

2019/20 NHS Oversight Framework

Patient and Community Engagement Indicator
(Compliance with statutory guidance on
patient and public participation in
commissioning health and care)

Guidance for CCGs

**2019/20 NHS Oversight Framework
Patient and Community Engagement Indicator**

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1 Quick reference guide

1.1 Key dates

Activity	Date
CCGs receive tailored 'Patient and Community Engagement Indicator evidence template'	29 November 2019
CCGs submit completed evidence template	By 1pm on 10 February 2020. This deadline will not be extended
Final scores published on https://www.england.nhs.uk/commissioning/regulation/ccg-assess/iaf/ as part of the NHS Oversight Framework	Summer 2020

1.2 Contact details

If you have any queries please contact the NHS England and NHS Improvement Public Participation Team using the details below:

Email: england.engagement@nhs.net

Telephone: 0113 825 0861

1.3 2019/20 Assessment process: At a glance

This diagram provides a summary of the assessment process for the 2019/20 [NHS Oversight Framework](#) Patient and Community Engagement Indicator. Further information is provided in section two.

NHS England and NHS Improvement Public Participation Team issue refreshed 2019/20 supporting guidance and evidence submission templates to CCG Accountable Officers. The cover email includes details of how CCGs approved for merger from April 2020 can request a joint evidence submission template if they wish to do so.

November 2019

CCGs prepare evidence of engagement in line with the statutory guidance on [patient and public participation in commissioning health and care](#). CCGs work with local people and communities, where possible, to prepare evidence.

November 2019 - February 2020

CCGs identify and submit evidence using the appropriate evidence template. CCGs include a 'description of change' wherever they indicate that a criterion is met in 2019/20 that was assessed as unmet in 2018/19 (or vice versa). Submissions are signed off by the Accountable Officer of the CCG.

Final date for submissions: 1pm, 10 February 2020

Initial score (and related RAGG* [Red, Amber, Green, Green Star] rating) auto-generated from each submission. NHS England and NHS Improvement undertakes national assessment using the [published indicator framework](#) to agree scores and RAGG* ratings. Moderation is undertaken by a panel led by NHS England and NHS Improvement, and includes other members prior to confirmation of final scores. The scores generated are final.

February 2020 - June 2020

CCG Accountable Officers receive outcome of Patient and Community Engagement Indicator assessment prior to publication. Final scores are published as part of the CCG ratings under the NHS Oversight Framework.

Summer 2020

1.4 Introduction

This document provides information about the Patient and Community Engagement Indicator (Indicator 52: Compliance with statutory guidance on patient and public participation in commissioning health and care - 166a) in the [The NHS Oversight Framework for 2019/20](#) which has replaced the CCG Improvement and Assessment Framework (IAF) and the provider Single Oversight Framework, and will inform assessment of CCGs in 2019/20. It supports CCGs to identify and compile evidence, and to complete the evidence template.

This guidance accompanies the following documents. Please ensure that you have access to them all before completing your submission:

- An individual CCG 'Patient and Community Engagement Indicator evidence template' (this will be sent by email to the Accountable Officer email address held by NHS England and NHS Improvement on or before 29 November 2019).
- Where requested, a joint CCG evidence submission template for CCGs who have been formally approved to merge from April 2020 (these should be requested using the details provided in the cover email by 6 December 2019).
- Statutory guidance on [patient and public participation in commissioning health and care](#).

If you do not have access to any of these documents please contact us using the details on page four.

1.5 Background to the Patient and Community Engagement Indicator 2019/20

Under the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), CCGs have a statutory duty to involve the public in commissioning (section 14Z2). In addition to meeting statutory responsibilities, effective patient and public participation helps CCGs to ensure that commissioned services address the needs of local communities and tackle health inequalities.

As well as a commitment to supporting continuous improvement in public participation, NHS England has a legal duty (section 14Z16) to assess how well each CCG has discharged its public involvement duty (section 14Z2). NHS England completed the second national assessment of patient and public participation in CCGs as part of the CCG Improvement and Assessment Framework in 2018/19. CCGs' individual results were [published in July](#) 2019. A report summarising key themes and trends from 2018/19 is provided in Appendix A.

Further to feedback from stakeholders including CCGs, NHS England and NHS Improvement colleagues, and other partners; a refreshed assessment approach has been introduced for CCGs who have been approved to merge from April 2020. A summary of feedback and actions taken in response is provided in Appendix B.

As part of the evidence submission process for 2019/20 CCGs will be required to submit an evidence submission template. The templates will be pre-populated with the 2018/19 assessment result. Where the CCG indicates that a criterion has been met in 2019/20 which was assessed as unmet in 2018/19, or vice versa, the CCG is required to provide up to three links to evidence and a description of change. Evidence will not be required for criteria that were assessed as having been met in 2018/19.

NHS England and NHS Improvement will continue to work with partners, including CCGs and other local and national partners, to continue to develop the approach to improvement focused assessment in this area.

1.6 Options for CCGs approved to merge from 1 April 2020.

For CCGs approved to merge from 1 April 2020, the 2019/20 assessment process introduces the option to submit a joint submission template covering all merging CCGs. This process requires CCGs to complete a single evidence template, selecting evidence from across all constituent CCGs. CCGs adopting this approach are encouraged to include evidence from across all constituent CCGs and to use this process to inform planning for working in partnership with people and communities from April 2020.

CCGs opting to make a single submission will be required to include approval of the submission for all Accountable Officers in the group. The template will not indicate whether the CCG(s) met the criterion in the 2018/19 assessment and therefore full evidence will be required for all criteria.

The final score and RAGG* rating generated will be for each individual CCG who is part of the joint submission process. All CCGs in the joint submission will receive the same RAGG* rating and score.

It is expected that CCGs opting to work on a joint submission will work collectively to gather, agree and submit the best piece of evidence for each criterion. Joint submissions should include a range of evidence from across all constituent CCGs.

Whilst there is no requirement that each criterion should include evidence from all CCGs, across each domain at least one example should be provided by all CCGs in the merging group.

1.7 Overview of the Patient and Community Engagement Indicator 2019/20

The Patient and Community Engagement Indicator evidences CCGs' implementation of the revised statutory guidance on [patient and public participation in commissioning health and care](#) and therefore their compliance with the '14Z2' statutory duty. The full name of the indicator is 'compliance with statutory guidance on patient and public participation in commissioning health and care'.

The framework and criteria for the indicator are as described in the the [NHS Oversight Framework for 2019/20](#).

The criteria are closely linked with the 'key actions' in the [statutory guidance](#) and are grouped under five themed domains, as follows:

- A. Governance;
- B. Annual reporting;
- C. Day-to-day practice;
- D. Feedback and evaluation;
- E. Equalities and health inequalities.

As in 2018/19 evidence will be taken from information available on CCGs' websites, as these provide the 'front door' to the work of CCGs and offer a snapshot of engagement that remains relatively fixed, to provide a consistent basis for assessment. The full set of criteria is provided in the evidence template.

2 Requirements and recommendations

2.1 Reviewing evidence and completing the evidence template

The Accountable Officer of each CCG will receive an individual 'Patient and Community Engagement Indicator evidence template' on or before 29 November 2019. This will be sent by email to the Accountable Officer email address held by NHS England and NHS Improvement. It is the responsibility of each CCG to ensure that NHS England and NHS Improvement holds the correct details for the Accountable Officer of the CCG.

The template will include:

- The full list of assessment criteria;
- Detailed instructions about how to complete the template;
- A breakdown of the CCG's assessment in 2018/19.

Note: if the CCG was newly created on 1 April 2019 the evidence submission template will not include a breakdown of the CCG assessment in 2018/19. Additionally, CCGs newly created in April 2019 will not be required to complete domain B of the template.

CCGs approved to merge from 1 April 2020 may submit a joint evidence submission template (see page 7). If the CCG would like to make a joint submission, the CCG must reply to the email sent on or before the 29 November 2019 confirming this request. Requests for joint submissions must be sent via email to england.engagement@nhs.net by 6 December 2019.

If you have not received your template by 2 December 2019 please email england.engagement@nhs.net at the earliest opportunity. The deadline for completed evidence submissions will not be extended.

CCGs are **recommended** to:

- Review their engagement activities and prepare evidence, working with local people and communities where possible; including local Healthwatch, relevant voluntary and community sector organisations and patient groups (although this is optional). CCGs will have used the time since the publication of the 2018/19 assessments to consider and take action on their priorities for improvement
- Work with colleagues across the CCG (such as governance, equalities and health inequalities and others) to identify and complete the relevant sections of the template.

CCGs are **required** to:

- **Complete the evidence template** and submit this via email to england.engagement@nhs.net by 1pm on 10 February 2020. **The deadline is final and will not be extended.** Any CCGs that do not submit their

template by this date will automatically receive a red RAGG* (Red, Amber, Green, Green Star) rating (inadequate) for this indicator. Specific instructions outlining how to complete the template are provided within the document itself.

- **Identify and submit specific, web-linked evidence against criterion they have evidence to demonstrate.** Detailed instructions are provided within the template.
- **Provide information about any arrangements they have for joint working with other CCGs**, including shared websites or mirror/identical websites, shared CCG Accountable Officers, shared communication and engagement functions, etc. This information will be used to ensure consistency in the grouping and allocation of assessments.
- **Provide a ‘description of change’** where they indicate that a criterion has been met in 2019/20 which was assessed as unmet in 2018/19, or vice versa. Please see section 2.3 for further guidance.
- Include **sign off by the Accountable Officer** in the evidence template. By including the Accountable Officer’s details in the template, the CCG is confirming that the Accountable Officer has approved the submission of the completed evidence template as part of the NHS Oversight Framework 2019/20. Assessments that are submitted without sign off from the Accountable Officer will not be assessed and will automatically receive a red RAGG* rating (inadequate).
- For joint submissions, include sign off by all Accountable Officers in the evidence template and see pages 10 to 13 for specific requirements in relation to the inclusion of evidence from all CCGs.

You will receive email confirmation that your submission has been received. If you do not receive this confirmation then your evidence has not been successfully submitted and you should re-submit.

If you experience difficulties with submitting your template please contact us using the details on page four. Please do not adjust any settings in the template.

2.2 Evidence requirements

- All evidence must be in the form of web links to publicly available web pages on the CCGs website or on a partnership website where it is clear that the activity is part of the submitting CCG. **No attachments or other types of evidence will be considered.**
- Links to partnership websites (such as those for an STP/ICS) will only be accepted and reviewed where it is clear on the page and any linked documents that the activity relates directly to the work and responsibilities of the CCG being assessed. Direct links to other third-party webpages will not be accepted.

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- The same piece of evidence can be submitted for more than one domain and/or criterion.
- **For merging CCGs submitting a single submission, for each domain, at least one example must be provided for each CCG in the group.** Whilst it is not necessary for each criterion to include evidence for each CCG it is expected that the submission reflects the breadth of activity across each CCG.
- Where the criterion consists of two parts, CCGs must submit evidence to meet both parts of the criterion in order to meet the requirement.
- Clear information about where to find relevant documents and/or information on a webpage, or which pages and/or sections of a document to look at should be provided in the “description of evidence cell”. Where a link to a video is provided, the CCG should provide details of specific time period in the video where possible.
- The assessment relates to the 2019/20 financial year (i.e. the period from 1 April 2019 to 31 March 2020). Assessment of the relevant aspects of annual reports will be for 2018/19 reports, published during 2019/20. All other evidence should relate to activity that is ‘live’ in 2019/20 or that is delivering outcomes/impacts in 2019/20. Evidence submitted which is in relation to activity outside this timeframe will not be accepted.
- All evidence provided must be available to assessors between 10 February 2020 and 29 May 2020. **For CCGs making a joint submission, all evidence provided must be available to assessors between 10 February 2020 and 29 March 2020.** It is the responsibility of the CCG to ensure that links remain live during this time period. Links that are inactive, incorrect or do not link to the signposted information will not be considered by assessors.
- Evidence that relates to documents produced before the assessment period (for example, constitutions and engagement strategies) may be included provided these are both relevant and relate to the 2019/20 financial year. Assessors will not consider evidence published before 1 April 2019, unless it (a) explicitly relates to activity that is ongoing during 2019/20, and/or (b) is the most recent, and clearly currently valid, version of a relevant and current policy or strategy.
- **Up to** three pieces of evidence (website links) may be provided for each criterion. It is for each CCG to provide evidence that adequately demonstrates that the criterion has been met.
- Each ‘description of evidence’ should be concise, relevant, and include page numbers where appropriate. Please write out in full any acronyms that are not commonly understood. There is a word limit of 40 words. Sentences must direct assessors to specific evidence for the listed criterion. For example:

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- **Good practice example one:** Governing body meeting papers August 2018 (3rd document on page), pages 12-16 – agenda item 7, consultation on changes to xx service shows engagement activity and the difference it has made.
 - **Good practice example two:** Communications and engagement plan published January 2019, page 12-16 (diagram shows how public participation is fed into the CCG governing body).
 - **Good practice example three:** Report of engagement activity with young people (quarter three 2019/20) accessing mental health services including JSNA data (p7) and a summary of engagement activity (p9).
 - **Good practice example four:** You said we did section of website, updated monthly.
- **No additional attachments or sources will be considered.** If it is appropriate to link to a document, the link should be to the web page where the document is hosted, with a concise and clear description to direct the assessor to the evidence. Direct links to documents should not be provided. If the link is to a page that includes many documents on a single web page, this should be supported by a clear description of the document being provided as evidence (including the relevant section of the document).
 - Links to ‘official’ CCG social media accounts can be provided where appropriate. These must be accounts owned/run by/operated on behalf of the CCG itself. Links to tools that pull together an engagement conversation from an event, or specific consultation, into one online place can also be provided. Where evidence relates to specific social media activity (for example a hashtag) a description should be provided, for example:
 - **Good practice example five:** Twitter conversation held as part our engagement exercise to review maternity services, August 2019 – link to [#anytownccgmaternityviews](#).
 - NHS England and NHS Improvement encourages joined-up patient and public participation and recognises that some activity and evidence may be shared with, or duplicated by, more than one CCG, for example where CCGs are working together in an STP or ICS, or with a local authority partner. Where this is the case, the link provided should be to a page on the CCG’s own website that signposts to the relevant partnership website. Where a website is shared by more than one CCG, or with other organisations, it should be clear that this partnership or shared website is the main website of the CCG. There is space on the evidence template to tell assessors about local arrangements for shared websites. The ‘description of evidence’ should include information to direct assessors to the evidence provided for assessment. For example:
 - **Good practice example six:** Partnership page of CCG website. Link to Any and Other Towns ICS’ website information about joint engagement work redesigning acute stroke services (Q2 2019/20) - including report on work with Black and Minority Ethnic (BME) communities and feedback report www.anytownccg.nhs.uk/workingforabetteranytown

- **Good practice example seven:** hyperlink to CCG governing body minutes on the the AnyTownHealthandCarePartnershipWebsite (this is the CCG's main website) from August 2019. See pages 7-12 for description of our public involvement assurance framework.

If you have further questions about partnership work or partnership websites, please contact us using the details on page four.

2.3 Writing a 'description of change'

'Descriptions of change' should be provided in column N where a CCG indicates that a criterion has been met in 2019/20 that was not met in 2018/19 (or vice versa). It should be a detailed description of the change that has taken place and provide new evidence that was not available for 2018/19 assessment, if the change is positive. There is a maximum word limit of 100 words. Assessors should be able to see how the evidence provided for the criterion is connected to the description of change. A 'description of change' is not required where there is an X in column C to indicate that the criterion was not assessed in 2018/19

- **Good practice example eight:**

Criterion

The CCG reviews its involvement activity, including how effective it has been, and takes action in response to what it has learnt.

Description of change

We held three stakeholder workshops in July 2019 including patient groups, the local authority, and VCS partners. We also undertook two surveys, one for members of the public and one for commissioners to understand how effective we are at participation. We also evaluated three pieces of engagement work and the difference they made. As a result, we have updated our engagement strategy, reviewed our patient reference group and begun work to ensure that we hear more from those who experience the greatest health inequalities.

Descriptions of evidence provided for this criterion

- Webpage including feedback reports from workshops with patients, patient groups and VCS partners held in July 2019, with two survey reports (one for members of the public and one for commissioners) about how effective the CCG is at public participation (August 2019).
- Evaluation report written by external consultancy about three pieces of engagement work and its impact (September 2019).
- Updated engagement strategy (published October 2019).

2.4 Assessment and scoring

2.4.1 Scoring and assessment rules

The scoring process rates the CCG as meeting or not meeting individual criteria across five domains (see page eight for the list of domains). There is a threshold in the template, specifying the minimum number of points that must be achieved in order to be assessed as 'good' for each domain, as follows:

- Domain A (Governance) = 3 criteria met out of 4
- Domain B (Annual Reporting) = 4 criteria met of 5
- Domain C (Day-to-day practice) = 5 criteria met of 7
- Domain D (Feedback and evaluation) = 3 criteria met of 3
- Domain E (Equalities and health inequalities) = 3 criteria met of 4

If a CCG does not meet 'good' for the domain it is rated either as 'requires improvement' subject to meeting the necessary criteria, or as 'inadequate'.

In order to achieve 'outstanding' the CCG needs first to achieve the 'good' rating for that domain, then to meet a minimum number of criteria in the 'outstanding' category (in addition to having met good) as follows:

- Domain A (Governance) = 3 criteria met of 4
- Domain B (Annual Reporting) = 1 criteria met of 1
- Domain C (Day-to-day practice) = 3 criteria met of 4
- Domain D (Feedback and evaluation) = 3 criteria met of 3
- Domain E (Equalities and health inequalities) = 3 criteria met of 3

The assessment for each domain is converted to a score as follows:

- Outstanding = 3
- Good = 2
- Requires improvement = 1
- Inadequate = 0

RAGG* ratings are generated from total scores as follows:

- 0-4 = red
- 5-9 = amber
- 10-13 = green
- 14-15 = green star

RAGG* ratings are then adjusted to take account of the following scoring rules:

- If a CCG is rated 'inadequate' in any domain it is not possible to achieve more than an amber rating;
- If a CCG is rated 'requires improvement' in two or more domains it is not possible to achieve more than an amber rating.

2.4.2 Assessment process

Stage one: An initial score (and related RAGG* rating) will be auto-generated from each submission. CCGs will be able to see initial scores as they complete the evidence template. The assessment for each domain is converted to an initial score and RAGG* as outlined in 3.4.1 above.

Stage two: NHS England and NHS Improvement will undertake national assessment using the published indicator framework and methodology to review evidence and agree (provisional) scores and RAGG* ratings. These provisional scores may differ from initial scores.

Stage three: To support consistent assessment, moderation will be undertaken prior to confirmation of final scores. This will be undertaken by a panel led by NHS England and NHS Improvement, and including members of the Patient and Community Engagement Indicator Advisory Group. CCG scores (and overall RAGG* ratings) may be increased or decreased as a result of moderation.

The scores and RAGG* ratings generated through this process will be final with no right of appeal. CCGs will receive their final score and RAGG* rating prior to publication.

3 Support to improve

3.1 National improvement support

NHS England and NHS Improvement has delivered a series of national webinars to provide additional guidance and support for improvement, including good practice examples. The recordings and slides from these webinars are available [here](#). An additional webinar will take place to provide an overview of the 2019/20 assessment process.

All CCGs have received a detailed 2018/19 assessment template including suggestions and recommendations for improvement. CCGs that were rated Amber in 2018/19 assessments have been offered a tailored improvement session and the opportunity to be buddied with another CCG. If you are interested in these opportunities please contact us using the details on page four.

3.2 Improvement and partnerships approach

The Patient and Community Engagement Indicator for the NHS Oversight Framework will extend its focus on improvement in 2019/20. Many CCGs will have used their 2018/19 assessments as a springboard for improvement, helping them to identify opportunities to develop even better approaches to engaging people and communities. To further support this, we would encourage CCGs to carry out the following **optional** improvement activities:

- Work with partners to prepare evidence and develop submissions. This may be with local Healthwatch, Maternity Voices Partnerships, patients and communities, local authorities and/or the voluntary and community sector. We envisage CCGs taking a range of approaches to this, for example, working

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with their own patient reference group, convening specific meetings and/or testing out the participation evidence they intend to present with others, including the local NHS England and NHS Improvement team.

- Focus on specific assessment domains that did not score as well as others last year, and undertake targeted improvement activity, using the 2018/19 assessment template as a guide.
- Work with other CCGs across partnerships (STP areas or other 'clusters') perhaps in a shared workshop, to share learning and good practice.
- Participate in improvement activity organised by NHS England and NHS Improvement local and/or regional teams.

We anticipate that these activities will take place on an ongoing basis until CCGs complete their submissions for 2018/19.

Good practice examples (working in partnership to develop submissions)

Healthwatch York has worked closely with Vale of York CCG. When developing their submission, the CCG highlighted that an area for improvement was its work with seldom heard groups, particularly the LGBT community. This was influenced by [work undertaken by Healthwatch York](#) which highlighted the issue. The CCG committed to making improvements, including organising LGBT+ awareness training for their staff and promoting the NHS rainbow badge internally and with GP colleagues to demonstrate support for diversity and inclusion. The process of developing the evidence submission therefore led to practical actions designed to support service improvement

Healthwatch South Tyneside has a strong relationship with South Tyneside CCG and is actively involved in. Healthwatch was represented by an Engagement Officer in the preparation of the evidence submission and felt that Healthwatch was able to influence both the content and the direction of the submission. Healthwatch was one of several stakeholders involved in developing the submission. Healthwatch is looking forward to seeing to see how improvements have been made as a result of the evidence submission process.

If you would like to find out about support for improvement activities in your area please contact us using the details on page four.

Appendix A

Summary report from NHS England's annual assessment of CCG compliance with statutory guidance on patient and public participation in commissioning health and care (2018/19)

NHS England completed the second national assessment of CCGs' patient and public participation, as part of the 2018/19 CCG Improvement and Assessment Framework (IAF) process. The assessment was carried out by the Public Participation team, with support from external reviewers and moderators as necessary. CCGs were assessed against '[patient and public participation in commissioning health and care: statutory guidance for CCGs and NHS England](#)' across five domains to create an overall rating of Green Star ('outstanding'), Green ('good') Amber ('requires improvement'), or Red ('inadequate').

Headline findings

- 82% of all CCGs nationally were assessed as good or outstanding, compared to 51% in 2017/18. 19% were rated as outstanding (an improvement from 5% in 2017/18). None were rated as inadequate. There continues to be room for improvement across all domains.
- Almost all CCGs (99%) have good or outstanding governance of their engagement activities (domain A), compared to 93% in 2017/18. 71% were rated as outstanding.
- A majority (87%) have good or outstanding annual reporting (domain B). This is improvement from 2017/18 where 60% were rated as good or outstanding. However, 13% of CCGs were rated as requires improvement in this domain.
- A large majority (97%) have good or outstanding day-to-day engagement practices (domain C). This is compared to 78% in 2017/18.
- A majority of CCGs (64%) have feedback arrangements that are rated good or outstanding. Whilst this is an improvement from 2017/18 (44%) Feedback (domain D) continues to be the weakest domain, with significantly more CCGs needing to improve this than any other aspect of their engagement (36%).
- A majority (87%) take good or outstanding account of equalities and health inequalities in their engagement, compared to 61% in 2017/18. However, 13% still require improvement in this domain (E).

Tables 1-4 below summarise assessment results across England.

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Table 1: summary of 2018/19 patient and public participation assessment results by region

Region	No. outstanding	No. good	No. requiring improvement	No. inadequate	Total CCGs
North	17	36	9	0	62
Midlands and East	8	36	15	0	59
London	6	25	1	0	32
South East	2	20	10	0	32
South West	4	4	2	0	10
National totals	37	121	37	0	195

Table 2: comparison of 2018/19 and 2017/18 patient and public participation assessment results by region

	No. outstanding		No. good		No. requiring improvement		No. inadequate	
	17/18	18/19	17/18	18/19	17/18	18/19	17/18	18/19
North	4	17	20	36	35	9	2	0
Midlands and East	1	8	26	36	31	15	0	0
London	4	6	25	25	3	1	0	0
South East	0	2	13	20	15	10	1	0
South West	0	4	4	4	5	2	0	0
National	9	37	88	121	89	37	3	0

Table 3: comparison of 2018/19 and 2017/18 patient and public participation assessment results by total score (national)

Score	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Number of CCGs with this score 2017/18*	0	0	1	2	9	18	21	21	16	30	26	29	7	6	3
Number of CCGs with this score 2018/19	0	0	0	0	1	3	3	13	20	16	28	48	27	23	13

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Table 4: summary of 2018/19 patient and public participation assessment results by domain (national)

RAGG* rating	Domain A: Governance	Domain B: Annual reporting*	Domain C: Day-to-day practices	Domain D: Evaluation & Feedback	Domain E: Equalities and Health Inequalities
Outstanding (Green Star)	138	55	124	44	68
Good (Green)	56	109	66	81	101
Requires Improvement (Amber)	1	25	5	70	26
Inadequate (Red)	0	0	0	0	0

Newly merged CCGs were not assessed against domain B (annual reporting) therefore their total score is out of a total possible of 12 (rather than 15). Scoring formulae to reach RAGG ratings were adjusted accordingly.

Appendix B

Learning from feedback

To improve the process so it better meets the needs of CCGs, the national NHS England and NHS Improvement Public Participation Team engaged with CCGs and other partners to [gather feedback](#) on the 2018/19 assessment process, and in particular the evidence submission process. In addition to direct communication with colleagues, a feedback survey was carried out.

The table below highlights key feedback received and how this has been addressed in designing the 2019/20 assessment process.

You said....	We did.....
<p>Examples of good practice would be helpful, in particular examples which were assessed as outstanding.</p>	<p>Our intention is to share examples of good practice from across the country via webinars, and to share examples of good practice identified during 2018/19. Webinars will take place in October and November 2019.</p>
<p>The communication process around the Patient and Community Engagement Indicator evidence submission process could be improved, for example communication should be shared directly with those who complete the template (as well as chief officers)</p>	<p>We intend to share information about the 2019/20 process through a range of channels, including national mailing lists and to local teams. All formal communications will be sent directly to Accountable Officers, with a request for cascade to relevant colleagues in the CCG.</p> <p>We will ensure regular communication via the CCG bulletin to ensure colleagues in CCGs are aware of key updates including when the supporting guidance and evidence submission templates are emailed to Accountable Officers.</p>
<p>The supporting guidance should be published earlier to allow CCGs to prepare for the 2019/20 assessment process</p>	<p>The supporting guidance and evidence submission templates will be issued in November 2019.</p> <p>In light of feedback from key stakeholders we will be introducing the option to submit a joint submission for CCGs planning to merge from 1 April 2020.</p>

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You said....	We did.....
<p>There should be clarity on web links to evidence, for example where partnership working has been undertaken.</p>	<p>As part of the 2019/20 process CCGs have the flexibility to work in partnership with local Healthwatch, patients and communities, local authorities, other CCGs and/or the voluntary and community sector, to prepare evidence and develop their submission.</p> <p>The guidance includes clear information about how to evidence partnership working.</p>
<p>Please could there be webinars giving examples of CCGs who have been identified as doing excellent work in different areas.</p>	<p>See 3.1. National improvement webinars were delivered during October and November 2019 using examples of good practice from 18/19 assessments.</p>
<p>The evidence submission template was difficult to complete.</p>	<p>We have reviewed the submission template and made some improvements.</p> <p>The template completion guidance has also been refreshed to include additional guidance on how to complete the template which should reduce the risk of corrupting the spreadsheet.</p> <p>Support is available if any issues are experienced with the template. CCGs can email the national team via england.engagement@nhs.net Please do contact us if you experience difficulties with the document itself.</p>
<p>Green star CCGs should have a lighter touch assessment approach in 2019/20</p>	<p>CCGs that met criteria in 2018/19 will not be required to submit evidence against test criteria. This will make the submission process quicker and proportionate to priorities for improvement.</p>
<p>A new approach should be developed for CCGs due to merge in April 2019 to reflect local realities.</p>	<p>CCGs that have been approved to merge in 2020 have the option to submit a joint submission template. A webinar to discuss and seek feedback on this approach was held in October 2019.</p>