

NHS England and NHS Improvement Board meetings held in common

Paper Title: Public Participation Assurance

Agenda item: 7 (Public session)

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Paper type: For approval

Organisation Objective:

NHS Mandate from Government	<input type="checkbox"/>	Statutory item	<input checked="" type="checkbox"/>
NHS Long Term Plan	<input checked="" type="checkbox"/>	Governance	<input checked="" type="checkbox"/>
NHS People Plan	<input type="checkbox"/>		

Executive summary:

The Boards are required to satisfy themselves that NHS England and NHS Improvement (NHSEI) have complied with the statutory responsibilities with regards to the participation of people and communities in its decision-making.

To help with this, the NHS England Board previously developed five main indicators to monitor performance against these responsibilities. These indicators cover public participation in NHS England, Clinical Commissioning Group (CCG), integrated care systems (ICSs) and primary care networks (PCNs).

This paper details the indicators for the 12 month period until 31 March 2021 and makes recommendations from them. It also proposes areas for focus in the year ahead.

Action required:

The Boards are asked to consider:

- the themes and trends highlighted;
- the next steps outlined; and
- how they will use the reported data to improve how NHSEI works with people and communities.

Background

1. The involvement of both patients and the wider public in decisions about the delivery, improvement and redesign of healthcare functions is the right thing to do and essential to ensuring best outcomes and best value. Their involvement is also often required by legislation (referred to as 13Q).
2. The latest iteration of this public participation assurance, covering the 12 months until 31 March 2021, demonstrates how public participation activities adapted and evolved during the COVID-19 pandemic. It shows that, while there are examples of good practice, there also remain significant opportunities to make improvements at national, regional, system and place levels.

3. Regional executive teams and national oversight groups have received reports on 13Q activity for their commissioning areas and provided assurance that legal duties have been met.

Considerations

Indicator 1: NHS England consideration of 13Q legal duty

4. 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').
5. Commissioners and others involved in strategic and operational decision-making are required to assess whether the 13Q duty applies to the activity or proposal under consideration and to take action accordingly. This activity is then reported every six months to each of the NHS England Commissioning Oversight Groups.
6. Overall, 228 public involvement activities were reported in 2020/21. This was significantly higher than the previous year where 69 activities were reported. However, this is in part due to a change in the reporting format from regional colleagues, which has proved a more effective way of recording activities as higher numbers and more detail can be included.
7. There is variation in reported 13Q activity across different regions and commissioning areas and, while this is affected by the work the area or region is undertaking, it also can reflect that the 13Q duty is not being correctly applied in all cases.

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

8. In June-July 2021, our PPV partners and chairs of committees, working groups and forums with PPV partner members were surveyed about their impressions of the extent to which public participation is valued and whether their involvement is having an impact.
9. Highlights from the PPV partners responses included:
 - When asked whether patient and public voice was valued by NHSEI 62% strongly agreed or agreed. A higher proportion (72%) said this was the case for NHSEI group they belonged to.
 - 69% agreed that PPV involvement leads to better outcomes for patients and 84% agreed that addressing health inequalities is a priority in their group.
 - While many (74%) PPV partners found the application process to be good, the experience of claiming expenses or involvement payment mostly ranged from 'acceptable' to 'poor'. This was mainly because of a new system being introduced to meet HMRC requirements which affected some payments.
10. The responses collected from the chairs of committees and groups that have PPV representation found strong support for their role. For example:

- 82% strongly agreed or agreed that patient and public voice is valued by NHSEI.
- 88% strongly agreed or agreed that PPV contributions had an impact on the group that they chaired.
- 90% strongly agreed or agreed that PPV partners can have an impact on reducing health inequalities.

11. When asked about the help they have received from NHSEI to support their PPV partners, 55% said they were supported to some extent such as through the induction and recruitment process, or with training and advice.

12. The findings will be reviewed by the NHS Citizen Advisory Group and developed into recommendations to improve how PPV partners are supported in their roles, for example what training and support can be offered to improve how teams work with PPV partners, or the establishment of a peer support network for PPV partners, chairs and people who work with them.

Indicator 3: CCG compliance with 14Z2 statutory guidance requirements

13. NHSEI implemented a simplified approach to the annual assessment of CCGs' performance for 2020/21, recognising the challenges CCGs faced during the COVID-19 pandemic. The focus was on CCGs' contributions to local delivery of the overall system recovery plan and the assessment was based around performance, leadership and finance, and replaced the ratings system previously used for CCGs.

14. Although consideration of patient and community engagement formed part of these discussions, it is not possible to provide evidence for this paper of how CCGs met their public involvement duties in 2020-21. Work is underway to build a new indicator aligned with the NHS Bill and revised guidance to the system.

Indicator 4: Supporting PCNs to work with people and communities

15. The Public Participation Team lead the People and Communities Workstream for the Primary Care Network Development Programme. The workstream aims to build knowledge, skills and capacity around engagement, especially community development and strength-based approaches for PCN colleagues.

16. The focus of this work is to support and develop ongoing engagement with people and communities who are not accessing primary care services, whose voices are not being heard in current structures and those who face the worst health inequalities.

17. In implementing a model of population health management, the involvement of local communities is particularly important to ensure that populations who experience disproportionate health inequalities, but where the formal data is poor, are represented and their needs understood. PCNs need to consider the data alongside what matters to people and helps make better use of assets within communities to tackle health challenges.

Indicator 5: Public Participation [Training](#)

18. The Public Participation Team offers public participation training for staff, PPV partners and colleagues across health and care systems and the voluntary sector to ensure staff have the capabilities to work effectively with people and communities, and that PPV partners are supported to maximise their contribution.
19. In 2020/21 face-to-face learning and development was affected by COVID-19 and training was moved online.
 - Nearly 600 senior leaders attended our development sessions in response to COVID-19.
 - In November 2020, 450 people took part in our virtual conference for engagement practitioners over 40 different sessions.
 - More than 350 people took part in our training programmes
 - We delivered induction webinars for 40 new PPV partners

Recommendations

The Boards are asked to consider the following recommendations:

System support:

20. To note the findings in this paper recognise the work undertaken, while also identifying outstanding challenges.
21. To confirm the publication of an annual “Participation Review”, a publicly accessible document that details how PPV has been used across the organisation. This has been a recommendation for CCGs for a number of years, and it makes sense that NHSEI should follow the same principle.
22. Framed by the new statutory guidance, to update and replace the CCG engagement indicator with one that assesses Integrated Care Boards (ICBs) on how well they meet their legal duties towards public involvement, to be included in the new system oversight arrangements.

Improvement support:

23. To review the approach to assurance for the 13Q legal duty over the course of 2021/22, in line with a review of the overarching [Public Participation Policy](#) and [new statutory guidance](#) for working with people and communities. This will reflect the delegation of some of NHS England’s direct commissioning functions to ICBs and the shift to system-working. The approach will ensure the maintenance and further development of a culture of commissioning at national, regional and system levels where working in partnership with people and communities is central and considered alongside equalities and health inequalities duties.
24. To consider opportunities for improving awareness, training and supporting working with people and communities across the organisation. Specifically, that awareness of PPV should be part of corporate induction and the mandatory and statutory training employees are required to undertake.

25. To continue to offer a programme of support for CCGs, ICSs and PCNs around public participation and evolve the offer during 2021/2022.
26. To continue work with Voluntary Community and Social Enterprise 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 and supported

Leading by example:

27. For the Public Participation Team to work with the Boards to establish transparent routes for public participation, including with the NHS Citizen Advisory Group, and support the senior leadership to ensure robust arrangements are in place across their portfolios.
28. To consider how the Boards can work with the Public Participation Team in seeking to drive up standards for how health and care systems work with people and communities, particularly focusing on ensuring that the voices of those who experience poor health outcomes and health inequalities are heard.