

Darlington Clinical Commissioning Group (CCG)

Localised Operational Engagement Plan 2011/12

Introduction:

The document below has been produced in line with NHS County Durham and Darlington's GP Led Commissioning Engagement Plan 2011/12.

It is essential that patient and public engagement expectations are both understood and fulfilled. The draft plan will assist in the consideration and development of ongoing involvement mechanisms for the CCG and will support the key drivers for engaging with key stakeholders and the local population of Darlington.

The plan will enable the CCG Board to have an awareness of the need for engagement activity, including a high-level overview of legislation and policy 'must-do's' and an understanding of engagement considerations and challenges at different stages of the commissioning process.

What do we mean by patient public and carer engagement?

Patient, public and carer engagement is primarily about listening to feedback from local people with a view to informing service improvements. Engagement activity may range from informing patients to proactively seeking views through to the co-production of services with full participation from patients. Engagement can be proactive and reactive, formal and informal, quantitative and qualitative. Patient involvement also encompasses the personalisation agenda and an increasing priority to ensure individuals are active partners in their own care.

Strategic engagement is another type of engagement which involves ensuring partner organisations, potential co-deliverers of any service or pathway, any monitoring bodies and key local influencers are kept informed and involved with clinical commissioning as appropriate. Communication is an essential pre-cursor to high quality engagement activity. It embraces a range of activities from giving information and raising awareness to promoting services, media management, marketing communications and campaign management and generating a positive public image. Both strategic engagement and communications are out with the scope of this plan.

Benefits of good patient and public engagement:

There are many short and long term gains to be obtained from identifying and addressing engagement needs including the development of:

- Insights into positive and negative aspects of existing services
- Understanding of who is key to the CCG Board's success
- Informed and empowered service users
- Greater community awareness of the CCG and local commissioning process
- More use of choice and greater involvement in own care
- More people using services
- More satisfied patients from better experience of service
- Positive public image for service
- Higher quality health services
- Healthier communities.

Legislation and policy drivers:

In addition to the benefits highlighted above, there are several statutory requirements surrounding patient, carer and public engagement which mean that not involving local people is not an option. The legislation listed below mandates all NHS organisations to involve patients in the planning and provision of services and any proposals for service change. It includes obligations to consult Overview and Scrutiny Committees and work with Local Involvement Networks:

- Section 242 of the NHS Act 2006
- Section 244 of the NHS Act 2006
- The Local Government and Public Involvement in Health Act 2007
- NHS Constitution.

The draft Health Bill 2011 reinforces these legislative requirements and requires GP Commissioning Consortia to seek outcomes which deliver a positive patient experience.

Furthermore, the Revision to the Operating Framework for the NHS in England 2010/11 introduced four tests for all proposals for service reconfiguration which require all reconfiguration proposals to demonstrate:

- support from GP commissioners;
- strengthened public and patient engagement;
- clarity on the clinical evidence base; and
- consistency with current and prospective patient choice.

Support for Clinical Engagement:

The NHS County Durham and Darlington involvement team can provide a range of advice, knowledge and support to the CCG on the following:

- legislation and policy around engagement and consultation
- audience appropriate engagement methods and feedback mechanisms
- development of engagement and consultation plans
- impact assessment of engagement activity from an equality and diversity perspective
- local demographics, facilities, service users and/or representative bodies
- brokering links with local service user/representative groups
- liaison with health overview and scrutiny committees and Local Involvement Networks
- facilitating discussions to generate patient/public engagement ideas
- links to communications colleagues, cascades and mechanisms
- links to involvement colleagues to synchronise work and maximise shared resources
- share sample engagement tools, templates and documents.

Darlington Clinical Commissioning Group Localised Engagement Action Plan 2011/12

Objectives	Actions	Methods of Delivery	Responsibility	Timescale
Enable patients, carers and the public to influence commissioning.	Review and further develop systems for ensuring patient and public involvement within the CCG structure.	Practice representative groups (PRG) to be set up in line with DES and a patient representative to be identified and represent each practice on the Darlington Commissioning PRG.	Involvement Officer / Practice Manager	March 2012
	<p>Develop process to ensure patients and the public are involved in all stages of the commissioning process including:</p> <ul style="list-style-type: none"> • Patient and public involvement in setting/agreeing commissioning priorities on annual basis. • Service users included in the planning, review, design, development and de-commissioning of services. 	<p>Future commissioning intentions set with input from PRG locality group.</p> <p>Dedicated engagement activity with patients/carers per pathway to:</p> <p>Identify strengths/weakness with current pathway and suggest improvements</p> <ul style="list-style-type: none"> • Patient Rep to be identified from the PRG to participate in relevant steering groups • To gain wider service user experience, engagement 	Clinical Commissioning Project lead, Involvement Officer, Performance & Intelligence Team, Project lead	<p>Annual</p> <p>Implemented - Ongoing</p>

	<ul style="list-style-type: none"> • Service users involved in service procurement. • Service users involved in ongoing evaluation of services' effectiveness <p>Develop Board standards for patient and public involvement, against which projects can be assessed.</p>	<p>activities such as focus groups/questionnaires/ interviews / workshops</p> <p>Understand existing service user/staff experiences.</p> <ul style="list-style-type: none"> • Existing data – engagement, performance and intelligence, PALS, complaints incidents • Patient experience survey feedback from providers. • 3rd Sector organisations involvement where appropriate. e.g. Age UK, LINK etc <p>Service users to be on procurement panel and engagement criteria / patient experience to be part of the procurement process.</p> <p>Patient feedback to be embedded in all new service contracts</p> <p>PPE Project outline form, to be completed for all new projects (pages 1-4). Projects requiring consultation will need the full plan completing</p>	<p>Project lead / clinician with support from Involvement Officer</p>	<p>To be implemented as required</p> <p>To be implemented as required</p> <p>To be implemented as required</p>
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	Appointment of one patient representative on CCG Board until guidance is received on appointment of lay members	To be agreed	CCG Chair, Involvement Officer	To be implemented
	Develop individual involvement and consultation plans for service / pathway developments and changes, including potential decommissioning of services.	Follow statutory guidance including involvement of relevant OSC. Patient and Public Engagement evidence log already being completed for each pathway development	CCG/Locality Board with support from comms and involvement team. Project leads	Ongoing Implemented
	Develop and use core patient experience outcome measures in service specifications	Patient questionnaire included in service specifications. Consider PALS/Complaints trends.	Project lead, Involvement Officer,	Implemented
	Implement a model for involving key stakeholders in the work of Darlington CCG.	Stakeholder group to be established with regular meetings	Project lead, Involvement Officer	To be implemented
	Utilise existing practice-based engagement mechanisms to support the work of Darlington CCG linking with DBC.	Work with DBC, 3 rd sector stakeholders utilising the PCT database and practice patient reference groups.	CCG Chair, Involvement Officer	Implemented

Develop an understanding of patient and public involvement, including legal and policy requirements and involvement methodologies	Board members and any key practice leads as identified by the Board to undertake training in involvement, including legislation and policy and methods of involvement and a level of understanding of Overview and Scrutiny.	Training to be delivered through the PCT Involvement Team and DBC.	Involvement Officer	March 2012
	Share, promote and use relevant sections of involvement toolkit developed by NHS County Durham and Darlington Involvement Team	Available via PCT website, Involvement Team and intranet.	Comms and Involvement Team	To be implemented
	Board members and any key practice leads to gain an awareness of Health and Wellbeing Boards and future HealthWatch, including mechanisms for engaging with these organisations.	Direct communication with LINKs and emerging HealthWatch, supported by publications and briefings.	CCG Board Comms and Involvement Team	Ongoing
Manage relationships with all key stakeholders to support robust engagement and involvement.	Map key stakeholders and engagement mechanisms including, Overview and Scrutiny functions (and future Health and Wellbeing Board), LINKs (and any future HealthWatch organisation), patient groups, key public representatives and the voluntary / community sector:	Stakeholder map developed	Support from: Clinical Commissioning Project Lead/ Involvement Officer	Implemented – to be reviewed on a regular basis

	Consolidate and refresh knowledge about local demographics to identify potential target audiences for engagement activity, including seldom heard groups such as rural communities, mental health service users and carers and people of a black, minority or ethnic origin etc.	Use Health Profiles and JSNA	Comms and Involvement Team, Public Health	Implemented – to be reviewed regularly
	Identify, understand and/or develop a consistent process for working with Darlington Borough Council, Scrutiny and LINKs/or any evolving Health and Wellbeing Board/ HealthWatch organisations.	Utilise existing processes and mechanisms via PCT Comms & Involvement. Encourage a patient representative to be a co-opted member on the Overview and Scrutiny Committee. Encourage a CCG PRG member to also be a member on the Darlington LINK.	Involvement and Scrutiny Manager CCG Board	Implemented To be implemented
	Produce an annual consultation report in line with legislative requirements	To be included in annual report	Comms Team CCG Board	Annually
	Develop and agree communications plan	Communications plan to be developed to support the engagement plan	Comms Team	To be implemented
	Consider the establishment of regular annual stakeholder engagement events	Hold annual stakeholder events (AGM)	CCG Board, Clinical Commissioning	March 2012

			Project Lead/ Involvement Officer DBC	
Develop processes to proactively seek patient experience data, and to ensure this is used to shape services.	Implement processes to ensure a range of patient experience data is collected, triangulated and informs the review and improvement of local services.	Patient feedback to be embedded within new service contracts to gain ongoing patient experience through liaising with the Involvement Team.	Clinical Commissioning Project Lead, Contracting Team, Involvement Officer	Implemented when required
Ensure patients are actively involved in their own care	Promote greater patient involvement in own health care, including choice, direct payments, personalised care plans and access agendas. Monitor and evaluate services' performance against patient involvement standards.	CCG Board to gain an understanding of how patients can influence their own personalisation budget. Performance mechanisms in place.	Darlington CCG Support from: Clinical Commissioning Project Lead, Involvement Officer Contracting team	To be developed Implemented