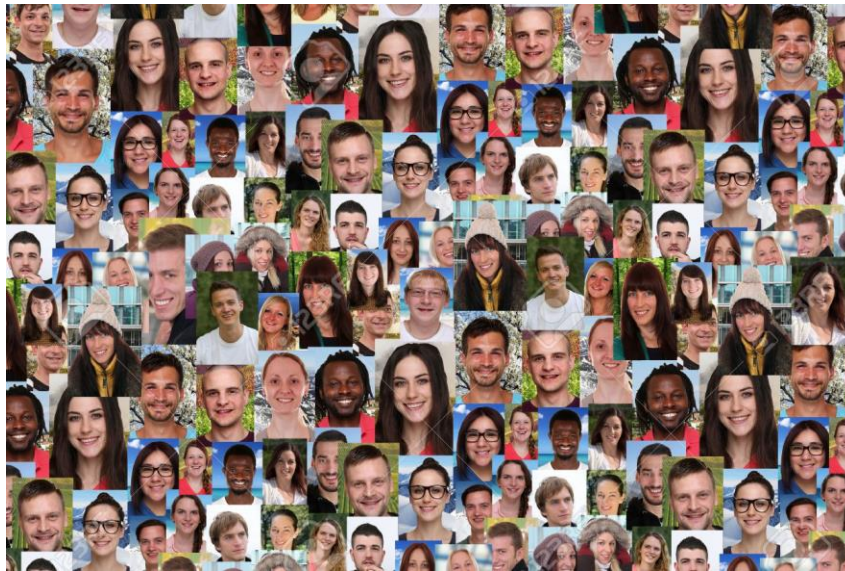


# Patient and Public Involvement Strategy 2018-2022



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## Background

This strategy covers the period of organisational and strategic development that takes in the projected timetable for the Sustainability and Transformation Partnership. It is written to support and feed in to Thurrock CCG's organisational and strategic planning and the wider work across the mid and south Essex Sustainability and Transformation Partnership (STP).

The strategy will form the backbone of our public involvement and engagement work and sets out how we will meet our statutory duties as a CCG. The strategy also meets the following statutory guidance and acts.

- ['Patient and public participation in commissioning health and care: statutory guidance for clinical commissioning groups'](#) Revised April 2017
- Equality Act 2010
- NHS Act 2006
- Mental Capacity Act 2015

## The legal framework

What we must do:

- Engage and involve the public and patients in every stage of the commissioning cycle, as the web page below shows.  
<https://www.england.nhs.uk/participation/involvementguidance/>
- Have an audit trail using the Patient and Public Participation Assessment form as a guide to determine when public should be involved in or consulted on shaping services.
- Ensure we reach all sections of society, including those with protected status and the seldom heard.

## Our vision and mission

### Vision statement

The health and care experience of the people of Thurrock will be improved as a result of our working effectively together.

### Mission

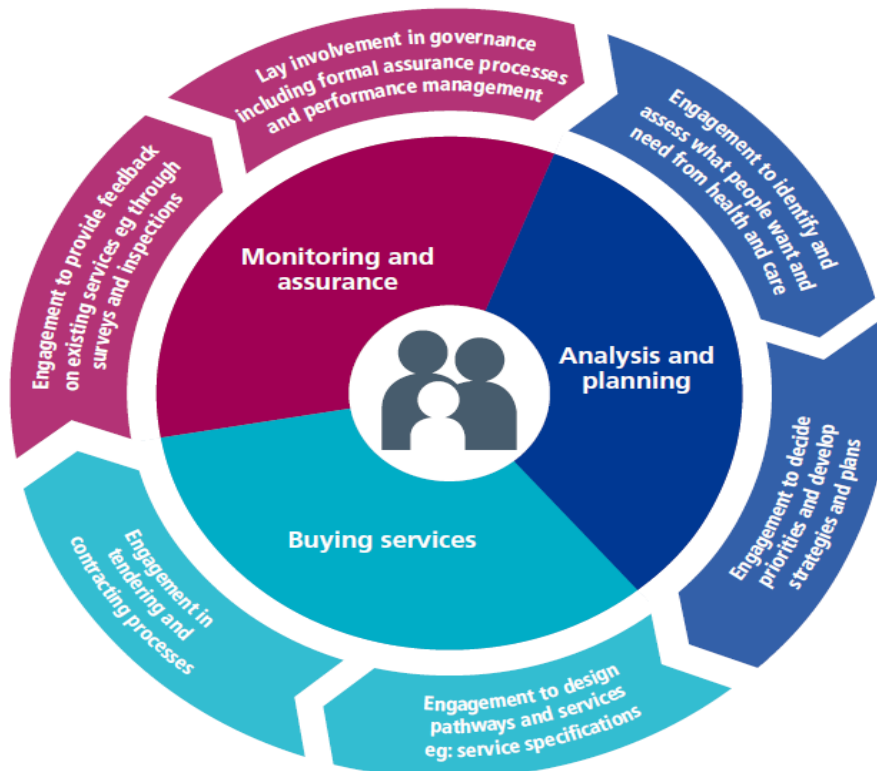
To achieve our vision we will design services within available resources around the agreed needs of people by working collaboratively with our partners ensuring positive regard to all.

### Our Values

NHS Thurrock CCG supports the founding principles and values of the NHS as set out in the NHS Constitution and will achieve these values through the delivery of the CCG vision.

## Involvement in the commissioning cycle

Source: [NHS England Public Participation and Involvement Statutory Guidance 2017](#)



### Where are we now

An assessment of the numbers of people involved is difficult for general involvement and participation, as until recently monitoring of the numbers and demographics of patients involved in discussion has been limited.

Public engagement events, run by the Head of Communications and Engagements have been monitored for this financial year. The spreadsheet below shows how many the demographic of people we've engaged with. Some of these events directly related to decision making about bringing primary care services together.

### Public Engagement Activity - 2017-2018

Table outlining activities in the last financial year.

<b>Date</b>	<b>Activity</b>	<b>Attendance</b>
04-Apr	Closure of Acorns at the Beehive. All day event	2 people
12-Apr	Tilbury Community Hub, talk on reorganisation of primary care in Chadwell and Tilbury, public views sought.	12 people filled in surveys
19-Apr	Tilbury Community Hub, talk on reorganisation of primary care in Chadwell and Tilbury, public views sought.	7 people filled in surveys
15-Jun	Chadwell Medical Centre drop in 10am-12pm - Tilbury Community Hub, talk on reorganisation of primary care in Chadwell and Tilbury, public views sought.	5 people, including one disabled man, a young mum, general working age patients.
15-Jun-17	Chadwell Community hub drop in - talk on reorganisation of primary care in Chadwell and Tilbury, public views sought.	8 people from knit and natter group filled in survey, over 65s
22-Jun-17	Chadwell Library evening drop in 6-8pm on plans to combine three surgeries in one contract, plus IHLCs	2 people, including Councillor B Rice.
24-Jun-17	Living Well in Thurrock Show in Civic Hall, stands from across health and care, opportunity to hear about the STP latest thinking and respond to the Council's For Thurrock in Thurrock survey.	Circa 130 people, including mums, people over 65 and working age.
12-Jul-17	Lunchtime drop in at Acorns Surgery on closure	3 patients
12-Sep 2017	CRG discussion on the STP latest thinking and on procurement of the new Enteral Feeding contract.	10 people, Healthwatch, PPG and LACs
27-Sep 2017	Living Well in Thurrock evening, discussion on transformation of health and care.	10 people, including HWT, College Health staff and 2 patients from the PPG at Purfleet
10-Oct 2017	Women's Health event, re: Sexual Health pathways	20 people, public and speakers.

14-Nov 2017	CRG discussion on the STP latest thinking and Winter Comms messages	15 people, include HWT, College Health, PPG, Public Health
15 - 18 Nov 2017	Self Care Week photo shoot with members of the community in Stanford Le Hope, Chadwell, Bulphan and Grays	circa 100 people, including children, parents, disabled adults and older people
25-Nov 2017	Women's health and wellbeing event run by CVS	Stall holders, including public, circa 20
24 January 2018	Sustainability and Transformation Partnership (STP) consultation Public Event	60 people, including local staff, general public and health group leaders
26 January 2018	Visit to Bulphan Community Forum for STP consultation, discussion around Orsett	20 people, including elderly, people with LDs and parents.
January – 9 March	Numerous public and community engagements, including visiting Orsett Hospital, forums and workshops	Number of people TBC circa 100+

### Staff involvement in the strategy

Following feedback from internal staff, the current involvement is established as:

#### *Commissioning*

There is routine involvement of stakeholders, patients and groups in children's and young people's health pathways and maternity pathways.

Mental health commissioning involved patients in the design of out of hospital therapies, including IAPT Recovery College

Transformation of service for patients, moving from acute hospital to community, was designed with service users, nurses and community providers, including dementia friendly experts.

#### *Primary care*

Primary care services are influenced by the PPGs and CRG group. Feedback is constantly

received and acted upon both by the GP surgeries themselves and by the CCG's primary care team.

*Medicines Management* – any changes to prescription medicines, or Service Restrictions are taken through a formal public consultation process. Patient groups and their supporting third sector representatives are contacted to provide in-depth information and support for any changes. For example, Coeliac Society was involved in early Gluten free proposals.

General changes to health services are initially discussed with Healthwatch/CVS, Council Officers, through HOSC, HWBB and lay members before going out to public for their involvement in the redesign.

## Who is already involved?

We engage with many different groups, including influencers, public sector and decision makers, as well as service users. The list below is not exhaustive, but shows who we involve and engage with and how. See Annex A for more detailed lists.

### Contacts with the general public

- Hard to Reach or Seldom Listened to---including some Minority Ethnic communities are usually accessed with support from Healthwatch Thurrock
- Homeless, with support from Healthwatch Thurrock, liaison with Shelter, St Mungo's and other homeless charities
- Roma, Gypsy – with support from Thurrock Council Traveller liaison – particularly with Acorns closure
- Older people – contacts regularly with older people who are most engaged in their own health, as users of a range of health services, their involvement is through PPGs and CRG. Liaison with Thurrock Over Fifties Forum events to give them an opportunity to provide feedback on services.

### Involved in service change

- Community and Voluntary Sector – Thurrock CVS, Batias, Healthwatch Thurrock
- Commissioning Reference Group – small group of local service users, built from representatives of PPGs, local area coordinators and health support groups
- Providers – GPs, Practice staff, Community providers, including NELFT and EPUT
- Representatives of patient support groups, British Lung Foundation, Diabetes UK, Stroke Association, Headway (brain injury) – consultation, shaping pathways and engagement days.
- Public representatives – MPs and Councillors, through HOSC, HWB and through public events.
- Lay members of CCG Board



- Thurrock Council – Public Health, Health and Social Care leads
- Lay members and CRG Chair, who act as CCG representatives for the public voice

### General engagement and feedback

- General public through social media and public meetings
- Media

### More effort needed to involve and engage with:

- Our local MPs, who have the power to influence decision making and local opinion
- People aged between 19-65
- Homeless people
- People who are not regularly engaged in health and care services.

### Where we'd like to be

The entire organisation adopts a culture of meaningful co-production of clinical and health pathways with the public and patient population.

We provide more opportunities for involvement with key groups including BAME communities / homeless / children and parents / younger people and those with [protected characteristics](#).

We are able to evidence involvement in all our commissioning decisions that may have an impact on service users.

### Working in partnership to reach more people

We work with community groups and health support groups to ensure we capture the opinions of everyone in Thurrock. A key support is **Healthwatch Thurrock** and **CVS** who facilitate engagement with local people and hard to reach groups. They have good links in the community and are able to ensure that people have their say on plans for health and care in Thurrock.

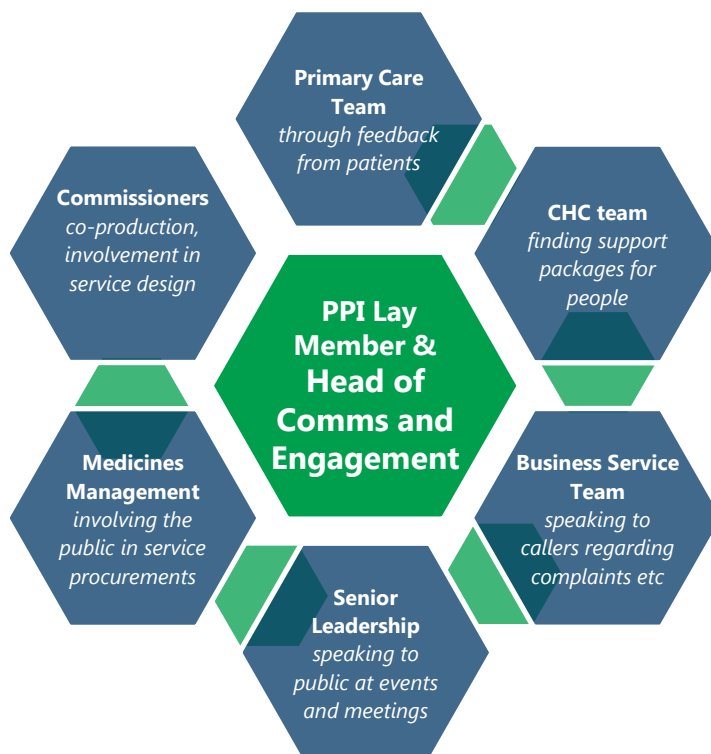
Partnership working with Thurrock **Public Health, Thurrock Council** and **Local Area Coordinators** means we are able to engage with the public on free health check days and through day to day contact with citizens.

CCGs in Mid and South Essex work together on Sustainability and Transformation Partnership, with the CCG communications leads to develop plans for engagement events, public meetings, workshops and awareness raising.

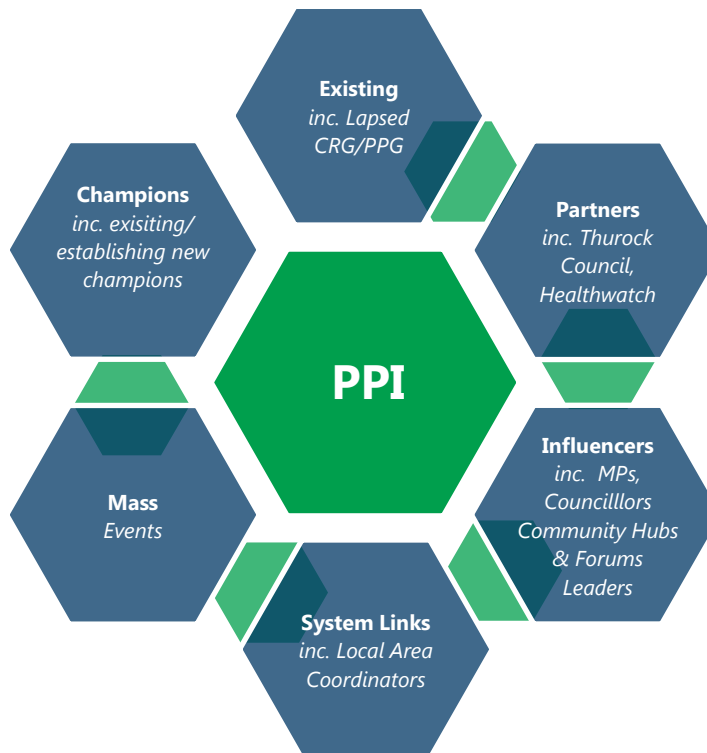


## Who in the CCG is involved with the public?

Everyone in the CCG has a level of involvement with the public within their day to day roles. The main staff members with responsibility are the Head of Communications and Engagement, the Patient Participation and Involvement Lay Member. The diagram below shows how other members of staff interact with the general public.



## Types of Involvement and public participation



- *Routine – social media and public health messages, magazines, website and Press*
- *Consultations – STP, For Thurrock in Thurrock, procurements*
- *Gathering feedback via surveys – on Primary Care changes*
- *Events – Engagement events, either through partnerships (Living well in Thurrock) or specific events on closures of practices / STP etc, public meetings*
- *Face to Face – in the street, at GP practices, local groups, community hubs. Informal but facilitates the filling in of surveys and gaining verbal feedback*
- *Board meetings – public able to come along and hear how the CCG makes decisions*
- *CRG - Commissioning reference group, formal meetings*
- *Patient Feedback – both through Friends and Family, online and via Complaints*

## Our Objectives

- 1) Create a culture where PPI is embedded and reflected in the work of the CCG and the services it commissions. Use the PPI checklist in all early commissioning plans.
- 2) Support capacity and capability for patient and public involvement, within all areas of society.  
Support local organisations to get involved in decisions relating to CCG Commissioning. Create opportunities for organisations and local people to provide feedback and experiences of services commissioned by the CCG in order to enable local influence on strategic priorities and decision-making processes.
- 3) Help people to know how to get involved with the CCG's plans and provide local people with access to clear information about the CCG and changes to the health and social care system. Help the community to understand the CCG and what we do, so they actively choose to be involved.
- 4) Provide direct opportunities for people to get involved in commissioning. Develop a comprehensive and creative approach to ensure that patients and the public can be involved in the design, management and review of the services the CCG commissions and the broader commissioning process. Use varied approaches and best practice to enable local people with "protected characteristics"<sup>1</sup> to have meaningful influence.
- 5) Work with our health and care providers to provide opportunities for people accessing healthcare in Thurrock to become involved in their own care and promote the culture of person-centred care and care planning.
- 6) Improve our understanding of the services we commission from the patients' perspective. Use intelligence and feedback from patient experience as a central way to assess the quality of services that we commission. Work with our service providers and community leaders to ensure they have strong patient experience standards, and deliver patient-centred services and a workforce that values PPI.

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<sup>1</sup> The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the grounds of 'protected characteristics'<sup>1</sup>). These are: Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

## How we will measure success

Key performance indicators will be updated regularly to reflect models of working, changing strategies and legal requirements.

- Widespread use of 'Patient and Public participation assessment and planning model' across the CCG teams (Objective 1)
- Evidence of reaching out to currently unengaged groups (Objective 4)
- Increasing visibility and involvement of the CRG Group – 10% increase in turn out by end of 2018 (Objective 3 & 4)
- Deliver at least 4 public facing events each year to provide opportunities for the general public to find out how the CCG works and what services we commission.(Objective 2, 4 & 6)
- In planning for service restriction changes and remodelling of services, work with providers to ensure opportunities for engagement and involvement of specific service user groups. For example; Enteral Feeding procurement / changes to community care etc. Provide evidence of working with providers and patients (Objective 5)
- Develop a more engaging online offer, including the creation of forums for feedback within the CCG Website and campaigns via Instagram to bring healthcare to life for younger people. (Objective 2 & 3 & 6)
- Ensure the public's feedback is acknowledged and they are given updates on changes they have influenced.

Annex A

**Further detail on current involvement with the CCG**

- Receiving information from the CCG
- Distributing existing communications, including magazines and leaflets
- Responding to or influencing current commissioning
- Low engagement at grass roots outside of existing partnerships /networks – exploit opportunities presented by the CRG Chair

**Regular, engaged**

- GPs, practice managers and staff
- Board, internal governance, staff
- Basildon and Brentwood and other pan Essex CCG staff
- Partners, e.g. Thurrock Council, Healthwatch Thurrock, Thurrock Coalition, Thurrock CVS
- Providers, e.g. Basildon and Thurrock University Hospital Trust (BTUH), North East London Foundation Trust, (NELFT) Essex University Partnership Trust (EPUT) Inclusion Thurrock
- Media
- Clinical Engagement Group (CEG)
- Commissioning Reference Group (CRG)
- Public, service users, carers
- Weekly bulletin subscribers
- Web subscribers

**Occasional**

- PPG Groups
- Health and Wellbeing Board (HWBB)
- Health Overview and Scrutiny Committee (HOSC)
- Councillors
- CCG Survey responders

**Networks | Support**

- NHS England Mids & East Communications Team
- Regional Communications Network Mid and South Essex
- Mid and South Essex STP central team
- System Resilience Group

**Opportunistic**

- General, networking and events