



**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?

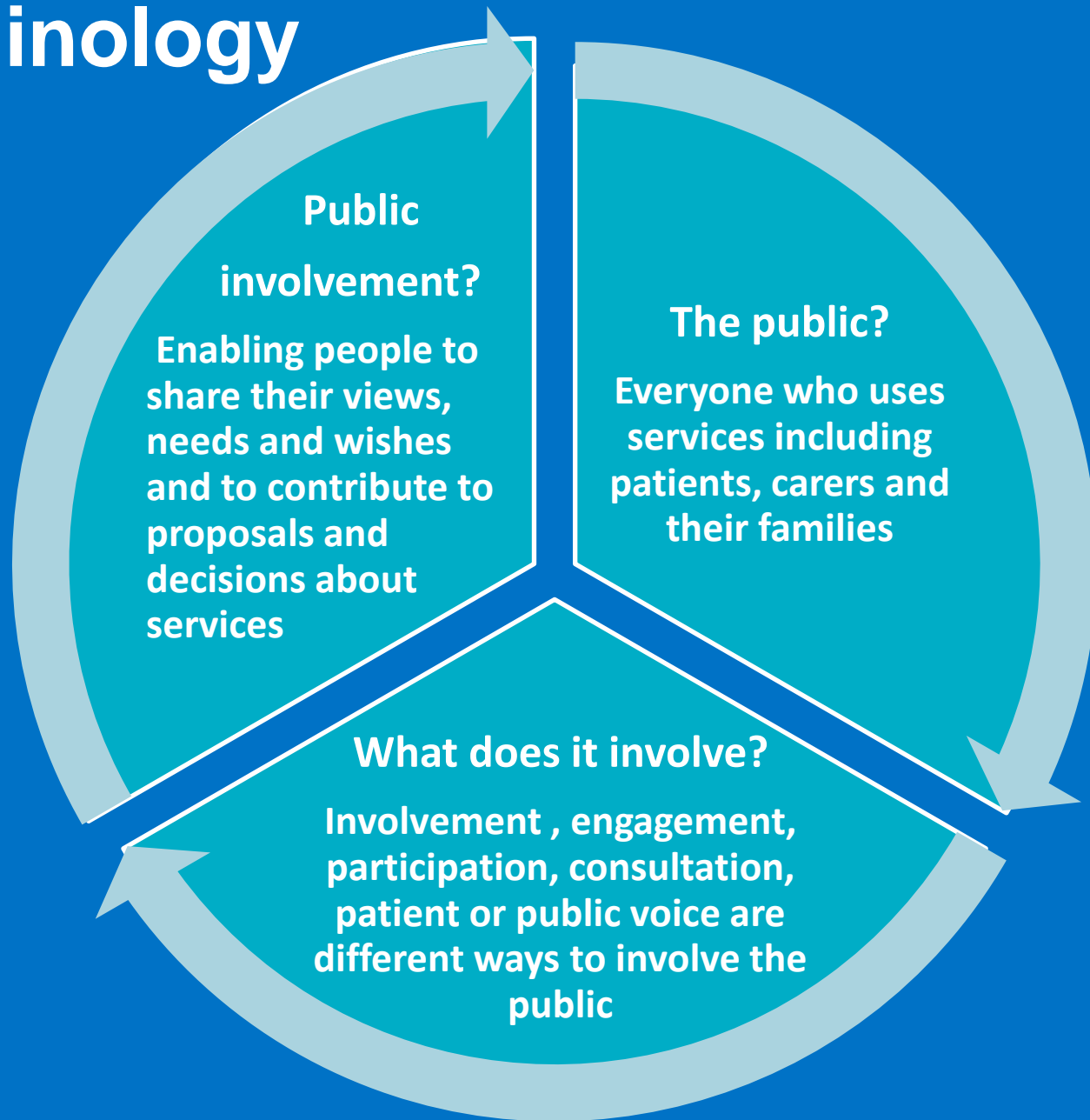


Learning Objectives

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



Review of Quiz

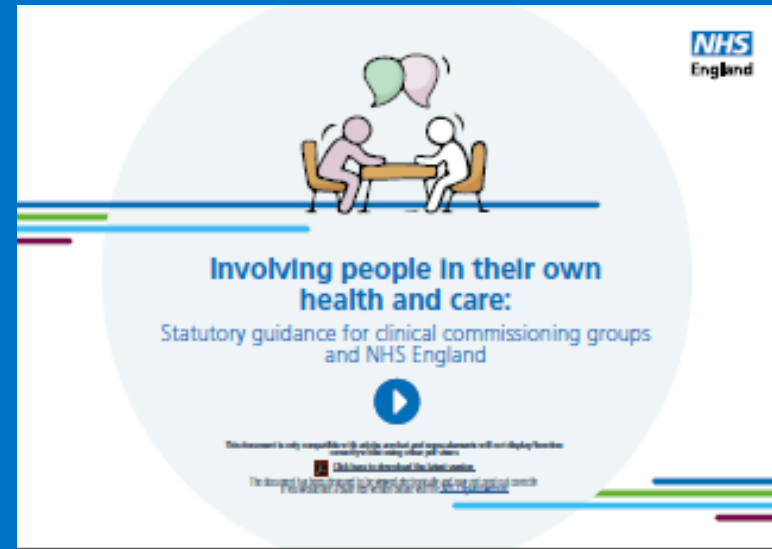
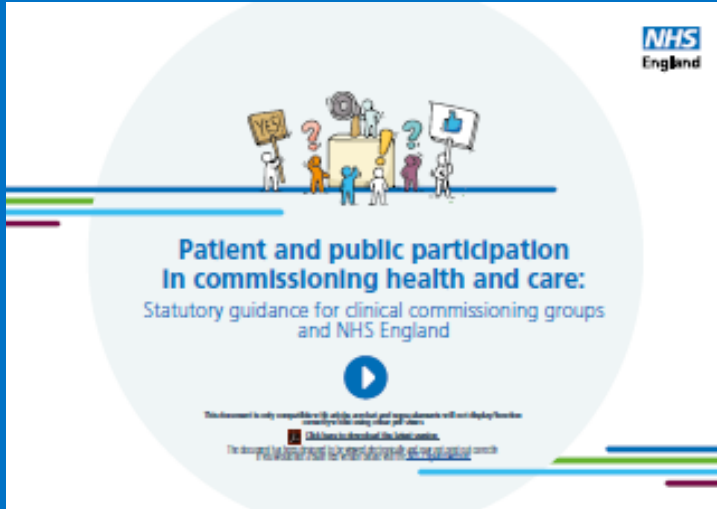


Our commitment



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”

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 proportionate' to the circumstances. The form must be completed at the start of the planning process for project/programme/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 need.

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, proposal 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 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?

Yes No

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 Analysis](#).

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/committees, surveys, intelligence on patient and public views from partners including other commissioners, Healthcare 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 'widom-heard' groups, those with 'protected characteristics' under the Equality Act, and those experiencing health inequalities are involved?

(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'.

(If 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 activity.

(b) How will the outcomes of participation communications and engagement plan

(c) How will you assess the ongoing impact has been completed?

Name of person completing the form:

Job Title:

E-mail address:

Team:

Date:

Where senior sign off arrangements apply

Job Title:

Team:

Date:

If you are unsure as to the answer to any point of contact in your region or the RA centre: [enlac](#) or [enlac@nhs.uk](#)

TO BE ADDED: WHERE TO

Office 365 | SharePoint

Our Intranet

Staff hub | Teams | Key documents | News centre | Feedback | Search this site

Engagement Form

Patient and Public Participation and Insight group

Documents and Information

Published Documents

Rapid Migration

Miscellaneous

Calendar

Discussions

Frequently Asked Questions (FAQ)

Key Contacts

Links

Recent

Engagement Form

Business Support Unit documents

Meet the team

Public participation images

Recruitment templates

Site contents

Section One - About you and your commissioning activity

Please note: You must complete sections marked with an asterisk. You will be able to save a copy of this form should you need to and return to it at a later date.

<p>1* Your Name</p> <input type="text"/>	<p>2* Job Title</p> <input type="text"/>	<p>3* Email Address</p> <input type="text"/>	<p>4* Who is the senior responsible officer overseeing this project/programme?</p> <p><i>E.g. Relevant Director of Commissioning Operations or Director of the specific commissioning area.</i></p> <p><input type="checkbox"/> I am the senior responsible officer</p> <p>The senior responsible officer is:</p> <input type="text"/>
<p>5* Please give a short description of the commissioning activity you are undertaking and its objectives.</p>	<p>NOTE: The relevant senior responsible officer must have confirmed they are satisfied with your assessment - they will automatically receive a copy of this form. If the senior responsible officer is not the Director of Commissioning Operations (DCO) please ensure that they are also aware of this submission (if appropriate).</p>		

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

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

The engagement/commissioning cycle

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.

Devolving	Placing decision-making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approach.
------------------	--

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.
----------------------	--

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.
-------------------	---

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.
------------------	--



Devolving

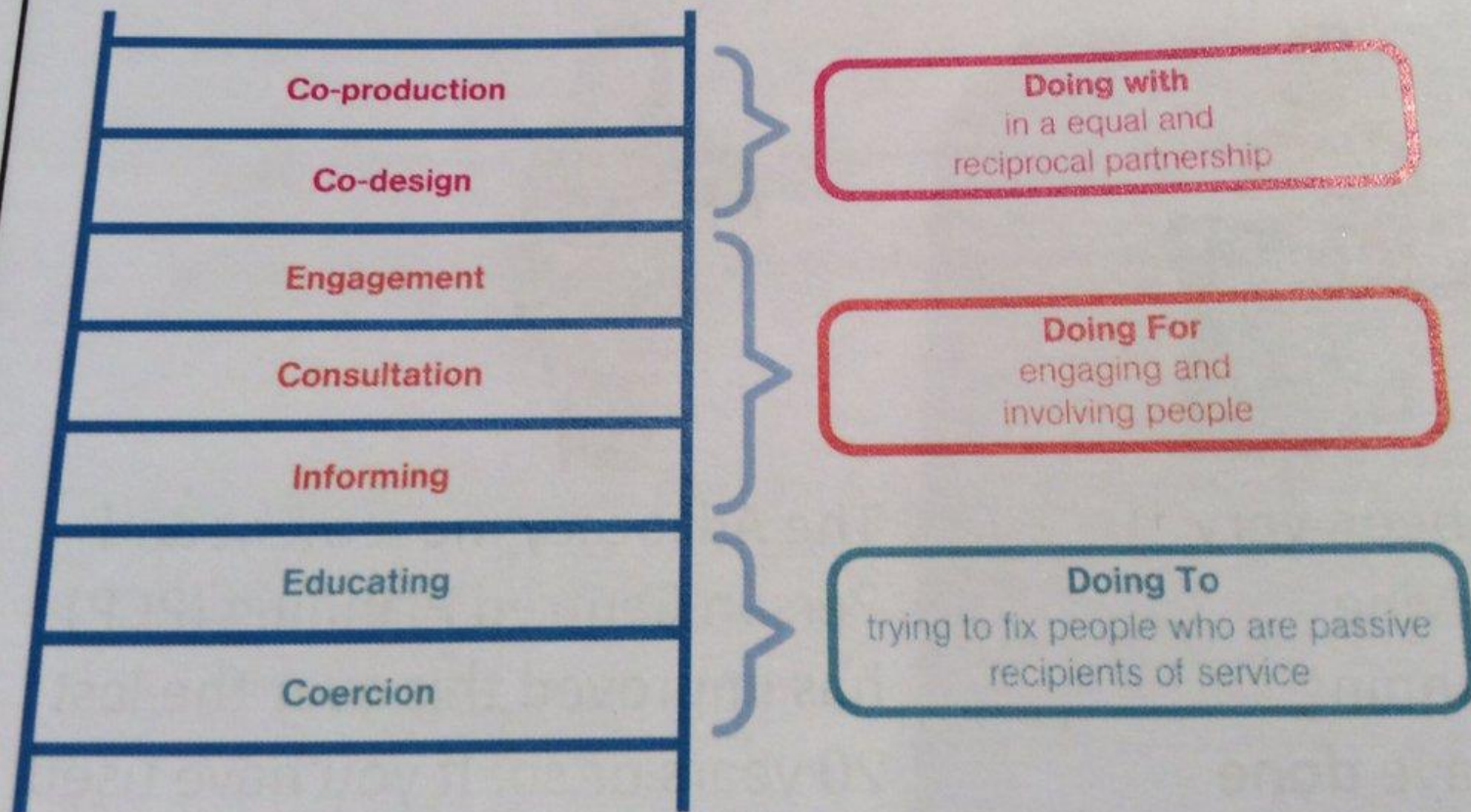
Collaborating

Involving

Consulting

Informing

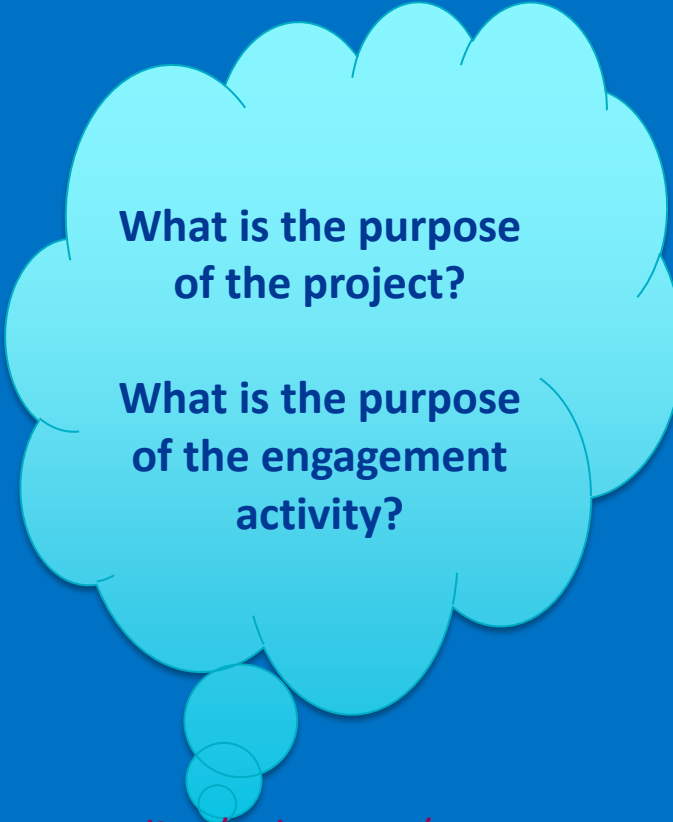
The ladder of co-production



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.

A large, light blue thought bubble with a smaller one below it, containing two questions.

What is the purpose of the project?

What is the purpose of the engagement activity?

**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



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**

Proportionate and Fit for Purpose: Gunning Principles

- The principles state that ...

(i) Consultation must take place when the proposal is still at a formative stage

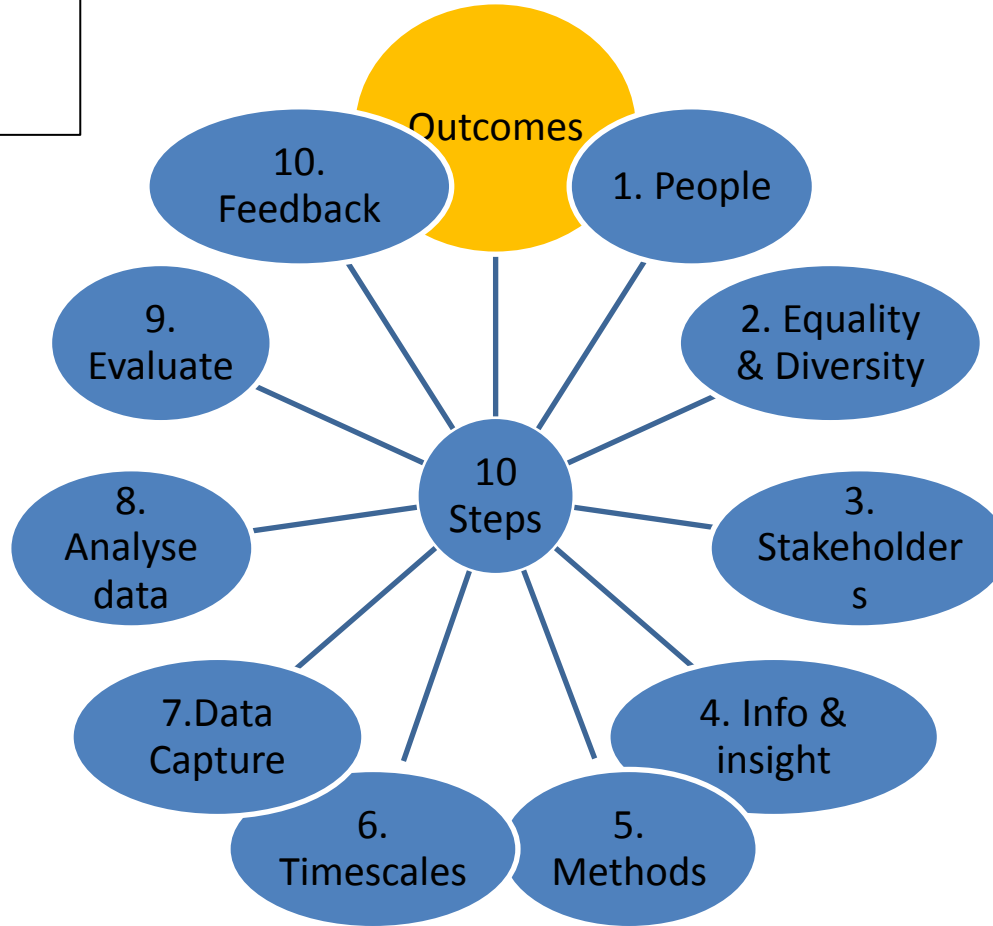
(ii) Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response

(iii) Adequate time must be given for consideration and response

(iv) The product of consultation must be conscientiously taken into account.

10 Steps Plan

Project aim is



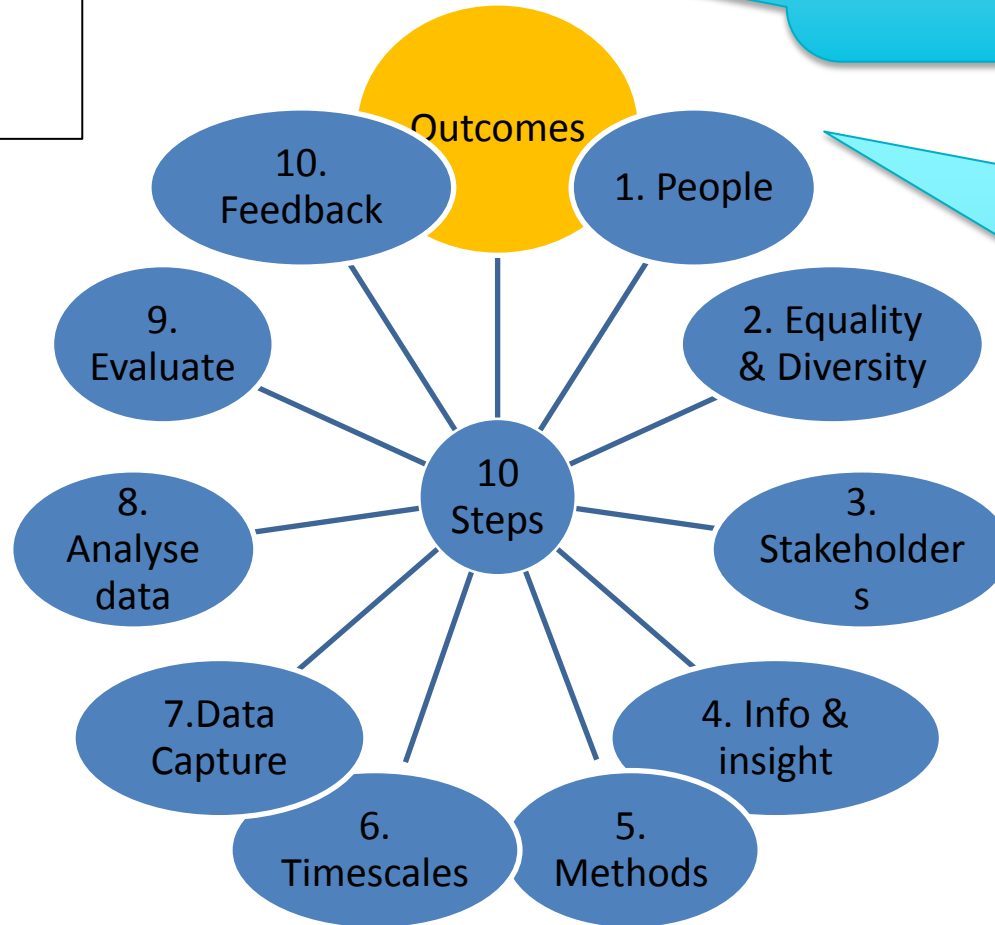
Step 1:

**agreeing outcomes required
who could help you achieve them**

10 Steps Plan

Project aim is

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



Imagine all the possible people who could help achieve those outcomes



Step 2: Equality and Diversity

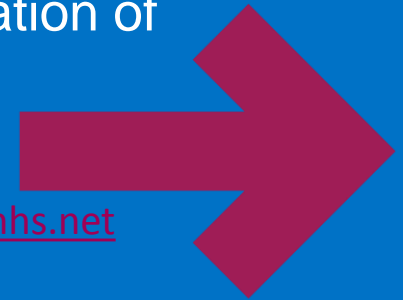
Equality and Diversity



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



Equality Group	Drill Down
<ul style="list-style-type: none"> • Age • Disability • Gender reassignment • Marriage and civil partnership • Pregnancy and maternity • Race • Religion or belief • Sex • Sexual orientation 	<ul style="list-style-type: none"> • What age range? • Type of disability? • Gender specific? • Specific race? • Specific religion or belief? • Who is disproportionately negatively impacted? • Who is disproportionately positively impacted? • Accessible information

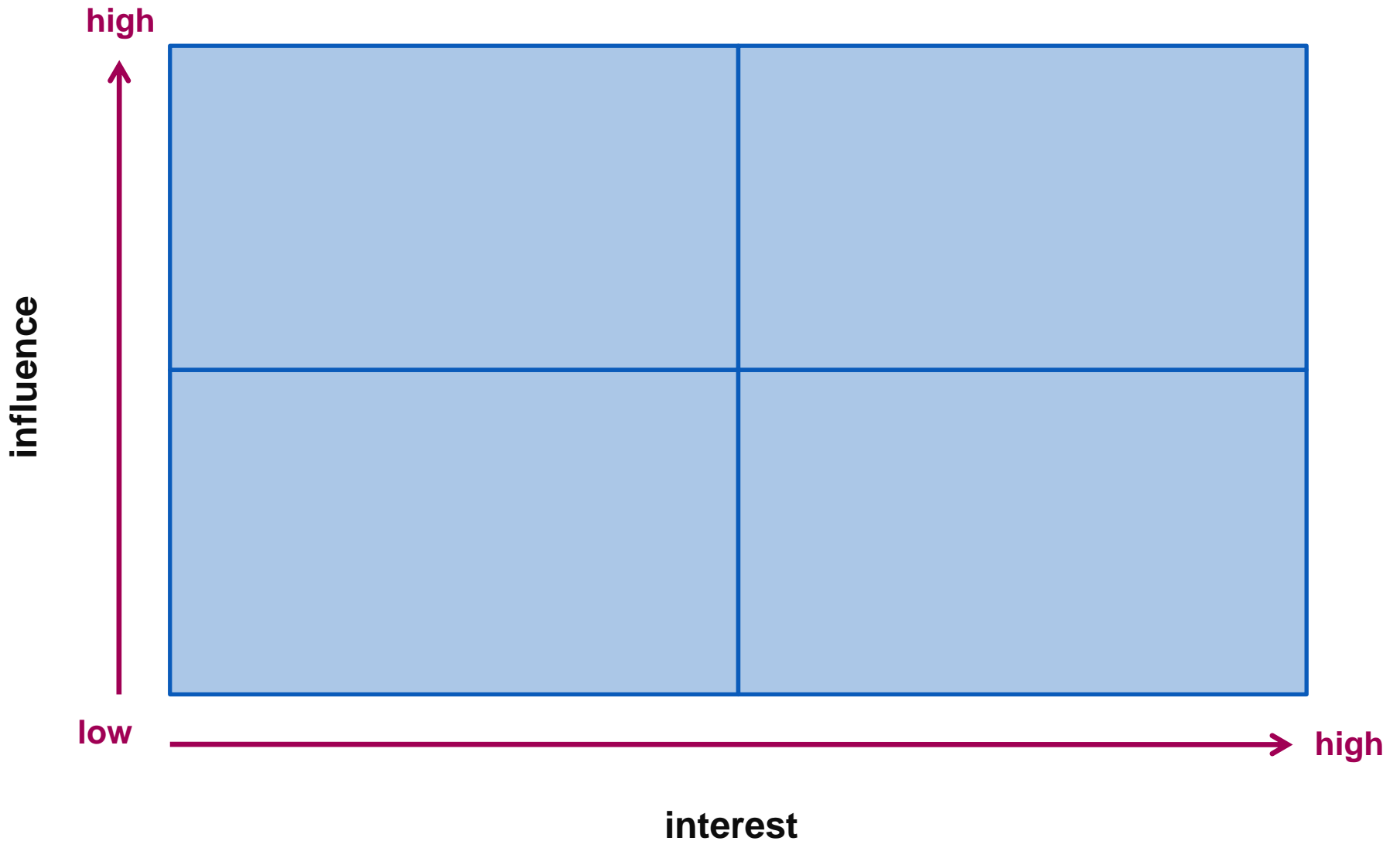
Reducing Health Inequalities

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

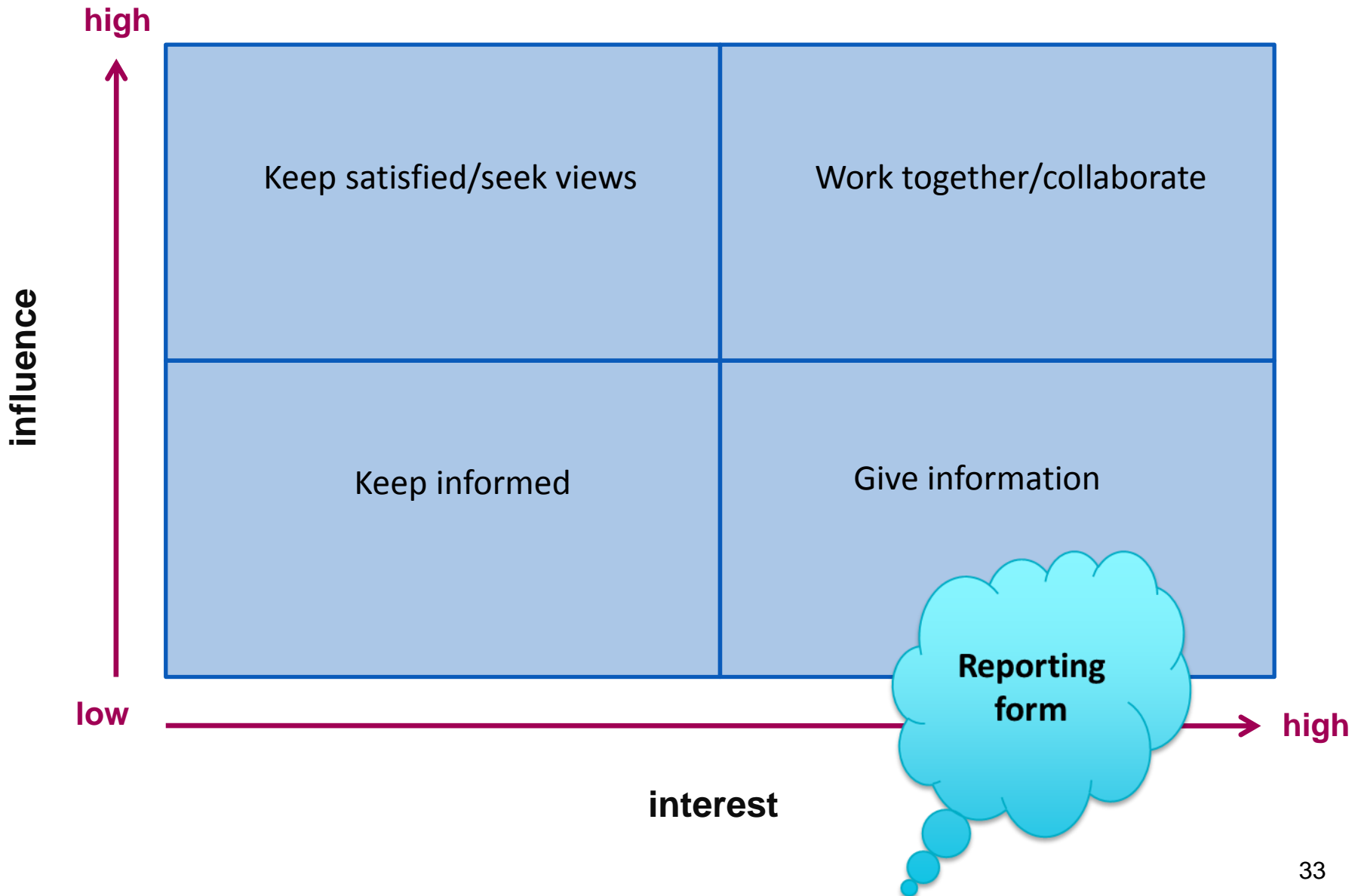
- Over /under representation
- Difficulty accessing services
- Overlooked groups include homeless, justice, armed forces, children. Who else?
- Role of voluntary, community and Social enterprise groups (VCSE) and Health and Wellbeing Alliance
- Who is in your neighbourhood?

Step 3: Prioritising work with stakeholders

Prioritising Work with Stakeholders



Prioritising Work with Stakeholders



Step 4: what information and insight is already available?

Avoid duplication of information – what can you access already?

What else is available?

Page 22 of Statutory
Guidance

<https://www.england.nhs.uk/participation/involvement/guidance/>

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
(state which)

Qualitative Activity
(state method)

Step 5: methods – the right tools for the job

Right Tools for the job – some examples

Activity	No. of people involved	Stage	Characteristics
Events	high	any	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Smaller workshops, good for working through early thinking or testing ideas
surveys	high	any	<ul style="list-style-type: none"> Postal or online. Can be very high numbers, but low response rate and response bias. Reaches people who might not attend workshops
World cafes	Medium-High	Early & Any	<ul style="list-style-type: none"> Conversation-based activity at the early stage of engagement
Focus groups	Low	Early & Any	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Community volunteers trained to do research Engages more diverse audiences Can increase access and depth of feedback
“Mystery shopping”	low	Assurance and design	<ul style="list-style-type: none"> “Walking in a patients shoes” – service visits – varies toolkits available as a guide
Pathway or process mapping	med	Design and procurement	<ul style="list-style-type: none"> Working through patient pathways together with patients (usually requires and event and some site visits)
Appreciative Inquiry	Medium-High	Early & Any	<ul style="list-style-type: none"> 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

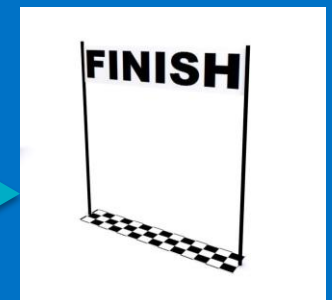
CATEGORY A:

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