

Involvement strategy for NHS South Tyneside and Sunderland Clinical Commissioning Groups

Updated March 2021

1. Introduction

How we talk to people, how we listen to what they have to say and how we involve them in what we do is central to achieving our strategic objectives. We aim to have a real understanding of what matters to local people and communities, and to involve them in plans and priorities in an honest, open, accessible and transparent way.

By involvement activity we mean:

- Activity that aims to understand the views and experiences of people in South Tyneside and Sunderland, including patients, carers, members of the public, community and voluntary sector organisations and stakeholders.
- Using a range of appropriate and flexible involvement methods based upon best practice, including events, surveys, structured interviews, focus groups, discussions, and working with patient groups - depending on what is needed.
- Building and maintaining relationships with stakeholders, including voluntary and community sector organisations (VCSOs), patient/public representative groups and community influencers – locally, regionally and nationally.
- Reporting back on engagement activities and letting people know how their views and experiences have been taken into account, and what difference they have made.

The terms involvement, engagement and participation are often used interchangeably and have similar meanings. For South Tyneside and Sunderland CCGs, we have chosen to use the term involvement.

A summary of our five involvement principles:

We will:

1. Reach out to people to involve them in the right way to increase participation
2. Promote equality and diversity and encourage and respect different beliefs and opinions
3. Take the time to plan for involvement, including how we can work with partners, and feeding back
4. Continue to build on our partnership relationships, in particular to ensure knowledge and capability is shared for the future
5. Use a range of best practice involvement methods including both online and offline methods.

2. Background

NHS South Tyneside and Sunderland Clinical Commissioning Groups (the CCGs) are working together with a strong commitment to carry out good involvement and communications with local people in order to make services better for patients. Our shared arrangements include the communications and involvement functions, helping us make more effective use of our resources.

The CCGs are made up of local health professionals who use their clinical expertise and understanding of the local population to plan and fund (commission) healthcare services.

As well as working together as commissioners, system-wide working creates opportunities to join up our involvement with partners and develop a stronger relationship with local people and communities.

3. Developing our approach

On 11 February 2021, the Department of Health and Social Care (DHSC) published the [legislative proposals for a Health and Care Bill](#). The proposals in the white paper are a combination of:

- Proposals developed by NHS England (NHSE) to support the implementation of the NHS Long Term Plan (and which are the main focus of the document); and
- Additional proposals that relate to public health, social care, and quality and safety matters, which require primary legislation.

The white paper sets out a clear direction of travel for enabling NHS organisations to work more effectively together, and for the NHS to work as an equal partner with local government. While the future form for NHS commissioning is not yet known, the importance and legal duty of patient and public involvement remains.

This updated involvement strategy contains five principles which have been formulated after involving local partners, local authorities, community and voluntary sector organisations and the public in a range of involvement activities about patient and public involvement. The report is named ‘Developing a new involvement strategy for NHS South Tyneside and NHS Sunderland CCGs’:

<https://www.sunderlandccg.nhs.uk/get-involved/involving-the-public-in-governance/involvement-strategy/>

The research for the report took place prior to the publication of the white paper and was driven in part to help understand the impact of the global COVID-19 pandemic on involvement activity.

The report also contains wide-ranging desk reviews of the NHS legal and policy context for involvement, best practice frameworks and methodologies for involvement, and consideration of virtual and digital involvement.

The principles in this involvement strategy will support the CCGs' ability to ensure patient and public involvement will help shape the future form of the local NHS.

It will also help provide safeguards against the loss of involvement capability, knowledge and capacity in commissioning, so that in the future the organisations responsible for NHS involvement legal duties are in a strong position to continue making commissioned services as responsive as possible for local people.

4. The legal framework for involving people

As NHS organisations, the CCGs have statutory responsibilities to ensure that patient and public involvement provides opportunities to influence our plans, priorities and proposed changes in services.

To meet these responsibilities, we must have clear plans for involving people that show how they have influenced decisions throughout the commissioning process.

These statutory duties are contained within the following legislation:

- The NHS Constitution requires us to put the patient at the heart of all we do, and to involve patients and the public in decision-making
- The Health and Social Care Act 2012 contains three duties relating to involvement:
 - The first compels CCGs to commission services that promote the involvement of patients.
 - The second requires CCGs to involve and consult with the public in commissioning processes and decisions. It includes involvement both in planning services and when making changes that may have an impact on patients.
 - The final duty is for CCGs to publish an Annual Report that includes an explanation of how they have fulfilled the first two duties.

As public sector organisations, the CCGs also comply with legal duties concerning how we take account of the needs of diverse and vulnerable groups – this includes the Equality Act 2010 and the Human Rights Act 1998.

We also comply with regulations that provide for consultation with local authorities – The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, made under section 244(2)(c) of the NHS Act 2006.

We are required, under these regulations, to consult a local authority when a proposal under consideration would involve a substantial change to NHS services.

The Accessible Information Standard sets out responsibilities for how health and social care organisations must identify, record, flag, share and meet the information and communication support needs of patients, service users, and carers with a disability, impairment or sensory loss.

5. Our involvement principles

The following principles have been drawn directly from the report ‘Developing a new involvement strategy for NHS South Tyneside and NHS Sunderland CCGs’:

1. We will reach out to people to involve them in the right way to increase participation

We will actively reach out to people and ask them how they wish to be involved without making assumptions on their behalf.

Our starting point is to understand demographical data and carry out stakeholder analysis to identify the profiles of patients using the services and staff working in services.

This informs which involvement methodologies are appropriate to involve people in the right way. It means we can consider the needs of different communities to make it easy for them to take part. We will use stakeholder analysis and audience segmentation to make informed decisions on the involvement methods we use so we can explain who we are targeting and why.

We will seek to build upon what we have already learned and ask open questions in the right way and in line with good involvement practice.

We will monitor of the levels of participation in involvement projects which will help ensure the right groups of people are being reached and provide the time in the

project to adapt involvement methods or increase communications to enhance participation.

2. We will promote equality and diversity and encourage and respect different beliefs and opinions

We know data monitoring information is essential to understanding the population who are using a service. Good data monitoring information is needed to ensure that equality impact assessments are carried out at the start of an involvement project.

Involvement equality impact assessments help us to decide the most appropriate involvement methods to use in targeting specific communities, patients, VSCOs or staff groups. They also inform the planning and development of alternative communication formats that are needed to maximise participation such as easy read, use of PDF documents, subtitled videos and animations.

We will explain to people why it is important we ask for data monitoring information and how this helps us ensure we are understanding what is important to different communities. We will explain how this helps the NHS to reduce health inequalities, improve access to NHS services and improve the health of the population.

We will gain agreement on the use of a standard data monitoring form across all health and care partners for involvement activities.

This is essential in the development of integrated care approaches so there can be a shared understanding by health and care partners about what is important to particular communities.

3. We will take the time to plan for involvement, including how we can work with partners, and feeding back

We will publish a forward plan or 'pipeline' of topics and issues we intend to consider through involvement activities for the short, medium and long term.

We will take the time to plan and budget for involvement and start involving partners as early as possible.

We will set out which issues will be considered jointly across South Tyneside and Sunderland CCGs and which might be a place-based local project.

We recognise that involvement pipeline plans might change and sometimes new projects might be carried out at short notice. When this happens we will explain why.

Each involvement project will have a clear explanation of the issues under consideration, how to get involved and how long the involvement phase will be.

We will ensure information is accessible including alternative communication formats that are needed to ensure the participation of protected groups.

Reporting of involvement will include both positive and negative insight in thematic analysis in relation to key groups to make it easier to build understanding of what is important to particular communities.

Findings from each involvement project will be reported publicly and proactively shared with the people who took part.

When we start new involvement projects we will share the insights we already have from previous activity and use this to build upon.

Reports will be shared with the CCG governing bodies and published on the website involvement portal. Reports will include how the involvement findings have influenced or changed issues. If this information is not available at the time of publication it will be updated and shared when it is known.

4. We will continue to build on our partnership relationships, in particular to ensure knowledge and capability is shared for the future

We very much value the relationships we have with involvement partners and we will continue to build on our partnership relationships, in particular to ensure knowledge and capability is shared for the future.

Proactive involvement planning will reduce duplication and provide more opportunities to join up on involvement projects of mutual interest.

We will proactively share themes and insights we gain through involvement activity and seek to create a way all partners can access them through an insights dashboard or repository.

We will seek more opportunities for more shared training, ongoing dialogue and continue to build the involvement partnership into a community of involvement practice so we can learn and improve together. We will seek to do this in a shared and distributed manner so all partners can lead.

We will work with partners to seek to standardise elements of involvement to help participants become familiar with different research technologies, for example, Zoom, on-line survey technology.

Together we will recognise, record and celebrate people's contributions and give feedback on the results of involvement, show people how they are valued and how their contributions have made services better for patients.

5. We will use a range of best practice involvement methods including both on-line and off-line methods

We will use a range of best practice involvement methods including both on-line and off-line methods as informed by data analysis and involvement equality impact assessments, including the consideration of those who do not have access to digital technologies or the internet.

Examples include: Zoom meetings or focus groups, telephone surveys, postal and on-line surveys, use of social media and promotional materials.

We will actively consider the spectrum of participation in relation to involvement activities to ensure methods are appropriate and proportionate to the issues under consideration.

We will continually seek to improve involvement practice, trying out new methods as well as ensuring involvement activities themselves are evaluated.

We will proactively and continuously learn from the evaluation of our own involvement activities and action that learning.

6. Next steps

In order to bring this strategy and the principles contained in it into reality we will develop a strategic action plan to drive them forward.

The strategic action plan around each of the principles will include the following:

- A forward planning framework to ensure an involvement pipeline of projects and alignment to projects being led by partners to find synergy and common purpose – for example around public health and wellbeing, working with South Tyneside and Sunderland NHS Foundation Trust or supporting the work of the All Together Better or South Tyneside Alliance partnerships
- Developing an alternative format standard operating framework with the purpose to standardise approaches to ensuring accessible information is available to meet our 2010 Equality Act duties

- An updated involving people toolkit to provide practical aspects of planning involvement activity to include:
 - Spectrum of participation to guide levels of involvement
 - Digital and virtual involvement tools
 - Evaluation framework

NHS South Tyneside CCG
NHS Sunderland CCG

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