



**Ipsos MORI**  
Social Research Institute



# CCG 360° stakeholder survey 2017/18

Case studies of high performing and improved CCGs

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## Background and key themes

Following the 2017/18 CCG 360° stakeholder survey, case study interviews were conducted with representatives from five high-performing CCGs. These interviews sought to identify transferable actions that other CCGs could adopt or adapt to improve the way they engage with their own stakeholders.

The CCG 360° stakeholder survey results from 2017/18 and 2016/17 were used to identify CCGs that had achieved consistently strong results over both survey waves and those that had made a large improvement since 2016/17. CCGs were selected, in collaboration with NHS England, to cover the range of topic areas in the questionnaire, as well as to ensure a spread of CCGs across the country. CCGs were then informed about the research and invited to take part.

Each case study was conducted via a telephone interview with relevant staff from the CCG. The telephone interview was structured around a discussion guide, with key questions sent to CCGs in advance to allow them to prepare. The discussion guide covered: context of the CCG; current stakeholders; actions that have led to improvements in ratings OR actions which have contributed to consistently high ratings; and, plans for the future. Some of the key themes arising from the case studies are outlined below.

### 1 Involve stakeholders early

CCGs recognised the importance of involving stakeholders right at the beginning of the decision-making process. While this could lead to a longer consultation process, it led to better outcomes for patients and increased satisfaction among stakeholders.

### 2 Provide better feedback

There was a general desire among CCGs to improve the way they feed back to stakeholders about decisions they had made. Measures that the CCGs said helped include allowing more time for this in meetings and improving communications materials such as newsletters.

### 3 Improve communications

CCGs recognised that clear and appropriate communication was a vital part of giving stakeholders the opportunity to be more involved with decisions the CCG was making. One approach to achieving this was to give stakeholders a direct point of contact within the CCG to help encourage them to contact the CCG.

### 4 Create a joint understanding

CCGs reported that by improving the level of understanding between the CCG and stakeholders, they have been able to achieve more collaborative relationships. For example, one CCG made efforts to more clearly inform stakeholders of the constraints the CCG faces. Another CCG spent time in provider organisations to gain a more accurate understanding of the challenges they were facing.

## East and North Hertfordshire CCG: Building on strong internal foundations and strengthening external relationships

This year, stakeholder feedback indicates that East and North Hertfordshire CCG has made significant progress in the way it involved stakeholders in commissioning decisions and the extent to which it is viewed as a local system leader. On this measure, the CCG saw an increase of 20% compared to last year. The CCG reported that, having developed strong internal engagement processes, the 2016/17 stakeholder survey highlighted that their external focus was limited to too small a group of stakeholders. To remedy this, the CCG had focused on building stronger relationships with stakeholders over the past year, while maintaining its strong performance in other areas.

**Engaging GPs early when making decisions:** The CCG explained that a number of services have been re-specified or had pathways redefined in the last year. Rather than approaching GPs once decisions had already been made, the CCG sought GPs’ opinions early, at a formative stage. Although this meant that some changes took longer to implement, the CCG reported that this approach enabled them to develop a far more open and constructive relationship with their GP member practices.

**Getting stakeholders together in a room:** Over the last year, the CCG has transitioned from having one very formal member practices’ meeting per year, to having four meetings per year. These meetings bring all GPs and practice managers together in one room to voice their opinions and concerns to the CCG. While the CCG admitted that it initially faced criticism from GPs for not engaging with them earlier, the quarterly meetings have become a valuable way for the CCG to understand GPs’ issues and to demonstrate that the CCG was taking these onboard.

**Approaching engagement systematically:** A public awareness-raising and priority-setting process, followed by a wide-ranging programme of engagement and consultation, gave the CCG an opportunity to engage constructively with patients and the public over the last year. This process also reinvigorated relationships with Healthwatch, Health Scrutiny and the local Health and Wellbeing Board. To ensure that good relationships with these stakeholders are maintained, the CCG has taken a systematic approach—meeting with key stakeholders regularly, and consistently sending senior staff to engagement meetings. The CCG has also facilitated closer communications with key stakeholders, including NHS provider organisations, by establishing senior, dedicated points of contact within the CCG.



## Greater Huddersfield CCG: Tailoring engagement with stakeholders

Greater Huddersfield CCG, and other NHS partners, have proposed controversial changes to local service provision, which have been recently been assessed by the Independent Reconfiguration Panel (IRP). The CCG 360 stakeholder survey results indicate that, while further action is required by the IRP, the CCG has made a number of changes to improve the way that it engages its stakeholders. For example, this year stakeholders were significantly more positive about how the CCG monitors and reviews services than they were last year: 73% of stakeholders said they have confidence that the CCG monitors the quality of services it commissions in an effective manner, compared to 47% in 2016/17. The CCG reports that it has sought to establish a good understanding of any given problem while then working collaboratively to try and solve it.

**Making engagement activities more stakeholder-centric:** The CCG modified the way it ran meetings with GP practices throughout the year (including business meetings, commissioning for value meetings, and individual practice visits). This included:

- Streamlining their meeting agendas, giving GPs more time to comment on proposals. The CCG reported that this allowed for more collaborative problem-solving between GPs and the CCG.
- Having a GP chair meetings rather than a member of CCG management. The CCG believed that this had made it easier to engage GPs. In the words of a CCG member it enabled “GPs to speak GP”.
- Outlining the CCG’s financial position during meetings more clearly, and the consequences of not meeting these obligations, before opening up the discussion about the proposals put forward.

**Communicating about how feedback is used:** The CCG had also improved the way it fed back to stakeholders about the actions it had taken on the basis of their comments. The CCG improved its fortnightly GP newsletter, divided it into managerial and clinical sections, reduced its length and included more links to online resources.

**Educating stakeholders about the CCG’s limitations:** The CCG identified that some stakeholders did not fully understand the confines within which the CCG operates. The CCG felt that this acted as a barrier to collaborative working. To address this, the CCG had been making an effort to more clearly inform stakeholders of the constraints the CCG faces: what it *is* and what it is *not* able to do, for example, that the CCG must comply with EU procurement laws when putting contracts out to tender. The CCG said that building this understanding had led to stakeholders being more involved in designing suitable solutions to existing problems.





## Merton CCG: Working with stakeholders to improve services for patients and the public

Following a management restructure, it was necessary for Merton CCG to quickly re-build strong relationships with stakeholders. Building these relationships was not seen as an end in itself, but a fresh opportunity to tackle those issues which would benefit from a multi-agency approach. Therefore, when approaching these relationships, the key message from the CCG was their desire to work together with stakeholders to solve problems, rather than passing responsibility between stakeholders, or allowing issues to fall between the cracks. The CCG's success is reflected in stakeholders' improved perceptions of the CCG's leadership. For example, 76% of stakeholders reported confidence in the leadership to deliver its plans and priorities, a 26 percentage point increase since 2017/2018.

**Working with providers to improve services:** The CCG was working increasingly closely with their main acute provider and the local council to address the issue of delayed transfers of care. Initially, in order to gain a deeper understanding of the challenges the provider was facing, senior members of the CCG and the council's Director of Community and Housing visited the hospital, reviewed details and agreed plans for all delayed patients. Based on this increased understanding, the CCG and council created joint funding policies and regular review meetings to tackle these issues in the future.

**Working with member practices to understand variation:** The CCG was working hard to engage with GPs, particularly on the issue of efficiency. Two of the senior clinical leaders who sit on the governing body have led on a piece of work about practice variation (different rates of diagnostic tests and referrals across practices). This involved meeting with different practices to understand why there is variation and to help the CCG understand how they could commission services differently to support practices and standardise ways of working.

**Working with the council and voluntary sector to tackle health inequality:** The CCG had been re-thinking what the model of health and wellbeing needed to look like to effectively address health inequalities. It liaised with the Health and Wellbeing Board to ensure that this work was done collaboratively and included the range of functions the council and voluntary sector are responsible for. Using this approach, it was working jointly with the council and voluntary sector organisations on a project to redevelop a hospital site in East Merton as a Health and Wellbeing campus.



*We're driven by being effective in achieving our objectives. And that involves doing things together with other agencies*



*It has to be about setting the right culture for working together, and actually having joint ambitions*

## Surrey Heath CCG: Putting patients and the public at the heart of commissioning services

Surrey Heath CCG has consistently scored highly in questions around patient engagement. This year, 95% of its stakeholders were ‘fairly satisfied’ or ‘very satisfied’ with how their CCG involved patients and the public and 86% ‘strongly agreed’ or ‘tended to agree’ that their CCG considers the views of patients and the public when making commissioning decisions. Since it was formed, the CCG has worked hard to put patient and public involvement at the centre of everything it has done. Part of this strategy included involving experts during this set-up, to ensure patients and the public were engaged as effectively as possible from the beginning. Whilst this involvement underpins day to day activity, the CCG have implemented the following policies to try and support this:

**Running regular and engaging meetings with patients and the public:** The CCG runs three meetings a year with patients and public. In order to ensure these meetings are as effective as possible, the CCG has:

- **Involved all CCG staff:** All CCG staff attend these meetings to ensure that patients and the public feel that staff are accessible, and to enable them to feedback to staff directly. Patient and public involvement is seen as everyone’s responsibility and is built into the ethos and culture of the organisation.
- **Involved other stakeholders:** Other stakeholders are invited to the meetings that are relevant to them—for example the CCG invites representatives from its mental health provider when mental health provision is going to be discussed. Feedback from patients and the public is also shared at meetings with stakeholders, to ensure that they are aware of patient opinion and the work that has been done to engage with them on various issues.
- **Feedback on issues raised at previous events:** During these meetings, the CCG also feeds back on any issues that were raised at the last meeting with information on what has been done as a result or, where this isn’t the case, to explain why things haven’t changed. The ‘You said, we did, so what’ update has proven valuable over the years, ensuring the public are able to hold the CCG to account. This helps members of the public see the impact of sharing their experience and suggestions, and encourages them to stay engaged.



## Surrey Heath CCG: Putting patients and the public at the heart of commissioning services

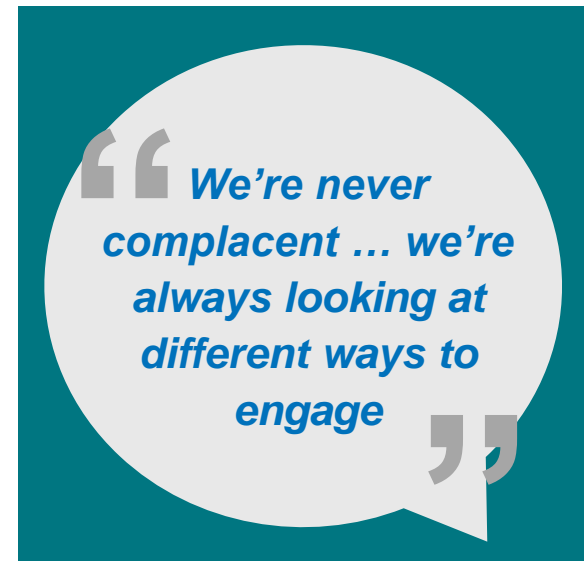
- **Using technology:** The CCG uses an online tool, *Slido*, at events. This allows the team to share information, conduct real-time polling and collect anonymous questions. It has found this encourages those who are less comfortable speaking in public to share their views, and ensures that the CCG has a clear record of questions raised and what was discussed.

**Involving patients at the outset of decisions:** When considering a change, the CCG organises focus groups with patients, to ensure their perspective feeds into decisions at an early stage. These are run on an ad-hoc basis when needed. The CCG also has Community Reps, who it consults regularly, and who have links with wider organisations and networks.

**Building relationships across CCGs:** The CCG understands the importance of building relationships and sharing learning. An example of this is working with Community Reps from neighbouring CCGs to help build a larger network for patient engagement activities, and regular communication between local CCGs ensures that best practice and learnings are shared.

**Communications that adapt to stakeholder need:** The CCG has increased the resource available to its communications team, enabling them to ensure that their communications are adapted to the needs of specific populations. Sometimes, this means going against 'the way communications are normally done', if that works better for the population. The CCG regularly seeks feedback from the stakeholder groups that receive them.

Surrey Heath CCG continues to review how it engages with patients and the public and to work on improving and learning, to ensure it can better meet the needs of its local community.



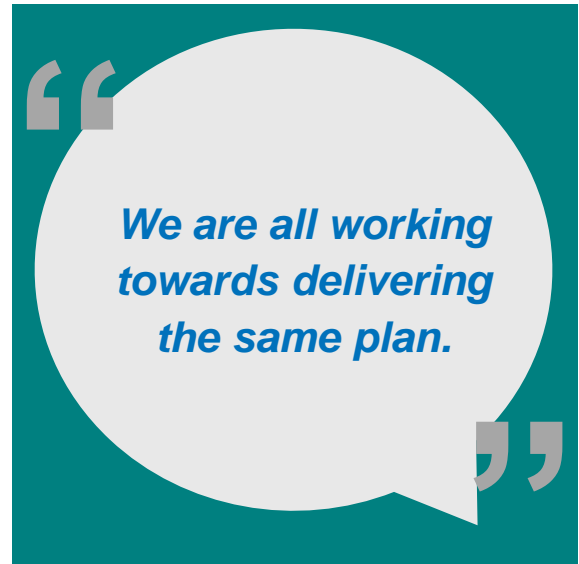


## Salford CCG: Engaging with stakeholders and working collaboratively to deliver a shared vision

This year, Salford CCG saw an increase in its scores relating to stakeholder awareness of – and influence over – the CCG’s plans and priorities. For example, 73% of stakeholders feel they have been given the opportunity to influence the CCG’s plans and priorities, compared to 43% in 2016/17. The CCG attributed these increased scores to the incremental effect of regular and meaningful engagement with stakeholders and working collaboratively to successfully deliver a shared vision. Additionally, there were a couple of specific actions the CCG felt may have contributed to the increased scores.

**Joint commissioning with the local council to improve service delivery:** At the beginning of 2017/18 following a year of running shadow governance arrangements, Salford CCG and the local council began to commission adult health and social care services together. While the two organisations had worked closely in the past, the CCG feels that the formalisation of this relationship, by pooling resources and making joint decisions, has helped to further develop a shared approach to developing new services and improving existing services. For example the CCG and council, working together with the local hospital, have halved the number of delayed transfer of care cases in the last year and sustained referral-to-treatment time performance despite significant winter pressures.

The CCG has also established the only freestanding midwifery-led unit in Greater Manchester for women who want to give birth in a home-from-home environment. In addition, through a collaborative re-design of home care involving service users, staff, and carers it has secured the right services for around one million home care visits each year and agreed additional investment in staff through an enhanced carer’s wage.



## Salford CCG: Engaging with stakeholders and working collaboratively to deliver a shared vision

**Approaching stakeholder engagement systematically:** The five year health and social care plan for Salford was co-designed together with partners and service users through the city’s Health and Wellbeing Board. Salford CCG plays a key role co-chairing this board and ensuring progress is regularly reviewed and partners are actively engaged in changes through a joint engagement plan. Good examples of the impact of this can be found in the recent ‘Age Friendly City’ pledge which challenged all board members to understand their role in making the city a great place for people to be healthy into their older years. Another example is through the Living Wage Champions award 2018 where the board was recognised nationally for the high proportion of members (80%) who pay their staff the Living Wage (as calculated by the Living Wage Foundation as the amount that, on average, employees need to live on).

The CCG recognised stakeholder engagement is underpinned by successes of plans developed together with others. Over the last year there has been significant focus on the continuous engagement with partners and members through both formal and informal meetings. A biannual members’ event provides a further opportunity for the CCG to seek feedback from member practices and other stakeholders on plans that are already in place, and also provides the opportunity for stakeholders to help shape future plans. These events also often incorporate “bigger picture strategy talks”, for example, the Chief Officer for Greater Manchester Health and Social Care Partnership recently spoke about devolution and its implications for GPs, answering questions and discussing concerns. Additionally, senior leaders from across the stakeholder groups meet on a monthly basis to discuss upcoming business in an informal way and without an agenda.

