Cannock Chase Clinical Commissioning Group
Governing Body Meeting

May 2015

1. **Introduction to stakeholder relations for Cannock Chase CCG**
   Cannock Chase has a large number of relationships it has to manage including its
   relationship with its member practices. Relationships include those that:
   - **form part of the CCG –** member practices and their staff
   - **monitor the performance and/delivery of the CCG** – NHS England,
     HealthWatch**,** elected officials, media
   - **monitor the performance of healthcare providers we commission
     services from**– Monitor, Care Quality Commission, NHS Trust Development
     Authority
   - **we work in partnership with** – local authorities (county and district),
     voluntary sector, patient reference groups and other healthcare
     commissioners such as CCGs and NHS England
   - **we represent** – patients, carers, families using healthcare everyday and who
     we are accountable to as a statutory organisation

2. **Overview to 2015 IPSOS Mori Stakeholder Survey**

   This is the second consecutive year that we have undertaken a survey of our
   stakeholders. The feedback will be used to help inform the way we manage our
   relationships and undertake our business.

2.1 Background and objectives

   Clinical Commissioning Groups (CCGs) need to have strong relationships with a
   range of health and care partners in order to be successful commissioners within the
   local system. These relationships provide CCGs with on-going information, advice
   and knowledge to help them make the best possible commissioning decisions.

   The CCG 360° stakeholder survey is a key part of ensuring these strong
   relationships are in place. The survey allows stakeholders to provide feedback on
   working relationships with CCGs. The results from the survey will serve two
   purposes:

   1. To provide a wealth of data for CCGs to help with their ongoing organisational
      development, enabling them to continue to build strong and productive
      relationships with stakeholders. The findings can provide a valuable tool for all
      CCGs to be able to evaluate their progress and inform their organisational
      decisions.

2. To feed into assurance conversations between NHS England sub-regions and CCGs. The survey will form part of the evidence used to assess whether the stakeholder relationships, forged during the transition through authorisation, continue to be central to the effective commissioning of services by CCGs, and in doing so, improve quality and outcomes for patients.

2.2   Methodology and technical details

- It was the responsibility of each CCG to provide the list of stakeholders to invite to take part in the CCG 360° stakeholder survey.
- CCGs were provided with a core list of stakeholder organisations (outlined in the table opposite) to be included in their stakeholder list. Beyond this however, CCGs had the flexibility to determine which individual within each organisation was the most appropriate to nominate.
- They were also given the opportunity to add up to ten additional stakeholders they wanted to include locally (they are referred to in this report as 'Wider stakeholders'). These included: Commissioning Support Units, Health Education England, lower tier local authorities, MPs, private providers, Public Health England, social care / community organisations, Voluntary Sector Council/Leader, voluntary / third sector organisations, local care homes, GP out-of-hours providers and other stakeholders and clinicians.
- The survey was conducted primarily online via email invitations. Stakeholders who did not respond to the email invitation, and stakeholders for whom an email address was not provided, were telephoned by an Ipsos MORI interviewer who encouraged response and offered the opportunity to complete the survey by telephone.

2.3 Core stakeholder framework

GP member practices	One from every member practice
Health and wellbeing boards	Up to two per HWB
Local HealthWatch	One per local HealthWatch
Other patient groups	Up to three
NHS providers – Acute	Up to two from each provider
NHS providers – Mental health trusts	Up to two from each provider
NHS providers – Community health trusts	*Up to two from each provider*
Other CCGs	*Up to five*
Upper tier or unitary local authorities	*Up to five per LA*

2.4 Survey response rates for Cannock Chase CCG
Fieldwork was conducted between 10th March 2015 and 7th April 2015.
39 of the CCG's stakeholders completed the survey. The overall response rate was 62% which varied across the stakeholder groups shown in the table opposite.

Stakeholder	Number invited to take part	Completed survey	Response rate
GP member practices	27	19	70%
Health and Well Being Boards	2	1	50%

Local HealthWatch/ patient groups	4	1	25%
NHS providers	10	4	40%
Other CCGs	5	5	100%
Upper tier or unitary local authorities	5	2	40%
Wider stakeholders	10	7	70%

2.5 Interpreting the results

Within the survey, stakeholders were asked a series of questions about their working relationship with the CCG. In addition, to reflect each core stakeholder group's different area of expertise and knowledge, they were presented with a short section of questions specific to the stakeholder group they represent.

- For each question, the responses to each answer are presented both as a percentage (%) and the number of stakeholders giving a certain answer, which are included in brackets (n).
- The number of stakeholders answering (the base size) is stated for each question. The total number of responses is shown at the bottom of each chart and in every table.
- For questions with fewer than 30 stakeholders answering, we strongly recommend that you look at the number of stakeholders giving each response rather than the percentage, as the percentage can be misleading when based on so few stakeholders.
- This report presents the results from Cannock Chase CCG's stakeholder survey. Throughout the report, 'the CCG / your CCG' refers to Cannock Chase CCG.
- Where a result for the 'cluster' is presented, this refers to the overall score across the 20 CCGs that are most similar to the CCG. For more information on the cluster and how this has been defined, please see Appendix A.
- Where results do not sum to 100%, or where individual responses (e.g. tend to agree; strongly agree) do not sum to combined responses (e.g. strongly/tend to agree) this is due to rounding.

2.6 Using the results

- This report contains a **summary section**, a **section on overall views of relationships** and a **section for each of the six assurance domains** which show detailed breakdowns of responses to each question.
- The overall summary slides show the results at CCG level for the questions asked of all stakeholders (i.e. only those in section 1 of the questionnaire).
- This provides CCGs with an 'at a glance' visual summary of the results for the key questions, including direction of travel comparisons where appropriate.
- The remainder of the report shows the results for all questions in the survey including any local questions where CCGs included them. The results for each question are provided at CCG level with a breakdown also shown for each of the core stakeholder groups where relevant.
- This allows CCGs to interrogate the data in more detail.

- The main report has been structured by the six assurance domains. There is also an additional initial section on overall engagement and relationships which contains the general questions that are not linked to specific domains.
- At the end of each section of the main report, there is a table summarising the results, along with some comparative data for those questions asked of all stakeholders.

2.7 Using the results – interpreting

- For some questions, data has been included in the reports to compare the results for the CCG with:
  - **The CCG's result in 2014**
  - **The 2015 average across all CCGs in the CCG's cluster**
  - **National CCG average in 2015**
- The comparisons are included to provide a rough headline guide only and should be treated with caution due to the low numbers of respondents and differences in stakeholder lists.
- Any differences are not necessarily statistically significant differences; a higher score than the cluster average does not always equate to 'better' performance, and a higher score than in 2014 does not necessarily mean the CCG has improved.
- The comparisons offer a starting point to inform wider discussions about the CCG's ongoing organisational development and its relationships with stakeholders. For example, they may indicate areas in which stakeholders think the CCG is performing relatively less well, for the CCG to discuss internally and externally to identify what improvements can be made in this area, if any.

3. 2015 Cannock Chase CCG Survey Summary

Overall engagement and relationships

Following the guidance from IPSOS, due to the sample size we have as a CCG (39), for some results, this can result in quite big swings. This was a major year of change for the local health economy with the transition for Mid-Staffordshire trust to a new provider and the CCG put a major focus rightly on ensuring quality throughout this transition.

The table below summarises the responses received against each of the six domains a CCG is assured against:

	2014	2015
	101 stakeholders responded 69%	**101 stakeholders responded 68%**
Overall engagement and relationship summary		
Extent of engagement by CCG in last 12 months	75% (44)	85% (39)
Satisfaction with engagement by CCG in last 12 months	78% (41)	73% (37)
Extent to which CCG listened to views	66% (44)	64% (39)
Extent CCG has taken on board suggestions when provided	Not comparable	62% (39)

Overall rating of working relationships with CCG	80% (44)	74% (39)
Change in working relationship with CCG in last 12 months	68% (40)	34% (38)
Domain 1 Are patients receiving clinically commissioned, high quality services?		
How effective are arrangements for membership participation and decision making within your CCG?	90% (18)	84% (16)
How involved do you feel you are in CCG's decision making process	70% (14)	58% (11)
How confident are you to sustain two way accountability between CCG and member practices	85% (17)	68% (13)
Approximately how often if at all do you have the opportunity for direct discussions with your CCG leaders	85% say once a month (17)	68% say once a month (13)
To what extent do you agree or disagree representatives from member practices are able to take leadership role within the CCG	80% (16)	63% (12)
To what extent do you agree or disagree quality of services key focus of contracts within the CCG	---	50%
How involved if at all would you say clinicians in CCG are in discussions about a) quality b) service redesign		75% 75%
Commissioning decisions and contribution to wider discussions	**2014 (responses)**	**2015 (responses)**
Extent to which CCG engages right individuals/ organisations when making commissioning decisions	66% (44)	62% (39)
Confidence in CCG to commission high quality services	68% (44)	59% (39)
Understanding of reasons behind commissioning decisions	68% (44)	59% (39)
Effectiveness of CCG's communication about commissioning decisions	68% (44)	51% (39)
Confidence that CCG's plans will deliver continuous improvement in quality	59% (44)	51% (39)
Extent to which CCG has contributed to wider discussions in local health economy	Not comparable	77% (39)
Monitoring quality of services	**2014**	**2015**
Confidence CCG effectively monitors quality of services it commissions	68% (44)	59% (39)
Feel able to raise concerns about quality of local services within the	84% (44)	69% (39)

CCG		
Confidence in CCG to act on feedback it receives about quality of services	75% (44)	59% (39)
Plans and priorities		
Knowledge of CCG's plans and priorities	66% (44)	77% (39)
Have had opportunity to influence plans and priorities	57% (44)	54% (39)
Comments on plans and priorities have been taken on board	45% (14)	49% (39)
CCG effectively communicated its plans and priorities	Not comparable to 2014	59% (39)
CCG's plans and priorities are the right ones	59% (44)	54% (39)
Improving patient outcomes is a core focus for the CCG	Not asked in 2014	77%
Overall Leadership		
Leadership of CCG has necessary blend of skills and experience	82% (44)	69% (39)
There is clear and visible leadership of the CCG	89% (44)	79% (39)
Confidence in the CCCG to deliver its plans and priorities	82% (44)	64% (39)
Leadership of the CCG is delivering continued quality improvements	61% (44)	51% (39)
Confidence in leadership of CCG to deliver improved outcomes for patients	68% (44)	59% (39)
Clinical leadership and quality of services		
Clear and visible clinical leadership of the CCG	84% (44)	69% (39)
Confidence in clinical leadership to deliver plans and priorities	80% (44)	64% (39)
Clinical leadership is delivering continued quality improvements	57% (44)	54% (39)
Clinical leadership of CCG is delivering continued improvements to reduce local health inequalities	Not asked in 2014	49%

4. Recommendations and action plan

Assurance Domain	Emerging themes	Proposed action
Domain 1: Engagement and relationships	• Most practices feel engaged although small percentage (16%) say not at all and one in 10 very dissatisfied with engagement • Two CCGs reports not feeling engaged • One area of concern is that although relationships with stakeholders is good, it is reported that particularly in last 12 months only 34% say their relationship improved with the CCG this year. The leadership team have discussed 2014/15 as part of annual review process and this reflects their view that this was an exceptional year operationally that the CCG and its support staff undertook (Page 26)	- Ensure all members are receiving communications from the CCG - Underake members survey to identify ways in which they would like to be engaged - A number of pan-Staffordshire programmes will enable improved communications and understanding in 2015/16. - During 2015/16, as the CCG moves to a more 'normal' year following changes, staff and members will make a concerted effort to ensure that more time is given over to relationship management – a number of initiatives and ways of working have already been identified and put in place to achieve good partnership working for year ahead.
Domain 2: Are patients and the public actively engaged and involved?	• There appears to be a fair degree of confidence by stakeholders in the ability of the CCG to engage people in commissioning decisions (59-62%). • Around half of stakeholders feel that the CCG effectively communicates commissioning decisions however clearly there is always room for improvement.	• A substantial information programme took place to support changes with Mid-Staffordshire provider transition to help keep patients informed about a complex set of changes • The CCG is refreshing its communications and engagement approach for all stakeholders by June 2015. A new website together with social media channels has gone live to help strengthen communications and the way we engage as a CCG • The CCG plans to communicate its annual review to all households in the next few months and opportunities for members of the public to get involved in the work of the CCG on an ongoing basis.

Domain 3: Are CCG plans delivering better outcomes for patients	68% of member practices feel the CCG effectively communicates its plans and priorities. 2 out of 5 CCGs report that they would like more opportunity to influence plans and priorities - One area for improvement could be helping stakeholders understand the financial challenges for the CCG with 37% of practices not understanding financial implications	- The pan Staffordshire programme office with an increased focus for joint commissioning will help achieve this goal in 2015/16. - CCG to consider how we improve knowledge of stakeholders including member practices around financial decisions. - Activities will include: - *CCG staff* briefing; - *member practices –* consider a board development session and _ *for the public* include information about financial challenges in existing communications issued by CCG including website, our annual report 'how we invest healthcare budgets') and opportunity for questions at Annual General Meeting.
Domain 4: Does the CCG have robust governance arranagements	- The results for this section were on the whole positive with perception CCG is fair and equitable. 25% of NHS providers would like to see more governance. - One area of concern to member practices is 58% don't feel involved in co-commissioning discussions – a new agenda for CCGs to be leading although 74% acknowledge the CCG is taking the right steps to prepare for primary care co-commissioning.	Planned communications and involvement for member practices and governance arrangements were being developed right at the time of the stakeholder survey. It is hoped that members will now be clearer about the position but this feedback will be reviewed and ensure that we communicate well with our members on this important agenda.
Domain 5: Are CCGs working in partnership with others?	The response rates for this section were very low in number – although those responses received – were universally positive.	Continue to strengthen relationships with stakeholders as part of our communications and engagement planned programme in 2015/16.
Domain 6: Clinical leadership	Clinical leadership scores are similar to other CCG although visibility and confidence in clinical leadership scores have dipped in 2015/16 from 84% to 69% and 80% to 64% respectively. The CCG had performed above average in 2014 but has reduced to the average score for CCGs	Scored had been very high and its unclear why scores dipped this year. However with a newly appointed Chair, that provides an opportunity to reengage with member practices.

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Reported overview produced by Lynda Scott, Director, Midlands and Lancashire CSU communications and engagement service.

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