

North Central London CCG resident and community engagement planning guide

Overview

The CCG has a statutory duty to engage with residents and communities in planning, and taking decisions, on local services. Beyond meeting this duty, there is a strong evidence base demonstrating the positive impact of involving residents, service users and communities in designing and delivering inclusive, accessible and effective health and care services.

Engagement should be considered at the beginning of your project or programme, and viewed as an integral part of the work plan. The approach to collecting, analysing and using engagement insights should be defined at the start of the project, to ensure that the views shared are given meaningful consideration and we can report how were used to inform decisions and plan.

Sufficient resource (staffing and budget) should be identified to deliver engagement activity and sufficient time should be built into the project plan. It is good practice to allow around three months to ensure the engagement undertaken is meaningful and robust. Well run engagement should follow the same route as a more formal consultation process, with little difference in terms of the way involving residents and communities is carried out.

Process

The CCG Communications and Engagement Team can support you with scoping out the engagement requirement for your project, and where required, advise on how to commission external agency support to deliver the work. The following sets out some key stages, and considerations, to help with your planning:

1. Identify the purpose of the engagement.

Some of the key questions to answer at early planning stage include:

- a) What are the aims of engaging?
- b) What are the parameters of the engagement: what can people influence and change (and what can't they have influence on)?
- c) Who are you engaging with? For example:
 - a) All residents; residents in a particular geography
 - b) Current and past service users; potential service users
 - c) Specific demographic or protected characteristic groups
 - d) Any community groups that you know face barriers to accessing the service and therefore are at risk of being underrepresented in both the engagement and in using the service
 - e) Local VCSE and patient / community groups
- d) How will insights be captured, analysed and reported throughout the project?

If there has been a Case for Change or similar paper written this should clearly lay out the parameters of the engagement.

2. Identify existing insights or previous engagement work

Before commencing new engagement, research what insights the CCG (or partner organisations, including VCSE partners) already hold and what previous engagement has already taken place relevant to your project. This should be taken into account when planning engagement.

The CCG Communications and Engagement team will be able to provide advice but you should also consider:

- HealthWatch reports and data
- Trust patient experience data
- JSNA, Health and Wellbeing Strategies
- Public Health teams, HealthIntent data
- Partners (e.g. Council VCSE engagement colleagues)

3. Identify capacity and budget to deliver the engagement

- For projects within the CCG Communications and Engagement priority work programme (agreed by EMT each quarter), planning and delivery of engagement work will be supported by the CCG comms and engagement team. Cost budgets will need to be identified by the Directorate undertaking the work. For large scale programmes, it may be necessary to commissioning additional capacity (e.g. CSU, external agency) to support delivery.
- For projects or programmes not within the CCG comms and engagement priority work programme, the team can provide initial strategic advice and support identifying additional external capacity for delivery. Consideration should always be given to commissioning a local VCSE organisation (including Healthwatch), before considering other support.
- For partnership work, capacity from all partner organisations should be considered (e.g. Trust engagement staff).

4. Develop your engagement plan

The CCG communications and engagement team can provide advice and support, but your plan should include:

- Key objectives
- Audiences
- Approach – engagement, co-production, consultation etc.
- Methodologies e.g. survey, focus groups, in-depth interviews, participative research
- Analysis and reporting processes
- Core engagement materials required (including translations, Easy Read and other formats)
- Risks and mitigations

Some additional points to consider:

Including reports on engagement within project governance processes

- a) – e.g. Community Members sitting on the project group, establishing a patient reference group; involvement of J/HOSC, CCG committees, Healthwatch etc.

How the community will be involved in the whole of the commissioning process

If your project includes a procurement exercise, you should have at least two community or patient representatives involved in the procurement (usually a part of the panel) and subsequently at least two people involved in the contract monitoring. If you are revising a policy, it is good practice to include a community or patient representatives.

Undertaking an Equality Impact Assessment

This should also be undertaken if there is a service change or development. Advice on undertaking Equality Impact Assessments is available on the intranet and support can be provided by the CCG's Equality and Diversity or Engagement Leads.

5. Approach to collecting and evaluating the insight you are collecting

- Establish how and when insights will be captured and analysed – including check-points to review insights during the project (e.g. early themes, mid-point report). This will ensure:
 - Views shared are being considered and can influence the project, and any decisions, throughout; and
 - The engagement can be tailored throughout the project – e.g. to explore emerging themes in more detail or to address any issues (under-representation of certain communities in the feedback being received).
- Both quantitative and qualitative data should be collected, including:
 - How many people have you spoken to / received views from
 - Demographics of people spoken to (wherever it is possible to collect this)
 - Wellbeing impact measures (if appropriate)
 - You said, we did (clear recommendations and actions)
- For best practice it is recommended that you commission an independent organisation to evaluate the results of the engagement. This could be HealthWatch, an academic institution such as an University, a VCSE organisation. Engagement team can advise you.

6. Determine how you will report back to participants and wider audiences

It is important to be able to explain back how you have used feedback and any insight gathered that you are unable to act on. Try to be creative about the way you do this (e.g. using different communication methods and materials).

7. Share your plans with the OSC

Establish how and when you will engage with your local Overview and Scrutiny Committee (OSC). This may include sharing the engagement plan with the OCS in advance of the work being undertaken. You may just be able to notify the OSC via letter of the planned developments, engagement that has taken place and any service development as a result.

For larger scale change programmes you will need to meet with the OSC Chair to describe the changes and planned engagement. You may be asked to present to the OSC or undertake further engagement such as meeting with the Chair or a task and finish group on the proposed changes and the engagement plans with the local community to support these. You will usually have to come back and give a final presentation on the engagement and subsequent evaluation – with a series of recommendations and actions and a final decision on any proposed changes.

Although not legally required, it can be a useful opportunity to work with local leaders to hear their views on the proposals and take any recommendations on gaps in the engagement or areas they wish you to focus on.