creation of a new internal public engagement toolkit to support more consistent planning and delivery of engagement activities across the CCG.

The new toolkit will enable staff leading on engagements to define their involvement activities and scope the activities required for each commissioning intention. This will in part be based upon our definitions of reconfiguration proposals and stages of engagement / consultation (See Appendix B).

5.6 Engagement oversight

Internal oversight for patient, carer and public involvement will be assured by regularly reviewing and updating the CCG's Engagement Action Plan, and providing regular updates to the CCG's Quality and Finance Group and the Governing Body's lay member for involvement.

Engagement plans for projects and initiatives will be assured through the CCG's Programme Delivery Steering Group to ensure that they meet the needs of local populations.

In addition we will scope training and support needs for staff throughout the organisation around patient, carer and public involvement, ensuring that teams are skilled and confident in delivering their proposed engagement activities, or have the support to deliver them.

6.0 Outcomes

The intended outcomes of the Involving Local Communities Engagement Strategy are:

- A bigger voice for local people
- Greater understanding of local need
- Improved, more responsive services
- Improved patient outcomes
- Greater public understanding of health priorities and pressures
- Broader range of local people engaging with the CCG

Appendix A:

Legal obligations surrounding engagement

- Involve the public in the planning and development of services
- Involve the public on any changes that affect patient services, not just those with a 'significant impact'
- Set out in our commissioning plans how we intend to involve patients and the public in our commissioning decisions
- Consult on our annual commissioning plans to ensure proper opportunities for public input
- Report on involvement in our Annual Report
- Have lay members on our Governing Body
- Have due regard to the findings from the local Healthwatch
- Consult local authorities about substantial service change
- Have regard to the NHS Constitution
- Transforming participation in health and care
- Equality Act 2010

Appendix B:

Definitions of reconfiguration proposals and stages of engagement/consultation

Definition & examples of potential proposals	Stages of involvement, engagement, consultation			
	Informal Involvement	Engagement		Formal consultation
<p>Major variation or development Major service reconfiguration – changing how/where and when large scale services are delivered. Examples: urgent care, community health centre services, introduction of a new service</p> <p>Significant variation or development Change in demand for specific services or modernisation of service. Examples: changing provider of existing services, pathway redesign when the service could be needed by wide range of people</p>				<p>Category 4 Formal consultation required (minimum twelve weeks)</p> <p>(RED)</p>
<p>Minor change Need for modernisation of service. Examples: Review of Health Visiting and District Nursing (Moving Forward Project), patient diaries</p>			<p>Category 3 Formal mechanisms established to ensure that patients/service users/ carers and the public are engaged in planning and decision making</p> <p>(ORANGE)</p>	Information & evidence base
		<p>Category 2 More formalised structures in place to ensure that patients/ service users/ carers and patient groups views on the issue and potential solutions are sought</p> <p>(YELLOW)</p>	Information & evidence base	
<p>Ongoing development Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours</p>	<p>Category 1 Informal discussions with individual patients/ service users/ carers and patient groups on potential need for changes to services and solutions</p> <p>(GREEN)</p>	Information & evidence base /		

Note: based on guidance within the Centre for Public Scrutiny's Major variations and developments of health services, a guide

Appendix C:

Definitions of marginalised groups and Protected Characteristics

We define marginalised groups as including but not limited to

- Those who do not understand written or spoken English;
- Those who have visual or hearing impairments, or have other disabilities;
- Working single parents;
- Asylum seekers or refugees;
- Sex workers;
- Those who have no permanent address;
- Black or minority ethnic communities;
- Young people not in education, employment or training;
- Economically deprived communities;
- Those who have mental illnesses;
- Those who misuse alcohol or illicit drugs;
- Those who are long term unemployed;
- Those working unsociable hours

Definitions of the Protected Characteristics

The Equality Act 2010 identified nine 'protected characteristics'. Following are definitions of each of the characteristics.

Age

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).

Disability

A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Gender reassignment

The process of transitioning from one gender to another.

Marriage and civil partnership

In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. [1]

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).

Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Race

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Religion and belief

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Sex

A man or a woman.

Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Source: Equality and Human Rights Commission
(<http://www.equalityhumanrights.com/private-and-public-sector-guidance/guidance-all/protected-characteristics>)

Appendix D: Strengths, weaknesses, opportunities and potential threats

In reaching our goals, we need to understand where our current strengths, weaknesses, opportunities and threats are in our engagement work. The following SWOT analysis has been compiled using:

- Internal – interviews with internal stakeholders
- External – 360 stakeholder survey results and interviews with two other external stakeholders

Strengths	Weaknesses
<p>Stakeholders said they were very or fairly satisfied with our engagement.</p> <p>Working with partner organisations to gain the best results for engagement.</p> <p>Working with clinicians and service users to design proposed changes to services.</p> <p>Where we've worked with clinicians and service users to design proposed changes, for example with diabetes.</p> <p>Integrated communications in the CCG which has supported engagement effectively.</p> <p>Consistent engagement with some patient demographics, particularly 50+ white British.</p>	<p>Lack of shared forward plan; complete with timescales, to enable timely coordination of related workload both within the CCG and with partner organisations.</p> <p>View of stakeholders that CCG doesn't always take on board, suggestions and comments around services and plans/priorities.</p> <p>Lack of consistency in closing the feedback loop to people who have contributed to engagement and to the public.</p>
Opportunities	Threats
<p>Making it easy for people to participate (e.g. via a range of mechanisms and/or locations).</p> <p>Making it easy for clinicians and other healthcare professionals to implement changes in their systems, for example the new bone protection service.</p> <p>Building on the ability to measure results for new contracts and for any service developments across key pathways.</p> <p>Exploring opportunities for joint engagement with partner organisations.</p> <p>Engaging more with a wider demographic, in particular: young people, families with young children, seldom heard groups.</p> <p>Using wider partner organisation network to match relevant skills to engagement needs, for example market research and event facilitation.</p>	<p>Managing and maintaining the CCG reputation when difficult decisions about funding services have to be made - ensuring that sufficient engagement and communication is undertaken regarding these changes.</p> <p>Non-standard and inconsistent in approach</p>