An operational framework for patient and public engagement

| Principle 1 | | | |
|--|----------------------|----------|--|
| Patient and public engagement (PPE) is a strand of quality in its own right, an integral and equal part of the Board's responsibilities | | | |
| Action | Evidence | Progress | |
| A public statement of intent has been made about engaging patients and the public | See attached example | | |
| A definition is agreed by the Board of what it means by 'engagement' | | | |
| Resources are in place to support PPE, including evidence of joined-up resources | | | |
| All policies and strategies explain how local communities from different areas and groups will be engaged with | | | |
| PPE activity undertaken by member organisations, and the providers they commission services from,is used to inform the work of the Board | | | |

| Principle 2 | | |
|---|------------------------------------|----------------|
| Member organisations coordinate and jointly plan their resou | urces for PPE to achieve a whole s | ystem approach |
| Action | Evidence | Progress |
| Member organisations contribute their individual organisation's knowledge of local views from different areas. | | |
| Findings from individual engagement activity will be utilised, along with the professional expertise of the board. | | |
| The Board has taken an approach to how it will make use of information collected by Healthwatch as a representative of a coordinated consumer voice | | |
| All local public consultations relating to health and wellbeing are joined up and coordinated | | |
| 10. Relationships exist with agencies who are not members of the Board but part of the wider community network. (e.g. VCS, the council's and CCGs locality arrangements i.e. Area Committees, People and Place Boards network of Health Champions) | | |
| 11.PPE will connect to a city-wide partnership approach to engagement | | |

Principle 3 Engagement will be embedded within the Board's day-to-day business

| Action | Evidence | Progress |
|--|----------|----------|
| 12. PPE is reflected in the governance arrangements of the Board and partner agencies | | |
| 13. The Board's reports include meaningful information about patient engagement activity including where this has made a difference | | |
| 14. PPE is prioritised within key activities, including the JSNA, JHWBS, and decision-making. | | |
| 15. The JSNA and JHWB are co-designed and commissioned in collaboration with the local community in different areas, communities of interest and seldom heard groups as well as partner organisations. | | |
| 16. As a 'network of networks' Healthwatch ensures the local community's views are included in priority setting | | |
| 17. The Board should routinely screen new issues for PPE implications and actions. | | |

Principle 4

Meaningful engagement will be demonstrated through a range of approaches

| Action | Evidence | Progress |
|---|----------|----------|
| 18. The Board has a unified Communication plan and is working towards a unified and holistic approach to Engagement including identifying how this relates to the plans of member organisations and other strategic partners ¹ | | |
| 19. The Board has ensured through a unified approach that arrangements exist to engage with groups identified as 'seldom heard' | | |
| 20. Appropriate use is made of social media to achieve wider reach amongst local people, including making good use of the council's and CCGs Facebook and Twitter accounts | | |
| 21. Sufficient time for effective engagement to take place is built into the development planning for any issue | | |
| 22. Timings, venues and access to engagement activities will be carefully planned to maximise appropriate participation | | |

¹ A unified approach does not override the statutory duties of any organisation and is not enforceable in law

| Patient and Public Engagement activity will demonstra Action | Evidence | Progress |
|---|----------|----------|
| 23. PPE is carried out at all points in the commissioning cycle (assessing needs, designing services, reviewing provision, deciding priorities, managing providers' performance and service evaluation) | | |
| 24. The outcomes of PPE inform business planning | | |
| 25. All plans specify how feedback to patients, their carer's and the public will be provided | | |
| 26. Local community expectations are managed by making clear the parameters of what is possible | | |
| 27. Local people feel they have had the opportunity to express their voice on an issue even if they disagree with the outcomes | | |
| 28. Service changes can be directly linked to patient and public views being expressed | | |

Principle 6 The effectiveness of patient and public engagement will be evaluated Action Evidence **Progress** 29. There is a clear understanding of current strengths and weaknesses of PPE 30. There is awareness of any areas for further development of PPE 31. The Board can clearly demonstrate 'reach' in its engagement activities, including seldom heard groups 32. There is a willingness to experiment with new ways of engagement, in conjunction with local people, to help achieve greater reach 33. Local people are involved in evaluating whether engagement activity has been a success 34. There is evidence that PPE activities have been amended based on evaluation feedback 35. There is shared learning between member organisations to promote best practice in PPE

Statement of Intent

The Framework has been developed in recognition of the importance placed on a unified approach to patient and public engagement, recognising that there is a benefit in combining efforts to achieve greater capacity and ultimately, improved engagement activity for the residents of Sunderland. This statement and framework encompasses the following aspirations.

- 1. To build the culture, infrastructure and the processes needed to ensure that patients and the public are involved as partners in decision-taking;
- 2. To carry out meaningful engagement with patients, carers and their communities;
- 3. To support a co-ordinated approach to patient and public engagement by the whole local health economy;
- 4. listening and focusing on what matters most to patients is an integral part of health service provision
- 5. To make best use of available resources;
- 6. development of strategies for equality and how people from socially disadvantaged communities are listened to and have the opportunity to shape health and care services or To embrace equality in all aspects of engagement;
- 7. To ensure patient and public involvement enables an appropriate level of influence and where necessary leads to improved services
- 8. Opportunities amongst existing networks, resources across the city and the potential to share the approach, structures and methodologies.
- 9. Potential of people feeling more connected and in control of their health