



Picture from Patient & Public Participation in commissioning health and care – NHSE 2017

Working Together: A toolkit for developing patient, community and staff partnerships.

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Acknowledgement

Thank you to all the patients from CEP, PPGs and the staff who contributed to the development of this toolkit.

Foreword

'Partnership working' was the term chosen by patients and service users that best reflected their contribution to the work of the NHS Ipswich & East Suffolk Clinical Commissioning Group (CCG).

Those two simple words make it abundantly clear that public opinion sits at the very centre of our efforts to co-produce with members of the wider community.

While the Ipswich & East Suffolk CCG was in the process of defining what it meant by co-production, colleagues from the neighbouring NHS West Suffolk CCG were on the same journey, and, reassuringly, coming to the same conclusions.

This has led to the two CCGs working together in harmony, sharing their experiences to develop a best practice engagement model that will guide both organisations as they strive to ensure that the patient voice is heard loud and clear in the provision of future healthcare services.

In Ipswich and east Suffolk, the Chief Operating Officer and Chairman of the CCG supported the creation of joint workshops involving members of the Governing Body, Clinical Executive, Community Engagement Partnership and GP surgery patient participation groups.

Meanwhile, in west Suffolk, a group of people were recruited from the community to help forge effective relationships between the CCG, patients and the public. In addition to the annual 'Patient Revolution' event, where the 'open space' approach was used to enable members of the public to set the agenda, workshops were also held for members of the Community Engagement Group and Clinical Executive.

These initiatives led not only to a definition of partnership working, but also prompted the development of an engagement toolkit for staff and the creation of a database of patients and service users with whom both CCGs could work in partnership. The appointment of 12 'partnership champions' drawn from teams across both CCGs aims to embed partnership working within all aspects of commissioning. Working together, the champions support and encourage working alongside patients in partnership. A framework demonstrating the spectrum of engagement was also designed, along with a method of capturing, monitoring and reviewing all engagement work.

'Bucking the trend', 'challenging assumptions' and 'being brave and tenacious' are all terms that partnership champions are likely to be heard heralding, but all parts of the organisation have a role to play. Finance colleagues can identify the need for budgets to promote public involvement, contracting staff can ensure the public voice is heard and re-design teams can transform services in partnership with patients. Clinical leaders and senior managers can support and champion working with patients in all day-to-day work.

Working in partnership is absolutely the right thing to do. Nobody is pretending it's easy. The only easy thing is talking about it - actually doing it is much harder. In order for partnership working to become 'the norm' a change in culture is required. The belief that professionals know best is outdated. Technical, clinical and managerial expertise should be blended in with the lived experience, community knowledge and leadership of patients and service users in order that our communities are truly involved in their health and social care.

We say again - we ALL have a role to play. Simply ask the question "Were patients involved in this work? And if not, why not?". It's a really helpful first step. Let it become second nature. The CCGs' communications and engagement teams will be pleased to support your work.

Together we can do this.

Pauline Quinn and Jo Finn

Lay members for patient and public involvement

About this toolkit

Following two workshops attended by a number of patients from GP surgery patient participation groups, NHS Ipswich & East Suffolk CCG's Community Engagement Partnership, chief officers and clinical executive GPs, the CCG made a commitment to co-production.

They unanimously decided to use the preferred term "partnership working" in place of co-production.

Developed by patients and CCG partnership leads to help build staff confidence and capacity for working in partnership with people in our communities, it recognises that staff and patients are equal partners in commissioning, aims to improve how people look after themselves and commits to drawing on the stories of people who have experienced the services themselves so that we collectively learn more. Feedback from staff and patients was used to create this toolkit, as well as evidence from engagement work previously undertaken and national and local policies.

Each directorate has 'partnership champions' able to assist CCG teams explore and highlight areas where they can work in partnership with patients and the public. A list of champions as of March 2018 is included at Appendix 1.

Our definition

"Partnership working is a way of working that involves people who use health and care services, carers and communities in equal partnership, and which engages groups of people at the earliest stages of service design, development and evaluation.

Done well, partnership working helps to ground discussions in reality and maintain a person-centred perspective."

(Ipswich and east Suffolk CCG with CEP and PPGs 2016)

Overview

Why? Ultimately, it improves services and it is the right thing to do. CCGs have a legal duty to involve service users and communities in decisions about their health and healthcare. We have taken this a step further. The governing bodies of the NHS West Suffolk and NHS Ipswich & East Suffolk CCGs have both made patient involvement and engagement a priority. Language and terminology changes, so it might help you to think of partnership/co-production as a deeper and more meaningful way of keeping us in tune with what people really need and think.

How? 'Working Together: A framework for developing patient, communities and staff partnerships (2018)' sets out a 'Spectrum of Engagement' which all communication and engagement work falls into. Co-production/partnership is the area of the spectrum that we will strive to achieve to ensure patients can play a meaningful part in shaping and designing services. Page 7 demonstrates what we are trying to achieve when we talk about co-production/partnership.

The 'Spectrum of Engagement – Tools' (Appendix 8) identifies the tools and techniques that can be used at each stage of the spectrum to work together with patients, communities and staff.

When working in partnership with patients and communities, consideration must be given to meeting times with plenty of notice, accessible venues, orientation to the NHS and the projects being undertaken, the provision of a named staff member for support and queries, the payment of expenses and, in the case of extensive contribution, the payment of an honorarium (Appendix 6).

Partnership Champions are working within the CCGs to support colleagues in their efforts to work together with patients and communities. Our ambition is to make working with patients and communities part of our 'everyday business', which informs every aspect of CCG work. (Partnership Champion Role descriptor, 2017). Appendix 7 sets out the role of our Partnership Champions.

The communications and engagement team (01473-770010) can give you advice where required.

When? It is much simpler to start engagement at the same time stakeholders are identified. Where there are highly complex or contractually sensitive situations, you might not be able to work in partnership straight away, but always involve people as early as possible and ask their advice. Projects should never be allowed to reach a point where people cannot reflect, give feedback or work in partnership before decisions are made (NHSE, 2017).

While we should make every effort to work together with patients, we recognise there are times when we have to work at speed, particularly where there is genuine risk to the health, safety or welfare of patients or staff. In these situation there are a range of involvement strategies that can be used (appendix 8). Advice can also be sought from the communication and engagement team.

Who? 'Working Together: A framework for developing patient, communities and staff partnerships (2018)' provides examples of who can support you in working together to ensure a 'proportionate and targeted approach' (Cabinet Office, Consultation Principles 2016) is taken to engagement work.

Ipswich & East Suffolk CCG's Community Engagement Partnership (CEP) and West Suffolk CCG's Community Engagement Group (CEG) are public groups representing the patients in their respective areas. Both have been set up as advisory groups to their CCG's Governing Body and are sub-committees of the board. They each have an independent chair and support the lay members of the CCG who have lead responsibility for patient and public engagement. The CEP and CEG are formal committees that discuss and hear updates on important matters in healthcare. They are also a valuable resource for gaining patient feedback and can often be the starting point for engagement work within the wider community.

What is co-production/partnership working?

- Partnership working is a way of working that involves people who use health and care services, carers and communities in equal partnership, and engages groups of people at the earliest stages of service design, development and evaluation
- Partnership working acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on the support and services that will make a positive difference to their lives
- Done well, partnership working helps to keep discussions relevant and patient-centred
- Partnership working is one of a range of different approaches that includes citizen involvement, participation, engagement and consultation

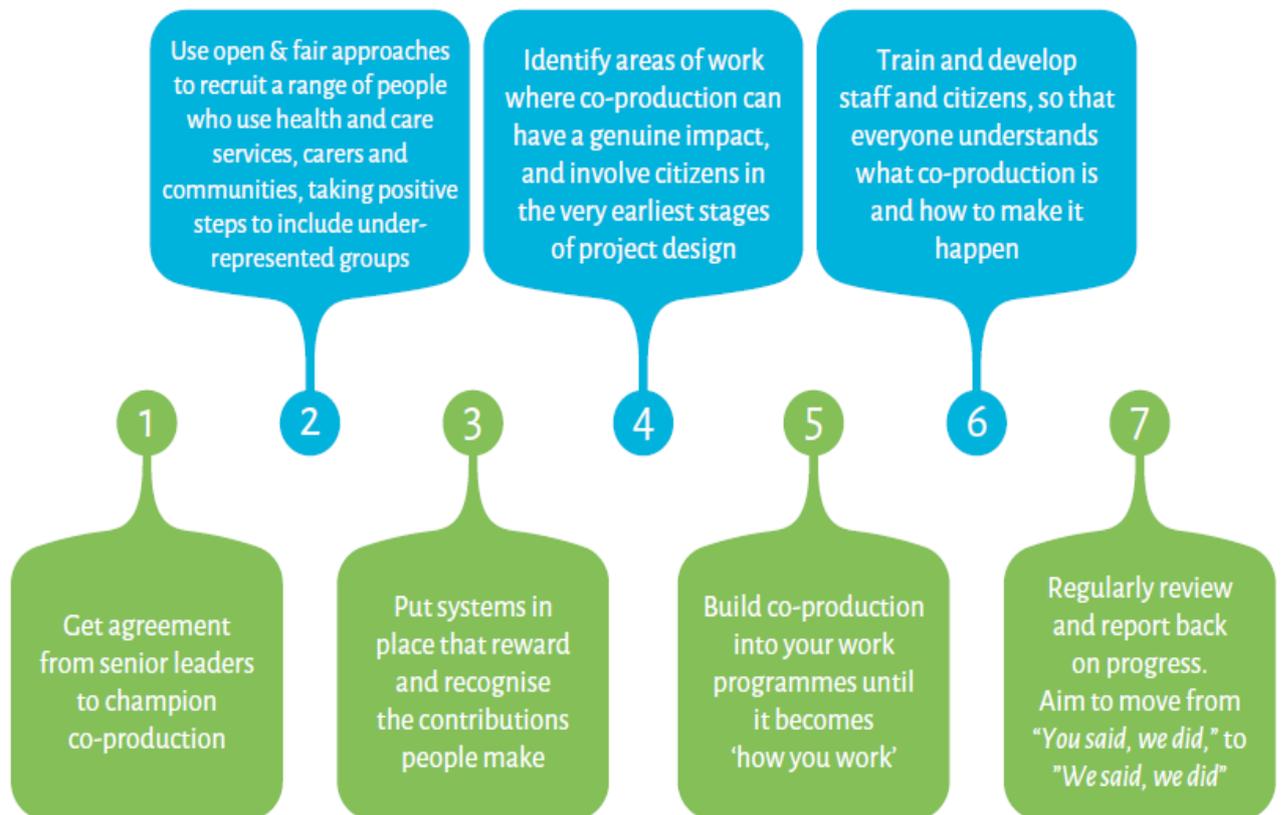
For partnership working to become part of the way we work, we will create a culture where the following values and behaviours are the norm:



Values and Behaviours

<http://coalitionforcollaborativecare.org.uk/catherine-wilton/a-co-production-model-five-values-and-seven-steps-to-make-this-happen-in-reality/>

The seven practical steps depicted below demonstrate how we can make co-production/partnership working happen in reality:



"Seven practical steps to making co-production happen in reality"

<http://coalitionforcollaborativecare.org.uk/a-co-production-model/>

Reflections on coproduction/partnership working in practice

"As well as using a range of methods to gather information from patients when redesigning the ophthalmology service pathway, I also made every effort to take time to speak to people at other events to get the perspective of people who were not eye patients." – Karen-Lynne Dowsing, Transformation Lead.

"Patients have been involved in procurement panels for several years. Some examples are community, musculoskeletal, mental health and peri-diagnosis dementia services procurement. Insights from people who are living with conditions are invaluable, which means we actively seek interested individuals to take part in every procurement panel possible." - Jane Garnett, Procurement Lead

“When I first approached the mental health services work, I was very concerned about how to properly engage. I was supported by the engagement team during a first meeting with a service user. In that first meeting he gave me such practical ideas and shared his story so honestly – I saw the benefits straight away and I haven’t looked back. Now we have Suffolk User Forum members as part of our contracting meetings, which is helpful and keeps us grounded.” Lorraine Parr - Senior Transformation Lead (Mental Health)

“Three years into our Children’s and Young People’s Emotional and Wellbeing Strategy, we are seeing improvements in services. The co-chair of our group is a powerful partner in our work to this end. It has been tricky at times, but worth the debate to get to a shared solution.” Jo John – Transformation Lead (Mental Health)

Further reading on engagement and partnership working:

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

<http://www.invo.org.uk/beyond-the-usual-suspects-towards-inclusive-user-involvement/>

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/10/ohc-paper-06.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2017/04/ppp-health-and-care-plain-text.docx>

[http://www.altogetherbetter.org.uk/Data/Sites/1/co-producing_commissioning_nef\(3\).pdf](http://www.altogetherbetter.org.uk/Data/Sites/1/co-producing_commissioning_nef(3).pdf)

Resources for working together to develop patient, community and staff partnerships.

Checklist for Partnership Working

| | |
|--|--|
| Do you know who you might need to involve and how you would find them? | |
| Have you thought about how you might involve more diverse groups of people? | |
| Do you know what information you might want to gather from the patient/public members? | |
| Have you jointly agreed what the patient/public role will be? | |
| Have you thought about writing a role description with clear expectations for your patient/public members? | |
| Do you have a clear action plan/timeline for your engagement activities? | |
| Will there be regular meetings or just a one-off? | |
| Have you considered the need to be accessible? (Consideration of venue, transport, parking etc. when planning meeting venues). | |
| Have you budgeted for patient expenses and remuneration? (See remuneration policy) | |
| What information will you provide representatives about payment and how to claim expenses? (Ensure representatives are provided a non-staff expenses claim form Appendix 4). | |
| Does your representative know who to send claims to and by which date (NB. payment of expenses can only be made up to three months in arrears)? | |
| How will you support your patient/public members? | |
| Is there a named contact who can answer any questions or queries throughout the process? | |
| Have you provided a briefing in plain English regarding the background and purpose of the work you are involving them in? | |
| Who else is involved in the process (members of staff, other organisations, other patient/public members)? | |
| Is there any training required? If so, who will provide it? | |
| Have you made sure that all written communications are appropriate to your audience/recipients? | |

| | |
|---|--|
| How will you record, report and communicate progress (particularly if you use workshare)? | |
| How will you measure the impact of patient and public involvement? | |
| Have you completed the Survey Monkey questionnaire to capture your engagement work? | |
| Have you considered how you will involve patients and the public in reporting and disseminating information and results? | |
| Have you completed a feedback form with your patient representatives to learn about their experience of taking part? Has this been fed in to the Survey Monkey questionnaire? | |

Chairing skills and getting the most out of your meetings

<http://www.resourcecentre.org.uk/information/chairing-a-meeting/>

Effective chairing skills are essential to successful and productive meetings, particularly when patient and public representatives are involved.

The key tasks of the chair during a meeting include:

1. getting through the business on time
2. involving everyone
3. reaching decisions, and
4. dealing with difficult or challenging individuals or conversations.

Thorough preparation and planning are essential for success.

Getting through the business on time

- Have a clear agenda with timings for each item. Ensure this is circulated in advance of the meeting. Try to avoid “any other business” as it helps to retain the focus of the meeting.
- Ensure it is clear why items are on the agenda, why you are discussing them, and what the outcomes are.

- Never assume that everyone present knows what you are talking about. Take time to go over issues. It is essential to ensure patient representatives are fully informed prior to their attendance at any meetings.
- Keep meetings jargon free.
- Always keep an eye on the time and move agenda items on if necessary. Be disciplined about starting times and ensure your meeting finishes on time.
- Stick to the agenda item under discussion. If a point is raised that is not relevant to the item under discussion acknowledge this and revisit it later in the meeting.
- Stop private conversations as soon as they start.
- Don't use your position as chair as an opportunity to impose your views.
- Don't be under-assertive.

Involving everyone

As chair it is essential that everyone's views are heard and that everyone is included and involved in the meeting. Encouraging those who are quiet or new to meetings is just as challenging as restraining those who talk too much.

- Allow time at the beginning of the meeting for participants to get to know each other.
- Keep a list of whose turn it is to speak next and make sure people know you have noticed that they want to speak.
- Stop people from talking for too long.
- At regular intervals check the participants understanding of what is being communicated.
- Give preference, where appropriate, to those who haven't spoken before.
- Ask questions to draw people out - for example "Does anyone else have any thoughts on this issue". These will provide the opportunity for everyone to put their point of view forward.
- In a small meeting going round each person in turn to get their view often works.
- Stop people from interrupting.
- Listen carefully to what people are saying and clarify their views or discussion points with them if required.

Reaching decisions

The role of the chair is to keep an overview, and help the meeting to reach decisions and develop action plans.

- Listen carefully to discussions and make note of key points.
- Remind the meeting about decisions which need to be made.
- Pull together points and periodically summarise what has been discussed so far around a specific agenda item. This will help to clarify and focus participants, enabling them to make a clearer decision.
- Before moving on go over what has been agreed and check who will be responsible for any actions.

Dealing with difficult/challenging individuals/conversations

<https://www.ksl-training.co.uk/free-resources/customer-service/dealing-with-difficult-behaviour/>

Often in meetings there is an individual who talks over others, interrupts, or is focused solely on one particular issue. These situations can be disruptive, but can also be overcome by changing ways of conducting the meeting.

- Clarify and agree on “ground rules”.
- Be firm and consistent.
- If an individual repeats the same point, reassure them their view has been heard and steer the discussion back to the rest of the group.
- If someone is continually critical, try to turn the question around to them and ask if they have any ideas of how this could be improved?
- If an individual becomes very disruptive it can be helpful to look to the group for support by asking whether people would like to spend more time discussing the issue or move onto the next topic or item?

Difficult conversations and conflicts can arise both in and outside of meetings. They often arise due to:

- Lack of clarity regarding expectations or guidelines
- Poor communication
- Lack of important information
- Personality differences
- Conflicts of interest

- Changes within an organisation
- Changes to services

Although conflict cannot be avoided, it can be managed, and can even present benefits in terms of improved understanding and improved quality of decision-making.

- Take time to actively listen and understand the perspective of the other person or group. You do not need to agree with them and it is important not to interrupt or argue. Summarise and reflect back their comments to check you understand what they are telling you. This helps the individual or group recognise that you are listening to their views and taking them seriously.
- Do not take anything the other person is saying personally.
- Explain and present the situation from your perspective having prepared your key messages in advance. If you have done so for the other party, they will be more prepared to listen to your views and opinions. Acknowledge their viewpoint and answer their questions calmly and rationally so that they understand.
- Develop an agreed solution and highlight the next steps. Reaffirm your commitment to addressing the person's concerns. Thank the individual or group for bringing the issue to your attention.
- Ensure you update others where appropriate.
- Reflect on the situation and gain feedback from colleagues as to how you handled the situation.

Facilitation

<https://www.ksl-training.co.uk/free-resources/facilitation-techniques/tips-for-facilitating-groups/>

Group facilitation is an important skill that can really help a team achieve its goals in the most effective and constructive manner. The role of the facilitator is to help the group make progress and find its own solution in the easiest and most effective way.

- Ensure that the expected outcomes or objectives are clear and review these with the group.
- Establish expectations, including the hopes and concerns of the meeting, and set some ground rules.
- Focus the group's discussions with questions, statements, summaries and reflections of what you have heard or observed from the group.

- Manage participation and attempt to draw out the quieter participants. Allocating roles i.e. note taker, or flipchart writer, to more confident contributors can help to give quieter participants more opportunity to speak.
- Ensure your groupings have a balance of participants with different communication styles.
- Utilise different techniques to draw ideas from the group. For example 'round robins' (where each person in the group gets to express their views uninterrupted), brainstorming, flipcharts and post-it note "meta planning" (a simple technique which encourages individuals to express their thoughts by writing key words onto post-it notes which are placed collectively on a flip chart or wall space). Alternatively, split into smaller groups or pairs to have more focused discussions before feeding back to the group.
- Assist the group to build on each other's ideas by highlighting and reinforcing supportive responses.

Focus your energy on your group and try not to become distracted by other groups and conversations within the room. The answers lie within your group and by utilising group working methods they will become apparent.

As a facilitator there are a number of useful tools which will assist the group to achieve a successful outcome.

- Name badges
- Note paper, pens, post-its and flipcharts
- Hand-outs or supporting documents in advance of the meeting.
- Feedback forms (if appropriate).

References:

'Working Together: A framework for developing patient, communities and staff partnerships (2018)'

<http://www.cedar.iph.cam.ac.uk/wp-content/uploads/2014/08/PPI-checklist-11.08.14.pdf>

<http://coalitionforcollaborativecare.org.uk/a-co-production-model/>

<https://www.ksl-training.co.uk/>

<http://www.resourcecentre.org.uk/information/chairing-a-meeting/>

'Transforming Participation in Health and Care: Legal duties for clinical commissioning groups and NHS England' <https://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf>

'Transforming Participation in Health and Care 'The NHS belongs to us all', September 2013, Patients and Information Directorate, NHS England, Publications Gateway Reference No. 00381' <https://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf>

Cabinet Office Principles of Engagement, 2010

Appendix 1: List of partnership champions (as of 01/03/18)

Co-production Champions:

COO

- Katie Allison
- Louise Hardwick
- Caroline Proctor

Re-design

- Hannah Neumann-May
- Jo John

Finance

- Roger Holt
- Belinda Hulme

Contracts

- Jane Garnett
- Suzanne Hoy

Clinical Quality

- Margaret Phillips
- Wendy Scott
- Penny Short

IT

- Julie Irving

PMO

- Vic Fennell

Appendix 2: Individual and public participation duties

Individual participation duties: Promote the involvement of patients and carers in decisions which relate to their care or treatment. This requires collaboration between patients, carers and professionals, recognising the expertise and contribution made by all. The duty requires CCGs to ensure that they commission services that promote involvement of patients across the full spectrum of prevention or diagnosis, care planning, treatment and care management. This includes:

- personalised care planning, including ‘patient choice’ and the option of a personal health budget when a person is eligible
- shared decision making regarding individual episodes of care and longer term care
- self-care and self-management support to better manage health and prevent illness, and
- information with targeted support to enable patients to be more in control of their health.

Public participation duties: The second duty places a requirement on CCGs (and NHS England) to ensure public involvement and consultation in commissioning processes and decisions. A description of these arrangements must be included in our Constitution.

It includes involvement of the public, patients and carers in:

- planning of commissioning arrangements, which might include consideration of resource allocation, needs assessment and service specification, and
- proposed changes to services which may impact on patients.

To fulfil our public participation duties we must make provisions for patients and public to be involved in:

- the planning of commissioning arrangements
- the development and consideration of proposals for changes which, if implemented, would have an impact on the manner in which services are delivered to the individuals or the range of health services available to them, and in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

Further details on duties can be found at:

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

Appendix 3: Example of electronic online collection tool.

To be completed by a member of staff once a piece of engagement work has taken place – i.e. after a focus group, promotional event or e-mail survey.

Q1) Which category of engagement does the work fall into?

Informing, Engaging, Involving, Co-production (Partnership)

Depending on the answer to Q1 participants will be taken to a different set of additional questions.

Informing

Q2) What activity did you do to inform people?

Social media post, website, promotional event (market stall), other

Q3) How many people did you give information to?

Engaging

Q2) What activity did you do to engage people?

Q3) How many people did you engage with?

Q4) Please enter the collated responses from your event feedback forms?

Involving

Q2) How were people involved?

Focus groups, forums, public events, other

Q3) How many people were involved in this activity?

Q4) Please enter the collated responses from your event feedback forms?

Co-production (Partnership)

Q2) What projects have people co-produced?

Q3) How many members of the public have taken part?

Q4) Please enter the collated responses from your event feedback forms?

Appendix 4: Template for feedback patient survey - after engagement work

Surveys to be collated and entered on to the electronic online survey tool.

Q) 1 How did you hear about today's engagement activity?

Q) 2 Did you get chance to express all the views you had on this topic?

Q) 3 On a scale of 1 – 10, with 10 being high, how much do you feel your comments or suggestions have been valued by the project lead?

1 2 3 4 5 6 7 8 9 10

Not valued

Highly valued

Q) 4 On a scale of 1-10, with 10 being high, do you feel your participation will impact on the service/project?

1 2 3 4 5 6 7 8 9 10

No impact

High impact

Q) 5 Would you like to take part in future engagement activities?

Appendix 5: Checklist for good partnership working

The project should be relevant, useful and responsive to audience needs.

- Have you approached the right people? Including partners, staff, public, patients and carers? Are the people you are talking to active users of the service?
- What key changes do patients/public/people feel are important to change the service for the better?
- Does the timing of the project suit your audience? For example, are they busy in the evenings? Are they busy in the school holidays? Are they less likely to go outdoors in the winter? Is there a national or local event or project taking place next year that this project could fit into?
- Are you clear about the time commitment for partners especially for patients and family carers? Are you able to meet the costs of their participation?
- Use the toolkit <insert link> to work out your strategy and talk to CEP and CEG about it.
- What do we already know about this, eg patient experience, other activities which have gained feedback?
- Use every opportunity to get feedback to input into the project. Make every contact count!

The project should be transparent.

- Is the scope and nature of the project clearly defined?
- Is the concept of the project clearly defined?
- Do all your key partners know what's going on?
- Is it written and described in Plain English?

The people delivering the project have the appropriate skills.

- Do members of the project team, including patients, need training? For example, you might consider project/team management, facilitation, meeting etiquette, role of chair, how to chair a meeting or health and safety.
- Can you find additional advice and expertise from others? You might consider including these people on a steering group for the project or asking them to pass on their expertise in other ways.
- Have you made sure you have budgeted for partnership? <insert policy>

Any activity should have a genuine impact.

- Have you clearly set out what methods you are using? These could be face-to-face meetings or focus groups.
- How are you recording/evaluating/measuring the impact partners will have in this project?
- Communication tools might include press releases, social media, and websites. You may also ask people for information eg. surveys and feedback forms. When will you need to communicate?

The project plan should include evaluation and learning.

- Have you built in time for reflection by all concerned during and at the end of the project? Could this shape the project as it goes along, and shape future projects? What do you wish you'd known when you started out?
- Have you achieved your key performance indicators and outcomes? How do you know? And if not, why not?

Appendix 6: Reimbursement of expenses and recognition for non-staff involvement policy

The document can be downloaded from the intranet click [here](#)

Appendix 7: Partnership champion role

The CCGs aim to work in partnership with patients and communities in all that we do. Since early 2017 'partnership champions' have been asking how colleagues and teams have involved patients and communities in their day to day work. This is exciting and broad ranging work which allows us to evidence how working in partnership can make a difference to our NHS services.

Partnership champions help the organisation move the involvement and partnership agenda forward. Our ambition is to make it 'everyday business', a thread of involvement informing every aspect of CCG work. It should become an intrinsic part of all that we do rather than a separate piece of work undertaken by the communications and engagement team.

Partnership champions work across directorates to support each other, and work within your teams to keep asking: "How did patients/communities/people shape this piece of work? A finance champion might ensure that budgets include an allocation for patient involvement. A contracts champion might review contracts for evidence of patient involvement and the prescribing team might work with groups of patients, the Community Engagement Partnership or the Community Engagement Group to design campaigns. There is no right or wrong way to be a champion. The role requires commitment, tenacity and the ability to ask "How did patients or local community groups shape this piece of work?".

Below is a brief description of the duties of a 'partnership champion' and how they work.

1 Duties

As a partnership champion you commit to:

- supporting organisational key aims to embed patient and public involvement
- supporting CCG values to be patient centred, act with respect and integrity and enable excellence, and
- acting within your directorate and beyond to champion working in partnership with patients and local communities.

2 Actions may include (not exhaustive):

- liaising with your team and asking where patients have been involved in work - this helps the organisation
- taking a specific role – where appropriate and when able – in supporting transformation of services or key work areas of the CCG such as finances, contracting and quality
- developing relationships with people outside the organisation, with experience of being a patient to work in partnership with you - sometimes they may just act as sounding boards for your work or that of your team. If you do not already work with

patients/the public, please ask for help from the communications and engagement team

- Spreading good practice, including helping to find where the organisation is doing well, and
- supporting each other and sharing experiences and attending champions catch up meetings with the lay member for patient and public involvement.

3 Time and general commitment

Senior leaders are asked to support two members from each of their directorates to be partnership champions.

Partnership champions meet for an hour every six weeks to discuss ideas, challenges and achievements and contribute to the evidence base of patient involvement.

4 Support

- You can be buddied with another partnership champion from outside your directorate to ask for mutual advice support on working in partnership.
- The communications team is able to offer support, connections and advice.
- The lay member for patient and public engagement will support you.
- There is significant scope for personal development within this role.

5 Skills

- You enjoy partnership and development work.
- You are approachable and friendly.
- You are open-minded and non-judgemental.
- You show enthusiasm and initiative.
- You possess the ability to make new contacts.
- You are able to ask questions.

Appendix 8: The Spectrum of Engagement Tools

The Spectrum of Engagement – Tools

