

Agenda Item:

# *Governing Body*

# REPORT

<b>Subject</b>	Ipsos MORI 360 Stakeholder Survey
<b>Date</b>	27 April 2017
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## **Executive Summary**

This paper provides a summary of the Ipsos MORI 360 Stakeholder Survey, which is undertaken by NHS England each year to provide an overview of performance across 207 CCGs in England.

The report seeks participation from stakeholders to understand their views on a number of key issues, including leadership, quality, commissioning and the quality of plans and priorities. Bedfordshire Clinical Commissioning Group provided a stakeholder list which included representatives from unitary authorities, NHS providers, patient groups, GP Member practices and other stakeholders including other CCGs and constituency MPs. The survey was undertaken in January and February, with findings reported in March.

Bedfordshire Clinical Commissioning Group has performed poorly in recent years, as the CCG's financial position deteriorated and stakeholders lost confidence in the leadership of the organisation.

Following a period of stability and focus on strengthening clinical and non-clinical leadership in the organisation, this report shows an improving picture, with Bedfordshire Clinical Commissioning Group making steady progress. There remains some concern however around key areas of performance.

Going forward, the findings from this report will provide the evidence base for a stakeholder strategy which will be developed and presented to the Executive for comment and ratification in June 2017. The paper will be presented to the Governing Body for comment and assurance in July.

## **Recommendation**

The Governing Body is asked to consider this paper and make any recommendations on how stakeholder engagement should be taken forward.

## Links to the business and risks

<b>Relevant Strategic Objectives 2016/17 (please mark in bold)</b>
1. Systematically implementing prevention, early diagnosis and early intervention
2. Commissioning services that deliver evidence-based care, in the right place and at the right time, including promoting self-care and empowering patients to manage their own conditions.
<b>3. Making sure that care is high quality, safe and sustainable, that it improves health outcomes and wellbeing and provides a good patient experience.</b>
<b>4. Using the statutory framework with best practice governance and transparency principles to be fully accountable to our population in commissioning and operating as a part of the wider health system</b>
5. Ensure that the CCG commissions and operates in a financial manner consistent with the regulatory framework, long terms sustainability and best use of public money.
6. We will work in close partnership with all the organisations who commission or provide care for our population, to integrate services where it makes sense and to achieve seamless transitions of care for patients where services remain separate.
<b>7. Embedding member, public, patient, carer, staff and other stakeholders' views through meaningful engagement into decision-making processes and commissioning intentions.</b>

<b>Links to Board Assurance Framework / Corporate Risk Register</b>	Strategic Risk 7.1 Failure to demonstrate effective meaningful and genuine patient and public engagement throughout all of its commissioning activities. Strategic Risk 7.2 Risk of reputational damage
<b>Details of additional risks associated with this paper (may include NHS England Assurance Framework / NHS Constitution)</b>	None identified.
<b>Financial Implications / impact</b>	There are no financial implications to this paper. However, following feedback from the Governing Body, a stakeholder strategy will need to be fully costed to ensure it can be delivered within current resources.
<b>Legal Implications / impact</b>	
<b>Partnership work / public engagement implications / impact</b>	This paper was prepared using evidence from an independent survey which was carried out using a representative sample of 100 stakeholders.
<b>Committees / groups where this has been discussed before</b>	This report has been discussed with Bedfordshire Clinical Commissioning Group's Executive team.
<b>Other options available and their pros and cons</b>	
<b>Background papers</b>	The full Ipsos MORI Stakeholder Survey is available on request.

## **Executive Summary:**

### **1. Context**

Each year, NHS England undertake an independent 360° Stakeholder Survey of all CCGs with Ipsos MORI, to provide qualitative and quantitative information on the CCG's performance, which in turn provides assurance to both NHS England and the Executive.

The independent survey asks respondents to give their views on a number of areas including overall engagement, commissioning services, the Leadership of the CCG, plans and priorities and monitoring and reviewing services.

Since the survey began in 2013, stakeholder feedback has been inconsistent, starting strongly with positive endorsement from stakeholders and then falling significantly, with poor results reported in 2016, following the CCG's deteriorating financial position.

### **2. 2016 survey results**

In 2016, stakeholders reported growing concerns over the CCGs financial position and that they did not feel able to influence commissioning decisions. All round clinical and non-clinical leadership was an issue, with little confidence that the CCG is delivering improvements for quality, or that the CCG had the capacity to deliver improved patient outcomes.

Satisfaction levels were particularly low, with stakeholders expressing concerns over engagement levels. GP Members in particular reported that they did not feel listened to.

As a result of poor performance, the CCG put together a plan to improve engagement with stakeholders, to ensure complete transparency, encourage them to shape decisions and provide regular feedback on how the organisation is adding value.

### **3. 2017 findings**

Overall, the 2017 results show a steadily improving picture on last year. Stakeholder satisfaction is at a three-year high at 70%, as a result of notable steps forward by the CCG to provide clear and visible leadership (61%) and become an effective system leader (57%).

Stakeholders reported improvements in the quality of the relationships they have with the CCG (65%) and satisfaction in the level of engagement they experience (65%).

Steps to strengthen the clinical leadership of the CCG has been well received, with 57% of respondents recognising the contribution made by the clinical leads. Additionally, more stakeholders reported increasing confidence that the leadership will deliver on its plans and priorities (48%).

Respondents were positive about the quality of the service provided by the CCG, with 89% stakeholders saying they feel able to report any concerns about the quality of local services to the CCG and 57% are confident that feedback would be actioned.

Although the drive to deliver patient outcomes is considered to be the focus of the CCG and many stakeholders feel confident they understand what the CCG is working to achieve, stakeholders continue to question whether their feedback is taken on board (48%) or whether the CCG is working to the right priorities (37%).

In terms of the commissioned services, stakeholders were assured that the correct rationale was used to commission services, but they did not have confidence that the CCG was able to commission high quality services (44%).

#### **4. Cluster comparisons**

While stakeholders report some improvement this year, Bedfordshire Clinical Commissioning Group is falling behind other CCGs in a cluster of similar size CCGs with the same population size and needs. It is also falling behind the national average in a number of key areas.

Notable areas include stakeholder confidence in the CCG's ability to deliver high quality services for the population, the perception that the CCG has the necessary blend of skills and experience and that the CCG contributes towards wider discussions in the health economy for example through Council for Voluntary Services, Clinical Senate Assemblies and Urgent Care Working Group.

However, there are areas where Bedfordshire is ahead of the curve, including proactively addressing quality issues and the opportunity for stakeholders to influence the CCGs plans and priorities.

#### **5. Detailed feedback by stakeholder group**

In a breakdown of all stakeholder groups, GP Member practices expressed the most concern about the CCG, with unitary and local authorities and NHS providers providing more positive feedback. Areas for improvement outlined by stakeholder group include:

Healthwatch and patient groups:

- More engagement is needed with seldom heard groups.

Member practices:

- GP Members do not have confidence that two-way accountability will be sustained
- While the majority of GP practices understand the financial position of the CCG, there remains a significant proportion who do not understand financial implications and more GPs would like to be regularly involved in discussions about the management of the CCGs finances.
- GPs do not feel they are able to influence decision making.
- Practices do not feel they understand the CCGs plans to reduce health inequalities.
- GPs do not feel they have been involved in discussions about plans for primary care co-commissioning.

NHS Providers:

- Providers do not feel that the CCG is involved in discussions about quality.

#### **6. Next steps**

Bedfordshire Clinical Commissioning Group is committed to stepping up engagement with stakeholders to address concerns and build on this improving picture. The 2017 Stakeholder Survey will be used as an evidence base for a stakeholder strategy, which will be implemented this year.

The strategy will seek to re-engage with stakeholders, provide increased clarity and transparency around the work the CCG is doing to deliver quality services to the communities we serve. A paper outlining the approach will be provided to the Executive in June and the Governing Body for assurance in July.