United Lincolnshire Hospitals NHS
NHS Trust

To:	Trust Board
From:	Lucy Ettridge, Associate Director of Communications and Engagement
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Title:	ULHT approach to meaningful public engagement

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Purpose of the Report: To provide the Board with an overview of ULHT's approach to engagement and to improve an enhanced approach.

The Report is provided to the Board for:

Information		Assurance	

Summary/Key Points:

- This paper sets out how ULHT currently approaches meaningful public engagement, and how this approach will be enhanced starting with engagement on our 2021 strategy over the autumn.
- As well as setting out our principles that govern all engagement, this paper sets out our legal duties in light of recent clarification from NHS England.
- We engage widely now, but as it can sometimes feel ad-hoc this paper outlines how we will do this more systemically.
- To develop our approach, we are building in the patient voice into our decision making and the governance structure of the Trust.

Recommendations: to approve the approach.

Strategic Risk Register	**Performance KPIs year to date**

Resource Implications (eg Financial, HR)

Assurance Implications

Patient and Public Involvement (PPI) Implications: will ensure more inclusive, widespread engagement

Equality Impact. Help organisation to meet equality duties

Information exempt from Disclosure

Requirement for further review?

ULHT approach to meaningful public engagement

1. Introduction

This paper sets out how ULHT currently approaches meaningful public engagement, and how this approach will be enhanced starting with engagement on our 2021 strategy over the autumn.

As well as setting out our principles that govern all engagement, this paper sets out our legal duties in light of recent clarification from NHS England.

As set out in ULHT's annual communications and engagement plan, two of six objectives are to:

1. Embed communications and engagement as a key part of any service development, quality improvement, transformation and change programme.
2. To ensure our engagement is inclusive, robust and provide meaningful data, so that Lincolnshire's diverse communities have opportunities to become involved with the Trust.

2. What do we mean by engagement?

We use it as an umbrella term for the numerous words and phrases used to describe collective conversations with the public on shaping and influencing service provision, strategies and polices. This includes involvement, participation and consultation.

We make a distinction between individual engagement and collective engagement. Individual engagement might be having a patient rep on a committee or having a one-to-one on a specific issue. This form of engagement is important but limited. To ensure we understand the needs of patients and community groups, it is important we undertake collective engagement alongside individual engagement.

This paper sets how we engage the public rather than our broader engagement with staff and stakeholders. Our communications and engagement team works closely with the staff engagement team to ensure work is coordinated.

3. Context

There is a legal, and moral, duty on the NHS (providers as well as commissioners) to "involve" the public and patients in decision making. There is no legal duty to consult. The NHS's definition of involvement covers a spectrum which includes providing information.

Legal duty

The legislation (section 242 under health and social care 2012 – updated from the 2006 act) says NHS trusts are all under a duty to make arrangements to involve patients in:

- the planning and provision of services;
- the development and consideration of proposals for changes in the way services are provided; which would have an impact upon the range of services available or the manner of their delivery and
- decisions affecting the operation of services (change at the point they are received by patients).

This applies to change of location including for example, the move of services from hospital to the community, or move from one ULHT hospital to another.

There are also four Gunning principles which should govern the process – ie involving at a formative stage. These principles say organisations need to be open about the process they use to reach their decision. The emphasis is on 'fairness' and the process must be substantively fair and have the appearance of fairness.

There is also the need to show due regard to the Public Sector Equality Duty (PSED). In meeting this duty, it's important the needs of people within the nine protected groups are considered and steps are taken to meet their needs, both in engagement and service delivery.

There is no legal duty to carry out a full 12 week consultation exercise. But in the latest NHS England guidance (see below) it is advised that organisations seek the views of Health Overview and Scrutiny Committees (OSC) if consultations are for less than 12 weeks. It's also important to point out consultations are not a referendum. We have to apply a sense of proportion, i.e. there's no need to engage 10,000 people over 12 weeks on a proposed change that affects 150 people. If it's a small, non-contentious service that is affected then going to Health OSC and Healthwatch and informing patients would be suffice.

4. Updated NHS national requirements

The guidance from NHS England (*Engaging local people: a guide for local areas developing Sustainability and Transformation Plans, September 2016*) published in September, developed with many national organisations including the CQC and NHS Improvement, is the most up to date guidance available on the NHS's duty to involve and/ or consult.

Although it is intended as a guide on meeting the duty on developing STPs, it helps to clarify responsibilities on involvement, in particular on proposals for service change.

The main points relevant to ULHT as a provider are:

- It is essential that engagement is documented and agreed through governance structures, and that there is an audit trail of the activity that has taken place, including questions raised and the response to them.
- There's a requirement to consult the local authority (OSC) on substantial developments or variation in health services. It is also important that proposed consultation processes and options be tested with local stakeholders such as scrutiny committees.
- Providers must have regard to the views, reports or recommendations received from local Healthwatch. They are also required to acknowledge and respond to such reports or recommendations
- When undertaking consultation on proposed service changes, trusts need to have:
    - an outline of how previous engagement has contributed to developing the content of the consultation;
    - clear information on the range of options being proposed, including if appropriate an explanation of why one option is preferred (legal requirement still applies if only one option);
    - a detailed plan for reaching all those who will be affected by proposed changes, including staff; people who use services, their families and carers, voluntary sector; equalities protected groups using a range of engagement channels; and
    - An effective approach to informing the media.

On cases where an organisation doesn't consult. The guidance says:

“It will only be reasonable to justify carrying out a limited or no public involvement exercise on grounds of urgency when the lack of time was genuinely caused by an urgent development or where there is a genuine risk to the health, safety or welfare of patients or staff. In such cases, local organisations must balance legal duties to involve and consult with maintaining continuity of care and protecting patients or staff”.

5. ULHT engagement principles

In planning and carrying our engagement, the following principles will be followed. As well as covering best practice, the principles will help the Trust to meet statutory duties while upholding ULHT’s values.

1. We will engage people early on in our decision making processes.
2. We will be clear and concise, and all engagement will have a purpose.
3. Engagement will be targeted to people who use services and people in protected groups.
4. We will use the most appropriate tools and methods for each audience.
5. Engagement will be representative. We will take time to involve hard to reach groups and the most vulnerable people. We will use accessible formats and ensure equality of opportunity.
6. We will go to out to external groups; we will not depend on them coming to us.
7. Digital communications will complement, not replace, traditional methods.
8. Engagement will be an ongoing process, not a one off exercise.
9. We will evaluate all our work – do more of what works well and stop what doesn’t.
10. We will work with our partners to avoid duplication and overload for the public.
11. Work will be directed by, and support the delivery of, strategic priorities and it will be proportionate.
12. We will learn from and apply best practice.
13. We will meet our responsibilities under Equalities Act, 2010 and statutory responsibilities under section 242.
14. ULHT will listen, and hear, what people tell us and we will feed back – so people will understand the impact of their views.
15. ULHT will recognise and record people’s contributions.
16. We will recognise the difference between individual and collective engagement.
17. Carers will be supported and involved.
18. We will work with the staff engagement team to ensure public and staff engagement is coordinated.

6. Key audiences

The following key audiences will be considered in our engagement work

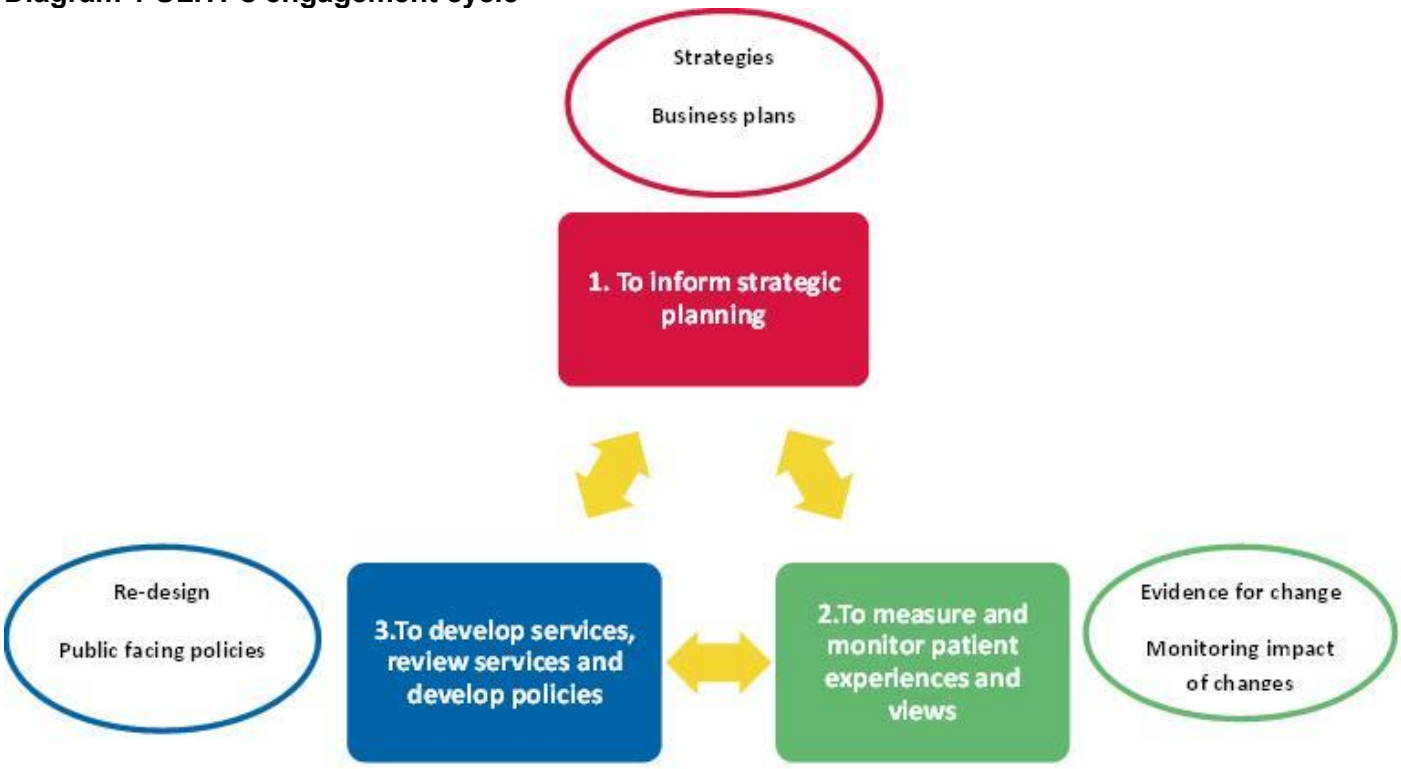
1. Public including those in hard to reach groups
2. Patients
3. Carers
4. ULHT members
5. Healthwatch Lincolnshire
6. Lincolnshire’s health scrutiny committee
7. MPs and local councillors
8. Providers and commissioners

7. ULHT approach

We engage widely now, but as it can sometimes feel ad-hoc this paper outlines how we will do this more systemically. To develop our approach, we are building in the patient voice into our decision making and the governance structure of the Trust.

Our engagement is carried out for three purposes which in turn will be different stages (shown in diagram one). This is not a linear process and engagement can be started at any stage. For example, the first purpose of engagement may be collecting evidence on change which includes looking at patient experience data such as FFT surveys and complaints, which will then prompt a service review, and once service changes have been implemented, impacts will be monitored via seeking views of patients.

Diagram 1 ULHT's engagement cycle



All trustwide business plans and strategies will be developed by engaging key audiences.

As a rule, the greater the extent of changes, or scale of the project, and number of people affected, the greater the level of engagement will be carried out to achieve an appropriate and proportionate level of engagement. The methods used will be tailored towards the people being engaged – this will include online and face to face techniques, quantitative and qualitative.

The majority of corporate projects/strategy development and Trust Board level committees involve at least individual engagement in the form of a patient rep(s). This is to ensure patient views shape plans at an early stage and even co-design work.

Services and service developments will be monitored by looking at complaints, patient surveys and online comments such as Patient Opinion.

To help provide an audit trail of engagement, all papers that go to CEC and Board which fall into any of the phases shown in diagram 1 will include how public and patients were engaged in the covering sheet accompanying the paper.

8. 2021 plan engagement

To fully practice what we preach, there's a comprehensive plan to engage staff, stakeholders and the public on our draft 5 year plan – ULHT 2021.

In summary, the key points are:

We will publicise the engagement with the help of local media and also hold conversations on Twitter and Facebook using a hashtag such as #My2021idea.

a) Methodology

To target the right methods to the right audience, we will tailor methods according to the group. We will engage in phases which are chronological but which will overlap.

Before we launch our plan, we will carry out pre-engagement with stakeholders such as Health and Wellbeing Board/HOSC members and Healthwatch Lincolnshire to discuss the plan, test messages and seek support for our approach.

It is proposed the engagement has four distinct phases which are chronological but also overlapping.

1. Phase 1 –Briefings and direct communications with staff, and then stakeholders:
    - Direct email from Jan and executive briefings with staff.
    - Letters sent out to our stakeholders on the publication of the open consultation on our draft 5 year plan. Open invitation to present at committees during the fieldwork period.
    - Engage Trust committees, internal management meetings.

2. Phase 2 – Locality forums/discussion groups:
- Debate with four locality forums. To include context setting presentation, followed by facilitated group discussions on the key themes.

3. Phase 3 – Public launch/ quantitative phase, county-wide engagement- online surveys and social media conversations:
    - Promote summary strategy on ULHT website and online survey via press release, case studies and media briefings.
    - Social media conversations on different themes – including live twitter Q&As using the agreed hashtag.

4. Phase 4 – Qualitative phase:
    - To collect rich, qualitative data, focus groups will be undertaken with segmented groups on the themes within the plan. This work will complement the quantitative, county-wide engagement. We will carry out focus groups on themes, with homogenous population groups. This segmented approach will help to understand different patients' needs. Suggested themes could be:
        - Waste and saving money.
        - Redesign of clinical services.
        - Quality – 7 day services.

    - Workforce.
    - Staff engagement – focus groups with staff (not survey).
- Population groups could be:
    - Eastern European populations.
    - Carers.
    - Elderly people.
    - Young people.
    - Condition specific patient groups ie. heart and mobility.
    - University students.
- Attend patient group meetings such as Healthwatch Lincolnshire, GP practice patient groups.

Lucy Ettridge, Associate director of communications and engagement, September 2016.