

POLICY REVIEW 2013/14: PATIENT AND PUBLIC ENGAGEMENT IN HEALTH SERVICES**Report of the Public Health, Wellness and Culture Scrutiny Panel****1. Introduction**

- 1.1 During 2013-14, the Scrutiny Committee commissioned the Public Health, Wellness and Culture Scrutiny panel to investigate the options for coordinating engagement activities and this report is a brief summary of the findings.

2. Background

- 2.1 In 2012-13, the Scrutiny Committee produced, on behalf of the Health and Wellbeing Board, a Protocol for working together between all of the member organisations of the Board.

- 2.2 The Protocol contained the following commitment:

Engaging with service users

All parties to this protocol recognise that they have both joint and separate approaches to engaging with service users and members of the public. Wherever possible all parties will ensure that such health, well-being and social care engagement activity is jointly planned and co-ordinated within the partnership, and individual frameworks of the parties, to ensure maximum coverage and capacity, to avoid duplication and 'consultation fatigue' and to ensure appropriate quality and outcomes.

3. Summary of Findings of the Scrutiny Panel

- 3.1 The Scrutiny Panel heard clear evidence that patient and public engagement (PPE) should be a strand of quality in its own right. However, PPE rarely has dedicated resources and for it to be embedded into an organisational culture of patient and public engagement is required. Further transformational work may be required to reach that stage.
- 3.2 A coordinated approach to PPE should be supported and informed by joined up strategy and planning. This makes good use of scarce resources and helps avoid the unnecessary proliferation of engagement infrastructure and 'engagement fatigue'.
- 3.3 A coordinated strategic approach goes alongside effective coordination of the data and intelligence already collected about front line services and should avoid seeking fresh collections of data for their own purposes. There is value in "piggy backing" on other public events/meetings that are being held.

- 3.4 It is considered by the Panel that a HWBB does not necessarily need to have its own public profile or its own resources for it to undertake its responsibilities for meaningful PPE. However, there is further scope for the Board to make known its activities to the public.
- 3.5 It should be noted that we concluded Healthwatch would not have the capacity to be responsible for delivering all public engagement activity, although there may be scope to carry out specific engagement activity on behalf of the Board.
- 3.6 The optimal solution seems to be to make use of available resources and expertise from member organisations including Healthwatch. Organisations represented on the Board have a separate responsibility for public engagement and PPE is also undertaken by agencies who are not members of the Board but part of the wider health system. This wider network for a 'whole-system' approach includes the voluntary sector, area forums, housing providers and police.
- 3.7 We are aware that each partner will have their own resource challenges. As such, they would find it challenging to initiate PPE on behalf of the Board where it does not fall into work that they would already be doing. However, there is a commitment from these organisations through their participation within the Board to offer guidance and leadership for the Board to meet its PPE obligations. As such, intelligence from individual engagement activity should be utilised to inform the Board's activities.
- 3.8 A unified approach to public engagement should link to the wider partnership approach to public engagement with a Communication Strategy and a unified Engagement Strategy which relates to the plans of member organisations and other strategic partners.
- 3.9 The Panel considered the points at which patients have the chance to provide information, including through complaints. Our evidence indicated that many people find complaints systems complicated and hard to navigate.
- 3.10 The Clwyd Review¹ identified that complaints should be treated like 'gold dust' as a source of information for decision-makers and evidence to the Review suggested that Clinical Commissioning Groups should play a vital role using their leverage to ensure that providers have good complaints systems in place, "*we are calling for CCGs and NHS England to provide clear information to patients and the public about their complaints process.*"²
- 3.11 The Clwyd Review also recommended that the independent NHS Complaints Advocacy Service should be re-branded, better resourced, with protected funding, and better publicised.

¹A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture Right Honourable Ann Clwyd MP and Professor Tricia Hart October 2013

² NHS Confederation evidence to the Clwyd Review

3.12 There is an important role for those organisations with responsibility for holding to account the robustness of engagement activity, for example, the role of scrutiny in determining whether the type and extent of engagement is sufficient and appropriate.

4. Patient and Public Engagement Framework

4.1 One of the main findings of all of the patient experience research we reviewed was that there is no “one size fits all” approach to improving experience and that what works really well in one setting might not work so well in another.

4.2 There are however, some key factors and themes that are important to consider, such as the need for a patient experience programme to be embraced throughout the health system, the role of staff experience, the power of stories and the need to make the experience strategy central to the core organisational vision, strategy, quality reporting and service improvement work.

4.3 Seven key principles to guide Health and Wellbeing Boards for effective PPE are recommended by the NHS Confederation as:³

- 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.
- 2) There will be different types and levels of appropriate engagement depending on the situation.
- 3) Patient and public engagement is the business of every board member.
- 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.
- 5) Patient and public engagement has made a difference.
- 6) Engagement activities should be based on evidence of what works.
- 7) The effectiveness of patient and public engagement needs to be rigorously evaluated involving local communities concerned.

4.4 The principles have been adapted into an operational framework for which evidence can be provided which tests the delivery of effective and coordinated engagement activity (See Appendix). A number of these principles can be supported through the existing activity of stakeholder organisations.

4.5 The principles proposed, based on the evidence of the Review, for the operation of a coordinated approach and to support the Board fulfilling its PPE responsibility are:

- 1) Patient and public engagement is a strand of quality in its own right
- 2) Member organisations coordinate and jointly plan their resources for PPE
- 3) Engagement will be embedded with the Board’s day-to-day activities

³*Patient and Public Engagement: A Practical Guide for Health and Wellbeing Boards* (2012), NHS Confederation

- 4) Meaningful engagement will be demonstrated through a range of approaches
- 5) PPE activity will demonstrate it has made a difference
- 6) The effectiveness of PPE will be evaluated

5. Conclusion

- 5.1 Patient experience of health services came into sharp focus with the publication of the Francis Report which highlighted the consequences of patient feedback not being acted upon.
- 5.2 Our evidence showed there is an extensive range of PPE although this can lead to public confusion and the need to convince people that their voices will make a difference across the system. People who may be considered 'hard to reach' may be less successful at navigating complex public service or complaints processes.
- 5.3 There is no doubt that it doesn't make sense to try to go it alone. Collaboration is essential in order to gather and make the best use of information. The outcome of the review is a proposed framework for patient and public engagement and establishing a statement of intent to inform activity. In the future, it is intended that this framework could support a co-ordinated approach to patient and public engagement by the whole local health economy so as to make best use of available resources.

6. Recommendation

- 6.1 The Scrutiny Committee is consulting on the draft Framework. The Board is requested to consider and comment on:
 - a) Whether the draft Framework could be adopted as an approach to coordinated patient and public engagement;
 - b) If so, how this could be developed over time as more unified ways of working are progressed.