NHS

**NHS England and NHS Improvement Board meetings held in common**

**Paper Title:** Public Participation Dashboard

**Agenda item:** 6 (Public session)

**Report by:** Ruth May, Chief Nursing Officer

**Paper type:** To note

**Organisation Objective:**

| | | | |
|---|---|---|---|
| NHS Mandate from Government | ☐ | Statutory item | ☒ |
| NHS Long Term Plan | ☒ | Governance | ☒ |
| NHS People Plan | ☐ | | |

**Action required:**
This paper is the latest update 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.

**Executive summary:**
The PP Dashboard presented this year (2019/2020) comprises four indicators[1], covering public participation in NHS England, CCGs, STPs / ICSs and PCNs, using data from a range of sources.

1. During 2019/20 there has been a continued focus on supporting Primary Care Networks (PCNs) to work in partnership with people and communities. This is with the aim of shifting from a medical to a social model of health and progression to an asset-based approach led by what matters to people, their families and communities.

2. In March 2020 the COVID-19 pandemic placed significant pressure on the whole NHS. An advice note was shared with the system reinforcing the need to ensure that didn't mean a pause in the involvement of people and communities. There have been excellent examples since lockdown of where people and communities have made significant contributions to the delivery of services through volunteering and in informing national policy, for example, 160 people participated in focus groups to inform the approach for people requiring shielding. Engaging with people digitally has required significant adaptation and thought to ensure this is accessible and safe. New ways of working are developing and the Engagement Practitioners Network has been at the forefront of innovating practice.

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

3. 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').

4. 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.

5. It is important to note that whilst the reporting and assurance process was paused due to the COVID19 pandemic, the requirement to make the appropriate assessment and undertake engagement was not. Guidance was provided in this regard.

6. The data for 2019/2020 (is in appendix 2). The data highlights the need to maintain awareness-raising, training and support for the reporting process. Forms may not be submitted where the 13Q duty is judged not to apply, which needs to be addressed.

7. As with previous years a modified process is in place for specialised commissioning. Until May 2020 the process was that all policies and service specifications automatically triggered a consultation following stakeholder testing, regardless of whether the legal duty was triggered. Public involvement and assessment forms were not therefore completed in these instances and the numbers reported for 2019/2020 do not reflect the number of consultations undertaken. This has now been reviewed.

8. During 2019-20, 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.

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

9. 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.

10. This has been paused this year (2019/2020) to review the format, distribution and content of the PPV partners and chairs surveys.

**Indicator 3: NHS England consultations – quality sample:**

11. Due to capacity constraints and the need to prioritise supporting Primary Care Networks and the COVID19 outbreak, this indicator is not yet available – it is proposed that it is included in a future dashboard.

12. 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:**

13. During 2019/20 NHS England and NHS Improvement completed the third national assessment of CCGs' patient and public participation as part of the NHS Oversight Framework.

14. Key findings were that:
    - 77% of all CCGs nationally were assessed as good or outstanding,. Of the 77%, 36% were rated as outstanding (an improvement from 19% in 2018/19). None were rated as inadequate. There continues to be room for improvement across all domains.
    - Almost all CCGs (96%) have good or outstanding governance of their engagement activities (domain A), compared to 99% in 2018/19. Of the total, 74% were rated as outstanding.
    - A majority (92%) have good or outstanding annual reporting (domain B). This is improvement from 2018/19 where 87% were rated as good or outstanding. The data also showed that 8% of CCGs were rated as requires improvement in this domain compared to 13% in 2018/19.
    - A large majority (91%) have good or outstanding day-to-day engagement practices (domain C). This is compared to 97% in 2018/19.
    - A majority of CCGs (67%) have feedback arrangements that are rated good or outstanding. Whilst this is an improvement from 2018/19 (64%) Feedback (domain D) continues to be the weakest domain, with significantly more CCGs needing to improve this than any other aspect of their engagement (33%).
    - A majority (82%) take good or outstanding account of equalities and health inequalities in their engagement, compared to 87% in 2018/19. However, 17% still require improvement in this domain (E).

15. All CCGs will receive a detailed assessment summary, including recommendations for improvement and development.

**Examples of Good Practice**

*Example (1) - Learning Disability Annual Health Checks*

16. This example outlines work taking place with Airedale & Craven with patients with mixed abilities at a Primary Care Network level.

17. Events were organised and co-produced by a Community Development Worker from Modality along with patients to increase uptake of annual health checks across Airedale & Craven as well as encourage sports and activity for all.

18. The events were planned with Self advocacy groups, Modality & Wharfedale, Airedale & Craven Alliance (WACA) PCN's, Bradford District Care Foundation

Trust, Bradford & Airedale CCG, IMAS sport, NHS England & NHS Improvement, Care providers and VCS

19. The main aim of the event was to increase the number of patients with learning disabilities having health checks, by getting health and community providers talking to each other about potential system change. This would be done by getting patients views and exploring potential for partnership and collaboration with local Providers with a Focus on community health and reducing inequalities.

20. As a result of the events a Learning Disability Health Check has been developed, and there is a better awareness amongst GP practices about Health inequalities faced by people with learning disabilities.

*Example (2) - Public Participation Training 2019-20*

21. In 2019-20 there were 22 sessions of the '10 Steps to Better Engagement' delivered nationally. Typically, over 90% of attendees reported that they had learnt new knowledge or skills – 100% in the majority of sessions. The feedback was very positive, frequently noting that the sessions were informative and thought-provoking, and welcoming the opportunity to network and collaborate with other staff and noting the value of applying the learning to discussion of real work. Work is now underway to move the course to virtual delivery.

22. For further information on training delivered in 2019/20 please see appendix 2.

*Example (3) – RECONNECT*

23. The health and justice team have been working with people who have Lived Experience (LE) of healthcare in the Criminal Justice System. One of the key concerns that was raised time and again by the LE was the lack of support they felt they received when leaving a Custodial setting (prison or Immigration Removal Centre (IRC)). Listening to this feedback led to the development of an idea for RECONNECT, a new Care After Custody service.

24. Recognising the need for patient input to develop this idea into a service that would benefit patients, the H&J team commissioned a consultation of prisoners, recent and past prison leavers, to understand what was, and is, important to them when engaging with healthcare services upon release.

25. This feedback was then shared with Commissioners who, with the Lived Experience team, co-produced and developed pathfinder services. As these services were being tested, the Lived Experience team worked to co-drive Learning and Development days and have been involved in all governance groups in relation to the RECONNECT service.

26. As a result of feedback services are now being co-designed for National roll out of services from 2021. Feedback from the pathfinders has been positive, with prison leavers and stakeholders reporting a person-centred service that strives to meet their needs, no matter how complex. Stakeholders highlight the positive

impact that RECONNECT brings, commenting that they are a conduit between Mental Health / Physical health services along-side partner agencies, this has improved patient outcomes.

27. RECONNECT is an NHSE/I programme that is supported from the LTP. The key outcomes are to support health inequalities, continuity of treatment and care, alongside reducing reoffending rates.

## Recommendations and next steps

28. The approach to assurance for the 13Q legal duty will be reviewed over the course of 2020/21, 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. The aim is to develop an integrated approach to supporting improving and seeking assurance in relation to participation, equalities and health inequalities. This work will also consider 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).

29. Continue to offer a programme of support for CCGs, STPs / ICSs and PCNs around public participation and evolve the offer during 2020/2021.

30. Update the CCG indicator to address system working and incorporate a greater focus on health inequalities.

31. Continue work with VCSE sectors as critical partners in health and care, as service providers and in providing voice and dissemination to communities across England, and continue to take proactive steps to ensure they are meaningfully engaged

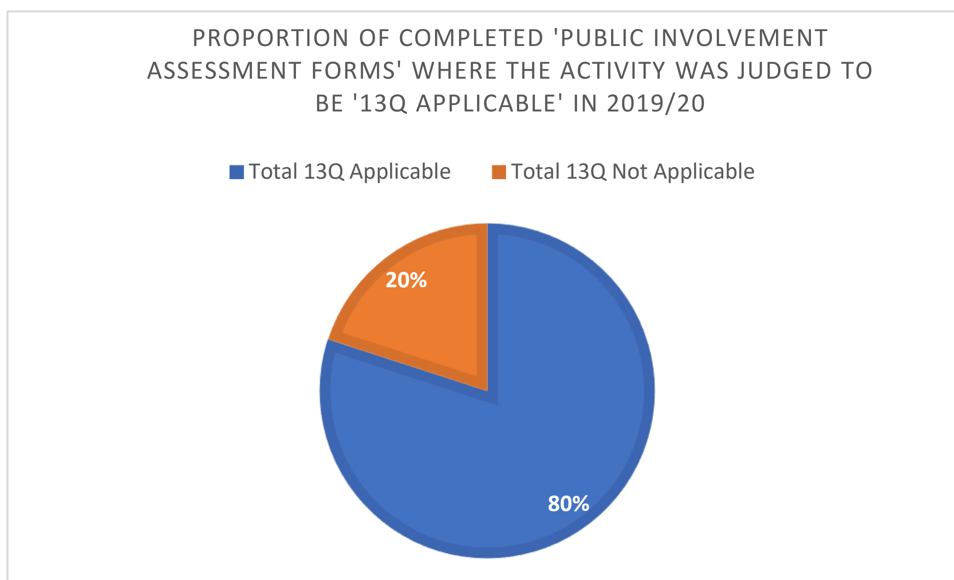
32. Continue the work of the central Public Participation Team in seeking to drive up standards across the board, particularly focusing on ensuring that the voices of those who experience poor health outcomes and health inequalities are heard.

33. Where COVID-19 has had an impact on the delivery of some of our programmes and indicators, this work will be resumed according to capacity and relative priority. In particular, to look at the impact of COVID within public participation, what this means for the future of public participation especially where recent innovations can support the participation of 'seldom heard' groups.

**Appendix 1**

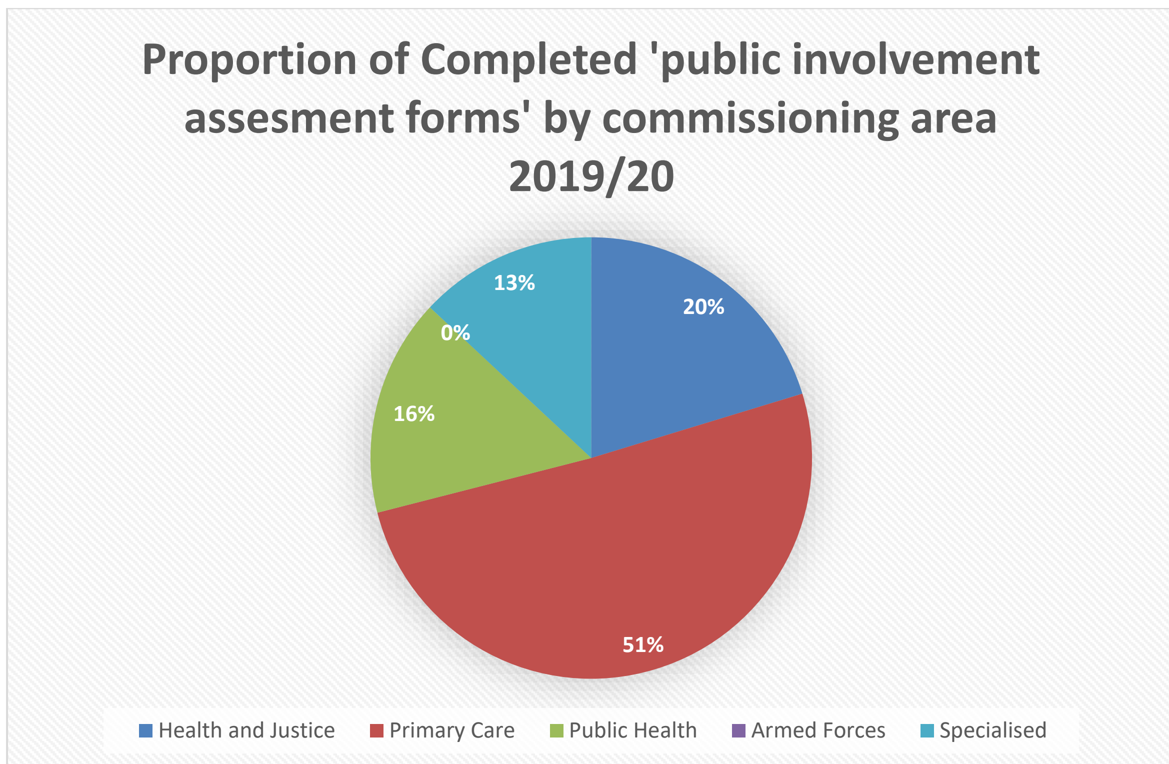
## Indicator 1: NHS England consideration of 13Q duty applicability

Fig 1:



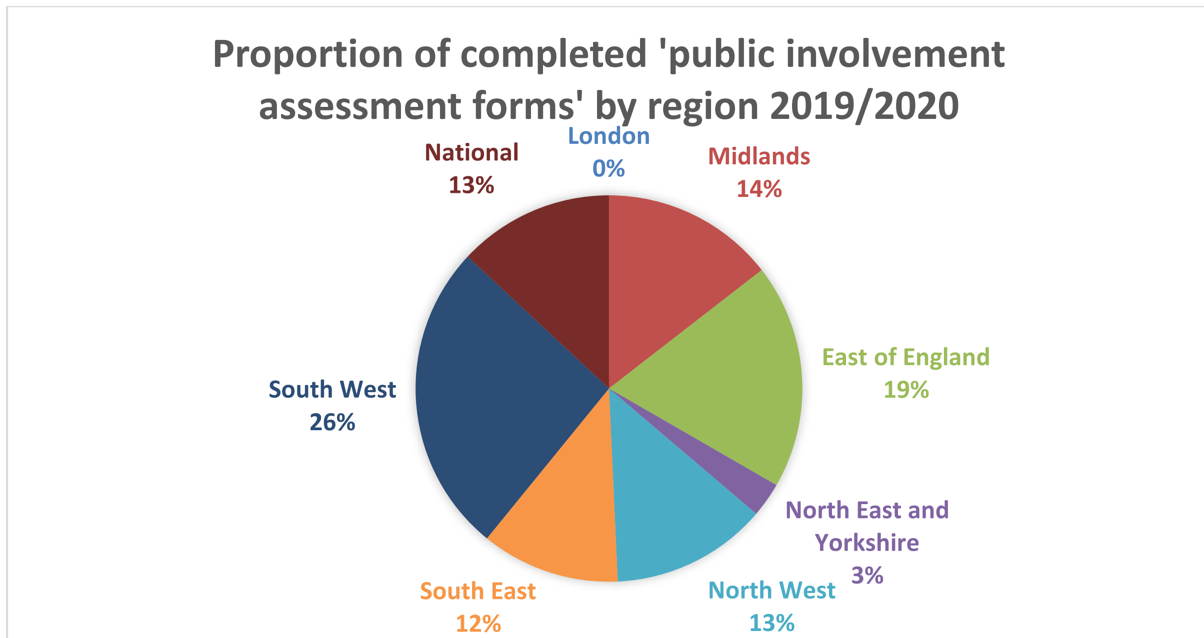

| Region | Total 13Q Applicable | Total 13Q Not Applicable |
|---|---|---|
| London | 0 | 0 |
| Midlands | 9 | 1 |
| East of England | 11 | 2 |
| North East and Yorkshire | 2 | 0 |
| North West | 7 | 2 |
| South East | 5 | 3 |
| South West | 12 | 6 |
| National | 9 | 0 |
| Totals | 55 | 14 |

Fig 2:




| | Total 13Q Forms completed 2018/19 | Total forms completed by commissioning area as percentage of total |
|---|---|---|
| Health and Justice | 14 | 20% |
| Primary Care | 35 | 51% |
| Public Health | 11 | 16% |
| Armed Forces | 0 | 0% |
| Specialised | 9 | 13% |
| Total | 69 | 100% |

Fig 3:




| | Total 13Q Forms completed 2019/20 | As percentage of total |
|---|---|---|
| London | 0 | 0% |
| Midlands | 10 | 14% |
| East of England | 13 | 19% |
| North East and Yorkshire | 2 | 3% |
| North West | 9 | 13% |
| South East | 8 | 12% |
| South West | 18 | 26% |
| National | 9 | 13% |
| Totals | 69 | 100% |

**Appendix 2**

The purpose of our Training offer is to provide learning opportunities for our staff and PPV partners to ensure they can maximise the impact of their contribution and involvement to the work of NHS England and NHS Improvement. Below are a number of courses and methods through which we currently deliver our training.

*Ten Steps Training Programme*

The 10 Steps to Even Better Public Engagement is a one-day course delivered by the central Public Participation team and a network of regional colleagues and CCG staff. Attendees apply a ten-step model of good engagement planning to real-life scenarios that they bring.

*PPV Partner Influence & Impact training*

This two-day course is aimed at PPV Partners in ongoing roles with NHS England and NHS Improvement, and has also welcomed people with similar roles elsewhere in the NHS. The course builds attendees' understanding of how their roles fit into the health and care landscape and discusses techniques for increasing their impact in their roles.

*Peer Trainers*

Both 10 Steps and PPV Partner Influence & Impact are delivered with the involvement of people who have PPV Partner roles with NHS England who have undertaken a Train the Trainer process. Peer Trainers provide facilitation support and bring their own experience into sessions to help highlight key challenges they have overcome in their roles and to help ensure attendees' focus remains on how patients and the public experience engagement work.

*E-learning*

We offer ten e-learning modules to support PPV Partners and staff. Topics range from Information Governance to Health Inequalities to Using Social Media for Effective Engagement.