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NHS Dorset Clinical Commissioning Group Governing Body Developing a Health Involvement Network for the CCG

Date of the meeting	17/07/13
Author	Liz Kite - Deputy Director of Engagement and Communication
Sponsoring DCCGGB member	David Jenkins
Purpose of report	To propose to members the development of a CCG health involvement network, building on the work already undertaken to develop networks from the previous PCTs.
Recommendation	The Governing Body is asked to Approve the report.
Resource implications	Within existing resources
Link to strategic objectives	<ul style="list-style-type: none">• Services designed around patients• Preventing ill health and inequalities• Sustainable healthcare services• Care closer to home
Risk assurance Impact on high level risks	None
Privacy impact assessment	N/A
Outcome of equality impact assessment process	The development of groups within the network who represent all protected characteristics is key and will build on the existing diversity advisory group. No impact assessment is needed at this stage.
Actions to address impact	Please see above.
Legal implications	None.
Freedom of information	Unrestricted.
Public and patient involvement	None.
Current status	RED / AMBER / GREEN / N/A
Trend	  

1. INTRODUCTION

- 1.1. The NHS Dorset Clinical Commissioning Group (CCG) is committed to engaging with the people of Dorset about local health services. It wants to build on the strong links developed by the Primary Care Trusts and ensure that a wide variety of engagement opportunities are available to local people.
- 1.2. During 2012 members of the existing PCT networks across the county were invited to complete questionnaires and participated in events to help inform the development of a new network of involvement and engagement within the CCG.
- 1.3. Proposals were then developed to reflect the feedback received and these were circulated for further consideration and opinion between February and April 2013.
- 1.4. The proposal is to have an overarching network which encompasses existing locality networks, and develop new involvement groups to support CCP work and other CCG developments, and to ensure there is consistency across the CCG. Each locality and CCP network will be free to develop as it sees fit, in response to local and specific need, however this will be managed by the engagement team who will work with localities and CCPs to ensure the work of the networks meet the needs of the CCG.
- 1.5. A total of 113 people provided their feedback and there was high support (90%+) for the continuation of locality based health networks, made up of local people and those with a local interest. Qualitative comments were numerous and a full copy of all feedback is available on request.
- 1.6. All feedback was given due consideration by the CCG governing body members for engagement and patient involvement and are recommending that the proposal outlined in 1.4 and the issues raised through section two below are adopted by the CCG.

2. PROPOSED WAY FORWARD

Name of the network going forward

- 2.1. The new NHS Dorset CCG network for engaging local residents will be called "The NHS Dorset CCG Health Involvement Network" (Health Involvement Network).

Purpose of the network

- 2.2. The purpose of the new network for engaging local residents will be "to develop partnerships with local people to gather insights into their views and experiences in order to provide a public and patient voice to help shape local and Dorset wide services."
- 2.3. The network will specifically:

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1. Develop excellent partnerships with local people to gather their views and experiences to help shape local health services
2. Provide information about how we are working to support people in Dorset to lead healthier lives
3. Be responsive to the insight provided by local people on their experiences of using health services
4. Ensure that opportunities for engagement are disseminated to all members and groups
5. Identify opportunities to extend the skills of the members to other groups and support individual development to engage with the CCG.

Governance

- 2.4. The involvement network will be managed by the CCGs engagement team through a steering/reference group, providing assurance to the Governing Body.
- 2.5. Terms of reference of member groups will contain a number of common elements, whilst allowing for local or group variation.
- 2.6. It will be made clear to members that the aim of these simple governance arrangements is to enable effective management of the involvement network.

Membership

- 2.7. To reflect the fact that people wish to be involved with the CCG in a variety of ways there will be two main types of membership, within which there are further options and choices. People can sign up to one or both types of membership and can change their choices at any time.
 - Type 1 – receiving information (newsletters, surveys, documents for comment) and responding electronically or by post.
 - Type 2 – being more engaged through attending meetings or using other virtual activity to secure involvement, e.g. network meetings on strategic plans, locality network meetings, discussion forums, condition specific projects, etc.
- 2.8. Role descriptions will be developed for patient and carer representatives who sit on any condition specific group and training and support will be provided.
- 2.9. Membership will be free and people can give as little or as much time as they wish.
- 2.10. Membership will be open to people over 16 either resident in Dorset or registered with a Dorset GP, including those studying or visiting. Importantly other mechanisms will be put in place to involve younger people.
- 2.11. Processes will be put in place to enable people of working age to be involved.

Recruitment

- 2.12. Recruitment will be on-going and will endeavour to ensure that the involvement network is representative of its local community, demography, geography and diversity.
- 2.13. A recruitment process will be undertaken for projects requiring specific skills or commitment e.g. becoming involved in the procurement process for a new service. It is also proposed that such involvement be clearly defined to those people interested in taking part.
- 2.14. The engagement team will provide guidance and support to clinical commissioning programmes and localities who wish to recruit people to a specific involvement or engagement task.

Induction

- 2.15. Members of the involvement network will be provided with a clear induction or 'welcome' pack - including an introduction to the CCG, priorities and structures, governance and opportunities for involvement. The pack will be produced in clear English without the use of "NHS Jargon" or acronyms and will be made available in a variety of formats to ensure wide accessibility.
- 2.16. Further training and support will be offered depending on the needs and requirements of individuals.

Full network meetings

- 2.17. Full network meetings (in both East and West Dorset) will be held at least twice each year to support the CCG with its commissioning and priority setting, and to bring together those people who are involved from a condition specific and a geographical network.
- 2.18. Each agenda will also include feedback on how people's views have been informing service change and importantly the opportunity for people to provide their views or raise issues.
- 2.19. Meetings will be arranged to maximise accessibility. For people unable to attend other mechanisms will be put in place to enable participation.

Communication

- 2.20. Information on involvement opportunities and how people's views have been used to inform change will be published within the existing CCG quarterly newsletter and uploaded on to the CCG website.

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- 2.21. All information will be made available in a variety of formats and ways including for example 'the printed word', via e-mail, through using social media, etc.
- 2.22. All involvement and engagement projects will endeavour to ensure effective and timely communication (both in terms of seeking views and providing feedback to people about how their views have informed change).
- 2.23. The effectiveness of the involvement network, including communication mechanisms, will be monitored through feedback from network members.

Expenses

- 2.24. An approach to reimbursing expenses will be developed in line with national recommendations. This is to ensure that members are not disadvantaged or out of pocket through their engagement with the CCG.

3. CONCLUSION

- 3.1. It is clear from current members of the networks that they are keen to continue to be involved with the CCG, either corporately or by locality.
- 3.2. The Governing Body are asked to accept the proposals set out in this paper at 1.4 and section 2 following consultation and engagement with PCT network members.
- 3.3. The CCG engagement team and involvement network steering group will then action the proposals as agreed and launch the new network. Progress and updates will be reported to the Governing Body on a regular basis.

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