

**Health and Adult Social Care Scrutiny Committee - 28th March 2012**

**Report of the Senior Responsible Officer Dudley Clinical Commissioning Group**

**Patient Engagement in the Clinical Commissioning Group**

**1.0 Purpose of Report**

- 1.1 To advise Members about the consultation process to be undertaken by the Dudley Clinical Commissioning Group (CCG) to ensure the long-term effectiveness of patient engagement in local health decisions.

**2.0 Background**

- 2.1 The CCG's Management Team agreed in principle on 20<sup>th</sup> February 2012 to include a patient representative on the CCG Board in addition to the two Independent Committee Members already established. As indicated in a separate report to this Committee, national guidance is awaited on arrangements to be followed for a patient representative to join the Board and once published, this will necessarily influence the process adopted by the CCG.
- 2.2 The CCG is concerned to ensure that the patient representative is considered to have a legitimate, genuinely representative role on the Board. For this to occur, the process through which the person is elected to the Board, and the support offered to the person to enable them to fulfil the role effectively will be important considerations.
- 2.3 A small task and finish group has been convened twice to look at potential models of representation. This group included patient representatives (including the Chair of Dudley LINK); a young adviser from Connexions; engagement officers from Dudley Council, DCVS, the CCG's Clinical Executive for Partnerships & Joint Commissioning (Dr Nick Plant); a Practice Manager; and one of the CCG's Independent Committee Members (Jason Hall).
- 2.4 An outline model has emerged which builds on the patient representation being developed at GP Practices, but which also recognises that people who are not involved with their GP Practices will require alternative engagement mechanisms to link in to. To this end, different mechanisms will also be explored including virtual forums and the appropriate use of social media.
- 2.5 The outline model was also discussed at the Dudley Healthwatch Reference Group on 29<sup>th</sup> February (attended by the Chair of this Committee). This group supported the further development of the model. It was also agreed that the development of the engagement structure for the CCG will need to be complementary to the developments of a local Healthwatch. Officers at the Local Community Partnership, Dudley Council, and the CCG will co-ordinate this work

to maximise partnership opportunities, and to minimise duplication in the involvement of service user and other stakeholder representatives.

- 2.6 Further work will now take place to refine this model and consider the detail around the representative and accountability structures. A 'role description' for the patient representative will also be developed to support them in their work. In mid-April a larger stakeholder group of about 25 people will be invited to 'test' the model and refine it further prior to a much wider consultation process across the Borough - this will involve the CCG taking the model 'out' to different stakeholders during April, May and early June - culminating in a stakeholder event in mid-June to seek endorsement of the model (as has been advised through the consultation process).

### **3.0 Finance**

- 3.1 No financial issues arising from this report

### **4.0 Law**

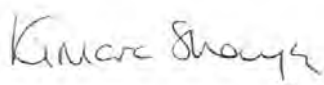
- 4.1 Any emerging guidance from the Government, and legal requirements as advised by existing legislation and the imminent enactment of the Health and Social Care Bill will direct this work.

### **5.0 Equality Impact**

- 5.1 The meaningful inclusion of minority and marginalised groups in the engagement mechanisms of the CCG will form an essential part of this work.

### **6.0 Recommendation**

- 6.1 That Members note the report.



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