NHS
Lancashire and South Cumbria
Integrated Care Board

Lancashire and South Cumbria ICB Insight, Co-production and Engagement Guide:

a guide for commissioners, PCNs and engagement professionals

Introduction

> “Public Involvement is an essential part of making sure that health and care services are delivered effectively. By reaching, listening to, involving and empowering our people and communities, we can ensure that they are at the heart of decision making. The NHS in Lancashire and South Cumbria is committed to putting our population’s needs at the heart of all we do.”

Working with people and communities strategy: A strategic approach to
public involvement for Lancashire and South Cumbria ICB

The working with people and communities’ strategy for Lancashire and South Cumbria Integrated Commissioning Board (ICB) embeds public involvement and engagement into the heart of the ICB’s decision-making and commissioning processes.

Engagement is often an afterthought, but if we make high quality engagement part of our culture, the benefits will be numerous. This not only best practice, it is also a statutory duty of the ICB.

The ICB communications and engagement team will be the main contact for any ICB engagement and should be consulted prior to any public engagement. They can also offer support and advice and training to primary care to help with any engagement being considered.

This toolkit provides practical advice on how to go about public engagement and make it an integral part of health service at all levels and at all stages of the commissioning cycle and processes.

Governance

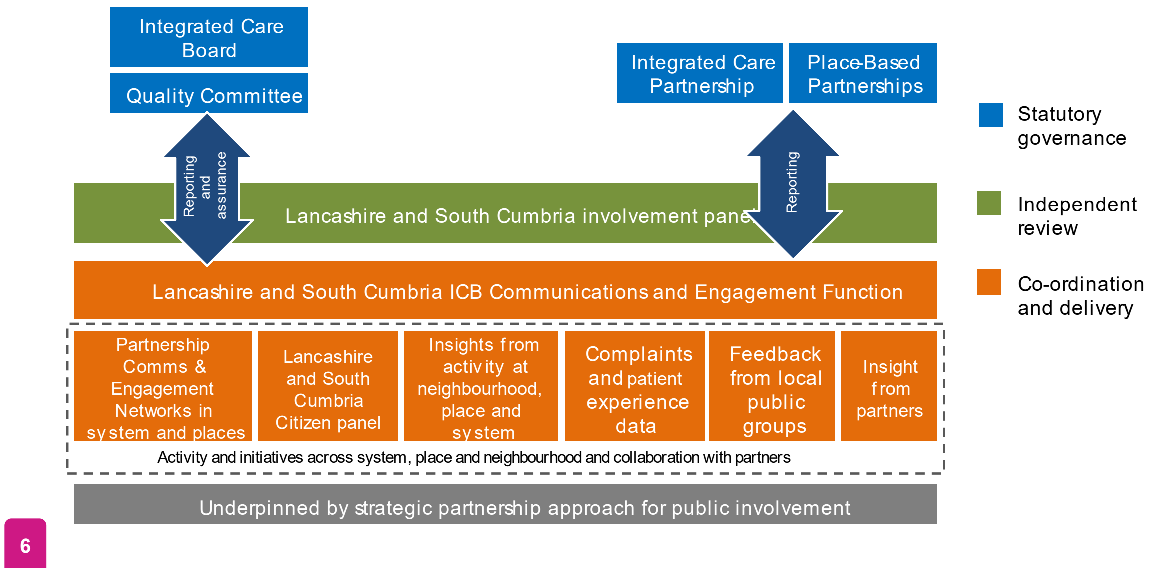
Engagement is part of the process of the ICB (Principle1) and a governance approach has been established.

The communications and engagement function will be responsible for preparing engagement reports to service leads and to the Public Involvement and Engagement Advisory Committee (PIEAC), a sub-committee of the ICB Board.

Engagement will be considered by an involvement panel made up of partner organisations, equality leads and interested VCFSE organisations. The panel will agree the approach to engagement and validate any recommendations.

Engagement reports and recommendations will be presented to the ICB quality committee, the PIEAC, and, or to the body that commissioned the engagement, and escalated to the ICB board for review and action where needed or necessary. They will also be shared through place-based partnership boards. (See structure below).

How we will work to deliver effective public involvement



Why engage

We should be engaging with service users and our population at all stages of planning and delivery of services. Engagement can help with designing and shaping a service, and it can identify problems with service delivery and patient and carer experience. It can also help monitor a service to ensure it is meeting the needs of service users. Furthermore, Integrated Care Boards have a statutory duty to involve and consult the public.

The best type of engagement is what we call “gold standard engagement”, which ensures the voice of the patient and the public is heard and acted upon throughout the commissioning cycle.

Involving people and communities isn’t always easy and can take time but when undertaken well it provides opportunities to improve patient safety, patient experience and health outcomes, and can support people to live healthier lives.

When done badly, the consequences of poor engagement include:

- Loss of trust, damaging relationships with service users and stakeholders.

- A service that does not fully meet patient needs, leading to poorer patient outcomes.
- Community campaigns against proposals, including negative media coverage.
- Judicial Review in court – which is not only time consuming and very expensive but which can overrule commissioning decisions if it finds the organisation has not followed the correct procedure in reaching it.
- Reputational damage to the health and care system.

Principles of engagement

NHS England, in its guide to engagement, refers to ten principles of engagement. In Lancashire and South Cumbria these ten principles have been reviewed and amended based on feedback from the development of our people and communities strategy for the ICB, and aligned to principles in place in the previous CCG organisations. The following are the ten principles of engagement for Lancashire and South Cumbria ICB.

1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.
2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.
3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.
4. Build relationships with excluded groups, especially those affected by inequalities.
5. Work with Healthwatch and the voluntary, community and social enterprise (VCFSE) sector as key partners.
6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
7. Use community development approaches that empower people and communities, making connections to social action.
8. Use co-production, insight and engagement to achieve accountable health and care services.
9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.
10. Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.

Levels of engagement

There are five levels of engagement, which will be discussed in more detail in section two of this document.

INFORM

- Telling people about developments.
- Raising awareness of services.

LISTEN

- Using insight from what people tell us.
  - EG complaints and Healthwatch reports.
  - EG surveys

DISCUSS

- Actively seeking to discuss plans with dedicated groups of people, seeking their views and using their feedback to shape work.
  - EG focus groups

COLLABORATE AND CO-DESIGN

- Including groups in the design process so their ideas are an integral part of the planning and development of work.
- Allowing groups to be involved in the implementation of plans.

EMPOWER

- Working with people and communities to help them with asset-based community development where they have control of health and wellbeing in their communities.

SECTION 1: Key considerations

What do we already know?

People have told us they hate being asked the same questions repeatedly. This fuels consultation fatigue, and response rates become diminished, impacting on future engagement. An engagement plan should have a section explaining what information we already have, what we already know and why further engagement is necessary.

1. Previous engagement

The ICB communications and engagement team is building a repository of previous engagement that has taken place over the last three years. This should be referred to and any relevant information extracted so that a plan to gather and collect new information can be created. The previous engagement may not have all the answers but combined with other operational data it is possible to make certain assumptions.

A key part of our process is our Insight Lab; a method of reviewing what we know about a given matter through previous engagement and triangulating it with insight and data from other parts of the system. The Insight Lab will review this prior to the establishment of any engagement.

We work in partnership with other organisations, and those organisations may have previous engagement that may also be useful.

2. Ad hoc feedback

The ICB complaints team will monitor complaints and use their systems to pick out themes to search through past feedback on a particular subject. Primary Care Networks (PCNs) can request this from the ICB but should also keep records of their own feedback. The Insight Lab will also compile other forms of ad hoc engagement. These include:

- MP, councillor, parliamentary queries and issues;
- traditional and social media coverage;
- partner feedback and insights from their engagement;
- informal feedback from internal and external stakeholders;
- local, regional and national reports, and public health and performance data; and
- Healthwatch insight and data.

Which system level?

1. Neighbourhood / PCN

Some engagement will need to happen locally, as it will support a local issue. Some will be in support of wider place-based engagement, which PCNs can feed into.

Where engagement required is at a practice, community or street level, local knowledge and relationships are key in gaining insight, fostering trust and goodwill, and involving those not always reached in broader engagement activities. Much of this requires continuous involvement and dialogue.

Neighbourhood or PCN related engagement should be able to call on the support of the wider system engagement team, and to be able to use volunteers and existing stakeholder groups.

2. Place

Place-based level engagement activity will be required where services are arranged on a town/borough basis. Place-based engagement is both a vital component of our engagement activity and an engagement level of its own. Engagement from neighbourhoods/PCNs can be pulled together at place-based level, and system wide engagement activity can be channelled through place-based teams.

Stakeholder lists and a robust and up to date directory of providers, organisations and contacts across partner organisations are vital tools to support engagement and involvement at the place-based level.

3. System – Lancashire and South Cumbria

This is the strategic level where the general approach and standards for public and patient engagement are identified and implemented. Engagement may be steered at the Lancashire and South Cumbria level, but it can be effective when delivered in collaboration with place-based and neighbourhood levels.

Formal consultations, regional service transformations and national changes are likely to be delivered at this level. Specialist resources, efficient and effective ‘do-once’ at scale activities and ICB/ICS (integrated care system) level engagement reporting are other features of this level of engagement and involvement.

Timing

1. When to start

Engagement should begin in the planning stage - engagement can be used to recognise a need to review a service or in the early consideration of options. Initial engagement can take place with already interested parties; you don’t necessarily need wider public engagement immediately.

When consulting the public, a balance needs to be made between having sufficient information for them to consider and not leaving it too late that making a meaningful difference to the work is no longer possible. Where a decision needs to be made then some level of engagement should take place to inform that decision.

In urgent situations, we should consider the duty to involve the public alongside the public interest in maintaining continuity of care and protecting the health, safety or welfare of patients or staff. It is reasonable to justify carrying out limited (or no) public involvement on grounds of urgency, where there is a genuine risk to patients or staff. NB: In the six-week period before general and local elections and national referendums specific restrictions are placed on engagement and communication activity. This used to be known as purdah and is 'a period of sensitivity' now known as the pre-election period.

2. Project planning

Different levels of engagement may be required at different stages of a project. Project plans must take this in to account and factor in time to allow for sufficient engagement and post engagement (analysis and report writing) activity. At the very minimum a simple survey should be allowed to run for at least 30 days.

Audience

There are many diverse groups in our communities - what works for one group might completely fail to engage another group.

1. Equality

Public authorities including ICBs, NHS trusts and NHS England are required to comply with the public sector equality duty of the Equality Act 2010. Public engagement must by law reach all sections of the community, be inclusive, and take full account of known barriers to equality and inclusion, including differences that arise from the diversity of the population. You can ensure you meet these requirements by doing an equality impact assessment (EIA) of your engagement activity. Speak with the equality and inclusion team for support with this. While the Equality Act refers specifically to the groups with protected characteristics, there are also other communities such as inclusion health groups that should be considered and included within engagement, such as socio-economic groups.

Some tools to help you include:

- The Health Equity Assessment Tool.
- The Equality Delivery System for the NHS.
- Local Joint Strategic Needs Assessments (JSNAs) - Lancashire, Blackburn with Darwen, Blackpool, Cumbria, public health intelligence and information from the local authorities and VCFSE.
- Mosaic Public Sector classification system, often used within local JSNAs.
- Aristotle and Nexus (need the definitive links to these).

In practical terms this means recognising that not every type of involvement reaches nor works for everyone and so you may have to carry out a range of activities to reach the groups you need to. For example, it may mean using accessible venues for meetings, making reasonable adjustments or specific efforts to ensure disabled people, autistic people and people with a learning disability can participate. It is also very important to remember that as well as the more obvious sensory impairments, mental ill health, digital exclusion and economic disadvantage can be real and enormous barriers to involvement and being heard.

Level of understanding

Engagement information must be accessible. We must remember that we work within a world that is a minefield of technical terms and acronyms. We are fully aware of the processes and governance of the NHS but the people we engage with will probably not have that level of understanding. For their engagement to be meaningful it must also be fair and that means making sure they have all the information they need to make informed opinions. At every level of engagement, we must factor in provision of information and time to reflect on information and form an opinion.

Language

As above we need to make sure people can understand what we are asking them and that means using language that is appropriate for them.

Stakeholders

Not all pieces of engagement and involvement need to reach everyone. Some will be aimed at a specific audience. Whatever the agreed audience is, the stakeholders should be identified. A team within the communications and engagement function has a specific remit to identify, develop and maintain the ICB's wide range of stakeholders. Equality and inclusion colleagues identify the groups that may or will be impacted by any service change or development via their equality impact assessments, and should be referred to when undertaking engagement activities. Different stakeholders may require different approaches. Below are some of the stakeholder groups within Lancashire and South Cumbria.

1. Citizens panel

The ICB has an established citizen's panel that we regularly share news and opportunities to engage with using both structured (newsletters) and ad hoc approaches, as needs arise. You can contact the ICB communications and engagement team to submit an item for the newsletter. There are over 1,000 citizens panel members from across Lancashire and South Cumbria, but this will continue to evolve and broaden its representation over time.

2. Patient participation groups

It is a contractual requirement for every GP practice to have a Patient Participation Group (PPG). The form a PPG takes is not specified and this provides flexibility for practices to work in partnership with people and communities in ways that best support the practice populations.

The ICB has a network of all PPG members with which we can share information and ask for opinions and feedback. For PCN level of engagement, the PPG is one of the main ways primary care have engaged with people and communities, but it should not be the only approach if it does not reach diverse groups, for example, people with the worst health inequalities or people not accessing the services.

3. Partner organisations and their groups/contacts

The ICB communications and engagement team is increasingly working with partners to involve and encourage participation from people and communities at the grassroots level. The team is also building relationships with a diverse group of community leaders. These methods of engagement are evolving and are a vital part of developing sustainable stakeholder relations.

4. Place based patient and public groups

Each of the place-based teams will also have their own groups and memberships schemes, often patient or condition focused, many of which are shared with partners such as the local authorities or hospital trusts. The inclusivity and diversity of these groups tends to fluctuate over time, but they continue to be vital sources of involvement and feedback.

5. Staff

Staff outside of the communications and engagement function can be an under-used and overlooked stakeholder group. Staff have a multi-layered role to play in engagement, whether directly or indirectly. Having a knowledgeable workforce is useful because they often have regular contact with patients and other stakeholders and are able to cascade information. Staff also need to understand the role of engagement within the ICB and its partners and how this fits into and forms part of their own role.

Promoting the engagement opportunities

Arrangements for public involvement should be promoted and publicised. Organisations should publish at least the following information on their website:

- Involvement opportunities, consultations, and public meetings.
- Details of how to make complaints and comments.
- Links to local Healthwatch.
- Links to other relevant local organisations such as district councils.
- Details of previous engagement reports and the actions that have been taken as a result (You said, We did).

Every engagement opportunity is different and depending on your audience different methods of promoting opportunities can be adopted. The ICB communications and engagement team can support with:

- press releases
- newsletters
- web content
- social media content and social media advertising, and
- design.

You should also consider the location of promotional materials. The ICB has contacts that can arrange materials to be displayed in many different locations, including local authority buildings, hospitals, retail, public transport, community centres, GP practices, pharmacies and dental surgeries.

It is crucial to remember that all public consultation and engagement exercises must be brought to the attention of local Health Overview and Scrutiny Committees (there is one in each Place), who have the authority to challenge the ICB if they feel sufficient engagement is not planned or taking place, or will not reach the people it needs to.

Reporting and evaluation

Once a piece of engagement is complete a report should be prepared outlining the analysis of that engagement. It should make clear:

1. dates and timescales of the engagement;
2. what engagement has taken place;
3. a breakdown of the participants;
4. themes and findings of the questions and discussions;
5. recommendations; and
6. next steps.

Adequate time needs to be built into the engagement process to ensure the results of any engagement activity can be thoroughly analysed, themed, and reported.

Closing the loop

Websites should have a page demonstrating what action has been taken as a result of feedback. Feeding back on the results of participation can help people to feel valued and encourage them to be involved. Feedback should show how views have been considered and how they have impacted (or not) on decisions.

Where possible engagement findings from primary care should be shared with the ICB so that the insight can be shared with other areas and be included in any future projects where the insight is helpful.

Managing the evidence of engagement

As well as considering the reporting of the engagement, it is important to consider the retention and accessibility of the evidence generated from the engagement activities undertaken. This is particularly important if the engagement is challenged. All data should be retained securely in line with information governance.

Budget

As with all projects, good engagement requires a budget. Items a budget may be required for are:

- Targeted advertising of an engagement opportunity.
- Creation of creative promotional materials.
- Translation services.
- Commissioning Healthwatch to conduct surveys or focus groups.

- Hire of venues for meetings and events.
- Hire of BSL signers and other professional or technical support as required.
- Refreshments for participants.
- Out of pocket expenses for participants.

Risks involved

There are numerous risks and challenges around public engagement. Some of these risks and challenges have already been addressed in this document. A loss of trust, a service that does not fully meet patient needs or provide a good patient experience, protests and judicial reviews can all arise from not engaging or consulting and/or if the engagement exercise is not done well.

Other risks and challenges include:

- Time and planning – not giving sufficient time to undertake meaningful engagement, or to allow participants to consider the issues, get involved and respond; not providing enough time to allow the full engagement process to be completed effectively.
- Representation – Many people just don't want to engage. You must make sure engagement is meaningful and representative of the population.
- Tokenism – both the above can lead to a tick-box exercise done too late to be meaningful, or even worse, after a decision has been made.
- Organisation buy-in. Engagement is the responsibility of the whole organisation. The public and patients wish to engage with the organisation and its decision-makers, not just engagement advisors. Great engagement can fall at the final hurdle if decision makers don't understand its importance.
- Challenges to the engagement itself. It is important that engagement is well planned and the rationale for each type of engagement is explained.
- Increased media attention. Service change will attract media attention as to why it is being changed or what is perceived to be wrong. must be planned and coordinated by the communications team.

SECTION 2: Guidance for the five levels of engagement

In this section we will look at more practical guidance on each of the levels of engagement.

Inform

What is it?

Providing information about services or decisions that are going to be or have been made, based on local or national direction.

Information should include:

- Details of the activity, including how to access any new service or function and how to feedback in the future.
- Explanation of the decision-making process.
- Options available (if applicable) and reasons for them.

Who is involved?

This is dependent on who is affected by the project. If it is a specific cohort of people, for example, those accessing a particular clinic, then the information only needs to be shared with people in that cohort and interested parties. However, all groups should be considered and you may want to think about patients, their families and the general public, VCFSE groups, partners, media, patient groups and regulators.

Common methods

It is advised to consider the best methods for your audience, and you may need to think outside of the box to make information accessible. As a minimum you will need to consider:

- Issuing a press release.
- Creating a web page and using social media.
- Using ICB and partner newsletters.
- Writing to VCFSE groups.
- Notifying Healthwatch.

Listen

What is it?

This is a simple and effective way of gathering information to inform decisions.

Common methods

- Surveys
- Face to face questionnaires
- Previous complaints and feedback

How to do it?

Accessing previous engagement and complaints is outlined in section 1.

When creating a survey, consider:

1. Ask relevant and minimal questions.
2. Use short tick box questions but provide opportunity for comments.
3. Don’t make the survey too complex.
4. Phrase your questions carefully and as simply as possible.
5. Don’t use leading questions. The engagement needs to be unbiased.
6. Do not request unnecessary personal identifiable information; check with Information Governance if you need to collect any personal identifiable information, as this falls under the Data Protection Act 2018 (GDPR).
7. Make sure the responses are representative of the population, using standard equality and diversity questions.
8. Sense check your survey with other people.

Discuss

What is it?

This is the consultation stage and it is supported by informing and listening. It allows opportunity for people to openly discuss and feedback their views on a proposal.

Why do it?

- An open discussion results in better relationships with those affected by proposals
- A more in-depth understanding of views and a better-informed decision.
- There are some circumstances where consultation is a legal requirement.

Common methods

Out of the box thinking is always good but the tried and tested common methods are:

- Art of Hosting and similar methodologies
- Face to face meetings
- Focus groups and Patient Participation Groups (PPGs)
- Online meetings, jamboards / interactive feedback sessions
- Roadshows

How to do it

Event guidance can be provided by the communications and engagement team, but consider:

1. Your target group.
2. What information you want to gather and how you will gather it.
3. How many events you need and accessible venues close to public transport.
4. How best to deliver – online or face-to-face, focus group or roadshow.
5. Consider using an Eventbrite system to allow people to register.
6. Times and dates – can those who work / have childcare commitments attend?
7. Who will facilitate?
8. How will you promote events – press release, social media etc.
9. Discussion materials needed.

Other considerations:

- A formal consultation should take at least three months.
- Inform key stakeholders – local Health Overview and Scrutiny Committees must be informed.
- Speak to your audience on their level, using language they will understand, being empathetic, using translators where necessary.
- Be approachable.
- Offer refreshments.
- Check venue technology available and test technology beforehand.
- Risk assess the venue.

Collaboration / co-design / co-production

What is it?

The highest level of engagement - the gold standard we should strive for. NHSE and the Coalition for Collaborative Care define co-productions as:

> "Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective."

Why do it?

It taps into the unique knowledge and experience of patients, carers, and providers. It helps design services that work for users on a personal, social and practical level as well as the clinical, which means that services are more likely to be effective and deliver more robust health outcomes. The coalition for collaborative care lists the following benefits:

1. It's better for patients to be actively involved in their care.
2. You get better outcomes.
3. It's better for health care professionals, whether these are health provider staff or commissioners.

It also promotes self-care, enabling patients to better understand their own health and to live more independently, placing less demand on health care services.

How to do it

It usually involves bringing a range of service users and professionals together to understand people's needs, examine how well they are currently met, and develop ways to meet them more effectively. Typically, service users will have most to contribute to the understanding phase, and professionals will be better able to propose robust solutions, but there is shared responsibility and commitment throughout the process.

The methodology is much the same as the discussion level but decisions are made by collaboration, and key actions must be agreed between the professionals and those being engaged with.

Special considerations?

- This process can take much longer. Allow months for this to be successful.
- Always include the most senior person available such as a chief executive.
- Be prepared for some very hard-hitting questions.
- Remember all questions are relevant and you should be prepared to provide answers honestly. If you can't answer, ensure you send a response later.
- You must be patient, open, honest and commit to taking co-produced actions.

Empower

What is it?

Helping people find ways to develop and influence services for their community. Providing help and support to develop communities, and people within them, so that they can take more control to improve their own health. This is another gold standard level of engagement, but it may not always be achievable for all projects. It is well suited for Place or PCN system level.

Why do it?

Local people who know their neighbourhood often have the skills and credibility to influence the factors that contribute to health and wellbeing in their own community.

How to do it

This is achieved through health education and promotion, involvement and empowerment.

- Establishing health champions.
- Up-skilling community members to work within their own community.
- Participatory budgeting – those engaged with are given control of elements of the budget to spend as they see fit in their communities.

This aspect of public engagement works well with public health and Asset Based Community Development (ABCD). It develops the skills that already exist within communities. As we work more in partnership this will become more of a focus for population health management and therefore PCNs, the ICB and its partners.

Special considerations?

- Empowerment is the next step on from collaboration and co-design. It will take time to be achieved. The public involved need to know what's in it for them?
- Professionals can often see empowerment and the community-as-equal-partners as a challenge to their role.
- Empowerment is not abandonment: - a continuing dialogue is vital, and an element of monitoring is still necessary.
- Communities change and people move on - not all health issues can be resolved by reaching this level of engagement and involvement.

Meaningful engagement with and the involvement of patients, carers and their communities will be essential if the ICB is to put them at the heart of decision-making. This toolkit provides practical advice on how to go about public engagement and make it an integral part of health service commissioning at all levels.
Health care providers and other partners can also use it to plan how they will learn from service users and communities.

This toolkit is dynamic and will develop over time, but we will endeavour to ensure it remains relevant to the NHS, its commissioners and the people they serve.