**Whittington Health**

**Draft Patient and Public Engagement Toolkit**

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**Introduction**

Strengthening stakeholder engagement is at the heart of a patient-centred NHS and is critical for the Trust's future.

Effective engagement gives stakeholders a better understanding of the issues faced by the NHS and why their health service may need to change. They should have more:

* Information about the health of their community and local health services;
* Involvement in solutions
* Awareness of the complexities and constraints of healthcare planning
* Influence over how and where health services are provided;
* Health services that meet their needs and preferences.

Where involvement is undertaken as an integral part of the normal, everyday business of an NHS organisation, staff should be able to do their jobs better, and the organisation should:

* Have a better understanding of the needs and priorities of the local community;
* Make better decisions;
* Design services that reflect the needs of users;
* Provide services that are efficient, effective and more accessible; and
* Experience less conflict and adverse media attention as there is an increase in user satisfaction.

The 'Stakeholder Engagement Strategy 2014' outlines the Trust's strategy for three key areas of engagement:

* Patient engagement
* Staff engagement
* Engagement with the community and other stakeholders.

Engagement can occur at an individual level or a collective level. Engagement at an individual level encompasses processes where the individual has a say in their own care. It typically includes shared decision making, personal care planning and self-managing care. Engagement at a collective level encompasses process where the individual has a say in decisions about development or delivery of services.

This toolkit focusses on engagement at the collective level.

**Aim of the Toolkit**

This toolkit provides guidance on stakeholder engagement at a collective level. Whether change is on the scale of a major service reconfiguration or how a particular service operates, the NHS needs to ensure that those who use or may use local health services are actively involved in the planning of services and the development and consideration of proposals for changes that impact on the provision of services and decision making.

It is not a 'how to' guide but aims to help decision-makers make the right judgments about planning and implementing patient and public engagement including when, whom and how to engage.

It includes the following:

* The relevant legal obligations
* An explanation of the different types of involvement
* Key principles which underpin all types of involvement
* Questions to assist in determining when to engage stakeholders
* Guidance on when to use certain types of involvement
* A suggested formal consultation process

**Legal Context**

Section 242(1B) NHS Act 2006

Section 242(1B) of the NHS Act 2006 requires us to ensure that users of our services (or their representatives) are involved in:

* The planning and provision of services;
* The development and consideration for changes in the way those services are provided
* Decisions affecting the operating of services.

Section 242 (1G) of the NHS Act 2006 states that NHS organisations must have regard to any guidance given by the Secretary of State as to the discharge of the duty in section 242(1B). The Department of Health Publication *'Real Involvement Working with People to Improve Health Services'* October 2008 provides such guidance.

Section 244 NHS Act 2006

Section 244 of the NHS Act 2006 states that regulations may make provision for a local authority to review and scrutinise matters relating to the health service in the local authority's area.

Further detail is provided by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. Section 23 provides that where an NHS body has under consideration any proposal for a substantial development of the health service or a substantial variation in the provision of the health service in the area of a local authority, the NHS body must:

* Consult the local authority;
* When consulting, provide the authority with
* the proposed date by which the NHS body intends to make a decision as to whether to proceed with the proposal;
* the date by which the NHS body requires the local authority to provide any comments
* Inform the local authority of any change to those
* Publish those dates, including any changes.

This duty does not apply to any proposals on which the NHS body is satisfied that a decision has to be taken without allowing time for consultation because of a risk to safety or welfare of patients and staff. However the NHS body must notify the local authority in these circumstances and the reason why no consultation has taken place.

Where there is a disagreement between the NHS body and the local authority, the NHS body must notify the local authority of the disagreement. The NHS body and the local authority must take reasonably practicable steps to try to reach agreement.

The local authority has a power to report to the Secretary of State in writing in certain circumstances.

If the proposal relates to services for which a CCG or the Board is responsible for arranging provision, the consulting obligations must be discharged by the responsible commissioner on behalf of the NHS body.

Equality Act 2010

The public sector equality duty applies when the NHS is exercising any of its functions. It particularly applies where an NHS body is proposing policy changes that will have an effect on a large number of patients who are in groups which have a 'protected characteristic'.

The nine protected characteristics are:

* Age
* Disability
* Gender reassignment
* Marriage and civil partnership
* Pregnancy and maternity
* Race
* Religion and belief
* Sex
* Sexual orientation

NHS bodies must have 'due regard' to the need to:

* Remove or minimise the disadvantage suffered by persons who share protected characteristics
* Take steps to meet the needs of those who share such characteristics
* Encourage participation of those who share such characteristics.

This duty – to 'have regard' to these needs – must be met before or at the time any policy is being considered.

The NHS body does not have to achieve these needs. This might be impossible given competing pressures. The weight to be given to countervailing factors is a matter for the NHS body and not the court unless the assessment is irrational.

What this means in practice is that NHS bodies need to fully understand the likely impact of any proposed changes to local NHS services on those with protected characteristics.

**What is 'Involvement'**

There are many ways in which the patients and the public can be involved in the development and delivery of health services at a collective level. Different levels of involvement will be appropriate in different circumstances.

The '*Ladder of Engagement and Participation'*, based on the work of Sherry Arnstein, is a widely recognised model for understanding different forms and degrees of patient and public involvement. See appendix A for further detail including the strengths and weaknesses of different approaches.

In summary the different types of engagement include:

**Devolving** - Placing decision making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approaches.

**Collaborating -** Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution. For example through user groups.

**Involving -** Working directly with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution. For example partnership boards and service user participation in policy groups.

**Consulting** - Obtaining community and individual feedback on analysis, alternatives and/or decision. For example, surveys, panels, focus groups and mystery shopping. Also consider techniques that avoid the need for participants to communicate in words for example, through digital stories, video diaries, artwork and other creative means.

**Informing -** Providing communities and individuals with well-balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, websites, newsletters, public meetings and press releases.

**Key Principles Underpinning all Involvement**

Whatever form of engagement you are undertaking with users, you are undertaking the activity for the same reasons, to:

* Discuss with them their ideas, your plans, their experiences, why services need to change, what they want from services and how to make the best use of resources;
* Make sure that the services you are responsible for planning, commissioning or providing meet their needs and preferences.

Key principles that should underpin all types of patient and public involvement by the Trust are set out below, along with suggestions of how to achieve them in practice.

* Proportionality

The type and scale of patient and public engagement should be proportional to the potential impact of the proposal or decision being taken.

* Sustainable

The aim should be to develop relationships over a period of time with continuity on a personal and organisational level.

* Engage early

Working with patients and the public from the initial stages of changes to service delivery will enable a richer level of participation and the opportunity to truly influence plans.

It is good practice that proposals for changes to service delivery build upon engagement that has already been undertaken locally on plans and priorities. This can be achieved by:

* Providing the facilities for patients and the public to proactively suggest improvements at any time.
* Proactive work through local voluntary and community sector organisations, including small grass roots organisations in order to collaborate and solve problems together, particularly with communities of interest.
* Ensure all plans are communicated to patients and the public as soon as they begin to be considered
* Work together with patients and the public to design options
* Publicise opportunities for participation

Decision makers should be able to demonstrate that they have considered who needs to be consulted and ensure that relevant stakeholders know about and understand all opportunities for participation.

Options to help achieve this could include:

* Information on the intranet
* Written communications with staff
* Staff briefings
* Contacting members
* Regular e-bulletins
* Information posted locally e.g. on notice boards in GP practices, pharmacies, hospitals etc
* Information disseminated through local voluntary and community organisations
* Public meetings
* Use of social media
* Local authority newsletters and circulations
* News releases in local and regional media – print, TV and radio
* Leaflet drops
* Council meetings
* Provide good quality information

Information must be provided to patients and the public in a way that is accessible and useful to them.

It should be clear, concise and free of jargon. It should clarify the key issues, what the options are and why changes are needed. It should be transparent about what can change what is not negotiable. Enough information should be provided so that people can understand the issues.

Where necessary documents must be adapted to suit the needs of the different user groups identified. This may involve to providing information in different formats for example in different languages, in audio, in braille or in an easy read version with pictures.

* Pro-actively reach out to diverse communities

Good public participation reaches all the local community, not just those who are already informed and engaged.

It is important to identify particularly interested parties at an early stage so that engagement can be designed and targeted accordingly.

It is especially important to pro-actively reach out to those who experience the greatest health inequalities.

Options to reach more diverse communities could include working with and through groups and their wider networks such as:

* Patient leaders and local grass roots organisations that understand and can reach communities that do not currently participate
* Local voluntary and community networks;
* Healthwatch
* Repeated approaches
* Provide a range of opportunities for participation

Not everyone will want to participate in the same way or at the same time so it is essential that a range of opportunities for participation are offered. These could include:

* E-mail or web-based surveys or questionnaires
* Hard copy surveys or questionnaires
* Dedicated events to enable discussion about proposals
* Working groups or focus groups
* Drop-in sessions
* 1-1 interviews
* Digital participation spaces such as forums or virtual workshops
* Seeking views from the community at local events or venues, e.g. attending meetings, markets, schools, leisure centres, libraries etc
* Formal written consultation
* Record Keeping

Always consider how you will keep a record of the insights gathered.

There should be a clear description and audit of how any decision-making criteria were developed and applied in the final decision making.

* Provide Feedback

Feedback should always be provided to patients and the public about the impact of their involvement and the difference they have made

**When to Engage Stakeholders**

Engaging stakeholders requires careful planning. You will need to be clear about what you want to achieve. The following is a set of questions you may want to consider at the planning stage. If the answer to any of the questions is not clear, then it may be appropriate to hold off the involvement activity until there is clarity. By making sure that the work is focussed and integral to the mainstream work of the organisation, there is a greater chance of it achieving its purposes:

* How does the work fit with the Trust's overall strategy?
* What does the Trust need to know and what do stakeholders need to know?
* What is the cost and what are the benefits?
* How much controversy will it generate?
* What work has already been done with users, and what was the outcome?
* What will the Trust do with any information or feedback it receives?

**Identifying When to Use Certain Types of Involvement**

Once you have identified a need to involve stakeholders, it is necessary to identify at an early stage an appropriate level of involvement required for a service development or variation. There is not a simple 'route map' that can be used to pick the most appropriate technique(s). The appropriate level of involvement will depend on all the relevant circumstances. Advice can be taken from the communications team and patient experience team about the most appropriate approach or approaches to take.

As a starting point, bear in mind the strengths and weaknesses of the different types of participation and engagement in Appendix A.

Other key factors which should be considered in determining the appropriate level of involvement required include:

* What contribution are you seeking from stakeholders?

What is the purpose of the involvement work? Sometimes the Trust will need to seek information from stakeholders to inform proposals for chance, at other times the Trust will need to provide stakeholders with information to enable them to make meaningful contributions.

* Stage of Development

There will often be several stages to any service changes and it may be appropriate to engage in different ways at different stages.

* Scale and complexity of the proposed changes

Typically the more extensive and significant the proposed changes are, the more extensive patient and public involvement is required.

For example:

* A strategic proposal which has a significant impact on what, where and how services are provided is likely to require a formal public consultation process which is widely publicised to ensure all interested groups have the opportunity to have their say and share their views.
* Less significant changes in the way a particular service is delivered, such as redesigning a patient pathway, are likely to require consulting and involving all service users and stakeholders. This could take place through a formal consultation process or through a combination of service user focus groups, questionnaires and staff engagement etc.
* A minor change to an aspect of a particular service, such as changes to a service timetable or booking procedure, is unlikely to require a formal consultation process. In this situation service user and stakeholder engagement could be limited to consulting with a sample group or providing information.

If the proposal is for a substantial development of the health service or a substantial variation in the provision of the health service, this will also engage the legal duty to consult with the local authority. There is no legal definition as to what constitutes a *'substantial development of the health service or a substantial variation in the provision of the health service'*. If there is any doubt, this should be discussed with the local authority.

* Who should be involved?

The range and number of service users affected may affect the type of involvement required. Think about who is or could be affected by any proposed changes and how.

You may need to carry out a health impact assessment at the planning stage and/or undertake a stakeholder analysis to make sure that you focus your effort and resources in the most appropriate places.

Consider whether there are other organisations you could work with including other public and third sector providers, private and independent organisations, voluntary and community groups.

* Sensitivity of proposed changes

Particularly sensitive issues may require more extensive and more meaningful patient and public involvement.

* Permanence of the proposed changes

A lower level of patient or public involvement will be needed for implementing temporary changes and pilot schemes (although feedback on the operation of pilot schemes is likely to be desirable).

* Risks to safety or welfare of patients or staff

In circumstances where a risk to safety or welfare of patients or staff has been identified, this may require making decisions with limited or no patient or public involvement.

* Urgency of the proposed changes

Where timing is tight, consideration should be given to the most effective way of seeking views.

* Resources

The availability of resources may impact the choice of engagement.

It is good practice to document reasons why certain methods of engagement have been chosen over others.

**Formal Consultation**

Current guidance places a stronger emphasis on continuous engagement rather than formal consultation. Most issues should be addressed by seeking agreement through continuous and effective engagement. However, exceptionally a formal consultation process will be the most effective form of engagement, particularly where a substantial change affecting a wide range of stakeholders is proposed.

Below is a suggested process for carrying out a formal consultation. It is informed by the 'Consultation Principles: Guidance 17 July 2012' from the Cabinet Office.

Approval

Before commencing a formal consultation process a business case should be developed with an accompanying engagement or consultation plan and timeline alongside it.

This should be presented to the Trust Management Group for approval.

Steering Group

A steering group should be established once approval for a formal public consultation has been provided.

This should include a project lead, a lead clinician, patient representatives and other appropriate stakeholders.

Pre-Consultation

This is an initial step in the process of securing stakeholder input into the decision making or planning process during a public consultation. At this stage all options are considered and no option is disregarded. This process should be used to determine a range of fully evaluated proposals to proceed to formal consultation.

Pre-consultation can be a protracted process and needs careful planning and management. Matters that should be considered pre-consultation include:

* What is the respective responsibility of different NHS organisations?
* Consider joining forces with another organisation if appropriate.
* What is already known from previous stakeholder involvement
* Undertake any preliminary research or reviews
* Identify key stakeholders and means of targeting them
* Undertake discussions with key stakeholders to explore the issues, refine the options and agree which questions will be set out in the formal consultation
* Determine who should be consulted, on what and how.
* Is training required for staff who will front discussions with stakeholders and the media?
* Draft and approve consultation document
* Decide how to disseminate the consultation document.
* Decide how to record responses
* How will the outcome feed into the decision making process?
* Consider drafting decision-making criteria.
* How will results be fed back to stakeholders?
* When to conduct an equality impact assessment
* Devise a communication plan and media strategy
* What resources are needed and available?
* What is the timetable for the consultation process?
* Whether there is a need to appoint some from outside the organisation to evaluate feedback received.

Public Consultation

*Timing*

Public consultation needs to take place on proposals, not decisions. Therefore consultation should take place at a stage where there is scope to influence the outcome.

*Options for Consultation*

Options for consultation should be based on sound clinical evidence and should be in the best interests of patients.

The Trust is entitled to have identified a preferred option before consulting. Similarly the Trust can consult on a single option, although in these circumstances the Trust will need to justify why only one option was realistic. However the consultation must allow members of the public to suggest alternative options and give those options genuine consideration.

*Public Consultation Document*

A public consultation document will be produced which sets out the relevant information and the proposals. The main purpose of the document is to invite comments and allow the Trust to listen to what people have to say.

The public consultation document should meet the following requirements:

* The purpose of the consultation process should be clearly stated. It should explain why change is necessary and provide clear evidence
* It should be clear about the consultation process, i.e. what has taken place in the development of the policy prior to the consultation exercise, how the consultation exercise will be run and, as far as is possible, what can be expected after the consultation exercises has formally closed.
* It should give full contact details of who stakeholders should respond to and who to direct queries. It should explain alternative ways of contributing to the consultation process.
* Clear about the scope of the consultation exercise, is it to gather ideas or to test options? It should set out what is not within the scope of the consultation and where there is room to influence development.
* It should include a detailed explanation of any proposals including plans detailing how changes will be implemented and the consequences of different proposals on quality, safety, accessibility and proximity of services.
* Sufficient information should be provided to allow participants to make informed comments. Relevant documents should be posted online to enhance accessibility. A glossary of terms and abbreviations should be included if necessary.
* It should a clear picture of the financial implications of the different proposals.
* All questions should be as clear as possible. A mixture of open and closed questions will often be desirable.
* It should be clear about the level of information that may be made public following the consultation.
* Consider whether different forms of the consultation document are required for different stakeholders.
* It should be signed off by the Board.

*Timeframes*

Timeframes for consultation should be proportionate and realistic to allow stakeholders sufficient time to provide a considered response and where the consultation spans all or part of a holiday period policy makers should consider what if any impact there may be and take appropriate mitigating action. The amount of time required will depend upon the nature and the impact of the proposal for example, the diversity of interested parties or the complexity of the issue and might typically vary between 2-12 weeks, although longer than 12 weeks may be appropriate for a particularly significant or contentious proposal. The timing and length of a consultation should be decided on a case by case basis. There is no set formula for establishing the correct length. However bear in mind that many organisations will want to consult the people they represent before drafting a response and to do so takes time.

*Different Forms of Participation*

Consider different forms of participation alongside the formal consultation process such as:

* Public meetings;
* Public and patient user groups
* Stakeholder workshops

Post Consultation

This is the final stage of a public consultation.

The views gathered during the exercise must be analysed carefully and any decisions taken must take these views into account. A final report must then be widely publicised explaining these decisions. It is good practice to:

* Consider whether an independent analysis of consultation responses is necessary.
* Consider publishing or summarising responses to the consultation.
* Give clear reasons for decisions made. You can reach a final decision that was not one of the options put forward for consultation, but there will need to be a good reason for such a change of approach.
* If the final decision departs very substantially from the initial options, it may be necessary to undertake a second consultation.
* Recognise concerns raised during the consultation and explain how they have been addressed,
* Provide information on themes that came out of the consultation that were not covered by the questions.
* Have a clear strategy for feeding back findings to consultees and the media.
* Plan how you will continue to involve stakeholders in implementing the decisions.

The final report should usually be published within 12 weeks of the consultation closing. Where it is not published within 12 weeks, the Trust should publish a brief explanation for the delay.

**Appendix 1 – The '*Ladder of Engagement and Participation'*, based on the work of Sherry Arnstein**

Patient and public voice activities on every step of the ladder is valuable, although participation becomes more meaningful at the top of the ladder. The different types of engagement have different strengths and weaknesses.

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| --- | --- | --- | --- |
| **Type of Engagement and Participation** | **Description** | **Strengths** | **Weaknesses** |
| Devolving | Placing decision making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approaches. | Autonomous decision-making by individuals.  Empowers individuals to make autonomous decisions. | Potential for decisions which are not clinically indicated with more limited professional involvement  Only realistic in very narrow situations |
| Collaborating | Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution. For example through user groups, citizens juries. | Enables patients and the public to work together with professionals as equals.  Taps into the insights and expertise of those who are at the receiving end of public services.  Builds skills, confidence and aspiration amongst participants | Difficult to manage well when dealing with larger groups  Can appear exclusive and unrepresentative to those who are not invited to take part  Requires a considerable time commitment on the part of all participants |
| Involving | Working directly with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution. For example, through face to face or virtual discussion groups, health panels. | High level of participant interaction.  Taps into the insights and expertise of those who are at the receiving end of public services.  Increases transparency, understanding, trust and confidence in the decision making process. | Can be dependent on a skilled facilitator  Difficult to manage well when dealing with larger groups.  Participants can become less representative over time.  Can appear exclusive and unrepresentative to those who are not invited to take part    Can be difficult to gauge wider opinion - potential for one or two strong opinions to dominate. |
| Consulting | Obtaining community and individual feedback on analysis, alternatives and/or decision. For example, surveys, door knocking, citizens' panels, focus groups, shadowing, mystery shopping and a formal consultation process.  Also consider techniques that avoid the need for participants to communicate in words for example, through digital stories, video diaries, artwork and other creative means. | Can accommodate large and diverse groups  Unleashes creativity  Encourages a participant driven approach.  Flexible process  Builds better working relationships and a sense of community | Difficult to direct participants to a specific outcome. |
| Informing | Providing communities and individuals with well- balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, websites, newsletters, public meetings and press releases. | Efficient way to involve large and diverse groups.  Inappropriate for significant decisions. | No input in decision making.  Suitable for minor or insignificant changes. |

**Appendix 2 - Who Will We Engage With?**

The list below sets out a target audience of stakeholders. This list is not exhaustive and stakeholders and who do not feature should still be considered.

* Staff
* Patients
* Local MPs
* GPs
* Community organisations
* Minority ethnic groups
* Voluntary groups
* Other Trusts
* Mental health organisations
* Social Services
* Local strategic partnerships
* Older people via Help and Care, Age UK and Older People's Forums
* Young people
* People with carer responsibilities via carer groups
* Hospital charities
* Trust volunteers
* Local Councils
* Disease Specific Groups
* Wider public
* Media
* Healthwatch
* Local Health and Overview Scrutiny

**Appendix C**

**A checklist for Planning Involvement Activity**

* Have a dedicated budget
* Identify a lead person and/or dedicated team of people to both plan and do the work
* Agree the principles for how the team will work together, who will do the work and who will make the decisions
* Identify a senior clinical lead who will make sure that other clinicians are involved in developing the proposals and who is prepared to work with the team, other staff and stakeholders, including users, throughout the process
* Make sure that the chair and board are informed and, if appropriate, actively involved at every stage in the development of any proposals that may be consulted on and that they are prepared to take an active role
* Make sure that the right people are involved and that your process is as inclusive as possible. To do this identify the services that will or may be affected by any of the changes you are considering and where necessary undertake a health impact assessment and stakeholder analysis. Consider involving local authority and social services officers in this work.
* Involve Healthwatch
* Draft an involvement plan and communications strategy that are integral to the service planning process and appropriate to the scale of the proposed change
* Make sure that you have effective communications processes in place to respond to and where necessary correct any misleading information that enters the public domain, and to publicise the involvement process
* Make sure that you are planning to use a range of innovative and creative ways to involve users, particularly those who are 'easy to overlook'.
* Be clear about:
* Who you are going to involve;
* What it is that you are going to discuss;
* What information you need to give people at the start of the process to assist them to engage in the discussions; and
* What points you are asking people to give their views on
* Think how to explain clearly to users what you are involving them in, in a way they are likely to understand. Try to think about what questions you would ask if you were in their place. Use plain English in documents and correspondence and take advice from community leaders about translating written material.
* Have systems in place for capturing and analysing feedback;
* Plan who is going to make the decisions and what decision-making process will be at each stage.