

### 1. Introduction

In 2013 NHS Liverpool CCG (LCCG) adopted a Stakeholder Engagement Strategy which sets out our statutory duties for patient and public involvement and a communications strategy. This document describes a delivery plan for engagement, noting long term objectives and seeking to build foundations for these and placing an emphasis on the short-term actions necessary to support effective development of the Healthy Liverpool Programme during 2014/16. There is broad agreement for LCCG and Liverpool City Council to collaborate in engagement for Healthy Liverpool as appropriate.

Liverpool CCG has set three long-term engagement objectives (Appendix 1) in its strategy which guide this plan. This plan recognises Transforming Participation in Health and Care, (NHS England, 2013), Planning and Delivering Service Changes for Patients (NHS England, 2013) and NICE guidance for Community Engagement which recognises the role of engagement at individual and public level in not only informing plan development, but in actively improving community health long term. It also builds on the IAP2 (International Association for Public Participation) model for increasing public impact.

Over the five years of the Healthy Liverpool programme LCCG intend to make a step change in our engagement activity so that individuals, families, carers and communities feel supported and empowered to achieve more control over their health and to work in partnership with health care professionals to improve health, and act as champions for creating a healthy Liverpool.

We will achieve this through meaningful, ongoing participation, built on four important pillars:-

- A culture of patient partnership and knowledge sharing fostered by healthcare professionals; clear communication, information, involvement and support of patients, carers and families in care decisions will be the prevalent experience in GP practices, community health and mental health services and in hospitals.
- Effective partnerships with voluntary, community and social enterprise organisations (VCSEs) enable the health system to understand the needs of vulnerable groups better, to improve dialogue and design and deliver more effective services, particularly for those experiencing health inequalities.
- Strong community capacity and improved wellbeing to create the conditions for more active health participation, for individuals and communities to shape services and improve delivery, and to take a proactive role in improving individual and community health.
- Clear and ongoing communication and engagement will enable people to understand how their experiences, comments, proposals and issues are heard and used to shape better services.

These will be addressed through this plan, and also LCCGs Social Value and Voluntary, Community and Social Enterprise Strategies (VCSE) as well as the marketing and communications strategies and implementation. Effective engagement will be threaded through all programmes and settings of Healthy Liverpool with particular links through the neighbourhoods, self-care and prevention workstreams and settings of the Healthy Liverpool Programme.

## 2. Current Engagement and Assessment of Gaps

During 2012/14 LCCG has utilised the following engagement approaches..

- Governing body Lay Members appointed and very active in CCG governance structures and external liaison
- Neighbourhood and locality structures with GPs
- Provider engagement meetings
- Public Meetings
- Website / intranet / bulletins
- Insight, surveys, focus groups, patient meetings for some programme areas
- PPGs / Patient Forums
- Mental Health Consortium
- Dementia Forum starting
- Consultation for specific programmes eg diabetes.
- Links with third sector through LCVS, HW, SEN..
- REACT database system exists for recording engagement
- Collaborative engagement planning with Liverpool City Council

These create an excellent basis for the Healthy Liverpool Programme to build on. However, the following are considered as gaps in the approach:-

- a. A corporate process to guide staff planning service changes and to ensure engagement requirements are met
- b. Engagement of public and patients that is systematic, ongoing and inclusive for our diverse population
- c. Facilitate engagement appropriate for vulnerable groups and those with protected characteristics
- d. Comprehensive mechanisms for understanding the needs of patients rather than conditions and converting these into commissioning decisions and service delivery improvements
- e. Support for staff in meeting engagement commitments
- f. Involvement of patients/public in specifications and procurement
- g. Effective capture and management of stakeholders details and recording of engagement activity
- h. Processes to ensure patient experience and engagement responses are fed into decision making and reporting how they have influenced decisions
- i. Capacity and expertise to deliver an intensive, robust engagement programme in support of Healthy Liverpool

## 3. Overall Structure for Delivery Approach

The current activity and gaps create priority areas which require development to enable LCCG to meet its engagement commitments, to meet the engagement test for Healthy Liverpool and to ensure proposals are responding to patient and public need. These issues are addressed in actions set out in 4 below.

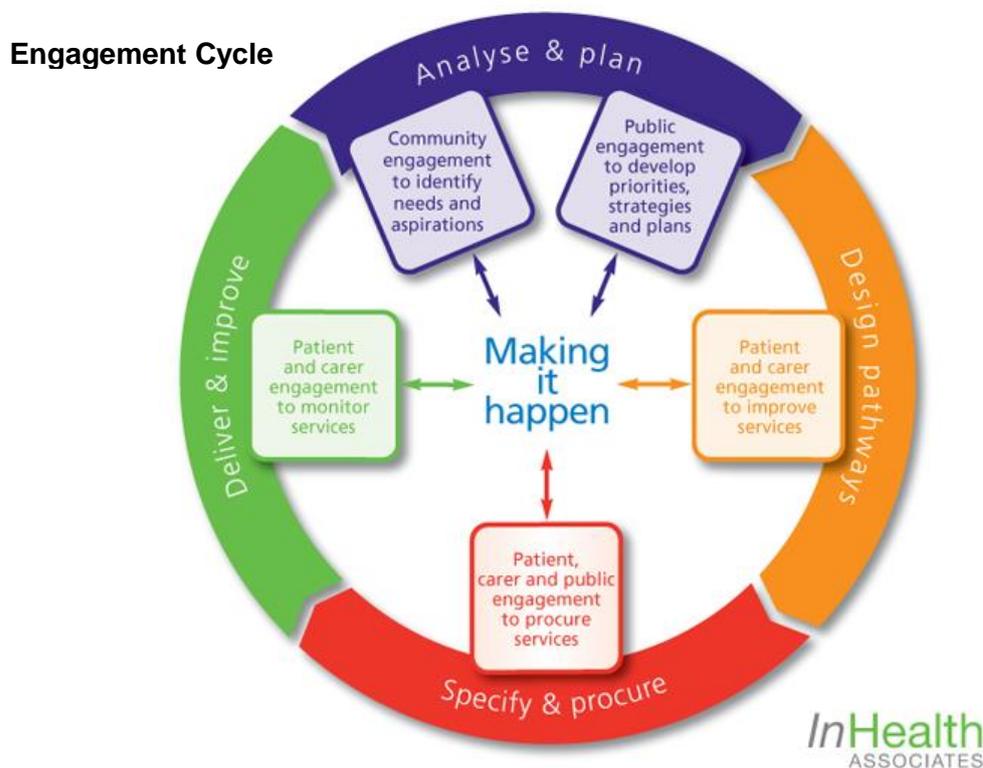
Engagement will need to be planned in detail to support overall strategy development and for individual programme and service changes. Different levels of activity will be required for different areas of HLP to meet legal requirements and good practice. Particular attention will need to be paid to ensuring engagement with vulnerable and protected characteristics groups. Ongoing engagement mechanisms will be established as a platform for building relationships for future engagement activity.

Stakeholders for Healthy Liverpool will be very broad and diverse (a matrix is included in the strategy which includes some of these).

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Public</li> <li>• Patients</li> <li>• GPs</li> <li>• VCSE</li> <li>• Providers</li> </ul> | <ul style="list-style-type: none"> <li>• Politicians</li> <li>• Employers</li> <li>• Employees</li> <li>• Vulnerable &amp; Protected</li> </ul> | <p>Characteristics groups</p> <ul style="list-style-type: none"> <li>• Partners eg housing, fire service</li> <li>• Media</li> </ul> |
|--|---|--|

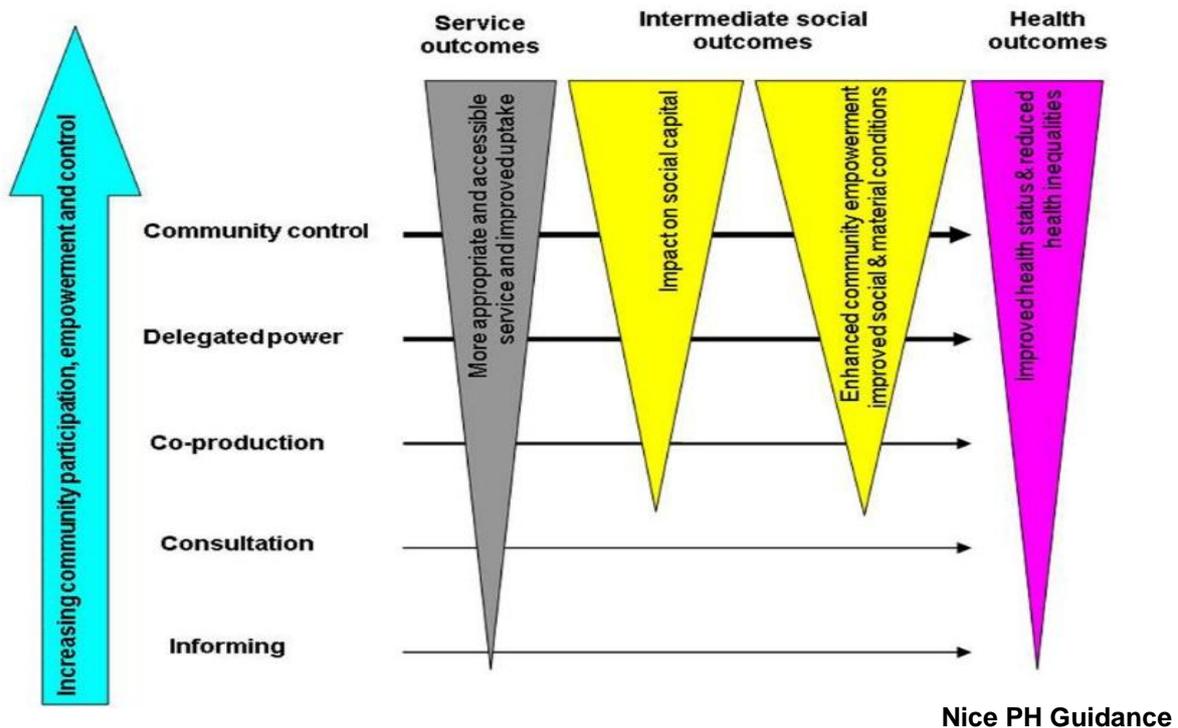
Identification of key stakeholders needs to be carried out for each engagement and is included in the process in Appendix 2.

The Engagement Cycle shows how engagement needs to be integrated into and supports the commissioning cycle at every stage. This forms part of NHS England Guidance, [Transforming Participation in Health and Care](#), September 2013, which will be used to support LCCG planning for engagement.



The International Association for Public Participation ([www.iap2.org](http://www.iap2.org)) and Public Health guidance models encompass 5 levels of engagement which are described as follows and can be considered in both individual and public participation processes...

## Pathways from community participation, empowerment and control to health improvement



The IAP2 public participation spectrum model provides a similar and useful staged process:-

- **Inform** – to provide the public with information that assists them in understanding a problem, alternatives, and/or solutions
- **Consult** – to obtain public feedback on analysis, alternatives, or decisions
- **Involve** – to work directly with the public throughout a process, ensuring concerns and aspirations are understood and considered
- **Collaborate** – to partner with the public in each aspect of a *decision*, including the development of alternatives and preferred solution
- **Empower** – to place the final decision-making in the hands of the public

Using the Engagement Cycle and IAP2 model of increasing public participation, LCCG will build on the engagement it has embarked on to develop richer participatory processes and deeper involvement of patients and public in both design and delivery of improved health.

Proposals for applying participation models for HLP development and taking into account current engagement practice and gaps are set out below.

Adopting these models, the following indicates the key approaches that will be utilised for each level of engagement.

Engagement Level / Action	Engagement Approach
<b>Inform</b>	<b>Inform using mix of following tools</b>
<ul style="list-style-type: none"> <li>- About entitlements &amp; rights, NHS constitution</li> <li>- Health system and how to use it</li> <li>- How to manage own health &amp; wellbeing</li> <li>- How to support others with health &amp; wellbeing</li> <li>- How to raise concerns / feedback</li> <li>- How to get involved</li> <li>- What important health issues are in city</li> <li>- What changes are being planned and why – at strategy, programme and service level</li> <li>- The range of solutions for health challenges being considered</li> <li>- The responses to engagement/feedback</li> <li>- Any decisions taken</li> </ul>	<ul style="list-style-type: none"> <li>- Website</li> <li>- Social media</li> <li>- Newsletter</li> <li>- Info through partner / provider newsletters</li> <li>- Media</li> <li>- VCSE</li> <li>- Employers</li> <li>- PPGs</li> <li>- Existing networks...SEN/health and social care champions/ disability networks... etc...</li> <li>- Podcasts</li> <li>- Webinars</li> <li>- Blogs</li> <li>- Governing body members in conversation on a topic... filmed q&amp;a chat on an issue</li> <li>- Reports published</li> </ul>
<b>Consult</b>	<b>Consult using mix of following tools eggs only</b>
<p>Informal and formal process About proposed service changes including what the service offers, location etc..</p> <p>Needs planning and development for each aspect of HLP to determine appropriate scale and scope and groups and activity</p>	<p>Surveys Deliberative engagement tools Focus groups Making website more interactive Social media 'Making it Happen' Groups* Communities of interest Public meetings Community meetings taking place already Existing networks eg HA resident groups PPGs and patient forums NHS Trust patient groups, members Healthwatch Expert patient Insight groups VCSE Vulnerable/protected characteristics groups Expert patient groups / health champions</p>
<b>Involve</b>	<b>Tools</b>
<p>In the process of understanding needs and opportunities, developing strategy, service and pathway redesign, and monitoring services</p>	<p>As above plus advisory panels, forums etc</p>
<b>Collaborate</b>	
<p>Partner with patients and public in making decisions including assessment of different options and determining preferred solutions</p>	<p>As above and Inclusion in procurement and service review</p>
<b>Empower</b>	<b>Decisions</b>

Engagement Level / Action	Engagement Approach
By placing decisions with patient / public	Self- care and prevention, actualisation Personal health budgets Patient participation in individual health decisions Patient choice Action learning People design and deliver services themselves User-led commissioning of services Patient/ user-led service delivery Community grant programme...

Liverpool CCG is keen to develop the collaboration with LCC around engagement and will jointly plan engagement processes and/or share engagement resources where appropriate.

LCCG will also seek to work with existing engagement infrastructure where appropriate including LCCs Making it Happen Groups and various Provider Forums as well as VCSE and employer networks, Healthwatch, and specific fora such as Mental Health Consortia, Dementia Action Alliance and housing association resident networks.

#### 4. Key Delivery Areas for 2014/15

The following represent the key delivery areas for 2014/15. They will be built into the action planning process of the Patient Engagement and Experience Group and progress will be monitored at each meeting.

##### **a. Establish a corporate process to guide staff planning service changes and to ensure engagement requirements are met**

An LCCG corporate approach to planning engagement and ensuring engagement and equality duties are met is set out in Appendix 2.

The process involves a structured approach to

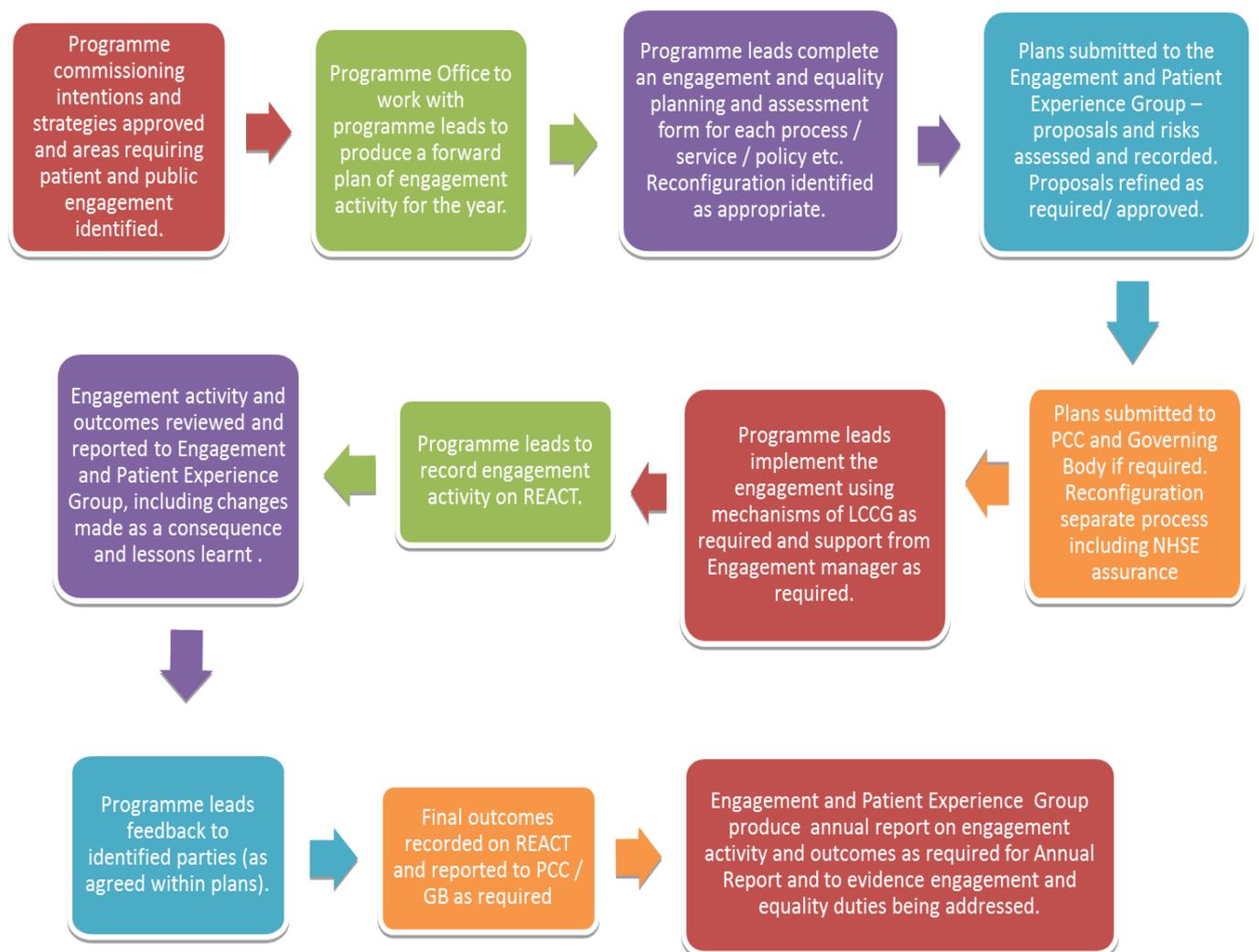
- planning engagement,
- assessing the risk from different service changes / policies regarding impact on patients and equality, and
- having a process for managing risk at an appropriate level within the governance structure of the CCG.

Ultimately this will provide LCCG Governing Body with the assurance that engagement and equalities duties are being met in planning for service changes and an audit trail of processes followed.

The approach was developed and tested in conjunction with the programme leads and the Patient Engagement and Experience group and represents a welcomed, working model for planning engagement and equalities assessments. The process requires that programme leads will complete the assessment to aid their planning and provide evidence of the approach. This will then be brought to and discussed with the Patient Engagement and Experience Group, who will score proposals, requesting and supporting ways to improve and deliver them. The engagement group will complete an assessment which will provide

the basis of a report to Primary Care Committee (PCC) regarding the changes proposed. Where the changes are considered low risk it is proposed a summary report be provided to primary care committee. Where a medium or high risk scenario presents, it is proposed that PCC consider the report in full and respond to the chair of the engagement group, Dave Antrobus, in PCC. Where higher risk proposals are being considered it is proposed that these be considered by the Governing Body. Consequently a report regarding engagement will be tabled to Primary Care Committee and governing body regarding these matters on a regular basis. This will form part of the audit trail for engagement and equalities issues should any challenge to LCCG be presented. A summary of the process is represented in the chart below and the full process is set out in Appendix 2. Where full service reconfiguration is involved the appropriate formal process will be required.

### Flowchart for Engagement and Equality Planning & Assessment Process



## **b. Engagement of public and patients that is systematic, ongoing and inclusive for our diverse population**

Engagement will be embedded into every workstream and programme in the following ways...

- i. Consideration will be given in every process as to whether public/patient voices have been heard and continue to be sought.
- ii. Development of a volunteer public/patient recruitment & participation programme, commissioning support for this as required
- iii. Development of public/patient forum and support for PPGs using a variety of means of engagement to suit the preferences of individuals and enable participation from different groups
- iv. Involvement of patients in programme and strategy groups as appropriate
- v. Involvement of patients in service/policy redesign (as per process set out in Appendix 2)
- vi. Involvement of patients/public in setting specifications and in procurement processes
- vii. Involvement of patients/public in monitoring contracts and service delivery

## **c. Facilitate engagement appropriate for vulnerable groups and those with protected characteristics**

LCCG recognises its duty to engage with people who have protected characteristics and also wishes to ensure the views and experiences of vulnerable groups are heard and utilised in order to shape improved services and health outcomes. Liverpool has a diverse population and emphasis will be placed on ensuring appropriate mechanisms are in place to facilitate meaningful relationships to foster good engagement between communities and LCCG. To support with this LCCG will:-

- i. Commission on-going and/or one off support and activity from appropriate VCSE organisations to facilitate building and maintaining relationships with diverse communities, empowering individuals and groups to participate and ensuring meaningful engagement can take place on relevant issues in a timely manner.
- ii. Commission services to provide information in alternative formats to support effective engagement

## **d. Comprehensive mechanisms for understanding the needs of patients rather than conditions and converting these into commissioning decisions and service delivery improvements**

The following actions will support this area:-

- i. Ensure mechanisms are in place for patient experience to be comprehensively utilised in service design
- ii. Consider how to develop a research network, linked to the Insight programme, providing opportunities for ongoing engagement and development of community research with those involved in insight programmes and utilising volunteers for research.
- iii. Ensure patient experience information is triangulated and a reporting mechanisms is put into place to capture and address issues of risk

- iv. Review patient experience information and Insight research conducted by public health for CCG, ensure this is incorporated in REACT database and that the themes and messages are drawn out and acted upon.

#### **e. Developing CCG infrastructures and capacity for meeting engagement commitments**

Development of the corporate process set out in Appendix 2 is the first key step in supporting staff and ongoing support will be provided to implement the approach by the engagement lead.

Setting in place the infrastructure to create the solid foundations for engagement is the second most important element of supporting staff to meet requirements, establishing the mechanisms in 3.2 b and c set out above will be a priority to achieve this.

The Patient Engagement and Experience Group will review the corporate engagement process in light of use by programme leads and propose amendments as appropriate.

#### **f. Involvement of patients/public in specifications and procurement**

Through the volunteer public and patient scheme LCCG will establish training and processes so that participants can be encouraged and supported to participate in these stages of the commissioning cycle. This will take place in 2015.

#### **h. Effective capture and management of stakeholders details and recording of engagement activity**

Introduce corporate database for contact and engagement management and reporting, proposal is utilising the My NHS system, being rolled out by NHS England in 2014.

#### **i. Processes to ensure patient experience and engagement responses are fed into decision making and reporting how they have influenced decisions**

Adherence to the corporate process set out in Appendix 2 will address this need and PCC and Governing Body will need to consider engagement and equality reports as part of commissioning decision making timelines, ensuring that necessary adjustment are made to meet requirements.

#### **j. Clearly articulate roles in delivering engagement elements of Healthy Liverpool as part of marketing, communications and engagement approach.**

Liverpool CCG is enhancing its capacity to deliver a comprehensive marketing and communications programme in support of Healthy Liverpool and the role of engagement in supporting this will be clearly articulated and understood.

From this programme, the following elements require activity to be commissioned and will be subject to investment proposals.

- Volunteer recruitment/support
- Panel
- Database
- VCSE engagement
- Information in alternative formats
- Engagement events

### **5. Ways to be Involved Throughout the Commissioning Cycle**

The intention is to foster a community of people interested in contributing their views, experience and expertise who will support LCCG engagement objectives. Ways for patients and members of the public to be involved will include...



Public and Patient Participation will be encouraged and enabled through LCCG communications channels, including website and newsletters, PPGs, networks of special interest groups, such as those interested in a particular community or health condition, partnerships with VCSEs, and patient fora existing in real and virtual formats. This network of people, voices and representatives will be developed during 2014/15.

## APPENDIX 1 – Objectives from Stakeholder Engagement Strategy

- 1) Continue to develop an effective communications and engagement infrastructure to ensure continuous and meaningful engagement with the public, patients and stakeholders, to enable them to inform and be active in commissioning decisions.

*We will know we have achieving this by:*

- ✓ Increased membership of individuals joining patient participation groups.
- ✓ Evidence on how patient and stakeholders have informed and influenced commissioning plans.
- ✓ Use of a range of appropriate methods to engage with key stakeholders, patients and the public.
- ✓ Evidence of engagement with “hard to reach and hard to find” members of the public.
- ✓ Use of patient experience and other forms of insight data to enhance engagement and communication activity.
- ✓ Number of alternative communication formats produced to reach extensive range of patients, public and key stakeholder groups.
- ✓ Adopting a “lessons learnt” model to help focus on continuous improvement across the commissioning and provider landscape.

- 2) Ensure that there is a strong focus on patient experience, and that intelligence in this area is captured and recorded in a way which allows it to be acted upon.

*We will know we have achieving this by:*

- ✓ Creating a dashboard of information which collates all intelligence sources to provide comprehensive evidence to challenge poor experience and build upon areas of good experience and share the learning across the health economy.

- 3) Ensure that the individuals responsible for supporting the commissioning process have a full understanding that “engagement is everybody’s business” and recognise their responsibilities to consult and engage with patients, the public and key stakeholders throughout the commissioning cycle, and are able to put this knowledge into practice.

*We will know we have achieving this by:*

- ✓ Working with member practices to ensure they fully embrace the duty to involve and where possible enable help facilitate engagement with specific patient groups to inform commissioning plans, e.g. patients with long term conditions whose primary care is provided by GPs.
- ✓ Having supported and skilled workforce who are fully briefed to enable intelligence based commissioning that is compliant with legal and statutory duties to involve. This will be evidenced by staff surveys, workforce reviews etc.
- ✓ No referral to Secretary of State when undertaking substantial formal consultations.

## APPENDIX 2 – NHS Liverpool CCG Engagement and Equality Planning and Assurance Process

### Engagement and Equality Planning Process and Risk Assessment

#### Who is this document for?

LCCG members and staff, patients and volunteers, it may also be useful for Healthy Liverpool partners.

#### Engagement Duties

LCCG wants and is legally required to involve patients and members of the public in developing policies, planning, designing and commissioning services and to demonstrate how their views have influenced decisions. Clinical Commissioning Groups have the following statutory duties in the Health and Social Care Act 2012 as regards engagement:-

- involving individuals in their own care and in having patient choice
- making arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways) –
  - a) in the planning of the commissioning arrangements by the group,
  - b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals, or the range of health services available to them, and
  - c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.
- reporting on these activities annually

Citizen engagement is also one of the six characteristics of a sustainable health and care system and is one of the four tests for major service change and reconfigurations, guidance on this here...

[www.england.nhs.uk/wp-content/uploads/2013/12/plan-del-serv-chge1.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/12/plan-del-serv-chge1.pdf)

General guidance on participation is available at...

[www.england.nhs.uk/2014/03/13/pat-pub-participation/](http://www.england.nhs.uk/2014/03/13/pat-pub-participation/)

#### Equality Duty

The public sector Equality Duty (PSED) requires public bodies to have due regard to:-

- Eliminating discrimination, harassment & victimization
- Advancing equality of opportunity
- Fostering good relations between different groups and people

An equality analysis (incorporated into this document) is the ongoing process by which LCCG can assess potential risk of discrimination & breach of the Equality Act 2010.

### **How does this document help me?**

Healthy Liverpool is about transformation to improve outcomes. Patient and public participation in the design and delivery of policies and services is vital to making changes that will be effective and will support empowering patients and communities to be actively involved in improving health.

This checklist will help plan how to achieve public and patient participation, ensure E&D issues are built into planning early and so meet our duties in both these respects and develop meaningful engagement that is able to improve outcomes. The earlier public and patients can be involved the better. Levels of involvement will vary according to what is being looked at and this guide should help determine what you need to do that is appropriate.

This checklist for engagement is intended to be completed by the relevant CCG staff lead, with input from clinical and engagement leads as appropriate. The checklist is best completed as early in the process as possible. It then needs to be taken to the Patient Engagement Group for discussion and input, where possible again as early in the concept phase as possible.

### **What happens after the form is completed?**

The engagement group will review proposals, assess and support in areas that require improvement and identify high risk issues which need to be brought to the attention of Primary Care Committee and/or Governing Body. An overview and risk assessment report will be completed by the engagement group at the end of the discussion and reported to Primary Care Committee. Documentation of this process provides the necessary governance for Equalities and Engagement Duties.

Name of Project.....	
Project Lead.....	Date.....

Questions	Answer (completed by Managers)	Engagement Group Comments
<b>A. Background and Purpose</b>		
<b>1. What is being considered?</b> eg Policy? Service redesign? Patient information? Change of service? Change of service location/access? Removal of service? Change of provider?		
<b>2. Why is this being considered?</b> eg transformation programme? End of contract? In response to an issue? If it is responding to patient or other input please list who, how and when the issues came to light.		
<b>3. What is the benefit to the patient that is expected?</b> How does this respond to JSNA or other needs/opportunities? What options for improvement have been considered? What is the evidence for the approach?		
<b>4. What are you trying to achieve by engaging with people - what are the engagement objectives..?</b> EG Informing those affected of a determined change? Influencing the change itself? Be clear about what people can influence. Can the process / plans change as a result of the feedback and if so how much?		

<p><b>5. Who is involved in planning the engagement?</b> Is there an ongoing interest group involved? Clinicians, voluntary sector etc...</p>		
<p><b>6. What patient insight/research/experience data is there already available?</b> Have patients been involved so far? Or in the last year? Are there relevant patient groups or other networks that exist – eg Breathe Easy</p>		
<p>Assessment of Background and Purpose proposals 1= Not clear needs a lot of further work 2 =Some issues need more clarity 3 = Clearly thought out and planned</p>		<p><b>SCORE =</b></p>
<p><b>Questions</b></p>	<p><b>Answer (completed by Managers)</b></p>	<p><b>Engagement Group Comments</b></p>
<p><b>B. Gauging Impact, Scale and Risk</b></p>		
<p><b>1. Who is affected by what is being considered?</b> Patient groups Carers Community members Staff Providers Other professional stakeholders Geography – eg location of service or access by a specific geographic community? Others? <b>Is the service specifically designed to serve people with one or more protected</b></p>		

<p><b>characteristic*?</b> Eg for deaf people          Might any groups with protected characteristics* be discriminated against/particularly affected by the change? (<i>Duty to prevent this</i>)          Might any vulnerable groups** be particularly affected /disadvantaged?          *Race, Age, Sex, Disability, Religion and belief, Sexual orientation, Gender reassignment, Marriage/civil partnership, Pregnancy and Maternity          **Homeless people, single parents, people with learning difficulties, low incomes, addictions, veterans, offenders...</p>		
<p><b>2. How many people are affected?</b>          eg how many people currently use this service, does it affect all over 16's or 2-3 people having a rare procedure or one neighbourhood population, or the whole city?</p>		
<p><b>3. Is there a change to both the service and the location involved?</b> If location change how will transport access be considered? Is a full accessibility assessment needed (available from Merseytravel - ask Sarah Dewar until process in place!)</p>		

<p><b>4. Is the change proposed likely to be viewed as contentious?</b> If no describe how you have decided this, and if Yes, describe in what way &amp; by whom?</p>		
<p><b>5. What Scale and Proportion of Engagement is Appropriate?</b> Assess what level of engagement activity is appropriate – guidance from CSU available. Significant changes will require approval at PCC / GB level. Do LA safeguarding / scrutiny panels need to be involved? Reconfiguration requires NHSE involvement see <a href="#">guidance</a> as p1. Please note here if this process is feeding into a wider service reconfiguration and forward this to lead for that service.</p>		
<p><b>6. Does this change present a minor, moderate or high risk to LCCG?</b> Please describe why? This helps determine if it goes to committee or GB etc..(both manager and engagement group complete this)</p>	<p><b>Minor Moderate High Why.....</b></p>	<p><b>Minor Moderate High</b></p>
<p>Assessment of Impact Scale and Risk Proposals 1= Not clear needs a lot of further work 2 =Some issues need more clarity 3 = Clearly thought out and planned</p>		<p><b>SCORE =</b></p>

Questions	Answer (completed by Managers)	Engagement Group Comments
<p><b>C. Information and Communication</b></p>		
<p><b>1. What information is/needs to be available to communicate?</b>            How will what is being considered be described to people? Online / paper / face to face?            Is this clear for the audience? Is the language plain English? Are alternative formats needed?            Is the rationale, evidence and benefit of what is being considered clear?</p>		
<p><b>2. Information should include...</b>            a summary; discussion of the issues; how it addresses health needs; benefits of what is being considered for patients, an outline of options considered; relevant views and information already taken into account or known; assessment of impact on different groups- must include assessment and any mitigation proposed to eliminate negative impact/discrimination ; assessment of risks, stakeholder involvement; transition plans; budgetary implications; contingency arrangements as appropriate; info on penalties for non-delivery and exit strategy; statement regarding availability of info in alternative formats; list of those being consulted; clear description of how responses will be used; proposed timetable</p>		

<p><b>3. What are the key questions you are seeking views on?</b> Is it clear? Open not leading questions etc..</p>		
<p><b>4. What level of response would you want to achieve in terms of engagement? And what output do you need?</b> Numbers of people / range of stakeholders / etc What % of those that currently use the service? Do you need qualitative / quantitative data or both? Think through who is going to use the feedback and what they will be looking for.</p>		
<p><b>5. Capacity building...</b> Will any stakeholders need time/support to better understand the issues before they are able to input? How can this be built in to the process (links to information), How can ongoing engagement with those interested and involved be achieved? Data needs to be entered into corporate database and handled appropriately (eg consent for future use, electronic storage).</p>		

<p><b>6. How will input and responses be sought?</b>          - online? Face to face? Via a third party – either their communication channels or groups? Paper based? Social media?</p>		
<p><b>7. Does this method/s exclude or adversely affect anyone?</b>          Will anyone not be able to take part? eg if all on-line. May the engagement itself distress anyone with protected characteristics* or any vulnerable groups** (see B1) eg someone affected by service/ bereavement.          If so what support can be put in place?</p>		
<p><b>8. Test the process</b> – eg if it is a survey, test it with someone who is not involved in the process, see if the language is clear on a poster etc....describe here how you will do this..</p>		
<p><b>9. Communications Channels</b>          How will the opportunity to input be made known to people? What is the communication plan?          Think about the audience and where they will receive information / places they will be / trusted information sources for them eg charity / workplace / community</p>		

<p>networks / support groups... Consider whether anyone would be excluded by the chosen channels</p>		
<p>Assessment of Information and Communication Proposals 1= Not clear needs a lot of further work 2 =Some issues need more clarity 3 = Clearly thought out and planned</p>		<p><b>SCORE =</b></p>
<p><b>Questions</b></p>	<p><b>Answer (completed by Managers)</b></p>	<p><b>Engagement Group Comments</b></p>
<p><b>D. Understanding &amp; Using Input Received</b></p>		
<p><b>1. How will responses be analysed?</b> Who is responsible for receiving info? Who is responsible for analysing responses and reporting on this? If major reconfiguration an independent analysis of findings is recommended. Advice from CSU can be sought if unsure. What process will be used for utilising feedback that wasn't expected – eg about a different programme area</p>		
<p><b>2. How will responses be used?</b> Will a group need to convene to review responses and decide how to incorporate? And who will document this? A report must be written which describes the engagement process and responses. Ensure equalities implications and responses from vulnerable groups and people with protected characteristics are recorded,</p>		<p>Ensure E&amp;D duty met</p>

<p>action to address defined, included in specification, shared with relevant providers and that this process is transparently reflected and recorded in documentation and final reports.</p>		
<p><b>3. How will responses, and how they have been used, be fed back to participants and wider community?</b></p>		
<p><b>4. Timelines</b>          When do you need the responses in order to be able to analyse them, consider how to incorporate them and use them to change the final proposal?          How long will the engagement process take to give everyone a fair chance to get involved? CSU can advise.          How will changes be followed through and shared with relevant partners/providers</p>	<p>Planning the engagement From.....to.....          Conduct the engagement From.....to.....          Close the engagement.....          Analyse responses.....          Incorporate responses into final decisions.....          Write up response analysis and how this has changed the final decision (must include Equality assessment, response and mitigation).....          Feed back to engagement participants / wider community.....          Feedback to providers / other partners.....          Provision for advancing equality and engagement.....</p>	
<p><b>5. REACT</b>          Make sure all engagement activity – a summary of all this is entered into the REACT database – this is how the CCG will demonstrate it has met its duties and is a very important part of process...</p>		
<p>Assessment of Understanding and Using Input received Proposals          1= Not clear needs a lot of further work          2 =Some issues need more clarity          3 = Clearly thought out and planned</p>		<p><b>SCORE =</b></p>

Questions	Answer (completed by Managers)	Engagement Group Comments
<b>E. Delivery</b>		
<p><b>1. Specifications and Delivery</b> How you can build public and patient engagement into specifications for providers, along with opportunities for volunteering, peer support etc..(see social value strategy)...</p>		
<p><b>2. Procurement</b> Consider how those involved in the engagement or in relevant groups could support the commissioning – assisting in final specification drafting, procurement and selection, contribute to programme groups and in monitoring delivery etc... so participation is an ongoing process.</p>		
<p><b>3. Equalities duty</b> How will delivery eliminate discrimination? How will delivery advance equality of opportunity? How will delivery foster good relations?</p>		
<p>Assessment of Delivery Proposals 1= Not clear needs a lot of further work 2 =Some issues need more clarity 3 = Clearly thought out and planned</p>		<p><b>SCORE =</b></p>

**SUMMARY ASSESSMENT**

Name of Project.....

Project Lead.....

Date of Patient Engagement and Experience Group.....

**Background and Purpose**

Score =

**Impact Scale and Risk**

Score =

Level =

**Information and Communication**

Score =

**Understanding and Using Input**

Score =

**Delivery**

Score =

**TOTAL SCORE = ?/18**

**Refer up to PCC if moderate/high risk**

**YES / NO**

**Scores of 9/18 or less = proposal comes back to engagement group**

**Scores 10/18 and above, refinements to be made by manager with engagement support**

**Comments**