

Northern England Clinical Networks and Senate Patient and Public Participation Strategy

Background

This strategy sets out our ambition of strengthening participation in all of the work of the Northern England Clinical Network and Senate. The strategy is for patients, the public and for Network and Senate staff.

Patients and the public are at the heart of everything we do, in line with the NHS Constitution. The Constitution sets out rights for patients, the public and NHS staff. It outlines NHS commitments to patients and staff, and the responsibilities that the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. We believe that by listening to people who use and care about our services, we can understand their diverse health needs better, focus on and respond to what matters to them.

The Five Year Forward View sets out a vision for a shift in power to patients and the public.

‘One of the great strengths of this country is that we have an NHS that – at its best – is ‘of the people, by the people and for the people ... we need to engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services.’

Source: The Five Year Forward View, 2014.

Participation (sometimes referred to as engagement or involvement) can take place in a variety of ways, for example through social media, voluntary organisations, elected representatives, consultations and meetings.

Introduction to Northern England Clinical Networks and Senate Northern England Clinical Network

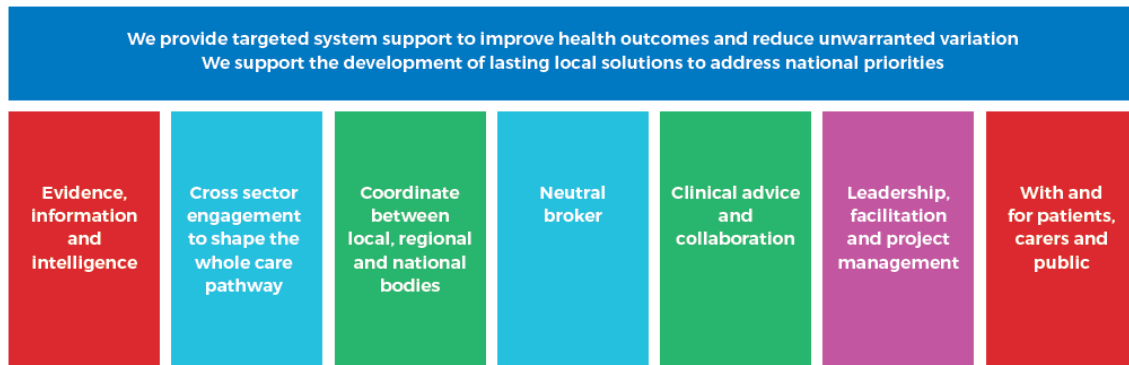
The Northern England Clinical Network (NECN) brings together those who use, provide and commission a service to make improvements in outcomes for complex patient pathways using an integrated whole system approach. The purpose is to improve the quality and equity of care for the local population, both now and in the future.

NECN works in partnership with commissioners, including local government, supporting their decision making and strategic planning by working across the boundaries of commissioner, provider and voluntary organisations as a vehicle for improvement for patients, carers and the public. In this way, the NECN aims to support commissioners and service providers to:

- Improve people’s experience of health care services.
- Improve health outcomes.
- Reduce unwarranted variation in health and wellbeing services.

- Encourage innovation in how services are provided now and in the future.
- Provide clinical advice and leadership to support decision making and strategic planning.

The diagram below shows how we aim to do this



The priority for NECN is to support the delivery of the following national programmes:

- Mental Health, including dementia and Children and Adolescent Mental Health Services (CAMHS)
- Cancer
- Maternity, including perinatal mental health care
- Diabetes
- Urgent and Emergency care (with a focus on CVD transformation)

In addition the NECN also supports the end of life care work programme.

Northern England Clinical Senate

Clinical Senates have been established to be a source of independent, strategic advice and guidance to commissioners and other stakeholders to help them to make the best evidence based decisions about healthcare for the populations they represent.

The Clinical Senate comprises a Senate Council and a Senate Assembly.

The **Clinical Senate Council** is a small multi-professional steering group. This group co-ordinates and manages the Senate's business. It maintains a strategic overview across their region and is responsible for the formulation and provision of advice working with the broader Senate Assembly.

The **Clinical Senate Assembly** is a diverse multi-professional forum providing the Council with ready access to a pool of experts from a broad range of health care professions. The Assembly also includes patient representatives and encompasses the birth to death spectrum of NHS Care.

The Northern England Clinical Senate has the same footprint as the Northern England Clinical Network, serving a population of over 3 million people in North

Cumbria; Northumberland, Tyne and Wear, Durham, Darlington, Tees, Hambleton, Whitby and Richmondshire.

Senate role

- The Clinical Senate is a non-statutory body, the role of which is to provide independent clinical advice to commissioners.
- It has a more general, strategic remit than clinical networks.
- Its role is to engage with statutory commissioners to identify areas of potential improvement and help them consider the strategic impact of proposed changes, offering credibility to decisions while mediating with the local population and clinical networks to ensure best practice.
- Working with lead commissioners the Senate will agree terms of reference for a topic then begin the review with relevant expertise drawn together by the Council from the Assembly and other relevant bodies, for example, the clinical networks.
- The Senate will provide clinical assurance as part of the NHS England’s assurance framework in a role previously provided by the National Clinical Advisory Team (NCAT) but will not revisit NCAT decisions.

Our approach

Our approach to patient and public participation is constantly evolving. We aim to continuously learn from and share our experience of participation to maximise its impact. We believe in and will seek to uphold the following principles of participation which are based on a review of research, best practice and the views of patients and the public:

Working with each other	Working well together
1. Our relationships will be conducted with equality and respect.	1. We will understand what has worked in the past and consider how to apply it to the present and the future.
2. We will listen and truly hear what is being said, proactively seeking participation from communities who experience the greatest health inequalities and poorest health outcomes.	2. We will have a shared goal and take responsibility for our work.
3. We will use all the strengths and talents that people bring to the table.	3. We will take time to plan well within allocated timescales.
4. We will respect and encourage different beliefs and opinions.	4. We will start involving people as early as possible.
5. We will recognise, record and reward people’s contributions.	5. We will give feedback on the results of involvement.
6. We will use plain language and will openly share information.	6. We will provide support, training and the right kind of leadership so that we can work, learn and improve together.

Source: Patient and Public Participation Policy, 2015, pg9.

Effectively involving patients and the public is not always easy and can take time but, done well, has been shown to be highly effective in improving services. The flow diagram in Appendix 1 shows how we aim to do this and the paperwork required.

Our standards

We will build on existing resources and good practice and:

- We have developed our governance arrangements to embed participation and ensure patients and the public voice is heard throughout the organisation.
- We will offer meaningful roles on relevant working groups.
- We will reach out to – and work with - a wide range of people, reflecting the diversity of our communities.
- We will aim to go to people rather than expecting them to come to us.
- We will strengthen our partnerships with organisations which can bring different perspectives. These include Healthwatch, CCGs, Local Authorities and the wider voluntary and community sector, in addition to our direct engagement with patient and community groups.
- We will ensure patients and the public effective participation is the responsibility of all of our staff.
- We will ensure out of pocket expenses incurred as part of the work will be reimbursed in line with NHS England's Patient and Public Participation Expenses policy.
- NECN has developed two questionnaires for measuring participation, one for health professionals and the other for patients and the public. We want people to tell us about their experience; their feedback will be used to inform future decisions and can really make a difference in improving services.
- We will celebrate success and learn from experience by measuring the effectiveness of our patient and public participation activity.
- We will use different forms and degrees of patient and public involvement, as illustrated by the '*Ladder of Engagement and Participation*' based on the work of Sherry Arnstein (Appendix 2). In addition, participation activities should take place at the time when they can have maximum influence. The '*Engagement Cycle*' developed by In Health Associates (Appendix 3) should be used where appropriate to help identify these opportunities.
- We will continue to build relationships with people who have experience of patient and public participation to populate our Engagement Bank so that we can call on them to inform our work plans.

We do this by...

Adopting a range of public engagement approaches and methodologies based on NHS England's training called **10 steps to even better patient and public engagement**.

1. Agreeing outcomes required and who could help us 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

We have developed the following “PATIENT” mnemonic as an aide-memoire for use in planning participation and engagement activities.

P	participation – from planning to execution
A	all inclusive – stakeholder mapping and analysis to identify the right people
T	treat people equally – we will be reflective of the views of the communities we are part of including those unable to represent themselves
I	inform – we will be clear about your expectations and participation
E	experience – we will strive to ensure it is enjoyable and satisfying
N	nurture and support – we will develop capability and capacity to support staff, patients and members of the public to work together
T	thank – we will share what we have done in response to feedback

To facilitate participation, expenses will be paid to non NHS England staff in accordance with NHS England’s policy: *‘Working with our Patient and Public Voice Partners: reimbursing out of pocket expenses and involvement payments for Patient and Public Voice.’* We will support staff to promote the patient voice and embed it across our business.

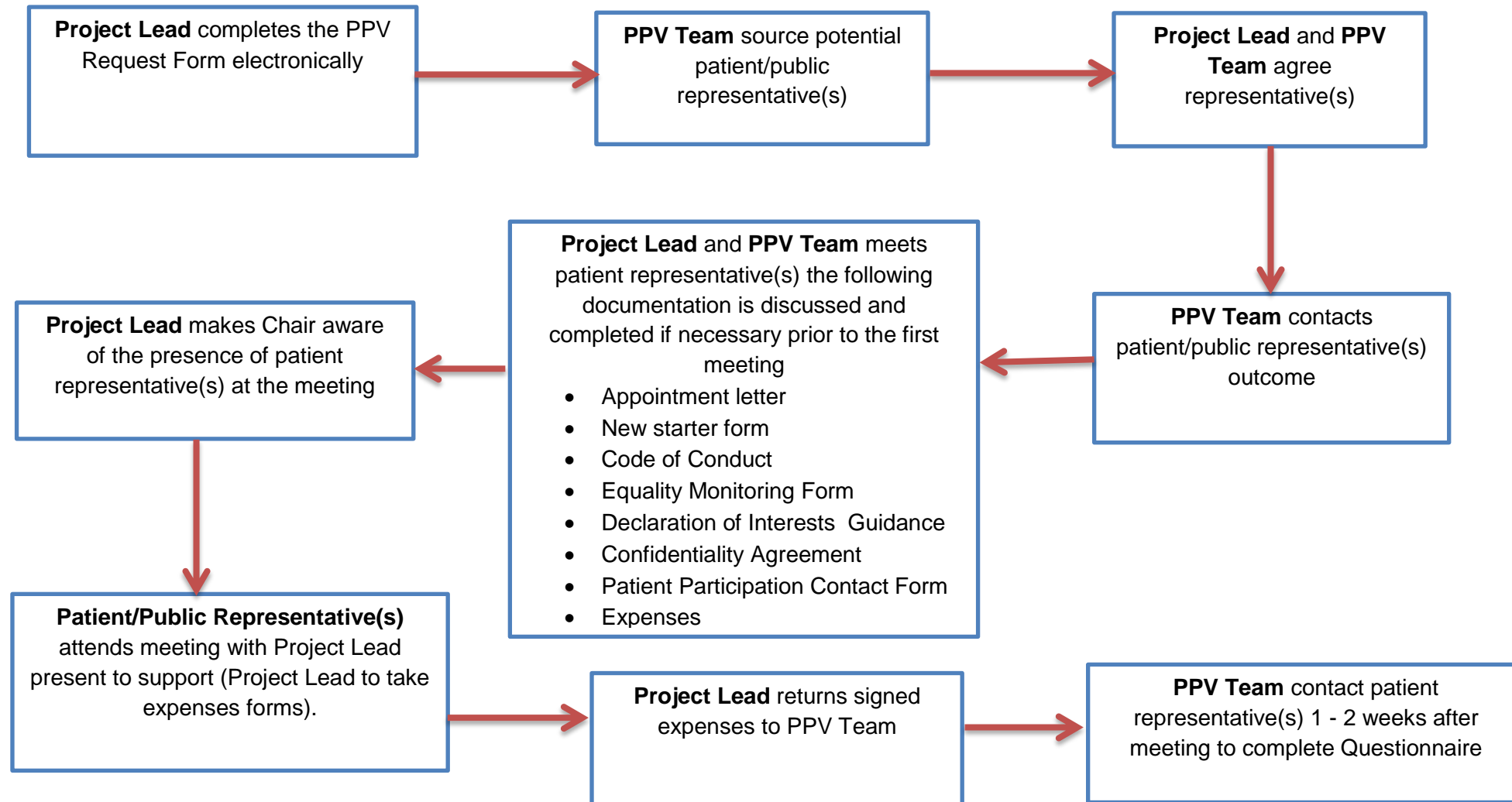
For the latest information and details of how to access support and advice, visit the Patient and Public Participation page on the NHS England website <https://www.england.nhs.uk/wp-content/uploads/2015/11/ppp-policy.pdf> . Staff may wish to visit the relevant page on the NHS England intranet.

Patients, users and carers are the reason for the NHS existing ... and as such must be at the centre of all that the NHS and its staff do.

National Quality Board, February 2010

Appendix1: Process for involving patient and public representative(s)

Public and Patient Voice (PPV)



Appendix 2: Ladder of Engagement and Participation

The ladder of engagement outlines a variety of forms of engagement and participation. It is to be used as a best practice tool by NECN staff in a flexible way to ensure appropriate and proportional participation.

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.	

Appendix 3: The Engagement Cycle

The Engagement Cycle

