



*South Gloucestershire  
Clinical Commissioning Group*

# **PATIENT AND PUBLIC INVOLVEMENT (PPI) STRATEGY 2016 to 2019**

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# Patient and Public Involvement (PPI) Strategy

## Executive Summary

This Patient and Public Involvement (PPI) Strategy has been co-produced with NHS South Gloucestershire CCG's Improving Patient Experience Forum (IPEF) which includes representatives from the Care Forum, Healthwatch, patient representatives, the Disability Equality Network, Racial Equality Network, and the Carers' Support Centre. The strategy provides an overview for both staff and the public about South Gloucestershire Clinical Commissioning Group's approach to patient and public involvement. It sets out our aims and objectives for the next three years, who we plan to engage and how, and provides a detailed plan for achieving our three core objectives.

The aims of this strategy are:

- To ensure the views and experiences of patients, families, carers and the wider public across South Gloucestershire influence the commissioning of local health services
- To improve patient experience as a result of engaging patients, families and carers and the wider public
- To promote the importance of patient and public involvement to the aim and objectives of the Clinical Commissioning Group
- To support all staff within the Clinical Commissioning Group to continue to see patient and public involvement as a key element of what we do at every stage of the commissioning cycle

Our objectives for the next three years are:

1. To encourage greater participation by demonstrating:

- that we have heard and taken into account the voice of patients and public
- that we have shared those messages
- and what difference they have made.

2. To tailor engagement to suit different needs, reviewing engagement plans for any gaps, to provide opportunities for people from across the whole of South Gloucestershire to influence local health services.

3. To work collaboratively with statutory and voluntary sector partners to share feedback and incorporate the patient voice into developing high quality local health services

An Implementation Plan will be developed which will set out the actions we will undertake to ensure we meet these objectives. The Improving Patient Experience Forum will own this strategy and monitor the implementation plan to ensure we are on track to complete the key actions and meet our objectives.

We have tried to avoid the use of jargon throughout this strategy, where possible, but we recognise that inevitably there may be terms used that people are not familiar with. We have therefore provided a glossary of terms which can be found at [Appendix 3](#).

# Contents

## Contents

Executive Summary .....	2
Introduction .....	6
What services does the CCG Commission? .....	7
What is Patient and Public Involvement? .....	8
Aims of Patient and Public Involvement Strategy .....	9
Principles of Good Involvement.....	9
Objectives of Patient and Public Involvement Strategy .....	11
How local patients, families and carers and the public can have a say .....	11
What kinds of things will we talk to patients and the public about? .....	13
Who will we talk to?.....	13
How will we decide which methods to use? .....	16
How do we act upon patient and public involvement feedback? .....	16
Patient and Public Involvement Governance and Leadership .....	18
The PPI Strategy in context.....	18
Implementation of the PPI Strategy.....	20

Appendix 1: The National and Local Context for Patient and Public Involvement .....21

Appendix 2: Improving Patient Experience Forum Terms of Reference.....24

Appendix 3 Glossary of Terms .....28

Appendix 4: Our Approach to Major Service Change.....30

## Introduction

This strategy sets out the aims and objectives for South Gloucestershire Clinical Commissioning Group's (the CCG's) approach to Patient and Public Involvement (PPI) from April 2016 to 2019. It has been developed in partnership with the CCG's Improving Patient Experience Forum (IPEF) including representatives from the Care Forum, Healthwatch, the Racial Equality Network, the Disability Equality Network, and the CCG Clinical and Lay leads for PPI.

The CCG is the local NHS organisation that is responsible for buying (commissioning) the majority of healthcare services for over 260,000 residents, from

emergency care through to community health services.

We are led by local GPs and health specialists who know at first hand what patients need. And, together with experienced managers, we're committed to tackling local health challenges and commissioning the highest quality services available.

To achieve this, and ensure all patients have a seamless and fair experience across health and social care, we work closely with other organisations including South Gloucestershire Council, NHS England, local voluntary groups, and the providers of commissioned services such as our excellent range of local hospital trusts

including North Bristol NHS Trust and University Hospitals Bristol NHS Foundation Trust.

Along with expert professional knowledge, it's your feedback and experiences that help us to plan health service improvements. So listening to patients, families and carers, and providing opportunities for you to get involved, is central to what we do.

Working this way helps us to achieve more for our patients and makes it possible for us to support everyone in South Gloucestershire towards a better quality of life.

## What services does the CCG Commission?

The table below lists the healthcare services the CCG commissions, alongside the services commissioned by other organisations.

**Table 1: List of services commissioned by the CCG**

<b>Services the CCG is responsible for</b>	<b>Services commissioned by other organisations</b>
Urgent and emergency care, such as NHS 111, A&E and ambulance services	Primary care such as: <ul style="list-style-type: none"> <li>▪ GPs,</li> <li>▪ Dentists</li> <li>▪ Opticians and</li> <li>▪ Pharmacists</li> </ul> <p>These services are commissioned by NHS England.</p>
Planned (elective) hospital care, such as operations and treatments	Prison healthcare commissioned by NHS England.
Community health services, such as community nursing and physiotherapy	Specialised health services commissioned by NHS England.
Rehabilitation for those recovering from operations and certain conditions	Public health, such as: <ul style="list-style-type: none"> <li>▪ Immunisations</li> <li>▪ family health visitors</li> <li>▪ health promotions</li> </ul> <p>These services are the responsibility of South Gloucestershire Council</p>
Maternity and new-born services (excluding neonatal intensive care)	
Infertility services	
Children and young people's health services	
Mental health services	
Continuing health care for people with on-going health needs, such as nursing care	

## What is Patient and Public Involvement?

Patient and Public Involvement (PPI) is about ensuring patients, families and carers, and the wider public have the opportunity to shape the development of local health services. It encompasses a wide range of different activities: from engaging the public in prioritisation and planning, and getting feedback about experiences, to providing information to patients and others about services. Whatever form PPI takes, it needs to be relevant to the people it is seeking to reach, and be accessible at the different levels that people engage with health care.

Patient participation includes involving individuals in decisions about their own care and treatment. Although CCGs have a role to promote this individual involvement, this Strategy and the PPI Implementation Plan focusses on Patient and Public Involvement of patients, carers and the public in their broadest sense, at every stage of the commissioning cycle.

South Gloucestershire CCG is committed to PPI being at the heart of its work and is crucial to delivering high quality services. By continuing to listen and act upon patient and carer feedback at all stages of the commissioning cycle we

can ensure the services we commission provide what people need.

This commitment to patient and public involvement is also supported at a national level in legislation, and South Gloucestershire CCG has a statutory duty to involve patients, carers and the public in the development of commissioning plans to change and develop local health services. The right of patients to be involved in the planning and development of health services is also set out in the NHS constitution. Details of the relevant national legislation can be found at [Appendix 1](#).

## Aims of Patient and Public Involvement Strategy

The aims of this strategy are:

- To ensure the views and experiences of patients, families, carers and the wider public across South Gloucestershire influence the commissioning of local health services
- To improve patient experience as a result of engaging patients, families and carers and the wider public
- To promote the importance of patient and public involvement to the aim and objectives of the Clinical Commissioning Group
- To support all staff within the Clinical Commissioning Group to continue to see patient and public involvement as a key element of what we do at every stage of the commissioning cycle

## Principles of Good Involvement

South Gloucestershire CCG's approach to patient and public involvement will:

- Create an organisational culture that welcomes, encourages and enables public involvement throughout the commissioning cycle from the earliest possible stage and utilises feedback to improve services.
  - Ensure opportunities for engagement are well planned, proportionate, and tailored appropriately.
  - Be inclusive; using a range of methods and approaches to engagement in order to best meet the needs of the entire population of South Gloucestershire, recognising that for certain groups and individuals we will need to be proactive in breaking down barriers to effective involvement and participation.
  - Respect the commitment people make when they engage with the CCG, by providing accessible opportunities for involvement, and reimbursing participant expenses (as set out in our Reimbursement Policy)
- Operate in a transparent way, and make decisions that take account of the feedback we receive.
  - Recognise the importance of providing appropriate feedback to people who have given their time and effort to make their views known.
  - Recognise that from time to time different interests and perspectives may give rise to differences of opinion between organisations, groups and individuals, and South Gloucestershire CCG will work constructively and positively to use these as opportunities for creative dialogue, leading to better decisions and outcomes.
  - Work in partnership with other agencies, including South Gloucestershire Council, to ensure a coordinated approach and avoid duplication when approaching the public.
  - Recognise the importance of staff in developing a culture that embraces the challenge and opportunities of patient and public involvement, and provide support and training for staff to equip them for this role.

## Objectives of Patient and Public Involvement Strategy

### Objective 1

To encourage greater participation by demonstrating:

- we have heard and taken into account the voice of patients and public
- we have shared those messages
- and what difference they have made.

### Objective 2

To tailor engagement to suit different needs, reviewing engagement plans for any gaps, to provide opportunities for the entire population of South Gloucestershire to influence local health services.

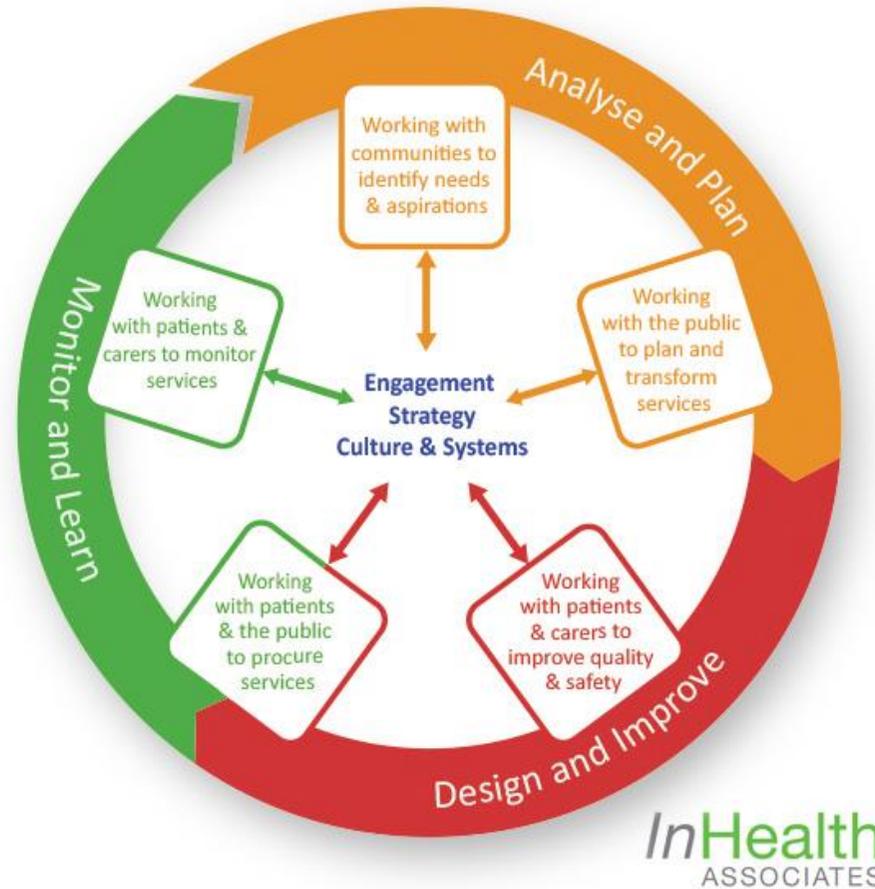
### Objective 3

To work collaboratively with statutory and voluntary sector partners to share feedback and make sure the patient voice influences the development of high quality local health services

## How local patients, families and carers and the public can have a say

South Gloucestershire CCG is committed to PPI being at the heart of its work. We will continue to listen and act upon patient and carer feedback at all stages of the commissioning cycle because we believe services are better when they are shaped by the experiences and aspirations of local people.

**The Engagement Cycle** below illustrates the need for patient and public involvement throughout the commissioning process.<sup>1</sup>



<sup>1</sup> 'The Engagement Cycle', available at [www.engagementcycle.org](http://www.engagementcycle.org) [accessed 26 January 2016].

## What kinds of things will we talk to patients and the public about?

This is not a complete list, but gives an idea of the kinds of things we might talk to people about

Community engagement to identify the health needs and aspirations of local people

These should be used to inform the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.

Public engagement to develop priorities, strategies and plans

This includes asking for views on our future commissioning priorities, as well as specific strategies such as the Dementia Strategy or the Falls Prevention Strategy.

Patient, carer and public involvement to improve services

We engage people on specific service developments, such as the recommissioning of Children's Community Health Services, to make sure their views are heard. We also have an approach to major service change (see Appendix 4)

Patient, carer and public engagement to procure services

We include lay representation in the procurement process, for example in the procurement of the 3Rs service. Patient and public feedback is also fed into the procurement process.

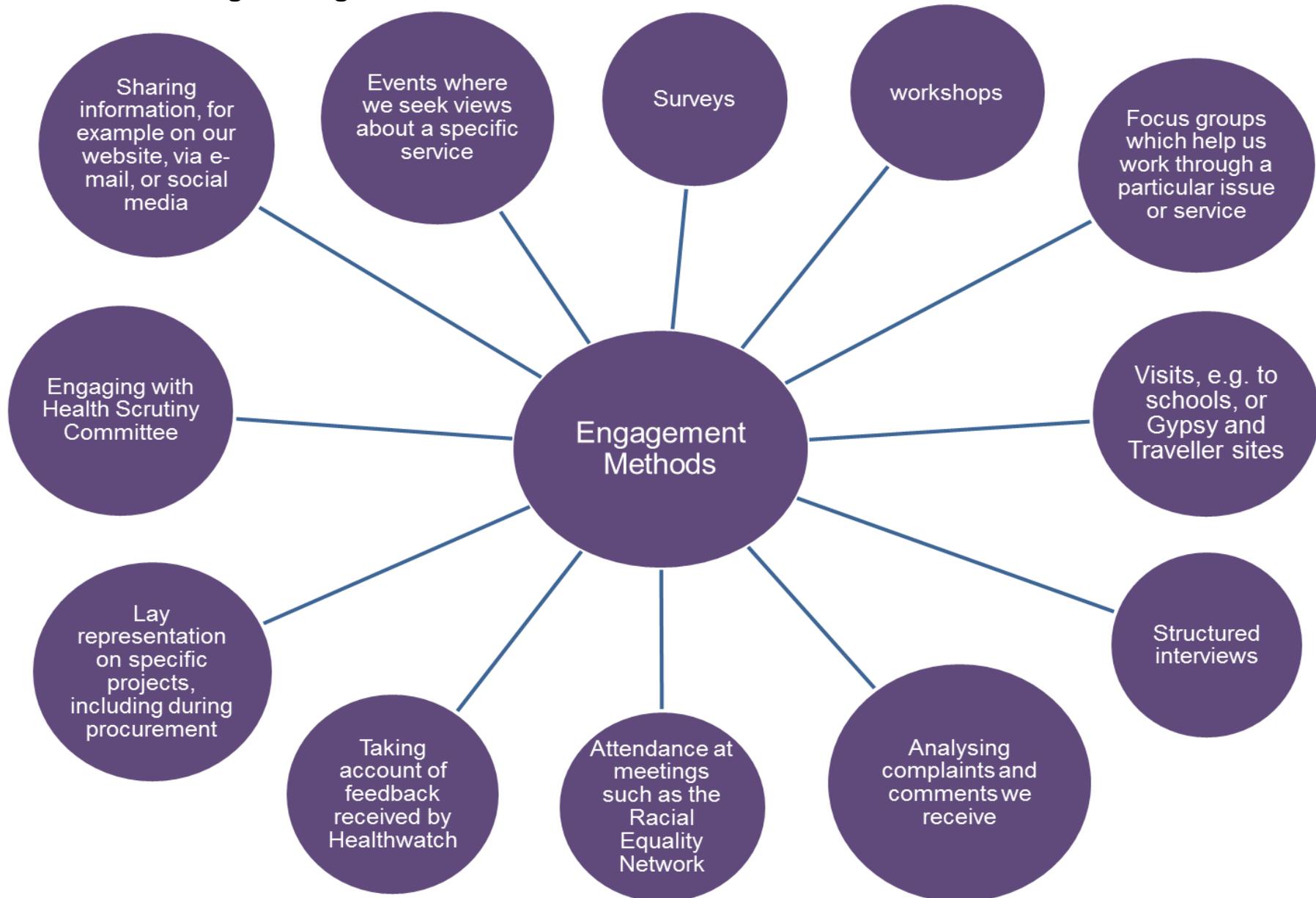
Patient and carer engagement to monitor services

We invite participation in thinking about how we will monitor services when they are commissioned, so that we can be sure they deliver the benefits patients, public and commissioners want to see.

## Who will we talk to?

- Service users
- Families and carers, including young carers
- The wider public
- Equality and 'Seldom Heard' groups
- Groups and individuals representing local communities
- Patient and carer groups
- South Gloucestershire Council, including elected Councillors through the Health Scrutiny Committee
- Healthwatch South Gloucestershire
- The Voluntary Sector, particularly those with an interest in health and social care
- Patient Participation Groups attached to each GP surgery

**We will do this through a range of one or more of these methods:**



## How will we decide which methods to use?

It is a key objective of this strategy “to tailor engagement to suit different needs, reviewing engagement plans for any gaps, to provide opportunities for people from across the whole of South Gloucestershire to influence local health services”.

There are many different methods we can use when engaging with service users, carers and the public, and it is important that we choose the right methods at the right time for the people we are trying to engage with.

We recognise that there is no ‘one size fits all’ approach to engagement, and that our plans need to be proportionate and appropriate to the needs of those we are engaging with, taking into account a range of factors.

In practice this means that for each engagement we will plan an approach which meets the needs of that particular project.

IPEF has a key role to play in providing assurance to the Governing Body that our engagement plans are robust and appropriate and in offering guidance to commissioners on how best to reach different sectors of the population.

Where appropriate engagement plans will be shared with Health Scrutiny Committee members for their comments prior to implementation.

## How do we act upon patient and public involvement feedback?

Patient and public involvement feedback is central to our work, and forms a key part of the evidence base required when we are thinking about planning or making changes to services.

The CCG also has a duty to ensure continuous improvement to the services it commissions, reduce inequalities, enable patient choice, promote patient involvement, integrate health and social care, and promote support innovation and research.

When we are planning changes or considering developments to our services we will listen to the views of patients and the public as outlined in this strategy. We will provide feedback via You Said We Did reports which will be made available on our website and which will be taken into account as commissioners proceed with planning and commissioning of services.

All such change will be clinically-led and underpinned by a clear evidence base which includes involvement feedback as well as clinical evidence, national and local policy, and the views of the local clinical community and health and social care partners.

## Patient and Public Involvement Governance and Leadership

### The CCG Governing Body

The South Gloucestershire CCG Governing Body has overall responsibility for Patient and Public Involvement and there is strong PPI leadership at this level. The CCG Governing body includes two lay members, one with responsibility for Patient and Public Involvement and Equalities.

### Improving Patient Experience Forum

The Improving Patient Experience Forum (IPEF) is a formal sub-committee of the CCG Governing body chaired by the Lay Member for Patient and Public Involvement and Equalities. Its role is to provide strategic leadership for patient and public involvement and equalities in the CCG and to provide assurance to the Governing Body that the CCG is meeting its statutory duties for these two areas.

### Patient and Public Involvement Team

All Clinical Commissioning Group and Commissioning Support Unit staff have a responsibility for PPI. In order to support this there is a dedicated Patient and Public Involvement team, comprised of a Patient and Public Involvement Manager, a Patient and Public Involvement Officer, and an Equalities Officer, with some administration support. This team works together with commissioners to ensure patient and public involvement is embedded at the heart of everything the CCG does.

## The PPI Strategy in context

The Strategy is intended as a high level document which sets out South Gloucestershire CCG's aims, objectives and approach to patient and public involvement. It should not be viewed in isolation, but should be seen as part of the broader strategic framework within which the CCG operates. We suggest it should be read alongside:

### ***The Equalities and Diversity Strategy***

Equalities and PPI are closely linked, and the revised Equalities and Diversity Strategy for 2016 to 2019 has been developed alongside this one.

### ***The Communications Strategy***

There are also clear links between the roles of PPI and

Communications. In order for people to have their say about health services, we first need to explain to them what we are engaging about and how they can get involved. In order to reach out to all sectors of the local community we need to be able to communicate effectively in a variety of formats which are appropriate and accessible.

### ***South Gloucestershire CCG Five Year Strategy***

The CCG has a five year strategy which sets out our vision and priorities for service change in South Gloucestershire's local health care system over a five year period from 2014 to 2019. This can be found at: [www.southgloucestershireccg.nhs.uk/library/commissioning/](http://www.southgloucestershireccg.nhs.uk/library/commissioning/)

### ***South Gloucestershire CCG Two Year Operational Plan***

This document sets out our commissioning intentions for the period 2014 to 2016 and demonstrates how we will commission services that meet the needs of our population. It can be found here:

[www.southgloucestershireccg.nhs.uk/library/commissioning/](http://www.southgloucestershireccg.nhs.uk/library/commissioning/)

### ***South Gloucestershire CCG Commissioning Summary Plan***

This summary document, also known as the 'Plan on a Page' captures in a one page document the CCG's key commissioning intentions for the year ahead. The current summary plan can be found here:

[www.southgloucestershireccg.nhs.uk/library/commissioning/](http://www.southgloucestershireccg.nhs.uk/library/commissioning/)

## Implementation of the PPI Strategy

To help us achieve the objectives we have set for ourselves in this strategy, an implementation plan will be developed and agreed by the Improving Patient Experience Forum. A one year action plan in the first instance, it will be monitored and reviewed by the Improving Patient Experience Forum on an annual basis.

For each objective will identify key actions which we think will help us to achieve what we want to. We will identify who will do this work, and how we will know if we have succeeded.

## **Appendix 1: The National and Local Context for Patient and Public Involvement**

This strategy takes account of a range of legislation, guidance and good practice surrounding patient and public involvement, as well as national and local strategies for the commissioning of health services, including the following:

### **The Health and Social Care Act 2012**

The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006, including some referring to patient and public involvement in local healthcare services.

Patient and Public involvement duties as described in Section 14Z2 of the Act require that the clinical commissioning group involves individuals in planning of commissioning arrangements; in the development and consideration of proposals for changes in commissioning arrangements where these would impact on the way in which services are delivered or the range of services available; and in decisions that would have a significant impact.

Section 244 of the Act also sets out the duty of NHS bodies to consult their Local Authority Health Scrutiny Committee when they are planning a 'substantial' development or variation in service.

The Act can be found here: <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

### **NHS Constitution**

The right of patients to be involved in the planning and development of health services is also set out in the NHS constitution. The NHS Constitution can be downloaded in full here: <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

### **Equality Duties**

The public sector equality duties outline how South Gloucestershire CCG as a public body must, in the exercise of its functions, have due regard for the need to:

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

NHS South Gloucestershire has a duty to involve the public in how best to ensure that all individuals have equal access to, and benefit from, the full range of health care services. Further details of our approach to equalities are detailed in the Equalities Strategy.

### **Transforming Participation in Health and Care, September 2013**

This guide produced by NHS England in 2013 provides advice to Clinical Commissioning Groups on how to undertake patient and public involvement. It can be found here: <https://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf>

### **A Guide for CCGs: Engaging the Public in Difficult Decisions about Health Service Change**

This guidance published in 2015 by NHS Clinical Commissioners (NHSCC) gives advice on how clinical commissioning groups can engage the public in challenging decisions about healthcare transformation. It can be found here: [www.nhsc.org/latest-news/engaging-public-essential-guide-clinical-commissioning-groups/](http://www.nhsc.org/latest-news/engaging-public-essential-guide-clinical-commissioning-groups/)

### **Cabinet Office Consultation Principles**

These principles produced by central government, give guidance to government departments on conducting consultations, including when to consult, how to consult and length of consultations. The principles can be found here: [www.gov.uk/government/publications/consultation-principles-guidance](http://www.gov.uk/government/publications/consultation-principles-guidance) .

## **NHS Five Year Forward View**

The NHS Five Year Forward View, published in October 2014 sets out a vision for the future of the NHS based around new models of care. It was developed by the partner organisations that deliver and oversee health and care services including Care Quality Commission, Public Health England and NHS Improvement (previously Monitor and National Trust Development Authority). Patient groups, clinicians and independent experts also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services. It can be found here: [www.england.nhs.uk/ourwork/futurenhs/](http://www.england.nhs.uk/ourwork/futurenhs/)

## **South Gloucestershire Compact 2014**

The South Gloucestershire Compact is an agreement between the public sector and voluntary & community sector organisations in South Gloucestershire. It sets out a way of working to strengthen the relationship between the sectors, for the benefit of residents and communities.

## Appendix 2: Improving Patient Experience Forum Terms of Reference



*South Gloucestershire  
Clinical Commissioning Group*

### **SOUTH GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP**

#### **Improving the Patient Experience Forum**

#### **Terms of Reference**

##### **1. Purpose**

- i) To provide strategic leadership for Patient and Public Involvement (PPI) and Equalities in the South Gloucestershire Clinical Commissioning Group (CCG).
- ii) To ensure that the CCG achieves the aims and objectives outlined in the PPI and Equality Strategies.
- iii) To ensure that the processes and systems are in place to enable the CCG to meet its statutory requirements with regard to PPI and Equalities.
- iv) To promote and advise on PPI and Equalities best practice across South Gloucestershire CCG.

##### **2. Responsibilities**

- i) To promote and oversee the systems and processes for Patient and Public Involvement (PPI) and Equalities on behalf of the CCG.
- ii) To report to the CCG Board on the development, implementation and monitoring of the Patient and Public Involvement and Equality Strategies.
- iii) Provide assurance to the CCG Board that the CCG is fulfilling its statutory requirements with regard to Patient and Public Involvement (PPI), and Equalities through the implementation of the Equality Delivery System.
- iv) Oversee and ensure effective and accessible communication with regards to the PPI and Equalities agendas.
- v) To provide an annual report on the Forum's achievements to the CCG Board.

### **3. Membership**

The membership of the Improving Patient Experience Forum will be:

- Chair of the Forum: South Gloucestershire Clinical Commissioning Group (CCG) Board lay member with responsibility for Patient and Public Involvement and Equalities;
- Vice Chair of the Forum: South Gloucestershire CCG GP Board member with responsibility for Patient and Public Involvement;
- South Gloucestershire Healthwatch;
- The Care Forum - Voluntary Sector representative;
- Carers Support Centre - Carer representative;
- South Gloucestershire Disability Equality Network representative;
- South Gloucestershire Race Equality Network representative;
- South Gloucestershire Mental Health Service User and Carer Engagement Forum representative;
- NHS North Bristol Trust Patient Panel representative;
- South Gloucestershire Patient Participation Group Representative Forum
- Local authority representative
- South Gloucestershire CCG: Nurse Director and Head of Quality and Safeguarding
- South Gloucestershire CCG: Patient and Public Involvement Manager
- South Gloucestershire CCG: Equality and Patient and Public Involvement Officer

The following will be in attendance:

- Administrative Officer , CCG
- Communications Manager, South West Commissioning Support
- Other officers from the CCG and or relevant health organisations may be invited to attend where their attendance is required to inform and support any given item under discussion by the forum.

### **4. Quorum**

A minimum of four members will constitute a quorum, which must include either the Chair or Vice Chair of the Forum, the Patient and Public Involvement Manager or deputy, and two non-NHS representatives.

## **5. Reporting arrangements**

The minutes of the Improving Patient Experience Forum shall be formally recorded and submitted to the CCG Governing Body. Approval of the minutes may be undertaken electronically before the subsequent meeting in order to expedite the submission of the minutes to the CCG Governing Body.

## **6. Administration**

Administrative support will be provided by the CCG.

## **7. Frequency**

The Improving Patient Experience Forum will meet on a bi-monthly basis and extraordinary meetings can be held as required.

## **8. Conduct of the Forum**

The Forum shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles. To ensure transparency and to avoid conflicts of interests, members will need to declare any relevant and material interests which include:

- Directorships, including non-executive directorships held in private companies or Public Limited Companies (PLCs) (with the exception of dormant companies) likely or possibly seeking to do business with the NHS
- Ownership or part ownership of private companies businesses or consultancies likely or possibly seeking to do business with the NHS
- Majority or controlling shareholdings in organisations likely or possibly seeking to do business in the NHS
- A position of authority in a charity or voluntary body in the field of health or social care
- A position of authority and general employment with a voluntary body or other body contracting for NHS services or commissioning NHS services
- Any connection with an organisation, entity or company considering entering into, or having entered into, a financial

arrangement with the CCG (including lenders or banks)

- Any position of responsibility in a professional body, trade union, political or campaigning group
- Any of the above interests held by a spouse or partner

The interests will be formally recorded in a register which will be available to the public.

#### 9. Review

These Terms of Reference will be reviewed on an annual basis, or sooner if required, with recommendations made to the CCG Governing Body.

<b>Date approved by IPEF:</b>	<b>22nd October 2014</b>
<b>Date approved by Governing Body</b>	<b>26<sup>th</sup> November 2014</b>
<b>Next Review date:</b>	<b>April 2016</b>

## Appendix 3 Glossary of Terms

**The Care Forum** - an independent voluntary and community sector infrastructure organisation working mainly across South Gloucestershire, Bath and North East Somerset, Bristol and North Somerset.

**Commissioning** – the process of identifying a community’s social and/or health care needs and buying services on behalf of local people to meet those needs. This is the key function of NHS South Gloucestershire.

**Consultation** – the process for seeking the public’s views on proposals for changing the way services are provided.

NHS trusts are required to consult health scrutiny committees on substantial variations in the provision of a service.

**Department of Health (DH)** – the Government department responsible for delivering health and social care.

**Engagement** - this is a term used to describe the many ways in which we involve patients and the public in the work of the CCG.

Engagement is a two-way process, involving interaction and listening, with the goal of generating mutual benefit. **Health and**

**Wellbeing Strategy** - South Gloucestershire’s Joint Health & Wellbeing Strategy (JHWS) has been produced on behalf of the Health & Wellbeing Board by the Council (Department for Children, Adults and Health) and Clinical Commissioning Group with involvement from the community/voluntary sector. The JHWS sets out the priorities and actions which the Health & Wellbeing Board plan to carry out from 2013 to 2016 to improve the health and wellbeing of people living and working in the area and to decrease health inequalities. It can be found here: <http://sites.southglos.gov.uk/oaof/health-and-wellbeing-board/joint-health-and-wellbeing-strategy/>

**Health Scrutiny Committee** - local authorities with social service responsibilities have established Overview and Scrutiny Committees (OSCs) to undertake statutory health scrutiny and make reports and recommendations to NHS bodies. The South Gloucestershire OSC is called the Health Scrutiny Committee.

**Healthwatch** - Healthwatch South Gloucestershire is an independent organization which gives children, young people and adults across South Gloucestershire a voice both locally and nationally by listening to people's experiences and feeding these back to local services.

**Improving Patient Experience Forum** - a formal sub-committee of the CCG Board. It has the responsibility for providing strategic leadership for the development of patient and public involvement across the CCG. Membership consists of both senior representation from across the CCG and non-NHS representation (IPEF Terms of Reference are included at [Appendix 2](#)).

**Joint Strategic Needs Assessment** - The Joint Strategic Needs Assessment (JSNA) provides a picture of the current and future health and wellbeing needs of the local population. Local councils and NHS Clinical Commissioning Groups (CCGs) have equal and explicit obligations to prepare a JSNA and this duty will be discharged by the Health & Wellbeing Board in accordance with the Health and Social Care Act (2012). The Joint Strategic Needs Assessment can be found here:  
<http://sites.southglos.gov.uk/oaof/health-and-wellbeing-board/joint-strategic-needs-assessment/> .

**Overview and Scrutiny Committee** – see *Health Scrutiny Committee* above.

**Patient Experience** - information about what people think about the services they use which should be used to develop patient centred services.

**Patient and Public Involvement (PPI)** – Patient and Public involvement duties as described in Section 14Z2 of the Health and Social Care Act 2012 require that the clinical commissioning group involves individuals in planning of commissioning arrangements; in the development and consideration of proposals for changes in commissioning arrangements where these would impact on the way in which services are delivered or the range of services available; and in decisions that would have a significant impact. The legislation does not prescribe what involvement is, but it can range from information sharing to a formal consultation. *Involvement* is sometimes referred to as *engagement*.

**Personalisation** – personalisation refers to patients having a greater say in the service they receive based on an assessment of their specific needs. Ways of achieving this can include direct payments and individual budgets.

**Stakeholder** – a person, group or organisation with an interest in a service.

## Appendix 4: Our Approach to Major Service Change

Changes to services often happen incrementally, however in some circumstances proposals may arise for more significant changes, referred to as major service changes. Such decisions require additional checks, as well as specific engagement and communication. The principles contained in this strategy are relevant for when we approach major service change. There is no fixed way of involving people in our work, and we are committed to ensuring our approach is appropriate and proportionate to any service change being considered.

However, when we approach major service change, there are other aspects to consider– which need to be an integral part when developing proposals. In line with national guidance from NHS England the formal assurance processes and best practice guidance for major

service change are summarised in the following flowchart:  
[https://www.southgloucestershireccg.nhs.uk/media/medialibrary/2014/12/our\\_approach\\_service\\_change.pdf](https://www.southgloucestershireccg.nhs.uk/media/medialibrary/2014/12/our_approach_service_change.pdf)

As already stated in this strategy for involvement, when considering potential changes to services, we will put the needs of patients and the public first. Change will be clinically-led and underpinned by the available evidence base. We will involve the local clinical community and health and social care partners, ensuring we take advantage of the opportunities for integrating services.

We believe involving patients and the wider public is essential for the design of high quality services. People with specific health needs, or people who care for them, are experts in that area, and we are

committed to using their expertise in shaping the health services they use.

Decisions will be informed through open and transparent discussions, where people are able to influence decisions and see how their feedback has been acted upon.

Involving people in our work will also help address health inequalities, aiming to ensure that services are available and accessible to all sections of our diverse community. If we genuinely succeed in reaching all groups, we will have better opportunities to understand and respond to their needs.

