Liverpool Clinical Commissioning Group

Stakeholder Engagement Strategy 2013 – 2015

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1. Introduction

This document is an update of Liverpool CCG's first communications and engagement strategy, which was published in June 2012.

The first strategy was specifically designed to support the CCG as it prepared for authorisation by the NHS Commissioning Board (now NHS England). This revision reflects the fact that the NHS is no longer in a transitional period and the CCG is now a statutory body.

A comprehensive, planned approach to communications and engagement will be essential if Liverpool CCG is to achieve its objective of being a patient-focussed organisation which puts the values of partnership, collaboration and accountability at the heart of its work. The Health and Social Care Act 2012 sets out statutory duties for CCGs with regard to patient and public involvement, and this strategy will outline how these responsibilities will be met, and where possible, exceeded.

The CCG has already made good progress in establishing relationships with its internal and external stakeholders, including member practices and the general public. This strategy sets out how the CCG intends to develop and maintain these relationships over the next two years by ensuring that communications and engagement is fully integrated into its work. Indeed, for the aims of this strategy to be realised it will be important that both communications and engagement are regarded as mainstream activities in which everyone – CCG staff, Governing Body members, and the wider membership – CCG must take full ownership, rather than simply specialist functions delivered by a small number of named individuals.

This strategy is supported by a engagement action plan (appendix 1) which will be periodically updated during the life of the document.

2. Background

Liverpool CCG is a membership organisation made up of the city's 95 general practices. On April 1 2013, it became responsible for commissioning NHS services for the population of Liverpool, with an annual budget of around £730m a year.

Liverpool is home to just under half a million people and is the most deprived local authority in England, with significant, long-standing health challenges. The number of people dying prematurely in Liverpool has been reducing year on year and this is reflected in the gradual increase in life expectancy. However, the city continues to suffer significant health inequalities and, while the situation has improved in recent years, life expectancy still lags behind the rest of England.

Liverpool CCG is one of the largest CCGs in the country, and has ambitious aims to improve health outcomes for patients, while ensuring they receive first-class health services. The CCG has a clear vision of what it wants to achieve for the population of Liverpool:

3. Vision & Values

Our Vision

This vision was formed in consultation with member practices and key partners within the city including Liverpool City Council, NHS Trusts and local communities, as part of the CCG's initial planning processes, which included an intensive focus on the key health needs of Liverpool's population through the Joint Strategic Needs Assessment (JSNA). This process led to identification of eleven priority programmes for the CCG. These are:

- Cancer
- End of life
- Cardiovascular disease
- Respiratory conditions
- Integrated care
- Children and maternity
- Urgent care
- Planned care
- Mental health and learning disabilities
- Dementia
- Alcohol

By having a clear joint Vision that focusses on agreed local health priorities, Liverpool CCG's ambition is to achieve the following:-

- By 2020, health outcomes for the people within Liverpool will have improved relative to the rest of England, and health inequalities within Liverpool will have narrowed.

- The quality of health care received by Liverpool patients will be consistent and of high quality. They will be measured by patient feedback, provider assessment, and external review processes.

- Both will be achieved efficiently within the available resources.

Our Values

As part of developing a robust vision Liverpool CCG are committed the following key principles which will underpin its work:-

Patient Focused and Outcome Led

- We will empower our patients to engage in improving their overall quality of life, to interact in their care plans, and to ensure that no decisions will be made without fully involving patients, both in the planning and monitoring of services.

Partnership and Collaboration

- We believe in working in unity, both within our organisation and externally with our partners. We listen to, communicate with, and work effectively with all our

partners including membership practices, Hospital Trusts, the Local Authority, third sector, statutory/emergency services and Commissioning Support Services.

Locally Focused

- We will work through locality and neighbourhood groups to implement and deliver services that meet the needs of our communities.

Progressiveness

- We encourage innovation and continuous improvement in all services we commission. We will target our resources in the most effective way to ensure we offer value for money in the services we provide, and equity for patients.

Accountability

- We accept responsibility for our actions. We make and support business decisions through experience, evidence and good judgement, and we will deliver against our promises.

Integrity and Respect

- We will act with honesty and transparency in all our actions. We are committed to a teamwork environment, where every member of the CCG is valued, encouraged to contribute and recognised for their efforts.

4. Aims and Objectives

Liverpool CCG has three long-term engagement objectives:

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.

5. Benefits to Comprehensive Engagement

Effective patient and public involvement and engagement is beneficial because it can help to:-

- Produce better outcomes of care/health of the population;
- Reduce health inequalities;
- Give greater local ownership of health services;
- Give better understanding of why and how local services need to change or be Improved;
- Increase trust and confidence in the NHS;
- Give a better understanding of the needs and priorities of communities;
- Help us to make better decisions;
- Help us to design services that better reflect the needs of users;
- Provide services that are efficient, effective and more accessible;
- Give greater choice for patients;
- Create increased satisfaction, resulting in less conflict and adverse media attention.

Good involvement practice:-

- Happens early and continues throughout the process;
- Is inclusive;
- Is informed;
- Is fit for purpose;
- Is transparent;
- Is influential - it makes a difference;
- Is reciprocal - it includes feedback; and
- Is proportionate to the issue.

The gathering and use of feedback to make changes or improvement to services is only one part of engaging with patient, service users, and members of the public. There are a number of helpful models that explain the place of feedback with overall context of engagement and can be found in

Real Involvement: Working with People to Improve Health Services 2008
HM Government: Code of Practice on Consultations 2008
Smart Guides: to Engagement www.networks.nhs.uk 2012

6. Principles for communications and engagement

The following principles will underpin and inform the CCG's approach to communications and engagement:

Before any communications or engagement is undertaken there will be a clear rationale for why it is necessary and good evidence that the channel/ route/ activity chosen are the appropriate ones.

We will actively seek to communicate and engage with a diversity of groups, including those traditionally seen as hard to reach and hard to find.

We will seek to provide accessible information to simplify complex issues, and use plain English where possible. We will provide materials in other formats or languages where this is required.

We will put patients at the heart of what we do, and ensure that all CCG staff and members understand their roles and responsibility in helping us engage and communicate effectively with our local population.

7. Individual and Collective Engagement

Patient Experience

There has been much written about the impact of the Francis report. The failings outlined in Mid Staffordshire hospital have brought into sharp focus the need to monitor and manage more rigorously the performance and quality of services delivered and the experience of patients and their families accessing those services.

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

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

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

Liverpool CCG will provide a range of opportunities for patient and public engagement, which will be undertaken at a number of levels, ranging from speaking to patients individually, speaking to at a practice level with patients, and more collectively speaking with patients and stakeholders at a neighbourhood level and through to a city-wide movement to help shape health services.

There is statutory guidance which supports two **distinct new legal duties on NHS Commissioners as defined in the Health and Social Care Act 2012**. The first is for commissioners to promote the involvement of patients, carers and members of the public in planning, managing and making decisions about their own care and treatment (**Individual Involvement**):

Friends and Family Test – e.g. the capture, collation and analysis of patient experience insight including FFT.

Information for patients e.g. ensuring targeted support to enable patients to be more in control of their health.

Personalised care planning e.g. when a person is eligible, having the option of a personal health budget.

Shared decision making e.g. involvement in decisions about individual episodes of care and/or longer term care.

Self-care and self-management e.g. providing support to better manage health and prevent illness.

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

- Planning of commissioning arrangements
- Development of proposals for change
- Decisions affecting the operation of commissioning arrangements

Planning of commissioning arrangements e.g. local commission intentions, which will need to include consideration of allocation of resources, review on current needs assessment and involvement to inform service specifications.

Proposed changes to services e.g. major service reconfigurations, service redesign, pathway remodelling, local level service changes and decommissioning of services.

8. Wider involvement in Commissioning

City-wide engagement will continue to be undertaken working with key stakeholders being actively involved in planning and decision making, this will include patient participation groups, GP members, Service Providers, 3rd Sector, Community, see Appendix 2 "Active Involvement")

Liverpool CCG will incorporate the guidance for involvement provided in 2012 by the Department of Health following the Engagement Cycle detailed below.

It is planned to establish a CCG driven Liverpool Patient and Public Service-User Engagement Group (LPSEG).

The group will be developed with significant input from PPI Board representatives, the Head of Primary Care and Cheshire and Merseyside Commissioning Support Unit who will draft outline plans and configurations. Following this, a series of invitations to meet with key stakeholders to explore the range of opportunities the formation of this group provides to support the CCG in creating and sustaining inclusive patients and public involvement in service redesign, commissioning, reconfigurations and decommissioning will be a cornerstone of the planned Healthy Liverpool programme of work which will be undertaken.

It is intended to have a wide representation of members to create a "network of networks" model which supports and informs (and where appropriate) collaborates with commissioners on effective patient, public and service user involvement in commissioning plans.

This development will be particularly effective in supporting integrated commissioning plans across Health and Social Care. Initially, it is thought the group will have representation from elected locality PPGs Chairs, Liverpool Healthwatch, BME groups, carers and advocacy organisation representatives, Public Health, Local Authority, CCG commissioning leads, and Liverpool Council for Voluntary Services to represent the voluntary sector organisations.

A key objective will be that this group studies consultation plans and supportively informs commissioners on those plans, particularly ensuring we are fully compliant with our public sector Equality Duty 2010 protected characteristics (age, disability, gender, gender reassignment, pregnancy & maternity, race, religion or belief/lack of belief, sexual orientation, marriage & civil partnership) and that our communication methods, which will be cornerstone issues that are required , enable a sustainable model of patient and public involvement to be both inclusive and successful.

Protected characteristics

The Public Sector Equality Duty 2010 (protected characteristics)		
1	Age	By being of a particular age / within a range of ages
2	Disability	A physical or mental impairment which has a substantial and long term adverse effect on day to day activities
3	Gender (sex)	Being a man or a woman
4	Gender Reassignment	Transsexual people who propose to; are doing or have undergone a process of having their sex reassigned
5	Pregnancy and maternity	If a woman is treated unfavourably because of her pregnancy, pregnancy related illness or related to maternity leave
6	Race	Includes colour, nationality, ethnic origins and national origins
7	Religion or belief / lack of belief	The full diversity of religious and belief affiliations in the United Kingdom.
8	Sexual orientation	A person's sexual preference towards people of the same sex, opposite sex or both
9	Marriage and Civil Partnership	This is relevant in relation to employment and vocational training, the CCG will need to ensure that it considers this protected group in relation to employment of staff

9. Healthy Liverpool Programme

In summer 2013 Liverpool CCG will start The Healthy Liverpool Programme – the organisation's approach to ensuring that the NHS in Liverpool is able to deliver the high-quality care that the city's population needs, both now and in the future. The five-year programme will encompass all organisations delivering NHS care in the city – from large acute hospitals to GP practices – and will be led by the CCG, working in close collaboration with Liverpool City Council.

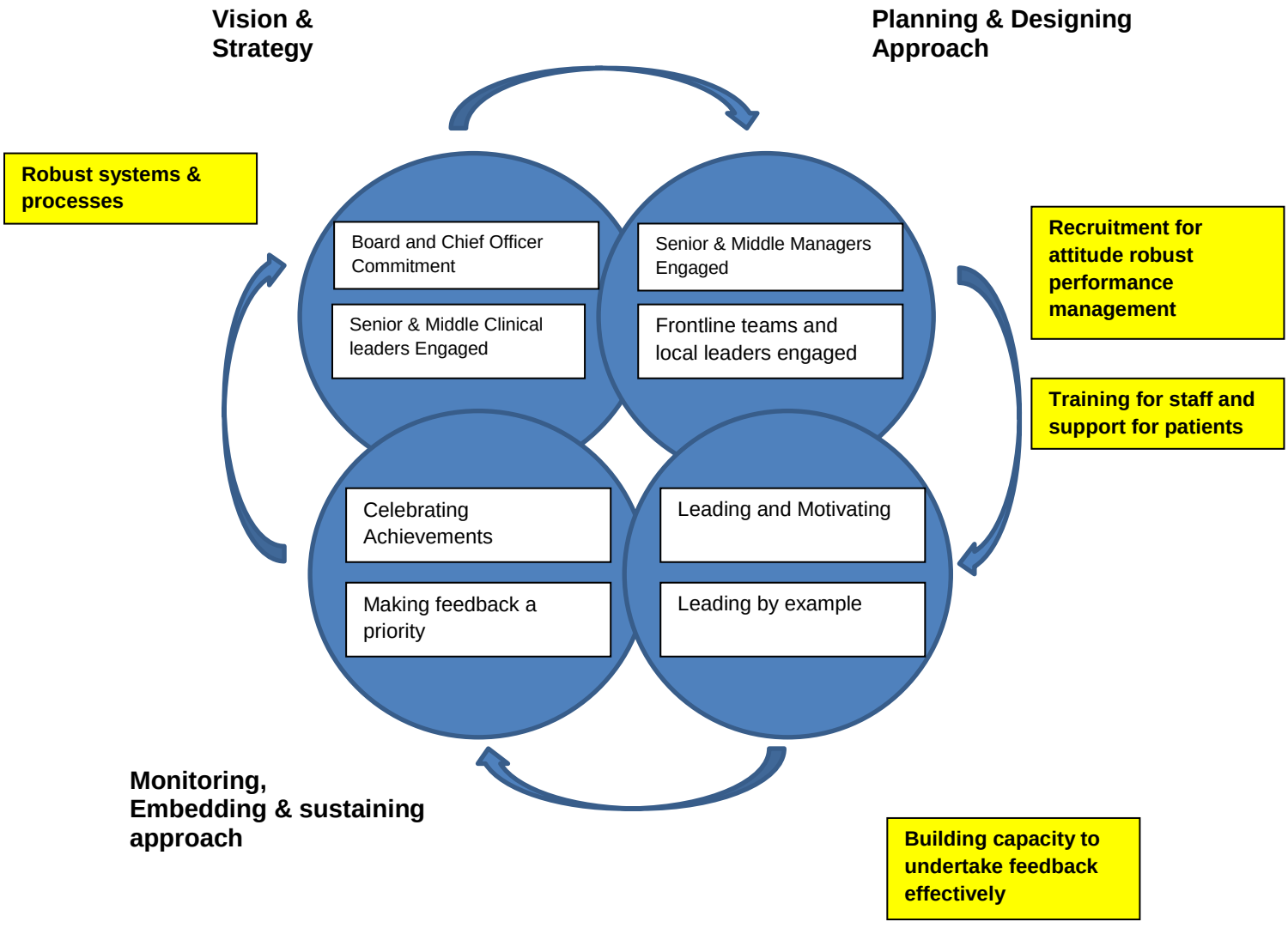
The Healthy Liverpool Programme will consider the role that each level of the NHS in Liverpool plays in caring for patients – from GP practices to major hospitals. It will begin by looking ahead to five years' time and asking: what services will patients need and where the best place for patients to receive these services is. When the CCG has this information it will start making proposals for improving the way that the

NHS in Liverpool works. Communications and engagement will play an important role in ensuring that all stakeholders, including the public, are kept informed of how the programme is progressing, and have the opportunity to contribute their views once proposals for the future are made.

The establishment of a new commissioning organisation presents a range of communications and engagement issues, which need to be identified and understood. The key risks and opportunities are set out in a SWOT (strengths, weaknesses, opportunities, threats) analysis in appendix 9. This strategy acknowledges the risks, challenges and opportunities with regard to communications and engagement, and seeks to maximise the opportunities and to deal with the risks.

10. Feedback within the organisation

The Department of Health (DH 2009) produced guidance on the use of patient feedback to support transformation. This model is still relevant following the 2011 NHS reforms and Liverpool CCG has refreshed this to work toward continually delivering this model as it transforms through the Healthy Liverpool Programme.



11. Refreshing the CCG Engagement Strategy

The CCGs five year commissioning plan has been consulted upon and the implementation of planning consultations and engagement will form the operational action plans underpinning the implementation of this strategy.

The primary care team, transformation team and PPI Board representatives alongside Cheshire and Merseyside CSU staff are considering the strategy refresh and the CCG Board will consider this for formal ratification and adoption.

The development of the Liverpool Patient and Public Service Engagement Group will the sense check consultation planning arrangements and thereby are the co-owners of delivering the strategy.

12. Celebrating and Sharing Best Practice

The CCG also wishes to celebrate and give thanks to the success of patient involvement at their annual general meeting. It is hoped to have a dedicated session to reflection of patient involvement and showcase good practice, share learning, and give thanks to the many people who give their time freely to improve local health and social care services.

Engagement Operational Action Plan

Appendix 1

Engagement Operational Action Plan
Appendix 1

Liverpool Consultation & Engagement Operational Workplan 2013 - 2015

Priority rating 1 = high - 3 = low

As Required | not started | in progress | Completed

Work streams	AREA OF WORK	PRIORITY	LEAD	TEAM RESPONSIBLE/LEAD OFFICER	CLINICAL LEAD	SUPPORT / OTHER AGENCIES	SPECIFIC ACTIONS, NOTES AND UPDATES	OUTCOME / LINKED TO OBJECTIVE	APRIL	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL
Statutory Duties																					
Duty to Involve	Engagement & Involvement	High	CCG Chief Officer	Cheryl Mould?	??	CSU??	Gather all consultation and evidence and ensure feedback loops are planned and delivered	Health & Social Care Act 2012 - On-going and relative to scale and proportion													
Duty to Feedback on engagement and consultations	Engagement & Involvement	High	Identified Commissioner				Locality engagement staff to provide evidence	Health & Social Care Act 2012 - On-going and relative to scale and proportion													
Have regard to NHS Constitution	Engagement & Involvement	High	Identified Commissioner				Reference as required	NHS Constitution - Ongoing and relative to scale and scope of engagement activity													
Duty to Consult Annual Report to Dept of Health	Engagement & Involvement	High	Chief Officer				Annual requirement due in September. Following sign off upload onto websites														
OSC Duties	Engagement & Involvement	High	CCG Lead				Attendance at meetings to discuss engagement/ consultation planned activity Attendance at meetings to inform and agree where significant variation is considered and if formal	[illegible]													
REACT Support for commissioner use	Engagement & Involvement	Medium	Cheshire & Merseyside CSU				Commissioning staff to be invited to attend specific awareness training on Communications & Engagement	Health & Social Care Act 2012 - On-going and relative to scale and proportion													
Consultation/Engagement Activity Affecting Liverpool Residents																					
Training and development LPPEG Liverpool Patient & Public Service User Engagement Group	Engagement & Involvement		Identified provider TBA																		
Extending Patient Choice (Any Qualified Provider)	Engagement & Involvement		Procurement Team																		
Merseyside and Cheshire Cancer Centre Proposal	Engagement & Involvement		Merseyside LAT																		
Need to identify cross boundary commissioning where Liverpool is lead on behalf of Merseyside	Engagement & Involvement																				
Locality Plans																					
Commissioning Plans as identified through transformation team	Transformation Team	High	Sue Lovell																		

Liverpool CCG Stakeholder Analysis Appendix 2

The following section provides a broad introduction to a number of key audiences with whom the CCG needs to communicate. It outlines why the CCG needs to communicate with these groups; and what methods it will use to do so (an explanation of the CCG's main communication channels is provided in the next section). For ease this section is divided into internal and external stakeholders.

This section does not contain a comprehensive list of all stakeholders – a full stakeholder analysis is provided in appendix 3.

POWER			
High	**Keep satisfied:** • NHS Merseyside • NC, particularly Area Office • Medical Committees	**Manage Closely:** • Patients, public, carers and specifically hard to reach groups • CCG Governing Body and Staff • Patients • NHS England particularly Area Office • Media • Acute trusts • Community trust • Health and Wellbeing Board • Local Authority • MPs • Local Council Members • Local Overview and Scrutiny Committee • Health and Wellbeing Board • Liverpool Healthwatch • Third sector and patient support groups (via local CVS organisations)
Low	**Monitor:** • Other NHS Staff (external) • Regulatory bodies – NICE, CQC etc. • Local Chambers of Commerce • Housing Trusts and other public sector organisations	**Keep informed:** • Governors and members of foundation trusts

Active Involvement Appendix 3

Collective Involvement

The locality model

In order to strengthen the engagement of each practice as a member of Liverpool CCG, the city is divided into three locality areas – Matchworks, North, and Liverpool Central. Each locality incorporates a group of local practices, who are also organised on a neighbourhood basis (there are a total of 18 neighbourhoods in Liverpool). In communications terms, the locality model performs the following functions:

- Support and empowering neighbourhoods
- Build capacity in primary care so that practices are actively engaged in and support the work of the CCG
- Influence the CCG board so that its actions serve the needs of patients
- Ensure effective two-way communication between the CCG's Governing Body, neighbourhoods and practices
- Promote patient involvement at neighbourhood and practice levels
- Provide support and engagement between practices, neighbourhoods and the CCG
- Ensure the Governing Body has access to local intelligence.

Each locality has an executive team, made up of representatives of each neighbourhood within that locality, which meets on a monthly basis. The chair of each locality's executive team sits on the CCG's Governing Body.

Involvement at community level

It is important to acknowledge the challenges of communicating with the public as a whole, particularly more 'hard to reach' groups, who for a variety of reasons might not have access to mainstream channels (such as the media or websites). For this reason the CCG needs to be comprehensive in its communications approach, and recognise the need to look beyond traditional methods.

The CCG will continue to develop strategies which engage patients, public and wider stakeholders, across its defined neighbourhoods, working together to identify and address neighbourhood health needs and service improvements. It is proposed that patient involvement at neighbourhood level is built from PPG representation.

Patient Participation Groups

"Engaging with Patient Participation Groups (PPGs) gives the CCG essential insight into its constituent practices, which are the gateways into healthcare for most local people. Having a close relationship with PPGs, therefore, opens up opportunities for the CCG to listen to patients where they are most likely to have the strongest interest in redesign of services and quality, innovation, productivity and prevention (QIPP)changes." **Source:** *Practices and Patient Engagement: Smart Guides to Engagement:* NHS Networks (2012)

The patient participation directed enhanced service (DES) provides advice about how patient groups can be widened to better reflect and represent the practice's population. The CCG and its GP practices are encouraged through the DES to see active patients as potential leaders for change and to value their input as advisers and critical friends.

Traditional PPG models comprised a group of volunteers from the practice population meeting together regularly with representatives from the practice, with a focus on improving practice services. A new and additional model for PPGs being developed in Liverpool has seen emergence of virtual PPGs members who choose to be engagement on-line, via email, social media, and/or smart phones rather than attending meetings. Many PPGs are operating dual models to enable as wider inclusion of people who have demands on their time and wish their involvement to meet their needs and personal capacity for engagement.

In 2011/12 Liverpool had 46 PPGs in place, by 2012/13 we have 65 PPGs in place and our trajectory for 2013/14 is 70 PPGs actively involved.

The expansion of PPG groups, and the increase in practice members, has enabled a strong infrastructure to be created to bring PPG groups together quarterly as a collective voice under the management of locality teams leading on locality based quarterly "*meet the commissioner events*".

Quarterly meetings allow PPG members to influence services beyond practice level and to become actively involved in informing and shaping commissioning plans particularly at locality levels. This also presents fertile ground to discuss patients experience insight and sense check if there are trends relating to patient experience and provide opportunities for informing service improvement plans which CCG commissioners can act upon in project management and service design modelling..

The CCG are committed continuing development of PPGs and also to monitor their growth at practice level, but also how they believe they views are influencing local decision making both at a practice level, community services, and wider strategic commissioning plans. In order to achieve this as part of the patient experience knowledge management systems, we plan to conduct bi-annual surveys with PPGs members, the findings will be made public and local action plans can be put in place where identified issues are underdeveloped and maybe need additional support to bring a quality standard to involvement at a Citywide level.

Chairs or alternatively patient representatives of each PPG locality will be invited to join the Liverpool Patient and Public Service Engagement Group (LPSEG) to bring grassroots perspectives on commissioning plans, providing a network of networks to share and raise awareness of planned consultations. Where appropriate, PPG group representatives can work collaboratively with commissioners in sharing commissioning plans and seeking patient feedback at a surgery level to include virtual and non-virtual members.

The population of Liverpool – the general public

Liverpool CCG strives to be a patient-focussed organisation, so it must ensure that the people for whom it commissions services are aware of its activities. The NHS reforms which brought CCGs into being are driven by the principle of 'no decision about me without me' and Liverpool CCG communications approach will reflect this. This will include making the general public aware of opportunities for them to influence commissioning decisions, and then communicating any subsequent changes to services.

The NHS is the nation's most valued public institution, and it is important that Liverpool CCG has an appreciation of public perception of the health service when planning its communications approach.

General Practice level involvement

Significant work has been undertaken to develop Patient Participation Groups (PPGs) across Liverpool GP practices which now enables a strong infrastructure to bring groups together as a collective voice under the management of locality teams leading on locality based quarterly "*meet the commissioner events*".

Third Sector level involvement

Working with third sector organisations is fundamental to gaining feedback from service users at the grass roots level, looking at needs and access and to ensure that service users' and carers' needs are addressed. Mechanisms have been established to build effective relationships and support the development of real engagement requires support for the development of capacity within groups in order to respond in a timely manner.

Service level involvement

Involvement at service level redesign is important to ensure services meet the needs of patients and their families/carers. Specifically, engagement is crucial in the development of care pathways for specific long term conditions, with patients and carers fully involved in this process.

This is also relevant in the development of integrated commissioning plans and requires working in partnership with Liverpool City Council, the Health and Wellbeing Board, being driven through plans detailed within Liverpool's Joint Health and Wellbeing Strategy for 2013/14.

Consultations / Service Reconfigurations

MPs

Liverpool has five parliamentary constituencies: Garston and Halewood; Riverside; Walton; Wavertree; and West Derby.

Each of the five constituencies is currently represented by a member of parliament from the Labour party.

NHS reforms were the subject of intense political debate and it is likely that the NHS will be a key issue in the run-up to the May 2015 general election. The CCG needs to be mindful of this context and ensure that local MPS are kept informed of its activities, particularly with regard to any plans that are likely to be of interest to their constituents. The method of communication with MPs will be via regular meetings with CCG Chair and Chief Officer.

Liverpool City Council – elected members and officers

Liverpool CCG's predecessor, Liverpool Primary Care Trust, had a long-standing partnership with Liverpool city council. The implications of the Health and Social Care Act 2012 – and the current financial climate – mean that that the CCG will need to work even more closely with its local authority counterpart.

As a result of the Health and Social Care Act 2012, responsibility for public health in Liverpool now lies with Liverpool City Council. It will deliver this duty through the local Health and Wellbeing Board which is responsible for analysing the needs of the local population and producing a wellbeing strategy.

Liverpool City Council's Adult Social Care and Health Select Committee has the role of scrutinising matters relating to local health services and will contribute to the development of policy to improve health and reduce health inequalities. As the statutory consultee, the CCG must consult the committee on proposals under consideration for any substantial development or reconfiguration of services. To support this formal requirement it is important that the CCG ensures keeps the committee informed of news and emerging issues relating to the NHS in Liverpool.

In addition to being an important 'receiver' of CCG communications, the local authority is also a partner in disseminating messages with stakeholders, including the media. The new commissioning landscape presents many areas of shared responsibility and interest for the CCG and the city council, and it is essential that the two organisations work together to ensure a clear, consistent approach to communications issues. A communications protocol is currently under development, which will set out the expectations of both organisations and ensure that opportunities for promoting health initiatives and services are maximised, while risks to organisational and service reputation are minimised. The range of methods to communicate and engage with the Local Authority are through CCG Chair's Membership of Health and Wellbeing Board; Chief Officer's attendance at Adult Social Care and Health

Select Committee and presentation of 'Health Issues' report which summarises news from across the local NHS.

Stakeholder Matrix

Stakeholder Group	Groups Identified	Engagement Priorities
All stakeholders including patients and the Public		• Engagement and involvement in decision-making
Vulnerable groups	• Travellers • BME • Young / Old • Female / Male • Work / economic migrants • Disabled / non-disabled • Unemployed • Employed • Asylum Seekers Refugees • Transgender • Homeless	• Through CCG's extensive reach via its community networks, locality teams and tailored engagement toolkits, templates, meetings, events, focus groups etc. • Communication through partnerships with community organisations and Local Authority • Use of interpretive tools – translation services, easy read.
Key partners	• Liverpool City Council Royal Liverpool Hospital Foundation Trust • Liverpool NHS Hospital Trusts • Liverpool Community Health Trust	• Regular contract review meetings • Service redesign meetings • Strategic "Healthy Liverpool" Development days
Other partners	• Third Sector • Healthwatch • Faith Groups • Resident Groups • Department of Health	• Reputation management • High quality, timely information to support partnerships • Effective engagement and involvement

	• Neighbouring CCGS & Local Authorities	
Influencers	• Local MP's • Councillors • Health Select Scrutiny Panel	• Timely, regular briefings – written and face to face to build awareness and support the objectives
NHS partners	• NHS England • NHS England Area Team • Acute and Specialist Trusts • All other providers	• High quality, timely information to support partnerships • Effective engagement and involvement
Other NHS and related partners	• NHS Direct • Public Health England • NHS Confederation • Care Quality Commission • NHS Alliance • NICE • NHS Business Services Authority	• Effective engagement & involvement

Statutory & Legal Duty to Involve Appendix 4

Health and Social Care Act 2012 (relevant to all Commissioners)

The NHS has a legal duty to involve or consult patients and the public as outlined in Section 242 of the NHS Act 2006. The Health and Social Care Act 2012 (Section 14Z2) outlines how this legal duty applies to CCGs when authorised.

The law requires CCGs to involve service users:

- in the planning of its commissioning arrangements,
- in developing and considering proposals for changes in the commissioning
- arrangements that would impact on the manner in which services are delivered or on the range of services available and
- in decisions that affect how commissioning arrangements operate and which might have such impact.

CCGs are also required to report annually on how they have met this duty to involve patients and the public (Section 14Z11)

Legal Requirement - Duty as to Patient Choice (Health and Social Care Act 2012) (14v)

"Each CCG must in the exercise of its functions, act with a view to enabling patients to make choices with respect to aspects of health services provided to them".

The 2010 Equality Act – (relevant to all commissioners)

The Equality Act 2010 simplifies the current laws and puts them all together in one piece of legislation. It makes the law stronger in some areas. Therefore, depending on personal circumstances, the new Act may protect individual more.

Key areas we look at are those outlined under protected characteristics:

- Age
- Disability
- Gender
- Gender reassignment
- Pregnancy & maternity
- Race
- Religion or belief/lack of belief
- Sexual orientation, marriage & civil partnership

Protected characteristics

The Public Sector Equality Duty 2010 (protected characteristics)		
1	Age	By being of a particular age / within a range of ages
2	Disability	A physical or mental impairment which has a substantial and long term adverse effect on day to day activities
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5	Pregnancy and maternity	If a woman is treated unfavourably because of her pregnancy, pregnancy related illness or related to maternity leave
6	Race	Includes colour, nationality, ethnic origins and national origins
7	Religion or belief / lack of belief	The full diversity of religious and belief affiliations in the United Kingdom.
8	Sexual orientation	A person's sexual preference towards people of the same sex, opposite sex or both
9	Marriage and Civil Partnership	This is relevant in relation to employment and vocational training, the CCG will need to ensure that it considers this protected group in relation to employment of staff

From April 2011, the emphasis within the legal framework has changed from Equality Impact Assessments to Equality Analysis, with more emphasis on us being able to demonstrate that commissioners have analysed their data and engagement activities as part of the process. The Equality Act 2010 Public Sector Single Equality Duty now requires public authorities to publish details of the 'Equality Analysis' they have undertaken. Equality Analysis is similar to Equality Impact Assessment, but with more emphasis on demonstrating how commissioners have used information, data and consultation results to inform our decisions, policies and service development, commissioning decisions.

Equality Analysis is concerned with anticipating and identifying the discriminatory or negative consequences for a particular group or sector of the community on the grounds of race, gender, gender identity, disability, religion/belief, sexual orientation, age, socio-economic status, pregnancy & maternity and marriage and civil partnership. This process enables counter measures to be taken, which eliminate, minimise or balance those discriminatory or negative consequences. The key purpose is to help identify discrimination, adverse impact and militate against any negative impact.

- Responsibility for ensuring that Equality Analysis is conducted lies with each manager.
- Responsibility for carrying out the Equality Analysis and completing the report will normally be with the officer responsible for the service or the policy.

NHS Constitution & the law (relevant to all commissioners)

The law says the NHS, private providers and third sector providers of health services must use the Constitution when they plan and give services. (Third sector means organisations like charities, local groups and voluntary organisations.)

Patient rights are protected by law, and relevant sections are detailed below:

"Access to health services"

You have the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, religion or belief, sexual orientation, disability (including learning disability or mental illness) or age.1

You have the right to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered *and*

You have the right to make the transition as smooth as possible when you are referred between services, and to include you in relevant discussions.

"Informed choice"

You have the right to make choices about your NHS care and to information to support these choices. The options available to patients will develop over time and depend on individual needs. Details are set out in the Handbook to the NHS Constitution.

The NHS also commits: to inform patients about the healthcare services available to them, locally and nationally and to offer you easily accessible, reliable and relevant information to enable you to participate fully in your own healthcare decisions and to support you in making choices. This will include information on the quality of clinical services where there is robust and accurate information available.

"Involvement in your healthcare and in the NHS"

You have the right to be involved in discussions and decisions about your healthcare, and to be given information to enable you to do this.

You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

The NHS also commits:

- to provide you with the information you need to influence and scrutinise the planning and delivery of NHS services and
- to work in partnership with you, your family, carers and representatives.

Major Service Reconfigurations (relevant to Specialised Commissioners, CCGs)

The Secretary of State has identified four key tests for service reconfiguration where substantial service changes are planned, which have been designed to build confidence within the service, with patients and communities. The tests were originally set out in the revised Operating Framework for 2010-11 and require existing and future reconfiguration proposals are required to demonstrate:

- Support from GP commissioners;
- **Strengthened public and patient engagement;**
- Clarity on the clinical evidence base; and
- Consistency with current and prospective patient choice

It is expected that commissioners will lead on gathering the evidence for the four tests and commissioners will need to demonstrate that the tests have been applied and met. The exact process to be followed will vary from locality to locality, and will depend on whether the scheme is at an early planning phase, approaching consultation or is post-consultation. However, the tests need to be applied robustly.

Section 10.6.3 of Local Authority Scrutiny regulations (relevant to Specialised Commissioners, CCGs)

It is recommended that the following are taken into account when considering whether a development or variation is 'substantial'

- Changes in accessibility of service
- The impact of the proposal on the wider community
- The degree to which patients are affected
- Changes to service models and methods of service delivery

There are due to be regulations published in 2013, some of the expected developments are:

- Requiring NHS and local authorities to publish clear timescales for decision-making
- Financial considerations forming part of local authority referrals
- First stage of referral to the NHS Commissioning Board
- Requiring joint scrutiny arrangements for substantial service developments where more than one local authority is consulted

NHS Outcomes Framework 2012/13 (relevant to Specialised Commissioners, CCGs)

The recently updated NHS Outcomes Framework 2012/13 renews the focus on improving patient results and local commissioners will be measured against a number of areas including whether a patient's treatment was successful, whether they were looked after well by NHS staff and whether they recovered quickly after treatment. The updated framework consists of five domains, twelve overarching indicators, twenty seven improvement areas and sixty indicators in total. The work of the patient involvement service will seek to provide patient experience, feedback and insight through active patient participation for commissioners to utilise as part of their evidence base in meeting the criteria as defined in the outcomes framework.

Recording Engagement REACT Database Appendix 5

Overview

The REACT database is an electronic, consultative tool, which enables real time recording of engagement activity and effective monitoring of consultations carried out in partnership with our local community.

REACT is a low cost web application which enables a proactive management of all area engagement activities and empowers the board's approach to Patient and Public Engagement which supports the requirement for evidence based information on Duty to Involve.

REACT supports commissioners to be in a position to meet existing and forthcoming demands for progress in terms of engagement and involvement of patients, public and clinicians. This robust evidence model demonstrates the CCGs ambition for improvement and proof of effective change.

How does REACT work?

REACT allows a registered users to view, add, update and complete consultation records and attach related activity records (depending on access privileges) online. New records and updates to records are automatically notified by the system to line managers and any other parties involved in the engagement activity. REACT allows collated reports to be drawn down to demonstrate numbers of consultations planned, in progress, or completed. It tells us where Equality Analysis has/has not been conducted, and where feedback has been provided.

Commissioner rights allow them to view all inputted data.

The Commissioning Support Unit's Head of Patient and Public Voice (Engagement) and engagement team officers are named super-users have full access rights and can analyse where population groups have not been consulted, either by locality, area partnership board, age, directorate, ethnicity etc. This gap analysis is vital to ensure equity of views is being sought in service re-design, re-tendering processes, or decommissioning.

How will REACT support Commissioners

- Commissioners will have full viewing rights to all inputted data on a "read only" basis
- Commissioners can download all reports
- Commissioners can only amend their own data.
- Commissioners can identify key gap areas for greater insight and then could proceed with commissioner led engagement activity.

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