



**Ipsos MORI**  
Social Research Institute



# CCG 360° stakeholder survey 2018/19

## Case studies of high performing CCGs

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The national report of survey findings for 2018/19 is available [here](#)\*

\*<https://www.england.nhs.uk/commissioning/regulation/ccg-assess/ccg-360-stakeholder-survey/>

## Background and key themes

Following the 2018/19 CCG 360° stakeholder survey, case study interviews were conducted with representatives from five high-performing CCGs. These interviews sought to identify transferable actions that other CCGs could adopt or adapt to improve the way they engage with their own stakeholders.

The CCG 360° stakeholder survey results from 2018/19 were used to identify CCGs that had achieved particularly strong results and/or a particularly high response rate. CCGs were selected, in collaboration with NHS England, to cover the range of topic areas in the questionnaire, as well as to ensure a spread of CCGs across the country. CCGs were then informed about the research and invited to take part.

Each case study was conducted via a telephone interview with relevant staff from the CCG. The telephone interview was structured around a discussion guide, with key questions sent to CCGs in advance to allow them to prepare. The discussion guide covered: context of the CCG; current stakeholders; actions that have led to particularly high ratings and/or response rates; and, plans for the future. Some of the key themes arising from the case studies are outlined below.

### 1 Keep organised

CCGs recognised the importance of keeping stakeholder work structured. This included using action plans for engagement, to make sure that engagement activities were planned and stakeholders were regularly contacted. CCGs also emphasised the importance of getting the basics right, such as ensuring that contact databases are regularly checked and kept up-to-date.

### 2 Focus on two-way relationships

There was a general desire among CCGs to make sure stakeholders felt that relationships were two-way, so that engagement activities didn't feel too much of a burden. This included loaning out CCG resources to partner organisations, attending regular meetings of stakeholder organisations, and focussing on co-producing solutions when dealing with issues.

### 3 Proactively share what the CCG is doing

CCGs also emphasised the importance of being proactive about sharing what the CCG is doing, whether these are successes, future plans or issues the CCG are considering options for. This helped allow stakeholders to feed in at every point, and engaged stakeholders in a shared plan and vision for the local area.

### 4 Be visible

When engaging with patients and the public, CCGs recognised the benefits of going out into public spaces, rather than expecting the public to come to them. This included going out to parks, town centres, and supermarket car parks, to make sure that they were engaging with a range of people, and making engagement easier for the public.

## Fylde and Wyre CCG: Maintaining and extending stakeholder engagement

This year, all of Fylde and Wyre CCG's stakeholders rated the CCG as 'very good' or 'fairly good' at being a local system leader. The CCG also performed particularly well in other related areas of the survey, such as their overall working relationship with stakeholders; working collaboratively with other system partners to improve the health of the population; and its consideration of how the whole health and care system could benefit in its decision making.

To be an effective local system leader, the CCG is focusing on:

**Encouraging a culture of engagement and co-production:** Since its inception, the CCG has sought to create a culture of engagement within its team. Staff are encouraged to engage with the CCG's stakeholders as part of their daily work, working with stakeholders on a range of different projects and programmes. Importantly, when the initial project or programme has ended, the CCG works hard to maintain these connections. As well as general engagement, co-production is also seen as central to the work of the CCG and it actively invites partners to not just work on but also co-produce projects and programmes.

**Leveraging their partners' existing networks:** The CCG puts considerable effort into reaching as wide an audience as possible, including extensive use of social media. The CCG draws upon its network of partners to reach 'seldom heard groups'. This is only possible because of the close working relationships and culture of engagement that the CCG has with their stakeholders and partners. The CCG also focuses on fostering relationships with their Patient Participation Groups (PPGs) as well as their neighbourhood groups. Not only do both of these groups provide useful and effective forums for consulting on patient experiences of local services, but the CCG can also utilise the groups' wider networks to extend the reach of the CCG's consultation activity.

**Having an accurate database:** As well as taking an innovative approach to engagement and co-production, the CCG is focusing on keeping an up-to-date stakeholder list. This is seen as an important first step, enabling the CCG to be confident that their communications with stakeholders are reaching all the relevant people.

*It's not just about meeting people regularly... it's about a culture of co-production.*

*We can call on the support of PPGs to help with engagement activities in communities.*

## Portsmouth CCG: Working with stakeholders as part of a larger system

Portsmouth CCG’s stakeholders were very positive about the effectiveness of the CCG and its core functions in the CCG 360° stakeholder survey this year. Overall, 93% said the CCG is ‘very effective’ or ‘fairly effective’ at improving the quality of local services, 89% said it is ‘very effective’ or ‘fairly effective’ at improving health outcomes for its population, and 85% said it is ‘very effective’ or ‘fairly effective’ at reducing health inequalities.

To deliver this and effectively communicate their work in this area to stakeholders, the CCG prioritises:

**Having a single voice for patients across the city:** To better meet the needs of the local population, the CCG is focusing on joint work with the Local Authority. For example, senior executives hold portfolios covering commissioning responsibilities for both the Local Authority and the CCG, supported by integrated community, primary, and social care teams for the delivery of care. The CCG also co-chairs the Health and Wellbeing board with the Local Authority. The CCG and Local Authority have a single strategy for health and care for Portsmouth which sets out their blueprint for the city and drives their decisions and plans through a single commissioning approach. They work flexibly using various HR, governance and legislative powers to facilitate this.

**Working with providers:** Reflecting their focus on co-production, the CCG sees its role as commissioners to focus on improvement and transformation. They focus on facilitating an understanding of issues and how to overcome them, as opposed to just holding providers to account and imposing penalties. The CCG focuses on having these conversations—which can be difficult—as a way to better understand their providers’ issues, help address them, and ultimately improve services for patients.

**Maximising clinical leadership:** Many senior positions within the CCG are held by clinicians (including the CCG Accountable Officer who is also the Clinical Leader and a Clinical Chair of its Governing Board). The CCG believes that this makes for a powerful voice when commissioning good quality services for the local population. In addition to its clinical executive, the CCG also brings in GPs for specific pieces of work. This enables the CCG to draw on the experience of clinicians who may not be able to commit to a full-time role, while also helping the local GPs to gain a better understanding of how commissioning works. It also acts as a talent pipeline: several senior members of the CCG’s clinical executive were introduced to the CCG through this route.



## Rotherham CCG: Using data to shape changes

This year, all Rotherham CCG stakeholders either ‘strongly agreed’ or ‘tended to agree’ that Rotherham CCG was working collaboratively with other system partners on the vision to improve the future health of the population across the whole system. Stakeholders were also positive about the CCG’s role in commissioning/decommissioning services: nine in ten stakeholders (90%) either ‘strongly agreed’ or ‘tended to agree’ that Rotherham CCG involves the right individuals and organisations and the same proportion said that the CCG asks the right questions at the right time.

To deliver this, the CCG is focusing on:

**Taking on board stakeholder views:** To ensure stakeholder views translate into changes and activities, the CCG uses the findings from the CCG 360° stakeholder survey to identify areas that could benefit from more in-depth exploration through qualitative research. The outputs of this are then used alongside their own findings from local 360° exercises to inform changes within the CCG. For example, this process has previously shaped the ways in which the CCG works with the rest of the system. The CCG also focuses on balancing stakeholders’ competing priorities in the changes made.

**Creating a culture of transparency and trust:** The CCG focuses on making decisions in a collaborative way and as publicly as possible, using a variety of methods to make sure all stakeholders are informed and can engage. This contributes to a culture of transparency, in which everyone is aware of the CCG’s plans, priorities and activities, and there is a shared vision. In turn this helps to build trust between stakeholders and the CCG, which further facilitates activities and decision making, including commissioning or decommissioning decisions.

**Engaging with stakeholders in different ways:** Knowing that different stakeholders prefer to be engaged in different ways, the CCG tries to adapt its approach to engagement. For example, the CCG aims to engage with GPs three times on any particular topic, once by email, once by newsletter and finally by having telephone or face-to-face conversations. With other stakeholders, such as partner Chief Executives in Rotherham, the CCG meets with key partners on a weekly basis, but only for a short time, which enables the group to discuss relevant issues, and encourages efficiency both in the discussions and in setting actions. In general, the CCG aims to be as visible and present as possible, placing particular emphasis on ‘putting the people first’, especially when there are any issues, so that these can be resolved quickly.



## Greenwich CCG: Strategically planning stakeholder engagement

Greenwich CCG has more than doubled their response rate for the CCG 360° stakeholder survey over the last two years, going from 41% in 2016/17 to 96% this year. Following a change in leadership, the CCG felt it was a particularly important time to collect feedback from stakeholders, so it put together a plan of engagement to encourage stakeholder participation in the survey. The focus was on ensuring that stakeholders gave feedback, whatever that feedback was, and ensuring stakeholders were able to be honest, knowing that feedback would be acted on. This involved four key elements:

**Creating a clear strategy:** In advance of the survey, a central team responsible for the survey was put together. This team created a full strategic plan, including who needs to be engaged, when and how. Time was booked into people’s diaries to make calls to stakeholders during the survey to encourage them to take part, and this was checked and managed throughout fieldwork by the central team.

**Creating bespoke approaches to contact:** Rather than sending out all correspondence on the survey centrally, each contact came from the CCG staff member who manages that relationship so that it could be tailored and could build on the trust they had already established. For example, GP practice leads who sit on the CCG board were responsible for engaging other GP leads in their area, and the CCG Chair mentioned the survey in their regular meetings with other CCG leads.

**Managing the contacts:** In advance of the survey, the central team engaged with the relevant CCG staff to help select stakeholders to take part, and then managed this information over the course of the survey. This included noting when stakeholders let them know they had already taken part, checking any ‘bounce back’ emails with the stakeholder organisation, and ensuring staff involved knew who they should be contacting about the survey and when.

**Briefing staff and sharing knowledge:** Before any contact was made with stakeholders, care was taken to brief staff – either in person or by email – on the survey and its benefits, to ensure they felt comfortable engaging with stakeholders about the survey. Work was also carried out to prepare stakeholders for the survey in advance. For example, following advice from a local CCG, a briefing document was sent out to stakeholders before the survey, letting them know what action had been taken since the previous survey, reassuring them that their feedback would be acted on and encouraging them to take part again.



## Dudley CCG: Staying visible in the local area

This year, Dudley CCG’s stakeholders were particularly positive about the CCG’s role in commissioning/decommissioning services: nearly nine in ten stakeholders (89%) either ‘strongly agreed’ or ‘tended to agree’ that Dudley CCG involves the right individuals and organisations and the same proportion said that the CCG asks the right questions at the right time. Dudley CCG’s stakeholders were also positive about the CCG’s system working. The CCG think their high scores are due to their work on:

**Continuously engaging to build two-way relationships:** The CCG emphasised that ensuring stakeholders felt relationships were two-way was vital to the strength of their relationships. This included regularly engaging with local groups by attending and providing speakers for events, and partnering with the Local Authority to commission a new Multispecialty Community Provider (MCP) to address shared population health challenges.

**Going out to the public:** Dudley CCG regularly organise public events to ensure they are visible to the public, and reach them in places they normally go. For example, when consulting on the commissioning of a new care model (Dudley MCP), the CCG hired a camper van with video recording equipment over the school holidays and went out to parks and other places people would be. They also used craft activities to engage children, to make it easier for parents to take part.

**Starting the engagement process early:** The CCG emphasised the importance of going out to groups that they knew would be concerned about changes as a priority when potentially controversial decisions were being considered. This allowed the CCG to make sure these stakeholders felt able to engage from the start. When the CCG are considering making changes to a service, they proactively approach local politicians and councillors, to start a dialogue and communicate why the change is being considered, making it easier for these stakeholders to have conversations with the constituents they represent and ensure as many views are expressed as possible.

**Supporting member practices to engage patients and the public:** The CCG provides structured support to local GP practices and their Patient Participant Groups (PPGs) to help them engage with their local communities. This is to help gather continuous feedback and support constructive conversations during periods of change. For example, they provide structured support to local GP practices that are considering making changes to services, to help them engage with the local community as part of the decision making process, including CCG staff attending public meetings and supporting public communications.

