



GOVERNING BODY

Agenda Item No.	07
Reference No.	IESCCG 20-01
Date.	28 January 2020

Title	Patient and Public Involvement – Vision for 2020	
Lead	Irene MacDonald, Lay Member for Patient and Public Involvement	
Author(s)	Irene MacDonald, Lay Member for Patient and Public Involvement	
Purpose	To present a patient and public involvement vision for 2020.	
Applicable CCG Clinical Priorities:		
1.	To promote self care	
2.	To ensure high quality local services where possible	
3.	To improve the health of those most in need	
4.	To improve health & educational attainment for children and young people	
5.	To improve access to mental health services	
6.	To improve outcomes for patients with diabetes to above national averages	
7.	To improve care for frail elderly individuals	
8.	To allow patients to die with dignity and compassion and to choose their place of death where appropriate	
9.	To ensure that the CCG operates within agreed budgets	
Action required by Governing Body:		
To note the presentation.		



Ipswich and East Suffolk
Clinical Commissioning Group

Patient and Public Involvement

Vision for 2020



Why

Increased patient involvement leads to improvements in health through:

- decision-making that is more deeply informed;
- partnership-working in co-design and co-production;
- insight into how services are delivered from those who use them.



*NHS England: Patient and public participation
in commissioning health and care, 2017*



What is co-production – a partnership with patients/the public?

“Co-production is people, carers and professionals working together as equal partners to design, develop, commission, deliver and review services, information and advice.”

Suffolk Health and Wellbeing
Board definition

Health and Wellbeing
SUFFOLK



Our ambitions

One of the great strengths of this country is that we have an NHS that – at its best – is “of the people, by the people and for the people”.

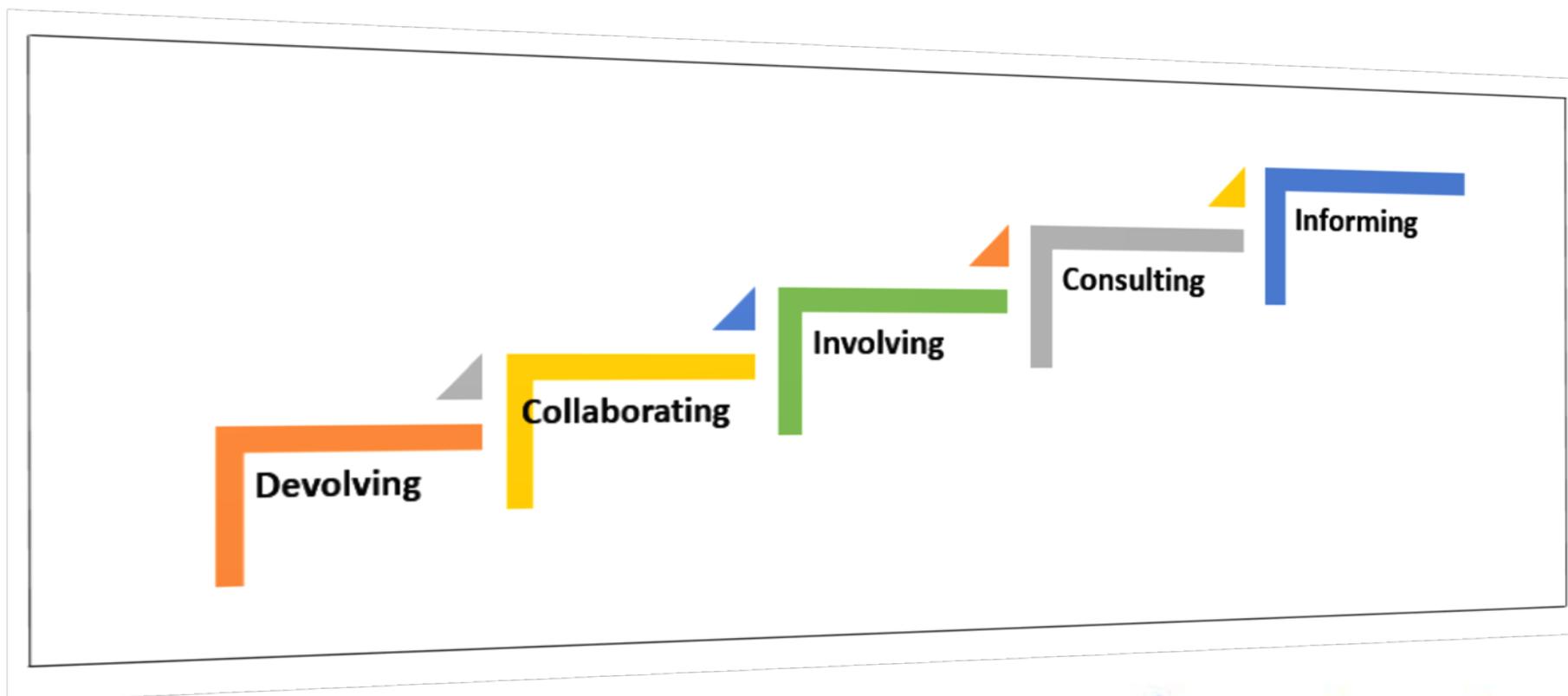
The NHS Long Term Plan January 2019

We want Patient and Public Involvement to:

- run like a thread through everything it does;***
- become normal working practice for everyone;***
- further increase levels of partnership working with patients, carers and people in all our communities whether geographic communities or communities of interest.”***



Ladder of Health Improvement



Sherry R. Arnstein, 'A ladder of citizen participation', Journal of American Planning Association, Vol. 35, No 4, July 1969, pp. 216 - 224.



Action to Build on

- '#averydifferentconversation
- Special Educational Needs and Disabilities partnership
- Patient Participation Groups and Network
- Diabetes, eye care and stroke service developments
- Community outreach.



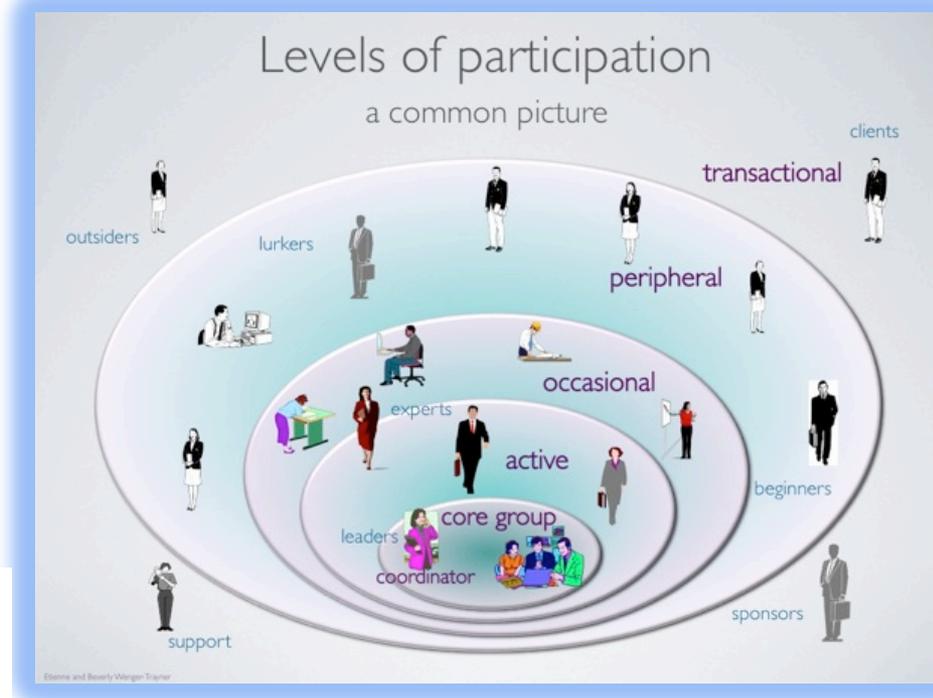
Development Framework

- The Involvement Network
- Beyond Committees
- Communications
- Targeted and Inclusive
- Learning and Development
- Partnership-working



The Involvement Network

- A single forum to increase awareness of patient and public involvement
- It will link up all patients, carers and public wanting to take part
- Those who sign up will volunteer their involvement.



Beyond Committees

- Evolvement of CCGs' Community Engagement committees into partnerships
- Workshops/workstreams for patient involvement on all new/revised services from the start of projects
- Views sought from service users with current experience of services
- Patient champions in place for every new and re-design project
- Patient/carer/user centred – ask what difference is this making? What's the outcome for people?



How we will communicate

- Be increasingly effective in how we communicate with the public.
- All public documents should be able to be read and understood by the majority of the population.
- Accessible information at governing body and other meetings in public. Use technology more effectively
- Complete the feedback loop following all engagement and involvement activity
- Clear, simple up to date information on the website



We'll be targeted and inclusive

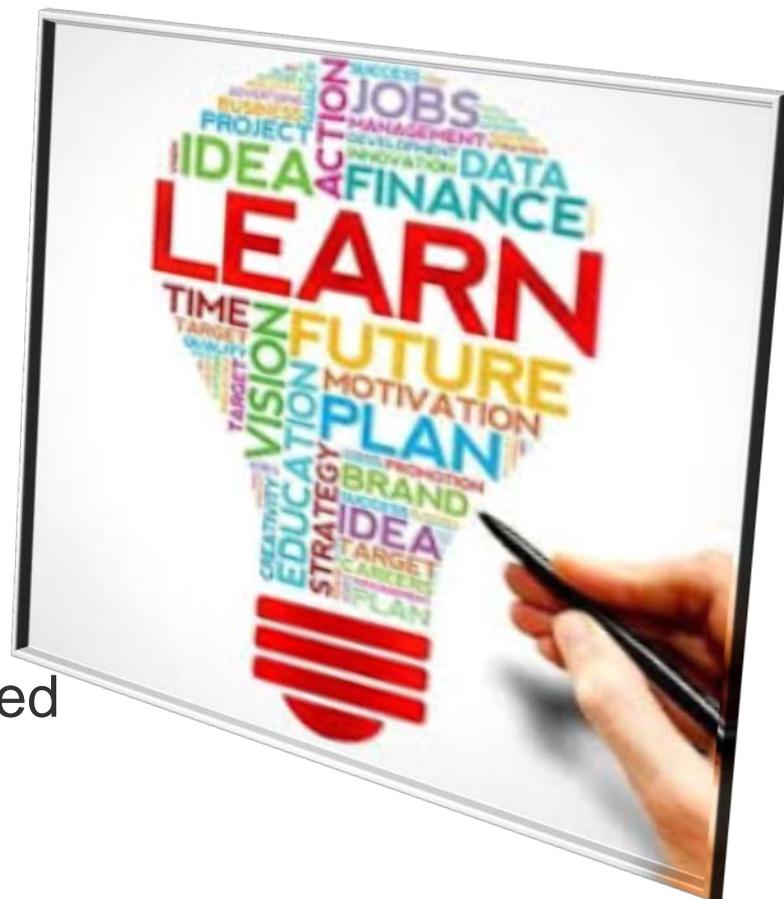


- Targeted activity and partnership work to evolve new approaches relevant to each community or group
- Link closely with action on Health Inequalities and Prevention
- Develop customised engagement and involvement plans covering young people, refugees, carers, drug and alcohol users, BAME, LD and ESOL groups, carers, older people in care homes.
- 'Feet on the Street' events in communities
- Co-design and co-produce a way forward on addressing health inequalities with marginalised groups.



Learning and development

- Everyone in the ICS system to understand how to work with and involve the public
- Provide training and development opportunities for all in the Involvement Network including modules on Patient Leadership
- Wherever possible, staff and members of the public to be involved together in learning opportunities
- Introduce PPI section to all PDR plans
- Set up PPI staff training programme



Partnership working

- The Integrated Care System, our Alliances and locality-working provide greater opportunities to reach more people
- Healthwatch Suffolk and the voluntary sector are strategic partners
- Link more closely with provider and commissioning organisations on public involvement and involve PALS
- More focus on INTs and working with voluntary sector and PPGs in those areas.



The way we'll work...

We'll provide more:

- targeted communication
- feedback and review following engagement
- face to face contact with the public
- targeted engagement to work with hard to reach groups
- opportunities for young people to have a voice
- creativity in our approach
- alliance working
- joining up with the voluntary sector
- incentives for people to engage
- reaching out and drawing in



But we'll also do less...

- formal involvement
- silo working
- unplanned involvement
- involving just the usual forums
- use of complex language and inaccessible documents
- tokenism
- thinking public sector bodies know best



And we'll also...

- make coproduction everyone's concern
- ensure the patient voice should be at the heart of all service design
- be aspirational
- learn from others
- see ourselves as part of a wider system
- put the patient at the heart of all we do
- make ourselves accessible to all
- allow time for involvement
- ensure no more us and them – public, staff and clinicians all working together
- keep reviewing and evolving

