

**Oxfordshire Clinical Commissioning Group:
Communications & Engagement Strategy
2015-2019**

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‘Oxfordshire Clinical Commissioning Group’s mission is to work with the people of Oxfordshire to develop quality health services, fit for the future’.

1. Foreword from Clinical Chair and Lay Member (PPI) OCCG Board

At Oxfordshire Clinical Commissioning Group (OCCG) we want our public, patients, carers, partners and other stakeholders to be involved in our work.

OCCG believes that communicating and engaging with our local population is key to achieving our vision: ‘by working together we will have a healthier population, with fewer inequalities, and health services that are high quality, cost effective and sustainable.’

This strategy sets out our approach to communicating and engaging with people in Oxfordshire. It is based on the principle of open and continuous communication with patients, the public, OCCG members, staff and key stakeholders. It also acknowledges OCCG’s statutory responsibilities (see appendix 1) and the NHS commitment to involve patients in the way in which health services are planned and managed.

OCCG is committed to putting the patient first and applying the principle of ‘No decision about me without me’ in its commissioning approach. This means we will try to improve communication and increase patient participation and public engagement in as many aspects of OCCG’s work as possible.

OCCG is keen to ensure member practices feel informed, engaged and involved in the CCG and participate in commissioning activities for the benefit of people in Oxfordshire. By working together, OCCG member practices can engage effectively with patients and help achieve our goals and improve local health services. Our staff, too, need to be informed and engaged across the organisation so they are empowered and have the tools to deliver good quality commissioning.

We are dedicated to ensuring OCCG fulfils its commitments as stated in this strategy, and welcome your views on how we can take this forward together to improve the health and wellbeing of people served by Oxfordshire CCG.

Dr Joe McManners
Clinical Chair

Louise Wallace
Lay Member of Board with responsibility for
Public and Patient Involvement

2. Introduction

OCCG is the statutory organisation in Oxfordshire that plans, buys and oversees health services for over 700,000 people from a range of NHS, voluntary, community and private sector providers.

These include services provided in hospital and in the community such as district nursing and physiotherapy and mental health services. We do this on behalf of people registered at GP practices in Oxfordshire and those who live in Oxfordshire (but are not registered with a GP practice). To do this successfully OCCG needs to work with local people, GPs, pharmacists, optometrists, dentists, hospitals and other partners including local government and the voluntary sector.

OCCG is a member organisation of 78 GP practices in Oxfordshire. Our work is guided by our five year strategic plan, *Oxfordshire Clinical Commissioning Groups' strategy for 2014/15 -2018/9*, which was developed in 2014 with input from the public and our partners. The plan will be delivered through five major change programmes (set out below) and delivery of a joint Better Care Fund plan with our social care partners. Our goal is to integrate services better and make them patient-centred. We aim to do this in two key ways, by;

- ensuring that our physical healthcare and mental health services are integrated, and people are treated for both their physical and mental health needs where appropriate and;
- further integrating health and social care services, so patients with multiple and complex conditions are supported by health service clinicians and social care-workers who work as a team, planning and delivering treatment in a co-ordinated way.

Our five major change programmes aim to tackle five core areas:

1. Primary care - to build capacity in primary care so that patients have better access to their GP when they need help and the pressure on GP practices is reduced.
2. Urgent care - to reduce A&E attendances and emergency admissions to hospital.
3. Planned care - to improve the efficiency of planned care.
4. Mental health – to improve mental health services by creating a more integrated treatment system for people with mental and physical health needs. We will also work to improve the earlier diagnosis of dementia and subsequent care.
5. Medicines optimisation – to maximise clinically effective and cost effective prescribing, to reduce the risk of harm, while removing avoidable waste from the system.

It is important for the public to understand the context in which OCCG is operating. Oxfordshire is one of the lowest funded CCGs in England for the number of people it serves. People are living longer, and living their lives with multiple long term conditions. More people are using health services and have high expectations of what health services can provide. So, it is essential that OCCG uses its money to make decisions that allow the health services it commissions to support and treat those most in need.

OCCG is committed to working with patients, the public and other stakeholders to design services that are high quality, affordable and sustainable for the future. This includes supporting self-care and helping people stay healthy. OCCG uses scientific research and the Oxfordshire Joint Health Needs Assessment to understand health inequality and how health services can best address identified health need. Given the finite amount of money available, we need to balance needs carefully and prioritise when necessary.

OCCG first developed a Communications and Engagement Strategy in 2011. A new strategy was then produced for 2013 when OCCG was established as the statutory commissioner for most local NHS services for Oxfordshire. As such, what follows is a refresh which does not start from scratch but seeks to build on the work undertaken by OCCG and its predecessor organisations with public and patients over the past few years (please see appendix 2 for an overview). The strategy aims to support the delivery of the OCCG's strategic objectives.

A glossary of the terms used throughout this document is included at appendix 3.

For more information about the strategic plan and how we are doing, visit our website: www.oxfordshireccg.nhs.uk

3. OCCG values and principles for communications & engagement

OCCG is committed to adhering to a core set of organisational values, and this strategy has been developed in the context of these, which are:

- To be person centred
- To learn and improve
- To work together
- To lead for success
- To drive transformation
- To deliver success

This strategy has been developed in the context of these values and supports the communications and engagement principles of OCCG. These are:

- To be accessible and inclusive to all sections of our community
- To be honest and transparent
- To be flexible - ensuring we use a range of different formats to communicate which reflect the diverse needs of our stakeholders
- To be open and clear from the start what our plans are, what is and what is not possible and why?
- To be informative, ensuring people taking part in OCCG activities and consultations have the right information at the right time to make informed comment / decisions
- To be timely by informing and involving stakeholders as early as possible in the process of communications or engagement
- To have two way communications, OCCG wants to talk to you and listen to your views

- To communicate in plain language which people understand, avoiding the use of jargon

4. Objectives

The objectives of the communications and engagement strategy are:

1. To proactively engage with stakeholders and enable people in Oxfordshire to contribute to shaping future health services commissioned by OCCG.

This will be achieved by:

- Using a wide variety of methods and approaches to engage stakeholders, based on stakeholders' preferences where possible and practical, and share the impact and outcomes of the engagement.
- Working with the Public Locality Forums to identify patients/service users for taking part in specific projects; for the Public Locality Forums to be the "eyes and ears of patients," and for the forums to share effective intelligence with OCCG on services we commission.
- Actively engaging and building relationships with ethnic minority community groups and with people from marginalised communities.
- Actively promoting Talking Health to those demographic groups currently under-represented in the Talking Health community so that Talking Health more closely reflects the diversity of Oxfordshire.
- Working closely with key partners such as; Healthwatch, NHS providers (including GP practices), voluntary organisations, County and District Councils to share information with the public and capture feedback.
- Provide feedback on our engagement activity and the findings in the Patient and Public Involvement Report to OCCG's Board meeting in public on a six monthly basis, and to ensure this is shared with Locality Forums, patient participation groups, partner organisations and other user groups.
- Reviewing patient experience and feedback from the Public Locality Forums, Talking Health, Datix¹ and complaints to identify themes for improvement and to ensure remedial and preventive action happens when things go wrong for patients.

What will success look like?

- Information will be publically available to demonstrate the link between feedback from patients, service users and stakeholders and changes to services. [you said, we did]
- User experience data will be analysed for changes in the number, type and trends of the concerns being raised.
- Increased diversity of members registered with Talking Health

¹ Datix is patient safety software which allows GPs, practice managers, healthcare workers and pharmacists, on behalf of their patients, to provide feedback and highlight potential issues or concerns to OCCG. By using a single system, we can collate the information in one place, allowing us to identify trends and address potential patient safety and quality issues. The Datix feedback system is available to more than 600 GPs, providing valuable data to support improvements in patient care.

- There will be a coordinated approach to public engagement across all health and social care commissioning bodies to reduce the fragmentation of information available to patients and service users and the duplication of contact with local groups and communities.
- An increase in those people who feel OCCG engages with them and feels their feedback is used to inform decisions in the 360 Degree Stakeholder Review.

2. To develop a culture within OCCG that promotes open communication and engagement with patients and the public.

This will be achieved by:

- Communicating the organisation's priorities internally and externally in simple, consistent messages as often as possible.
- Ensuring there is lay representation on OCCG Committees and project groups (see appendix 4)
- Ensuring the organisation's vision and values, statutory requirements of OCCG for public engagement and OCCG's public engagement aspirations are known by every member of staff through staff induction and staff briefings.
- Delivering a proactive and reactive media relations service to the press.
- Staff induction / training on public engagement and regular updates on engagement activity at staff briefing and through the staff newsletter.
- Where appropriate OCCG projects will define internal and external stakeholder engagement analysis and plan as appropriate.

What will success look like?

- Staff will be empowered and have the tools to deliver high quality commissioning for the benefit of the people in Oxfordshire.
- Staff will actively identify stakeholders to involve in the work of OCCG.
- Staff will know the vision, aims and priorities of OCCG and be able to articulate these to people in Oxfordshire and how their work relates to them.
- There will be an increase in balanced coverage of OCCG and local health services in local media.

3. Ensure GP member practices are informed, engaged and involved in the work of OCCG and participate in commissioning activities for the benefit of people in Oxfordshire

This will be achieved by:

- Collaborative meetings; where appropriate Directors of OCCG will attend Clinical Locality meetings to listen to members and support opportunities for GPs to influence commissioning and the provision of services.
- Promoting clinical involvement in service and pathway redesign.
- Maintaining and developing the GP weekly email bulletin which serves as a single, simple rationalised briefing for member practices.
- Developing an online platform with clinical and corporate information for sharing OCCG's priorities which is accessible to all GP members and GP locums in Oxfordshire.

- Developing feedback mechanisms to show what action is taken on issues / concerns raised by GP member practices and other stakeholders.
- Holding regular GP practice members meetings.

What will success look like?

- GP member practices are informed, engaged and involved in the work of OCCG and this is reflected in the feedback in the 360 Degree Stakeholder Review.
- There will be more GPs involved in service redesign.
- Members will know the vision, aims and priorities of OCCG and be involved in implementing OCCG's strategic plan.

5. Our stakeholders

OCCG has many stakeholders, many of whom need to be involved and communicated with in different ways. In order to ensure communications and engagement activities are tailored around individual stakeholder needs, it is important to analyse the various audiences. For specific projects, individual plans would include a stakeholder analysis; identification of key messages and actions for each identified audience including channels of communication and consideration given to how to share messages and who is best placed to deliver the messages and receive feedback.

We will do this by identifying groups and / or individuals for each stakeholder as appropriate, undertaking analysis of the stakeholder's needs so we can understand who we need to communicate with and how.

Below shows the categories for our stakeholders:

- Public (e.g. patients, carers, minority groups)
- Internal stakeholders (OCCG GP members and staff)
- Commissioners (e.g. Oxfordshire County Council staff, NHS England)
- Local Providers (e.g. Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Foundation Trust, GP federations, pharmacists, independent and voluntary providers such as Age UK, Restore).
- Public Sector Partners (e.g. Oxfordshire County Council, the five district councils)
- Voluntary & Community Organisations (e.g. Oxfordshire Citizens Voluntary Action, Oxfordshire Rural Community Council)
- Professional (e.g. Local Medical Committee, Local Pharmaceutical Committee)
- Political Partners (e.g. MPs, Councillors at parish to county and district level)
- Scrutiny (e.g. Healthwatch, Oxfordshire Joint Health Overview and Scrutiny Committee, Health and Wellbeing Board)
- Media as a conduit to the public (e.g. Oxford Mail, BBC)

6. Equality and Diversity

OCCG is committed to ensuring equality, diversity and inclusion are central to the way we commission and deliver healthcare services, and how we support our staff.

One of our objectives is to ensure equality of access, experience and outcomes in healthcare for all people in Oxfordshire.

We will do this in a number of ways including through the Equality Delivery System (EDS2), which is a self-assessment tool that supports the evidence base of OCCG to demonstrate compliance with the Equality Act 2010 general duty and specific duties. It also demonstrates the progress the organisation has made on equality issues. EDS2 includes the nine protected characteristics covered by the Equality Act 2010. Our Annual Equality Publication provides some of the evidence of our work to address health inequalities and promote equality during 2014/15, in line with the Equality Act 2010, Public Sector Equality Duty (PSED). The publication can be seen on our website here www.oxfordshireccg.nhs.uk/about-us/equality-diversity-human-rights/2014-15-evidence-of-compliance/

OCCG already has an established Equality and Diversity Reference Group for patients and carers. The group enables patients and carers to discuss views and raise issues associated with OCCG's Equality goals and outcomes and to share their opinions and those of others in their community on subjects related to equality in health services.

In addition to the nine 'protected groups' in the Equality Act 2010, OCCG also considers other groupings of people relevant to having lower access to healthcare and poorer health; people who are homeless; people who live in poverty; people who are long-term unemployed; people in stigmatised occupations; people who misuse drugs; people with limited family or social networks; and people who are geographically isolated.

Through OCCG's Equality and Access Team, work will continue to build relationships with ethnic minority community groups and with people from socially and economically marginalised communities. OCCG will do this through targeted outreach work and aim to be as inclusive as possible in its communication and engagement. When appropriate we will ensure documents are translated into other languages and where possible provide materials in easy read and audio versions. We will also ensure hard copies of documents are available for those without online access or printing facilities.

7. Key messages

OCCG has already agreed and set out its corporate vision, objectives and core values in *Oxfordshire Clinical Commissioning Groups' strategy for 2014/15 -2018/9*. These have been developed into key messages which underpin all of its communications and engagement activities.

The high level key messages for OCCG are as follows:

- *We are Oxfordshire Clinical Commissioning Group. We buy health services on behalf of everyone living in Oxfordshire. To do this successfully we need to work with local people, Oxfordshire GPs, hospital clinicians and other partners (including local government and the voluntary sector).*
- *We are committed to:*
 - *putting patients' needs first*
 - *working with the people of Oxfordshire to develop quality health services fit for the future*
 - *working with GPs, hospital clinicians and other partners to tackle health inequalities*
 - *giving you a chance to have your say on the health priorities which matter to you.*
 - *making best use of the money we have*
- *We believe you can make a difference to the way in which our health services are delivered.*

8. How will we deliver the strategy?

The process for implementing the strategy is outlined below:

1. Give a 'face' to the organisation by developing a pool of spokespeople (managerial and clinical) and maximise opportunities to promote the people behind the OCCG.
2. Develop new ways of engaging with our stakeholders, exploring routes and building dialogue with a more diverse range of patients and public.
3. Work closely with black, ethnic and minority community groups and faith leaders through OCCG's Equality and Access Co-ordinators.
4. Deliver a pro-active media campaign to publicise the ways in which the public can be involved in the work of OCCG. This will include the continued development of 'Talking Health' as an innovative online engagement and consultation tool and working with partners to leverage their communications channels.
5. Continue to develop and embed the use of Patient Advisory Groups for planning specific service changes in services commissioned by OCCG.
6. Support the continued development of public and patient engagement in the six Localities by working in partnership with the Public Locality Forums.
7. Hold twelve public meetings (two in each Locality) per year with the six Public Locality Forums.
8. Hold OCCG Board meetings in public six times a year and hold an annual public meeting every year.
9. Produce an external newsletter to share information with the public about the work of the CCG; this will be supported by project specific newsletters.
10. Develop and embed experience based co-design (EBCD - see Glossary) within service change where appropriate.
11. Plan communications and engagement on a project by project basis to support specific work streams within the OCCG. Each project will have its own tailored communication and engagement plan and activity and will identify opportunities

for active patient and public involvement in the development and delivery of plans.

12. Develop a more active digital / online presence to foster new engagement opportunities with a diverse audience through Twitter and Facebook and other online platforms where appropriate.
13. Produce a consultation response report following each consultation, analysing the responses received and how the consultation responses will be used to inform the related project. This response report will be published on Talking Health and made available to survey respondents.
14. Build OCCG's reputation and visibility through proactive and responsive media handling.
15. Coordinate OCCG's public engagement activities with Oxfordshire County Council.
16. Undertake a campaign to recruit members to Talking Health concentrating on a wider demographic that currently registered.
17. Develop materials for the OCCG induction programme for staff to ensure they are aware of statutory duties around public engagement and ways in which they can be supported to engage the public.
18. Develop internal two-way communication methods to support staff and member practices including newsletters, intranet etc
19. Run a survey to test understanding among patients and the public about how they can engage with us. Undertake an annual review and develop an action plan to support awareness.
20. Close the loop - 'You said, we did'. At the point that a patient and public engagement project is completed, all feedback will be collated into a report and published on Talking Health. This enables respondents and the wider public to see the full findings of the consultation. We will also aim to go back out to all respondents and let them know how OCCG used the feedback received and integrated it into project decisions or the strategic direction of the organisation. We will also aim to show how public input has helped the CCG to improve the services.
21. Follow-up 'closing the loop' by showing how OCCG has used feedback in service redesign.

A communications and engagement work plan underpins this strategy alongside individual project specific communications and engagement plans.

9. Measuring the success of the strategy

We intend to measure the success of implementing the Communication and Engagement Strategy by:

- Undertaking a benchmarking review with stakeholders around public engagement and satisfaction rates and review annually.
- Reviewing the quality / quantity of information received and the diversity of those stakeholders.
- Increasing confidence of member practices and the public as shown by the annual 360 Degree Stakeholder Review.
- Set a matrix for individual engagement projects to ensure meaningful engagement (see appendix 5 for an example).

10. Monitoring

The OCCG Lead Director for Communications and Engagement will have overall responsibility for the Strategy. The OCCG Board will receive a report outlining engagement activity at its meeting in public on a six monthly basis and the Non-Executive Director with a responsibility for PPI on the Board receives an update on activity and progress on a bi-monthly basis. An annual review with stakeholders will be undertaken to measure the effectiveness of the strategy.

Appendix 1: Duty to involve & statutory obligations

The NHS Plan (July 2000) sets out the Government's intention that patients should be 'at the heart of the NHS'. Patient and public involvement should be central to service planning and provision and a major driver for service improvement. Section 11 of the Health and Social Care Act 2001 further strengthened this commitment by placing a duty on NHS organisations to involve and consult patients and the public. In section 242 of the 2006 NHS Act, this duty was strengthened again requiring public engagement and involvement in:

- planning the provision of services;
- the development and consideration of proposals for changes in the way those services are provided,
- and decisions to be made by the NHS organisation affecting the operation of services.

The Secretary of State set out four key tests for service change within the revised Operating Framework for 2010-11, which are designed to build confidence within the NHS with staff, patients and communities. For existing and future service reconfiguration proposals it must be demonstrated that there is:

- Support from GP commissioners
- Strengthened public and patient engagement
- Clarity on the clinical evidence base
- Consistency with current and prospective patient choice

The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006, supporting two legal duties for Clinical Commissioning Groups and commissioning in NHS England, to enable:

- patients and carers to participate in planning, managing and making decisions about their care and treatment, through the services they commission;
- the effective participation of the public in the commissioning process itself, so that services provided reflect the needs of local people.

GP commissioners will be required to comply with all current legislation and policy for public involvement in the future.

More information about these documents is available on the Department of Health website: <http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf>

Appendix 2: Developing our engagement methods

Over the past two years, OCCG has developed a pro-active approach to patient and public engagement, designed to ensure that the commissioning process and decision making is informed by public participation. OCCG uses a number of approaches to engage patients, the public and stakeholder² groups in Oxfordshire in a format they find accessible and prefer to use to get involved and share their views.

The different approaches to engage patients and the public in Oxfordshire include face to face and online methods. Face to face opportunities include public meetings, focus groups and workshops so that we can generate rich discussions about services and projects under review for development.

We hold our Board meetings in public every other month in different geographical areas within Oxfordshire and engage with the public through a question and answer session.

We continue to develop our good relationships with Healthwatch Oxfordshire and voluntary sector partners. They directly inform our work and also help us to cascade out information to their members and encourage feedback.

We work closely with Oxfordshire County Council (OCC) and many of our providers including Oxford University Hospitals NHS Foundation Trust (OUH) and Oxford Health NHS Foundation Trust (OHFT) to collaborate on projects such as reducing delays in discharging people from hospital; proposing changes to services for people with learning disabilities and reviewing children and adolescent mental health services. We also work with OCC and provider organisations to facilitate getting information out to their members and stakeholders and encouraging feedback.

An emergent area of public involvement developed by OCCG is the creation of Patient Advisory Groups (PAGs). These are used to assess specific areas of the patient journey when the OCCG reviews current services and plans to commission or redesign services. Patients who have experience of using relevant services under consideration are recruited, to be part of PAGs. The CCG has developed PAGs to support the redesign of musculoskeletal services, audiology, ear nose and throat, dermatology, diabetes and bladder and bowel services. We will continue to use this patient experience method to inform service redesign.

Another way OCCG has set out to ensure patient and public involvement in commissioning is by supporting the development of Public Locality Forums in each of the six OCCG Localities. Each Locality has a different approach; these range from Forums made up solely of representatives of Patient Participation Groups³ whilst others have wider membership that includes carers, advocacy groups and district councillors. A letter of intent has been developed between OCCG and the Public Locality Forums that sets out a plan to ensure an effective and long term partnership. The Forums aim to ensure that the views and concerns of their patients and

² Stakeholder - A person or external organisation that may be affected by, or able to influence, a decision taken by Oxfordshire Clinical Commissioning Group.

³ Patient participation groups are groups of patients working with their registered GP practice to improve services and to promote health and improved quality of care.

communities can be fed into plans at both a Locality (through the Clinical Locality Groups) and County wide level within OCCG.

To support work around health inequalities OCCG is involved in the regeneration programmes in Oxford City and Banbury, working in partnership with Public Health, City and District councils, the voluntary sector and community members. There is also an Equality and Access Team within that OCCG that works with different communities across Oxfordshire to offer support to access services and encourage them to have their say about services and how OCCG can improve them.

Another approach is our use of OCCG's online consultation tool Talking Health, (www.oxfordshireccg.nhs.uk/get-involved/talking-health) to encourage public participation among those who perhaps have less time to attend meetings and events. This platform has a membership of more than 2,500 registered members of the public. When members of the public register on Talking Health, they can express their subject preferences. This allows us not only to inform them about consultations that are relevant to them, but also to communicate with them in the way they prefer – for example, via email or post. Talking Health has enabled us to run consultation projects quickly and easily. We have been able to create surveys and discussion groups and allow participants to comment directly on proposed strategies or policies. We have managed this engagement online, building up a record of evidence and producing reports on feedback from the public.

Appendix 3: Terms used in this strategy

360 Degree Stakeholder Review – As part of its assurance process, NHS England undertakes a survey on behalf of all CCGs, to allow stakeholders to feed back on their working relationships with CCGs. The information from the survey is intended to serve two purposes:

- To feed into assurance conversations between NHS England area teams and CCGs, as one source of evidence for this process.
- To also provide a wealth of data for CCGs to help with their ongoing organisational development, enabling them to continue to build strong and productive relationships with stakeholders, as well as a valuable tool for CCGs to be able to evaluate their progress.

Audience – stakeholders who share similar characteristics or interests

Engagement - What does public engagement actually mean? For the purpose of this strategy it means OCCG seeking out, listening to, developing their understanding of, and interacting with and involving the public.

Experience Based Co-Design – This is when patients share their view at the beginning of a project of a particular experience; they tell their patient experience story on film. The purpose of the filming is to share patient experiences with clinicians during the development of the business case and full pathway redesign. The intention is to highlight issues and trends to remind clinicians and managers that the process is patient centred, to reaffirm the holistic needs of patients to clinicians and enable co-design of a patient pathway / service that aims to resolve issues and improve patient experience.

Freedom of Information – The Freedom of Information Act (2000) gives any person the right to request information which is held by a public authority. Public sector organisations have 20 working days to respond to an FOI request.

Health and Wellbeing Board – established under the Health and Social care Act (2012) as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Each top tier and unitary authority has had its own Health and Wellbeing Board since April 2013, although they existed in shadow form for at least a year prior to this.

Healthwatch Oxfordshire – is an independent organisation that listens to the public's views and experiences of health and social care in Oxfordshire. It works to help people to get the best out of these services, whether it's improving or helping to shape them for future. It is the statutory organisation that can hold health and social care providers to account.

Lay Member for PPI on OCCG Board – as one of four Non Executive full members of the OCCG Board, the NED Member's role is to ensure that OCCG exercises its functions effectively, efficiently, economically and with good governance, in accordance with the OCCG constitution, as agreed by the members. As the NED member championing Public and Patient Involvement, the member is responsible for ensuring that, in all aspects of the CCG's business the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the CCG.

Objectives /strategy / tactics – *Objectives* describe where the organisation wants to go; *strategy* is how the organisation is going to get there; *tactics* are the operational activities to deliver the strategy.

OCC – Oxfordshire County Council

OHFT – Oxford Health NHS Foundation Trust

OUHFT - Oxford University Hospitals NHS Foundation Trust

Patient Advisory Groups - PAGs are active patient groups, promoting partnership between patients and the CCG in the development of services. Patients who have experience of using specific relevant services under consideration are recruited, to be part of PAGs, to ensure there is patient involvement in the projects from the beginning.

Patient Participation Groups - Patient participation groups are groups of patients working with their registered GP practice to improve services and to promote health and improve the quality of care.

Planned Care – Planned Care is the treatment a patient receives at hospital after they have been referred by their GP or community health professional.

Profile – The extent to which OCCG attracts public notice; that is, OCCG's prominence in the health and social care sector in Oxfordshire and nationally.

Protocol – guidelines for the way that business is conducted to ensure a uniform approach and manage expectations.

Public Locality Forum – There are six Public Locality Forums in each of the six OCCG Localities. Each Forum has its own membership and terms of reference which facilitates OCCGs public and patient engagement. The aims of the forums are to ensure that the views and concerns of their patients and communities can be fed into plans at both a Locality and County wide level within OCCG.

Stakeholder - a person or external organisation that may be affected by, or able to influence, a decision taken by Oxfordshire Clinical Commissioning Group

Stakeholder engagement – a topic-focussed dialogue between stakeholders and the organisation, to find out which issues matter most to the stakeholders. The purpose is to improve the information used in the organisation's decision-making.

Appendix 4. Lay Representation on OCCG Committees and Project Groups

Below outlines the lay representation and patient representatives involved in the OCCG (May 2015).

1. OCCG Board and Committees of the Board

OCCG Board

4 lay Non Executive Director members including:

- Lay member of OCCG Board with lead for Finance
- Lay member of OCCG Board with lead for Public Participation and Involvement
- Lay member of OCCG Board with lead for Governance and Vice Chair
- Lay member from OCCG Board

Remuneration Committee

4 lay members including:

- Lay member of OCCG Board with lead for Public Participation and Involvement
- Lay member of OCCG Board with lead for Governance and Vice Chair (Chair)
- Lay member of OCCG Board
- Lay member of OCCG Board with lead for Finance

Quality and Performance Committee

3 lay members including:

- Lay member of OCCG Board
- Lay member of OCCG Board with lead for Public Participation and Involvement (Chair)
- Patient Representative

Integrated Governance and Audit Committee

3 lay members including:

- Lay member of OCCG Board with lead for Governance and Vice Chair (Chair)
- Lay member of OCCG Board
- Lay member of OCCG Board with lead for Finance

Finance and Investment Committee

3 lay members including:

- Lay member of OCCG Board with lead for finance (Chair)

- Lay member of OCCG Board with lead for Governance and Vice Chair
- Lay member of OCCG Board

2. Committees / Steering Groups

Area Prescribing Committee, Oxfordshire

1 lay member.

Joint Commissioning Board

3 lay members including:

- Lay member of OCCG Board with lead for Governance and Vice Chair
- Lay member of OCCG Board with lead for finance
- Healthwatch representative
-

Equality Reference Group

Currently 13 lay members.

3. Service Redesign Projects

There are Patient Advisory Groups (PAG) for the following service redesign projects. Patient Advisory Groups are associated with specific areas of the patient journey in service review and redesign. PAGs are designed to be active patient groups, promoting partnership between patients and the CCG in the development of services under review for development. Patients who have experience of using specific relevant services under consideration are recruited, to be part of PAGs, to ensure there is patient involvement in the projects from the beginning:

- Diabetes
- Bladder and Bowel
- ENT / Audiology
- Ophthalmology; a member of the PAG is also on the project steering group
- Musculoskeletal (MSK); a member of the PAG is also on the project steering group
- Primary Care Development, this PAG is linked to and informs the Oxfordshire Primary Care Commissioning Operational Group (OPCCOG) and Joint Commissioning Board
- NHS 111 Reprourement; each area in Thames Valley has a patient representative on the Design and Delivery Group
- Rose Hill Working Group

4. Public Locality Forums

Six Public Locality Forums have been set up by OCCG as voluntary non-statutory groups, each with an elected chair in accordance with each forum's terms of reference. These forums bring the patient voice into commissioning decisions and are diverse in their approaches. The aim of the Locality Forums is to ensure that the views, concerns, experiences and ideas of patients inform and influence OCCG's commissioning and the redesign of services.

Each Locality Forum has a Lay Chair with varying patient membership across the different localities.

Appendix 5: Matrix for ensuring meaningful engagement

For individual projects it is suggested a matrix is completed at the beginning of the engagement process and at the end to understand how we have engaged as not every project will have a supporting engagement report completed.

Item	Aim	Outcome
How will people hear / find out about the engagement?	Set out different methods to be used to inform people of engagement opportunities. This will be different for each project given the different needs / requirements.	What was the outcome? How many people were engaged / what was the advertising method and reach
Who is our target audience?	Outline the target audience? Ensure a focus on accessing marginalised groups and seldom heard from groups (young people, working well) rather than just those who have participated in engagement in the past.	Did we reach our target audience? What evidence is there to show we engaged with marginalised groups / seldom heard from groups in Oxfordshire? Did we engage with our partners?
How many people will be engaged with and how?	Set goal for how many people were engaged and how they can give feedback / input their experiences. This will be different for each project.	Number of people engaged with and how they were engaged with including demographics. Did we meet our goal?
What is the outcome of the engagement?	How will the CCG demonstrate the impact of public and patient involvement and engagement? How will the public and patient involvement and engagement lead to improved health and service experience?	Show evidence of impact and outcome of engagement.
How have we fed back to those involved and local people / partners about the outcome of the engagement?	How does the CCG intend to feedback to those who participate in the engagement? How does the CCG intend to share information about the impact and outcome of the engagement with the public and other stakeholders?	Show evidence of sharing information about the impact and outcome of engagement with participants, the public and other stakeholders.