

Engagement Plan Template

V4.1 2019 06

This document provides guidance to Clinical Commissioning Group (CCG) staff, GP practices and patient groups (The Patient Assurance Group at the CCG or Patient Participation Groups at GP practices) about how to engage members of the public, patients and wider stakeholders when making service changes. These changes might include;

- Starting a new service
- Closing a service
- Changing the way a service is provided
- Changing opening hours at a GP practice
- Merging with another practice

Overarching principles

When engaging with patients or the public you should consider the following principles:

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| <p>Involve your Engagement team and/or PPG (Patient Participation Group)</p> | <ul style="list-style-type: none"> • If you are a commissioner or practice manager, speak to the engagement team at the earliest opportunity so that you can assess the scale and impact of the change. • For changes at a GP practice, the PPG should be involved at the earliest stage and before the proposal is shared with the CCG. The PPG should be kept informed and involved throughout the process. |
| <p>Leave enough time</p> | <p>The length of time you need to plan, deliver and report on your engagement will depend on;</p> <ul style="list-style-type: none"> • the scale of the change • the impact on members of the public/patients (especially those from 'seldom heard' groups) • other factors such as political interest. |
| <p>Consider levels of influence</p> | <p>Be clear about what is changing and what people can actually influence.</p> |
| <p>Make the engagement accessible</p> | <ul style="list-style-type: none"> • You will need to demonstrate that you have made your engagement accessible to people from different communities. • Provide information in alternative formats when requested such as easyread. • Use different methods to engage such as drop-ins, paper surveys, online surveys. |
| <p>Feedback 'you said, we did'</p> | <p>Feeding back the findings of the engagement and demonstrating what difference people's feedback has made is an essential part of the engagement process. You should write a brief report and outline '<i>you said, we did</i>'.</p> |

You should also consider the **gunning principles** when planning your engagement:

<http://www.nhsinvolvement.co.uk/connect-and-create/consultations/the-gunning-principles>

Guidance for commissioners and practice managers – **Appendix A**

Guidance for patient groups providing assurance – **Appendix B**

Engagement Plan

Outline your plans for engaging with the patients, the public and wider stakeholders about your service change.

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| Project Title: The name of your project. Make this really clear and concise. | Direct Payment Support Service re-procurement project. |
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| Date: The date you will share this with the PAG or PPG. | N/A |
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| Project lead: Name and contact details of person leading the project (commissioner or practice manager). | <u>Sue Kendal</u> (sue.kendal@nhs.net) <ul style="list-style-type: none">• Strategic Development Manager• Continuing Care (Leeds)• NHS Leeds Clinical Commissioning Group |
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| Engagement Lead: Name and contact details of person from the CCG engagement team overseeing the engagement (if applicable). | <u>Caroline Mackay</u> (caroline.mackay2@nhs.net) <ul style="list-style-type: none">• Engagement Lead• Communications & Engagement Team• NHS Leeds Clinical Commissioning Group |
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| Communications Lead: Name and contact details of person from the CCG communications team overseeing the engagement (if applicable). | <u>Penny Allison</u> (penny.allison@nhs.net) <ul style="list-style-type: none">• Communications Lead• Communications & Engagement Team• NHS Leeds Clinical Commissioning Group |
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1. Background

Provide a background to your project. Keep this brief and to the point. Consider including:

- *An outline of the service (who is it for, what does it provide?)*
- *How does this change meet the requirements of local/national strategy (The NHS Long Term Plan or Leeds Health and Wellbeing Strategy etc)*
- *An outline of what is changing (what will be different after the change?)*
- *Why are you making the change? (What impact will it have on patient safety, patient experience or clinical effectiveness?)*
- *What is the engagement aiming to do?*

Leeds City council (LCC) and NHS Leeds Clinical Commissioning Group (CCG) currently offer Personal Budgets (PB's) and Personal Health Budgets (PHB's) respectively to adults and children with eligible health and social care needs.

Initially LCC Adults & Health and Children's and Young Peoples services (16.01.2019) joined forces to develop and procure the future DPSS service model and at a later date (19.06.2019) NHS Leeds CCG Continuing Care Adults & CYP services were invited and agreed to unite to adopt an integrated health & social care approach. In view of the activity and income proportions LCC will act as the lead commissioner and will take responsibility for managing the recommissioning / procurement process with support from legal, procurement and commissioning colleagues from both organisations.

The 2018/19 Leeds CCG Continuing Healthcare PHB Activity is anticipated to grow during 2019/20 by 68% from 95 to 160 people with a direct payment.

The proposed model aims to:

- Separate the information, support and advice element of a Direct Payment Support Service

and return it to the Council to work closely with social workers, social work teams and health case management teams to provide a more coordinated response to customers.

- Introduce Payment Cards as an additional method of receiving a Direct Payment.
- Subject the payroll service and Managed Bank Accounts element of a Direct Payment Support Service to competition.
- Coordinate and increase the number of recruited and trained Personal Assistants (PAs).
- Coproduce peer support initiatives with people in receipt of a Direct Payment and/or employing a Personal Assistant(s).

It is hoped that following the changes, people will see improvements to the service as follows:-

- The Council hopes that a revised model will provide greater choice of payment methods to manage a Direct Payment.
- New and current Direct Payment holders will receive new opportunities to self-manage the payment of Personal Assistants, providers and organisations via the pre-payment card.
- The Council hopes new and current recipients will receive an improved offer regarding the availability of trained Personal Assistants.
- The Council intends to provide new and current recipients with increased opportunities to meet, learn and gain support from other experienced Direct Payment holders via expert by experience courses' and other coproduced initiatives.

The purpose of the engagement is:-

- to inform PHB customers about the procurement, and proposed changes
- to utilise the opportunity to measure customer experience, which would feed into the development of the service.

Patient assurance (to be filled out by the patient group)

Does the plan clearly outline the background and reasons for the change?

Yes (fully assured)

Partially (reasonably assured)

No (not assured)

Add feedback here. What changes need to be made to the engagement plan?

2. Level of change and potential influence

Outline the level of change (see appendix C). Explain why you have chosen this level, for example;

- What can people actually influence?
- How many people will it affect?
- Is it potentially controversial? (political, public)

Delete as appropriate
Stopping an existing service
(a disinvestment)

Delete as appropriate
Category 2

- Level 2 – Information giving and seeking patient experience feedback.
- Numbers of CCG customers affected is relatively low – less than 100.

Some changes affecting LCC's existing service delivery and provider – Leeds CIL, could be potentially tricky, as the changes could impact negatively upon the user-led charity.

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| Patient assurance (to be filled out by the patient group) | | |
| Does the engagement reflect the size and topic of the change? | | |
| Yes (fully assured) | Partially (reasonably assured) | No (not assured) |
| Add feedback here. What changes need to be made to the engagement plan? | | |

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| 3. Timescales | |
| <i>Outline the timescales for your project. Ensure these are realistic.</i> | |
| Recruit CCG volunteer/s | date |
| Initial draft of engagement plan | w/c 7/10/19 |
| Develop Quality and Equality Impact Assessment | Draft completed 01/10/19 |
| Draft survey and questions | w/c 7/10/19 |
| Proforma and draft plan/survey to VAL (if involved) | N/A |
| Set up steering group to plan the activities | N/A |
| Complete all documents | date |
| Add to website | date |
| Develop communications and distribution plan | date |
| Attend group to share your plan with patients (patient assurance) | N/A |
| Briefing scrutiny board (if appropriate) | N/A |
| Design and print survey | N/A |
| Carry out engagement (include number of weeks) | Mon 28 Oct – Fri 29 Nov |
| Complete engagement report and add to website | date |
| Update website with 'you said, we did' | date |
| Patient assurance (to be filled out by the patient group) | |
| Does the plan clearly outline the timescales for the engagement and they are realistic? | |
| Yes (fully assured) | Partially (reasonably assured) No (not assured) |
| Add feedback here. What changes need to be made to the engagement plan? | |

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| 4. Who is affected by the change? |
| <i>Clearly outline who is affected by the change and how it will affect them.</i> |
| <ul style="list-style-type: none"> • <i>What do you already know about peoples' access, experience, health inequalities and health outcomes when they use this service? (where has this information come from? – local/national engagements, best practice, patient experience reports etc)</i> • <i>How well do people from protected groups (Appendix D) fare in relation to the general population? (what groups do you not have information about?)</i> • <i>Consider positive or negative impact on:</i> <ul style="list-style-type: none"> ○ Patient reported experience (National surveys, complaint themes and trends, Patient Advice and Liaison Service (PALs) data, Friends and Family data, incident themes and trends) ○ Patient Choice (Informed choice, choice of provider, choice of location) ○ Patient Access (Physical access, systems or communication, travel and accessibility, threshold criteria, hours of service including out of hours) ○ Compassionate and personalised care (Patient dignity and respect, empathy, control of care, patient/carer involvement, care that is tailored to the patient's needs and preferences) ○ Responsiveness (Communication, waiting times, support to patients) ○ Promotion of self-care and support for people to stay well (People with long term conditions, social prescribing initiatives, social isolation, help and advice elements) |
| <p>We currently do not have access to information regarding the disabilities recipients of PHBs are living with.</p> <p>It is anticipated that patient experience will improve as a result of the service change - affecting all DP service users regardless of if the individuals have one or more of protected characteristics. See QEIA.</p> |

Information gathered through the survey will provide a patient/customer experience baseline on which to build future and ongoing patient experience feedback.

In addition, dependent on how many respondents complete the equality monitoring form, the survey could begin to illustrate the types of conditions some PHB customers are living and dealing with.

Patient assurance (to be filled out by the patient group)

Does the plan clearly outline the groups affected by the proposal, especially the impact on people with protected characteristics?

Yes (fully assured)

Partially (reasonably assured)

No (not assured)

Add feedback here. What changes need to be made to the engagement plan?

5. Methodology and mechanisms

Outline what methods you will use to engage with people. Consider:

- *Using methods appropriate to your audience: surveys, interviews, social media, focus groups etc*
- *Explain why you have used these methods*
- *How many people do you intent to engage with and why?*
- *How will you target groups identified as specifically affected by the change?*

The engagement will be about informing people and asking for customer experience feedback - comprising a paper and/or online survey, which asks existing PHB customers about their experience of using the existing service, and asks for feedback on what works well and what could be improved. Feedback will be used as a baseline, and fed into future service developments. Surveys would be sent to all current recipients of PHBs (95) directly, along with a covering letter outlining what is changing, what difference people will notice following the changes, and who to contact if they have any questions. Stamped addressed envelopes will be included to enable people to return the completed surveys, and a link to the online version of the survey included in the letter. In addition, there may be an opportunity for people to access the LCC organised drop-in sessions to find out more information.

Patient assurance (to be filled out by the patient group)

Does the plan clearly outline the methods that will be used to engage with people, especially seldom heard groups?

Yes (fully assured)

Partially (reasonably assured)

No (not assured)

Add feedback here. What changes need to be made to the engagement plan?

6. Partnership working

Outline which partners you need to involve in your engagement project and why. Consider:

- *Staff*
- *Provider partners*
- *Voluntary sector*
- *Local counsellors.*
- *How will they be involved? (attending events, promoting the activities, informing etc)*

Working together with LCC staff – co-ordinating approach and potentially combining drop-in sessions where people can find out more.

Patient assurance (to be filled out by the patient group)

Does the plan clearly outline which partners and community, voluntary and faith sector organisations we need to work with and how we will do this?

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| Yes (fully assured) | Partially (reasonably assured) | No (not assured) |
| Add feedback here. What changes need to be made to the engagement plan? | | |

7. Engagement Questions

Outline what questions you will ask people in the engagement. Consider:

- What questions you will ask in the survey and other methods you are using (focus groups etc)
- Providing the patient group with a worked up draft of the survey – including an introduction and equality monitoring questions.
- Demonstrating how you have tested these questions to make sure they are easy to understand.

Alongside the information giving, we would include a brief survey which asks the following questions:

- How satisfied are you with the Direct Payment Support Service you, or the person you are caring for, receive/s?
- What currently works well?
- What could be better?
- Any other comments?

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| Patient assurance (to be filled out by the patient group) | | |
| Does the plan clearly outline what questions people will be asked? Are the questions and introduction clear and easy to understand and have they been tested with groups that represent patients? | | |
| Yes (fully assured) | Partially (reasonably assured) | No (not assured) |
| Add feedback here. What changes need to be made to the engagement plan? | | |

8. Ongoing patient assurance

Outline how you will involve people throughout the project. Consider:

- How have people been involved so far?
- involving patient representatives (PPG members or CCG volunteers) in aspects of the engagement (such as filling in the survey with patients, analysing data etc.)
- adding the engagement report to your website
- outlining how you have responded to people's feedback (you said, we did)

Recipients of Personal Budgets (LCC customers) have had previous opportunities to review the service, but not CCG customers of Personal Health Budgets. The survey, its responses, and the You Said, We Dids, will be published in the Get Involved pages of the CCG website.

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|--|--------------------------------|------------------|
| Patient assurance (to be filled out by the patient group) | | |
| Does the plan clearly outline how patient representatives will be involved throughout the project? | | |
| Yes (fully assured) | Partially (reasonably assured) | No (not assured) |
| Add feedback here. What changes need to be made to the engagement plan? | | |

Other things to consider

You might like to consider the following:

- Do you need additional staffing to carry out the engagement? (carrying out the survey, inputting data onto a computer, analysing the data, writing a report)
- Do you need a budget for the engagement (to pay for things like survey design, printing, easyread etc.)

There should be no additional staffing or budget required as numbers are relatively low and the survey is quite brief.

Appendix A – Q&A for commissioners and practice managers

Why do we need to write an Engagement Plan?

Engaging with patients and the public is a **statutory duty** (<https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>). To help us get it right first time we have developed this planning template.

Do I need to complete a separate Quality, Equality Impact Assessment (QEIA)?

Evidencing that we have considered the impact our activities will/may have on patients and the public; and identifying changes we can make to reduce/remove any negative impacts is a **statutory duty**. Filling in a QEIA is good practice and should be done for Level 3 engagements and level 4 consultations.

Who should fill in this plan?

This plan should be written by the person leading the change (commissioner/practice manager). You can get support from the CCG engagement, equality and communications leads. It is a joint plan for the project. Because the plan will be reviewed by patients it is really important that it is concise and that you use plain English, avoid jargon and explain any terms or acronyms that you use.

Where does the plan go?

This plan will be used to get patient assurance for engagement activity. Patient assurance is a process whereby members of the public review your engagement plan to make sure it is meaningful and engages the right people in the right ways. Patient assurance will usually come from the CCG Patient Assurance Group (PAG) or the GP practice Patient Participation Group (PPG). Their role is to help you to develop a robust plan and they should be seen as a 'critical friend'.

When does the plan need to be finished?

The plan should be shared with patients at the earliest opportunity. You will need a completed plan **two weeks before you attend a group for patient assurance** so that members can read through. This will help them understand your plan and save you time when you present it. If you are developing a survey you should present this with your plan.

What will we be asked when we present our plan to a patient group?

When you present your plan to patients you will have a few minutes to outline your proposal. If you have been working with a patient on the project you might like to invite them to the group to support your presentation. You should be prepared to talk about:

1. **Background** – briefly give a background to the service change
2. **The level of change** – does the engagement reflect the size and scale of the change?
3. **Timescales** – what are key dates for your engagement?
4. **Who is affected by the change** – who will the change will impact on? (especially groups with protected characteristics)
5. **Methodology and mechanisms** – how will you engage with people?
6. **Partnership working** – who do you need to work with on the engagement?
7. **Survey questions** – what questions have you asked and why have you asked them?
8. **Ongoing patient assurance** – how will you involve people throughout the project?

Having the answers to all these questions when you seek patient assurance will help you manage the meeting.

If you have any questions please speak to the engagement team.

Appendix B – Guidance for patient groups providing assurance

Engaging with patients and the public when we change services is a **statutory duty**. We also know that we commission safer and more efficient services when we involve patients in the design.

The role of patient groups like the PAG and PPG is to make sure that **when we change services we are engaging patients, carers, the public and wider stakeholders in a meaningful way**. When we make a change to a service or develop a new service we have to write an engagement plan to outline how we will involve local people. We ask our patient groups to review this plan and work with us to ensure that our engagement gives all communities and stakeholders an opportunity to share their needs and preferences.

What can you expect from us?

- You will be given a draft engagement plan **two weeks** before any meeting to discuss the plan.
- The project will be at an early stage and there will be an opportunity for you to **influence the plan**.
- At the meeting the project lead will give you a **short presentation** about the project and outline their plans for engagement.
- You will be given some time to **ask questions** about the project.
- Time will be limited for questions but you will be able to **contact the project lead** outside of the meeting to ask further assurance questions.
- We will keep you updated on the project and demonstrate **how people's feedback has been used** to shape the work.

What do we expect from you?

- Your role as a patient representative is to champion the needs and preferences of the **wider public**.
- We ask you to take a **step back from your personal views** about the project and consider the needs and preferences of all the different people that live in Leeds.
- We ask you to act as a **critical friend** to our commissioners and practice managers and support them to develop a strong and meaningful engagement.
- We will ask you to limit your questions and keep questions **focussed on the engagement**.
- Based on the information provided you will be asked if you are:
 - **Fully assured** – you are very confident that the engagement plan will engage the right people in the right ways
 - **Reasonably assured** – you may ask for some changes to the plan but with those changes you are fully assured that the engagement plan will engage the right people in the right ways
 - **Not assured** – you have serious concerns that the engagement plan is not robust or meaningful

Appendix C – Levels of change

This is a **guide** and decisions about the level of change should be done with the support of the CCG engagement and equality teams.

Level 1 – Ongoing development

- A small scale change or a new service
- Affecting small numbers and/or having low impact
- There is good evidence that the change will improve or enhance service provision
- Often requires an information-giving exercise (2-4 weeks)
- May require some low level engagement

Example (please note these examples would be assessed individually and be subject to local circumstances)

- The merger of GP practices where there is either an improvement or no change to the services being offered to patients
- Extending the hours of a service

Level 2 – Minor Change

- A small/medium scale change or a new service
- Affecting low numbers of people
- Often requires a small engagement (4-6 weeks)

Example (please note these examples would be assessed individually and be subject to local circumstances)

- The closure of a branch practice at a GP surgery
- Changing or reducing the hours of a service

Level 3 – Significant change

- A significant service change
- Affecting large numbers of people and/or having a significant impact on patient experience
- A significant change from the way services are currently provided
- Potentially controversial with local people or key stakeholders
- A service closure
- Limited information about the impact of the change
- Requires a significant engagement (3 months)

Example (please note these examples would be assessed individually and be subject to local circumstances)

- A significant change to the way a service operates (such as a referral criteria or location)

Level 4 – Major change

- A major change that requires formal consultation and follows NHS England guidance
- Affects majority of the local population and/or having a significant impact on patient experience
- A substantial change from the way services are currently provided
- High risk of controversy with local people or key stakeholders
- A service closure
- Limited information about the impact of the change
- Requires a significant engagement (3 months+)

Example (please note these examples would be assessed individually and be subject to local circumstances)

- A major transformation of a large service
- The proposed closure of a large service following a national directive

Appendix D – Protected characteristics (*Equality and Human Rights Commission 2016*)

1. Age

Where this is referred to, it refers to a person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

2. Disability

A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

3. Gender (Sex)

A man or a woman.

4. Gender reassignment

The process of transitioning from one gender to another.

5. Marriage and civil partnership

Marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. [1]

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).

[1] Section 1, Marriage (Same Sex Couples) Act 2013, Marriage and Civil Partnership (Scotland) Act 2014.

6. Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

7. Race

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

8. Religion or belief

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

9. Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.