NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

Patient and Public Engagement Committee 2020/2021

Date of Meeting:	14 January 2021
Agenda Item:	4.5
Subject:	Patient and Public Engagement - Improving Services and Measuring the Impact of Patient and Public Engagement
Reporting Officer:	Denise Dawson
Aim of Paper:	To provide the Committee with assurance of patient and public engagement and the proposed patient and public engagement plan for 2021

Governance route prior to Patient and Public Engagement Committee	**Meeting Date**	**Objective/Outcome**
Governing Body	Select date of meeting.	Click to Select
Audit Committee	Select date of meeting.	Click to Select
Strategic Place Board	Select date of meeting.	Click to Select
Integrated Commissioning Board	Select date of meeting.	Click to Select
Locality Engagement Group	Select date of meeting.	Click to Select
Patient and Public Engagement Committee	14 January 2021	For Discussion
Quality and Safeguarding Committee	Select date of meeting.	Click to Select
Remuneration Committee	Select date of meeting.	Click to Select
Clinical and Professional Advisory Panel	Select date of meeting.	Click to Select
Primary Care Commissioning Committee	Select date of meeting.	Click to Select
Information Governance Management Group	Select date of meeting.	Click to Select
Other	Click here to enter text.	

Patient and Public Engagement Committee Resolution Required:	For Discussion
Recommendation	Members are requested to note the Patient and Public Engagement Paper.

Link to Strategic Objectives		**Contributes to:** (Select Yes or No)
SO1:	To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population.	Yes
SO2:	To deliver on the outcomes of the Locality Plan in respect of **Prevention and Access** (Prevention and Self Care)	Yes
SO3:	To deliver on the outcomes of the Locality Plan in respect of **Neighbourhoods & Primary Care** (Getting help in the Community)	Yes
SO4:	To deliver on the outcomes of the Locality Plan in respect of **In Hospital - Planned** (Getting more help)	Yes
SO5:	To deliver on the outcomes of the Locality Plan in respect of **In Hospital - Urgent Care** (Getting more help)	Yes
SO6:	To deliver on the outcomes of the Locality Plan in respect of **Children, young people and families**	Yes
SO7:	To deliver on the outcomes of the Locality Plan in respect of **Mental Health**	Yes

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Risk Level: (To be reviewed in line with Risk Policy)	Not Applicable
Comments (Document should detail how the risk will be mitigated)	N/A

Content Approval/Sign Off:	
The contents of this paper have been reviewed and approved by:	Director of Operations / Executive Nurse, Karen Hurley
Clinical Content signed off by:	Not applicable
Financial content signed off by:	Not Applicable

	Completed:
Clinical Engagement taken place	Not Applicable
Patient and Public Involvement	Yes
Patient Data Impact Assessment	Not Applicable
Equality Analysis / Human Rights Assessment completed	Not Applicable

Executive Summary

1. Introduction

In the context of rapidly changing national and regional NHS landscape it is essential that patient and public engagement is central to the Integrated Care System (ICS) ensuring local people are able to access joined up services, when they need them and where they need them. In other words design care around people delivering high quality, cost effective services for our diverse communities.

2. Current ways we engage local People

There are only two ways of engaging with people; face to face engagement or using on line or hard copy tools such as surveys. All techniques are variants of the main two, whether it be Zoom meetings, focus groups, Deliberative Enquiry, World Café, social media, questionnaire etc., all have value dependant on your target audience.

The key skill in engagement is not the talking (or asking) but the listening. Listening actively to ensure understanding of what the audience is really saying and encouraging them to contribute more.

Currently HMR CCG generally use one of the following methods to engage:

- Focus groups – small group meeting of invited delegates following a set agenda allowing participants to say as much as they need and encouraging all to have a say
- Public meeting – larger group meetings normally with a blanket invitation allowing people to have a say and listen to proposals
- Surveys – electronic or otherwise asking participants to answer a set of mainly closed questions but with open questions if needed.

- Commissioning panels – inviting service users to take part in the assessment of prospective providers and in partnership with commissioners.
- Information giving - using various media to tell people what is planned or what has been implemented

3. How can public engagement improve services?

Patient/service user feedback is invaluable in providing intelligence that is used in conjunction with other quality and process measures to form a picture of services Giving people a say about the decisions that affect their lives leads to:

- A better understanding of why decisions are made.
- An understanding of why options may or may not go ahead.
- Buy in to a new service and better usage.
- Empowers people to take personal responsibility for their own health.
- Builds trust between commissioners, providers and service users/patients that decisions made about planning, developing, implementing or decommissioning services have been made in the right way for the right reasons.
- Improves equality of access and quality of care.

4. How can we prove the link between engagement and improvement?

The most difficult part of the engagement process is measuring the impact it has had. This is the area where the CCG and the future ICS need to strengthen. Having 500 people at an event or 1,000 responding to a survey is good but the key is what difference has the engagement made to those participants. The “so what” question.

Proving the link between public/patient engagement and changes in service use is very difficult because there can be so many influencing factors (service has improved, local transport is better, communication about the service is more effective, service has opened local delivery points) and patient/service user engagement may be one of them.

Some engagement, particularly with young people in schools may take a generation to show an impact when those young people may make decisions based on engagement and understanding learned at school.

So, what can we do?

- Ask those that took part what difference it made. – we can ask people who took part in engagement if it made a difference to their thinking or actions. This is effective but does have drawbacks –
    - You can only ask those who took part in the engagement and probably more than once over a length of time, in effect introducing a longitudinal element to the engagement. This takes time and can exclude others from being engaged. They may also become tired of responding
- Measure changes to the way services are used and draw the link between public/patient engagement and the timing of the changes.
- Ask participants to assess the engagement exercise they took part in to say if they think it would change their behaviour in any way.
- Set up an ongoing panel of people, representative of the community, who agree to take part in a number of engagement exercises each year and who could be used as a change barometer.
- Utilise our voluntary sector partnerships and their networks.

5. Co-design and co-production.

Co-design and co-production are higher levels of engagement where current or prospective service users are asked to work with professionals to design and produce a new service from scratch. The obvious benefit of this approach is that because users designed the service, they will understand how it will operate, be confident it meets their needs and will use the service to its full potential.

To do this effectively takes time, resources and a willingness to give power over decisions to service users in partnership with professionals. This is a process that requires 12 months to complete effectively with commitment from service users and officers, a willingness from officers to fit in with the needs of services users in terms of work patterns (possible evening and weekend working to accommodate when service users are not at work or in education themselves) and developing new work tools (devising usable methods and tools that suit service users as you progress, not working the way officers may be used to)..

Co-design or co-production are not achieved by presenting the public or patients with a set of preconceived intentions which they are asked to agree with without any alternative options considered. Co-design reflects a fundamental change in the traditional commissioner-patient/service user relationship.

6. Recommendations

From the outset ICS need to properly understand it's population's needs and perceptions in order to successfully transform services. The following recommendations will embed patient/service user focused approach in future service redesign.

- Whenever possible utilise the co-design or co-production methodology. Start early – 12 months before service to be commissioned/delivered. Build in evaluation to ensure engagement has influenced and improved service delivery.
- Ensure appropriate financial envelop for engagement. Engagement cannot be truly effective without a reasonable level of resource committed to making it work.
- Use the in-house expertise/experience in the CCG and Local Authority. Training is required to ensure staff have the right techniques and skills. For example devising questions for a survey is a skill that needs to be learned to avoid asking questions that are:
  - Unclear
  - That ask about 2 issues in one question such as – was the receptionist friendly and respectful – if the answer is yes, to which am I responding because they are not the same thing
  - Biased in favour of a certain view, for example, response choices in a scale such as "excellent, very good, good, okay, not sure, poor"
  - Confusing - asking respondents to choose from a scale of 1 to 10 where one is poor and 10 is good – so what does 7 mean?
- Set up a citizen's panel to provide a longitudinal resource for surveys on key issues and a bank of interested residents willing to attend events.
- Use Participatory Budgeting for smaller service procurements where the decision making can be handed over to service users in controlled conditions.