



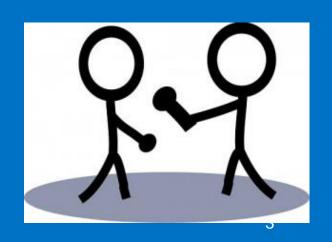


#### Welcome!

#### Introductions

- Name
- Role/Organisation
- Why are you here and what do you expect from today?







## **Learning Objectives**

#### By the end of this session you will:

- Understand the drivers for participation
- Work in a small group to develop an engagement plan by applying 10 steps
- Contribute to the completion of a PPP reporting form (13Q form)
- Consider seldom heard communities and working with partners
- Explore approaches and tools used
- Identify key steps and timescales
- Understand the resources and support available





#### **Public**

#### involvement?

Enabling people to share their views, needs and wishes and to contribute to proposals and decisions about services

#### The public?

Everyone who uses services including patients, carers and their families

#### What does it involve?

Involvement, engagement, participation, consultation, patient or public voice are different ways to involve the public





**Review of Quiz** 



March 2017

### **Our commitment**





# **New Statutory Guidance: April 17 Collective and Individual**





# Health and Social Care Act 2012, public involvement duty around commissioning arrangements



CCGs (Section 14Z2) and NHS England (Section 13Q) must involve the public......



"In the <u>planning</u> of the commissioning arrangements by the Board/Group"



"In the development and consideration of proposals by the Board/Group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them"



"In <u>decisions</u> of the Board/Group affecting the <u>operation</u> of the <u>commissioning</u> arrangements where the implementation of the decisions would (if made) have such an impact"



# Reporting Participation Activities



#### Section 13Q: Patient and Public Participation Form

This form is a tool to help commissioners to identify whether there is a need for patient and public participation in their commissioning activity, and if it is required, to help them plan for a level of participation which is 'fair and proportionale' to the circumstances. The form must be completed at the start of the planning process for projects/programmes/national policy development and before operational commissioning decisions are taken which may impact on the range of commissioned services and/or the way in which they are provided.

Completed forms may be used as evidence in the event of a legal challenge. NHS England has a duty under Section 13Q of the NHS Act 2006 (as amended) to 'make arrangements' to involve the public in commissioning. Full guidance is available in the Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning. In addition, NHS England has a legal duty to promote equality under the Equality Act (2010) and to have regard to reduce health Inequalities under the Health and Social Care Act (2012). Patient and public participation forms will be monitored for assurance of an appropriate level of participation in commissioning and a sample of the forms will be re-visited to evaluate the quality of participation work and its impact, for learning and improvement purposes.

This form should be completed electronically so that you can take as much space as you

Step 1 - Provide the title of the plan/proposal/project/commissioning activity and a brief description (including key objectives where appropriate). Possible examples - procurement of a new service, proposals for service change, national policy development or an operational commissioning decision which affects services, e.g. closure of a GP practice.

#### Step 2 - Is there is likely to be an impact on patients and the public?

If the plans, proposals or decisions are implemented, do you think there will be:

- (a) An impact on how services are delivered? Please explain your answer and provide further details:
- (b) An Impact on the range of health services available? ☐ Yes ☐ No Please explain your answer and provide further details:

If you have answered yes to (a) or (b), it is highly likely that the Section 13Q duty applies. Note: the duty always applies to planning of commissioning arrangements (regardless of impact).

(c) Any other impact that you can envisage at this point in time? Please describe.

To assess impact you should consider the overall population, and groups/individuals, within that population who are likely to be affected. This can be done by completing the Equality and health inequalities analysis screening tool and then, if necessary, a full Equality and health inequalities

Step 3 - Describe any existing arrangements to involve patients and the public which are relevant to this plan/activity and/or provide relevant sources of patient and public insight? Note: these can be national/regional/local. Examples could include representation of patient and public views by patient and public voice (PPV) partners who are members of programme boards/comm/ttées; surveys; intelligence on patient and public views from partners including other commissioners. Healthwatch and voluntary and community organisations.

Step 4 - Are additional arrangements for patient and public involvement required for this activity and in particular how will you ensure that 'seldom-heard' groups, those with 'protected characteristics' under the Equality Act, and those experiencing health

- (a) If yes, provide a brief outline of your approach and objectives for any additional patient and public participation.
- (b) Briefly describe why you consider this to be 'fair and proportionate'
- (in due course, it may be appropriate to develop a full communications and engagement plan).
  - (c) If no, state why you consider that no further patient and public participation is required.

#### Step 5 - Planning for impact and feedback

- (a) Provide a brief outline of how the information collected through patient, and public participation will be used to influence the plan/activity.
- (b) How will the outcomes of participation be reported back to those involved (refer to your communications and engagement plan. If appropriate):

(c) How will you assess the ongoing impact of the change on patients and the public after it has been completed?

#### Name of person completing the form:

Job Title:

E-mall address:

Where senior sign off arrangements apply, name of person signing off the form: Job Title:

Team:

If you are unsure as to the answer to any of these questions, seek advice from the relevant 🗆 point of contact in your region or the Public Participation Team in the national support centre: england.engagement@nhs.net

or.telephone 0113 8250861.

TO BE ADDED: WHERE TO SEND THE FORMS ONCE COMPLETED

# What are the benefits of engaging with the public?

NHS England

- Improves outcomes
- Builds partnerships
- Helps bring about improvements
- Social benefits
- Clinical outcomes
- Improved trust
- Economic returns
- What else?



# Risks of not conducting effective engagement

Lack of understanding

Failure of professionals to understand the real issues for patients and poor experiences. Missing an opportunity to design the best services.

**Disengagement** 

Patients, especially those in vulnerable and hard to reach groups, feeling disconnected from services.

Resistance to Change

 Public resistance to reconfigurations and service changes due to lack of involvement and understanding

Poor public confidence

Failing to engage the public runs the risk of prompting negative public and media campaigns

Judicial review and legal challenge

• Next slide

## Costs of judicial review

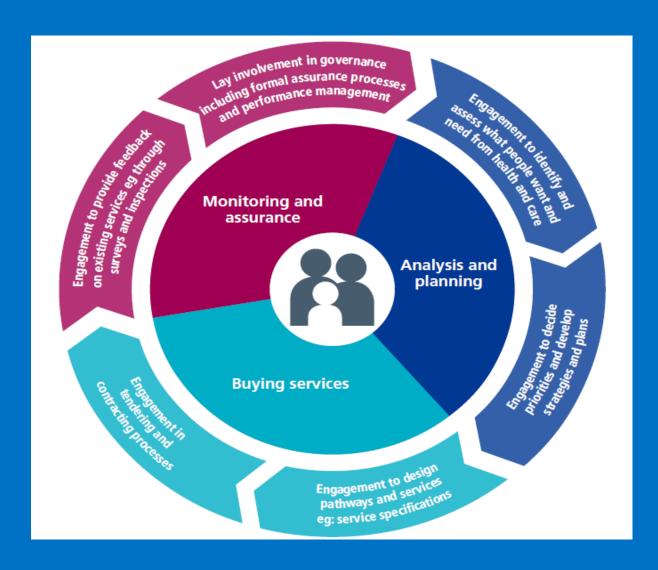


- A legal challenge can be mounted when there is concern with the process by which a decision was reached.
- If a public body *does not comply with its legal obligations* the court has the power to strike the public body's decisions down, whatever the merits of those decisions might have been.
- Injunctions can be sought as part of the court process to *stop*the public body from implementing its intended changes before
  the court case is decided. It can take many months and will hold
  up original progress and plans
- It is an expensive process and involves extensive paperwork with hidden costs in terms of time and distraction



#### The engagement/commissioning cycle

We should be working with patients and the public at each stage of our commissioning and policy development processes







## **Activity 1: Current State**



What engagement have you been involved in?

Your team or wider NHS
England?
Which ones do you have
knowledge or
experience of?

2

What makes participation successful?

What does it look like, feel like, sound like?
What would the public say?

3

What stops you from doing it?

What are the key challenges?
What would the public say?

#### The 'Ladder of Engagement and Participation'

There are many different ways in which people might participate in health depending upon their personal circumstances and interest. The 'Ladder of Engagement and Participation' is a widely recognised model for understanding different forms and degrees of patient and public involvement, (based on the work of Sherry Arnstein<sup>7</sup>). Patient and public voice activity on every step of the ladder is valuable, although participation becomes more meaningful at the top of the ladder.

Devolving	Placing decision-making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approach.	Devolving	
Collaborating	Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution.	Collaborating	
Involving	Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example, partnership boards, reference groups and service users participating in policy groups.		
Consulting	Obtaining community and individual feedback on analysis, alternatives and / or decisions. For example, surveys, door knocking, citizens' panels and focus groups.	Consulting	
Informing	Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, websites, newsletters and press releases.		

# The ladder of co-production

Co-production

Co-design

Engagement

Consultation

Informing

Educating

Coercion

Doing with

in a equal and reciprocal partnership

Doing For

engaging and involving people

Doing To

trying to fix people who are passive recipients of service



## Being clear about your outcomes

#### Example: "Giving young people with epilepsy a voice"

Young Epilepsy has been working with children and young people with epilepsy to better understand their experiences of using health and wider services, and to enable them to influence the care they receive. Working together with their project partners, and informed by the perspectives of service users, they produced a report that recommends integrating services across sectors and, above all, placing the child or young person at the centre. Using drawings and animations, the children and young people have developed a film to explain how they have been involved and had their say.

What is the purpose of the project?

What is the purpose of the engagement activity?

http://www.england.nhs.uk/participation/success/casestudies/voluntary/

# Making it Happen





# Choosing a project for today

- Share your individual project (workstream/ commissioning programme/current or new service) which requires effective patient and/or public engagement
- 2. Split into pairs/groups as appropriate



www.england.nhs.uk 21

#### 10 steps to better public engagement



#### THINK:

- Proportionate and fit for purpose (p25)
- Breadth and depth of engagement
- One size doesn't fit all
- Budget

#### DO:

- 1. Agreeing outcomes required and who could help you achieve them
- 2. Equality and Diversity
- 3. Mapping stakeholders
- 4. Insight and information
- 5. Methods
- 6. Plan enough time
- 7. Data capture
- 8. Analyse all data
- 9. Evaluate the process
- 10.Feedback

## 10 Steps Plan



Project aim is **Qutcomes** 10. 1. People Feedback 9. 2. Equality & Diversity **Evaluate** 10 8. 3. Steps Stakeholder Analyse data S 4. Info & 7.Data Capture insight 6. 5. **Timescales** Methods

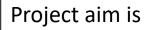




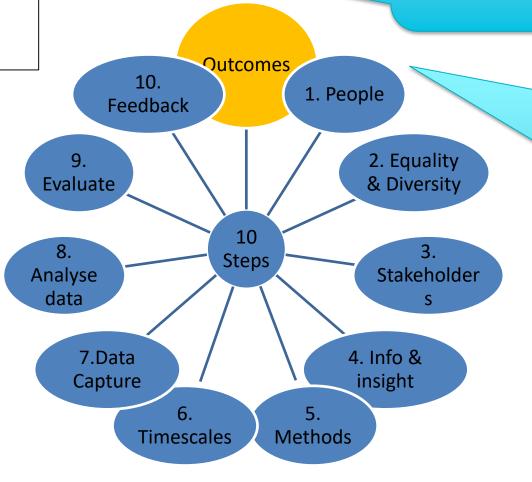
# Step 1: agreeing outcomes required who could help you achieve them

www.england.nhs.uk 24

## 10 Steps Plan



What is the purpose of the engagement? What are you hoping to achieve?



Imagine all the possible people who could help achieve those outcomes

Reporting form





# **Step 2: Equality and Diversity**

www.england.nhs.uk 26



# **Equality and Diversity**



#### Two additional legal duties around Equality and Diversity:

- Public Sector Equality Duty (PSED) from Equality Act 2010 aims to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations
- 2. Reducing Health Inequalities in access to health services and the outcomes achieved for patients, and around integration of health services. (Health and Social Care Act 2012)

For more information and further training opportunities, contact england.eandhi@nhs.net

# Protected characteristics Equality Act 2010



Equality Group	Drill Down	Beller	
<ul> <li>Age</li> <li>Disability</li> <li>Gender reassignment</li> <li>Marriage and civil partnership</li> <li>Pregnancy and maternity</li> <li>Race</li> <li>Religion or belief</li> <li>Sex</li> <li>Sexual orientation</li> </ul>	<ul> <li>What age range?</li> <li>Type of disability?</li> <li>Gender specific?</li> <li>Specific race?</li> <li>Specific religion or</li> <li>Who is disproportion impacted?</li> <li>Who is disproportion impacted?</li> <li>Accessible informations</li> </ul>	onately negatively onately positively	



## Reducing Health Inequalities

Who is going to be disproportionately impacted on the policy change, service changes, etc?

- Over /under representation
- Difficulty accessing services
- Overlooked groups include homeless, justice, armed forces, children. Who else?
- Role of voluntary, community and Social enterprise groups (VCSE) and Health and Wellbeing Alliance
- Who is in your neighbourhood?

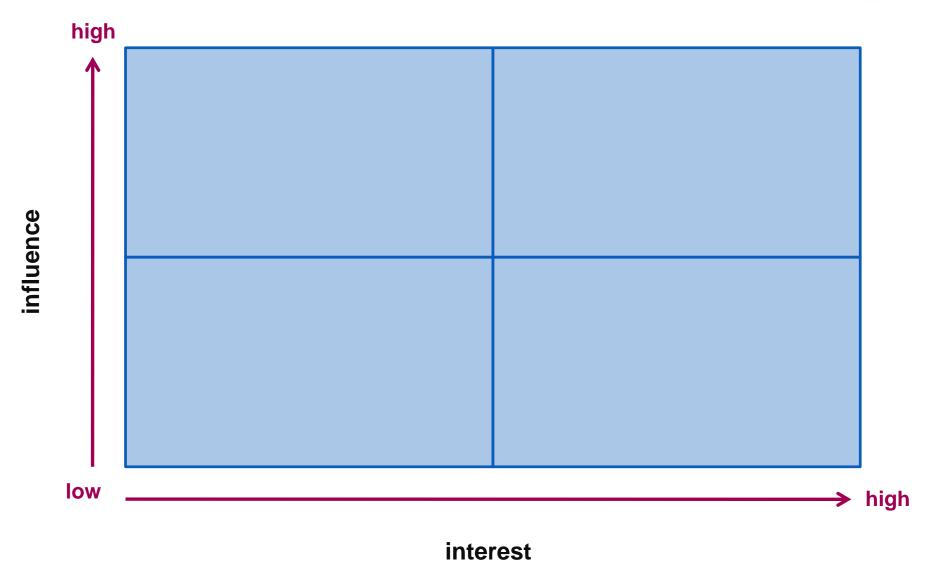


# **Step 3:** Prioritising work with stakeholders

www.england.nhs.uk 30

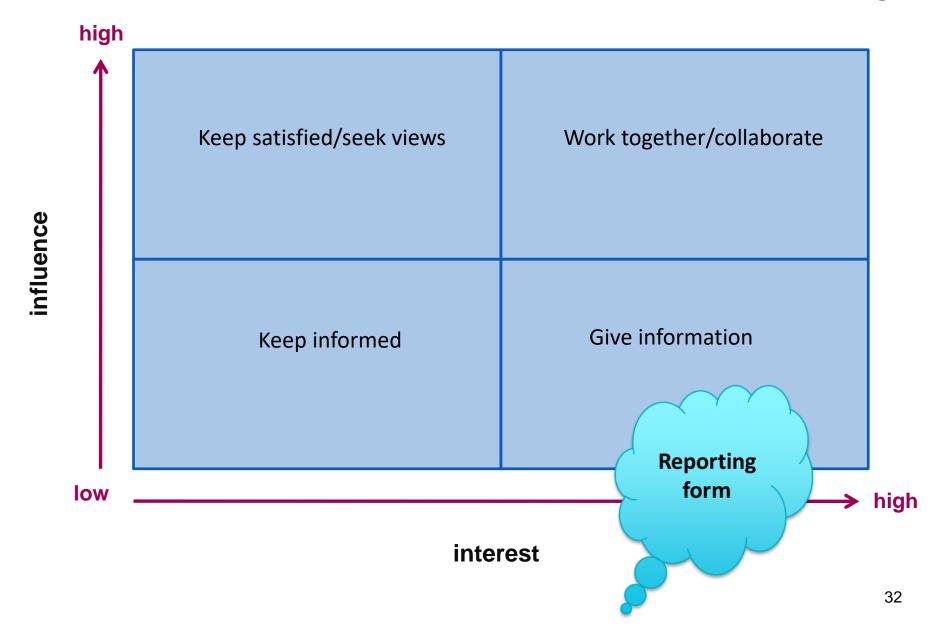
## **Prioritising Work with Stakeholders**





# Prioritising Work with Stakeholders England







# **Step 4:** what information and insight is already available?

www.england.nhs.uk 33



# Avoid duplication of information – what can you access already?

Committee Minutes

#### What else is available?

Page 22 of Statutory Guidance

https://www.england.nhs.uk/participation/involvementguidance/

#### Sources of insight:

https://www.england.nhs.uk/ourwork/insight/

#### Insight bite-size guides:

https://www.england.nhs.uk/ourwork/insight/insight-resources/

JSNA (Joint Strategic Needs Assessment)	PNA (Pharmaceutical Needs Assessment)	Hospital Data (state which)
GP Data (state which)	Patient Participation Group Data	Social Care Data (state which)
Public Health Demographic Data	Friends and Family Test Data	Survey data (national)
Survey Data (local)	PALs Data	Patient Opinion in your area
Healthwatch Data	Trends from CVS	Story telling techniques
Other data from Patient Insight Dashboard?	Research on your particular commissioning need	Governing Body Minutes
Committee Minutes	Forums	Qualitative Activity

(state which)

(state method)



# Step 5: methods – the right tools for the job

www.england.nhs.uk 35



### Right Tools for the job – some examples

Activity	No. of people involved	Stage	Characteristics
Events	high	any	<ul> <li>Some planning required. Can focus on single stakeholder groups or able to bring multiple stakeholders in to a space for a discussion</li> <li>Post event reports can be shared more widely</li> </ul>
"Roundtables"	med	any	<ul> <li>Smaller workshops, good for working through early thinking or testing ideas</li> </ul>
surveys	high	any	<ul> <li>Postal or online. Can be very high numbers, but low response rate and response bias. Reaches people who might not attend workshops</li> </ul>
World cafes	Medium-High	Early & Any	<ul> <li>Conversation-based activity at the early stage of engagement</li> </ul>
Focus groups	Low	Early & Any	<ul> <li>Focused discovery and insight into a specific topic, community or design</li> <li>Requires analysis and coding of data to identify patterns and differences of opinion</li> </ul>
"Tweet ups" or Twitter workshops	varies	any	<ul> <li>Can be very high numbers, or very focused,. Reaches people who might not attend events, can tap in to existing networks</li> </ul>
Peer research	Medium-High	Early & Any	<ul> <li>Community volunteers trained to do research</li> <li>Engages more diverse audiences</li> <li>Can increase access and depth of feedback</li> </ul>
"Mystery shopping"	low	Assurance and design	<ul> <li>"Walking in a patients shoes" – service visits – varies toolkits available as a guide</li> </ul>
Pathway or process mapping	med	Design and procurement	<ul> <li>Working through patient pathways together with patients (usually requires and event and some site visits)</li> </ul>
Appreciative Inquiry	Medium-High	Early & Any	<ul> <li>Fun, positive, and creative way to</li> <li>Uses 5Ds:Defining/Dialogue, Dream, Discover, Design,</li> <li>Deliver</li> </ul>

### Right tools for the job...



**Group Activity:** 

Which engagement methods will you use and why?



# Categories of engagement and expenses policy

#### **CATEGORY C:**

"PPV Expert Adviser role" - involvement payments

#### **CATEGORY B:**

PPP partners work with NHS England to inform our programmes & policies

Out of pocket expenses

#### **CATEGORY A:**

open access public meetings/events .

No financial support



# Step 6: plan enough time



### **Activity**

- 1. Draw a time line
- Put the end date at the far end
- 3. Working backwards, what are the key tasks that need to be completed?
- Add each key task to the timeline

Reporting form



Reporting form

# Step 7: data capture Be creative if you can



- ✓ Surveys
- ✓ Event reports
- ✓ Stories
- ✓ Focus group themes

- ✓ Graphic minutes/records
- √ films
- podcasts







Map out the data

What does it tell you?

What's missing?

Does it match the outcomes??



## **Step 9: Evaluate the Process**

Duty to publish evidence of what 'patient and public voice' activity has been conducted, its impact and the difference it has made'

Transforming Participation in Health and Care pg5

#### Elements of an effective impact assessment:

- Did we meet our objectives?
- Did we reach all the people we needed to?
- Have we been able to fill the gaps in our knowledge/data gathering?



# Step 10: Feedback

- In this context, what do we mean by feedback?
- Why is it important?

### In your groups:

- Give 3 examples of feedback that could be used in your project
- When would you give feedback
- How would you give feedback



# **Step 10: Feedback tips**

- Build in at the planning stage
- Mixed methods of feedback don't rely solely on websites, but where you
  do use them, use them effectively and dynamically, eg create a list of twitter
  feeds to link to web based feedback
- Public feedback sessions where appropriate, preferably with a mix of clinicians and residents/patients feeding back too
- Use the creative tools you developed throughout the process so that the community recognize what they see
- DO NOT censor the findings so much that the community wouldn't recognize the findings
- Work with relevant voluntary sector to help extend reach
- Agree with stakeholders that they will share the findings on your behalf
- Opportunities for continued dialogue?
- See p36-37 of statutory guidance for examples



### Other Support Available

### Contact us:

Local NHS England team

National PPP team: england.engagement@nhs.net

### Resources:

Involvement Hub
Statutory guidance



### **Learning Objectives**

### By the end of this session you will:

- Understand the drivers for participation
- Work in a small group to develop an engagement plan by applying 10 steps
- Contribute to the completion of a PPP reporting form (13Q form)
- Consider seldom heard communities and working with partners
- Explore approaches and tools used
- Identify key steps and timescales
- Understand the resources and support available



## **Evaluations and Close**