

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

Produced by the WSCCG and IESCCG communications and engagement teams and the lay members for patient and public involvement.

Contents:

Forward	page 3
Introduction	page 5
Background	page 5
Aim of the Framework	page 6
Overview of the Framework	page 7
The Spectrum of Engagement	page 10
References	page 11
Appendices	
Working Together: A toolkit for developing patient, community and staff partnerships	page 12
Preliminary outcomes for the communications and engagement framework	page 12
The Spectrum of Engagement – Tools	page 15

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

Introduction

This framework document sets out our approach to the engagement of patients and communities in the planning and commissioning of health services in Suffolk.

Since the two clinical commissioning groups (CCGs) were established in 2013, our priority has been to listen to and engage with the local population, as we recognise that effective two-way communication is essential to making local healthcare services the best they can be. This will remain a priority as we develop our '*Communication and Engagement Strategy 2018-2021*'.

The framework provides structure, support and examples of good engagement practice for organisations, partners and stakeholders to share and learn from. Aimed primarily at staff working in the CCGs, its simple messages are:

- Not engaging is not an option - everything we do is based on the high priority we give to involvement
- This is not a 'one size fits all' approach - there is a spectrum of different methods we can employ

Throughout this document, the term 'co-production' is used interchangeably with the term 'partnership'. Partnership working is a term chosen by the patients and service users who have supported Ipswich and East Suffolk CCG from the beginning of their co-production journey.

Our definition of '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 which engages groups of people at the earliest stages of service design, development and evaluation." (Ipswich and East Suffolk CCG with CEP and PPGs 2016).

Background

The CCGs believe that integrated working is the most effective way of improving the quality of local health services. The term 'integration' means different things to different people. Here, it is defined as a means of identifying opportunities for better team working in order to improve service delivery. In other words, "the mission of the CCG is to work with the community and clinicians to plan and commission safe, high quality services which meet the health needs of the people we serve, while maintaining financial balance" (NHS Ipswich and East Suffolk CCG website). This mission highlights the importance of working with patients and communities to gain their views, to listen and to engage with them to build better services. The values below, set out by NHS Ipswich and East Suffolk CCG, aim to keep patients at the centre of our work:

PATIENTS:

Patients first

Action orientated – drive and deliver **quality improvements**

Teamwork – **clinical leadership, patients, public, providers and staff**

Integration for improved results

Equality of opportunity

Never overdrawn – a balanced budget

Timeliness – decisions and results

Safe, sustainable systems

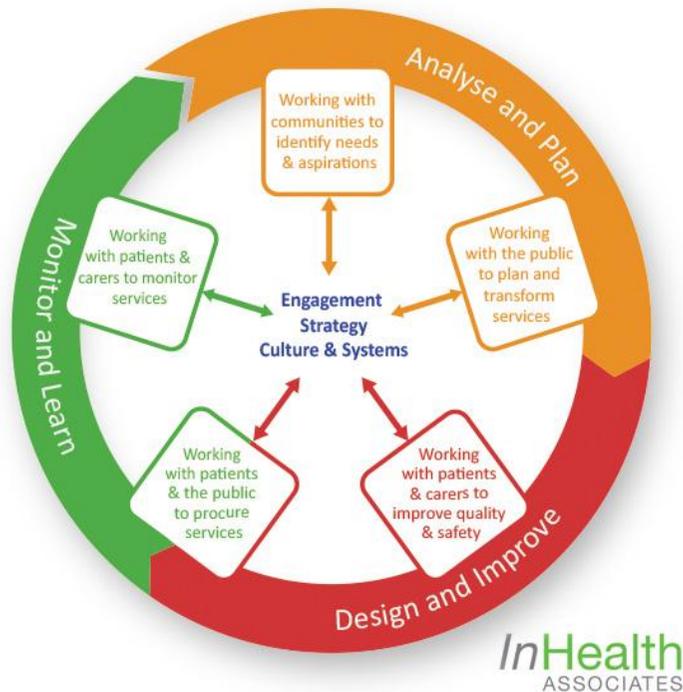
The CCGs have a legal duty to involve service users and communities in making decisions about their health and healthcare. The NHS West Suffolk CCG's constitution sets out the responsibilities of the CCG in relation to choice and shared decision making (para 5.2.8). In addition, Section 14 of the NHS Health & Social Care Act 2012 sets out the requirement to involve patients and the public in the planning of services, in developing proposals for change and in any decisions which would impact on services.

The aim of the framework

The framework is designed to support the two CCGs in meeting their commitment to listen and engage with the local community. The appendices set out practical guidance to help staff appreciate and understand how this works so that they can actively listen, engage and work in partnership. Measuring the outcomes of our work is challenging as there are no obvious key indicators with which to do this. This framework outlines the preliminary approach to producing a performance report which evidences communications and engagement in Suffolk. This will not only ensure they remain at the heart of our decision making, but will also act as a beneficial evaluation tool to drive future improvement and development. Appendix 2 sets out our preliminary approach to measuring and reporting communications and engagement outcomes.

The Engagement Cycle (Gilbert 2013) is a tried and tested practical resource used by CCGs to plan, design and deliver great services for, and with, local people. It demonstrates the importance of collecting outcomes and using them to evaluate engagement work. If we do not review the work we are doing the cycle (i.e. – the outcomes) is not complete.

The Engagement Cycle (Gilbert, 2013)



Overview of the framework

How to engage?

CCG staff will find that by asking the right people, organisations or patients to talk about their experiences and views and to contribute to plans, proposals and decisions about services (NHSE, 2017), they can come to a better understanding of problems and achieve success.

The Community Engagement Partnership (CEP) and the Community Engagement Group (CEG), are public groups representing the patients and public of Ipswich and east Suffolk and west Suffolk respectively. Both the CEP and CEG have been set up as an advisory group to their respective CCG governing bodies and are sub-committees of the board. They have independent chairs and support the lay members of the CCGs who have lead responsibility for patient and public engagement. The CEP and CEG discuss and hear updates on important matters in

healthcare. They are a valuable resource for gaining patient feedback and can often be the starting point for engagement work within the wider community.

Different methods of engagement can be used depending on what services are being commissioned and the needs of different groups of people. We have chosen to develop our own 'Spectrum of Engagement' (page 10). It reflects the work of Arnstein (1969) whose 'Ladder of Participation' depicts engagement taking many different forms including some that are meaningless and ineffective. Our 'Spectrum of Engagement' focuses on the top section of Arnstein's ladder, as we will not partake in token engagement and instead strive to embed the greatest level of engagement possible in all we do.

In the relevant policy and guidance, it is recommended that public involvement should be "fair and proportionate" and "meaningful" (Cabinet Office Principles of Engagement, 2010; Gunning Principles, 2010). Initially staff may be cautious about using engagement tools, but the spectrum sets out the options to help staff make decisions and allows for a flexible approach to communications and engagement. A piece of engagement work could, over time, move through the entire spectrum using a variety of tools at each stage. For example, a project may be co-produced with patients shaping service design from the start, then, as it develops, it may be necessary to engage with a wider section of patients on specific aspects of it. The final stage may be to inform patients and communities about the new service.

The communications and engagement team is able to give advice. Call them on 01473-770010.

When to engage:

There is no 'right time' to start engagement with a new project or service development. 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 you should aim to involve people as early as possible and ask their advice. They may have a perspective that would contribute to the way the whole project is set up. 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 involve people, there are times when we must work at speed, particularly where there is a genuine risk to the health, safety or welfare of patients or staff. Even in these circumstances, public engagement is still possible, there are a range of involvement strategies that can be used (appendix 3). In addition advice can also be sought from the communication and engagement team to work together with patients, communities and staff in these situations.

Who to engage?

It is important to take a 'proportionate and targeted approach' (Cabinet Office, Consultation Principles 2016) to engagement work. Below are groups and resources that can support with identifying patients and community members with whom you should be engaging:

- **‘Hard to reach’ groups** - engaging with these groups can be particularly challenging. Healthwatch Suffolk has a specific remit to reach those people who are seldom heard, and are very supportive of the CCGs.
- **Voluntary and community sector groups** - talking to voluntary and community sector organisations is often beneficial. They can advise on how to overcome barriers that some people may face when working in partnership.
- The **Communications and Engagement Team** holds a database of individuals and organisations with varied interests and experience. The CCGs also have links to **communications and engagement teams** across borough, county, NHS, voluntary sector and police who can help.
- The **CCGs** facilitate the work of the Community Engagement Partnership (NHS Ipswich & East Suffolk CCG), Community Engagement Group (NHS West Suffolk CCG) and the Youth Engagement Forum, all of whom have a part to play and skills and experiences to share.
- The **Patient Participation Group** network provides access to a diverse mix of individuals who are passionate about improving healthcare services at the GP practices in their communities and help to support the CCGs in their work.
- The **Health Forum** and **Points of View** electronic newsletters provide latest news and information to hundreds of people across the county who have indicated a particular interest in health matters and may identify a suitable representative.

Engagement Techniques:

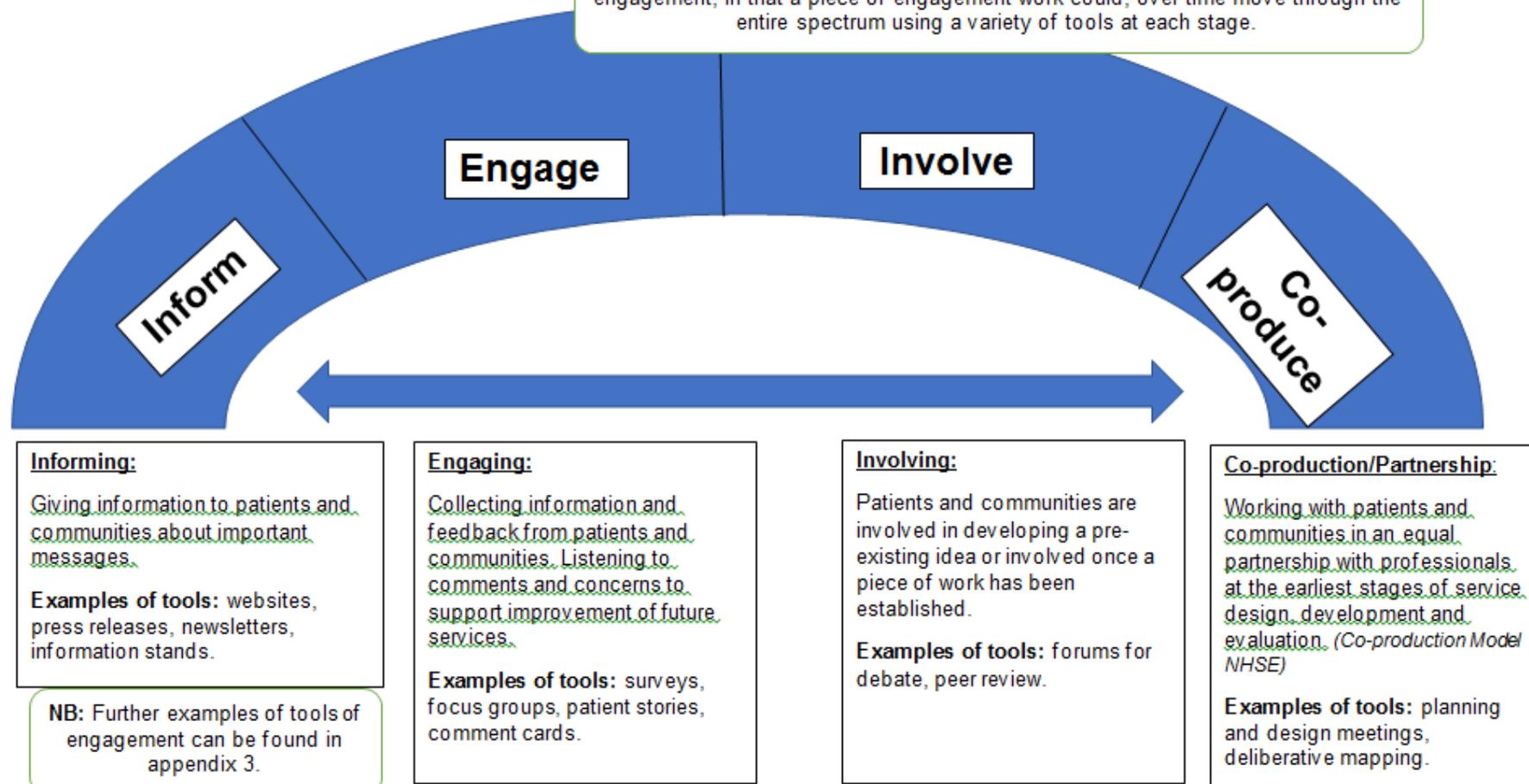
The ‘Spectrum of Engagement – Tools (Appendix 3)’ sets out the range of techniques that can be employed, depending on the issues under discussion. The four main methods are:

- Informing
- Engaging
- Involving
- Co-producing/Partnership

A range of techniques can be used for each method, for example, running surveys, arranging focus groups or posting on social media. (Appendix 3).

The Spectrum of Engagement:

The Spectrum of Engagement allows for a fluid approach to communication and engagement, in that a piece of engagement work could, over time move through the entire spectrum using a variety of tools at each stage.



Designed by West Suffolk and Ipswich and East Suffolk CCG. 2017.

References:

Arnstein, Sherry R. "A Ladder of Citizen Participation," Journal of the American Planning Association, Vol. 35, No 4, July 1969, pp. 216-224

<http://engagementcycle.org/> with thanks to David Gilbert of InHealth Associates.

The NHS West Suffolk CCG constitution

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>

NHS Health & Social Care Act 2012

Cabinet Office Principles of Engagement, 2010

The Gunning principles (propounded by Mr Stephen Sedley QC and adopted by Mr Justice Hodgson in R v Brent London Borough Council, ex parte Gunning [1985] 84 LGR 168).

Working Together: A toolkit for developing patient, communities and staff partnerships, 2017

Appendix 1:

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

Appendix 2:

Preliminary work on the collection and collation of outcomes to demonstrate the communication and engagement being carried out.

Vision: Treating people as health experts in their own lives.				
Aims	To <u>inform</u> patients and the community about key/important message.	To <u>engage</u> with patients and communities to gain feedback for services and listen to comments or concerns to support improvement of future services.	To <u>involve</u> patients and the community in shaping, changing and establishing services.	To <u>co-produce</u> by working with patients and communities in an equal partnership with professionals at the earliest stages of service design, development and evaluation. (<i>Co-production Model NHSE</i>)
Objectives	Members of the community are adequately informed and act on the advice they have been given.	Members of the community are engaged through feedback in shaping health services.	Members of the community are proactively involved in developing and improving health services.	Members of the community work as equal partners to design, shape and improve health services.
Outputs	'X' amount of people have been reached with information on specific topics.	'X' amount of people have been engage in specific feedback activities i.e. patient revolution.	Increase the number of CCG residents from 'X' to 'X' and those that used their services in shaping services.	'X' amount of services have successfully been co-produced.
	A representative cross section of CCG residents and those that used their services has been reached.	60% of suggestions from feedback activities have been investigated or actioned.	'X' amount of patients from priority groups (BME, YP) are involved in a meaningful way.	

	'X' amount of patients and members of the community have seen social media activity.	Increase public attendance at CEP/CEG/Governing Body 'x%'		
	'X' amount of patients from priority groups (BME, YP) are reached. (Easy read literature?)	X' amount of patients from priority groups (BME, YP) are reached.		
Outcomes	<ul style="list-style-type: none"> -Members of the community feel more informed about their health. -Members of the community feel more able to make positive choices about their health. -Data for specific areas of work/action indicate a contribution to positive change. 	<ul style="list-style-type: none"> -Members of the community feel empowered to contribute their views. -Members of the community report they feel they have an influence. -Positive changes have been made to services as a result of feedback. 	<ul style="list-style-type: none"> -Members of the community report they have been proactively involved in contributing ideas. -Members of the community report they feel their ideas are valued. -Members of the community can see how their ideas have shaped services. 	<ul style="list-style-type: none"> -Services designed are what people want, are sustainable and well used. -Services get fantastic results.
Methods – Tools to collect this information	Survey Monkey survey. Engagement app for members of the public. Tally of numbers seen.	Survey Monkey survey. Evaluation forms at events.	Survey Monkey survey. Evaluation form for members of the community to complete. Case study template.	Survey Monkey survey. Evaluation form for members of the community to complete. Case study template.

Explanation of methods:

Survey Monkey survey (maybe, in time, an app) – completed by staff at the end of an engagement activity. Once submitted this information can be analysed and collated to provide outputs and hopefully outcomes. As long as all relevant information is completed this way of collecting information from participants could be determined by the member of staff.

Evaluation forms for participants – These could be used at engagement events i.e. focus groups, to establish thoughts and feelings from participants, i.e. do they feel valued? Do they feel their contribution will make a difference?

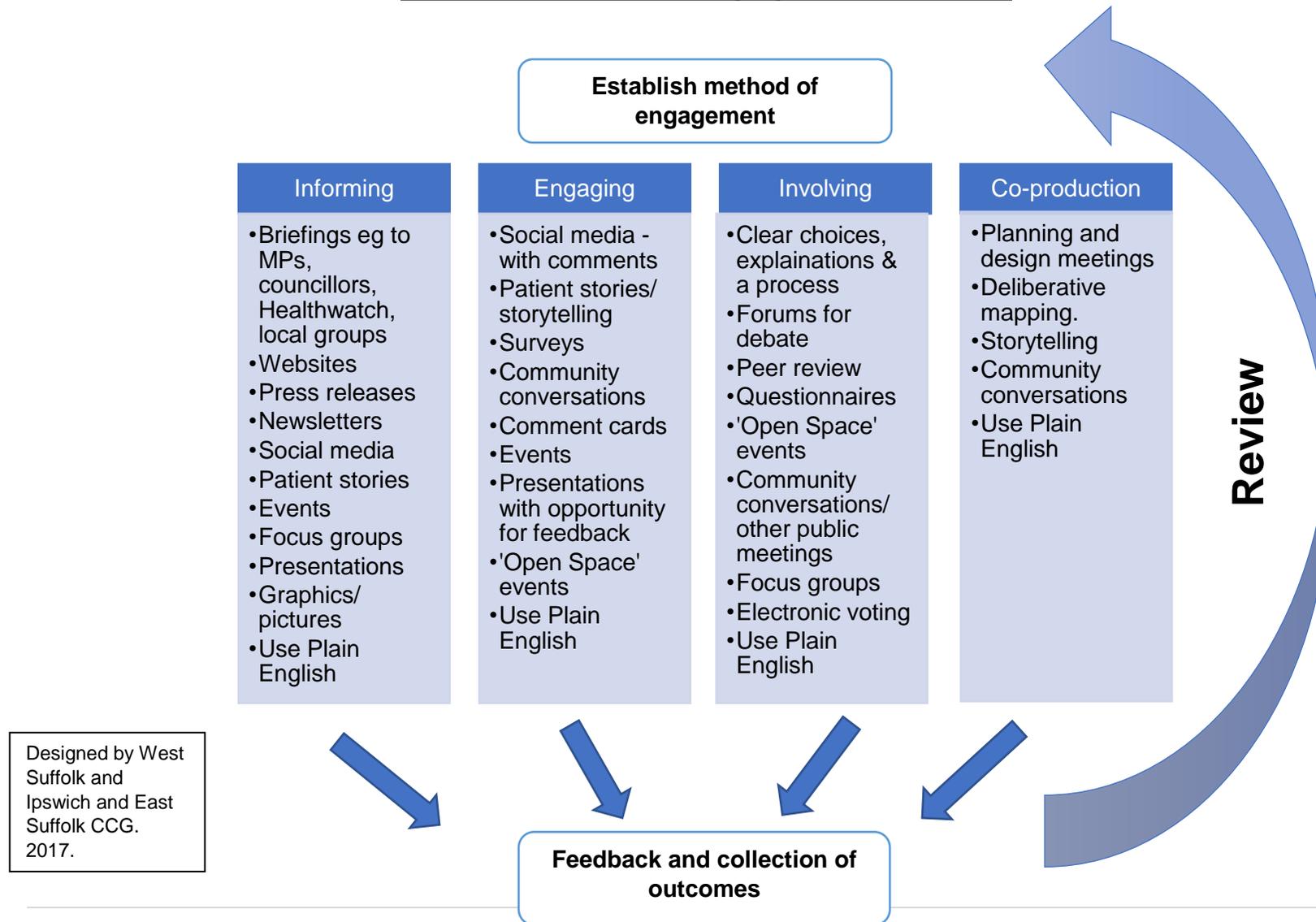
Case study template – Case studies can be completed at the end of a piece of engagement work to show the beginning, middle and end, including any impact the engagement has had.

App – An ‘app’ could be developed to take the place of the Survey Monkey surveys if it was deemed necessary.

Methods of collecting, recording and collating communications and engagement data (output and outcomes) is still an area for development. It is crucial to ensure that the action of collecting this information does not take away or deter staff from the action of engagement.

Appendix 3:

The Spectrum of Engagement –Tools



Designed by West Suffolk and Ipswich and East Suffolk CCG. 2017.