

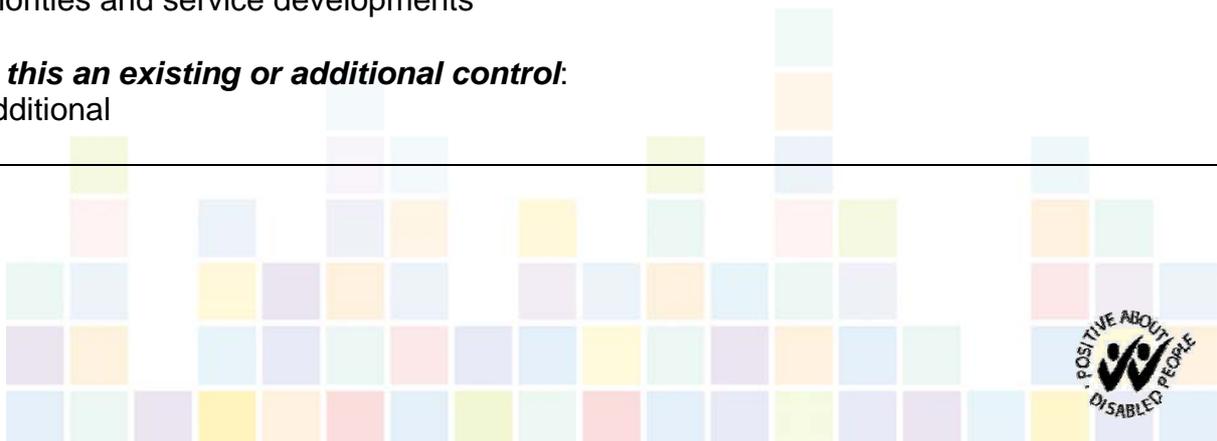
**NHS Sheffield CCG Public and Patient Involvement Plan**

**Governing Body meeting**

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**7 November 2013**

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Sponsor	Tim Furness, Director of Business Planning and Partnerships
Key messages	
<p>This paper proposes a plan to involve the public and patients of Sheffield in the work of the CCG, building on the Communication and Engagement Strategy that was approved by the Governing Body in June 2013. It sets out how we should inform, involve, engage and enable the people of Sheffield. It also proposes that we establish a PPI task and finish group to work with partners to develop a citywide approach to PPI, moving beyond the mechanics of good engagement in our decision making to working with communities to improve health and wellbeing.</p> <p>Key features of the plan include working with Healthwatch, establishing a database of people willing to be involved in our work, establishing a patient panel, supporting clinical portfolios to embed PPI in their work, and working with partners to support increased health literacy and strengthened community resilience.</p> <p>Effective engagement requires resourcing. In part, this resource will be provided by the Commissioning Support Unit, under the SLA we have with them. However, this plan asks clinicians and managers in the clinical portfolios to do more than usually happens to involve people in their work. This will require time being spent by the portfolios which will need either additional resource or the re-prioritisation of current work to ensure enough time is spent to effectively listen to and involve people in their work.</p>	
Assurance Framework (AF)	
<p><b>Assurance Framework Number:</b> 1.2</p> <p><b>How does this paper provide assurance to the Governing Body that the risk is being addressed?</b></p> <p>The paper sets out a proposed action plan that will strengthen our engagement with patients and the public, especially with regard to influencing our decision making about priorities and service developments</p> <p><b>Is this an existing or additional control:</b>          Additional</p>	



## Equality/Diversity Impact

***Has an equality impact assessment been undertaken?*** NO

***Which of the 9 Protected Characteristics does it have an impact on?***

The engagement plan will impact on all protected characteristics. It is important that the CCG engages with and understands the needs of all parts of the population of Sheffield and implementation of the plan must ensure that this is the case.

## Public and Patient Engagement

A workshop was held with members of the public, drawn from attendees at the CCGs public meeting in April, to inform development of this plan. If supported, the plan will be presented at the public meeting in November and implementation informed by that discussion and ongoing engagement. Healthwatch Sheffield has also contributed to the development of this plan.

## Recommendations

That Governing Body:

1. Approves this public and patient involvement plan
2. Notes the next steps
3. Supports the establishment of a PPI task and finish group
4. Requests the Director of Finance to identify non-recurrent resources to support the launch of this plan
5. Requests the Chief Operating Officer to review portfolio plans and consider how the portfolios can be resourced to ensure PPI is embedded in their work

## **NHS Sheffield CCG Public and Patient Involvement Plan**

### **Governing Body meeting**

**7 November 2013**

#### **1. Introduction**

This paper proposes a plan to involve the public and patients of Sheffield in the work of the CCG, building on the Communication and Engagement Strategy that was approved by the Governing Body in June 2013. It sets out how we should inform, involve, engage and enable the people of Sheffield.

The effect of this plan will be to strengthen and embed public and patient involvement (PPI) in the work of the CCG. It focuses on ensuring our decision making is informed by the views of the people of Sheffield, which will in turn help to ensure that we can build public support for our work.

However, our ambition should be greater than this. We should seek to work with partners, leading thinking and action in the city, to embed PPI in the whole of the work of the NHS in Sheffield and supporting community engagement across the public sector. To this end, the paper proposes that we establish a PPI task and finish group that will work with partners to propose a strategic approach to PPI in the city, incorporating not just influencing our decision making, but supporting individuals and communities to take greater control of their health and the care they receive, developing capacity and resilience to improve health and wellbeing.

#### **2. National Context**

'Participation is not only about legal requirements. It underpins everything that the NHS in England does'<sup>1</sup>

NHS England published 'Transforming Participation In Health and Care – The NHS Belongs To Us All'<sup>2</sup> in September 2013 which states how the vision for patient and public participation, outlined in the NHS Constitution and Health and Social Care Act 2012, will become a reality. It states that there are six key requirements for NHS commissioners:

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

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<sup>1</sup> <http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf>

<sup>2</sup> <http://www.england.nhs.uk/2013/09/25/trans-part/>

- Publish the feedback they receive from local Healthwatch about health and care services in their locality

In addition, the publication supports two legal duties that require CCGs and commissioners in NHS England to enable:

- Patients and carers to participate in planning, managing and making decisions about their care and treatment, through the services they commission
- The effective participation of the public in the commissioning process itself, so that services provided reflect the needs of local people

This plan demonstrates how Sheffield CCG will meet these requirements.

### **3. Purpose of Engagement**

NHS Sheffield CCG's values include a commitment to placing our patients at the heart of all our discussions with providers of healthcare and all our commissioning decisions. Our Communication and Engagement Strategy sets out our communication objectives, to:

- Involve all our stakeholders and listen to feedback – so that our decision making is informed by patient experience and by public and patient opinions
- Increase awareness of health care, health services and health behaviours – so that people can make informed choices
- Manage the reputation of the CCG – so that our voice is credible and trusted
- Listen to our staff and keep them informed – so that they are empowered in their roles

This plan describes how we will involve our stakeholders and listen to feedback and how we will increase awareness of health and health care. We want to involve patients and the public much more effectively than our predecessor organisations were able to, so that we understand what people want and need from health care and how they make choices about how they use services in the city. We will make better decisions if we are better informed about what people want and what they think about the care they receive and we need to earn the support of the public of Sheffield to improve health and healthcare in the city.

We want to involve patients and the public in two key areas of our work:

Quality improvement – monitoring the current quality of care our patients receive from our providers and working with providers to continually improve that care, to achieve our prospectus aim of improving the quality and equality of healthcare.

Service change – planning improvements to the way care is organised and delivered to achieve our prospectus aims of improving access to care, reducing health inequalities and ensuring healthcare in the city is affordable and sustainable.

We also want to support people in Sheffield to have a better understanding of health issues and be able to take control of their health so that they have the information and support they need to make decisions about their health and to look after themselves and their families. Of course, this information is also the information people need to be able to comment on and contribute to the work of the CCG.

We will pay particular attention to supporting people to engage who have characteristics that are protected under the Equality Act 2010 and those who experience difficulties

accessing health services or have health problems that are caused by or affected by their socio-economic circumstances.<sup>3</sup>

#### **4. Current Position**

The CCG inherited an approach, and resources, to communications and engagement from the predecessor PCT and has already put further arrangements in place. This plan therefore builds on a position of some strength, which includes:

- Dedicated communications and engagement capacity provided by the Commissioning Support Unit
- A new website that provides at least introductory information to people about the work of the CCG, including access to Governing Body papers and information about each clinical portfolio
- Governing Body leadership from a lead GP, two lay members and an Executive Director
- Some good engagement in some areas of work
- An understanding of the benefits of involvement and engagement in our clinical portfolios
- A developing relationship with Healthwatch Sheffield

However, we know that we can and should do better, to ensure involvement in all we do. Current weaknesses include:

- No clear strategic partnerships or city approach to PPI
- PPI is not embedded in the work of the clinical portfolios
- There is no clear process for commissioning staff to seek patient and public input in their work
- We do not have strong relationships with communities in Sheffield
- We have not established a way of working whereby people in Sheffield expect to be involved and seek to be involved.

#### **5. What We Will Involve People In**

There are different mechanisms required for each of three main areas of work:

##### 5.1 Involving People in Planning Improvements

The work we do to improve the way care is organised and delivered is carried out by our clinical portfolios, covering the following areas:

- Acute Care (elective and urgent care)
- Long Term Conditions
- Mental Health and Learning Disabilities
- Children, Young People and Families

It is the role and responsibility of all our clinical and managerial teams to ensure that the patient voice is at the heart of decisions about planning, monitoring, evaluating and developing services. Our portfolio teams will therefore be primarily responsible for this, with offer expert advice and appropriate training and development opportunities to support them. Where we do joint work with Sheffield City Council, we shall agree with them how we involve patients and the public in that work.

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<sup>3</sup> <http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf>

## 5.2 Involving People in Quality Improvement

The CCG will actively seek feedback from patients, users and carers about the services we commission, this feedback, positive or negative will be invaluable in helping the CCG both monitor and improve existing services and inform any new or revised service specifications.

Feedback will be received from a number of sources, including:

- Directly via complaints, comments and compliments.
- NHS Choices
- Patient Opinion
- Provider collected Data
- Friends and Family
- CCG specific mechanisms (as described below)
- Patient Insight Dashboard (Autumn 2013 onwards)

## 5.3 Supporting Self Care and Community Resilience

The CCG is working with partners to develop relationships with communities in Sheffield, to support community resilience. To add to the advice the people get from their GP and other health professionals, we have a number of initiatives in place such as health trainers, health champions and community support workers. We will work with communities to identify what support works best for them, and what makes a difference to people's health, and to put that support in place. This is not something that just the CCG can or should do, and we will work with partners including Sheffield City Council and Voluntary, Community and Faith organisations to plan this.

## **6. How We Will Involve People**

Our plan is based on three levels of involvement:

- Informing – ensuring our patients and public know what we are doing
- Involving & Engaging – ensuring those who want to have opportunity to tell us what they think & establishing a real conversation with patients and the public about what we do
- Enabling – working in partnership to ensure that appropriate support is available for people to contribute

The main ways in which we will inform, involve and engage are:

- Using the Internet, social media and written documents, such as newsletters and questionnaires
- Making sure that practice participation groups can be involved in CCG issues as well as issues about their own practice, if they wish to
- Setting up an involvement database so we know who wants to be involved, in what areas of work
- Establishing a patient panel that will meet regularly with CCG GPs Executives, to discuss what we do
- Supporting our GPs and commissioning managers to inform, involve and engage patients and the public in their work, including signposting to the Patient and Public Commissioning Support Programme<sup>4</sup>
- Working with Healthwatch to agree who does what – i.e. when it is right that Healthwatch engages people and tells the CCG the outcome, and when it is right

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<sup>4</sup> <http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf>

that we engage people directly, so that we do not both ask people the same questions

- Developing joint approaches with local authorities, local Healthwatch, voluntary groups and other organisations, especially those who have relationships with local communities and have successfully worked together with local people in the past<sup>5</sup>

## 6.1. Informing

We will:

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| 1. Use our website as the main source of information for patients and the public about what we do. We will also make all material that is published on the website available on paper and send copies to people and groups that request them. We ask that people use the internet wherever possible, to save paper and other printing costs.     | C&E team<br>Portfolios to provide material |
| 2. Publish   |  |
| <ul style="list-style-type: none"> <li>• The papers for the monthly meetings of our Governing Body</li> <li>• Our commissioning plans and other strategies, as they are submitted to the Governing Body</li> <li>• A quarterly summary of work in each of our clinical portfolios, where our service improvement work is usually done</li> </ul> | C&E<br>C&E<br>TF (business plan report)    |
| 3. Hold public meetings, open to all, at least twice year, one of which will be our Annual General Meeting.  | Corporate team                             |
| 4. Send representatives to meetings that we are asked to attend, such as local forums, wherever possible and appropriate.  | GB & CET members, commissioning managers   |
| 5. Meet with Healthwatch regularly and respond to any information requests they make, making that information publicly available unless it is confidential.  | TF, C&E team                               |
| 6. Continue to maintain a working relationship with voluntary, community and faith sector organisations, recognising that they can often provide us with an understanding of people's needs and opinions.  | TF, GB members                             |
| 7. Continue to hold our Governing Body meetings in public, with an opportunity for members of the public to ask questions at the end of each meeting.  | Corporate team                             |

## 6.2. Involving and Engaging

We will:

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|--|------------------------|
| 1. Establish a local involvement database and use it, and the People Bank <sup>6</sup> , to understand people's specific areas of interest and invite them to comment on or be involved in meetings about our plans. | C&E team<br>Portfolios |
| 2. Use social media, such as twitter, and web-based methods like crowd sourcing and surveys, to get comments about questions and   | Portfolios<br>C&E team |

<sup>5</sup> <http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf>

<sup>6</sup> <http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf>

proposals.	C&E team
3. Use an online mechanism for engaging with the public routinely for PPI activity and consultations	
4. Collate comments made about healthcare to us on social media and in writing and report those to our Executive Team quarterly.	C&E team
5. Collate information gained from complaints and compliments, NHS Choices, Patient Opinion, Friends and Family, and Providers collected data, and use that to inform quality and service improvement work	Quality team
6. Set up meetings, such as focus groups, to hear people's views, rather than simply inviting one or two people to come to our routine business meetings.	Portfolios
7. Ensure each clinical portfolio has a regular involvement meeting that includes representatives from our database, from VCF organisations and from Healthwatch.	Portfolios
8. Make sure that comments received from attendance at meetings we are asked to attend are reported back to clinical portfolio leaders.	GB & CET members, commissioning mgrs
9. Support clinical portfolios to use the above methods to ensure they take into account the views of patients and the public in their work, providing expertise to organise and administer their involvement.	C&E team
10. Provide a contact point for all practice participation groups so that they know how to report concerns and comments and how to ask for information from the CCG and brief practice managers on this plan and how practice groups can contribute.	C&E team
11. Listen and respond to issues, concerns and suggestions that come from work that Healthwatch undertakes.	TF – route to CET/GB
12. Explore and incorporate feedback we receive from patients and members of the public all year round via our existing patient experience mechanisms (Patient Opinion, Provider feedback, social media, complaints and compliments etc)	C&E team Portfolios Quality team
13. Set up a patient panel that will meet quarterly to discuss the main areas of CCG business, with members drawn from our database.	C&E team Execs
14. Meet with VCF representatives quarterly for the same purpose.	TF GB members
15. Meet regularly with Healthwatch for the same purpose.	TF, C&E team
16. Participate in the City Council run Local Area Partnerships	Locality CET & GB members
17. Involve all stakeholders in formal consultation processes in line with latest legislation	C&E team portfolios

### 6.3 Enabling

We will:

1. Support partners in the VCF sector to build and encourage development of health literacy within communities. TF Localities
2. Work in partnership with organisations that use a community development approach to ensure that we hear from those most vulnerable and socially excluded. TF C&E Team
3. Enable the development of mechanisms for patient to patient conversations with a view to those providing a unique and candid perspective on the CCGs work. TF C&E Team
4. Encourage and support local people to access the online health literacy programme with The Tinder Foundation, which aims to train 100,000 people from disadvantaged communities by April 2014<sup>7</sup> C&E Team

## **7. Resources**

Effective public and patient involvement requires resources, including:

- Specialist support to the CCG from the CSU (in place, though capacity will need to be monitored as involvement grows)
- Staff and clinical time, including Governing Body and CET members, and portfolios (portfolio resource requirements to be established)
- Promotional and information materials, including – but not only – social media (our website, Twitter and Facebook accounts etc.)
- Mechanisms for engagement e.g. online platform development
- Meeting expenses of members of the public to enable their involvement

With regard to the latter, the CCG needs to adopt a policy to guide the payment of expenses. This is in the process of being developed.

The launch of our involvement plan in particular will require resourcing, to raise awareness of the opportunities to be involved and of our strengthened intentions to be informed by our public.

## **8. Next Steps**

This plan requires Governing Body and CETE members, clinical portfolios and the communications and engagement team to take responsibility for the actions proposed. Following approval, next steps will include:

1. Launch of the involvement plan and the database, including at the CCG public meeting and Healthwatch's public meeting, both in November
2. Development of the details of the involvement database, e.g. how to register, how we'll use it
3. Agreeing a joint working protocol with Healthwatch
4. Development of clinical portfolio's plans to implement this involvement plan

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<sup>7</sup> <http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf>

5. Establishment of a CCG PPI task and finish group to oversee implementation of this plan and to work with partners to develop a strategic approach across the health and social system to involving and enabling the public of Sheffield.

## **9. Recommendations**

That Governing Body:

1. Approves this public and patient involvement plan
2. Notes the next steps
3. Supports the establishment of a PPI task and finish group
4. Requests the Director of Finance to identify non-recurrent resources to support the launch of this plan
5. Requests the Chief Operating Officer to review portfolio plans and consider how the portfolios can be resourced to ensure PPI is embedded in their work

Tim Furness, Director of Business Planning and Partnerships

16 October 2013