

NHS County Durham Clinical Commissioning Group Involvement Strategy 2021 - 2022

Contents

Foreword	1
What is set out in this strategy document?.....	2
What is a Clinical Commissioning Group?	2
How we have developed our approach to involvement.....	2
Context for our Involvement Strategy	3
Working in partnership with our communities	4
County Durham Health and Care System	5
Setting out how we intend to move forward	6
COMPACT	7

Foreword

Welcome to the NHS County Durham CCG Involvement Strategy 2021- 2022. This strategy has been produced as part of the plans for how the Clinical Commissioning Group (CCG) will deliver its statutory function regarding patient and public involvement, and communications over the next year.

We need to recognise that since the pandemic from early 2020, many aspects of health and care services have been impacted, affecting the way that they operate. Similarly, the way local NHS commissioners are able to connect with our population in conversations about local needs and priorities have been affected.

For the purposes of this document, we will be using the term 'involvement' to cover the various elements of our work where we communicate with people across County Durham, engage them in conversations about their views and experiences of local services, as well as undertaking formal consultations in relation to specific proposals that are put forward.

What is set out in this strategy document?

Included in this document is information about the principles which set out the foundations for how the CCG intends to conduct any involvement activities during 2021 – 2022. This has taken the form of a 'Compact' between health and care organisations as well as patient groups across County Durham. A copy of this is included within this document.

Subsequent documentation will be provided in relation to the individual pieces of work and the detailed approaches required for the appropriate delivery of that project.

Also included, you will find summary information about the evolving nature of health and care commissioning to set out the context that this work will operate within locally.

Other documents and information which you may find useful to read alongside this one are:

- [NHS England Integrating Care](#)
- [County Durham Joint Health and Wellbeing strategy \(2020 – 2025\)](#)
- [County Durham Vision 2035](#)
- [County Durham Joint Strategic Needs Assessment](#)
- [County Durham Plan](#)

What is a Clinical Commissioning Group?

Clinical Commissioning Groups are NHS organisations that are responsible for the planning and purchasing of healthcare services on behalf of local people.

County Durham CCG is responsible for commissioning physical and mental health care for the population within the boundaries of Durham Dales, Easington, Sedgfield and North Durham. This includes people who are registered with a GP practice and those who are not.

We are a membership organisation made up of all GP practices in Durham Dales, Easington, Sedgfield and North Durham localities. This means that all general practices get to have a say in how local health services are delivered

County Durham Clinical Commissioning Group (CCG) was formed on 1 April 2020 to bring together responsibilities for health services in the geographical areas of Durham Dales, Easington, Sedgfield and North Durham.

How we have developed our approach to involvement

This strategy has been produced through working collaboratively with a number of partners directly involved in supporting the involvement approaches of the CCG. Specifically, this has been developed through on-going dialogue with communications and engagement teams from Durham County Council, County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust. Healthwatch County Durham staff have also been directly involved in this process.

This collaborative approach was central to the CCG's commitment to enhancing the integrated arrangements in County Durham and being mindful of the requests that our population receive for their opinions.

Alongside this, the CCG has taken opportunities to hear from community and voluntary sector partners as we value their input. We recognise that these groups are expertly placed to help advise the CCG regarding where and how it can be most effective to reach out to our population. The insights from these conversations will also specifically influence where and how future conversations are conducted.

Equally, our existing patient group members and their views have been captured (through an agreed partnership approach with Healthwatch County Durham) to add their perspectives in to how we plan and prepare for future conversations.

The CCG also reached out to its residents to hear what methods they felt were most appropriate and effective in relation to having conversations at this time. The CCG recognises that this process in itself was restricted by the persisting social distancing guidelines that were present at the time but were extremely grateful for the time and insights people were able to provide on this subject.

In addition to all of this, there has been a significant amount of learning from the past 12 months. Recognising the limitations that we have all been facing throughout 2020 and into 2021, the CCG wanted to take the opportunities outlined above to build plans for the future that helped to take this into consideration.

Context for our Involvement Strategy

Across the commissioning and delivery of health and care services in County Durham, significant steps have been taken over recent years to effectively integrate services for our population. From April 2020, a new integrated commissioning team formally brought together staff from the CCG and Durham County Council for the first time.

Across the country, commissioning structures are specifically evolving in response to [NHS England's paper on Integration](#) that was published in November 2020. Included in this paper are specific references to developments in commissioning arrangements which should enable;

1. ***decisions taken closer to the communities** they affect are likely to lead to better outcomes;*
2. ***collaboration between partners in a place** across health, care services, public health, and voluntary sector*
3. ***collaboration between providers** (ambulance, hospital and mental health) across larger geographic footprints*

The paper from NHS England also clearly sets out that there will be a focus on commissioning at 'place' which for the CCG would be County Durham and align with the Local Authority boundary. Given the strong working practices that already exist across this

'place', we have a solid foundation from which to move forward to deliver this for our population.

[Primary Care Networks](#) (PCNs) are also recognised as being fundamental to the future development and delivery of services. Moving forward, the CCG involvement approaches will seek to enhance the ability for each of our 13 PCNs, to have effective dialogue with their population as they seek to place greater emphasis on prevention, population health and integration.

Locally, there are also a number of developments taking place which the CCG engagement team is directly connected with. In particular, the implementation of the Well-being approach across services and the emergence of 'County Durham Together' are key developments. As a member of particular working groups including those looking at co-production, the CCG engagement team is able to directly link these conversations into the practical approaches that are utilised across the County.

We recognise that given all of the evolution in health and social care as a result of the points above, in addition to the impact of the pandemic, this will be a period of transition for how we deliver our involvement across the County.

It is worth noting however, that through our well connected and established partnerships, we already have a significant amount of the building blocks in place to enable this to be delivered successfully.

Working in partnership with our communities

Within the CCG and our existing approaches to involvement, we already have a number of key partnerships which we intend to build upon in the future.

The strong patient and public voice that the CCG is able to connect with as part of our [Patient Reference Groups](#) as well as the [Patient, Public and Carer Engagement Committee](#) will continue to form a key element to the routine dialogue that is undertaken.

The CCG also has well established partnership working arrangements with many community organisations. These enable us to reach out to and routinely connect with key audiences, such as young people with [Investing in Children](#), family carers with [Durham County Carers Support](#) to name just two. As well as broader connections to those grassroots organisations across the County through our partnership with [Durham Community Action](#) and the population more broadly as we continue to work alongside [Healthwatch County Durham](#) in the work we do.

As part of the evolving integrated ways of working, the CCG will also be leading the work with [Inclusion North](#) for County Durham. This will enable us to examine how best to work with our population to provide robust approaches to individuals with Learning Disabilities and Autism and their families.

Looking outside of the specific CCG arrangements, there are significant opportunities to build on the success of colleagues in Public Health and their [COVID Community Champions](#) approach.

The CCG will continue to directly engage with each of the 14 [Area Action Partnerships](#) through our representation on their boards, but also as part of strengthening connections

with local communities and structures such as the Primary Care Networks (PCNs) that exist to support them.

County Durham Health and Care System

Working as part of a wider system for County Durham is recognised as the best way for us to maximise the collective resource available, deliver the greatest impact through our involvement approaches and to reduce unnecessary duplication.

Durham County Council

[Durham County Council](#) is the Local Authority for this area. It is responsible for delivering a [wide range of services](#) which range from waste and recycling services, leisure centres, schools, environmental issues as well as care and support services.

The Council powers are decided by Parliament and locally there are 126 councillors who are elected by County Durham residents every four years.

Public Health (Durham County Council)

[Public Health sits within the Local Authority](#) (Durham County Council) and is responsible for leading and managing an integrated delivery of service to protect and improve the populations health. This is specifically looking at aiming to reduce health inequalities – the differences in life expectancy and disease prevalence in certain areas.

County Durham and Darlington NHS Foundation Trust (CDDFT)

[County Durham and Darlington NHS Foundation trust](#) is the main provider of acute and community services for patients and the population of County Durham and Darlington. This NHS Foundation Trust provides a diverse range of services across eight sites, including University Hospital North Durham (UHND), Darlington Memorial Hospital (DMH), Shotley Bridge Community Hospital and Chester-le-Street Community Hospital. You can find full details about the [sites and the services](#) provided on the Trust's website.

Community Services: The community services for County Durham and Darlington are also provided through CDDFT. These include a [wide range of services](#) including District Nursing, Occupational therapy, Speech Therapy, Health visitors and more.

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)

[Tees, Esk and Wear Valleys NHS Foundation Trust](#) is the main provider of adult and children's Mental Health services, Learning Disability services and Eating Disorder [services for County Durham and Darlington](#). The trust also works more widely, providing services across Scarborough, Tees Valley, Whitby, Ryedale, Harrogate, Hambleton, Richmondshire and Vale of York).

North East Ambulance Services NHS Foundation Trust (NEAS)

The North East Ambulance Service NHS Foundation Trust (NEAS) operates across Northumberland, Tyne and Wear, County Durham, Darlington and Teesside. It provides an [Emergency Care Service](#) to respond to 999 calls, and a [Patient Transport Service](#) (PTS) which provides pre-planned non-emergency transport for patients in the region.

Healthwatch County Durham

The local patient and public body established from April 2013, Healthwatch County Durham acts as a point of contact for individuals, community groups and voluntary organisations when dealing with health and social care and has a representative seat on the Health and Wellbeing Board, CCG Governing Body and various sub-committees.

Healthwatch County Durham has a responsibility to find out what people think of their local health and care services, look into the concerns of the local community, as well as advise people to make healthcare choices by providing information to service users. For more information about Healthwatch you can visit their website on this link

<http://www.healthwatchcountydurham.co.uk/>

Health and Wellbeing Board

Health and wellbeing Boards were established in each local authority to promote integrated working across health and social care. The membership of the board in County Durham includes the CCG Chief Officer, a GP (from the CCG Governing Body), Public Health, Healthwatch County Durham and local councillors. For further details about the group and its meeting use this link; <http://democracy.durham.gov.uk/mgCommitteeDetails.aspx?ID=919>

The board aims to influence commissioning and strengthen local healthcare democracy and address other services that impact on health and well-being. It produces the [Joint Strategic Needs Assessment \(JSNA\)](#) and [Joint Health and Wellbeing Strategy \(JHWS\)](#) identifying local priorities for commissioners.

Setting out how we intend to move forward

The following section of this document sets out the key principles behind how County Durham CCG is approaching the way it plans, conducts and provides feedback in relation to its involvement activities through 2021- 2022.

These key principles, set out in the form of a Compact, have been developed through the on-going dialogue with key partners and audiences as previously mentioned.

From this foundation, County Durham CCG intends to build stronger ways of working as part of an integrated approach for the services and service users across County Durham.

Working as part of a wider system that will be able to appropriately and effectively capture and listen to the voices of people using our services, their family members and the wider community.

COMPACT

Health and Care system (commissioners and providers), Patient/ Public Representative Groups and Engagement Partners working effectively for the benefit of communities across County Durham

Purpose of this Compact

The aim of this Compact is to set out a simple framework for the working relationship between the health and care system, the patient reference groups and key partner agencies involved in engagement approaches in County Durham.

Each partner recognises the distinct and unique relationship between them and the others involved. This Compact takes account of these relationships and sets out the ways in which each partner will work together in delivering their respective objectives as part of the overall engagement framework across the County. In addition, it sets out what each partner directly brings to the working relationships. The Compact supports a clear framework against which future evaluations can be structured, to provide a clear basis for all about what is being expected and whether it has been achieved.

The Compact cannot override the statutory duties and powers of the CCG, Durham County Council and local providers or the objectives of the patient groups/ partners and is not enforceable in law. However, all partners agree to adhere to the shared purpose set out in this Compact and will show regard to each other's activities.

This Compact sets out the principles that the various partners will follow in the course of day-to-day working relationships. The Compact may need to be supported by protocols and other documents not included in this document which set out in more detail operational considerations of how each partner will work together.

Outcomes being worked towards

1. Shared understanding
2. Effective levels of engagement
3. Expanding reach, representation and connections
4. Appropriate governance and accountability

Considerations of what and how to measure

Quantifiable items: Some instances there will be distinct and quantifiable items that could be 'counted' as part of a measure.

Qualitative items: In some instances it will not be possible to 'measure' in the same way with number and may well need to look at the staff and members feelings / experiences to understand more about how they have found it and viewed the work undertaken.

1. Shared understanding

Undertakings from local health and care system

- Work collaboratively in developing plans and approaches to engagement.
- Provide briefings and updates on local and national developments and how they relate to delivery in a timely manner.
- Develop contextual information to enable participants to see the 'bigger picture' in terms of developments being presented.
- Enable specific speakers with working knowledge of identified topics to attend and present to groups across partner networks.
- Maximise use of organisation websites, social media and membership schemes/ contacts lists.
- Seek feedback from patients, carers and the public on experience of services and views on any plans for development.
- Feed information to central 'repository' for all partners to share.

Undertakings from patient representative group members

- Proactively help gather the widest possible range of patient experiences and matters and record the number of patient experience issues that are highlighted.
- Ensure that issues highlighted provide a picture of what is happening across all relevant localities to understand any variation or duplication in services.
- Help in disseminating agreed information and updates more broadly through the wider networks and groups that they are connected to (assist the health and care system with information about wider groups and networks that information is shared with as part of communication channels).

Undertakings from partner organisations

- Proactively utilise connections and networks to bring patient experiences and issues into the discussions and record numbers of issues highlighted where appropriate and able to.
- Draw upon the experiences of voluntary and community organisation staff (and their members/ users) to help inform CCG understanding of the pertinent issues for patients and families.
- Assist in sharing agreed information and updates out through their networks and contacts (provide health and care system with details of the wider groups and networks that information is shared with as part of communication channels).
- Feed information to central 'repository' for all partners to share.

2. Effective levels of engagement

Undertakings from health and care system

- Develop alternative methods for continual engagement with County Durham population.
- Identify joint ways of working to reduce 'consultation fatigue'.
- Identify and share information at the earliest appropriate opportunity.
- Bring items for discussion with groups with scope for influence.
- Seek opportunities for co-production with local communities.
- Record information from engagement activities that provides;
 - numbers of participants in the events / focus groups, surveys / outreach patient / service user interviews completed – providing greater depth / quality of feedback,
 - number of sessions and outreach / opportunities for comments and feedback that are held.

Undertakings from patient representative group members

- Members provide consistent attendance at meetings and active involvement in discussions that take place in meetings and online.
- To provide detailed information regarding any patient experience and the specific issues that need addressing before highlighting to the health and care system.
- Actively support wider efforts to undertake effective engagement with the County Durham population (as part of rolling programme or service specific work).

Undertakings from partner organisations

- Help bring together health and care staff with relevant voluntary and community sector organisations and their teams to encourage engagement.
- Enable the health and care system to undertake direct engagement with geographic or identified communities within County Durham:
 - either through partner staff directly, or
 - by enabling health and care system staff to make contact,
- Assist the health and care system with opportunities to connect conversations to general audiences as required for each piece of work undertaken, where appropriate and able to within the partners own areas of work.

3. Expanding reach, representation and connections

Undertakings from health and care system

- To identify relevant audiences and take steps to proactively reach them as part of engagement approaches.
- Be open to trying alternative methods and approaches for engagement in order to be effective.
- Where practical and possible, develop and deliver joint engagement activities.
- Maximise existing partner groups and networks to connect conversations appropriately across the County Durham health and care system.
- Work with GP practices and Primary Care Networks to help establish patient representation from across the County in working groups.
- Maximise use of websites, social media and membership schemes / contacts lists.

Undertakings from patient representative group members

- Proactively assist in providing new groups and contacts for health and care system to connect with (and be kept on shared contacts list).
- Actively try to connect with GP practices and their patient groups not represented, recording contacts made and new members recruited.
- Share any good practice examples of engagement with health and care system to support continual engagement improvement.

Undertakings from partner organisations

- Provide opportunities for health and care system to connect with any under-represented group (recording numbers and range of groups identified).
- Facilitate discussions with members/ users directly to expand capacity and opportunities to engage (with information and support from health and care system staff) where possible within each partners own area of work.
- Identify key target groups to be added to the shared contacts lists for health and care system engagement approaches.
- Share any good practice examples of engagement with health and care system to learn from.

4. Governance / Accountability

Undertakings from health and care system

- Escalate subjects and experiences up through relevant organisational governance structures where appropriate.
- Engagement team to facilitate responses in the timeliest manner possible from health and care colleagues.
- Provide routine (quarterly) reporting to patient groups and committees as appropriate.
- Share information back with public regarding the impacts on service plan and proposals (as a result of feedback/ engagement).

Undertakings from patient representative group members

- Committee / Governing Body members to escalate 'up' and share information 'down' as appropriate through other CCG group structures.
- Maintain focus on patient experience /care as the primary focus of group.
- Members to conduct themselves appropriately and within the ground rules for the group(s) including confidentiality.

Undertakings from partner organisations

- To demonstrate a clear commitment to supporting the integrated engagement work and approaches across the health and care system in County Durham.