

**NHS South East London Clinical Commissioning Group**  
**Patient and public engagement development**

**1. Purpose**

- 1.1. This paper sets out the issues for consideration as the NHS South East London Clinical Commissioning Group (CCG) further develops its approach to engagement ensuring that our engagement approach builds on the work at borough level working within local care partnerships (LCPs) and develops with partners across south east London as we move towards being an Integrated Care System (ICS) which is expected to come into being April 2022 after legislation.
- 1.2. The paper sets out progress to date in developing the CCG's approach to engagement, issues for further consideration and proposed next steps. It will be further developed after discussions with the wider communications and engagement team, commissioning and transformation leads, the Engagement Assurance Committee before being discussed with the CCG executive team and the ICS executive.

**2. Progress to date**

- 2.1. The CCG started its central activity on developing its engagement approach in June 2020 and established four task and finish groups with members of the public:
  - Engagement Assurance Committee
  - Digital engagement
  - Non-digital engagement
  - Covid-19 impact on south east London's communities
- 2.2. A set of [engagement principles](#) was developed by the digital and non-digital task and finish groups and agreed by the Governing Body in September 2020. The principles build on best practice, evidence of what has worked well and support legal requirements for engagement and consultation.
- 2.3. The [Engagement Assurance Committee](#) has been established through a robust development and recruitment process. It is a committee of the Governing Body to provide robust governance around engagement and it is not a forum for engagement. An introductory meeting took place on 7 December 2020 and two committee meetings took place in January and March 2021.
- 2.4. The [recommendations](#) from the task and finish meetings were agreed at the first meeting of the Engagement Assurance Committee. These include:

- Focussing on overcoming barriers to health care and wider health inequalities
  - The importance of empowering local people and communities
  - The importance of partnership working to reach people, help address issues of trust, understand feedback and intelligence, explore options for face to face engagement activity and other non-digital means of engagement
  - The need for the CCG to continue to develop its digital framework and explore options for digital platforms to support engagement and also explore sources of support for people to access digital technology
- 2.5. An [evaluation](#) of the task and finish process was undertaken and is published on the CCG website.
- 2.6. The CCG has invested in an engagement platform which offers multiple feedback tools (e.g. surveys, quick polls, moderated discussion forums etc) to support public and patient engagement. The CCG will be developing the use of this tool as an engagement tool at both CCG wide and local care partnership level during quarter one. It is anticipated that the platform would be developed into an engagement platform for the ICS. Over time a People's Panel could be developed and hosted within the online platform.

### **3. Engagement activity**

- 3.1. In addition to developing its engagement approach, the CCG has carried out engagement activity with local people and communities and this has focussed on recovery planning and building confidence in the Covid-19 vaccine programme. Engagement in recovery planning has taken place at borough level to reflect the fact that local care partnerships are developing and delivering their individual recovery plans specific to each borough.
- 3.2. Engagement to inform the communications and roll out of the vaccination programme has also focussed on borough level activity across partners within the ICS as this is where relationships with local people and communities exist. In addition, a series of webinars for faith leaders, voluntary and community sector and community champions also took place at a south east London level.
- 3.3. A range of methods have been used to understand views and engage with local people in recovery planning and the vaccination programme and these include:
- Working with partners to map and understand access to and experience of health and care services, experiences and behaviours during the pandemic and attitudes towards the vaccination
  - Outreach to faith groups, voluntary sector and community groups, residents associations and forums

- Taking part in partner organisations' events and community conversations in response to Black Lives Matters and the vaccination programme
- Organising listening events, webinars, panels and Q&A sessions
- Working with community champions
- Collecting and listening to people's stories

#### **4. Engagement good practice**

4.1 In order to consolidate and build on previous good practice both within predecessor organisations and during the pandemic, the CCG needs to:

- ensure that the views and experiences of local people are at the heart of our work enabling the building of more holistic person centred care
- ensure that engagement is an empowering process for those involved
- establish our engagement mechanisms across the organisation at both borough and south east London level, ensuring we engage with our diverse communities in a continuous dialogue across south east London to understand issues and address health inequalities
- strengthen the engagement culture and capability across the organisation – ensuring we have robust processes to undertake and demonstrate action as a result of engagement
- meet our statutory requirements (which currently includes holding providers to account for their engagement activity but, as we develop as an ICS this is likely to develop into working more collaboratively around engagement)
- establish engagement mechanisms with our partners that will inform our developing integrated care system (ICS)

4.2 Engagement should be seen as an empowering process across a continuum from information giving to co-production enabling people to engage at the level that they want with the emphasis towards developing a strategic approach to co-production which can be rolled out and adapted across programmes.

4.3 The emerging vision for strategic co-production in south east London is that people with lived experience are work within the system to truly shape how services are organised so they work for local people. Coproduction is at the heart of the Personalised Care agenda and in south east London we are committed to developing this across the system, working with partners, initially focussing on people who use mental health services and learning disabilities.

#### **5. Issues for consideration**

5.1 The pandemic has brought into sharp focus the inequalities experienced across communities and highlighted the importance of joined up work with local people and partners at both borough and south east London level to address these. It is critically important that the learning from working with local people, communities and

partners enables statutory partners to reframe its relationship and ways of working with local people whilst addressing wider health inequalities so that we are 'working with' rather than 'doing to' local people.

5.2 The link and close working between the Engagement Assurance Committee and the CCG's Equalities Committee is fundamental to support work to address health inequalities.

5.3 As the CCG moves forward to consider broader engagement work addressing recovery and transition to an ICS, the CCG, with partners, needs to consider its approach and mechanisms for engagement at a number of different geographical structural levels as well as maximising the opportunity of working with system partners:

- Neighbourhood / PCN
- Borough / local care partnership
- south east London wide / provider collaboratives

5.4 The approach needs to consider:

- the importance of local relationships
- the neighbourhood or geographical area people associate or identify with
- the need to prevent duplication of effort and make best use of skills
- the remit and reach of the programme of work the engagement activity is supporting.

5.5 The system will need to engage local people on proposed changes as we move towards becoming an ICS as well as in future work programmes.

5.6 The system also needs to consider how we take forward the five success factors for communication and engagement outlined in the [NHS Confederation document: \*Building Common Purpose: learning on engagement and communications in integrated care systems, December 2020\*](#):

- Embed a strategic approach to engagement and communications
- Adopt systematic approaches to continuous relationship building
- Develop a shared vision and narrative and make it real
- Embed open, transparent, and two-way engagement approaches
- Develop engagement and communications leadership, capacity and expertise

5.7 NHS England and NHS Improvement (NHSE&I) will be providing implementation support for ICSs working with people and communities in June 2021 which will provide principles, guidance, expectations and advice for how ICSs work with local people and communities.

5.8 The emerging NHSE&I principles are:

- Use public engagement and insight to inform decision-making
- Redesign services and tackle system priorities in partnership with staff, service users and carers
- Work with Healthwatch and the voluntary, community and social enterprise sector as key transformation partners
- Understand your community's experience and aspirations for health and care
- Reach out to excluded groups – especially those affected by inequalities
- Provide clear and accessible public information about vision, plans and progress to build understanding and trust
- Use community development approaches that empower people and communities, making connections to social action

## **6. Next steps**

6.1 This draft of the paper is being discussed at the Engagement Assurance Committee on 17 May and will also be shared with the wider communications and team for their views.

6.2 Conversations are also taking place with commissioning leads of planned care, cancer, long term conditions, maternity and urgent and emergency care to understand their programmes of work to help map out engagement required and whether this is at south east London level or borough level.

6.3 Conversations are also taking place with the personalisation team to explore how the engagement team can support the development of a core-production approach.

6.4 As work continues across to develop an ICS Health and Inequalities Strategy the engagement team will continue to work with the Equalities Committee and the Engagement Assurance Committee to support this work.

6.5 The engagement team will develop the digital engagement platform as a tool to be used in upcoming engagement activity.

6.6 The CCG will review the NHSE&I implementation support for ICSs working with people and communities once it is available in June.

6.7 The CCG will incorporate this guidance in to a new strategic framework that sets out the engagement approach for south east London.