

**Oxfordshire Clinical Commissioning Group:  
Communications & Engagement Strategy  
2020 – March 2021**

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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 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. We agreed our first Communications and Engagement Strategy in 2015 and this has been reviewed and updated in the light of experience of the last four years.

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 communications and increase patient participation and public engagement in as many aspects of OCCG's work as possible.

OCCG is keen to ensure member GP 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.

**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 more than 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, mental health services and delegated responsibility for primary care. 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 68 GP practices in Oxfordshire. A new Oxfordshire Joint Health and Wellbeing Strategy (2018 - 2023) was developed during 2018. Coordinated by Oxfordshire County Council and OCCG, the new strategy was produced with input from the public, voluntary sector and health and social care partners. The strategy is all about people who live in, work in and visit Oxfordshire and tells the story of how the NHS, councils and Healthwatch work together to improve health and wellbeing. The strategy takes a life course approach to delivering its priorities:

- A good start in life
- Living well
- Aging well
- Tackling wider issues that determine health

The NHS Long Term Plan was published in January 2019. It is intended to make the NHS fit for the future and to get the most value for patients out of every pound of taxpayers' investment. Over the next 10 years a number of improvements are expected to be delivered across the NHS and these will guide the work of OCCG:

- Making sure everyone gets the best start in life
- Delivering world class care for major health problems
- Supporting people to age well

The plan also set out how all parts of the local health system will work together as partners to make the necessary change. This starts with the way GP practices will work together in Primary Care Networks and the development of integrated care systems. Oxfordshire is part of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) and we have submitted our approach to delivering the NHS Long Term Plan aspirations. This will then be reflected in our annual Operational Plan.

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. With further changes expected for OCCG during 2020/21 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 OCCG's plans.

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

For more information about OCCG, visit our website: [www.oxfordshireccg.nhs.uk](http://www.oxfordshireccg.nhs.uk).  
For more information about the NHS Long Term Plan visit the NHS website: [www.longtermplan.nhs.uk/publication/nhs-long-term-plan/](http://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/)

### **3. OCCG values and principles for communications & engagement**

OCCG is committed to adhering to a core set of organisational values, 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 Healthwatch Oxfordshire and Patient Participation Groups and the newly formed Primary Care Networks to identify patients/service users for taking part in specific projects; and 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 communications and engagement activity as a report to the Board and to ensure this is shared with Primary Care patient participation groups, partner organisations and other user groups.
- Reviewing patient experience and feedback from the Primary Care Networks, Talking Health, Datix<sup>1</sup> 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?

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<sup>1</sup> 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.

- 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.
- 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.

2. To develop a culture within OCCG that promotes open communications 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.
- Having 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.
- Delivery of proactive, and when appropriate reactive, communications through social media.
- Staff induction / training on public engagement and social media 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 and social 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 and where appropriate Directors of OCCG to attend Primary Care Network meetings
- 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.
- Maintaining 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.

What will success look like?

- GP member practices are informed, engaged and involved in the work of OCCG
- 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/seldom heard groups)
- Internal stakeholders (OCCG GP members and staff)
- Commissioners (e.g. Oxfordshire County Council staff, NHS England, neighbouring CCGs)
- Local Providers (e.g. GP practices and PCNs, Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Foundation Trust, GP federations, pharmacists, independent and voluntary providers such as Age UK, Restore and providers over the border as necessary).
- Public Sector Partners (e.g. Oxfordshire County Council, the five district councils and local authorities over the border as necessary)
- Voluntary and 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, 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 2019, in line with the Equality Act 2010, Public Sector Equality Duty (PSED). The publication can be seen on our website here: <https://www.oxfordshireccg.nhs.uk/about-us/equality-and-diversity.htm>

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 characteristics' in the Equality Act 2010, OCCG also considers other groups including:

- People living in poverty
- Homeless people
- Military veterans
- People who are geographically isolated
- Those with caring responsibilities

Through OCCG's Equality and Access Team and the Communications and Engagement Team, work continues 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

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. Use the HWB 'Planning for health and care needs' Framework which integrates public involvement and co-design as part of 'population health management' which is based on the needs of the local population as a new approach to developing health, care and wellbeing services.
4. Work closely with black, ethnic and minority community groups and faith leaders through OCCG's Equality and Access Co-ordinators.
5. Deliver a proactive media and social 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.
6. Use a variety of approaches to build wide patient and stakeholder engagement into planning specific service changes.
7. Support the continued development of public and patient engagement in Oxfordshire by working in partnership with the newly formed Primary Care Networks and the Oxfordshire Wellbeing Network.
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 communications and engagement plan and activity and will identify opportunities for active patient and public involvement in the development and delivery of plans.
12. Continue to 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 an engagement or consultation response report following each project, analysing the responses received and how the engagement or consultation responses will be used to inform the related project. This response report will be published on Talking Health and made directly available to survey respondents.
14. Build OCCG's reputation and visibility through proactive and responsive media and social media handling.
15. Coordinate OCCG's public engagement activities with system-wide partners including Oxfordshire County Council, Oxford Health Foundation Trust, Oxford University Hospital NHS Foundation Trust.
16. Continue to proactively recruit members to Talking Health concentrating on a wider demographic than currently registered.
17. Support and advise 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. 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 engagement or consultation. We will also aim to publish information to explain how OCCG used the feedback received and integrated it into project decisions or the strategic direction of the organisation.

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

## **9. Monitoring**

The OCCG Lead Director for Communications and Engagement will have overall responsibility for the strategy. Individual reports on engagement and / or activities are produced and made available on the CCG's website or reported to CCG committees / groups, for example winter communication activities are reported to the Urgent Care Delivery Board and the Accident & Emergency Delivery Board.

The OCCG Board will receive a summary report outlining engagement activity at its meeting in public and the Non-Executive Director with a responsibility for PPI on the Board receives an update on activity and progress on a quarterly basis.

## **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 five 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

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 stakeholder<sup>2</sup> groups in Oxfordshire in a format they find accessible and prefer to use to get involved and share their views.

In 2018, health and care partners in the county agreed to a new approach to planning health, care and wellbeing services using, [‘population health management’](#). This approach is based on the needs of the local population. It is a partnership approach focussing on prevention and understanding the wider factors that affect people’s health, as well as developing quality services and support when and where they are needed. While every person has unique requirements and circumstances, working at scale across a whole population identifies groups with similar health and care needs and characteristics.

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, stakeholder reference groups, involvement in project groups and workshops so that we can generate rich discussions about services and projects under review for development. Online methods include social media, surveys, newsletters and forums.

We hold our Board meetings in public every other month and the public have an opportunity to ask questions related to the agenda which are addressed during the meeting where possible.

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 across the health and care system with OCC and many of our providers including OUH and 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.

We will continue to develop the way we use patient groups or stakeholder reference groups to support specific service redesign.

Another way OCCG has set out to ensure patient and public involvement in commissioning is by supporting the development of Primary Care Networks. While these are new groupings of GP practices, the expectation is that these will allow more local engagement in the commissioning and delivery of the local health and care services used by most people.

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

We are also supporting and participating in the wider engagement of community groups across Oxfordshire through the Oxfordshire Wellbeing Network (OWN). This network will ensure the H&WB listen to and involve organisations and communities not currently represented on the Board. OWN brings together local organisations – whatever their community of interest. It could be housing, health, faith, residents' association, village or Parish Council, Patient Participation Groups, neighbourhood support, caring, self-help group, and luncheon clubs.

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](http://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 3,500 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 engagement opportunities and 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

**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 get the best out of these services, whether it's improving or helping to shape them for future. It is the statutory organisation which can hold health and social care providers to account.

**Lay Member for PPI on OCCG Board** – as one of three Non Executive 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

**Oxfordshire Wellbeing Network (OWN)** - The Oxfordshire Wellbeing Network brings together local organisations – whatever their community of interest. It could be housing, health, faith, a residents' association, village or parish council, Patient

Participation Groups, neighbourhood support, caring, self-help group, luncheon clubs in order to seek feedback and influence senior decision makers in health and social care services ie the Oxfordshire Health and Wellbeing Board.

**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.

**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 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 (January 2020).

### **1. OCCG Board and Committees of the Board**

#### **OCCG Board**

3 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

#### **Remuneration Committee**

3 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 with lead for Finance

#### **Oxfordshire Primary Care Commissioning Committee**

4 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
- Patient Representative
- Healthwatch Representative

#### **Quality and Performance Committee**

3 lay members including:

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

#### **Audit Committee**

2 lay members including:

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

### **Finance Committee**

2 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

## **2. Committees / Steering Groups**

### **Area Prescribing Committee, Oxfordshire**

1 lay member.

### **Equality Reference Group**

Currently 13 lay members.

## **3. Primary Care Networks**

Primary Care Networks are based around a GP registered list of approximately 30,000 – 50,000 patients, including GP practices and other partners in community and social care.

They offer services on a scale that is small enough for patients to get the continuous and personalised care they value, but large enough – in their partnership with others in the local health and care system – to be resilient and sustainable. In Oxfordshire 19 PCNs have now been formally agreed in covering the whole Oxfordshire population.

## 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.