

Patient and Public Engagement Strategy 2020-2022



North Central London Patient and Public Engagement Strategy 2020-22

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1. Introduction

In April 2020, the five Clinical Commissioning Groups across Barnet, Camden, Enfield, Haringey and Islington came together to form North Central London Clinical Commissioning Group (NCL CCG). The CCG plans and pays (also known as commissioning) for a range of health and care services across five diverse boroughs for a population of over two million people.

Not only do we have a statutory duty to engage patients and residents when considering service changes or developments for North Central London, the CCG recognises the vital importance of listening to and involving residents, service users and patients in our commissioning work.

Our organisation will be more effective if we involve the people we serve, and collaborate with them in the design and delivery of strong public services. Good engagement can support the delivery of value for money, by ensuring services are accessible to those most in need and thereby helping to reduce inequality and improve lives longer term. To do this, our approach cannot just rely on those who have the time and inclination to participate.

We want to build on the strong foundation laid by the five legacy CCGs to expand and continue to improve our patient and public engagement. We are committed to investing in patient and public engagement activity to ensure our plans reflect the needs and priorities of our population, tackle the inequalities still experienced by some communities and help everyone living in North Central London to start, live and age well.

The Patient and Public Engagement Strategy 2020 - 2022 sets out:

- Our patient and public engagement objectives and principles
- How we will meet these objectives and principles through our engagement approach
- How we will measure and assure our work.

The Strategy is designed to serve as an overarching framework to ensure that high quality patient and public engagement work is embedded across the CCG, at various levels of delivery. As a relatively newly formed organisation, with a five-borough geography, the Strategy will support us to focus the right resource in the right places to achieve our aims and uphold the principles set out below.

Delivering against the Patient and Public Engagement Strategy across 2020 – 2022 will also make a strong contribution to ensuring that residents are all treated fairly and equally, in line with our duties under the Equalities Act 2010. The North Central London CCG recognises and values the benefits of difference, and the engagement aims, principles and approaches set out in this document are designed to ensure we embrace diversity in all its dimension.

Delivering patient and public engagement in partnership

Importantly, although the Strategy is for the CCG, the aims and principles set out here will also underpin all engagement work that we undertake collaboratively with partners.

The North Central London Integrated Care System is a partnership of NHS organisations (including the CCG, hospitals, community health services and general practices), Councils and voluntary and community partners in our five boroughs. Detailed information on the partnership and its' plans can be found [here](#).

The Integrated Care System is committed to helping all residents to start well, live well and age well, and is developing plans to deliver the ambitions set out in the NHS Long Term Plan (2019), and Covid-19 response and recovery plans for North Central London.

An important focus will be how we deliver patient and public engagement at NCL-level, and also within the five borough-level Integrated Care Partnerships. The CCG will champion the importance of engagement in shaping priorities and plans set by the System.

The CCG will ensure we uphold, promote and adhere to the principles set out below, when we are working within borough and NCL-level partnerships. We will seek to strengthen the ways, as a system, we listen to communities and ensure their diverse voices are heard.

Patient and public engagement during the coronavirus (Covid-19) pandemic

This year (2020) has been dominated by Covid-19, an unprecedented pandemic that has required the health and care system to respond rapidly to ensure that the right services are available to both those with Covid-19 and those with other health and care needs. The speed and scale at which the North Central London health and care system has needed to respond has meant we have had to adapt our usual approaches to engaging with residents and to delivering service changes.

However, we have and will continue to engage with our population to understand the impact of Covid-19 and ensure our plans are built around the needs of residents. This is crucial to ensuring we can best support patients during the pandemic and that plans for 'building back better' are rooted in community priorities.

There is clear evidence to show that Covid-19 is having a disproportionate impact on the health and wellbeing of our Black, Asian, Minority Ethnic and Refugee (BAMER) communities. Communities already experiencing health inequalities have seen these further exacerbated by Covid-19. Our 2020/21 and 2021-22 engagement will continue to include a strong focus on engaging and working with BAMER and other communities that experience health inequalities or face barriers to accessing care, and building resilient communities.

It is important to recognise that the pandemic will have long-term and wide-ranging impact on our communities, with disproportionate impact on the most deprived. The way the NCL CCG – and the wider health and care system - delivers services, as well as the methods we use to engage with residents and patients, will need to reflect this.

The health and care system will not return to pre-Covid 'business as usual' and it will be crucial to involve and bring people with us as we design health and care services for the future. In doing so we will uphold the principles set out in this document, and look to use a range of engagement methodologies - including greater deliberative and participative models, such as Citizen Assemblies. The CCG will work towards this goal in partnership within the North Central London Integrated Care System.

2. Our Patient and Public Engagement Objectives

We have defined four objectives for our patient and public engagement work. These are based on the strong foundation established by our five legacy CCGs, insights from our residents, and our statutory duties. They are:

1. We will involve and engage residents and service users in our work, from commissioning decisions to healthcare service design to the delivery of community wellbeing projects
2. The range of voices informing our commissioning will reflect the diversity of our communities, including those who are socially excluded, vulnerable or experience the worst health
3. People will be supported to look after their own health, including through enabling access to wellbeing and self-care opportunities across North Central London
4. Our communities will feel informed about and involved in our plans, policies, strategies and activities, and community and engagement work, across North Central London.

Although, this year has brought unprecedented challenges, both in terms of how services are accessed and delivered as well as how we have been able to work with our local communities, we remain committed to our engagement objectives and principles in 2020. We will maintain this commitment in 2021/22 and beyond.

Our annual patient and public engagement work programme will be evaluated against these objectives. Our objectives will also make a strong contribution to ensuring that residents are all treated fairly and equally, in line with our duties under the Equalities Act 2010.

3. Our patient and public engagement principles

We are committed to ensuring the following principles for patient and public engagement are upheld by all parts of the organisation, and throughout our commissioning cycle. Our principles are closely aligned, and complement, those held by the NCL Integrated Care System (NCL ICS):

1. We recognise our local communities and patients as equal partners, at the heart of our work
2. We are proactive in enabling residents to engage in dialogue with us, particularly reaching out through the community groups and local networks they already participate in
3. We proactively seek participation from and work with those who experience the highest health inequalities and will meet their diverse information and communication needs

4. We recognise the skills, strengths and assets within our local communities creating community engagement projects which are about working with, rather than doing to
5. We are open, honest and transparent when we are developing plans, in the way we work, and in explaining our decisions and about any constraints informing any of these areas
6. We recognise the strength of our voluntary and community sector partners, building these relationships and investing in the sector both as a way to hear local voices and a way to improve the health and wellbeing of our local communities
7. We evaluate the impact of our community engagement work, learning from previous projects to continuously improve the reach and impact of our engagement
8. We always feedback and share with the local community how their involvement has impacted service and project design or development, demonstrating how they are valued.

Additionally, we are committed to the principles in the NHS Constitution. We will translate these values into our local engagement plans.

Supporting our Equality and Diversity duties

We have a duty to reduce inequalities in health and wellbeing that continue to exist across our five boroughs, and a key part of our insight work is to engage with and listen to people who often go unheard and yet can be among the most vulnerable in our communities. This work supports the wider Equality, Diversity and Inclusion work undertaken by the CCG.

Often the experiences of using services and the health and care system is that it is difficult to access, understand and does not meet their needs. It is essential that we reach out to, and include, people who face barriers to accessing services or may be considered vulnerable, and that any engagement and research we undertake includes a representative mix from our local community. Exploring the issues of digital inclusion and exclusion through our engagement work will be an important part of this, particularly learnings from the Covid-19 pandemic experience.

As outlined in section 4.4 below, our engagement work will support the CCG's ambition to help all residents to live well in North Central London, with a focus on groups experiencing the greatest inequalities, the nine protected characteristics (Equality Act) and socially included groups.

4. Our patient and public engagement approaches

We recognise the diversity of North Central London across the communities we serve. We commit throughout our engagement work to explore the best method(s) that will reach our local communities and elevate their voices. We will use a range of these engagement methods throughout our work, and have outlined some of the key approaches below.

4.1 Engagement

Proactively seeking the views of residents through engagement provides rich insight into our local communities' lives, their concerns, needs, understanding and skills. Engagement will be

undertaken in a variety of ways - including 'traditional' public events, focus groups and surveys as well more contemporary social, digital and mixed media approaches. The information gathered is fed into our commissioning cycle and helps inform and shape our commissioning, transformation and integration plans, improving the quality of our services and patient experience within them.

We will ensure we build on Covid-19 pandemic learnings to embed what has worked well in terms of online engagement, but also to ensure that digital exclusion issues are given significant weight when planning engagement work.

Deliberative and participative models:

We will look to deliberative and participative models, such as Citizen Assemblies, to underpin large-scale service transformation programmes. As these models are considered, developed and adopted we will ensure they are informed by culturally competent methodologies and so do not replicate current gaps in engagement with BAMER communities.

4.2 Co-design and co-production

Co-design and co-production both builds on and focuses our engagement work. It places greater emphasis on working in partnership with the local community, making decisions that are made with them and working together to solve problems. Co-design and co-production projects will focus on a specific topic or service, working in partnership with patients and the community so that they are an integral partner in service design (whether commissioning, developing or decommissioning), procurement and evaluation.

4.3 Consultation

Consultation is a formal and statutory process we must undertake if we propose a significant change to or decommission a service.

We commit to speak with and listen to local communities from the very start of the process; this includes those who most use the services, face significant barriers to accessing services or face the highest health inequalities. We explore their needs, concerns and hopes for services and this feeds into and shapes any proposed service changes. Additionally, we use the intelligence from community engagement we already have, so that we make the most of people's time and respect their valuable contribution throughout the year.

As a final step in the consultation process we are committed to sharing proposed plans for service change with local people, demonstrating how their feedback (alongside other evidence basis and needs) has shaped the proposals and evaluating their insight on the details of the proposed service change.

4.4 Supporting communities to live well

The CCG, as a partner within the NCL Integrated Care System, is committed to delivering the ICS aim of helping residents to 'live well'. This recognises the significant impact of wider determinants of health, and the value of enabling self-care and investing in prevention. Helping

residents to navigate the complex health and care system, including through access to local social prescribing services, is an important part of this.

Although much of this will be achieved through how the CCG prioritises, plans and delivers services, engagement and co-design / co-production has an important contributory role. The Strategy is designed to support the CCG to listen to local communities, and ensure their insights inform how we invest in services that reduce inequalities and improve access to services that support health and wellbeing.

The reasons that some people may access services late, or only when they are in crisis, are wide ranging and complex. Through listening to residents, and partnering on programmes with our voluntary and community sector, we can take a more holistic view of communities' needs. This is crucial to building sustainable and thriving communities.

Our work will be informed through ongoing resident and partner conversations but will include a focus on:

- Reducing barriers to service uptake and giving residents better access to support earlier;
- Informing decisions on where to invest in free or subsidised community activities;
- Strengthening services that support self-care and help residents easily access both local support and the wider statutory system, embedded these services within communities.

5. Annual work plan

For 2020, our work plan has largely focused on NCL Covid response and emerging recovery plans, and essential CCG commissioning engagement work.

An annual patient and public engagement work plan to support the delivery of the Strategy will be developed for 2021-22. The plan will be aligned to the priorities set out within the CCG's 2021-22 business plan, plus Integrated Care System and Integrated Care Partnership priorities.

The annual work plan will be updated throughout the financial year to ensure it remains aligned to the CCG's priority work, with oversight by the Patient and Public Engagement and Equality Committee. The Strategy and work plan will be publically available on the CCG's website.

6. Resource

NCL CCG is committed to ensuring there is sufficient staff resource and funding to deliver the annual patient and public engagement work plan, in two ways:

1. The NCL CCG Communications and Engagement team will support the organisation to forward plan, deliver and report on patient and public engagement activity
2. We will also maintain the principle that CCG commissioning teams should budget for engagement and co-design/co-production activity (including external agency support on large scale projects) as necessary, and particularly for service change and transformation programmes requiring consultation.

Importantly, NCL CCG recognises that local voluntary and community sector involvement in a range of patient and public engagement work is envisaged. When we ask these sectors to support engagement and involvement activity, resource proportionate to the level of activity will be made available for this.

We will review the reimbursement / patient engagement allowance policies held by our legacy CCGs to produce one policy for NCL CCG, in line with national guidance and good practice.

7. Training & support for commissioning teams

The communications and engagement team will offer training and tools to support CCG teams to deliver high quality engagement work and, overall, develop a good level of CCG knowledge re: different methodologies (e.g. engagement, co-design, consultation). This will be aligned with training on delivering our Equality Duties, such as undertaking robust Equality Impact Assessment.

One of the benefits of building engagement skills across our commissioning teams is that it places engagement at the heart of how we plan and deliver our work, and means that residents can speak directly with the people developing plans and making decisions.

8. Governance

Approval of the CCG's Patient and Public Engagement Strategy sits with the NCL CCG Governing Body. Oversight for assuring the delivery of the Strategy, and accompanying annual work plan, is delegated by the Governing Body to the Patient and Public Engagement and Equalities Committee. This will be considered by the Committee jointly alongside the CCG's Equality, Diversity and Inclusion Strategy Framework, to ensure the interests of all residents are well served through the governance process.

Engagement work aligned to the CCG's business plan priorities will be reported to and assured via the Committee. The Committee is also responsible for ensuring that CCG meets the requirements set out in the annual NHS England and Improvement Assurance Framework, with a commitment to achieving a good or excellent rating. The Committee will also ensure CCG plans are shared, and where appropriate agreed by, Health and Overview Scrutiny Committees.

All other CCG committees will also ensure that proposals and decisions are resident-sighted, and papers brought to committees will be required to demonstrate robust evidence of patient and community engagement, where relevant.

As part of our commitment to good governance the CCG has also established the role of Community Member, a voluntary and non-remunerated role, to sit on six of our Committees. Through an open recruitment process in 2020, we have appointed 13 individuals with differing backgrounds who will bring a diversity of insight and experience, independent perspectives and objectivity to the work of these Committees. Community Members may also participate in other short term working groups and projects.

9. Evaluation

The NCL CCG is a relatively new organisation. In 2021/22 we will further develop our processes to forward plan, report on and evaluate all patient and public engagement work being undertaken by the organisation. As part of this, we will develop evaluation metrics that reflect our engagement objectives, including evaluation of the inclusivity of our engagement.

We will seek opportunities to involve other organisations (e.g. voluntary and community partners) and residents in evaluation activity, both in defining evaluation metrics and to assess our delivery of these. We will also look to learn from innovative best practice around service user research and evaluation models.

Reports brought to the Patient and Public Engagement and Equalities Committee will include analysis of these evaluation metrics.

Appendix: Examples of engagement projects

Work area	Examples
Engagement	<ul style="list-style-type: none"> • Camden: outreach work with Healthwatch on specific topics to give as many people in the community as possible a chance to engage e.g. NHS Long Term Plan, digital health and young people’s mental health. • Haringey: a large public meeting every year, commissioned through the Bridge Renewal Trust and Public Voice. Residents get the opportunity to meet CCG clinical leads, as well as commissioners, and share their experiences and ideas on a range of services and how they can be developed to meet the needs of the local population. • Barnet Mental Health Hub connection event: Working with the Barnet Wellbeing Hub, the event explored how we could better empower people to give their feedback about mental health and wellbeing services and how we could make better use of feedback, comments and experience of those using services. Attendees have subsequently been involved in the development of a crisis café for Barnet.
Co-design	<ul style="list-style-type: none"> • Islington Community research and Support programme: Working with our local voluntary and community grassroots organisations we commission an annual research and support programme gathering vital insight into our most vulnerable residents’ lives, and their experiences of accessing health and care services. Through this programme we are able to more effectively understand the challenges they face, whilst directing and supporting them to the appropriate service of support that they need. • Haringey Patient Participation Group engagement programme: The CCG has commissioned a dedicated engagement post at Public Health Haringey to develop, expand and diversify patient voice in Haringey. Working with existing patient participation groups, GP practice staff and Primary Care Network (PCN) Clinical Directors they will recruit new and existing patient representatives to become Patient Leaders representing the views of patients at the Borough Partnership, PCN Locality

	<p>and Neighbourhood levels. Through providing induction, training and development opportunities this will enable them to engage in co-design processes and patient representation.</p>
Consultation	<ul style="list-style-type: none"> • Transforming Mental Health Services in Camden and Islington: Camden and Islington NHS Foundation Trust began the process early speaking to service users about their experiences of and needs for community and inpatient services. These views were fed into the initial service development plans. Further engagement took place as the plans developed and this insight was used as evidence. Finally the CCGs and Trusts consulted with service users and local people on proposed plans. Throughout the process engagement was undertaken through a range of community meetings, public meetings, targeted engagement and outreach working with resident groups, voluntary and community sector, Healthwatch organisations and local people. The consultation was given best practice by the Consultation Institute and the process commended by Camden and Islington Overview and Scrutiny Committee. • To inform the decision to move Moorfields Eye Hospital's City Road services to a brand new centre, NCL CCG and Moorfields held a public consultation on the proposals. The team attended over 100 meetings to discuss the proposals from 24 May to 16 September 2019. The public consultation engaging the public, stakeholders and ensured that the 173 local authorities and scrutiny committees had the opportunity to engage. Ophthalmology is a clinical speciality where services and care could be provided more efficiently in partnership. The new purpose-built integrated facility offers an opportunity to enhance eye health care for patients. • Barnet - relocation of Ravenscroft Medical Practice to Finchley Memorial Hospital: Prior formal consultation, discussions were held with various key stakeholders e.g. individual local councillors, the Mayor of Barnet, Healthwatch Barnet; the Barnet Health Overview and Scrutiny Committee; and MPs. The medical centre conducted discussions with patients to inform their business case. The formal consultation included direct engagement with Ravenscroft Medical Centre patients, a public questionnaire and 13 engagement sessions.
Supporting residents live well - self-care and navigation	<ul style="list-style-type: none"> • Islington community wellbeing projects: A series of estates based community projects that are commissioned and delivered in partnership with Islington Council, two housing associations, voluntary and community sector (Help on Your Doorstep lead the delivery of the projects) and Cripplegate a grants funding organisation. The projects work with the local community including employing local people, supporting them to deliver a huge range of wellbeing interventions that create an enriched sense of community and support improved health and wellbeing outcomes. An essential group of projects that meant when Covid-19 hit some of the most vulnerable in the community had direct and speedy access to support such as food and medicine deliveries as well as services which tackled social isolation. • Enfield: A new NCL Director of Communities role has been established to lead a co-ordinated, multi-faceted, systematic approach to driving forward our work on addressing health inequalities – ensuring that we unfailingly apply this lens to everything we do as a CCG. An early focus will be given

to Enfield given the historic funding and equalities challenges in the borough. The next steps for the inequalities programme will entail engaging widely on a prioritised programme developed around four key elements:

- Identifying need – data and community experience
 - Identifying costs and prioritising interventions
 - Developing our decision making to support equality
 - Cultural shift and leadership
- NCL: Focused engagement is taking place to address low uptake of winter flu immunisations in black and minority ethnic communities.
 - NCL: A recovery engagement piece is taking place across boroughs, exploring inequalities, digital exclusion and the impact of COVID-19 on our vulnerable communities.
 - Islington Help on Your Doorstep navigators: working with GP practices to help patients access a wide range of non-medical, social welfare support. They have links to over 100 community-based services that can help people with social issues, employment support, welfare rights and debt advice amongst many other services. They hold weekly open sessions in five practices across Islington, GPs can refer directly to them and people can also access services at one of five of their offices across Islington borough.
 - Haringey GP link workers: work alongside GPs in their practices to support patients to understand their health and social needs and connect them to solutions or services they could benefit from, e.g. connecting people to exercise classes they might enjoy and help them get fitter, or to help them navigate the health and care system. The GP Link Workers are one of many other types of 'social prescribers/community navigators' working in different settings and with different groups and communities in Haringey but all of whom connect people to solutions and services to help meet people's needs. The CCG and Haringey Council have worked with voluntary sector organisation Bridge Renewal Trust to form a peer support group called 'NavNet' which brings together the 45+ navigators operating in Haringey to share information about solutions and available services for residents across the network.
 - Barnet: The CCG worked in partnership with CommUnity Barnet to host the "Self Care: Live Self Care for Life" event. There were presentations and demonstrations from local services and an interactive question and answer session that allowed those joining to contribute and learn more.
 - Barnet winter services leaflet: The CCG worked with Healthwatch Barnet to update our winter services leaflet for patients and the public for 2019/20. Following feedback from local residents asking for better information on local services, we were keen to distribute it as widely as we could across the borough. The leaflet was sent to all GP practices, pharmacies, libraries and health centres in Barnet. The CCG also linked with voluntary and community groups to distribute the leaflet including: CommUnity Barnet, Healthwatch Barnet, Age UK Barnet, Red Cross Barnet, Parent Carer Forum, Middlesex University, London Borough of Barnet's People Bank, Multifaith Forum, Barnet Wellbeing Hub and the Barnet Patient Participation Network. Via social media, we targeted @Saracens, @Barnetmums, @betterbarnet, Finchley mums and dads, @lovebarnet.

