

2018 – 2020



ENGAGEMENT STRATEGY

1.0 Introduction

At NHS Buckinghamshire Clinical Commissioning Group, we are committed to engaging, consulting and communicating with a wide range of people from staff, residents and patients to the voluntary and community sector as well as other organisations within Buckinghamshire.

2017 saw the introduction of the Buckinghamshire Integrated Care System aimed at better integration of health and social care. Engagement and co-production (where patients and service users are involved in the development of new services) forms an important element of developing new services. The Clinical Commissioning Group (CCG) is pleased to be a partner in this integrated way of working and this document is aligned with the principles of the ICS Engagement Strategy. We all believe it is essential to put patients and the public at the heart of everything we do to make sure our services reflect the needs of local people and ensure NHS services are delivered in a way that does not exclude anyone.

Patient and public participation is important because it helps us to improve all aspects of healthcare, including:

- health outcomes – giving people the power to live healthier lives
- patient safety
- patient experience

By getting the people who use NHS services involved, as well as those who work with or for the NHS, it allows us to see things through the eyes of those who use services and to be innovative, leading to better use of taxpayers' money. It ensures we are improving access to health and care services, and reducing the differences in health experience and outcomes in different communities around Buckinghamshire.

'The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill, and when we cannot fully recover, to stay as well as we can to the end of our lives.'

The NHS Constitution

Buckinghamshire CCG follows the NHS England [10 principles of participation](#) and these have been used to develop our Engagement Strategy.

NHS England's 10 Principles of Participation in commissioning health and care: statutory guidance for clinical commissioning groups and NHS England.

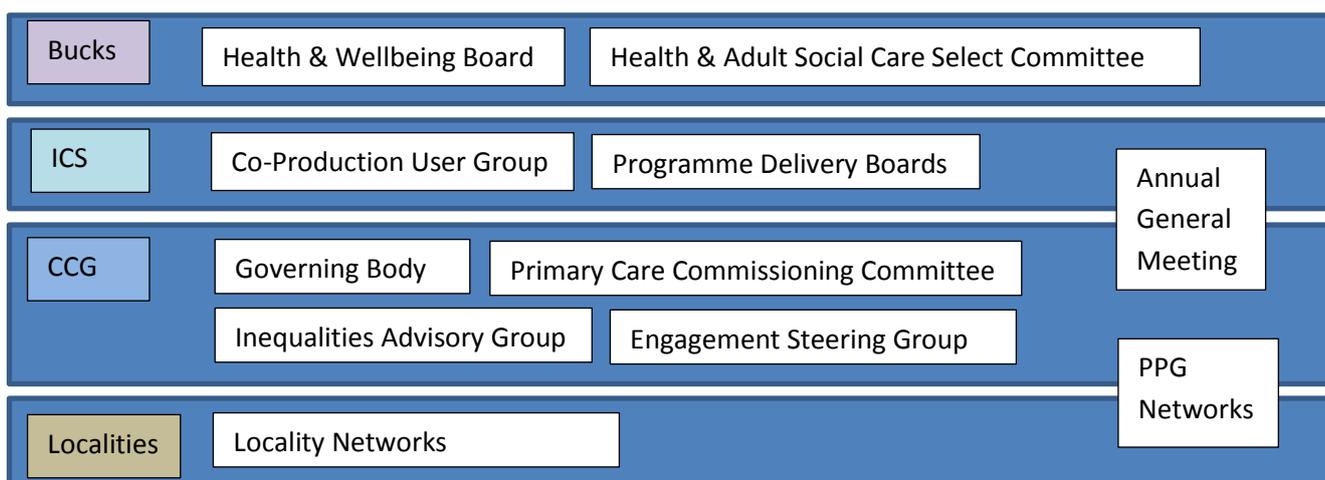
- | | | | |
|--|---|--|---|
| 1 Involve the public in governance | ▶ | 6 Feed back and evaluate | ▶ |
| 2 Explain public involvement in commissioning plans/business plan | ▶ | 7 Implement assurance and improvement systems | ▶ |
| 3 Demonstrate public involvement in annual reports | ▶ | 8 Advance equality and reduce health inequalities | ▶ |
| 4 Promote and publicise public involvement | ▶ | 9 Provide support for effective involvement | ▶ |
| 5 Assess, plan and take action to involve | ▶ | 10 Hold providers to account | ▶ |

Bucks Vision for Engagement

“Patients and the public play an active and valued role in shaping their own care and treatment and in the commissioning, delivery and development of health services that are person-centred, safe and effective.”

Buckinghamshire Integrated Care System Vision

“Everyone working together so that the people of Buckinghamshire have happy and healthy lives.”



As our local system matures, we will write a single engagement strategy with the aim that the public, patients and stakeholders will increasingly engage with us as a system and not as individual organisations.

2.0 Understanding Engagement

There are different levels of ensuring the public, patients and partners are involved in the decision making process.

Inform

The communication of information is the foundation of all community engagement processes. The goal is to provide stakeholders with balanced and objective information to help decision-making and change through:

- Increasing understanding of issues, alternatives or solutions
- Increasing stakeholder/community ability to address issues

Those you inform can range from the general public to key stakeholder groups and organisations. We can either give out information or be responding to questions from the community through one- or two-way communication. Examples include one-off communication such as brochures or media releases through to longer term, intensive processes such as community education.

Engagement

Engagement is about developing local relationships so that the voice of local people and partners is heard and that our plans are shared at the earliest possible stages. Examples of this type of engagement would include our patient participation groups and service user focus groups where we ask patients to get involved in various pieces of work.

It also describes activity that happens early on in a new service or change including holding extensive discussions with a wide range of people to develop a robust case for change.

Consult

'Formal consultation' describes the requirement for NHS bodies to consult with patients, the public and stakeholders when considering a proposal for a substantial development of the health service, or for a major change in the provision of a service.

The outcome of a formal consultation must be reported back in public, together with the feedback received, and must show how this has been taken into account in any recommendations and decision making.

Involve

The goal is to work with the public to ensure that public concerns and aspirations are consistently understood and considered.

The difference between 'consult' and 'involve' is the level of participation:

- Consulting requires feedback at a given point in time
- Involving means deliberately putting into place a way of working directly with stakeholders throughout the process

Examples of involvement would be expert reference groups. However, we retain responsibility for the final decision.

Co-production

Co-production 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.

Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, it helps to ground discussions in reality, and to maintain a person-centred perspective.

3.0 Our principles for good engagement in Buckinghamshire

In Buckinghamshire, we are committed to the principles laid out by NHS England in their [Patient and Public Involvement Policy](#) :

The principles of participation

NHS England has developed 10 principles of participation based on a review of research, best practice reports and the views of stakeholders.

- 1 Reach out to people rather than expecting them to come to you and ask them how they want to be involved, avoiding assumptions.
- 2 Promote equality and diversity and encourage and respect different beliefs and opinions.
- 3 Proactively seek participation from people who experience health inequalities and poor health outcomes.
- 4 Value people's lived experience and use all the strengths and talents that people bring to the table, working towards shared goals and aiming for constructive and productive conversations.
- 5 Provide clear and easy to understand information and seek to facilitate involvement by all, recognising that everyone has different needs. This includes working with advocacy services and other partners where necessary.
- 6 Take time to plan and budget for participation and start involving people as early as possible.
- 7 Be open, honest and transparent in the way you work; tell people about the evidence base for decisions, and be clear about resource limitations and other relevant constraints. Where information has to be kept confidential, explain why.
- 8 Invest in partnerships, have an ongoing dialogue and avoid tokenism; provide information, support, training and the right kind of leadership so everyone can work, learn and improve together.
- 9 Review experience (positive and negative) and learn from it to continuously improve how people are involved.
- 10 Recognise, record and celebrate people's contributions and give feedback on the results of involvement; show people how they are valued.

Accessible and inclusive

We will reach out to gather views from a wide range of people with different perspectives, providing different opportunities for people to engage with us. We will work jointly with other organisations.

We will make sure that information is accessible by all - clear, understandable, relevant and presented in the correct format for the audience. We will arrange events at different times so that more people can take part.

Clear and concise

We will be clear about why we need to engage whilst making our messages simple, easy to understand and tailored to our audience.

Consistent and accountable

We will be clear and consistent with our messages and we will put in place systems so you can see what we are doing, why and how. We will review our activities to see how well they worked and if they have achieved what we set out to do.

Flexible

We will use different ways for people to have their say to meet everyone's needs and will continue to look at working in different ways, with new tools and techniques to reach as many people as possible.

Open, honest and transparent

We will be clear from the start what our plans are, telling you what is and is not negotiable as well as telling you how your views will influence decision making.

Targeted and responsive

We will aim to get the right messages to the right people in the right way. We will learn from your feedback and use it to make changes. We will explain what we have done and why by providing you with a summary response to everyone's feedback. Results of engagement will be easily accessible – especially for those people affected by the results of the engagement activity.

Timely and two way

We will involve you at the right time so your responses can influence our decision making, making sure there is plenty of time for engagement - we won't simply talk, we will listen and act.

4.0 Roles and Responsibilities

All health and care staff across the system have a role to play in strengthening patient and public participation in our work, both individually and collectively.

All staff are responsible for considering the need for patient and public participation in their work and undertaking this as appropriate.

For the CCG, the Engagement Steering Group will be responsible for reviewing all commissioning engagement activities and provide guidance as necessary.

For the ICS, the Getting Buckinghamshire Involved Steering Group will be responsible for reviewing engagement for service changes.

Specialist advice and support (internal or external) may be required, as well as strong collaboration. This includes working with ICS partners, such as Buckinghamshire

Healthcare NHS Trust, Buckinghamshire County Council and VCSE organisations including Healthwatch Bucks.

All staff have the following responsibilities:

- Ensuring that the need for patient and public participation is considered and appropriate action is taken. Those responsible for commissioning should be aware of the organisation's statutory duty to involve the public in this area of work, and take action as appropriate.
- Taking Engagement Plans for commissioning activity to the Engagement Steering Group for review.
- Contributing to the implementation of this policy and promoting a culture in which patient and public participation is 'everyone's business'.
- Contributing to the monitoring, evaluation and reporting of implementation of this policy and the effectiveness of action to strengthen patient and public participation.

5.0 Patient and Public Participation in the commissioning cycle

Public involvement in commissioning is about enabling the public to voice their views, needs and wishes and also through contributing to plans, proposals and decisions about services. We will use different approaches to reach patients and the public throughout the cycle of commissioning services.



6.0 How can people get involved?

There are a variety of ways we will use to encourage people to engage with us:

Get involved in our consultations

We will advertise all consultation and engagement exercises on Let's Talk Health Bucks <https://www.letstalkhealthbucks.nhs.uk>. We will provide the information necessary to allow people to take an informed view on the proposals under consideration and clearly explain how they can give us their thoughts. A quarterly newsletter is sent out all those registered with Let's Talk Health Bucks providing an overview of activity and engagement opportunities.

Tell the CCG about views and experiences

We give our contact details on our website <https://www.buckinghamshireccg.nhs.uk> ([contact us page](#)) to allow individuals to tell us about their experiences and views about the provision of local health services.

Give their time

Join their GP's **Practice Participation Group (PPG)** to:

- Ensure the patients views are at the heart of local provision so that services are of a high quality and continuously improve
- Discuss issues such as the services on offer and how improvements can be made to benefit both patients and the practice
- Support the practice with communicating to patients
- Get involved in the PPG Locality Network for your local area. These are made up of members of the PPGs across all of the GP practices in a locality and meetings are an opportunity for PPG members to discuss wider programmes of work, improving services and any changes taking place in the NHS across your local area
- Attend the Bi-annual PPG Network meeting to meet other PPG members from across the county, contribute to wider decision making and understand how your PPG can develop

Support the work of an ICS **Programme Board** which leads our work in priority areas.

Attend the CCG **Governing Body** meetings, held in public. Details of these are available on the CCG website www.buckinghamshireccg.nhs.uk.

Tell Healthwatch Bucks about the experiences of the quality of local services

Healthwatch is independent from health and social care services. Their job is to ensure that local people's views are heard to improve the experience and outcomes for people who use services. They also help to monitor the quality of health services.

<https://www.healthwatchbucks.co.uk>

Ask us to visit your community group

We want to visit community groups to hear what people think and will bring colleagues from the health and care system where possible. We would be pleased to hear from people who rarely engage in planning and feeding back about their experience of local health services, such as those who are homeless. Groups may invite us to visit their meeting by emailing Bucksccgs@nhs.net or calling us on 01296 587220.

Come along to public workshops and listening events

We hold public workshops and listening events where local people can come along and tell us what they think about our plans for changing and developing local services. Meetings and events will be advertised on our website www.buckinghamshireccg.nhs.uk, on [Let's Talk Health Bucks](#) and through our community and voluntary sector partners.

Keep up-to-date with the [Health and Adult Social Care Select Committee](#) and the [Health and Wellbeing board](#) by reading the papers and watching webcasts.

Get involved with local community and voluntary organisations concerned with health care

We work closely with these organisations and they help us to identify issues and concerns raised by groups and communities.

Participate in our commissioning plans

We will involve people when we commission new services and also want the public and patients to be involved in our planning. Our commissioning intentions, which signal our proposals for delivering change and improvements to the way health services in Buckinghamshire are delivered, are published on our website and then set out in our annual Operating Plan which is also published on our website. We welcome patient and public feedback on these documents.

Participation in significant changes

We have a duty to ensure that patients and the public are involved in the development and consideration of proposals for changes in our commissioning that would impact on how services are delivered or the range of health services available i.e. significant changes.

For significant commissioning projects we will prepare a detailed action plan which explains how the public and patients can put forward their views and be involved. The level of public involvement will vary dependant on the changes proposed.

These detailed action plans will be published on www.buckinghamshireccg.nhs.uk, along with the ways in which people can get involved and find out what was heard and then decided.

7.0 Who will be involved

People living in Buckinghamshire

- Patients
- Adults and older adults
- Children and young adults
- Communities facing inequality in health outcomes
- Rural and urban communities

Voluntary Organisations

- Carers Bucks
- Community Impact Bucks
- Those doing similar work (ie consumer voice, health, social care)
- Those working with people we want to hear from
- Social groups – for specific diseases, conditions or demographics

Providers of health and social care services

- GPs and their Federations
- Buckinghamshire Healthcare Trust
- Frimley Health NHS Foundation Trust
- Buckinghamshire County Council
- Oxford Health (mental health provider)
- Independent providers
- Nursing and care homes
- Registered social care suppliers
- Pharmacists

Other Strategic Stakeholders

- Partners across the Bucks Integrated Care System
- Sustainability and Transformation Partnership
- NHS England
- Public Health England
- Local Medical Committee
- Local Pharmaceutical Committee
- Health and Wellbeing Board
- Healthwatch Bucks
- Health and Adult Social Care Select Committee (HASC)

Statutory organisations

- District Councils (Aylesbury Vale, Wycombe, Chiltern and South Bucks)
- Care Quality Commission

Political partners

- County and District Councillors
- MPs

Clinical Commissioning Group

- Staff
- Member Practices
- Patient Participation Groups

8.0 Our Priorities

Our priorities link to the plans for the Buckinghamshire integrated care system which incorporates the Five Year Forward View.



9.0 What are we planning for 2018 - 2020

Over the next two years, we will be focussing our activity on delivering our key priorities both for the Clinical Commissioning Group as well as the Integrated Care System in Buckinghamshire to meet the needs of our residents and stakeholders.

Effective two-way communication to listen, inform, support, shape and plan health and care services

- Implement relevant and targeted engagement and communication activities
- Develop creative communications methods using insight to inform how we meet people's needs
- Create ongoing dialogue with residents in Buckinghamshire in a joined up way across the health and care system
- Use information and feedback in a more considered way
 - Collect and use data from a variety of sources
 - Analyse the data and act on it
 - Tell people how this has changed and improved services

Make sure everyone has easy access to the information they need – from GPs and member practices to stakeholders and residents

- Encourage and support all to be part of health planning
- Involve patients in decisions about their care

Build trust and credibility in the NHS and ICS brand within Buckinghamshire

- Use patient stories and present our work in a consistent manner

- Work with our partners in the Integrated Care System, seeking the best use of our collective resources to offer value for money and avoid duplication

Make sure that patients, their views and experiences are at the heart of our commissioning

- Ensure mechanisms are in place to enable patients to easily feedback their experiences of interventions or services
- Engage with patients, carers and the public when redesigning our services and then demonstrate the difference this has made
- Listen to and act on patient and carer feedback at all stages of the commissioning cycle
- Use patient experience to improve services
- Support the use of the integrated care system's Engagement and Co-production reference group
- Review our systems for engagement to meet the needs of the integrated care system so we are only asking and talking with residents once
- Develop a community based network that will meet four times a year to focus on ensuring contracts are meeting patient outcomes.

Working to our principles

- Develop engagement and communication systems and processes that reflect the population of Bucks, this means we will make use of population health management data to target segments of the community for initiatives of importance to them
- Provide assurance and public accountability
 - Through the well-established Engagement Steering Group and any successor group appointed by the ICS
 - Quarterly reports to the governing body outlining our activities and their impact

10.0 Feedback and Evaluation

Feeding back on the results of any participation is a critical step in the process. It helps people feel valued and encourages them to get involved again.

Our feedback will show how views have been considered and how they have or have not impacted on commissioning decisions. Where we have not been able to follow the feedback, we will be clear why.

Feedback will be shared within the integrated care system (we will not share individuals identifiable information) to maximise our integrated way of working and avoid the risk of people being asked the same or similar questions more than once.

Feedback will be in a number of ways:

- Through our Getting Involved pages on www.buckinghamshireccg.nhs.uk
- Letters/emails with direct feedback
- Through a “you said, we did” feature in the Let’s Talk Health Bucks e-newsletter
- Through social media
- Publishing a formal consultation report

Evaluation of each engagement activity is necessary to learn lessons for the future and share with partners. It will allow us to continuously improve and will cover all aspects from planning to delivery and feedback.

Every quarter, we will provide a written report to the Governing Body on activities that have taken place over the preceding quarter. The Engagement Steering group will include a section on their activities.

11.0 Learning and Best Practice

We will make sure we learn from organisations – both public and private sector for examples of good engagement and involvement.

We will identify best practice within the NHS and will readily take feedback from others on how to improve so we become recognised as an exemplar of patient involvement.

APPENDIX 1

Our Achievements 2016 – 2018 and plans for 2018 - 20

Engagement	Outcome for 2016 - 18	Plans for 18 - 20
Sustainable Transformation Partnership Engagement	Public roadshow involving seven public meetings to gather the views from the localities on what was working well in their area and where there was room for improvement.	
Your Community, your care Roadshow programme Engagement	<p>The roadshows allowed us to engage with local groups, talking with residents about proposed changes to community services in their area and to find out what improvements they wanted to see.</p> <p>Almost 30 groups were attended reaching over 600 residents.</p>	Review plans and respond to requests
Integrated Care System – Staff Event	<p>Two events held in July reaching 300 staff across six organisations: Buckinghamshire County Council, Buckinghamshire Healthcare NHS Trust, NHS Aylesbury Vale and Chiltern Clinical Commissioning Groups, Oxford Health NHS Foundation Trust, South Central Ambulance Service NHS Foundation Trust and FedBucks.</p> <p>From this event, a staff advisory group was created: 5 BHT; 8 BCC; 4 CCG; 2 OHT; 1 Barnados</p>	Introduce Integrated Care system roadshows for staff
Integrated Care System Health and Social Care Summit	<p>In November, we organised Buckinghamshire’s health and social care summit to shape the future of health and social care integration. There was a wide spectrum of contributors at this event from across:</p> <ul style="list-style-type: none"> • Voluntary and community sector • County Council • District councils • Town and parish councils • Wider public services • Health and social care professionals • Patient representatives <p>Duncan Selbie, Chief Executive for Public Health England gave the national perspective on integration with local leaders providing the Buckinghamshire context. These helped inform debate amongst the 200 attendees on the priorities and challenges for:</p> <ul style="list-style-type: none"> • Community working • Prevention • Mental Health • Carers • Housing and growth <p>A video capturing attendees’ reflections from the day can be seen here - https://www.youtube.com/watch?v=FXNCsqWsha4&feature=youtu.be</p>	<p>Review evaluation and consider proposals for a conference in 2019.</p> <p>Support development of an ICS Engagement Strategy and plan in 19/20.</p> <p>Develop ICS engagement plan for the NHS Long Term Plan in 19/20.</p>

<p>Supporting changes to surgeries Engagement</p>	<p>Engagement activities have taken place to support changes to surgeries including recommissioning of providers:</p> <ul style="list-style-type: none"> • Hawthornden Surgery • Trinity and Wellington Practice • Mandeville Practice Procurement 	<p>Engagement on changes as a result of 24/7 primary care.</p> <p>Undertake engagement activities on improved access to GPs</p>
<p>Children’s Therapies – recommissioning Engagement/Consultation</p>	<p>Undertaken jointly with Buckinghamshire County Council initiated with pre-engagement with existing services users to understand their views on the existing service. Followed up with engagement on whether the tender document reflected these views and finally consultation on the new service.</p> <p>This was done using co-production with FACTBucks and schools involved in the project team.</p>	<p>N/A</p>
<p>Co-production Group – Patient Outcomes for the ICS</p>	<p>An initial workshop of over 30 people, who responded to an invite through the press and social media, looked at the outcomes we wanted to achieve for residents in Buckinghamshire. From this a small working group of patients worked on these and presented them to the CCG’s Executive.</p> <p>These patient outcomes and how they will be measured are the result of co-production from start to finish.</p>	<p>Share and launch outcomes in 19/20.</p>
<p>Let’s Talk Health Bucks</p>	<p>The following surveys have been promoted through LTHB:</p> <ul style="list-style-type: none"> • Peer Review and Diabetes Education • Getting Active • Living with cancer and beyond cancer treatment • Prescription consultation • Pharmaceutical Needs Assessment • Patient Outcomes • CCG Staff Survey – focussed on agile working with the main themes subsequently compiled with results visually communicated to staff. Results have been added to LTHB to allow for further comment by staff <p>A newsletter is sent out to registered members of LTHB with feedback on previous activities and keeping them up-to-date with CCG news</p>	<p>Continue with newsletter</p> <p>Review use of LTHB in line with the integrated care system</p>
<p>Communication with GPs and Stakeholders</p>	<p>GPs in Chiltern CCG have continued to receive a weekly e-newsletter whilst those in Aylesbury Vale CCG receive this fortnightly.</p> <p>An Integrated care system newsletter has been sent out regularly to all stakeholders</p>	<p>Continue weekly Bulletin to GP Practices as a single CCG circular</p> <p>Continue ICS stakeholder newsletter</p>
<p>Equalities, Diversity and Inequalities Steering Group</p>	<p>An Independent Advisory Group aims to take an independent role in facilitating engagement and to provide advice and expertise to Buckinghamshire</p>	<p>Continue with the group and extend its involvement in engagement activities to</p>

	<p>CCG to help prevent ill health and reduce health inequalities.</p> <p>At its inaugural meeting Dr Ravi Balakrishnan and Dr Raj Thakkar were key speakers at the meeting. The group has received a lot of interest.</p>	<p>reach those in deprived areas with a focus on prevention and early intervention on cardiovascular disease in Castlefields and Oakridge.</p>
Engagement Steering Group	<p>During this period, the engagement steering group have become critical in reviewing:</p> <ul style="list-style-type: none"> • Communications and engagement plans • Questionnaires • Reports • Website in relation to public and patient involvement • Progress in the development of PPGs 	<p>Continue the Engagement Steering Group ensuring they are involved in decision making for engagement activities.</p> <p>Address actions arising from review of NHSe's 10 key actions.</p> <p>Chair of ESG to be invited to join the ICS Engagement and Co-Production User Group</p>
PPG Network	<p>The PPG network has met twice a year to:</p> <ul style="list-style-type: none"> • Review the work of the PPGs • Educate and network with new PPG members • Seek feedback on engagement activities 	<p>Continue to support the growth and development of the PPG network</p>
Engagement reports to Governing Body	<p>Reports are provided to the Governing body at the end of each quarter to review and for publicly publishing:</p> <ul style="list-style-type: none"> • Communications activity including evaluation of success and reach • Media activity including social media engagement • Consultation and engagement activities <p>These can be viewed on our website.</p>	<p>Continue to provide quarterly reports – to clearly demonstrate how the CCG meets the needs of residents and NHS England.</p>
Joint Annual General Meeting (AGM)	<p>The CCG and Buckinghamshire Healthcare NHS Trust have previously each held separate Annual General Meetings. In July 2018 we held a joint open day and AGM to coincide with the celebrations for the NHS is 70 anniversary.</p>	<p>A joint AGM is already being planned for 2019 as the opportunity for the people of Bucks to address both Partners is the same forum was valued. Attendance from other ICS partners will be invited.</p>
Developing Localities	N/A	<p>Supporting development of Locality Networks with patient participation as a strong element in planning and decision making</p>

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