How to involve people in buying health services

by

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How to involve people in buying health services

A guide for West Norfolk Clinical Commissioning Group

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1. The guide

This guide has been produced for West Norfolk Clinical Commissioning Group. The guide doesn’t reproduce all the helpful information available elsewhere, but signposts it. It will be ‘live’ and continuously updated by the Community Involvement Panel.

The guide has been developed by a co-production team of community representatives and Clinical Commissioning staff.

2. What does involvement mean [co-production]?

Involvement, often referred to as Co-production, is the means of seeing people as equal partners in the design and delivery of services and is the best way of transferring knowledge and supporting change. Co-production, defined by the
Government in its 2012 White paper as partnership working between the Government, local authorities, care providers, the voluntary sector, people who use services and carers, has been singled out as the way forward for the future shaping of services.

Involvement is about individuals, communities and organisations having the skills, knowledge and ability to work together with the clinical commissioning groups to commission services.

At an individual level involvement ensures that people who use health services take or keep control over key decisions about their service. At a community level involvement ensures that peoples’ voices and experiences are harnessed in key decisions about local services and solutions.

To involve people who use health services meaningfully is a process and a way of thinking, not a set of rigid tasks. In essence the basic premise of involvement is best summed up by the phrase “No decision about me without me”, meaning that people who use health services are involved in the decisions made about the services provided for them.

To be transformative, involvement is:

- an inclusive process, not a ‘bolt-on’ extra or a magic-bullet solution

- not Consultation - Consultation happens after plans have been co-produced

- a seismic cultural change characterised by sharing the power in decision making, power previously invested mainly in professionals

- involves people at the start of planning processes – critically in developing the vision - and subsequently determining priorities for future co-production
not questionnaires – although questionnaires can form a means of engaging communities unable to contribute in other ways

3. Why involve people – the legal explanation

Community engagement: The legal framework

This section and the following one on Equality Legislation is taken from Department of Health: Practical Approaches to Co-production, 2010:

“Regulation can act both as a lever for engaging people or create unnecessary bureaucracy at the cost of improved outcomes. It is therefore important that co-production leaders are able to incorporate legal requirements for involvement as part of a whole organisational strategy to support co-production.

The NHS duty to involve

The NHS has had a duty to involve and consult people about changes to health services since 2003. The legislation placed a duty on some NHS organisations to involve and consult people when it comes to making changes to services.

Although this duty has strengthened the voice of communities, NHS managers have not always been clear when they have to involve people and how best to do this. The changes to the law introduced by the Local Government and Public Involvement in Health Act 2007 aim to make this clearer.

The changes to the law introduced by the Local Government and Public Involvement in Health Act 2007 aim to make this clearer and a strengthened ‘duty to involve’ came into force in 2008.

1 Practical approaches to co-production Building effective partnerships with people using services, carers, families and citizens Dept of Health 16 November 2010
The duty requires NHS organisations to involve users of services in:

- the planning and provision of services;
- the development and consideration of proposals for changes in the way services are provided;
- decisions affecting the operation of services.

When developing and considering proposals for changes in the way services are provided, or when making decisions affecting the operation of services, the organisations to which the duty applies are under a duty to involve.

The duty applies where the proposals or decisions have an effect on the way in which services are delivered to users or on the range of health services available to users.

Under the updated law, certain NHS organisations also have to demonstrate how they have taken into consideration government guidance on the involvement duty\(^2\).

### Equalities Legislation

The Equality Act 2010\(^3\) brings together nine existing pieces of legislation into one law, with the aim of strengthening and simplifying the legislation around equality. The Act will have an impact on how services are delivered to service users. For example, the public sector will have a duty to have due regard to advancing equality of opportunity in relation to race, gender reassignment, age, disability, sexual

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\(^2\) Real Involvement Working With People To Improve Health Services October 2008. Guidance for NHS organisations on section 242(1B) of the NHS Act 2006, the duty to involve and good involvement practice Includes guidance on sections 17A, 24A and 242B of the NHS Act 2006 and information about section 242A of the Act

\(^3\) [www.equalities.gov.uk/equality_act_2010.aspx](http://www.equalities.gov.uk/equality_act_2010.aspx)
orientation and religion or belief. This statutory duty currently applies only in relation to race, disability and gender equality duties. The duty will require public bodies to consider how their policies, programmes and services affect different groups in the community.

Public bodies can be brought to account before the courts if they do not comply with equality legislation. Public organisations, such as hospitals, councils and prisons, are required under existing equality law to undertake assessments of how their policies will impact on disabled people, ethnic minorities and men and women to ensure that existing or new policies do not unlawfully discriminate and also to look at how due regard might be had to the need promote equality of opportunity.”

4. Social Model of disability

The social model promotes that:
- Having an impairment is a normal part of being human;
- Disability results from people with impairments being discriminated against due to physical or social barriers and attitudes.

5. Recommendations

1. To co-produce commissioning intentions
2. To set up Community Involvement Panel [CIP]
3. CIP to co-design (accessibility) annual events and to co-evaluate ‘intention’ information gathering events
4. CIP to regularly consider membership
5. West Norfolk Clinical Commissioning Group and Community Involvement Panel to accept and sign up to the Principles set out below.
6. Principles of engagement

*Note: Unless stated otherwise, where the word “we” is used this refers to both West Norfolk Clinical Commissioning Group and members of the Community Involvement Panel.

Accessible – We will make sure that engagement is accessible by:

- Using plain English in any documents we publish
- Using the right methods of engagement for the right audiences
- Making sure any publications follow the guidelines in “Accessibility Matters – Norfolk Guidelines on Making Information accessible”
- Actively promoting materials in a range of formats, for example on tape
- Using Interpreters
- Using Braille, Widget or in large print formats
- Ensuring that documents are translated into a range of languages using INTRAN services
- Using the Black and Minority Ethnic community to link with people whose first language is not English
- Putting messages onto TV screens in GP surgeries; translate the messages into languages appropriate to local community
- Using venues that are easy to get to and held at times and places that fit with people’s lives
- Ensuring events are appropriate to the participants, following the guidance set down in:
Making information accessible (Accessibility Matters 1)
Making public events accessible (Accessibility Matters 2)
Making public involvement accessible (Accessibility Matters 3)

**Inclusive** – We will make sure that engagement is inclusive by:

- Ensuring that people are listened to and taken seriously
- Making sure that engagement is non-discriminatory, non-judgemental and non-labelling
- Reaching all communities – including those hard to reach/difficult to engage with
- Ensuring that people are fully involved, there should be “Nothing about us without us”
- Making sure that enough time and space is allowed so that participants can contribute
  - Where there are time constraints, these should be made clear and reasons given to explain why
- People are given the chance to get involved in ways that suit them best by offering a range of ways they can respond
- Ensuring that all levels of being inclusive are deployed – listening, respecting, valuing, trusting

**Openness** – We will make sure that engagement is open by:

- Active listening
- Listening to new ideas
• Communities are given access to relevant statistics or sharing of important information

• Continuing to increase the opportunities for communities to be involved

• Working towards better integration: all parties speaking to each other including health; housing; social care

• Learning from experience as we go along

• Ensuring that there is a continued dialogue with the Community Involvement Panel to develop its communication engagement

Transparency – We will make sure that engagement is transparent by:

• Ensuring that the Clinical Commissioning Group feeds back to communities so that people understand what’s happening and why

• Ensuring that the Community Involvement Panel members feedback to Clinical Commissioning Group so that people understand what’s happening and why

• Setting realistic, achievable goals – being honest about what the CCG can and cannot do

• Making people feel it’s worthwhile being involved

Accountability – we will make sure that engagement is accountable by:

• Providing feedback to engagement

• The CCG is accountable to its patients
Confidentiality – We will make sure that engagement is confidential and people’s views are respected by:

- Making sure that we consider the needs of all participants
- Respecting what participants tell us in confidence
- Complying with the Data Protection Act 1998
- Recognising our duties under the Freedom of Information Act 2000
- Listening to and considering people’s views with respect

Evaluated – The CCG will make sure that it builds evaluation and monitoring into its consultation planning so that there is a way of measuring whether the outcomes have impacted on policy and strategy development. The CCG will do this by:

- Engagement cycle to include an evaluation using tools developed by people who use health services;
- Engagement uses patient stories as a means of contribution and as evidence.

7. Who should be involved

Alternative Health Groups
Asylum seekers and refugees
Black and Minority Ethnic Communities
Carers
Community databases
Disabled Parents Alliances
Disabled People’s Organisations
Ex Servicemen
Farming communities
Holiday/Temporary residents
Homeless contacts
Learning Disabled people
Lesbian Gay Bisexual and Transgender Communities
Long term hospital patients
Older People
People in supported living and residential care
People in prison and on probation
People using Drug, Alcohol or Gambling services
People using mental health services
People who are physically and socially isolated
People with Deafness or hearing impairment
People with long-term health conditions
People with visual impairment
Support groups
Trade Unions
Travelling Communities
Young children
Young People
Young People with disabilities
Young people in school

8. How to engage communities

There is more than one way to engage communities including:

• Gathering information through community places such as libraries, doctors surgeries, supermarkets
• Advertising an event

• Holding an event – jointly facilitated by Community Involvement Panel

• Engaging with communities

• Questionnaire in surgeries/supermarkets, etc.

• Radio/Call In – Community Programme

• Survey Monkey

• College of West Anglia TV channel

• Streetlife

• West Norfolk CCG Web Page

• Skype options

• Press Release

• Social media such as Text messaging, Twitter and Facebook

• Building database – Community Groups – Community Involvement Panel to keep database up to date

• Setting up a Community Involvement Panel to be responsible for the following:
  
  o To take forward views of people who use health services or would like to use health services
  
  o To be an integral part of any ongoing discussion(s)
  
  o To refine the guidance when necessary
  
  o To take back ideas to community
  
  o To keep community database up to date

**Good conduct at events**

• Probity – be aware of the requirement to behave in line with what is expected of all staff

• Respect – must underpin all activities, be explicitly expected and action taken on any failure
Confidentiality – must be clearly identified if it is an issue and action taken on any failure. People may need to sign a confidentiality agreement.

Accessibility

Conflict – must be handled appropriately, with everyone understanding at the outset that compromise may be needed, how disagreements will be managed and what the boundaries are

Ways and means of engagement

- Heron Database
- West Norfolk VCA database
- Schools
- Young Peoples in further and higher education
- Community events – using Community Resources
- Questionnaire in surgeries/supermarkets, etc.
- Radio/Call In – Community Programme
- PCSO & NCC practitioners/Development Workers
- Survey Monkey
- Web Page
- Skype options
- Press Release
- Faith Groups
- Building database – Community Groups – Community Involvement Panel to keep database up to date
- Library services (e.g. mobile library)
- KLARS – K/L area resettlement services
- Agency Events (Community Groups)
- Housing Association – Welcome packs
• Council Magazine
• Downham Life
• County Council (e.g. Care Connect)
• District Councils (e.g. websites/newsletters)
• Easy read versions
• GP Practice – PIP screens
• Parish churches – magazines
• Local Newspapers
  o Eastern Daily Press
  o Lynn News
  o Yours (free paper distributed through supermarkets)
• King’s Lynn on-line
• Local magazines
  o West Norfolk Life [Link]
  o EDP West & Fens [Link]
  o Lynn News [Link]
  o Kings Lynn Magazine [Link]
  o Partnership news – e – mag [Link]
  o West Norfolk VCA newsletter and e-press [Link]
  o West Norfolk VCA do it [Link]
• Green Elephant (St. Augustine’s Centre)
9. Appendix 1 Glossary of terms

**Commissioning**

Buying of services (health)

**Community engagement**

Community engagement can be defined as giving people of all ages and communities a voice and making sure it is heard and acted on – involving them in decisions that affect them and making sure they can take part in different ways.

**Co-production**

'Co-production' has emerged as a general description of the process whereby people who use services work alongside people who provide services as partners in the delivery of services.