

Patient and public engagement: a practical guide for health and wellbeing boards

November 2012

Key points

- Patient and public engagement (PPE) should take place from the start of the life of health and wellbeing boards and be woven into the DNA of boards throughout their work.
- There will be different types and levels of appropriate engagement depending on the situation, from involvement of individual members of the public in shared decision-making about their own health and care, to local community engagement in co-production of services.
- PPE is the business of every board member. All members must be assured that appropriate PPE, shown to make a difference, is taking place in relation to the work of the board.

Engaging patients and the public in the commissioning and provision of services is recognised as best practice and is also a statutory requirement under the Health and Social Care Act (2012). This guide is designed to help health and wellbeing board members think through, plan and deliver their responsibilities in relation to patient and public engagement (PPE). It provides practical learning on 'how' and 'when' to engage, and ways this can work alongside the responsibilities of partner organisations, in particular local Healthwatch.

Seven key principles every health and wellbeing board should consider

Following a review of policy and research evidence,¹ and discussions with key stakeholders, a series of principles have been identified to help underpin the patient and public engagement (PPE) work of health and wellbeing boards, detailed overleaf.

At a glance

- **Audience:** This document is aimed at health and wellbeing board members, including councillors, as well as local authority and NHS staff.
- **Purpose:** To provide health and wellbeing boards with some top tips on 'hardwiring' patient and public engagement.
- **Background:** This document was developed by a health and wellbeing board learning set, which is part of the National Learning Network (see back cover) and is supported by the Department of Health, the NHS Confederation, the Local Government Association and the NHS Institute for Innovation and Improvement.

Supported by

1. Engagement should take place from the start of the life of the board and be woven into the DNA of the board throughout its work

Embedding PPE is integral to the board achieving improvements in health and wellbeing outcomes. PPE should be at the heart of how the board works from the very early stages of the board's development; engagement being needed from the outset to inform the board's membership, remit, style of working and priorities. It will be difficult to 'hardwire' engagement into the board at a later stage.

2. There will be different types and levels of appropriate engagement, depending on the situation

It is important that the board has a consistent and rigorous mechanism by which it can assess the form that engagement should take as each new issue arises, and to evaluate its success.

3. Patient and public engagement is the business of every board member

Each board member shares responsibility for PPE;

it is not just the role of the local Healthwatch representative. All members must be assured that appropriate PPE, shown to make a difference, is taking place in relation to the work of the board.

4. The board has responsibility to ensure effective engagement is embedded within its day-to-day business and is taking place through the commissioning and delivery of services

The board has a legal duty to involve the local community, including people living in different geographical areas, communities of interest and seldom heard groups, when undertaking Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).

All policy documents and governance arrangements should reflect the board's responsibility for PPE. As new issues develop, they should be routinely screened by the board in terms of PPE implications and required actions, the board's capability (and the capability of their partners) to involve local people, and local communities' interest and capability to be involved.

Types of engagement

Individual involvement – Engaging individual members of the public in their own health and care through shared decision-making and giving them more choice and control over how, when and where they are treated – helping to deliver “no decision about me without me”.

Collective involvement – Engaging the public, and groups with common health conditions or care issues, to help get services right for them. Involving the public and patients in decisions about the planning, design and reconfiguration of health services; proactively as design partners and reactively through effective consultation. For example, clinical commissioning groups (CCGs) engaging patients (and their carers) for whom they commission services.

Co-production – Working collaboratively with local communities from different geographical areas, communities of interest and seldom heard groups to ensure their views are integral in the commissioning, design, delivery and evaluation of services. The underlying principle of co-production is that people's needs are better met when they are involved in an equal and reciprocal relationship with professionals and others, working together to get things done.

For more information, see:

www.institute.nhs.uk/engagementcycle

www.coproductionnetwork.com/page/about-production

5. Patients and the public need to feel their engagement has made a difference

It is important that patients and the public receive feedback on how engagement activities have influenced the development of board policy, priorities and actions.

6. Engagement activities should be based on evidence of what works

There are a variety of traditional and innovative ways to connect with the local community, including those people who may be from seldom heard groups. Consideration should be given to the most appropriate methodology and medium for engaging the particular target group concerned. For example, using Twitter and Facebook can be very effective for some audiences, but not others.

7. The effectiveness of patient and public engagement needs to be rigorously evaluated, involving local communities concerned

The success of any engagement activity needs to be evaluated, and the learning collected used to plan and develop future engagement. Any evaluation undertaken should actively involve the key audience for the engagement activity concerned.

The way forward

The following operational framework shows some of the questions to consider and approaches that might be taken to deliver effective engagement of patients and the public in the work of health and wellbeing boards. These are based on learning from the health and wellbeing boards involved in developing this product.

Local Healthwatch

Starting from April 2013, each local authority must have in place a local Healthwatch organisation.

Local Healthwatch will replace Local Involvement Networks (LINKs) and carry forward all LINK functions and additional new functions.

- Each local Healthwatch will have a seat on the local health and wellbeing board.
- The key role of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are delivered locally.
- Local Healthwatch will be an independent body with the following statutory functions:
 - to advise the public about accessing health and social care services
 - to listen to the views and experiences of people about local health and care services, and represent those views to commissioners, providers, health overview and scrutiny committees and Healthwatch England
 - to recommend improvements to services
 - to report areas of serious concern to Healthwatch England or, in urgent cases, the Care Quality Commission
 - to promote the involvement of local citizens in monitoring, influencing commissioning and providing health and care services.

For more information see:

www.healthwatch.co.uk

Department of Health (2012), *Local Healthwatch: a strong voice for people – the policy explained*.

An operational framework for patient and public engagement

Principle 1: Engagement should take place from the start of the life of the health and wellbeing board and be woven into the DNA of the board throughout its work

Questions every board should ask itself:

1. Does the board have an agreed set of public engagement principles for its operation that can be evidenced and tested?
2. What resources are there to support PPE, including evidence of joined-up resources across the health and wellbeing system and work with the voluntary and community sector?
3. Is the local Healthwatch sufficiently resourced to ensure it can effectively represent the views and experiences of local people?

Getting started	Making progress	Achieving success
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> The board has discussed PPE. <input checked="" type="checkbox"/> Levers have been used to facilitate interest, for example the need for clinical commissioning groups (CCGs) to demonstrate local engagement to achieve authorisation. <input checked="" type="checkbox"/> A public statement of intent has been made about engaging patients and the public in the work of the board. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> The board has considered how it will work with local Healthwatch and made a clear statement of how it sees local Healthwatch fitting into the local architecture of PPE. <input checked="" type="checkbox"/> All reports to the board are required to explain how local communities from different areas and groups were/are to be engaged in the issue under consideration. <input checked="" type="checkbox"/> It has been identified what PPE networks, approaches and sources of patient experience data are already being used by members and their organisations and whether these can appropriately be used by the board. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> To avoid duplication and save resources, all local public consultations are joined up and coordinated. <input checked="" type="checkbox"/> The board takes account of what PPE is being done by local partners and uses the outputs to inform its work. <input checked="" type="checkbox"/> The board has published best practice guidance on engaging seldom heard groups. <input checked="" type="checkbox"/> The board knows who has been engaged in its work by area, gender, age, disability, ethnicity, religious and sexual orientation (where possible), and has an action plan to close any gaps. <input checked="" type="checkbox"/> When asked, a high proportion of the local community knows about the work of the board and how to become engaged in relation to its work.

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Principle 2: There will be different types and levels of appropriate engagement depending on the situation

Questions every board should ask itself:

1. What good practice, evidence-based tools and approaches does the board use to engage patients and the public – from information giving to co-production?
2. What steps have been taken by the board to engage all parts of the local community in service planning and delivery, including seldom heard groups, children and young people?

Getting started

- Prescribed time has been given by the board to learning about the different types and methods of PPE currently used locally, what can be built on or complemented and where there are identified weaknesses.
- The board has ensured arrangements exist locally to engage with children and young people as well as adults and older people.

Making progress

- Sufficient time for effective engagement to take place is built in to the development planning for any issue addressed by the board.
- Consideration has been given to models of engagement that actively involve local people in collecting the views and opinions of the local community, for example using local Healthwatch volunteers as lay interviewers/researchers.

Achieving success

- There is strong evidence that a range of effective approaches is being used to ensure meaningful engagement across the local community.
- Appropriate and relevant use is made of social media to achieve wider reach amongst local people.
- Board members have good awareness and understanding of issues associated with the confidentiality of personal information.
- Links have been made among local stakeholders to enable good practice in engagement and existing resources to be shared, used and developed.

An operational framework for patient and public engagement

Principle 3: Patient and public engagement is the business of every board member

Questions every board should ask itself:

1. How does the local leadership style of the board help ensure effective PPE?
2. Does the board have a communication and engagement plan and how does this relate to the plans of member organisations and other strategic partners?
3. What resources are there to support PPE, including: evidence of joined-up resources across the health and wellbeing system; work with the voluntary and community sector; and enabling local Healthwatch representatives to fulfil their role?

Getting started	Making progress	Achieving success
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Evidence from board discussions that members understand the importance of PPE and are personally committed to it. <input checked="" type="checkbox"/> Good use is made of board members' personal knowledge of their local communities/communities of interest. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Evidence from board meetings of challenge by members regarding PPE. <input checked="" type="checkbox"/> Members actively seek evidence of PPE not only in the work of the board but of their own organisation. <input checked="" type="checkbox"/> Members contribute their individual organisation's knowledge of local community views from different areas and groups to assist the work of the board. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Member organisations coordinate and jointly plan their resources for PPE to achieve a whole system approach. <input checked="" type="checkbox"/> The local community within different areas and groups knows about the work of the board and has a good level of confidence in the integrity of the board. <input checked="" type="checkbox"/> The local community can see evidence that board members actively support a common purpose.

An operational framework for patient and public engagement

Principle 4: The board has a responsibility to ensure effective engagement is embedded within its day-to-day business and is taking place through the commissioning and delivery of services

Questions every board should ask itself:

1. How is PPE reflected in the governance arrangements of both the board and its partner agencies?
2. How is engagement activity embedded within the commissioning and delivery of services?
3. How is PPE prioritised within key board processes, including Joint Strategic Needs Assessments (JSNAs), Joint Health and Wellbeing Strategies (JHWSs), prioritisation of outcomes and decision-making?
4. Are JSNAs and JHWSs being co-designed and commissioned in collaboration with the local community in different geographical areas, communities of interest and seldom heard groups as well as partner organisations?

Getting started	Making progress	Achieving success
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> The local community is consulted on JSNAs, but the process is led by the statutory bodies. <input checked="" type="checkbox"/> The local community is consulted on JHWSs, with priorities being ‘tested out’ amongst them, but the process is led by the statutory bodies. <input checked="" type="checkbox"/> JSNAs and JHWSs are transparent about what actions have been taken following the involvement of the local community – showing how their input has influenced decision-making. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> JSNAs and JHWSs are co-produced with the local community. <input checked="" type="checkbox"/> As a ‘network of networks’, local Healthwatch plays a key role in ensuring the local community is involved in priority setting. <input checked="" type="checkbox"/> The views of the local community are reflected in the planning, design and delivery of services that will improve the quality of local care, health and wellbeing. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> The board can demonstrate that the views of the local community are influencing the planning and delivery of services. <input checked="" type="checkbox"/> There is strong evidence the local community is involved in the monitoring and review of services. <input checked="" type="checkbox"/> The local authority, NHS, local Healthwatch and the Care Quality Commission have a strong shared and demonstrable commitment to PPE. <input checked="" type="checkbox"/> PPE is active across all parts of the local community, including seldom heard groups.

An operational framework for patient and public engagement

Principle 5: Patient and public engagement has made a difference

Questions every board should ask itself:

1. What has the board done to engage all parts of the local community – including seldom heard groups, children and young people – in the planning and delivery of services?
2. How can the board evidence that PPE has influenced decision-making and contributed to improved local health and wellbeing outcomes?
3. How effective is the board in demonstrating that PPE has made a difference – for example, “you said, we did”?

Getting started	Making progress	Achieving success
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> All board plans for PPE include how feedback will be provided. <input checked="" type="checkbox"/> Carefully plan the timing, venues and access to engagement activities to maximise appropriate participation. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> To engage more people, the board works with local service user-led and service user-involving organisations; carer groups; volunteer, community and faith organisations. <input checked="" type="checkbox"/> Consideration is given to how seldom heard groups can have their say. <input checked="" type="checkbox"/> Engagement material/ activities explain how feedback will be given. <input checked="" type="checkbox"/> Local community expectations are managed by making clear the parameters of what is possible. <input checked="" type="checkbox"/> Training in listening and facilitation skills is given to people undertaking any PPE activities. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Local people feel they have had the opportunity to express their voice on an issue even if they disagree with the outcomes. <input checked="" type="checkbox"/> There is evidence local people feel their voice has made a difference and what changes happened as a result of their input. <input checked="" type="checkbox"/> The board has created a learning environment that ensures their agreed priorities and service design, planning and delivery are influenced by the voices of local people. <input checked="" type="checkbox"/> Good use is made of social media to encourage maximum engagement of the public and patients.

An operational framework for patient and public engagement

Principle 6: Engagement activities should be based on evidence of what works

Principle 7: The effectiveness of patient and public engagement needs to be rigorously evaluated involving local communities concerned

Questions every board should ask itself:

1. What good practice, evidence-based tools and approaches does the board use to engage the local community from different geographical areas, communities of interest and seldom heard groups – from information giving through to co-production?
2. Does the board involve local people in evaluating whether engagement activity has been a success?

Getting started	Making progress	Achieving success
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> The board has discussed approaches to PPE and learnt from past endeavours. <input checked="" type="checkbox"/> The board has a clear understanding of current strengths and weaknesses of PPE in the local area. <input checked="" type="checkbox"/> Members take advice on PPE from local Healthwatch, other local community representatives on the board (if there are any) and PPE leads within the local authority and clinical commissioning groups. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> The board is aware of any areas for further development of PPE and has an action plan. <input checked="" type="checkbox"/> The board has a positive working relationship with user-led organisations as well as local Healthwatch, incorporating on-going dialogue and feedback. <input checked="" type="checkbox"/> There is a willingness among members to experiment with new ways of engagement to help achieve greater reach. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Local people are involved in evaluating whether engagement activity has been a success. <input checked="" type="checkbox"/> There is clear evidence that the board considers and amends its approach to PPE based on evaluation feedback. <input checked="" type="checkbox"/> There is shared learning within and between member organisations to promote best practice in PPE. <input checked="" type="checkbox"/> Links have been established with local stakeholders to ensure their good practice in PPE is used and developed by the board. <input checked="" type="checkbox"/> The board can clearly demonstrate ‘reach’ in its engagement activities, including among seldom heard groups.

Notes

Notes

References

1. NHS Confederation (June 2012) *Patient and public engagement for health and wellbeing boards. A review of resources.* www.nhsconfed.org/HWB

This document was developed as part of the National Learning Network for health and wellbeing boards, a programme funded by the Department of Health and supported by the NHS Confederation, the Local Government Association and the NHS Institute for Innovation and Improvement. Each health and wellbeing board learning set has focused on a theme that early implementers have said is of most interest and importance.

It aims to provide health and wellbeing board members with an accessible and helpful resource. It does not necessarily showcase best practice, but represents key learning on the issues. For further information, or to comment, please email hwb@nhsconfed.org

The engagement health and wellbeing board learning set that developed this document included:

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Further information

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