



Brighton and Hove
Clinical Commissioning Group

Patient and Public Engagement Strategy

2017-18



Patient and Public Engagement (PPE) in the CCG

Brighton and Hove Clinical Commissioning Group (CCG) is committed to putting patients at the heart of everything we do. We aim to be an organisation that takes account of the views of patients, carers and the public, using them to inform our plans and shape the way we commission services.

Our value: *“Patients and families at the centre – engaging with our populations in a clear and open way”*

Our corporate aim: *“To deliver strategic plans which address the needs of local populations and involve patients, public, member practices and partners”*

We have a good track record of engaging with our local population, and have developed robust and positive relationships with our statutory and voluntary sector partners and local individuals, groups and communities. We want to build on this, and ensure that we are hearing from as many as possible of our local population, translating feedback into improvements in local NHS services and feeding back about these changes. We particularly want to make sure that we hear from those who are most vulnerable and marginalised.

We want to ensure that patients are empowered in their own care, to make choices and decisions as a partner in their treatment and on-going care.

This strategy describes how we will ensure that patient, carer and public views are at the heart of services we commission. It describes a wide ranging programme of engagement, and ways to measure and share the impact of this participation.

Our Patient and Public Engagement work fulfils the our legal duties in this area, and that we are mindful of the Gunning principles, which are used as a benchmark for legality relating to public consultation.

Gunning Principles

1. When proposals are still at a formative stage - Public bodies need to have an open mind during a consultation and not already made the decision, but have some ideas about the proposals.
2. Sufficient reasons for proposals to permit 'intelligent consideration' - People involved in the consultation need to have enough information to make an intelligent choice and input in the process. Equality Assessments should take place at the beginning of the consultation and published alongside the document.
3. Adequate time for consideration and response - Timing is crucial – is it an appropriate time and environment, was enough time given for people to make an informed decision and then provide that feedback, and is there enough time to analyse those results and make the final decision?
4. Must be conscientiously taken into account - Think about how to prove decision-makers have taken consultation responses into account.

<http://www.nhsinvolvement.co.uk/connect-and-create/consultations/the-gunning-principles>

Background

The NHS is facing huge challenges over the coming years, with increasing demand for health and social care, and pressure on resources. Healthcare services will need to reconfigure, and there will be new ways of working; in particular, there will be challenges associated with working across wider areas than our close geographical partners, as we develop plans for place based commissioning and delivery.

The development of Sustainability and Transformation Partnerships (STPs) over the area of Sussex and East Surrey, the place based approach of the Central Sussex and East Surrey Alliance (CSESA) and the development of local cluster based working and the federation of GP practices, providing a pathway for a new model of care locally, will mean that we will have to be confident, flexible and innovative in how we ensure that the voices of local patients, carers and the public are sought, gathered and collated to effectively influence new ways of working as they develop.

Engagement in Caring Together

The CCG's Caring Together programme outlines our place based delivery programme, within the context of the wider Sustainability and Transformation Partnership.

Caring Together is a transformational change programme, delivered jointly with the Local Authority; it ensures that the needs of our local communities are central to the planning and commissioning of appropriate and effective care. In order to ensure that we are informed about the needs and experiences of local people, including marginalised groups and those in deprived areas of the city, and that we both use feedback and embed the principle of co design in our commissioning processes, a robust and effective programme of patient and public engagement is required.

This makes the need for effective engagement with those who use our services, and their carers, even more important. Understanding experience, listening to feedback, and taking appropriate and timely action, means that we can shape our services to best meet local need.

Our principles of effective patient and public engagement

1. Reach out to people and ask them how they want to be involved, rather than expect people to engage with us on our terms
2. Promote equality and diversity, respecting diverse beliefs, experiences and opinions
3. Proactively engage with people who experience health inequalities and poor health outcomes
4. Value people's lived experience, using the assets in people and in communities, working towards shared goals, based on constructive conversations
5. Provide clear and easy to understand information, seeking to facilitate wide involvement. Recognise that there are a range of differing needs, and work with trusted intermediaries to gather views, where appropriate
6. Plan and budget for engagement in a timely way
7. Be open, honest and transparent in conversations; be clear about evidence for decision making and limitations (including resources)
8. Invest time and resource in partnerships; provide information, support, training and leadership to develop and maximise collaborative relationships
9. Review experience of being involved, in order to consistently improve practice
10. Recognise, record and report people's contribution; be clear of the impact of engagement and show people how their contribution is valued.

Patient and Public Engagement in Governance

Patient and Public voice needs to be integral to the CCG's governance.

How we currently demonstrate this:

- Lay membership on our Governing Body (including the Lay Member for Patient and Public Participation)
- Lay membership on all of the CCG's Governing Body committees
- Patient and public representatives on key service related strategic committees, for example on the Cancer Action Group
- The requirement to report on "Patient and Public Engagement" on all strategic papers to the Governing Body or its committees.
- Community and Voluntary sector representation at a strategic level and in all of the Care Programmes within Caring Together

- The involvement of Brighton and Hove Healthwatch on our strategic emergency/urgent care board
- The involvement of patient/carer representatives in procurement processes

Supporting patient and public voice at a strategic level:

We ensure that we provide as much information as possible to prospective patient/carer representatives in commissioning and procurement before we recruit to opportunities, through the use of an “Involvement Template”.

Our guidance for support of patient representatives and our Reward and Recognition Guidance outline how we support and recognise the contribution of patients and carers who give their time to the CCG in this way.

We will continue to ensure that we involve patients and carers strategically in the CCG

We will map our key strategic committees to ensure commissioning leads include patient/carer representation as routine, and are clear on how to ensure the relevant clarity of role and support is provided.

We will evaluate the experience of patient/carer representatives in our procurement processes, and develop training for “lay representatives for procurement” in order to upskill those who are interested in this area.

Patient and Public Engagement in commissioning

“Patient and Public Engagement in commissioning” is about ensuring that people who use services, or who are likely to use them in future, and their families and carers, are enabled to give their views, share their experiences and to contribute to proposals and decisions about services.

There are many different ways to engage people in commissioning;

We will ensure that we use a range of methods, reach as many local people as possible, and seek and include feedback, views and experience in a meaningful, respectful and appropriate way.

We will ensure that we hear from those who suffer inequalities in health, including those from protected characteristic communities and



from some of the city's most deprived areas.

Effective engagement in commissioning leads to:

- ✓ Increased knowledge of local services and how to use them appropriately
- ✓ People supported more effectively to manage their own health and care
- ✓ Services that are responsive to the needs of those who use them, and which are flexible enough to make changes as a result of feedback.

We embed patient and public engagement in all stages of our commissioning cycle- see diagram below:



The cycle includes the following stages which shows what is needed to engage with patients, communities, carers, residents and others at each stage of commissioning:

1. **Engagement to identify and assess what people want and need from health and care. This stage can include Joint Strategic Needs Assessment, and other smaller scale engagement.**

We will continue to ensure we reach out as widely as possible to gather the views of patients, carers and the public on health and care services, understanding what is important to people and communities. We will add this intelligence to that provided through the JSNA and other sources, in enabling us to understand the needs of our local population

2. **Engagement to develop priorities, strategies and plans**

We will continue to use locally obtained feedback to inform our commissioning plans and priorities.

In a climate of increasing demand and decreasing resources, **we will** support patients, carers, the public and other partners to understand and contribute to the difficult decisions the CCG is making about prioritisation and changes to services.

3. **Engagement to design pathways and services: engagement on specific commissioned areas, collaboration on developing service specifications, reviewing experience of care pathways, etc.**

We will continue to target patients and carers who have experienced certain services, where we need to gather views or understand experiences of care. We will do this through reaching out as widely as possible, through not only our established groups and networks, but through the existing services themselves to directly contact those using them.

4. **Engagement in tendering and contracting processes – ensuring that the patients/carers are involved in procurement processes- for example in designing questions in tender documents, taking part in scoring of bids or forming a service user panel at bidder presentations**

We will continue to develop the involvement of patients, carers and other partners in procurement.

We will seek the views of those who have been involved in our procurement work, to ensure that we provide relevant support and training in the future. We will develop a “guide to involving patients and carers in procurement” which includes good practice examples, to accompany our “Commissioner Guide to Engagement”

5. **Engagement to provide feedback on services**

We will continue to gather feedback about services, and make sure this is passed to commissioners as they review services. In addition, we will ensure that the requirement for robust engagement mechanisms is included in our contracts with

service providers, in order that they gather and act on the views and experiences of those using the services.

6. Lay involvement in governance

The Lay Member for Patient and Public Participation has a key role in assuring the Governing Body that the CCG seeks, acts on and feeds back on impact of patient and public engagement.

We will continue to ensure that we report patient and public engagement in a clear and concise way, ensuring that CCG committees can clearly see and understand the impact of our engagement with patients, carers, communities and the public.

Embedding patient and public engagement in commissioning

We have produced a “Commissioner Guide to Engagement” which supports the CCG’s commissioners to understand the reasons for engagement, and how to ensure that engagement is carried out appropriately at each stage of the commissioning cycle.

We will review this guidance, working jointly with Adult Social Care commissioning colleagues, to ensure this guidance is fit for purpose as we move to a model of integrated commissioning.

Through our Programme Management Office, we ensure that patient and public engagement and equalities work are embedded in our Caring Together programme of transformational change.

We will ensure that all projects within our Care Programmes have a robust and appropriate plan for proportionate and effective patient and public engagement, building on the reach we have across the city, taking into account existing feedback and engaging further in a considered way.

Patient and Public Engagement and Equality, Diversity and Inclusion Champions

In order to ensure that equalities and engagement are “everyone’s business” within the CCG, we have developed the role of PPE/EDI champions. A range of staff across various teams within the CCG have had training on key PPE/EDI elements, and have a role to question their team about, and support them to, continually include/embed PPE and EDI in ongoing work. In addition, PPE/EDI champions have a role in supporting operational engagement for the CCG- for example, in attending public events and other opportunities.

We will continue to recruit PPE/EDI champions and provide ongoing training and support, in order to ensure that equalities and engagement are effectively embedded across the CCGs work.

How we engage with patients, carers and the public

Patient Participation Groups (PPGs)

The CCG is committed to supporting the development of PPGs or similar structures in all of our member GP practices. GP practices are the gateway to NHS care, and as such the patients of a practice are ideally placed to support the practice with developments and changes, and also to become involved in wider discussions and work around locality and city wide health and care services.

We have over the past two years invested in support from local Community Development providers, which has proved hugely beneficial in developing new PPGs and supporting existing groups, in sharing practice across PPGs and supporting widening reach across the practice patient populations and to local neighbourhood groups.

Recognising that the majority of GP practices in the city now have a PPG, **we will** continue to support the development of PPGs through:

- CCG clinical leaders continuing to champion PPGs amongst the CCG membership
- Continued work with community development providers, to maintain support for practices and PPGs, to increase liaison and partnership with local groups and communities and promote the sharing of best practice.
- Developing ways that PPGs can be meaningfully and constructively involved in cluster based working, including supporting clusters to address area based health inequalities
- Developing further, with PPG member input, the CCG's website pages on PPGs, to include records on meetings, information, resources and an area for sharing local PPGs' work
- Expanding the existing PPG Toolkit, which supports both practices and PPGs
- Supporting "virtual PPGs" through the development of online forums and discussion groups
- Developing methods to share best practice and learning from other areas
- Further rounds of the PPG small grants scheme, which helps support increased diversity of PPGs and/or links with the wider community.
- Reviewing ongoing training needs of PPG members and providing support where relevant
- Encouraging and supporting skills exchange between PPG members
- The annual PPG event, which brings together PPG members and GP practice PPG leads to celebrate PPG work and set priorities for the future

PPG Small Grants

Three rounds of a small grant scheme for PPGs have now been completed. PPGs are invited to bid for funds of up to £500, which can be a single PPG or several in partnership, for projects that support PPG development and/or widen participation and links with local communities. In the 2016/17 round, 8 small grants were awarded.

PPG Network

The PPG Network brings together representatives from the city's PPGs meeting every 4 months ; the Network provides a forum to collate feedback from PPG members on local and city wide healthcare issues, to identify trends and areas of concern across PPGs, and raise issues within the CCG.

The PPG Network is chaired by an elected member of the Network, and the CCGs Lay Member for Participation on the Governing Body attends the meeting.

Issues raised by PPGs that relate to matters other than GFP practice business are collated and reported to the Network; issues are then:

- Responded to via the Network, either in writing or through a relevant CCG or other staff member invited to a Network meeting
- Included in wider intelligence gathering, which is reported to the CCG's Quality and Safety Committee, a committee of the Governing Body.

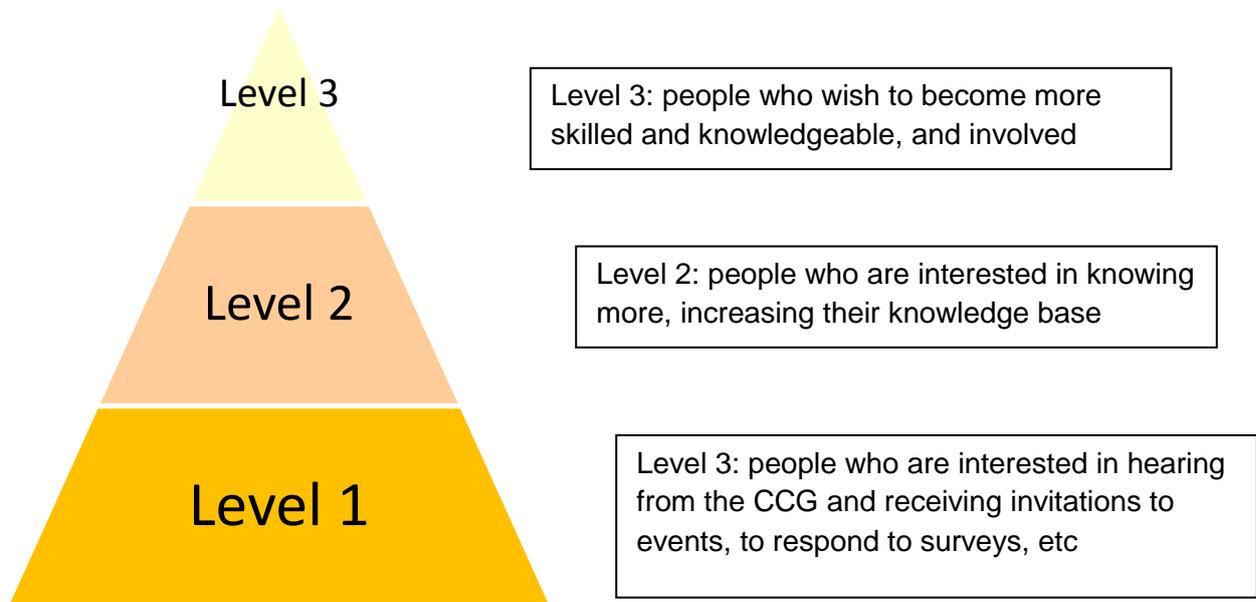
We will continue to support the PPG Network to provide a useful forum for members to share experience s relating to PPG development, and also to hear about strategic issues relating to the CCG, such as the development of Caring Together and of the STP.

We will support the Network to arrange and “host” events about topics of interest, inviting wider PPG members, and other stakeholders.

Health Champions

The CCG has identified people across the city who are interested in becoming involved in our work, and/or have reach to particular communities in the city and can assist with extending our messaging and engagement.

The Health Champion programme comprises three levels:



We will continue to build our Health Champions at all levels, which both increases our reach across the city and helps us develop those who want to be involved at a strategic level, including in our governance.

We will continue to offer “awareness” training for Health Champions, which gives insight into the NHS and Local Authority, and how both funding and commissioning work. We will also continue to work with existing “experts” in the city, such as “Expert Carers” and “Young People Champions”, offering them opportunities to attend our awareness training.

We will run an action learning set for a small number of champions to develop projects related to health and wellbeing in the city, which will help develop skills and maximise the assets we have in our communities.

Hearing from “the public”

We know that, as part of ensuring we hear from as wide a range of local people as possible, we need to reach out into local areas to hear from “the person on the street”. We are holding the “Big Health and Care Conversation” over the second half of 2017, where we will include outreach to communities, plus “street engagement” at a number of sites across the city, to ensure we hear from people who would not normally share their views with us.



We will evaluate the success of the Big Health and Care Conversation, including quantitative and qualitative methods

We will ensure that patients, carers, key stakeholders and the public see how their feedback has influenced CCG planning, commissioning and ongoing evaluation

Engaging with diverse groups and communities

The city has a diverse population, including some groups who are marginalised and from whom we seldom hear about their experiences of health care and their suggestions for improvement. Good public participation reaches all of the local community, not just those who are informed and already engaged.

The CCG has over the past 4 years commissioned Community and Voluntary Sector organisations as trusted intermediaries to help us reach and hear from some of these marginalised protected characteristic groups. This has resulted in feedback provided to the CCG, Public Health, Brighton and Sussex University Hospitals Trust and other stakeholders, and has led to associated actions and changes.

The CCG has recommissioned this engagement jointly with the Local Authority, which will maximise resources and learning, and minimise duplication and “over consultation”.

We will ensure that through our new arrangements we continue to hear from people in communities of interest, and add to our understanding of how these groups and communities access and experience local health and care services.

We will we ask as part of the engagement work that “actionable recommendations” are provided in a systematic process, which are key in ensuring the actions are appropriate and achievable.

We will ensure that feedback from these groups continues to inform our commissioning, and also our Equality Impact Assessment process, which is integrated into the commissioning cycle.

We will use this feedback is key to informing our annual Equality Delivery System (EDS2) process; it provides vital evidence to show where some groups fare less well than others, and also gives mitigating actions and pathways to improvement through the actionable recommendations reported.

Working in Neighbourhoods and Communities

Our city is a diverse place to live and work; there are areas of affluence but also areas of deprivation; it is important, therefore, to ensure we reach out to all communities, ensuring we hear equally from residents of more deprived areas.

The CCG works with existing community development organisations who in turn work in the most deprived areas of the city. This ensures we support local initiatives to feed back on health and wellbeing issues, but also that support is provided to work with the existing assets in these communities to address health and wellbeing in effective, community centred ways.

We will explore ways to further develop asset based approaches to improving health and wellbeing in specific areas of the city where we know there are inequalities in health, working with local communities, health providers, the Local Authority and the community and voluntary sector. We will tie this in with local cluster based working and place based commissioning, to ensure that identified local health and wellbeing priorities are addressed through collaborative and constructive approaches.

We will continue work to co design a Community Health Plan in Whitehawk, one of our most deprived areas, and to support the Health Forum in Hangleton and Knoll, which is overseen by a number of Community Health Champions.

Working with partners

To ensure engagement is as effective as possible, it is important to work with partners in order to:

- Make best use of joint resources
- Co ordinate approaches to engagement
- Share what we hear from people and communities, to maximise impact
- Avoid “over consultation”
- Establish effective ways to feed back the impact of engagement

Working with the Local Authority

We want to maintain our partnership work regarding participation, specifically with the Local Authority. We have over the past year increased our joint working with Adult Social Care and Public Health colleagues to hear from wider service users, and will build on this work to minimise duplication and further develop collaborative and co ordinated approaches to hearing from those living in the city, recognising that “health and wellbeing” spans many areas of people’s lives.

We will develop our “Commissioner Guide to Engagement” to reflect joint engagement with Local Authority partners, in particular with Adult Social Care, which applies across all commissioning areas.

We will share an engagement planner, which will help us ensure communities are not overconsulted and that our resources are jointly used to best effect.

Our “Big Health and Care Conversation” is being delivered jointly by the CCG and Adult Social Care colleagues, which will underpin our approach in future to effective engagement with patients, carers, residents and the public.

Working with the Community and Voluntary Sector

The CCG recognises the wealth of information and expertise held within the city's many local Community and Voluntary sector groups, and the key position of the sector in both supporting individuals and providing, or potentially providing, services.

The CCG is committed to continuing to build on our good relationships with the sector, and developing robust methods of joint working, to ensure that the sector is a key partner in our on-going work.

We will continue to jointly commission CVS infrastructure support, and use this as a channel to reach the wider CVS, to ensure organisations and individuals are informed about our work and to maximise opportunities to reach and hear from individuals, groups and communities in the city.

We will continue to attend and support the CVS Health and Social Care Network; we will also continue to place the CVS at the centre of our Caring Together programme through having representation both at a strategic level of the programme and on each Care Programme.

Working with Healthwatch

The CCG has developed a good relationship with Healthwatch, and will continue to build on this in the future.

We recognise the important role Healthwatch holds in gathering feedback about local health services, and identifying and responding to issues and trends. The CCG meets regularly with Healthwatch to review information gathered and to ensure it feeds into the information we hold and collect.

We will continue to work with Healthwatch as a partner in hearing from local patients, carers and the public, ensuring that we work to identify and act on feedback themes

We will continue to provide information about the CCG's work to Healthwatch, for distribution through their membership, and to identify opportunities for joint working to obtaining feedback from local citizens.

Working with "condition specific" groups

There are a number of groups in the city comprised of people sharing a common health condition; these groups may be formal and affiliated to a larger charity or organisation, be linked with services provided through our acute or community trusts, or may be smaller and more informal, including peer support groups.

We will work to identify and map these groups systematically, working with our clinical colleagues where needed, in order to engage with these groups and individuals as appropriate

Our “Partnership Group”

As a way of co ordinating our relationships with key stakeholders on PPE, the CCG has established a “Partnership Group”, comprising members from the Local Authority (Adult Social Care, Public Health, Communities, Equalities and Third Sector Team), the Community and Voluntary Sector, Healthwatch, the PPG Network Chair and an Expert Carer. This informal group aims to:

- Overview Communications and PPE, informing partners about our work and intentions
- Develop opportunities for collaboration in communication and engagement
- Maximise opportunities for joint working
- Gather feedback on our Communications. PPE and Equalities related work

Whilst the group does not report formally to a CCG committee, **we will** ensure that a summary of discussions, agreed impact and actions will included in the regular report to the Quality and Safety Committee.

How we engage



Our website

The CCG website’s “Get Involved” section is key in how we ensure people are:

Informed: Through good quality briefings and information about our work

Engaged: We publicise our opportunities to be involved in our work on the website. This includes details of our Governing Body open sessions, public events, discussion forums and events and surveys.

We will continue to develop our website as a channel of feedback, through a “yours views” feedback area.

We will continue to develop the section of our website capturing impact – “You Said, We Did”

We will continue to ensure our website is accessible through using “Browsealoud” technology; we will obtain feedback to assure us that this is effective. We will also improve how we indicate that key documents are available in other formats as and when required.

Social Media

Social media is the social interaction among people in which they create, share or exchange information and ideas in virtual communities and networks, and is an important source of feedback and insight.

We have increased our use of social media, and our campaign #IAMWHOLE has been a huge success both locally and nationally.

We will continue to expand our social media use, through Twitter, Facebook, Youtube and other channels, and will actively link with the social media channels of other key stakeholders.

Surveys

Surveys are becoming an increasingly important way to gather views of local people as widely as possible, and have facilitated us to extend our reach to people who may not come to physical events, or take the time to engage in other ways.

We will continue to gather the views of patients, carers, the public and key stakeholders through surveys, but also appreciate that there are sectors of our population who remain digitally disengaged and therefore there is a need for a range of methods.

Meetings and events

Meetings and events remain an important part of how we engage, though we are less reliant on this kind of engagement as a default.

We will continue to provide opportunities for patients, carers, the public and key stakeholders to meet with and question our Governing Body, through regular “open

sessions” before our planned Governing Body meetings. We will rotate Governing Body meetings around different venues in the city, in order that residents who would not generally come to a city centre venue get the opportunity for a more local meeting.

We will continue to hold events to engage with key stakeholders, such as the launch of our Big Health and Care Conversation, ensuring we use accessible community venues, that timing is varied and invitations wide.

We will provide ongoing opportunities for people to hear about developments of the Sustainability and Transformation Partnership (STP), paving the way for any consultation locally required.

Community Research

We have a range of existing community/peer researchers in the city who help provide reach to communities we may not otherwise hear from.

We will work with the Community and Voluntary Sector to support existing Community Researchers within our Big Health and Care Conversation

We will continue to work with this group, and develop the skillsets of others to do local research, in the next two years.

Case studies

Case studies help us understand the experience of a patient/carer through a number of different services, and the transition between services, rather than just looking at the experience of one single part of a journey.

We will increase our use of case studies to inform our commissioning, particularly as we move to integrated commissioning with the Local Authority. We will explore, where appropriate, filming patients as part of the case study; a visual representation, especially where it becomes personal, is a powerful tool in helping people understand how someone experiences services.

Complaints and plaudits

Complaints and plaudits are an important aspect of understanding people’s experiences, and, together with other feedback, help paint a picture of feedback about services.

We will continue to work with Healthwatch to triangulate complaint and PALS data across key providers, looking for trends and commonalities. Whereas the CCG itself receives small numbers of complaints, the number of issues logged as “informal” is rising, and adds important context to wider PPE work.

Whereas there is often a focus on the negative, it is important to recognise and celebrate where services do well; the CCG has begun to collect plaudits, and **we will** work with Healthwatch to gather and pass on positive feedback received across local services.

Support to engage

We know that some of our patients, carers, residents and public will need support in order to engage with us. This may be because they lack language skills, lack understanding or cannot engage for other reasons.

We will ensure we take all possible steps to ensure people are able to engage with us, and this is on an equal basis with others. This may include:

- Offering the use of overseas language or BSL interpreting
- Ensuring materials are translated as required- for example, into Braille, Easy Read, overseas languages, and making this offer in a clear way
- Using trusted intermediaries – whether through commissioned CVS organisations (as described previously), through Community Development support, through community activists or representatives or other means
- Through advocates; trained advocates will work with clients in a number of different ways, which may include supporting them to articulate their views, or representing their views.

Our providers and engagement

The CCG commissions organisations, or partnerships- our “providers”- to deliver health and care services to the city’s residents and beyond. Part of our responsibility as commissioners is to ensure that our providers have robust methods of obtaining feedback and this is used to continually improve services. Commissioners hold regular contract reviews with providers, which provides one method for ensuring this contractual requirement is adhered to.

With regard to our larger providers, patient experience is reported regularly to our Quality and Safety Committee, and is picked up through periodic “deep dive” reviews. In addition, the CCG sits on the Patient Experience Panel of Brighton and Sussex University Hospitals Trust, for whom we are the lead commissioner, which provides a way to pick up feedback that the CCG has received about the Trust, and to assure the CCG on how the Trust manages patient experience in its widest context.

We will continue to work closely with key providers to understand how they gather and respond to feedback from patients and carers. We will also continue to build relationships with Patient Engagement staff from key provider organisations, to not only provide understanding on how engagement is carried out and results acted on, but again to maximise opportunities for joint work and shared intelligence from local groups, communities and individuals.

Feeding Back

We know that it is essential to feed back to those who share their ideas, stories and experiences with us. Feedback needs to be effective, responsive and given in a timely way; it is also important to be honest where feedback will not result in change- at least in the short term.

We will:

- Collate intelligence gathered through the range of methods mentioned in this strategy
- Feed back to those who have been involved, within an agreed timescale
- Use existing channels to cascade information on changes made as a result of participation
- Ensure that the impact of patient and public participation is recognised strategically, including at Governing Body level
- Develop a regular feedback newsletter to update stakeholders and the public on decisions taken by the CCG and how the views of local patient and the public were taken into account
- Produce an annual report on our participation activity, including impact.