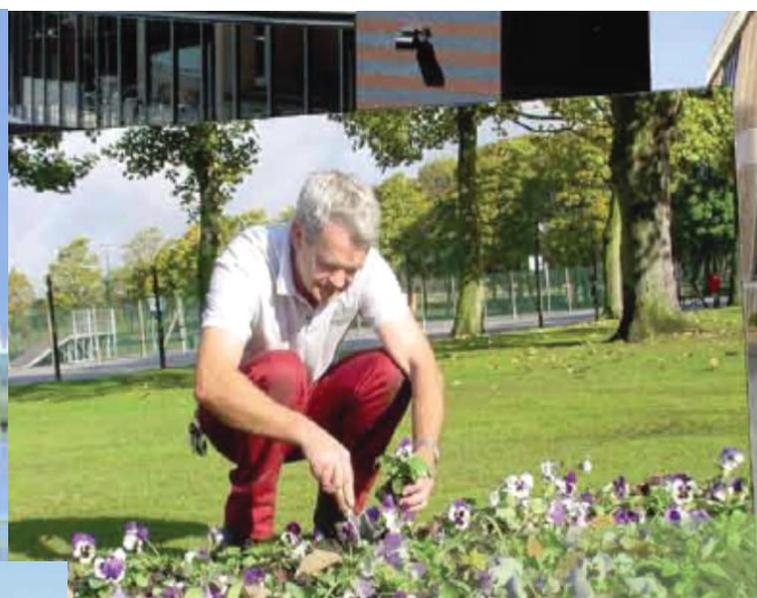


# Consultation and Engagement Strategy 2015-2016

Reviewed January 2015



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## 1. Introduction

NHS Halton Clinical Commissioning Group (CCG) represents each of the 17 GP Practices in the borough of Halton.

The CCG is responsible for planning NHS care in Halton, working with local health care providers to ensure that services meet the needs of all our patients.

In April 2013, the CCG became the new statutory body responsible for the local health budget. The CCG is clinically led by GPs and other healthcare professionals. It is formed and built on a membership model, with the aim of ensuring high quality, cost effective services within a sustainable healthcare system.

NHS Halton CCG is committed to engaging widely with local people to ensure that we commission services in line with local peoples need. Promoting opportunities, wellbeing and good health for people locally is a key target within the Joint Strategic Needs Assessment and the CCG 2 year operational plan and 5 year strategy.

## 2. Our Vision and Values

As an organisation we recognise that it is essential that we develop our Vision and Values, and share these with our key stakeholders, which include our staff, member practices and the public.

During our first Commissioning Event in February 2012 we commenced consultation with key stakeholders and the public on our Vision and Values, which resulted in an overarching Vision of:

***“To involve everybody in improving the health and well-being of the people of Halton”***

This Vision is supported by our set of Values which are:

**Partnership:** We will work collaboratively with our practices, local people, and communities and with other organisations with which we share a common purpose.

**Openness:** We will undertake to deliver all business within the public domain unless there is a legitimate reason for us not to do so.

**Caring:** We will place local people, patients, carers and their families at the heart of everything we do.

**Honesty:** We will be clear in what we are able to do and what we are not able to do as a commissioning organisation.

**Leadership:** We will be role models and champions for health in the local community.

**Quality:** We will commission the services we ourselves would want to access.

**Transformation:** We will work to deliver improvement and real change in care.

### 3. Our Approach to Consultation and Engagement

The 2010 NHS White Paper “Liberating the NHS” signalled significant change for the NHS and detailed at the very heart of the strategy is the importance of public involvement with the emphasis being on “No decision about me without me”.

The statutory guidance supports two distinct new legal duties on NHS Commissioners as defined in the Health and Social Care Act 2012. NHS Halton CCG remain committed to working with local people, finding out what the local people think and involving them in planning local health services. The duty to involve the public under section 242 of the NHS Act raised the bar for the way NHS organisations are expected to consult and engage with people and respond to the feedback received. The Health and Social Care Act 2012 strengthens this expectation

Section 242 of the National Health Service Act 2006 places a duty on NHS Trusts, CCG’s and NHS England to make arrangements to involve and consult patients. This duty strengthens accountability to local communities, speeds up change and creates a more patient responsive service.

The consultation for NHS Halton CCG requires evidence of “meaningful engagement with patients, carers and communities”. This means that the CCG must show how it ensures inclusion of patients, carers, public, communities of interest and geography, health and wellbeing boards and local authorities and how the views of individual patients and practice populations are translated into commissioning intelligence and shared decision-making.

#### Definition

There is no one definition of consultation, but in essence it means the act of asking a person or group for their views on a proposal or issue before a decision is taken.

In this Strategy the CCG has taken a broad view of what should be included.

The first is for commissioners to promote the involvement of patients, carers and members of the public in planning, managing and making decisions about their own care and treatment (Individual Involvement) through:

- **Friends and Family Test (FFT)** - For example, the capture, collation and analysis of patient experience insight including FFT.
- **Information for patients** – For example, ensuring targeted support to enable patients to be more in control of their health.

- **Personalised care planning** - For example, when a person is eligible, having the option of a personal health budget.
- **Shared decision making** - For example, involvement in decisions about individual episodes of care and/or longer term care.
- **Self-care and self-management** - For example, providing support to better manage health and prevent illness.

The second relevant statutory duty in the Health and Social Care Act 2012 covers public involvement in terms of (Collective Involvement)

- **Planning of commissioning arrangements** - For example, local commissioning intentions, which will need to include consideration of allocation of resources, review on current needs assessment and involvement to inform service specifications.
- **Development of proposals for change** - For example, major service reconfigurations, service redesign, pathway remodelling and local level service changes.
- **Decisions affecting the operation of commissioning arrangements** - For example, changes to the way the CCG delivers its function.

### NHS Patient Experience Framework

In October 2011, the then NHS Commissioning Board agreed on a working definition of patient experience to guide the measurement of patient experience across the NHS. This framework outlines those elements which are critical to the patients' experience of NHS Services;

- Respect for patient-centred values, preferences, and expressed needs, including: cultural issues; the dignity, privacy and independence of patients and service users; an awareness of quality-of-life issues; and shared decision making
- Coordination and integration of care across the health and social care system;
- Information, communication, and education on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care and health promotion
- Physical comfort including pain management, help with activities of daily living, and clean and comfortable surroundings

- Emotional support and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances
- Welcoming the involvement of family and friends, on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as care-givers
- Transition and continuity as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions
- Access to care with attention for example, to time spent waiting for admission or time between admission and placement in a room in an in-patient setting, and waiting time for an appointment or visit in the out-patient, primary care or social care setting.

This framework is based on a modified version of the Picker Institute Principles of Patient-Centred Care, an evidence based definition of a good patient experience. When using this framework the NHS is required under the Equality Act 2010 to take account of its Public Sector Equality Duty including eliminating discrimination, harassment and victimisation, promoting equality and fostering good relations between people.

NHS Halton CCG has made a firm commitment to not only fulfil the requirements of the NHS Constitution and the 2010 NHS White Paper, but to really embrace the principles of „no decision about me without me“, making this a reality for the people of Halton and is determined to develop a culture of openness, transparency and honesty.

This strategy not only reflects the requirements of the NHS constitution and the CCG’s statutory obligations which will be aligned to the recently legislated changes outlined in the 2012 Health and Social Care Act, but goes much further building effective engagement into all the work of NHS Halton CCG.

### **Patient Experience**

Much has been written about the impact of the report from the Francis Inquiry. The failings described in the reports into care delivered by Mid Staffordshire Hospital have brought into sharp focus the need to monitor and manage more rigorously the performance and quality of services delivered and the experience of patients and their families accessing those services.

As commissioners we want to ensure that patients feel that they are included in their care. We know that our providers are committed to providing excellent quality services and look to continuously improve the quality of their services.

NHS Halton CCG fully recognises the importance of patient experience data. NHS Halton CCG will work collaboratively with provider organisations to proactively capture patient experience data and put in place mechanisms to analyse this information so that it can be used to effectively inform the planning and commissioning decisions of the CCG.

NHS Halton CCG will continue to utilise the established Talk2Us patient experience programme which is already widely publicised and provides a means for people to provide their patient experience feedback through a variety of channels. Through this programme the CCG will continue to actively seek patient stories, the experience of patients, either through a pathway of care or a one-off contact.

The monitoring of patient experience however, must go beyond hospital care services and also include community, primary and integrated care service delivery.

Everyone counts, Planning for Patients 2013/14 – section on “Listening to patients” requires:

- Rights for patients set out in the NHS Constitution are delivered
- NHS will move to provide access to routine healthcare services seven days a week
- Real time experience feedback from patients and carers is in place by 2015
- Friends and Family Test identifies whether patients would recommend their hospital to those with whom they are closest.

## **PALS**

The Patient Advice and Liaison Service offers confidential advice, support on information on health related matters. They also provide a point of contact for patients, families and their carers. PALS provide additional help in many ways, which include;

- Advice on health related topics
- Help resolve concerns or problems when using the NHS
- Advice on how to get more involved in healthcare

## **Collective Engagement through Patient Participation Groups**

NHS Halton CCG has been developing its existing mechanisms and expanding its engagement links with patients and the public. GP practice Patient Participation Groups (PPGs) are one of the many ways in which we engage with patients.

NHS Halton CCG has 17 GP practices all of which are active in the recruitment drive for new members of the public to engage with the practice on health related matters.

This model of engagement provides the CCG with feedback through individual PPGs to clearly understand local issues. Each PPG varies in size, how it functions and what activity it undertakes. Each PPG is invited to send patient representatives to participate in Halton People's Health Forum and the PPG Plus where wider collective views are shared and solutions explored.

Halton Peoples Health Forum (HPHF) steering group, which is made up of general public volunteers, come together to support and give direction around public events. All of our public events include representatives from GP practices, local health forums, Halton Healthwatch, community groups, local residents, third sector providers and local councillors. Our plan is to continue to keep this good relationship by using a range of engagement and consultation events to ensure that this work is built upon and that feedback from local people is reflected in the commissioning plans for the future.

### **3.1 How Patient feedback informs CCG decision making**

#### **Listening and Acting on Feedback**

Key items from the Halton People's Health Forum and any patient experience data will be collated and reported to the Quality Committee and will scrutinise patient experience data and agree on actions to improve and steer the development of quality improvement across the health economy.

We will work with our providers and colleagues in the third sector to enhance our capabilities around the collection of patient experience feedback and ensure that the data being presented for review at the Quality Committee is well rounded and from a diverse range of clinical areas.

The patient feedback received through the various channels is communicated to:

- Clinicians/local GPs
- Quality Committee
- Governing Body
- Halton Local Authority Health Policy and Performance Board (OSC)

This feedback is then considered and taken into account for future commissioning plans.

### **3.2 How does the CCG ensure Consultation Governance when Commissioning Services**

The structure below illustrates the way in which we gather patient experience data via a range of routes and how this data is utilised in order to influence the CCG decision making process.

The Halton Consultation and Engagement Steering Group ensures that there is an inclusive, integrated and consistent approach to consultation and engagement of Halton's population in the development and implementation of NHS Halton Clinical Commissioning Group's (CCG) commissioning plan and any other work which may require consultation, this will include wider consultation from Cheshire and Merseyside

The Group will provide a level of scrutiny across the consultation and engagement process. The Group will be directly responsible for:

- Producing an annual engagement plan which will be agreed at the start of each financial year (based on NHS Halton CCGs commissioning intention, but also considering all CCG activities) to ensure adequate engagement with patients and the public of Halton in the planning and delivery of health care services.
- Providing expert opinion and direction on the levels of consultation required for each project / commissioning intention and methodology required, including:
  - Intended audience and type/method of consultation
  - Legal requirements
  - Cost
  - Timescales
  - Preparation/planning
  - Expected outcomes
- Ensure all statutory requirements and including the Public Sector Equality Duty are met, including taking 'due regard' for the elimination of unlawful discrimination. Advanced equality of opportunity and fostering good relations.
- Evidence of consultation and engagement is robust, including the recording of information (for example within Halton Hub) and ensuring completion of end of project reports for each finished consultation or engagement activity

## Patient experience feeding into NHS Halton CCG governance structure and the Commissioning Plan



## 4. Consultation and Engagement Objectives

The strategy is built around four key objectives, with clear aims and identified desired outcomes, as detailed below:

### Objective One

*“To continue to build meaningful engagement with our public, patients and carers to influence the development of services and improve the health and wellbeing of people in Halton”*

#### **This will be achieved by:**

- Using the most appropriate means of consultations for the specific audience.
- Ensuring the public voice influences and is directly involved in the decisions made by NHS Halton CCG.
- Using a wide variety of methods and innovative approaches to engagement.
- Working closely with „hard to reach“ groups to ensure they have a voice.
- Using patient experience data and information to work with provider organisations and patients
- 'Closing the loop' by reporting on the impact of public feedback on NHS Halton CCG's commissioning decisions
- Learning from good practice and tried and tested examples of engagement

#### **Outcomes of this objective:**

People in Halton feel they have had the opportunity to give their views and have been involved in the decisions made by the CCG around the development and delivery of local health care services.

### Objective Two

*“To ensure that the CCG is clearly visible as the leader of the local NHS and to instil confidence, with patients, public, provider and partner organisations in the CCG as an effective commissioning organisation”.*

#### **This will be achieved by:**

- Developing and promoting the profile of NHS Halton CCG
- Developing and maintaining proactive media relations
- Ensuring effective management of reactive media attention

- Ensuring internal and external audiences are aware of CCG developments as well as issues facing NHS Halton CCG
- Providing consistent and timely messages internally and externally to various audiences
- Working collaboratively with partners and other NHS organisations in and around
- The status of the Consultation Steering Group is consultative, and the group will act
  - in an advisory capacity to the CCG. The Consultation Steering Group does not have
  - devolved responsibility but will provide:
    - ✓ Recommendations to the Quality Committee and the Project Lead of the level and type of consultation required. Assurance to the Quality Committee that the CCG is meeting its consultation requirements

### **Outcomes of this objective:**

Stakeholders are confident that NHS Halton CCG has successfully taken the lead, with responsibility for commissioning healthcare services and is operating in the interest of the people of Halton.

### **Objective Three**

*“Develop a culture within the CCG that promotes and facilitates open consultation and engagement, with all stakeholders.”*

### **This will be achieved by:**

- Developing and maintaining proactive media relations
- Developing internal two-way consultation channels with staff and CCG practice members
- Ensuring internal and external audiences are aware of service developments and successes
- Ensuring internal and external audiences are able to feedback information on successes and achievements through accessible routes
- Making language meaningful to staff, public and patients in all consultations
- Ensuring that the CCG Operational Delivery Plan informs and is linked to all of our engagement work.

**The outcomes of this objective will be:**

CCG Governing Body members, staff and constituent practice members understand their role and what is expected of them in terms of consultation and engagement. They will also have the support they need to ensure effective relations with the media.

There will be good staff retention rates and staff will feel they can express their opinions and judgement and will see that their contribution is valued.

The public feel informed; are aware of how they can feedback to NHS Halton CCG; are confident to discuss issues and that they will be acted upon.

**Objective Four**

*“Continue to develop effective consultation channels to ensure that local people have the information they need to enable them to access the right care at the right time, helping them to look after themselves and improve their health and wellbeing.”*

**This will be achieved by:**

- Working with member practices, providers and partners to ensure that public information is accurate and up-to-date
- Working closely with our community groups, including seldom-heard groups to ensure that messages and information are being received and are understood
- Working collaboratively with providers and partners to ensure that messages are consistent and timely
- Ensuring that all information is fully accessible
- Continuously scoping new and innovative ways of communicating, making best use of new technologies and digital consultation
- Regularly testing out the effectiveness of consultations.
- Making language meaningful for staff, public and patients in all consultations.

**The outcomes of this objective will be:**

The people of Halton will be well informed and will have a good understanding of local services and what is available to them. People will have the information they need to help them to improve their own health and wellbeing. Reduction in inappropriate use of services, reduction in DNA"s and increased use of self-care.

#### 4.1 Action Plan

In order to achieve our objectives, a detailed action plan has been developed. This is currently being developed and will be agreed through the CCG's Quality Committee. This action plan will describe the consultation and engagement activity and the resources required over the next three years to ensure that the CCG progresses successfully and becomes a high- performing commissioning organisation. The Halton People's Health Forum will also be key to the development and delivery of the action plan and will be involved directly in the process. The plan will provide clear timescales and will be monitored by the Quality Committee which will provide assurance to the Governing Body.

It should be noted that this will be a working document as it is recognised that we are working in a dynamic environment which is continually changing, therefore the action plan will change and has to be flexible to meet potential changes.

#### 5. Methods – tools, systems and processes

In line with our Equality and Diversity responsibilities, the CCG will ensure that it actively engages with a broad range of local people and community groups, including those people and community groups defined in the Equality Act 2010 as having protected characteristics, which are:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation
- Marriage and Civil Partnership

NHS Halton Clinical Commissioning Group will utilise a mixture of approaches, as detailed below to communicate and actively seek out the views of the people of Halton and we will ensure that our methods are evidence based and work for our intended audiences.

- Events, including partnership engagement events, national events.
- Focus groups
- Community forums
- Meetings (internal and external)
- Workshops strategies, plans, reports and other formal publications
- Written consultations
- Face-to-face, interpersonal consultations
- Meeting papers and minutes

- Newsletters
- Comics and animation
- Briefings
- Website / Intranet (Halton Hub)
- Online Social Media
- Press releases
- Paid media and advertising campaigns

The CCG will also ensure that all information is accessible and that processes are in place to provide information in differing formats on request (e.g. large print, other languages, Braille or audio).

### **5.1 External - Regional Consultations**

Commissioning Support Unit colleagues will be supporting or leading regional consultations as they lend themselves to wider area consultations. However any topics that reaches out to Halton local people will still have to come to our consultation steering group and committees.

#### **Patients and the Public**

In all consultations to patients and the public, staff should remember to use plain English and keep their writing and speaking free of jargon and abbreviations.

General consultation with the public will be facilitated via established routes i.e. the media, public events and the attendance at various network meetings.

In order to ensure clarity of message and public understanding around the recent NHS organisation changes and creation of CCG's we have developed a suite of key messages, which should be used consistently throughout all our consultation with the public (see Appendix A).

The first parts of our Governing Board meetings are held in public to demonstrate openness and transparency in our decision making.

We will also utilise the Annual Public Meeting as a means to promote the CCG and encourage engagement in the business of the CCG.

We will work collaboratively with partners and providers to have a presence at a range of events and forums.

We will utilise the existing consultation mechanisms within our partner and provider organisations, for example Halton Borough Council's Inside Halton magazine and we will, where appropriate work collaboratively with provider organisation to utilise their mechanisms.

## **Publications and literature**

We will only produce printed publications and other material such as leaflets and flyers when absolutely necessary and we will utilise existing mechanisms within health, the Local Authority, provider and community publications to communicate key information. We will where possible only produce documents and publications in electronic format, and will ensure that when we do so they are fully accessible.

When there is a need to produce information in relation to specific programmes of work, this is likely to be low volume and will be produced locally wherever possible.

## **Events**

We will plan a programme to deliver and publish the recommendations from the Consultation Steering Group, where required in line with our statutory obligation to undertake public consultation. We will also utilise existing planned events, including events hosted by our partners and providers to communicate key messages and to take advantage of any PR opportunities.

## **E-consultations**

We will develop and maintain our electronic consultation mechanisms - managing web content and providing content for use on partner and provider sites. We will also utilise social media, Facebook, Twitter etc. and will continue to further develop our e-consultation capabilities.

## **Communicating with our Partners and Providers**

We will utilise existing meetings and forums to communicate with our partners and providers. To provide key updates and ensure consistency of messages and information relating to the CCGs business, we will develop and implement a high level “spotlight” brief, which will be issued each quarter to all external stakeholders and published on our website.

## **Members of Parliament**

Political support for the CCG is important in raising and maintaining our profile and creating awareness. MPs will be regularly briefed on successes and issues within their local constituency.

Face to face meetings with the CCG Chief Officer and Chair will ensure that relationships with our MPs are maintained and that they are provided with information first hand. We will also ensure that ad hoc briefings are prepared in relation to emerging issues and therefore minimise the risk of MPs being misinformed.

We will also continue to ensure that we respond quickly and effectively to requests from the Ministerial Briefing Unit in relation to parliament questions and will continue to monitor activity around local issues, Parliamentary Questions and responses. This information will be shared with board members.

An annual audit among our staff and practice members to ascertain feedback and views on our consultations will inform future developments. All consultations will encourage feedback on an on-going basis from our staff and members to ensure they remain effective.

We will also be working to integrate staff that we work with from the Local Authority into our consultations, inviting them to our weekly staff brief sessions and sharing our emails with them.

### **Consultation with members of the Governing Body**

It is crucial that members of the Governing Body are kept up-to-date of key developments, media coverage and issues. Local consultations support will provide a fortnightly consultations update, which will include all media activity to all Governing Body members and senior officers and where required will liaise with them on key issues.

### **Consultations with our constituent practices**

We will further develop our fortnightly CCG e-newsletter to communicate key information to constituent practices. We will also look to further develop this e-newsletter to fit the needs of staff and encourage two way consultation and feedback.

We will continue to support the facilitation of events and where required co-ordinate briefing sessions with constituent practices on behalf of the CCG Governing Body.

We will develop Halton Hub as a secure online platform that will provide a means to share information with practice members and to enable members to communicate with each other.

We will continue to hold monthly Practice Manager Meetings with our constituent practices, seeking to inform, engage and capture feedback. This will be supported by Annual Practice Visits where we will seek feedback to key questions.

## **6. Stakeholder Analysis**

### **6.1 Stakeholder Matrix**

The matrix outlined in Appendix C provides the detail in terms of the stakeholder groups, focusing on consultation and engagement processes for each of the audiences.

We capture patient experience data from the various groups, focussing particular effort on diverse and vulnerable groups as identified within the Joint Strategic Needs Assessment (JSNA). These groups include:

### **Black Minority Ethnic (BME)**

Halton has a BME population (non-white descendants) of approximately 2.4%. This equates to around 3,000 people residing in the Halton Borough. These communities experience access issues due to barriers such as language and cultural issues. Another significant barrier is a lower level of awareness of early warning signs for cancer among this group.

There is also a community of migrant workers, particularly from the EU accession countries of Eastern Europe, who are now settling in the area with wider family networks.

### **Older Citizens:**

There are around 18,400 people aged 65 years and over residing in Halton (according to the 2011 Census population figures). It is important that services are commissioned and procured to meet the complex needs of older citizens, to consider the relationship with disability, for example dementia, and to support them to live in their own homes for longer.

It is estimated that 1,082 people aged 65+ were suffering from some form of dementia in 2010 in Halton (Source: POPPI).

### **Disability, Long-Term Conditions and Mental Health:**

The Department of Work and Pensions estimates that nine million people in the UK are disabled and have difficulty carrying out day-to-day activities. The Equality Act 2010 protects those with long-term conditions including cancer, diabetes, COPD, CVD and dementia. It is also essential that we make services accessible for, and consider the needs of people with mental health conditions. It is estimated that in 2010 there were around 12,000 people in Halton, aged 18-64 years, who suffered from a common mental disorder (Source: Adult psychiatric morbidity study, 2007). In November 2010, 8.9% of the total population of Halton were claiming Disability Living Allowance. For physical disability, the number of people aged 18-64 predicted to have a moderate physical disability in 2012 in Halton is 5972. (Source: PANSI, 2012)

For learning disability, the number of people aged 18-64 years predicted to have a learning disability in 2012 in Halton is 1808. (Source: PANSI, 2012).

**Children and Young People:**

Advancing the health needs of children and young people requires tailoring services to meet the needs of boys and girls of different age groups. In particular, those services most relevant to this group such as teenage pregnancy, sexual health, and alcohol and weight management.

The teenage pregnancy (under 18) rate in Halton was 43.9 per 1,000 girls in 2012, a reduction of 11.3 compared to 2011 (Source: ONS). The percentage of obese children in Reception and Year 6 also increased between 2009/10 and 2010/11. The Reception percentage increased by 1.1%, whereas the Year 6 percentage increased by 2.2%. (Source:

NHS IC). This data shows that intervention in early years is a key priority that will enable us to tackle health inequalities in Halton.

**Gender:**

Men and women display different behaviours in relation to accessing services. Life expectancy varies between men (75.5 years) and women (79.6 years) and they experience different illness and conditions, so appropriate and targeted services are essential (Source: ONS, 2008-10). For example, it is important that women receive appropriate and targeted gynaecological services. It is a key priority to ensure that men access appropriate prevention services to reduce unhealthy lifestyle behaviours.

**Lesbian, Gay, Bisexual and Transgender (LGBT):**

A disproportionate number of this community experience mental health issues. These communities face disadvantages in relation to access and health outcomes. According to the Integrated Household Survey 2010/11, around 1.5% of the population in the North West are said to be LGBT (Source: ONS, 2011).

We are aware of a low number of trans people in Halton at the moment. Statistically, Trans people comprise approximately 1-2 per cent of the general population, but the statistics do differ in more welcoming situations and environments. Not all Trans people are 'out' as Trans and some people may not have come to the realisation that they are Trans. The more approachable we make the subject (via leaflets and posters in GP offices for example) the more people will make themselves known.

**Religion/Belief:**

Religion and belief is extremely important to many patients in all aspects of their lives. Particular consideration of religion and beliefs needs to be taken when commissioning end of life services.

As well as the groups identified above, we also continually engage with the groups identified within the stakeholder matrix below through various mechanisms, including

our Talk To Us Patient Experience Programme, Halton People’s Health Forum, Patient Participation Groups and specific focus groups in relation to commissioning intentions to ensure patient experience data is captured and acted upon.

Stakeholder Group	Groups Identified	Engagement & Consultation Priorities
All stakeholders including patients and the Public		<ul style="list-style-type: none"> <li>• Reputation management and public affairs</li> <li>• Campaigning for health priorities</li> <li>• Managing the brand and the market</li> <li>• Awareness of key health messages</li> <li>• Engagement and involvement in decision-making</li> <li>• Access to health services messages</li> </ul>
Vulnerable groups	<ul style="list-style-type: none"> <li>• Travellers</li> <li>• BME</li> <li>• Young / Old</li> <li>• Work / economic migrants</li> <li>• Disable / non disable</li> <li>• Asylum Seekers &amp; Refugees</li> <li>• Transgender and Transsexuals</li> <li>• Gender</li> </ul>	<ul style="list-style-type: none"> <li>• Through CCG’s extensive reach via its community engagement team and tailored engagement tools, including focus groups</li> <li>• Consultation through partnerships with community organisations.</li> <li>• Use of interpretive tools– translation clarity of language etc.</li> </ul>

Key partners	<ul style="list-style-type: none"> <li>• Halton Borough Council</li> <li>• Warrington &amp; Halton Hospital Foundation Trust</li> <li>• St Helens and Knowsley Hospitals Trust</li> <li>• 5 Borough Partnership</li> <li>• Bridgewater Community Trust</li> </ul>	
Other partners	<ul style="list-style-type: none"> <li>• Healthwatch</li> <li>• Third Sector</li> <li>• Local Involvement Networks</li> <li>• Faith Groups</li> <li>• Resident Groups</li> <li>• Department of Health</li> <li>• National NHS England Area Team</li> <li>• Neighbouring CCGS &amp; Local Authorities</li> </ul>	<ul style="list-style-type: none"> <li>• Reputation management</li> <li>• High quality, timely information to support partnerships</li> <li>• Effective engagement and involvement</li> <li>• Consultations to support their organisation development</li> <li>• Consultations about access to services</li> </ul>
Influencers	<ul style="list-style-type: none"> <li>• Local MP's</li> <li>• Councillors</li> </ul>	<ul style="list-style-type: none"> <li>• Reputation management</li> <li>• Timely, regular briefings – written and face to face to build awareness and support the objectives</li> </ul>
NHS partners	<ul style="list-style-type: none"> <li>• Acute and Specialist Trusts</li> <li>• All other providers</li> <li>• NHS England North</li> <li>• Department of Health</li> </ul>	<ul style="list-style-type: none"> <li>• Reputation management, particularly</li> </ul>
Independent contractors	<ul style="list-style-type: none"> <li>• GP's and practice staff</li> <li>• Pharmacists</li> <li>• Dentists</li> <li>• Optometrist</li> <li>• Local professional Committees</li> </ul>	<ul style="list-style-type: none"> <li>• Timely and consistent consultations</li> <li>• Effective clinical engagement to build awareness and support for strategic objectives and delivery</li> <li>• Reputation management</li> </ul>

Other NHS and related partners	<ul style="list-style-type: none"> <li>• NHS Direct</li> <li>• Health Protection Agency</li> <li>• Workforce Confederation</li> <li>• Healthcare Commission</li> <li>• NHS Alliance</li> <li>• NICE</li> <li>• Business Services Authority</li> </ul>	<ul style="list-style-type: none"> <li>• Reputation management</li> <li>• Awareness of key messages</li> <li>• Effective engagement and involvement</li> </ul>
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## **7. Risk Assessment**

There are several risks attached to the success of the consultation and engagement strategy, as detailed in Appendix B and C. Consideration has been given to these risks and the successful implementation of the consultations strategy will contribute to the mitigation of all the risks identified:

- Negative media attention around health reforms and the “privatisation” of the NHS
- Political spotlight drawing NHS finances in to the political debate locally and nationally
- Confusion due to the amount of information being communicated at any one time via provider and partner organisations or due to conflicting messages from different NHS organisations or other stakeholders.
- Individual concerns that are lost in the general mix.

## **8. Implementation and monitoring**

### **8.1 Roles and responsibilities**

Effective consultation and engagement is everyone’s responsibility and the Governing Body, staff, including clinicians and practice staff all have a key role in promoting the work of the CCG, the services which it commissions and in raising awareness of health campaigns and initiatives.

The consultation and engagement leads will ensure that the CCG Governing Body and staff are well informed and supported to do this.

#### **Key responsibilities**

The local consultations support, provided by the Cheshire and Merseyside Commissioning Support Unit will be responsible for:

- Developing and managing the operational delivery of the consultation and engagement strategy and action plan
- Providing the CCG Governing Body with progress reports ensuring that the board is made aware of any significant issues which will impact on the effectiveness of the strategy and any risk in terms of achieving the objectives
- Providing strategic input to the work of NHS Halton CCG, providing strategic advice on consultation and engagement requirements
- Identifying, planning for and responding to emerging issues which may have a detrimental impact on the reputation of the CCG and / or the NHS brand
- Handling of all consultation, including crisis consultations in relation to serious and untoward incidents
- Handling of all consultation, including media activity in relation to major incidents as part of emergency planning arrangements. (this includes on call out of hours support)
- Handling of reactive media activity, ensuring appropriate response and timely escalation of issues and where required co-ordinate responses with consultation leads from partner and provider organisations
- Oversight of all proactive media activity, and, where required co-ordinate media activity with consultation leads from partner and provider organisations
- Oversight of all regulatory and non-regulatory consultation
- Supporting commissioning leads and CCG senior officers with practical consultation support, including the development and implementation of consultation plans

**The Engagement and Involvement Manager will be responsible for:**

- Delivery of all engagement operational activity identified in the consultation and engagement action plan
- Acting as the first point of contact for community and third sector groups in relation to public engagement activity
- Alerting the consultations lead with information around any emerging issues in relation to engagement activity which may impact on the organisations reputation
- To be the CCG representative at a variety of third sector and community group meetings and present updates as and when required
- Attend a variety of public events across the borough

- Development of a membership based approach with constituent practices
- Providing engagement support to lead commissioners
- Supporting the development of the patient experience programme and ongoing monitoring of patient experience information, including Patient Opinion and patient choices
- Supporting the development and facilitation of Halton People's Health Forum
- Supporting the ongoing development of Patient Participation Groups

## **NHS Halton CCG Governing Body will be responsible for:**

- Taking the lead and fronting media activity, both in relation to proactive and reactive issue
- Lead on the delivery of high level consultation to staff, constituent practices, partner and providers
- Alerting the consultations lead with any emerging issues
- Supporting the CCG by attendance and involvement in public events

## **NHS Halton CCG Clinical Leads and staff will be responsible for:**

- Alerting the consultations lead with any emerging issues
- Providing updates to the consultation lead for inclusion in briefings

## **8.2 Budget and resources**

Much of the activity can be delivered at minimal or nil cost through use of existing mechanisms and channels of consultation and engagement, although there will be resource requirements in terms of people's time.

As part of the development of the detailed operational work plan, any activity in relation to specific areas of work will be fully costed and submitted for approval before any activity is commissioned.

The CCG has a Service Level Agreement with Cheshire and Merseyside CSU to provide an end-to-end consultations service.

Supported by the CSU Consultations Head of Service and Locality lead we will continue

to look to work collaboratively with our partners, providers and neighbouring CCGs to ensure that we are making best use of our opportunities to maximise our consultations resource capacity.

## 9. Evaluation

It is important for us to monitor and benchmark performance of consultation and engagement activity so that we can ensure that the activity is appropriately tailored and targeted to the relevant audiences, messages and method. The following criteria are suggested as being ways in which we should be able to track performance:

- **Formal and informal feedback from stakeholders, to include;**
  - Patient experience feedback and patient surveys
  - Levels of awareness of the work of NHS Halton CCG
  - Public perceptions of ability to get involved and influence the future shape of these services
  - High level 360 degree feedback – practice members, partner and provider organisations.
- **Formal and informal feedback from employees**
  - Views sought through team meetings, staff briefings and other engagement events
  - Staff survey
  - Halton Hub feedback
- **Number of attendees at engagement and consultation events**
  - Internal audiences
  - External audiences
- **Favourable media coverage**
  - Media evaluation
- **Political temperature**
  - Positive political support vs. level of political noise (MP letters, Parliamentary Questions etc.)
- **Halton Hub**
  - Online platform in which the Engagement & Involvement Manager and colleagues can record the CCG's engagement activity with local people and communities.
- **All NHS Trusts**
  - Early adopters for Friends & Family Test
  - Maternity services

## **APPENDIX A**

### **WHAT CAN YOU EXPECT**

- No decision about me without me” is the principle behind the way in which patients are treated – patients will be able to make decisions with their GP about the type of treatment that is best for them. Patients will also have more control and choice over where they are treated and who they are treated by.

#### **They will be able to choose their:**

- GP
  - Consultant
  - Treatment
  - Hospital or other local health service
- Patients will be able to get the information they need, such as how well a hospital carries out a particular treatment, to help them decide on the best type of care. If patients are unhappy with their local hospital, or other local services, they will be able to choose another one to treat them.
  - Patients will be able to rate hospitals and clinics according to the quality of care they receive, and hospitals will be required to be open about mistakes and always tell patients if something has gone wrong.
  - Patients will have a strong collective voice through a national body, Healthwatch and in their communities through arrangements led by local authorities.

#### **What does it mean for the public?**

- The public will be able to have more influence over what kind of health services should be available locally. They will also have greater opportunities for holding to account local services that are not performing well.
- They will be able to get more information about how their local health services are performing, such as how well their local hospital carries out a particular operation or treatment.
- There will be more focus on preventing people from getting ill – the Public Health Service will pull together services locally to encourage people to keep fit and eat more healthily.

#### **How will the new health and care system be run?**

- Local authorities will be responsible for local health care priorities, while central government will have much less control over health services.

- The NHS will be measured by how successfully it treats patients – for example, whether it improves cancer survival rates, enables more people to live independently after having a stroke or reduces hospital acquired infection rates.
- NHS England - an independent and accountable organisation has been established to:
  - lead on the achievement of health results
  - allocate and account for NHS resources
  - lead on improvements in quality
  - promote patient involvement and choice.
- NHS England will also have a duty to promote equality and tackle inequalities in access to healthcare.
- Monitor will become an economic regulator to promote effective and efficient providers of health and care, encourage competition, regulate prices and safeguard the continuity of services
- The role of the Care Quality Commission will be strengthened as an effective quality inspectorate covering both health and social care. Healthwatch will represent the views of patients, carers and local communities.

## APPENDIX B

### STAKEHOLDER MATRIX

	<p><b>Keep satisfied: but not so much that they become bored with messages:</b></p> <ul style="list-style-type: none"> <li>• Warrington &amp; Halton Hospitals NHS Foundation Trust (WHHFT) Members</li> <li>• 5 Boroughs Partnership NHS Foundation Trust (5 BP) Members</li> <li>• Bridgewater Community Healthcare NHS Trust (BCH) Members</li> <li>• St Helens &amp; Knowsley NHS Trust (SHK) Members</li> <li>• NHS England</li> <li>• Local Medical Committees</li> <li>• Local Pharmacy Committees</li> </ul>	<p><b>Manage Closely: these are the people to fully engage and make the greatest efforts to satisfy.</b></p> <ul style="list-style-type: none"> <li>• CCG Governing Body and Staff</li> <li>• Media</li> <li>• WHHFT – Board</li> <li>• 5 BP Board</li> <li>• BCH Board</li> <li>• Local Authority Exec Committee</li> <li>• MPs</li> <li>• Local Council Members</li> <li>• Local Overview and Scrutiny Committee</li> <li>• Health and Wellbeing Board</li> <li>• Halton Healthwatch</li> <li>• Third sector and patient support groups (via local CVS organisations)</li> <li>• Halton People’s Health Forum</li> <li>• Patient Participation Group members</li> <li>• Member Practices</li> </ul>
	<p><b>Monitor: do not bore with excessive consultation:</b></p> <ul style="list-style-type: none"> <li>• Other NHS Staff (providers)</li> <li>• Local Social Enterprises</li> <li>• Local Chambers of Commerce</li> <li>• Housing Trusts and other public sector organisations</li> </ul>	<p><b>Keep informed: and engage to ensure no major issues are arising</b></p> <ul style="list-style-type: none"> <li>• Patients, their carers, families and the general public</li> </ul>

Low
High

INTEREST

**Red – High Power, High Interest – fully engage and satisfy**  
**Orange – High Power, Mod Interest – inform, seek approval and satisfy**  
**Blue – Mod Power, High Interest – inform and engage**  
**Green – Low Power, Low Interest – monitor and inform**

**APPENDIX C**

**SWOT ANALYSIS**

Having reviewed our situational analysis, a number of areas have been identified as being “weaknesses or threats”:

<b>Strengths</b>	<b>Weaknesses</b>
<p>Established board with high level of strategic expertise and a varied skill set.</p> <p>Skilled consultation and engagement resource, which is flexible and has the ability to scale up when required.</p> <p>Effective Clinical Engagement</p> <p>Effective engagement with practice members</p> <p>Excellent staff engagement</p>	<p>Continuously changing environment</p>
<b>Opportunities</b>	<b>Threats</b>
<p>Continue to further enhance clinical engagement between provider and commissioner organisations.</p> <p>Enhance robust working arrangements with partners and providers</p>	<p>Resource within local media organisations – lack of “named” health link.</p> <p>Political challenge</p> <p>Loss of public and clinical engagement and confidence.</p> <p>Diverse and competing demands on time to undertaken the necessary work.</p>

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<p>Ky dokument mund të jetë në dispozicionin tuaj në një varg të formateve alternative përfshirë gjuhë të ndryshme, të shtypura, Braille dhe audio kasete. Për të diskutuar kërkesat tuaja, ju lutemi thirrni në 0800 389 6973</p>	(Albanian)
<p>يمكن توفير هذه الوثيقة في العديد من الأشكال بما في ذلك مختلف اللغات، بخطوط كبيرة، بكتابة بريل أو على شريط كاسيت. لمناقشة متطلباتك الرجاء الاتصال على الرقم 0800 389 6973</p>	(Arabic)
<p>এই দলিলটি বিভিন্ন ফরম্যাটে বিকল্পমূলক ভাবে পাওয়া যাবে যার মধ্যে অন্তর্ভুক্ত আছে বিভিন্ন ভাষা, বড় ছাপা, ব্রেইল পদ্ধতি ও অডিও ক্যাসেট। আপনার প্রয়োজনের ব্যাপারে আলোচনা করার জন্য অনুগ্রহ করে 0800 389 6973 নম্বরে ফোন করুন।</p>	(Bengali)
<p>這份文件備有多種不同形式的版本（包括不同語文、大字體、凸字和錄音帶）可供索取。欲知詳情，請致電0800 389 6973查詢。</p>	(Traditional Chinese)
<p>આ દસ્તાવેજ વિવિધ ભાષાઓ, વિશાળ છપાઇ, ઊંચલ ભાષા અને ઓડિયો કેસેટ સહિતના શ્રેણીબદ્ધ વૈકલ્પિક સ્વરૂપમાં ઉપલબ્ધ કરી શકાય છે. તમારી જરૂરિયાતોની ચર્ચા કરવા કૃપા કરીને ફોન કરો :</p>	(Gujarati)
<p>这份文件备有多种不同形式的版本（包括不同语文、大字体、凸字和录音带）可供索取。欲知详情，请致电0800 389 6973查询。</p>	(Simplified Chinese)
<p>Niniejszy dokument może być udostępniony w innych alternatywnych formatach, w tym w różnych językach, dużym drukiem, w alfabecie Braille'a i na kasecie magnetofonowej. Prosimy zadzwonić pod numer telefonu 0800 389 6973 w celu omówienia Państwa wymagań.</p>	(Polish)
<p>ਇਹ ਦਸਤਾਵੇਜ਼ ਕਈ ਤਰ੍ਹਾਂ ਦੇ ਵੈਕਲਪਿਕ ਰੂਪਾਂਤਰਾਂ ਵਿੱਚ ਉਪਲਬਧ ਕਰਾਇਆ ਜਾ ਸਕਦਾ ਹੈ ਜਿਸ ਵਿੱਚ ਵੱਖ-ਵੱਖ ਭਾਸ਼ਾਵਾਂ, ਵੱਡੇ ਅੱਖਰ, ਬ੍ਰੇਲ ਅਤੇ ਆਡੀਓ ਕੈਸੇਟ ਸ਼ਾਮਲ ਹਨ। ਆਪਣੀਆਂ ਲੋੜਾਂ ਬਾਰੇ ਚਰਚਾ ਕਰਨ ਲਈ ਕਿਰਪਾ ਕਰਕੇ 0800 389 6973 'ਤੇ ਫ਼ੋਨ ਕਰੋ।</p>	(Punjabi)
<p>یہ دستاویز بہت سے متبادل نمونوں بشمول مختلف زبانوں، بڑے پرنٹ، بریل اور آڈیو کیسٹ میں مہیا کی جاسکتی ہے۔ اپنی ضروریات سے متعلق بات چیت کرنے کے لیے براہ مہربانی 0800 389 6973 پر فون کریں۔</p>	(Urdu)