Final Report: CCG experiences of developing person and community centred commissioning, 26 April 2012

Background

The NHS Alliance Patient and Public Involvement (PPI) Network is a coalition of like minded organisations that seeks to promote excellence in patient and public involvement in health. The Department of Health (DH) supports the NHS Alliance PPI Network by providing a space for its meetings and actively seeks its advice on a range of policy matters.

The DH asked the group what clinical commissioning groups (CCGs) need - alongside a summary of statutory guidance - to help them to excel at person and community centred commissioning.

The PPI Network responded by proposing a workshop consisting of four exercises:

- Participants were asked to stand in the shoes of CCGs and imagine how they are currently feeling at different stages of their journey towards person and community centred commissioning (current state);
- Participants were asked to stand in the shoes of CCGs when they are progressing well and doing great person centred commissioning work. (desired state);
- Participants were asked to capture all current resources that can help CCGs make the transition towards doing great person and community centred commissioning work. These assets were then mapped against the different stages of the journey. This identified those parts of the journey where there is already plenty of support - and where there is little or none.
- Participants were asked to pledge any support they could offer to help CCGs make the journey.

The principle underlying this approach is that to plan CCG support and policy, we need equally to understand the emotional journey that clinical commissioners have to make. Feelings underpin behaviour and are as important as logic in planning the future and making change happen.

A group of 10 PPI National leaders used their experience of working CCGs to complete these exercises. This report summarises and analyses the findings. Whilst participants are not fully representative of CCGs, as individuals and collectively they are all involved in shaping CCG PPI work and National policy. Many also work closely with CCGs at the front line in different capacities and have observed and sought to shape their current activity.

CCGs’ current experience of embedding person centred thinking and commissioning

The emotional map on page 2 describes CCGs current experience. It tracks how participants believe CCGs currently feel about person and community centred commissioning. Feelings of excitement (the strongest feeling), optimism, interest and being eager to get started sit at the top of the x axis. CCGs in this space see this work as challenging - in a good way.
The emotions that dominate in the current CCG state and journey are those of being ‘scared’ (highest score), ‘anxious’, ‘worried’ and ‘fearful’ with participants believing CCGs see the task of doing great person and community centred commissioning as ‘impossible’ (highest score), ‘difficult’ and ‘complicated’.

People feel CCGs are 'overwhelmed' and view this work as a 'waste of time' or something they have 'no time' for i.e. it is not a high priority. Many also feel that CCGs question the 'value' and 'impact' of this work.

They feel have 'no choice' as it is a statutory 'must do'. Participants feel CCGs are finding ways to 'put it off' despite knowing it is 'inevitable' as 'tomorrow's problem'. Participants also feel CCGs have preconceived ideas. They believe engagement will 'fail anyway' - and are already looking for someone to 'blame' when it all goes wrong.

Participants who are keen to do commissioning differently express concern about the influence of commissioning support services (CSS) within the system. They feel CSSs are 'unimaginative' in their approach to community engagement in commissioning - and only know the old way of doing things.

There is also a marked 'heart sink' feeling associated with reading statutory guidance currently. This is already recognised by the DH.

Whilst we need to test the data further, these negative emotions match the mixed progress seen at local level in relation to CCG engagement with the PPI agenda. Understanding these emotions will help design policy to accelerate change.

CCG's desired experience of embedding person centred thinking and commissioning

The emotional map on page 4 tracks how participants believe CCGs feel about person centred commissioning when they are doing their best work. It paints a picture of CCGs who have 'won hearts and minds' at senior level and are 'clear'. They feel 'comfortable' and 'confident' and have a clear vision, plan and direction supported with resources. They have embedded person and community centred approaches into their organisational development. This work is a priority for them and they understand its importance.

In the desired state - because they have a clear vision - CCGs understand what they need to do - and where to get the support and help they need.

For these CCGs, this work is a 'continuous journey of improvement'. They take 'time to learn and reflect' and develop what works well. They feel 'excited' (highest score), 'enthusiastic', 'involved' and 'inspired'.

This exercise also reveals some interesting incongruence amongst the participants in relation to the desired state.
CCG journey to person centred commissioning: desired state

Imagining the Task
- Creative
- Confident
- Relieved so simple
- Excited
- Everyone united
- Everyone involved
- Clear vision
- All ready
- Let's get started
- Opportunity

Reading Statutory Guidance
- Let's start here!
- Relieved:
- Helpful
- Practical
- Peer review
- Challenge
- Informed
- Helpful
- Good advice
- Easy to use
- Understand
- Clear on help
- Know where to find what I need
- Understand why we are doing it
- Out with old
- In with new
- Eager
- Interested

Seeking Practical Help/Advice
- Fantastic
- Discovering existing work
- Good practice
- On the patch
- We're on the way
- Easier than thought to get people on board
- Comfortable
- Inspired
- Enthusiastic
- Good stories
- Know about JSNA
- Aspirations of providers
- Hard work
- Possible
- Looking for innovation
- Excited
- Inspired

Developing a Shared Vision
- Good idea
- Everywhere
- Confident
- Useful
- Complete
- Less defensive
- People are engaging
- They're our partners
- Stimulated

Engaging with Local People
- Pickles and Lansley talking
- Colleagues
- Welcome progress
- Comfortable
- Coming together
- Slowly
- Winning hearts and minds
- Hopeful
- It might work
- New allies
- Made optimistic
- Challenging

Aligning Attitudes: GPs, LAs, HWBBS, Provider Trust
- Essential
- Comfortable
- Positive
- “Do-able”
- Embedded
- in plan
- Crucial
- Need to keep driving
- Workload great
- Doing our best
- Making a difference
- Well supported
- Central

Trying out the New Way First Time
- Excited
- Always wanting to improve
- Let's go for it
- Fantastic
- Inspirational
- My purpose
- Bring it on

Sustaining Change
- Essential
- Comfortable
- Positive
- “Do-able”
- Embedded
- in plan
- Crucial
- Need to keep driving
- Workload great
- Doing our best
- Making a difference
- Well supported
- Central

Measuring/ Evaluation Impact
- Comfortable
- Planned from start
- Embedded throughout
- Time for reflection
- Learning
- Positive
- Confident in outcome
- More important now
- Confident making progress
- Keen to understand what did/didn't work
- Committed

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Even when CCGs are doing their best work, some participants feel that they will not progress beyond feeling ‘too busy’ to do person and community centred commissioning.

This group also feel CCGs will view the journey as a ‘long, slow struggle’ and ‘confusing’. This sub-group feel CCGs will continue to adopt a mindset where the focus remains ‘not doing things perfectly’ as opposed to an improvement mindset. They feel CCGs will still ‘just be glimpsing the possibility’ that this approach could work and add benefit. At this level, CCGs focus remains on being ‘risk aware’, which we have interpreted as meaning - aware of risk of being challenged e.g. in a judicial review.

This incongruence can be interpreted in several ways and is certainly worth further exploration with a wider group of CCGs.

It may well be that many CCGs have very limited ambitions around this agenda. This may mean that to shift their thinking, CCGs need a big dose of inspiration that provokes re-evaluation on their current map of the world and a paradigm shift.

It could be that this lack of ambition reflects a broader culture and mind set within the NHS - especially in a time of change and upheaval - that is rather pessimistic and deficit based.

It may simply reflect the very personal views of participating policy makers and PPI leaders; some of whom may be expressing their low expectations of how far CCGs will progress. The need to be aware of the impact of personal perceptions and expectations when we undertake policy making may be an important issue to raise at this point. After all, whether policy makers and PPI leaders believe CCGs will succeed in embedding person and community centred commissioning systematically or not, they are probably right.

These findings potentially provide a bench mark for the new Director of Insight at NHS CB to support CCG PPI and engagement work. It could also help guide options appraisal as policy makers decide how to spend limited resources on supporting and accelerating CCG progress.

**People’s pledges of help and support**

The full list of pledges is given in appendix one. The DH, NHS CB, NHS Clinical Commissioners and NHS Alliance PPI Network can follow up on these pledges of support. They are a key part of the NHS CB and DH’s asset map to achieve change and improvement.

**Assets mapping: existing resources to help CCGs**

The output of this exercise is reproduced in full as appendix two. Key findings are that:

- **The bulk of current resources are focused on helping people once they have made the first step and committed to action.** They are mainly practical resources about how to do different aspects of engagement.

- **There is little information on statutory guidance.** The need for this has been recognised by DH. Guidance needs to be helpful, informative and offer a clear understanding of what CCGs need to do.
• **There is almost no support to help people to plan and then take the first step.** At this early stage - when they are imagining and planning the task - CCGs are fearful and harbour a strong belief that the task is impossible. Given there is also noting to help them, it is perhaps not surprising that many CCGs are failing to get started. Helping CCGs make the first step could accelerate progress significantly.

• **There is a lack of support to CCGs help envisage great person and community centred commissioning in action.** This is needed so that CCGs can 'start with the end in mind' and develop a clear vision of great work to journey towards.

• **There are few sign posts to the various existing resources, organised around the journey so that CCGs are signposted know where to go at the time they need specific help as they progress and develop.**

There are also gaps in relation to:

- Strategies to make person and community centred commissioning approaches sustainable;
- Monitoring and evaluation of impact of working this way;
- Assessment of the quality of commissioning decision making.

Furthermore, there is a **lack of joined up thinking between health and other public services** like education and the police - and a need to raise awareness with CCGs of the value of engaging with services like these.

**Analysis and discussion**

Despite its limitations, the data throws up interesting questions for policy makers.

The experience of working and commissioning in a person centred way is clearly highly stimulating and associated with positive feelings and experience. Yet, CCGs currently associate this work with fear and worry and see it as an impossible task.

Policy makers and national leaders working in PPI have failed to communicate the excitement and inspiration that comes with doing great work with local people and the community. Policy makers and the national leadership of the PPI need to take their share of responsibility for the fact that CCGs continue to perceive involving people in commissioning as 'impossible', 'difficult' and 'complicated'.

Changing these associations is key to progress and improvement. Policy work led by DH, NHS CB and NHS Clinical Commissioners in the PPI field needs to deliver an exciting, inspirational story that compels CCGs to seek out this experience. This means a change in approach.
Next steps

Now that we have recognised the negative emotions that are driving CCG behaviour, we need to:

- Reframe the person and community centred commissioning and PPI story so that CCGs believe it will be exciting, inspiring and much easier than they imagined
- Stimulate a sense of curiosity amongst CCGs. This will be an important driver of great commissioning. The quality of the questions CCGs ask will determine the quality of the commissioning they do
- Ensure any further resources developed are fit for purpose and drive change at scale. This means that they need to be designed to shift CCGs and people from feeling:
  - Fearful, worried and anxious \(\rightarrow\) excited, inspired, confident and comfortable
  - This work is difficult, complicated and impossible \(\rightarrow\) this work is clear, simple, easy, and achievable;
  - This work is a waste of time and something we can put off \(\rightarrow\) this work is a top priority that needs to be supported and embedded through a robust plan from the start
- Explain the legislative 'must dos' without strengthening CCGs' association with emotions like fear and anxiety
- Measure the shift and the impact of this work
- Use this insight and further work with CCGs to help us make accelerated progress on this agenda.

Further work and recommendations:

We suggest that:

- NHS CB needs to develop inspirational support around this agenda, working with organisations already experienced in the field of person and community centred commissioning
- Statutory guidance must inspire, make the challenge seem easy and build on examples of the real world
- Policy makers and those seeking to accelerate change and improvement need to especially focus on both the beginning and the end of the journey. That is:
  - Taking first steps
  - Supporting citizens to work with the NHS
  - Developing a way of working responsive to communities
Experience-based design work

Coproduction

In addition, we recommend that:

More work should be done with a wider group of CCGs to confirm and the conclusions and deepen our insight from this initial policy research. This workshop took 45 minutes to complete with a group of 10. It would be somewhat longer with a larger group. Participants found the methodology used highly engaging, thought provoking and interesting.

The NHS CB and DH and/or NHS Clinical Commissioners facilitates this work happening through existing CCG forums in the next 3 months.

PC3 Forum (a learning set for CCGs who want to excel and accelerate their progress towards person and community centred commissioning) undertakes this work with a wider group of CCGs and continues to gather CCG insights as part of its commissioned PC3 Forum work. PC3 has identified the need and wants to help CCGs develop a vision and route map towards person and community centred commissioning that encourages continuous improvement and takes people beyond authorisation. In its first year, PC3 can also build on its stated aspiration to deliver a forum for peer led support and explore a buddy or twinning approach.

NHS Clinical Commissioners with National Voices develop the planned guide for CCGs for those considering entering this space and taking first steps. National Voices is planning semi structured interviews with CCGs to find out how CCGs are currently feeling and what they need to move forward. In light of these findings, that work could be targeted and refined further to focus on this group so National Voices deeply understands what CCGs need to address their fear and anxiety so that the task seems easy.

Acknowledgements

This workshop was attended by:

- Colin Adamson, MAC
- Anita Higham, Oxfordshire LINks and Healthwatch Advisory Board
- Malcolm Alexander, NALM
- Jane Lodge, Brighton and Hove CCG
- Ashley Brooks, Patient champion
- Neil Nerva, Independent Consultant
- Andy Warren, Principia CCG
- Dr Brian Fisher, NHS Alliance PPI Co-lead
- Vince Roose, Department of Health (DH)
- Gabriel Chanan, HELP

Georgina Craig designed the workshop, facilitated and analysed the findings and prepared the report. Dr Brian Fisher reviewed the analysis, inputted into the report and proposed the recommendations for action.
A 360 degree evaluation of the workshop has been completed by participants to improve future workshop design. This evaluation is available as a separate report on demand.

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Appendix one: pledges of support

- Help write documents
- Support others to think ideas through
- Develop the PC3 Form
- Do talks
- Commitment to work with you as equal partners from the outset and keep DH/NHS CB doors open
- Share “real life” CCG experience - Jane Lodge
- Share experience of working with patients/carers/communications- Jane Lodge
- Share hands-on experience - MAC
- Survey CCGs using FO1 duty to collect details of outcome of PPI in Commissioning
- Promote the aligning of the PPI duties of CCGs and LHW?? – use of public money
- Promote the engagement of specialist charities like Medical Justice (works with asylum seekers with CCG)
- Time – happy to input as needed e.g. to document resources
- To make PC3 network a massive success – Georgina Craig
- Contribute my time to analyse the workshop findings- Georgina Craig
- Contribute to PC3
- Contribute to the guidance link with local authorities and community development networks- Gabriel Chanan
- I will share my learning – Ashley Brooks
- Offer advice/support, challenge door opening - Neil Nerva
- Share experience – presentations, support creation documents/guidance- Andy Warren
- Willing to commit myself to serving my community through my own experience and knowledge in offering strong contributions to making CCG work – Anita Higham
- I am prepared to be brave and ask challenging questions – Anita Higham

Appendix two: asset map CCGs transitioning towards person centred commissioning

See page 11
IMAGING THE TASK
- Joint collaborative partnership based on outcomes from commissioning
- The PC3 network.

UNDERSTANDING STAT GUIDANCE "MUST DO"
- Understanding where the CCG and whole health service fits into the whole landscape of local public services.
- Practice exercise HWBB
- Engagement leads
- National information

EVALUATING IMPACT/MEASURING IMPROVEMENT
- Metrics
- NHSCB answering/supporting CCGs
- NHS Institute
- PC3 network

EMBEDDING/SUSTAINING CHANGE
- The whole system: health & social, economy and voluntary sector
- 360 degree appraisal
- Patient/carers communities/voluntary sector
- CSS/PCT, NHS CB role - local offices – how relate to CCGs & HWBB?
- Working LINKs/Health Watch
- Discover voluntary sectors role in sustaining work

HELP THE FIRST TIME
- Inspiring GP ‘hearts & minds’
- Existing engagement staff
- HELP, NHS A/NAPC, PC3 Forum, HW

GAPS
- Costs and evidence of outcomes from doing this work
- Working outside the silo
- Education for elected members of council
- Up skilling/knowledge needed local authority/health/wider public services
- Any formal guides on PPE/I
- Time
- Involvement education through PHSE and citizenship curriculum to enable learning
- Emotional intelligence
- Help for CCGs to make the leap from 500,000 to the group who can engage in commissioning
- A route from individual people who interact with GPs to groups of like minded individuals
- More “carrot” benefits for CCGs
- What’s the step you need to take to get involved in commissioning without becoming an expert?
- 3-5 year vision
- Tools to change culture
- Government education for the public about their rights/duties
- Certainty about the resource available to do all of this, human and financial
- Understanding how community development contributes to CCG commissioning
- PPE/I training as part of VTS
- A co-ordinated single point of access to all supporting recourses
- A pool of informed, engaged speakers

PRACTICAL ADVICE – WHAT TO DO HOW TO DO IT?
- Setting CCGs into public community forums
- Community development networks
- Experience within LINKs/Health Watch-- Many guidance & resource docs available - no route map through them
- Asset based community development
- The “HELP” project/report/activities
- 3x engagement strategies
- 10 DH smart guides
- 2x reports transforming patient experience
- 4x reports for engaging people in arrange of settings
- 2x practical guides embedding engagement in service improvement
- 4x examples key governance arrangements
- 5x good practice case studies
- 5x engagement toolkits
- 3x business cases for engagement
- CCGs navigating new terrain working TLAs
- Frontline consultants’ services
- Access to existing structures & processes
- Engagement staff
- Good practice from other areas
- PC3 Form (2 mentions)

DEVELOPING A CCG VISION OF GREAT COMMISSIONING.
- Resources understand why need involvement; health and well being board offer
- PC3 Forum
- HELP programme
- Inspiring CCGs/leaders already doing it
- Frontline consultants’ services

CHANGING ATTITUDES GP MEMBER
- Experience of patient involvement
- NHS Alliance (NHSA)/NAPC
- PC3 forum and Health Watch (HW)
- Regular local patient/user meetings
- Patient/carers/communities

SUPPORTING PUBLIC ENGAGEMENT
- Good practice examples: HELP,PC3 Forum, Health Watch, NHS Alliance and NAPC
- CCG Executive Board and patient steering group
- QOF points for PPGs; PPG networks and larger PPGs
- Takes a long time to learn to do well
- CSS: conventional approach and models
- Examples of good practice