

Attachment 2: Progress on the Coulter Recommendations 8th December, 2016

	Recommendation	Rationale or aim	Approach to implementation	Rating
1	Remove EDEN Strategy from the CCG constitution. Develop a revised, dynamic strategy.	The EDEN strategy is out-of-date and insufficiently detailed. It is not appropriate to include the engagement strategy in the CCG's constitution. It should be removed and replaced (but not in the constitution) with a more dynamic document, for annual review and updating, providing details on how the CCG's aims will be achieved	Removal of the EDEN Strategy from the CCG Constitution, with the necessary stakeholder consultation, could be achieved by the 06 January 2015 NHS England deadline for CCG Constitutional change applications. A steering group could be established to begin co-designing a new Brent equality and engagement strategy, based on the principles derived from the independent review report: insight; communication; outreach; integration; promoting a culture of transparency and learning.	Completed
2	Joint strategic engagement plans with Brent Council, HealthWatch, and others when developing integrated services.	The strategy should promote opportunities for closer collaboration with Brent Council, in particular the Health and Wellbeing Board, and other local agencies, to strengthen the momentum towards more integrated services and greater emphasis on prevention.	Work could begin to map strategic opportunities with Brent Council and the Health and Wellbeing Board as part of the current development of the 2015-19 Brent Borough Plan. This would include standing health updates at future Brent Connects Forums	Completed
3	Develop a commissioning 'insight' function. Gather, analyse and use patient experience and outcome data.	Brent CCG should employ or contract with an insight manager (data analyst) who knows how to obtain and analyse data on patients' experience and outcomes. This person could also be responsible for advising commissioners on the design and implementation of special studies, where necessary.	Work could begin to define the insight function needed.	Completed
4	Improve the 'communications' function. Redesign content for 'routine public information' and 'outreach'.	The CCG should employ or contract with a communications specialist with expertise in designing public information and consultations to take a lead in redesigning all communications media and outputs, and to work alongside commissioning leads to facilitate an improved dialogue with local people.	Work could begin with the Commissioning Support Service to identify the additional communication functions required, and to assess the costs and benefits of a dedicated resource for Brent CCG. Enhancing the communications function by 31 March 2015 would allow the 2015/16 contract year to be a learning period for developing a range of community engagement activities across the commissioning cycle.	Completed

5	Improve the 'outreach' function. Proactively plan activities that support commissioning priorities.	Brent CCG currently employs an Equality and Engagement Manager. This important role should be supported with sufficient resources to extend and increase the various outreach activities, ensuring that they link directly to commissioning priorities and are planned systematically and proactively.	Work could begin to create a substantive Equality and Engagement Manager position by January 2015. Work could continue to embed equality and engagement monitoring into the CCG project management systems. Establishing a systematic equality and engagement function by 31 March 2015 would allow the 2015/16 contract year to be a learning period for developing a range of community engagement activities across the commissioning cycle	Completed
6	Use a common template for developing engagement plans and providing assurance	The CCG should adopt an engagement template for use by commissioners throughout the development and production of a commissioning plan and provide training in how to use it. The same template could be used by the group responsible for providing assurance to the Governing Body, alongside the NHS Equalities Delivery System template	Work could begin to agree a equality and engagement template as part of CCG assurance monitoring. Data gathered for the 'Equalities Delivery System 2' would provide a useful baseline for monitoring subsequent improvements. This would be particularly helpful if the 2015/16 contract year were to be a learning period for developing a range of community engagement activities across the commissioning cycle.	Completed
7	Review and reorganise committee structures. Introduce lay members into other relevant committees.	The Governing Body should review and reorganise its committee structure to include patient representation more effectively in all relevant committees and sub-committees. The aim should be to embed engagement throughout the organisation and beyond, instead of confining it to a single committee. Strategy implementation and oversight should be separated from the provision of assurance by delegating these responsibilities to different committees, both with significant lay membership	The independent review team examined the EDEn Committee arrangements in detail; the Terms of Reference of other subcommittees and committees would require urgent revision to include lay members where relevant.	Completed
8	Redirect CCG resources away from Locality Patient Participation Groups towards 'insight' and 'outreach	The Locality Patient Participation Groups are a relatively inefficient means of gathering intelligence on the health and social care experiences of Brent residents. This can be better achieved by developing an insight function and by strengthening outreach initiatives	Changes to the CCG Constitution regarding the Locality Patient Participation Groups, with the necessary stakeholder consultation, could be achieved by the 06 January 2015 NHS England deadline for CCG Constitutional change applications. Work could begin to capture the learning from Locality Patient Participation Groups in a way that my provide advice to General Practices establishing their own Patient Participation Groups.	Completed

9	Outreach activities through community groups and specific working groups should be adequately resourced	Community engagement in specific commissioning initiatives should begin at an early stage in the commissioning cycle and continue throughout the process. Working groups established for specific tasks should be well resourced and well supported. Training should be provided for community group members and for commissioning leads. Priorities should be determined with reference to the Joint Strategic Needs Assessment and the Health and Wellbeing strategy. Grants should be made available to community groups to facilitate and strengthen their involvement to inform commissioning.	Training in co-design could be identified, with an aim to complete this with community group members and for commissioning leads by 27 February 2015. The possibility and limitations under the Standing Financial Instructions for small grant funding could be explored by an implementation group. Addressing these factors would allow the 2015/16 contract year to be a learning period for developing a range of community engagement activities across the commissioning cycle. Developing more explicitly shared priorities across statutory partners could be an area of proposed joint development in 2015/16 and a part of the 2015-19 Brent Borough Plan.	Completed
10	Health Partners Forum should be smaller, focused and more frequent to give feedback from outreach activities and encourage debate	The Health Partners Forums should be retained and strengthened, ensuring that they facilitate genuine community participation and debate. The CCG should measure the impact of its engagement activities and feed the results back via the Health Partners Forum	Training in co-design (recommendation 9) would need to be completed with those community leads asked to act as external facilitators in small group discussions and debates. Health Partners Forum dates and scope could be revised as part of a 2015/16 contract year learning period for developing a range of community engagement activities across the commissioning cycle. Opportunities to work with Brent Council on joint engagement events may give further opportunities for public debate.	Completed
11	Equality and engagement activities should have a defined budget and be led by substantively appointed staff.	The CCG should allocate a defined budget to support its engagement activities, including insight, communications, outreach and governance arrangements. It should make substantive staff appointments to lead these activities	Funding for transforming existing arrangement would need to be identified.	Completed
12	Consider the benefits of Option C, and the associated changes in CCG culture and ways of working	The Governing Body should give serious consideration to implementation of Option C in its entirety. This would involve significant changes to the CCG's culture and mode of working, but we believe these are necessary to ensure that the CCG achieves its goal of securing a more person-centred health and care system for the people of Brent	Moves assurance function to IG Committee. Lay members across relevant committees. PPE subcommittee reporting to the CCG Executive Committee introduced in place of EDEn Committee. Redirect CCG support away from LPPGs to insight and outreach. JSNA-led priorities for outreach. Closer work with HealthWatch and CVS. As for Option B, plus smaller, more frequent meetings. Identify other forums with Brent Council	Completed

