10 Steps to Even Better Public Engagement

Gillian Driscoll
Public Participation Team
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
Terminology

The public?
Everyone who uses services including patients, carers and their families

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

What does it involve?
Involvement, engagement, participation, consultation, patient or public voice are different ways to involve the public
Review of Quiz
Our commitment
New Statutory Guidance: April 17
Collective and Individual

Commissioning frameworks and PPP Policy still valid
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 planning 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 decisions of the Board/Group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact"

For more on legal duty, see App A, p18 of Statutory Guidance & CCGs see p13
Reporting Participation Activities

https://nhsengland.sharepoint.com/TeamCentre/Nursing/PPPI/Pages/13Q-.aspx
What are the benefits of engaging with the public?

- Improves outcomes
- Builds partnerships
- Helps bring about improvements
- Social benefits
- Clinical outcomes
-Improved trust
- Economic returns
- What else?
### Risks of not conducting effective engagement

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lack of understanding</strong></td>
<td>• Failure of professionals to understand the real issues for patients and poor experiences. Missing an opportunity to design the best services.</td>
</tr>
<tr>
<td><strong>Disengagement</strong></td>
<td>• Patients, especially those in vulnerable and hard to reach groups, feeling disconnected from services.</td>
</tr>
<tr>
<td><strong>Resistance to Change</strong></td>
<td>• Public resistance to reconfigurations and service changes due to lack of involvement and understanding</td>
</tr>
<tr>
<td><strong>Poor public confidence</strong></td>
<td>• Failing to engage the public runs the risk of prompting negative public and media campaigns</td>
</tr>
<tr>
<td><strong>Judicial review and legal challenge</strong></td>
<td>• Next slide</td>
</tr>
</tbody>
</table>
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.
We should be working with patients and the public at each stage of our commissioning and policy development processes.
Patient & Public Engagement: Current State of Engagement
Activity 1: Current State

1. 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 Arnstein7). Patient and public voice activity on every step of the ladder is valuable, although participation becomes more meaningful at the top of the ladder.

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Devolving</td>
<td>Placing decision-making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approach.</td>
</tr>
<tr>
<td>Collaborating</td>
<td>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.</td>
</tr>
<tr>
<td>Involving</td>
<td>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.</td>
</tr>
<tr>
<td>Consulting</td>
<td>Obtaining community and individual feedback on analysis, alternatives and / or decisions. For example, surveys, door knocking, citizens’ panels and focus groups.</td>
</tr>
<tr>
<td>Informing</td>
<td>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.</td>
</tr>
</tbody>
</table>
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

1. Share your individual project (workstream/commissioning programme/current or new service) which requires effective patient and/or public engagement

2. Split into groups as appropriate
10 steps to better public engagement

**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

**THINK:**
- Proportionate and fit for purpose (p25)
- Breadth and depth of engagement
- One size doesn’t fit all
- Budget

See Appendix C for Comms & Engagement Plan
The Gunning principles, Mr Stephen Sedley QC
(Adopted by Mr Justice Hodgson in R v Brent London Borough Council, ex parte Gunning [1985]
Project aim is
Step 1: agreeing outcomes required who could help you achieve them
10 Steps Plan

Project aim is

Outcomes

1. People
2. Equality & Diversity
3. Stakeholders
4. Info & insight
5. Methods
6. Timescales
7. Data Capture
8. Analyse data
9. Evaluate
10. Feedback

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
Equality and Diversity

Two additional legal duties around Equality and Diversity:

1. 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

<table>
<thead>
<tr>
<th>Equality Group</th>
<th>Drill Down</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Age</td>
<td>• What age range?</td>
</tr>
<tr>
<td>• Disability</td>
<td>• Type of disability?</td>
</tr>
<tr>
<td>• Gender reassignment</td>
<td>• Gender specific?</td>
</tr>
<tr>
<td>• Marriage and civil partnership</td>
<td>• Specific race?</td>
</tr>
<tr>
<td>• Pregnancy and maternity</td>
<td>• Specific religion or belief?</td>
</tr>
<tr>
<td>• Race</td>
<td>• Who is disproportionately negatively impacted?</td>
</tr>
<tr>
<td>• Religion or belief</td>
<td>• Who is disproportionately positively impacted?</td>
</tr>
<tr>
<td>• Sex</td>
<td>• Accessible information</td>
</tr>
<tr>
<td>• Sexual orientation</td>
<td></td>
</tr>
</tbody>
</table>
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
Prioritising Work with Stakeholders

interest

influence

high

low

high

32
Prioritising Work with Stakeholders

- Keep satisfied/seek views
- Work together/collaborate
- Keep informed
- Give information

interest

influence

Reporting form

NHS England
Step 4: what information and insight is already available?
Avoid duplication of information – what can you access already?

<table>
<thead>
<tr>
<th>What else is available?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Page 22 of Statutory Guidance</strong></td>
</tr>
<tr>
<td><a href="https://www.england.nhs.uk/participation/involvement/guidance/">https://www.england.nhs.uk/participation/involvement/guidance/</a></td>
</tr>
<tr>
<td><strong>Sources of insight:</strong></td>
</tr>
<tr>
<td><a href="https://www.england.nhs.uk/ourwork/insight/">https://www.england.nhs.uk/ourwork/insight/</a></td>
</tr>
<tr>
<td><strong>Insight bite-size guides:</strong></td>
</tr>
<tr>
<td><a href="https://www.england.nhs.uk/ourwork/insight/insight-resources/">https://www.england.nhs.uk/ourwork/insight/insight-resources/</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>JSNA</th>
<th>PNA</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Joint Strategic Needs Assessment)</td>
<td>(Pharmaceutical Needs Assessment)</td>
</tr>
<tr>
<td>GP Data</td>
<td>Patient Participation Group Data</td>
</tr>
<tr>
<td>(state which)</td>
<td>(state which)</td>
</tr>
<tr>
<td>Public Health Demographic Data</td>
<td>Friends and Family Test Data</td>
</tr>
<tr>
<td>Survey Data</td>
<td>PALs Data</td>
</tr>
<tr>
<td>(local)</td>
<td>(local)</td>
</tr>
<tr>
<td>Healthwatch Data</td>
<td>Trends from CVS</td>
</tr>
<tr>
<td>Other data from Patient Insight Dashboard?</td>
<td>Research on your particular commissioning need</td>
</tr>
<tr>
<td>Committee Minutes</td>
<td>Forums (state which)</td>
</tr>
<tr>
<td></td>
<td>Qualitative Activity (state method)</td>
</tr>
<tr>
<td>Hospital Data</td>
<td>Social Care Data</td>
</tr>
<tr>
<td>(state which)</td>
<td>(state which)</td>
</tr>
<tr>
<td>Survey data</td>
<td>Patient Opinion in your area</td>
</tr>
<tr>
<td>(national)</td>
<td>Story telling techniques</td>
</tr>
<tr>
<td>Governing Body Minutes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Step 5: Methods – the right tools for the job
## Right Tools for the job – some examples

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

Group Activity:

Which engagement methods will you use and why?
A note about expenses and involvement payments....
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
2. Put the end date at the far end
3. Working backwards, what are the key tasks that need to be completed?
4. Add each key task to the timeline
Step 7: data capture

Be creative if you can

- Surveys
- Event reports
- Stories
- Focus group themes

- Graphic minutes/records
- Films
- Podcasts
Step 8: analyse all data

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
Other training available
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