

NHS North Lincolnshire Clinical Commissioning Group

Engagement and Involvement Strategy

2019-2020



Above: North Lincolnshire CCG's Embrace members meet at Scunthorpe's Civic Centre - September 2018

Introduction

In April 2013, NHS Clinical Commissioning Groups (CCGs) took over responsibility for deciding local health priorities and the planning and commissioning (i.e. buying) of health care services.

North Lincolnshire CCG came into operation on April 1, 2013. The CCG covers a geographical area of approximately 330 square miles and a population of more than 170,000 patients.

We have 19 GP practices in North Lincolnshire serving families in the urban area of Scunthorpe and Bottesford, home to 48 per cent of our residents, the six market towns of Barton, Brigg, Crowle, Epworth, Winterton and Kirton Lindsey and 80 surrounding villages.

Our CCG is made up of GPs, others who work in health and care and members of the public who are not NHS employees who bring a wide range of experience to the organisation. We all work together to plan and buy healthcare services for our local area.

Each year the Government allocates funds we can spend on local health and care. In 2018/19 this was £236.818 million. This money has to be shared across the very wide range of services that people in North Lincolnshire need.

Here are some facts and figures about the North Lincolnshire population:

- Just under half the population live in the urban area of Scunthorpe and Bottesford. Marginally more than half the population, therefore, live in very rural areas.
- Our population is increasing, with patients living longer. Therefore more people are living with long term health conditions like dementia, heart and breathing problems and diabetes. As a result, the NHS locally and nationally has been experiencing growing demand for services and public expectation over recent years with limited growth in funding and available workforce.
- People aged 55 years and older represent almost one in three (31%) of the resident population.
- There are pockets of severe deprivation in the region – particularly in parts of Scunthorpe.
- The North Lincolnshire countryside is popular for people to retire to. As people grow older their health may deteriorate and they may become less independent and more isolated.
- British Steel, based in Scunthorpe, is one of the area's biggest employers – with almost 8,000 members of staff many of whom are male.
- 93 per cent of the population is British or Irish White but the Black and Minority Ethnic population in North Lincolnshire is growing. The highest concentration is in the Scunthorpe North Wards of the town such as Crosby and Park and Frodingham.

NHS North Lincolnshire CCG Strategy

Our Strategy sets out a blueprint for how we will deliver a healthy future for our population through high quality, proactive care - which is better joined up, improves outcomes, and increases value. It will act as a guiding framework for our commissioning intentions and for our partner health and care organisations, professionals, service users, and our population.

At its heart is a new approach based on the principles of population health management - targeting our resources where they will have the greatest impact on health and wellbeing outcomes, care quality, and sustainability. In doing so we recognise that our population is made up of individuals who live in our local communities, and we must wrap services around people rather than their conditions or diseases.

Whilst there are a number of changes outlined in this strategy covering all parts of our system, our key priorities are:

- a) Shifting our focus from 'in hospital' services to increasing investment in 'out of hospital' services to manage demand in a different way. This means **integrated, person centred models of care** designed around the needs of our population, delivered closer to home in local Care Networks. Care will be less fragmented, more proactive, and enable individuals to do more not less
- b) Effective and efficient interventions are available when they are needed, delivered in the right place, by the right person, at the right time, in a way which adds the most value. This will result in a **shift from reactive to preventative care**, and standardised pathways which reduce unwarranted variation in outcomes
- c) **Cultural and behavioural change.** The changes described will only be delivered through cultural and behavioural change. Care professionals, service users, families, and carers will understand their role in delivering this strategy and will be empowered to drive change throughout the system. People will take a greater responsibility their own health and wellbeing
- d) **Equal value and emphasis on mental and physical health throughout all we do.** People's psychological and emotional wellbeing will be supported alongside their physical health and care needs. Mental Health will be a core component within our new model of care

In delivering our strategy we will implement changes at pace and scale, adopting best practice across our system to make rapid improvements to people's care and support a healthier, more sustainable, future for North Lincolnshire.

NHS North Lincolnshire CCG's Aims

- Commission high quality and safe services
- Responsive to the health and care needs of the population
- Working together with patients, partners and the public to stay healthier for longer
- Where people need health and care services they will be available when and where you need them

NHS North Lincolnshire CCG's Strategic Priorities

Our key cross-cutting priority is to implement our integrated and seamless model of care which will remove traditional boundaries between individual services and is designed around the needs of our population, delivered closer to home via local Care Networks.

- **Prevention** – Our goal is to keep our population as healthy as possible, targeting prevention and wellbeing interventions at high impact risk factors – thereby improving the overall health and wellbeing of our population and reducing the demand on the health and care system.
- **Out of Hospital** – We will implement a new integrated Service Model for Out of Hospital services. This new model of care is grounded in prevention and proactive services delivering effective and efficient interventions where needed, delivered in the right place, by the right person, at the right time.
- **Frailty** - People living with frailty sometimes find themselves in receipt of poor quality care and experience, repeated avoidable admissions to hospitals and delayed discharges. Services are fragmented and reactive. This priority will introduce a new, proactive pathway, identifying people that are at most risk early.
- **Acute Commissioning** – We will secure sustainable hospital services by reviewing services that can be improved through greater collaboration and new clinical / delivery models. Initial priorities include: ENT, Urology, Haematology, cardiology, critical care, stroke, complex rehab, neurology, and oncology.

The CCG will implement systems/processes to manage demand and offer alternatives in the community; delivering planned care interventions in the most cost effective setting, shift planned care activity closer to home, and

uses our highly skilled workforce in a way which delivers the most value to the population and the system.

- **Primary Care** – We will work to ensure that general practice is fit for the future, able to work at scale and make the best use of resources. A key pillar of our work is to support practices to work on a care network basis.
- **Vulnerable People** – We will develop an all-age strategy for Mental Health. We will also work with partners on pathways for people with Learning Disabilities and/or Mental Health that are outside of North Lincolnshire; their care will be reviewed and services re-designed.
- **Medicines Management** – We will ensure high quality and safe prescribing in primary care.

Our Vision for Engagement



The CCG's Engagement and Involvement Strategy has a key role to play in helping to deliver the above vision.

Our vision is to improve the health and wellbeing of the local population, reduce inequalities and commission (buy) high quality, safe and sustainable healthcare by building strong relationships with stakeholders and using effective methods of public engagement and involvement.

For effective engagement, the communications must be right and for effective communication of message, public engagement should have been achieved. Therefore the two must go hand in hand. We deliver our engagement activity through a combined Communications and Engagement Team.

Our Statutory Duties

The Health and Social Care Act 2012 sets out duties for NHS commissioners with respect to patient and public participation which includes:

- Ensuring the public is engaged in governance arrangements i.e. through the appointment of lay members to the CCG Board
- Ensuring services are commissioned in a way that encourages and promotes the participation of individuals in making decisions about their care and treatment
- Listening and acting upon patient and carer feedback at all stages of the commissioning cycle
- Engaging with patients, carers and the public when redesigning or reconfiguring healthcare services and demonstrating how this has informed decisions
- Publishing evidence of what 'patient and public voice' activity has been conducted, its impact and the difference it has made
- Publishing feedback received from local Healthwatch about health and care services in the area served by the CCG (Healthwatch North Lincolnshire)

Our Engagement Principles

North Lincolnshire CCG:

- Will meet its statutory duties to involve, engage and consult the public
- Will communicate via clear and concise means and transparently
- Expects to be accountable for the way in which it involves, engages and consults
- Believes responding to feedback from the public is as important as receiving it
- Believes in consistency and coherence in engagement and communication but will vary its approach to reflect local circumstances and sensitivities
- Will learn lessons from its engagement and communication activity and respond accordingly
- Believes engagement and communication must be authentic by operating within the context of financial and operational realities
- Will ensure effective links to tap into wider networks and groups – beyond just health
- Will ensure that people who engage with us are fully supported to do so

Understanding our Local Community



We are committed to understanding our local community, and taking health inequalities into consideration.

We recognise that there are groups in our community who may have different needs. We consider these groups when planning patient and public involvement and go out to hear their views in a way that is most suited to them. We are always learning about our evolving local community and regularly review our approach to engaging with them.

We use a range of methods to engage with different groups and targeted outreach to broaden our engagement to reflect our local population e.g. young people, older people, carers, working population etc.

By engaging with our local community and understanding their needs, we are better able to improve access to services, reduce health inequalities and make better use of resources.

For each project, we plan our approach so that as far as possible we offer equality of opportunity to be involved.

Equality and Diversity

The NHS is here for everyone and everyone should have the same access to its services. North Lincolnshire CCG is committed to ensuring equality and diversity is a priority when planning and commissioning health and social care services in our area.

Equality and Diversity is about making sure where necessary we have measures in place to support the nine protected groups to meet their individual needs.

The protected characteristics covered by the public sector Equality Duty (part of the Equality Act 2010) are:

- Age
- Disability
- Gender reassignment
- Marriage & civil partnerships (but only in respect of eliminating unlawful discrimination)
- Pregnancy & maternity
- Race
- Religion & belief (this includes ethnic or national origins, colour or nationality)
- Sex
- Sexual Orientation

North Lincolnshire CCG is working hard to ensure not only that its services are appropriate and accessible for all members of our community, but that no one is disadvantaged or discriminated against by the services we put in place.

The CCG is an active member of the local Equality and Inclusion Forum, where partners meet to share ideas about improving their approach.

We ensure we align our engagement with the NHS Equality Delivery System through our internal Equality and Diversity group, which involves our CCG Lay Member for Equality and Diversity. The Equality Delivery System (EDS2) is a tool-kit that can help NHS organisations improve the services they provide for their local communities, consider health inequalities in their locality and provide better working environments, free of discrimination, for those who work in the NHS.

We consider the demographic monitoring which we have in place for surveys and other engagement and use that to inform improvement and develop our inclusive approach.

We recognise that some people in our local community with a disability, sensory loss or lower literacy levels will need information providing in a certain way in order for them to become involved. We will develop information to support engagement in a variety of formats including Easy Read and large print and offer to engage with people face to face where this is more appropriate.

Working with our partners



In order for the CCG to meet the above duties effectively, this strategy recognises that health, care and wellbeing are not the sole responsibilities of one organisation, and therefore the CCG will actively look to work together with all interested stakeholders in its engagement, involvement and communication activities.

We work with Healthwatch North Lincolnshire to jointly host our local Patient Participation Group (PPG) Chairs Forum which meets quarterly. We use these valuable meetings to provide PPG Chairs with information about how local health services are provided and support them to share good practice and to develop their PPG. We listen to what they tell us about the views of their practice populations and use this insight to monitor and develop our plans for local services.

We recognise the importance of our external stakeholders and that we must build strong relationships with them and ensure they have been engaged with throughout the commissioning process.

Our key stakeholders include:

- Patients and the public – including carers, support workers and Patient Participation Groups.
- CCG staff. Staff engagement is important in helping build a safe, healthy and open workplace.
- Embrace – our patient engagement network. These are local people who are interested in being involved in CCG decision making.
- Voluntary, community and social enterprise sector and faith groups. These include the Black, Minority and Ethnic groups, people with disabilities, mental health service users, lesbian, gay, bisexual and transgender, travellers and homeless.
- Healthwatch North Lincolnshire.
- Our local MPs for Scunthorpe, Brigg and Goole and Cleethorpes constituencies.
- Local authority political leaders such as the Health and Wellbeing Board and North Lincolnshire Council (Health Overview and Scrutiny Committee).
- Media – Editors and journalists at local, regional and, at times national level.
- Providers –Northern Lincolnshire and Goole Hospitals NHS Foundation Trust, Rotherham, Doncaster and South Humber NHS Foundation Trust, private sector providers and other providers such as those in the voluntary sector
- Public Health, Children’s Services and Leisure Services.
- NHS England and their local area teams

Involving the public in our governance

We work closely with our Lay Member for Patient and Public Participation, to ensure our Governing Body is provided with assurance around our engagement activities. Our Lay Member is also the Chair of our local PPG Chairs Forum and our CCG Patient and Community Assurance Group meetings.

We publish opportunities to be involved, including information about joining our patient network, current surveys or consultations, public meetings and events and how to make complaints or comments.

Our patient network Embrace provides us with an opportunity to reach out to a wider group of people than those who might otherwise choose to be involved. Embrace allows us to call on people to be directly involved in topics that interest them, and provides us with a network for sharing key messages and engagement opportunities.

The commissioning cycle

This diagram explains how patients and the public can engage and participate in the different stages of the commissioning cycle.

We will embed engagement into our commissioning cycle, ensuring that public involvement is built into our business planning process from scoping through to mobilisation of contracts.



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

How we use insight

We use the insight from across our public involvement activities to help inform the setting of our CCG priorities. We will always explain how our CCG priorities have been influenced by our engagement, so that people can see how their views have been taken into account.

We hold informal Café Conversation drop in sessions to ensure that the CCG is regularly listening to people’s experiences of the services we commission. We vary the location of these sessions to give all areas of North Lincolnshire an opportunity to join us in their local community. Feedback from people at these events is relayed back to our Quality and Commissioning teams to inform service planning.

We also organise larger public events and invite other stakeholders to engage alongside us with members of the public. We convene these 'Health Matters' events to fit with our planning process and use our stakeholder's evaluation of these to help improve future sessions.

How we feedback to those involved

We make contact with those who have been involved or engaged with to provide them with feedback on how their views have been taken into account. We will explain where decisions have had to be made which go against public opinion.

Where people have been involved anonymously, we ensure a 'You Said, We Did' update is provided online and circulated to our contacts.

Evaluation and Improvement

We seek the views of the public and their representatives on our approach to public involvement through our Patient and Community Assurance Group (PCAG). This helps us review our involvement activity and ensure we refine our plans before engagement and feedback takes place.

Our PCAG community members are provided with training on how the NHS works, the role of the Clinical Commissioning Group and good practice in engaging with the public. They use their knowledge of the needs of their local community to provide us with assurance on our engagement activity. They are supported with claiming out of pocket expenses to enable them to take part.

Power of Social Media

Social media has a vital role to play in boosting the CCG's level of public engagement. Use of social media channels such as Facebook, Instagram and Twitter are widely used by patients across North Lincolnshire. Platform users vary in age and background.

The CCG's Communications and Engagement Team has worked hard to build its audience on Facebook, Twitter and Instagram. Between the three it now has an audience of more than 10,000 followers.

The benefits of this are more patients/stakeholders will get involved in online surveys via these routes as a result of the larger following.



How will we know our engagement has made a difference and what are our strategic aims for the next 12 months?

We will know how effective our engagement has been by:

- Increasing the number of people joining our patient network, Embrace. The aim is to increase this membership by 50 per cent by April 2020.
- Receiving confident assurance in the CCG's engagement activity by the Patient and Community Assurance Group.
- Recruitment of new members to PCAG – with a better representation of the community the CCG serves.
- Achieving an increased number of survey responses when the CCG engages with members of the public.
- Achieving an increase in audiences on social media (currently 9,200 on Twitter, 1,020 on Facebook and 100 on Instagram). By April 2020, our aim is to achieve a 20 per cent increase in Twitter following, 50 per cent in Facebook following and 100 per cent in Instagram following.
- Receiving positive external evaluation of consultation processes
- Including evidence of how we meet our statutory duties to consult and involve in our Annual Report.
- Producing commissioning plans that clearly evidence engagement outcomes.

Date to be reviewed: October 2020