

NHS England and NHS Improvement Board meetings held in common

Paper Title: Public Participation Dashboard September 2019

Agenda item: 10

Report by: Ruth May, Chief Nursing Officer

Paper type: For Information

Summary/recommendation:

This paper presents the latest iteration of the 'public participation dashboard' which provides a high-level overview of public participation practice and performance. The Boards are asked to note the themes and trends, as highlighted, as well as the next steps outlined and consider how it will utilise the dashboard to drive forward practice in involving people and communities, in particular in respect to the Long Term Plan priorities, to ensure that patients are at the front and centre of transforming the NHS.

Summary and key points

1. The latest iteration of the public participation dashboard presents a variable picture of public participation practice and performance across England. Whilst there are undoubtedly examples of good practice, there also remain areas of considerable challenge at national, regional, system and place levels.
2. The improvement work of the central Public Participation Team will continue to seek to drive up standards across the board, particularly focusing on ensuring that the voices of those who experience poor health outcomes and health inequalities are heard.
3. During 2019/20 there is a particular focus on supporting emerging Primary Care Networks (PCNs) to work in partnership with people and communities and we will consider how best to include relevant information in this regard in subsequent iterations of the dashboard.
4. The Boards will receive annual updates of the dashboard as part of assurance; this will incorporate indicator(s) relating to NHS Improvement's legal duties as appropriate.

Considerations

5. The dashboard is presented at appendix 2. It comprises six indicators, covering public participation in NHS England, CCGs and STPs / ICSs, and uses data from a range of sources to give an indication of compliance with legal duties and good practice. Further explanation about data sources and findings is included below, together with, where appropriate, proposed next steps.

NHS England and NHS Improvement



Indicator 1: NHS England consideration of 13Q duty applicability:

6. NHS England has a legal duty under section 13Q of the National Health Service Act 2006 (as amended) to 'make arrangements' to involve the public in commissioning (also known as 'public participation').
7. The assurance process includes the completion of 'public involvement assessment forms' by commissioners and others involved in strategic and operational decision-making to assess whether or not the 13Q duty applies to the activity or proposal under consideration. Information about completed forms, as well as a descriptive narrative, is reported quarterly to each of the NHS England Oversight Groups.
8. Data are presented about numbers of completed 'public involvement assessment forms' across regions and commissioning areas, as well as judgements about the applicability of the '13Q' duty. Completion of a form indicates that appropriate consideration has been given as to whether the 13Q duty would apply to the project, decision or initiative. The reporting of forms where the duty is not judged to apply ('not applicable') indicates that due process is being followed in assessing activity even where the duty is not triggered. It does not include primary care commissioning where this is fully delegated – assurance arrangements are under consideration.
9. There may be minor discrepancies with reported figures across regions and services due to the ongoing manual elements to the reporting process. Data quality has improved significantly in 2018/19 and is continuing to improve following to a change to the method used to complete online forms for all areas with the exception of specialised commissioning.
10. The oversight groups for each area of direct commissioning are responsible for in-year monitoring of patient and public participation as a core element of commissioning processes and they receive quarterly reports regarding completed 'public involvement assessment forms' and associated participation activity.
11. The data show variation across different regions and commissioning areas. This is, at least in part, explained through different working arrangements and work programmes. The data highlight the need to maintain awareness-raising, training and support about when forms should be completed. There is some concern that colleagues may not submit forms where the 13Q duty is judged not to apply.
12. During 2018-19, training and awareness-raising has continued to promote appropriate completion of 'forms' and awareness of the 13Q duty, as well as seeking to drive up the quality of public participation activity. This has included nationally and regionally-led communications activity and the ongoing rollout of the central Public Participation Team's training programme, this year including a 'train the trainer' approach to increase spread. A regular webinar provides an

overview of the 13Q process, enables sharing of good practice and provides the opportunity to respond to questions. Alongside this, regional nursing teams have employed a range of methods, including assurance of completed forms and providing bespoke advice. This work is planned to continue throughout 2019/20.

13. Going forward, the seven Regional Executive Teams will have responsibility for oversight of their arrangements within region, supported by the Public Participation Team as required.

Indicator 2: Experiences of NHS England Patient and Public Voice (PPV) Partners and Chairs:

14. This indicator summarises the views and experiences of our PPV partners (members of the public who work with NHS England regularly in a public participation role), focusing on their impressions of the extent to which public participation is valued and whether their involvement is having an impact.
15. Data is taken from responses to the survey of PPV partners and of chairs of committees / task forces with PPV partner members. This has been carried out annually since 2016.
16. Headline findings from the 27 survey responses are that a significant majority of PPV partners (89%) believe that NHS England values patient and public involvement to 'a great' or 'some' extent (up from 78% last year) and a similar number (85%) believe that the group they are part of values involvement (down slightly from 88% last year). 63% of respondents felt that their contribution had had an impact on the work area (slightly up from 61% last year).
17. We are developing a PPV partner network which will provide a mechanism to support the distribution of the PPV partners and chairs surveys in future. We would expect that this will provide a more effective communication route and will lead to an increase in responses for future surveys.
18. We will review the format, distribution and content of the PPV partners and chairs surveys to re-consider: purpose; data collection; distribution channels; methods for encouraging a greater response rate; the analysis process; reporting and use of data to inform our own practices at national and regional levels. There will be an annual break in the survey cycle (during 2019/20) to enable this review to take place.

Indicator 3: NHS England consultations – quality sample:

19. Due to capacity constraints and the need to prioritise supporting the NHS Long Term Plan and, in particular, Primary Care Networks, this indicator is not yet available – it is proposed that it is included in the dashboard when it is next presented to the Joint Board in Autumn 2020.
20. This indicator will provide insight into the quality of NHS England and NHS Improvement's consultations and consultation reports, and about how well we

meet our obligations to effectively feedback to participants and others about the outcomes and impact of consultation.

Indicator 4: CCG compliance with 14Z2 statutory guidance requirements:

21. During 2018/19 NHS England completed the second national assessment of CCGs' patient and public participation as part of the 2018/19 CCG Improvement and Assessment Framework (IAF) process. This indicator is formally called 'indicator 57: compliance with statutory guidance on patient and public participation in commissioning health and care' and is known as the 'Patient and Community Engagement Indicator'. It is based on guidance published in April 2017 on CCGs' statutory '14Z2' duty and looks at CCGs' engagement practices across the five domains of governance, annual reports, commissioning, feedback and evaluation, equality and reducing health inequality: [Patient and public participation in commissioning health and care: statutory guidance for CCGs and NHS England](#)'.
22. Further to a review of the 2017/18 process and extensive feedback from CCGs, NHS England colleagues and other partners, a refreshed assessment approach was developed for 2018/19. Data were taken from the results of an assessment and moderation process undertaken during April/May 2019 to assess all 195 CCGs' engagement practices using this framework. Scores included here are final and were published on [MyNHS](#) in July 2019. The assessment was carried out by the NHS England / NHS Improvement central Public Participation Team, with involvement of external moderators.
23. CCGs were assessed across five domains to create an overall rating of Green Star ('outstanding'), Green ('good') Amber ('requires improvement'), or Red ('inadequate').
24. Key findings were that:
 - 82% of all CCGs nationally were assessed as good or outstanding, compared to 51% in 2017/18. 19% were rated as outstanding (an improvement from 5% in 2017/18). None was rated as inadequate. There continues to be room for improvement across all domains.
 - Almost all CCGs (99%) have good or outstanding governance of their engagement activities (domain A), compared to 93% in 2017/18. 71% were rated as outstanding.
 - A majority (87%) have good or outstanding annual reporting (domain B). This is improvement from 2017/18 where 60% were rated as good or outstanding. However, 13% of CCGs were rated as requires improvement in this domain.
 - A large majority (97%) have good or outstanding day-to-day engagement practices (domain C). This is compared to 78% in 2017/18.
 - A majority of CCGs (64%) have feedback arrangements that are rated good or outstanding. Whilst this is an improvement from 2017/18 (44%) Feedback (domain D) continues to be the weakest domain, with significantly more CCGs needing to improve this than any other aspect of their engagement (36%).

- A majority (87%) take good or outstanding account of equalities and health inequalities in their engagement, compared to 61% in 2017/18. However, 13% still require improvement in this domain (E).
25. The assessment is focused on supporting improvement in practice. Following 2017/18 assessments, a range of network events were held to provide support for improvement and a national series of improvement webinars. Approaches to improvement have emphasised peer-learning and review. Further to 2018/19 assessments, all CCGs have received a detailed assessment summary, including recommendations for improvement and development. A programme of improvement support webinars is planned for Autumn 2019 including the sharing of good practice examples.
 26. We will continue to develop approaches to improvement-focused assessment for 2019/20 and beyond. This will include working with CCGs, STP/ICS leads, NHS England and Improvement teams, VCSE partners and others to develop approaches support improvement including peer learning and review.

Indicator 5: Perceptions of local system partners of CCGs:

27. This indicator provides an indication as to how well CCGs are engaging with patients / the public and how well they act on what they have heard, as judged by respondents to the annual 360 survey (including local partners and stakeholders such as the local authority, local Healthwatch, NHS trusts, health overview and scrutiny, and the voluntary and community sector (VCS)).
28. Data are taken from the [CCG 360 Stakeholder Survey 2018/19 National Report](#). The survey was conducted by Ipsos MORI on behalf of NHS England. Stakeholders were invited from the 195 CCGs in place in January 2019. However, for the two groups of CCGs merging in April 2019, stakeholders were invited to respond about the group of CCGs as one.
29. Responses show that:
 - 62% of stakeholders 'strongly agree' or 'tend to agree' that CCGs engage effectively with partners and the public (including those at risk of experiencing poorer health outcomes) when making commissioning decisions, 21% either 'strongly disagree' or 'tend to disagree'.
 - 62% of stakeholders 'strongly agree' or 'tend to agree' that CCGs demonstrate that they have considered the views of patients and the public when making commissioning or decommissioning decisions.
 - 20% either 'strongly disagree' or 'tend to disagree' that their CCG demonstrates that they have considered patient and public views.
 - 91% of local Healthwatch and voluntary / patient groups rated the effectiveness of their working relationship with the CCG as 'very good' or 'fairly good'.
30. There have been significant changes to the survey this year, such as the removal, rewording and reordering of several questions. This includes the

removal of the 'neutral' answer code. Additionally, the online format of the survey has changed this year, introducing the ability for stakeholders to answer on behalf of multiple CCGs at the same time. This is a new feature designed to make participation easier and less time-consuming. These changes mean that we are unable to report on trend data, even where questions appear similar.

Indicator 6: Sustainability and Transformation Partnerships (STPs) / Integrated Care Systems (ICSs) emerging practice:

31. This indicator showcases an example of good practice in public participation being undertaken by STPs / ICSs. Data are collected through field work to identify good practice presented in qualitative case study format.
32. This example outlines work taking place with Leicester, Leicestershire and Rutland (LLR) STP and three of their Primary Care Networks.

Issues

Risk analysis

33. The public participation dashboard is referred to in the NHS England Annual Report as being a key way in which the organisation is assured about compliance with the '13Q' duty.
34. The approach to assurance for the 13Q legal duty will be reviewed over the course of Q3 and 4 in 19/20, in line with a review of the overarching Public Participation Policy and associated frameworks for each area of commissioning. This will reflect changes to arrangements for national (and regional) oversight and delivery of NHS England's commissioning functions and seek to ensure the maintenance and further development of a culture of commissioning where working in partnership with people and communities is central. This work will also consider equivalent assurance of NHS Improvement's legal duties regarding public involvement, specifically Monitor's duty under section 62(7) of the Health and Social Care Act (2012).

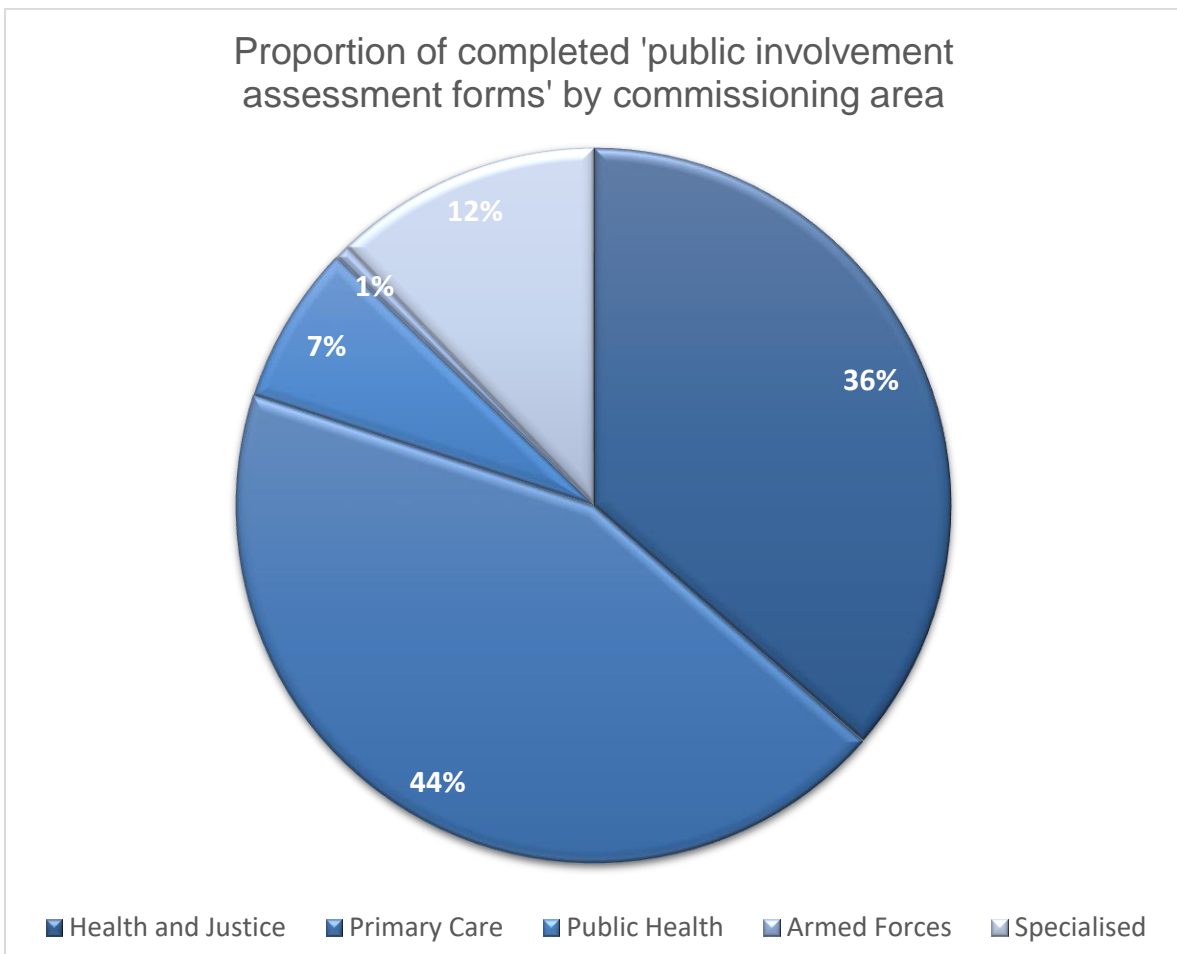
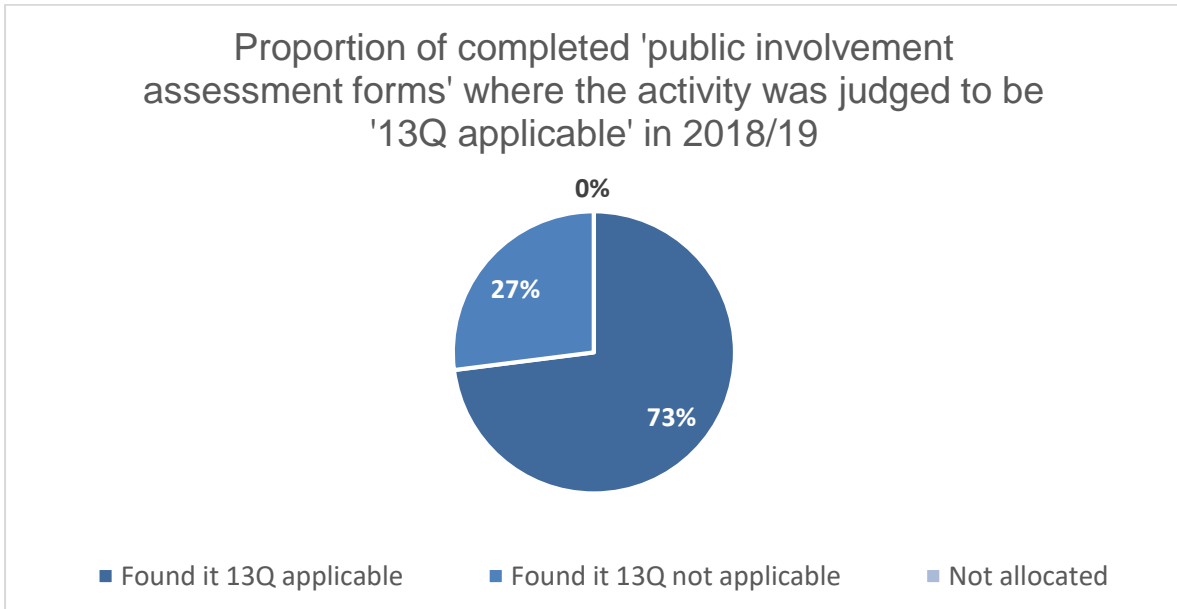
Appendix 1

Background

1. An innovative public participation dashboard ('the dashboard') was developed in late 2017, in partnership with the then Empowering People and Communities Task Force, and first considered by the NHS England Board in February 2018.
2. The dashboard aims to provide the Boards of NHS England and NHS Improvement with oversight and assurance on how people and communities are being involved. It provides a high-level overview or 'snapshot' of public participation practice, and connects to improvement plans, including to support Clinical Commissioning Groups (CCGs), Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs).
3. The dashboard was most recently considered by the NHS England Board in July 2018. At this meeting the Board noted the indicators and approved the priorities identified for improvement. These were to:
 - a. Continue to work with NHS England Oversight Groups to support actions to increase the quality of 13Q assessment forms and associated public participation activity, in support of the legal duty.
 - b. Respond to feedback as part of the Patient and Public Voice (PPV) partners and chairs survey, including through provision of support, guidance and training to NHS England colleagues and PPV partners themselves.
 - c. Continue to offer the dedicated programme of support for CCGs and STPs / ICSs around public participation, and evolve the offer during 2018/19.
 - d. Undertake work to develop the fourth indicator around NHS England's consultation processes.

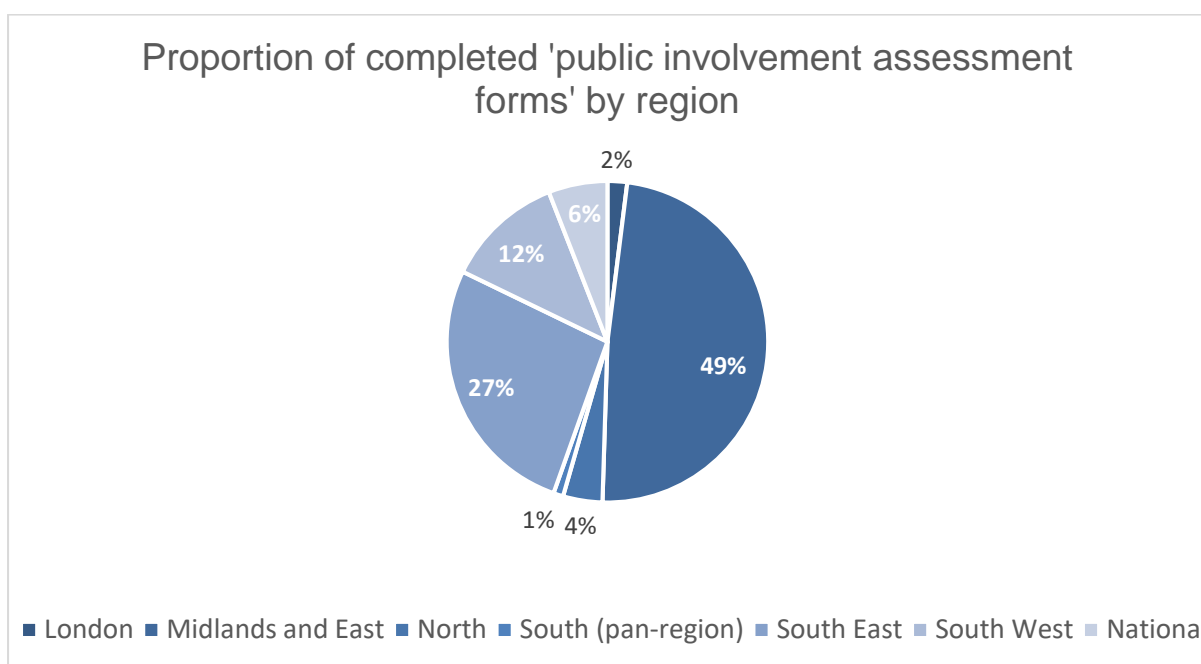
Public Participation Dashboard

Indicator 1: NHS England consideration of 13Q duty applicability



	Total 13Q Forms completed 2018/19	Total forms completed by commissioning area as percentage of total
Health and Justice	111	36%
Primary Care	133	44%
Public Health	22	7%
Armed Forces	2	1%
Specialised	37	12%
Total	305	100%

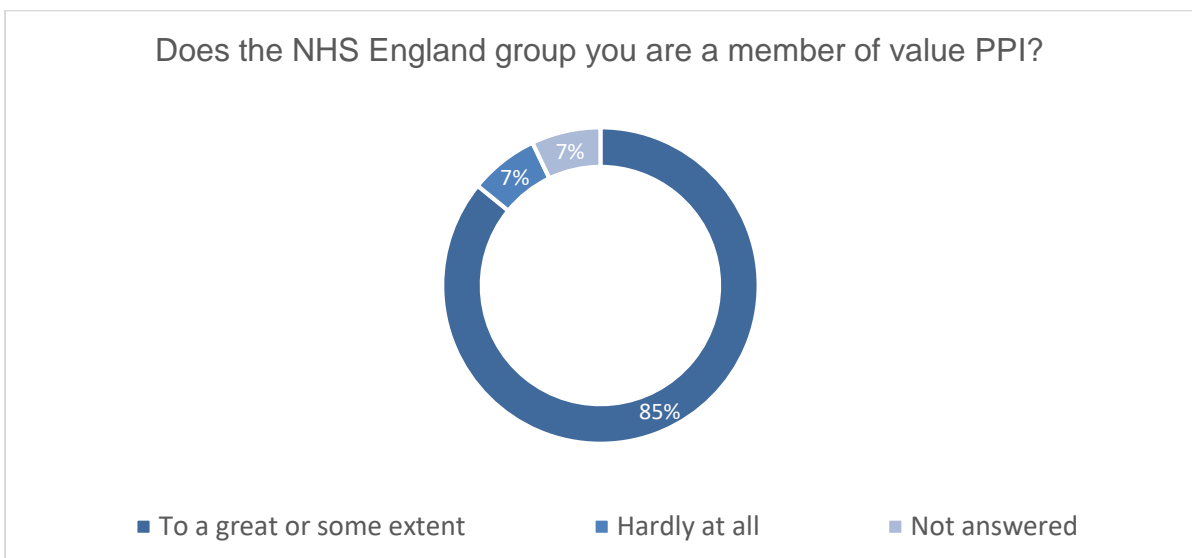
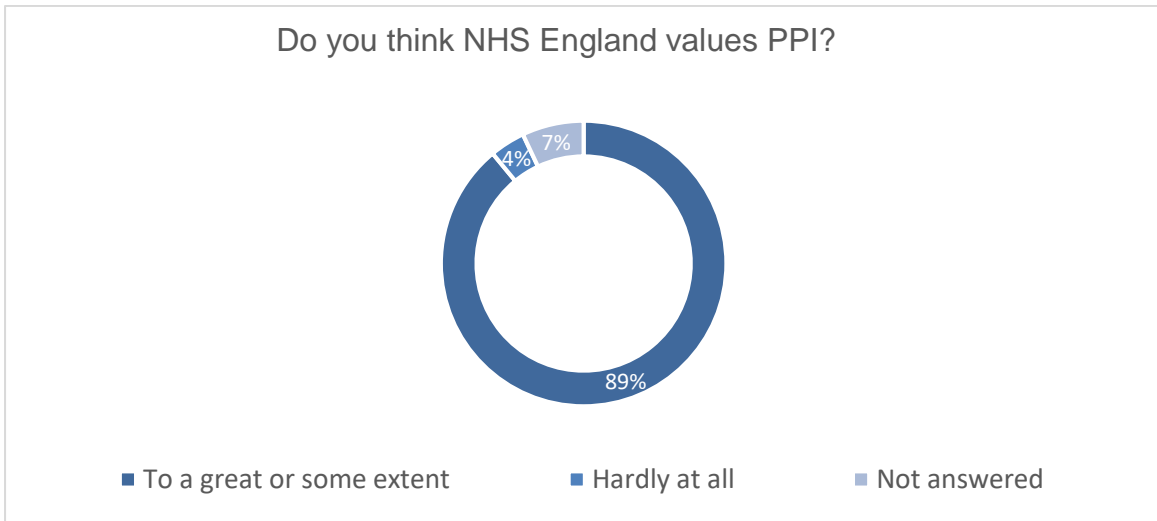
	Health and Justice	Primary Care	Public Health	Armed Forces	Specialised
Found it 13Q applicable	98%	60%	55%	100%	51%
Found it 13Q not applicable	2%	39%	45%	0%	49%
Not allocated	0%	1%	0%	0%	0%



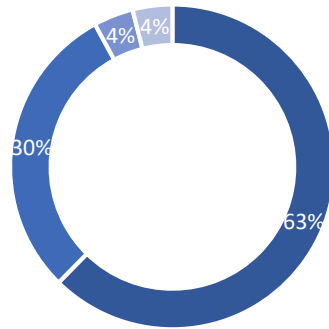
	Total 13Q Forms completed 2018/19	As percentage of total
London	5	2%
Midlands and East	148	49%
North	11	4%
South (pan-region)	4	1%
South East	83	27%
South West	37	12%
National	17	6%
Totals	305	100%

	London	Midlands and East	North	South (pan-region)	South East	South West	National	As percentage of total
Found it 13Q applicable	100%	90%	82%	50%	39%	89%	53%	73%
Found it 13Q not applicable	0%	10%	18%	50%	60%	11%	47%	27%
Not allocated	0%	0%	0%	0%	1%	0%	0%	0%

Indicator 2: Experiences of NHS England PPV Partners



Do you feel that your contribution as a PPV Partner has had an impact on the work area?



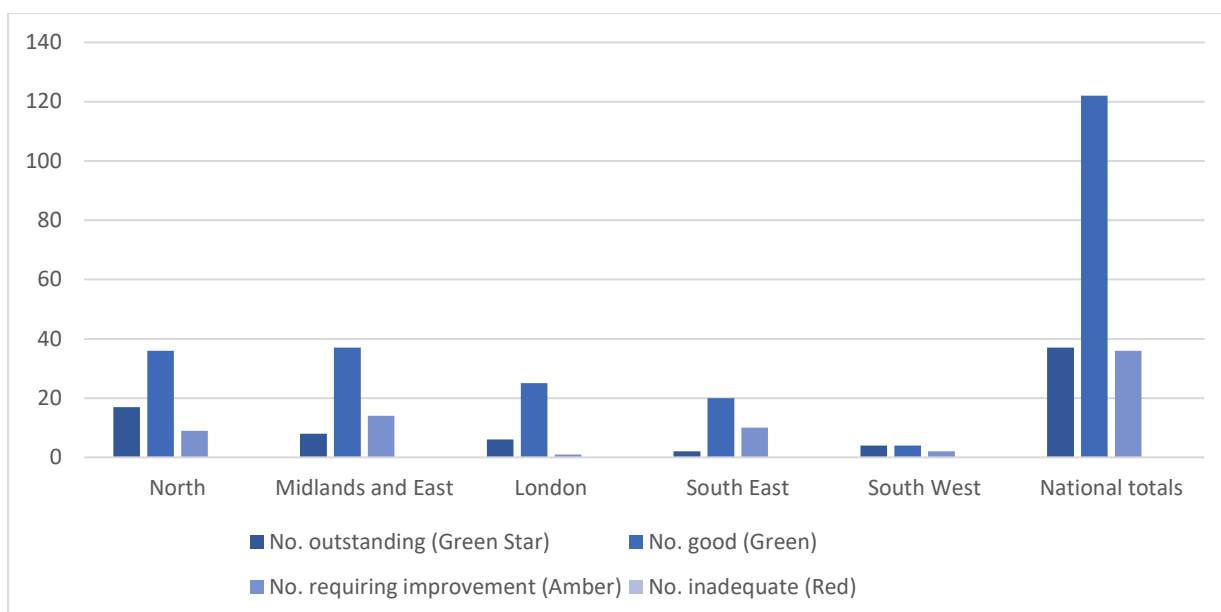
■ To a great or some extent ■ Hardly at all ■ Not at all ■ Not answered

Indicator 3: NHS England consultations – quality sample

Data not available.

Indicator 4: CCG compliance with 14Z2 statutory guidance requirements





The table below shows a comparison of 2018/19 and 2017/18 public participation assessment results by region based on the CCG Improvement Assessment Framework 'patient and community engagement indicator' assessment.

	No. outstanding		No. good		No. requiring improvement		No. inadequate	
	17/18	18/19	17/18	18/19	17/18	18/19	17/18	18/19
North	4	17	20	36	35	9	2	0
Midlands and East	1	8	26	36	31	15	0	0
London	4	6	25	25	3	1	0	0
South East	0	2	13	20	15	10	1	0
South West	0	4	4	4	5	2	0	0
National	9	37	88	121	89	37	3	0

The table below shows a comparison of 2018/19 and 2017/18 public participation assessment results by total score (national), based on the CCG Improvement Assessment Framework 'patient and community engagement indicator' assessment.

Score	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Number of CCGs with this score 2017/18*	0	0	1	2	9	18	21	21	16	30	26	29	7	6	3
Number of CCGs with this score 2018/19	0	0	0	0	1	3	3	13	20	16	28	48	27	23	13

Newly merged CCGs were not assessed against domain B (annual reporting) therefore their total score is out of a total possible of 12 (rather than 15). Scoring formulae to reach RAGG ratings were adjusted accordingly.

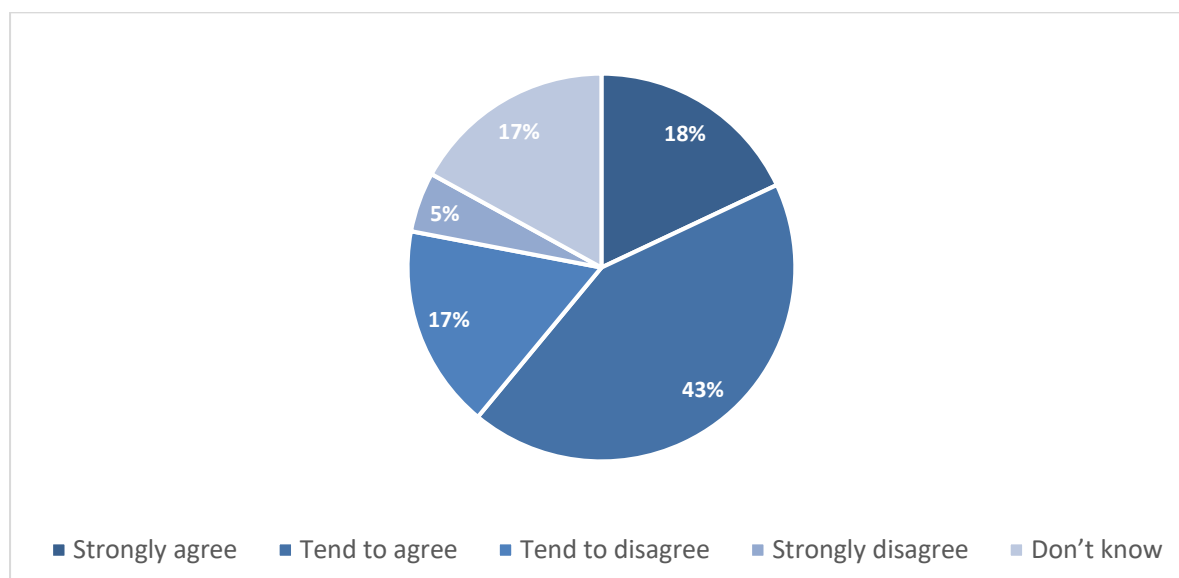
The table below shows a summary of 2018/19 patient and public participation assessment results by domain (national)

RAGG* rating	Domain A: Governance	Domain B: Annual reporting*	Domain C: Day-to-day practices	Domain D: Evaluation & Feedback	Domain E: Equalities and Health Inequalities
Outstanding (Green Star)	138	55	124	44	68
Good (Green)	56	109	66	81	101
Requires Improvement (Amber)	1	25	5	70	26
Inadequate (Red)	0	0	0	0	0

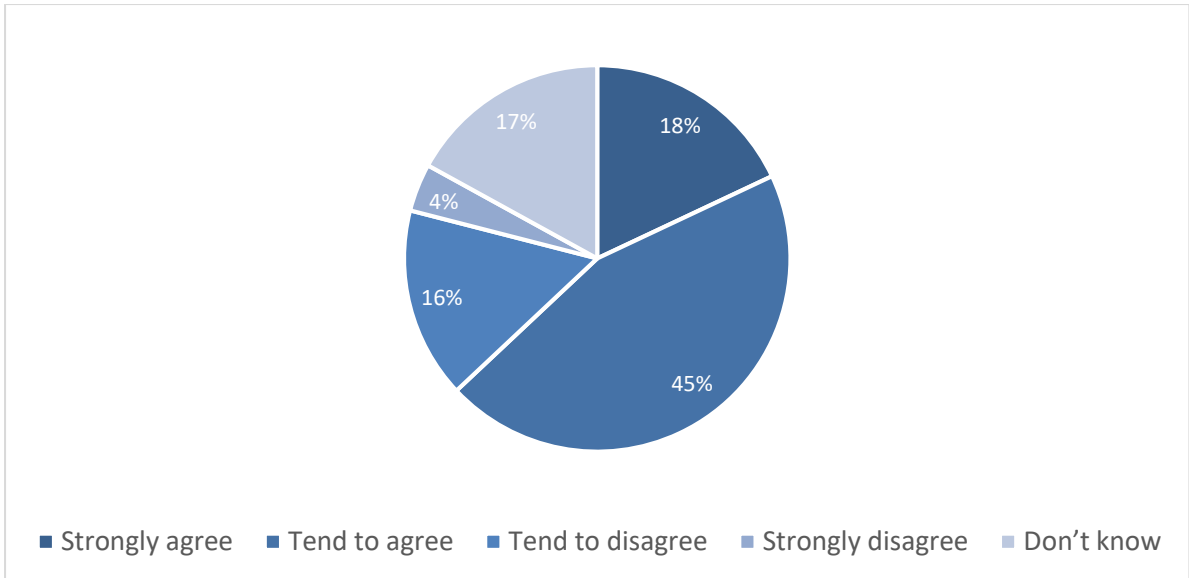
Indicator 5: Perceptions of local system partners of CCGs

All stakeholders

To what extent do you agree or disagree with the following statement about the way in which the CCG commissions / decommissions services? 'The CCG engages effectively with patients and the public, including those groups within the local population who are at risk of experiencing poorer health outcomes when commissioning / decommissioning services'.

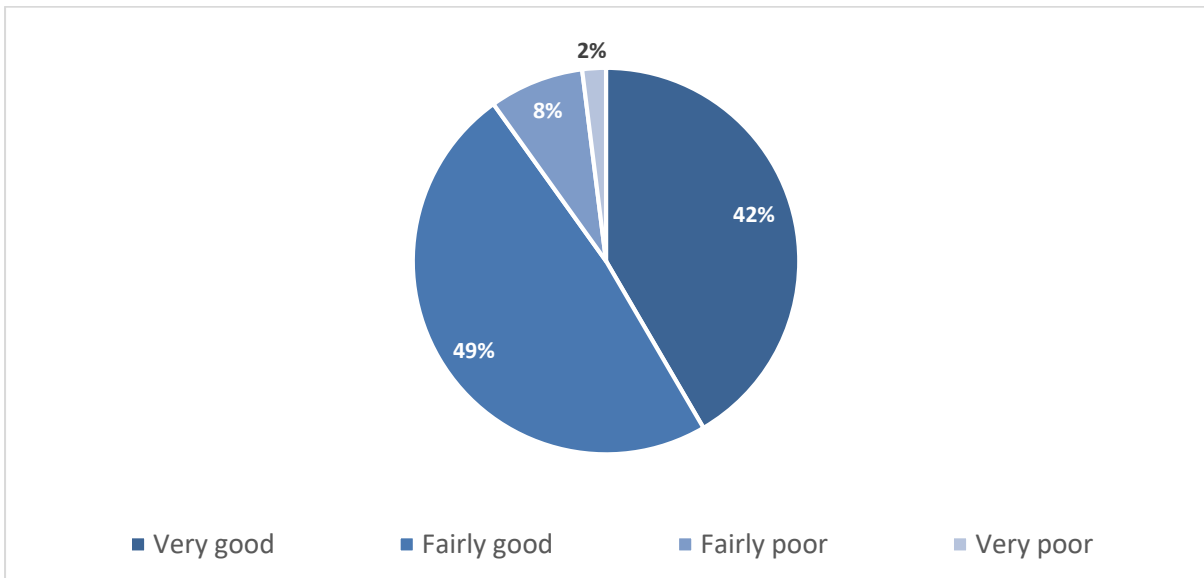


To what extent do you agree or disagree with the following statement about the way in which the CCG commissions / decommissions services? 'The CCG demonstrates that it has considered the views of patients and the public, including those groups who experience poorer health outcomes and/or barriers to accessing health and care when it is commissioning / decommissioning services'.

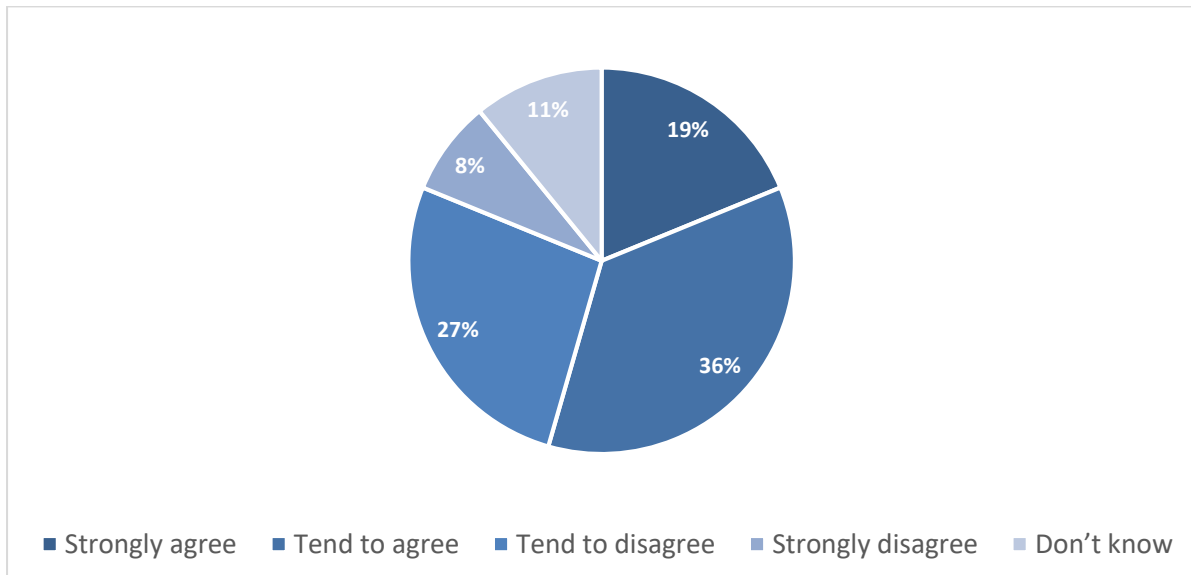


Healthwatch and voluntary / patient groups (only)

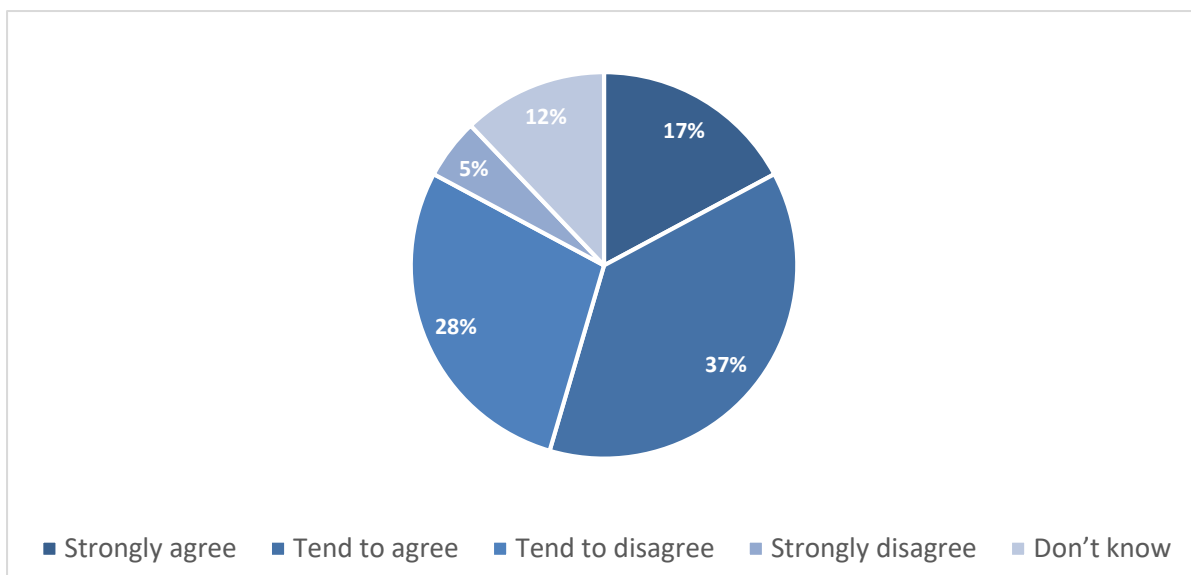
Overall, how would you rate the effectiveness of your working relationship with the CCG?



To what extent do you agree or disagree with the following statement about the way in which the CCG commissions / decommissions services? 'The CCG engages effectively with patients and the public, including those groups within the local population who are at risk of experiencing poorer health outcomes when commissioning / decommissioning services'.



To what extent do you agree or disagree with the following statement about the way in which the CCG commissions / decommissions services? 'The CCG demonstrates that it has considered the views of patients and the public, including those groups who experience poorer health outcomes and/or barriers to accessing health and care when it is commissioning / decommissioning services'.



Indicator 6: Sustainability and Transformation Partnerships (STPs) / Integrated Care Systems (ICSs) merging practice

As part of the 'working in partnership with people and communities' workstream of PCN support, the central Public Participation team are in the early stages of supporting Leicester, Leicestershire and Rutland (LLR) STP to pilot approaches with three very different PCNs in their area. These include Leicester City South PCN and Rutland Healthcare PCN (with the third PCN as yet unconfirmed). Following a meeting with PCN Clinical Directors and relevant CCG leads, it has been agreed that LLR will be one of the sites to work with CoCreate to build capacity around strength-based participation approaches. The central Public Participation team have commissioned CoCreate to work with three areas in total (with the remaining two sites to be decided).

CoCreate will work alongside the identified PCNs and CCGs to support them to map their community's assets and develop plans to engage with their communities, especially those communities who do not use current participation structures. This approach is particularly important to ensure that people with the worst health outcomes in the locality have a voice in how their PCN should develop and deliver. Throughout the project CoCreate will work with the Public Participation team and with selected PCNs to develop and adapt activities, responding to what we learn through delivery. Evaluating the outcomes will be part of this project and will enable us to share the work from LLR with other PCNs and develop training and resources to support the use of strength-based approaches to engaging people and communities.

"We are excited to be working with NHS England and NHS Improvement and CoCreate on the development of our support for how PCNs could work closely with their local patients, service users and communities. We have chosen three PCNs from across Leicester, Leicestershire and Rutland serving a wide range of different populations and needs; each currently at different points in their development to trial some early ideas. We really value this support, but more importantly are keen to be part of offering, both locally and nationally, PCNs some tried and tested ideas for effective working with local people."

Communications and Engagement Lead, Leicester City CCG.

This work is one element of the central Public Participation team's emerging support offer for PCNs, as part of which the team are working alongside PCNs, CCGs, Patient Participation Groups (PPGs), the Voluntary, Community and Social Enterprise (VCSE) sector and people and communities to explore and develop approaches, resources and training that supports PCNs and the wider system to develop and utilise strength-based approaches. This includes community development and co-production approaches to engage local people and communities, especially in this early stage of PCN development.