NHS
Stockport
Clinical Commissioning Group

Involvement and Engagement Strategy
2019-2021

Ask *What Matters*
Listen to *What Matters*
Do *What Matters*

1. Introduction

This involvement and engagement strategy sets out the approach, principles and recommendations for ensuring meaningful involvement with local communities, individuals and representative groups in shaping health and care services and ensuring person-centre care.

The development and delivery of health and care is often complex and has a major impact on the lives and wellbeing of the local people. As a result the CCG will actively involve local communities and service users (and their carers) to ensure that everyone has an equal chance to have their say before any major decisions are made.

There is also an opportunity for the CCG to work with local partners to ensure a shared and consistent approach to involvement and engagement across Stockport.

Public involvement helps to provide greater understanding for local needs and asking 'what matters' for people. It can reach the more vulnerable members of our community and promotes targeted support and equality of opportunity for those with additional or specialist needs and to prioritise those people who experience the poorest health outcomes – enabling improved access to services and reduces health inequalities.

Involvement can provide the opportunity to see things differently and to be innovative, leading to a better use of limited resources.

2. Background and Context

Health and care providers and commissioners for Stockport are responsible for making sure that the almost 310,000 patients registered with a Stockport GP have access to the health care services they need.

Stockport continues to be one of the healthiest places to live in the North West, resulting in a generally older population than the rest of Greater Manchester. However, this is not the experience of all of our residents. Local communities experience varying levels of affluence and have significantly different health needs, in the least affluent areas life expectancy is 10 years lower than in the most affluent.

On average each year our local health and social care activity includes:

- **98,000** A&E attendances
- **89,00** hospital admissions
- **543,000** community contacts
- **8,500** adult social care clients
- **700,000** GP practice visits
- **11,000** people in touch with Pennine Care

Stockport, like other local areas across the country, faces a number of challenges in the delivery of existing health and social care services. These issues include:

- The success of an ageing population leads to increasingly complex care needs for individuals who are at higher risk of isolation and loneliness. This is because more people live on their own without direct family support;
- A population where birth rates have risen, especially in areas of deprivation. This has led to more children and young people living in low income households where health outcomes are poorer;
- Children with complex health, care needs and disabilities
- Changes in the most common health issues experienced by the population, to those linked to lifestyles or are otherwise preventable;
- A period of economic challenge that affects the incomes and entitlement of the most vulnerable people in Stockport;
- Fragmented services which are complicated to access, has duplications and are not as focussed on the individual's needs as they could be;

- A system where too many people are admitted to hospital when many could be better and more appropriately cared for at home;
- Increasing financial pressures with deficits forecasts for Stockport as demand growth continues if service delivery is not improved.

Stockport's population has a wide range of health needs. Stockport has the oldest age profile in Greater Manchester and the population of the area continues to age. Currently 19.4% people are aged 65+ and this is likely to rise to 21.8% by 2024, with an additional 9,681 people.

Children and Young People

- Almost 1 in 4 children in Stockport are overweight or obese by the age of 4 rising to almost 1 in 3 by the age of 10.
- Almost 1 in 4 of 5 year olds suffered tooth decay.
- 8,500 children and young people are estimated to live in poverty.
- Over 70% of young adults are not active enough.
- Anxiety is the major long term condition affecting young people in Stockport with more than 2,700 cases reported.
- Self-harm hospital admissions in those aged 10-24 are higher than the national average.

Adults and Older People

- 1 in 4 of adults is overweight or obese putting them at greater risk of liver disease, heart disease and diabetes.
- Cancer is the major cause of premature death with 45% of deaths under 75 years.
- Stockport's population is older than the England average, with an increasing number of older people living with dementia and other long term conditions.
- Half the older population of Stockport has a long term health problem or disability and 1 in 5 has 2 or more long term conditions.
- 1 in 3 older people live alone.
- 2,700 older residents suffer with Dementia

There is also often a gap in the transition for children and young people (and their carers) when they move into adult services. This can often be at a critical point in their care and results in an inconsistent level of quality support that is needed, as a result of the wide variance between adult and children's pathways. Progress is already being made by the CCG to review the functioning of adult therapy services to enable better alignment when children move into adult services.

2.1 Legal duties

The NHS Five Year Forward View (2014) and Next steps on the NHS Five year Forward View (2017) describes a new relationship between the NHS, patients and the public, including a commitment to engage and involve communities and citizens in decisions about health services.

In addition there are a number of statutory duties and national requirements placed on NHS organisations to ensure that they engage and reflect the needs of the local communities they serve.

The following sections outline the legal duties the CCG needs to adhere to:

2.2 Health and Social Care Act 2012

The Health and Social Care Act 2012 places a legal duty to involve patients, service users and their carers and representatives, in decisions which relate to the prevention or diagnosis of illness in patients or their care or treatment.

2.3 Equality Act 2010

There are a range of duties set out in the Equality Act 2010 that apply to the CCG. It requires the organisation to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

To support NHS organisations in meeting the duties, NHS England introduced the Equality Delivery System (EDS2) to guide involvement with local partners, including local communities, to review and improve performance for people with characteristics protected by the Equality Act 2010.

The four aims of the Equality Delivery System are:

- Better health outcomes;
- Improved patient access and experience;
- A representative and supported workforce;
- Inclusive leadership.

2.4 Children and Families Act 2014

For children, young people and families the requirements of the Children & Families Act 2014 and associated SEND Code of Practice 2015 provide the mandate for involvement with families to drive and inform service planning and development across health and partner organisations.

2.5 NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of rights and responsibilities which are a legal entitlement protected by law.

One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- In the development and consideration of proposals for changes in the way those services are provided
- In the decisions to be made affecting the operation of those services.

3 Differences between involvement and consultation

Involving local patients, public, carers and patient representative groups is important to the CCG so that we can be assured of commissioning the best possible services that meet the needs of local communities and that represent the best possible value for money.

3.1 What is involvement?

Involvement describes the continuing and on-going process of developing relationships and partnerships so that the voice of local people and partners is heard and that plans are shared at the earliest possible stages.

Examples of this type of involvement would include patient participation groups, Citizen's Panel and partnerships with Healthwatch and other local representative groups where they are involved in decision-making.

It also describes activity that happens early on a formal consultation process, including holding extensive discussions with a wide range of people to develop a robust case for change.

3.2 What is a 'formal consultation'?

'Formal consultation' describes the statutory requirement imposed on NHS bodies to consult with overview and scrutiny committees (OSCs), patients, the public and stakeholders when considering

a proposal for a substantial development of the health service, or for a substantial variation in the provision of a service.

Formal consultation is carried out if a change is 'significant'. This is determined where the proposal or plan is likely to have a substantial impact on one or more of the following:

- Access (eg. reduction or increase in service due to change of location or opening times)
- Wider community (eg. economic impact, transport, regeneration)
- Patients or users (either current or future)
- Service delivery (eg. methods of delivery or relocation of services)

3.3 Gunning Principles.

The Gunning Principles were developed as a direct result of a judicial review and the case law sets out the legal expectations of what is deemed as appropriate in formal consultation. Any consultation requires careful planning and continual assessment throughout the process.

Outcomes of the consultation need to be robustly examined to ensure that all the specified intentions have been met and all the resultant responses considered.

There are four guiding principles (known as the Gunning Principles) for public sector organisations to meet when undertaking formal consultation:

- Consultation must take place when the proposal is still at a formative stage
- Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response
- Adequate time must be given for consideration and response
- The product of consultation must be conscientiously taken into account

The outcome of a formal consultation must be reported to the CCG Governing Body, together with the feedback received, and must show how this has been taken into account in any recommendations and decision-making.

4. Aim

The overall aim of this strategy is to outline how the CCG will deliver meaningful involvement and engagement with local communities, patients, service users, carers, families and public in shaping local health and care.

This will be achieved by asking "What Matters" and acting upon the feedback to ensure it informs local decision-making.

5. Objectives

The overall objectives of the strategy are to ensure CCG staff consider 'What Matters' to a broad range of people when planning new services or service improvements by involving people in decision-making.

In designing and delivering services it is important to:

- **Ask** *What Matters most to those receiving health and care services;*
- **Listen** to *What Matters to patients, service users, carers and communities;*
- **Do** *What Matters to improve the way health and care is delivered.*

In addition, achieving the objectives of the policy will:

- Ensure meaningful involvement and engagement with a wider range of communities and individuals.
- Mean that the CCG works in close partnership with third sector and voluntary organisation to increase involvement and engagement.
- Ensure involvement and engagement opportunities are visible and fully accessible.
- Increase and improve the opportunities for involvement of seldom heard people and groups.

5.1 What Matters?

The 'What Matters?' approach was developed by NHS Scotland and has expanded internationally to encourage and support meaningful conversations that are open and engaging.

Locally health and care staff and organisations can use the approach to improve the quality of how they engage and involve others in decision making and shaping services.

The experience and evidence from the 'What Matters' programme demonstrates that focusing on what really matters to people can lead to big improvements for staff, services and communities, and can improve the quality and effectiveness of care and better health outcomes.

'What matters' is a simple question that can deepen the connection between health and care staff and service users, communities and partners, helping to truly understand what matters to an individual. in receiving services.

This in turn can lead to services that are more person-centred and tailored to the needs of the individual. It can also help empower staff and services to lead innovation and ensure that care reflects the needs of individuals and communities.

The approach could have a significant impact on improving the quality of how the health and care is commissioned and meets the challenges of integrating services and working more closely with patients, communities and partners.

Across Stockport partners will ask what matters; listen to what matters and do what matters to support staff and in turn improve the quality of local services and patient experiences.

6. Involvement and Engagement principles

It is essential that all involvement and engagement activities are:

- Open, honest and transparent
- Consistent and compelling
- Timely and relevant
- Clear and free of jargon
- Accurate, fair and balanced
- Encourages participation

7. Understanding key stakeholders

Stakeholder mapping sets out the key stakeholders and partners. This will inform involvement and engagement action planning and can be used to gain more detailed insight into the needs and interest of individual stakeholders and groups e.g. patients, carers, the general public, staff, providers, the voluntary sector and monitoring organisations.

The following sections outline the people of Stockport in the key protected characteristics that need consideration when engaging and involving communities.

Black Minority Ethnic (BME)
Stockport has a BME population (non-white descendants) of approximately 8% (2011 ONS census). This equates to around 22,500 people residing in the Borough. These communities experience access issues due to barriers such as language and cultural issues. Another significant barrier is a lower level of awareness of early warning signs for cancer among some of these groups.

The distribution of the BME population across Stockport is not even; the areas of Heald Green, Cheadle & Gatley and Heatons South are particularly diverse. Consideration needs to be made regarding formats, language and accessibility of information and services for BME groups.

Older Citizens:
There are around 55,624 people (19.4%) aged 65 years and over residing in Stockport (according to the 2014 JSNA population figures). From this group 26,132 (9.1%) are aged 75+; 7,397 (2.6%) are aged 85+; and 2,698 (0.9%) are aged 90+

It is important that services are commissioned and procured to meet the complex needs of older citizens, to consider the relationship with disability, for example dementia, and to support them to live in their own homes for longer. It is estimated 2,850 people in Stockport have a diagnosis of dementia, an increase of more than 900 over the last five years. There are a further estimated 1,000 people living with dementia who have yet to be diagnosed. (Source: Stockport JSNA).

Children and Young People:
Advancing the health needs of children and young people requires tailoring services to meet the needs of boys and girls of different age groups. In particular, those services most relevant to this group such as mental health, teenage pregnancy, sexual health, and alcohol and weight management.

Stockport school aged children have lower rates of overweight and obesity combined than the England average, however, this still equates to 1 in 4 children being overweight or obese by the age of 4 rising to almost 1 in 3 by the age of 10. In addition around 25% of 5 year olds suffered tooth decay. It is estimated that 8,500 children and young people are estimated to live in poverty across Stockport (Source: Stockport JSNA).

Self-harm hospital admissions in those aged 10-24 are higher than the national average and anxiety, asthma and depression are the major long term conditions affecting Stockport young adults. Chlamydia detection rates are higher in Stockport young adults than the national average, although teenage conception rates are lower (Source: Stockport JSNA).

This data shows that intervention in early years is a key priority that will enable us to tackle health inequalities in Stockport.

Disability, Long-Term Conditions and Mental Health:
The Department of Work and Pensions estimates that around ten million people in the UK are disabled and have difficulty carrying out day-to-day activities. The Equality Act 2010 protects those with long-term conditions including cancer, diabetes, COPD, CVD and dementia. It is also essential that services are accessible and consider the needs of people with mental health conditions.

It is estimated that in Stockport there are around 56,000 people who suffer from a common mental condition (Source: Stockport JSNA). In Stockport there 6,874 children with Special Education Needs, 1,515 children with learning disabilities and around 640 children living with autism.

In Stockport 41% of people registered with a Stockport GP (124,000) have one or more long term conditions. By age 55 this increases to half of the registered population and by age 85+, 9 in 10 people have at least one long term condition. (Source: Stockport JSNA).

Lesbian, Gay, Bisexual and Transgender (LGBT):
A disproportionate number of the LGBT community experience mental health issues. These communities face disadvantages in relation to access and health outcomes. There is no direct evidence for the total number of the population who are LGBT within Stockport, however the JNSA report estimates that between 2,250 (1%) and 11,250 (5%) would be within the approximate range, using evidence from national research and anecdotal local evaluation.

Gender:
Men and women display different behaviours in relation to accessing services. Life expectancy varies between men (79.9 years) and women (83.0 years), although there are significant gaps between the most deprived areas. Men and women experience different illness and conditions, so appropriate and targeted services are essential. For example, it is important that women receive appropriate and targeted gynaecological and screening services. It is a key priority to ensure that men access appropriate prevention services to reduce unhealthy lifestyle behaviours (Stockport JSNA).

Religion/Belief:
Religion and belief is extremely important to many residents in all aspects of their lives. Particular consideration of religion and beliefs needs to be taken with end of life services. The is a wide diversity across Stockport in relation to religion, with around 63% identifying as Christian, over 3% Muslim, 0.6% Hindu, 0.5% Jewish and 25.1% stating no religion (Stockport JSNA).

There are around 1,700 voluntary and charity organisations that provide support and advice for people across Stockport that would also need consideration when engaging and involving communities. A growing number of these groups are coming together to form an alliance and provide greater consistency in involvement an provide a platform to ensure their voices are heard.

6.1 Stakeholder Matrix

The stakeholder matrix below provides an outline for those groups and individuals the CCG should consider when planning any involvement activity.

Involve/Consult • Patients • Carers • Health & Care Staff • Citizens Representative Panel • Patient Participation Groups • Health Champions • General Public • Councillors & MPs • Health Overview & Scrutiny Committees • Healthwatch • Voluntary Sector (Sector 3/Synergy)	**Liaise closely/partner** • GP Practices • GMHSCP • NHS England • NHS Improvement • NHS & Non-NHS Providers • Care Quality Commission • Stockport Health & Well Being Board • Other Partners (Police / Fire / NWAS)
Monitor/Key opinion formers • Professional bodies (Royal Colleges) • Regulators (GMC, NMC etc) • Local Medical Council • Public Health England • National Institute for Health & Clinical Excellence • Department of Health & Social Care • Community Groups (ie NHS Watch) • Media	**Keep informed/consider** • Pharmacies • Dental Practices • Opticians • Healthwatch - out of area • Audit Commissioning • Neighbouring CCG's • Care & Residential Homes

7. Models of involvement and engagement

The CCG has recommended that the 'Ladder of Participation' be used as the model for considering the level and type of involvement required.

The model has been adapted from the work undertaken by the New Economics Foundation (Nef) and Think Local Act Personal (TLAP) and is used alongside the values and principles of the NHS England and Coalition for Collaborative Co-production Model.

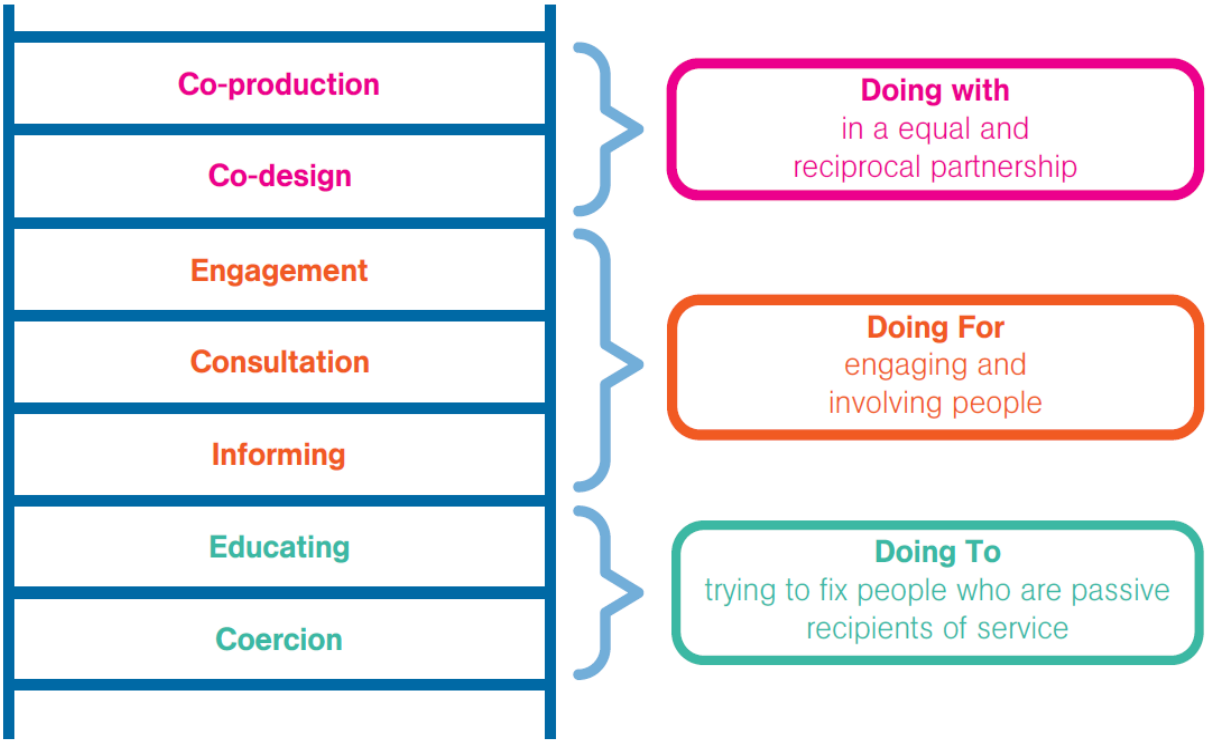
7.1 Ladder of Participation

(Adapted by New Economics Foundation and Think Local Act Personal model of participation)

A widely accepted model of involvement is the 'Ladder of Participation' which assists in planning the level of involvement needed and moves along a continuum, or ladder, to determine the best approach.

The purpose of the model is to enable organisation to evolve involvement to a meaningful partnership that has shared decision-making at the heart. This is often referred to as 'co-production' when applied to public service design and provision.

One perceived limitation of using the model is that implies going up the ladder is best. However, by recognising that different levels of engagement and involvement are appropriate at different times and in different situations the model provides a helpful guide.



7.2 Co-production Model (NHS England/Coalition for Collaborative Care

A Co-production Model

Five values and seven steps to make this happen in reality

What is co-production?

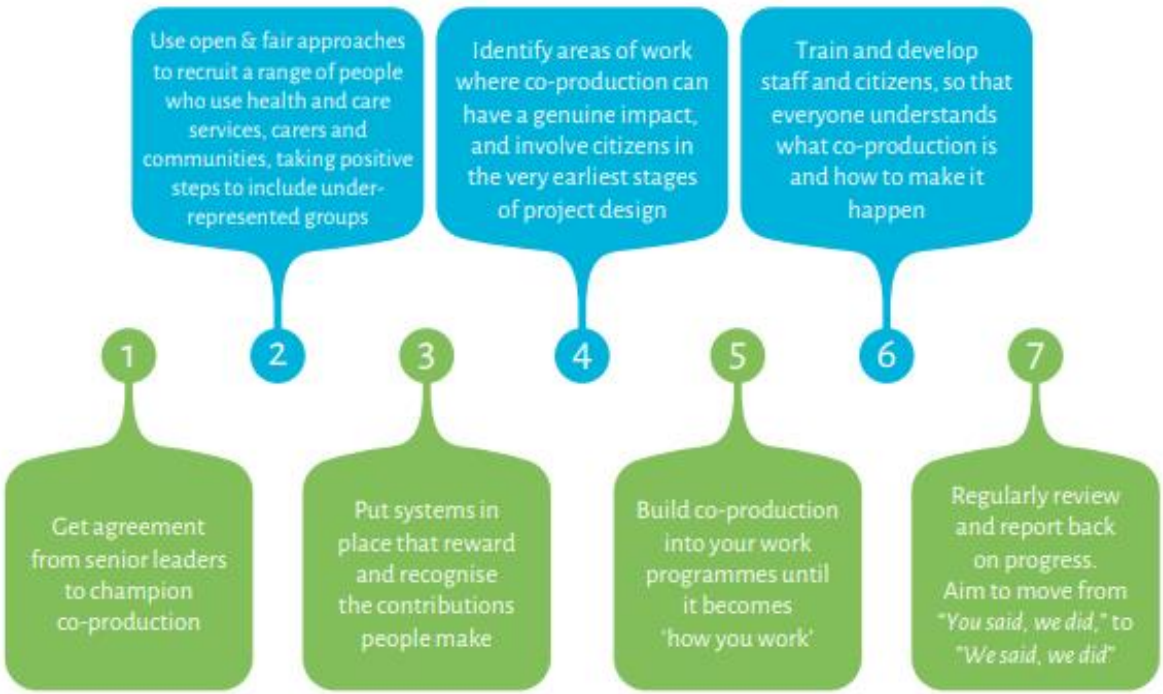
Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective.
Co-production is part of a range of approaches that includes citizen involvement, participation, engagement and consultation. It is a cornerstone of self-care, of person-centred care and of health-coaching approaches.

Values and behaviours

For co-production to become part of the way we work, we will create a culture where the following values and behaviours are the norm:

How to do it?

Seven practical steps to make co-production happen in reality:



8. Methods of involvement and engagement

There are a range of methods that can be used in delivering engagement and involvement:

A blend of approaches can be used to engage, involve and actively seek out the views of local people and community groups. It is expected that all methods are evidence based and are appropriate for the intended audiences:

- Events, including partnership engagement events.
- Focus groups
- Community forums
- Meetings (internal and external)
- Workshops
- Face-to-face
- Surveys
- Formal consultations
- Publication of strategies, plans, reports and other formal publications
- Newsletters and publications
- Digital channels (including websites, social media and blogs)
- Briefings
- Media (including paid media and advertising campaigns)

It is essential that all information is accessible and that processes are in place to provide information in differing formats on request (e.g. large print, other languages, Braille or audio). In all engagement and involvement activity information should be clear, in plain language and free of jargon and abbreviations.

9. Roles and responsibilities

Effective meaningful involvement and engagement is everyone's responsibility and all CCG staff have a duty to work closely with patients and communities, to ask 'What Matters' and ensure there are real opportunities for them to influence decision-making.

The roles and responsibilities were developed from feedback and analysis of the Stockport Together consultation in 2018 and provide the key principles to work towards.

Ref	Category	Action	Detail	Lead
1	Governance & Compliance	Equality actions to be included within all new service implementation plans	Ensure EIAs are undertaken and involvement stakeholders in service developments	All CCG Commissioning Leads
2	Governance & Compliance	Quarterly updates on involvement and engagement activity	Regular updates on activity to involve and engage stakeholders	CCG Governing Body
3	Involvement & Engagement	Develop strategy for involvement and engagement.	Including identifying key stakeholders and optimal communications Methods.	Head of Communications
4	Involvement & Engagement	Patient engagement and complaints to be monitored by protected groups	To ensure there are no adverse impacts on any groups or individuals	Head of Communications / Customer Services Team
5	Involvement & Engagement	Engagement plans for new service, changes to delivery or commissioning intentions.	Including: map of stakeholders (ie protected groups), communications formats to meet needs to stakeholders, leaflets and other publicity to use	Commissioning Leads Head of Communications

			inclusive images and language to demonstrate accessibility to all community groups.	
6	Contracting	All contracts to set out the legal requirements of organisation and providers to follow duties under the Equality Act and Accessible Information Standard.	Equality monitoring & reporting, interpretation and translation services, accessible Facilities	Commissioners Finance
7	Service Access	Venues of new neighbourhood bases, clinics or bed based facilities assessed to ensure full access.	i.e. Disabled parking, Disabled toilets, changing facilities, hearing loops.	Commissioning Leads
8	Service Access	IT & Digital Technology	Delivery of plan and training for patients on how to use any self-care technology, training on how to use Skype technology for virtual appointments and alternative options for patients who are unable to use technology.	Head of IT
9	Staffing	Develop a staff training plan	Ensure all staff across Stockport receive equality & diversity training, and are aware how to access support services (ie interpretation and translation services).	Director of Corporate Affairs, Policy & Relationships

10. Partnership Involvement Network

Across England many health and social care organisations are working ever more collaboratively to deliver joined-up and consistent involvement with local communities. In Greater Manchester Tameside and Glossop have led the way in introducing a new model of engagement and involvement and Stockport is building support to develop a similar approach.

The proposal is being developed to evolve local engagement which is currently delivered by each organisation separately, into a new Partnership Involvement Network that would be part of a strategic system-wide health and care partnership.

The aim of the Partnership Involvement Network (PIN) proposal would be for it to become part of a partnership approach to provide the patients, carers and local communities with a structured method to influence the strategic planning and development of health and care services and to co-produce issues and ideas.

The key principles behind the proposal for a Partnership Involvement Network (PIN) would be to:

- Actively involve the public, patients and other stakeholders in shaping local services;
- Work collaboratively across public and community sectors so that involvement is joined up across Stockport;
- Continually ask ‘What Matters’ to the public, patients and other stakeholders when planning and shaping local services.

The new network will establish a coordinated and collaborative forum for people and organisations to ensure their voices are heard and give the opportunity to learn about and influence to the development of public services.

Next steps
The proposals to set up a Partnership Involvement Network will be coproduced and developed with local partners and would become a central strategic involvement forum for representative organisations and individuals across Stockport.

11. Risks log

Below are the potential risks and mitigations that need to be considered in the delivery of public involvement.

No	Risk	Description	Mitigation
01	Negative media	Potential for negative media stories relating to engagement or commissioning decisions	Media issues to be managed and appropriate statements provided.
02	Engagement	Potential for gaps in communications or misinterpretation of information	Provide information through a variety of channels to reduce any potential gaps
03	Engagement	Uncertainty or confusion during process for individuals or communities.	Ensure FAQs and information is available online for staff
04	Delivery of involvement	Ensure public are informed early of any plans or updates to maximise involvement/	Must provide access to support information throughout the process
05	Other partners	Ensure the coordination of involvement activity by other partners are planned to avoid confusion.	Manage engagement with other communications leads
06	Engagement	Limited resources within the to deliver detailed involvement and engagement projects.	Identify area leads within the system.
07	Engagement	Failure to regularly and meaningfully listen and involve individuals, communities and groups.	Ensure clear priorities and processes are in place to support and engage with local communities.

12. Conclusion

The Involvement and Engagement Strategy will lead and shape participation and shared decision-making across the diverse communities of Stockport.

It is essential to work closely with patients, service users, carers and communities who have experience of using health and care support or services to make improvements in how that care is planned, organised and delivered.

Locally the aim will be to engage and involve staff and the public by:

- **Asking** *What Matters most when receiving health and care services*
- **Listening** to *What Matters to patients, service users, carers and communities*
- **Doing** *What Matters to improve the way health and care is delivered.*

The outcome will be to demonstrate how local engagement can make a real difference by increasing how communities can be involved in shaping services and decision-making.

Contributors in developing the Involvement and Engagement Strategy

The Involvement and Engagement Strategy has been developed in partnership with a range of individuals and organisations including:

- Parents in Partnership (PIPs)
- Citizens Representation Panel (CRP)
- Stockport Healthwatch
- Stockport Clinical Commissioning Group
- Stockport Council
- Stockport Neighbourhood Care
- Stockport NHS Foundation Trust
- Pennine Care NHS Foundation Trust
- Viaduct Care
- Mastercall
- Action Together