Patient and Public Participation

Requirements in developing
Sustainability and Transformation Plans

May 2016

Five Year Forward View

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Expectations around Patient & Public Participation in developing and delivering STPs

This short guide highlights the key expectations around patient & public participation in Sustainability and Transformation Plans (STPs). It helps you think through what you should consider at different stages, from developing your plan, iterating post-June and implementation.

Patient and public insight and participation are fundamental to transformation STP areas aim to deliver. NHS England, Clinical Commissioning Groups and Foundation Trusts all have clear legal requirements on this (see Annex 1).
STP footprints should be aware of these responsibilities and follow relevant guidance when developing and implementing their plans.

Key questions STP footprints should consider in developing and implementing STPs:

1. Does the plan draw on existing sources of patient insight?
2. How will local patients and communities be involved in development of the STP?
3. Have responsibilities and an approach for developing public participation in the STP process been identified?
4. Is the plan for public participation aligned to the governance arrangements for the STP?
5. How will the voluntary, community, and social enterprise sectors be involved in development of the STP?
6. How will the finalised STP be shared with local stakeholders, including patients and the public?
7. What impact has there been from patient and public participation?
8. How is feedback on changes made from public participation been provided to those who have been involved?
9. How will the public continue to be involved in its high level implementation and review?
10. In particular, for areas of service redesign and change, are there robust plans for public participation, with leadership and resources clearly identified?
11. Does the STP identify where formal public consultation is likely to be needed on major service change proposals (including realistic timescales and resources for this to happen)?

Using patient insight

❯ **1. Does the plan draw on existing sources of patient insight?**

Plans should be informed by existing insight about patient experience and outcomes, to help understand:

- how local performance compares to similar organisations and national average
- local areas of improvement and deterioration in services
- where patients experience the worst of services (and which groups)
- the most important local and national issues for different patient groups
- issues that are frequently arising in local services
- current health and wellbeing needs of the local population

> **Top tip:** national surveys allow areas to benchmark against national average, show trends over time and demographic differences, to help identify problems.

Sources of insight include:

- National surveys, such as the GP Patient Survey and the Inpatient Survey
- Local engagement by CCGs, providers, local Healthwatch and other STP partners
- Local surveys, including those carried out by providers, CCGs, Local Healthwatch or local authorities
- Complaints data from STP partners
- Friends and Family Test (Open text FFT feedback is a source of regular patient comments. The response rate provides an indication of how well frontline services are engaging in feedback collection)

- Intelligence from local and national patient organisations and charities
- Unprompted feedback via online tools, such as NHS Choices and Patient Opinion
- Social media, such as on Facebook and Twitter
- Data about staff experience (Staff Survey and Staff FFT) may also be used to help contextualise this insight
- Joint Strategic Needs Assessments
- CQC inspection reports
- Local scrutiny committee reports

Patient and public participation in the development of the STP (1/2)

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> 2. **How will local patients and communities be involved in development of the STP?**

As part of the approach to participation, there should be dialogue with local stakeholders.

Approaches to making this happen could include:

- Face to face engagement events or webinars to seek views on emerging plans or identify/ test priorities
- Establishment of local reference group ('expert advisers') involved in developing the STP, connected to governance arrangements
- Outreach meetings to seek views from existing groups/ networks (e.g. local Patient Participation Group network, Youth Parliament, Learning Disability Partnership Board)
- Social media (e.g. dialogue on Facebook or Twitter)
- Surveys

> **Top tip:** engaging early means going to stakeholders with questions and involving them in designing solutions – rather than getting them to comment on a solution you have designed

Engage early and build on existing arrangements through Health and Wellbeing Boards and other channels.

- Work with communities on the need for change and the design of solutions
- Connect to STP partners' existing networks – e.g. CCG lay members, governors, Healthwatch, reference groups
- Draw on partners' resources such as engagement channels (websites, already planned meetings, social media, newsletters, etc.), existing patient and staff engagement, experience and expertise
- Talk to active health citizens, who are already engaged in existing networks, and those that may be harder to reach
- Reach out to potentially excluded groups where there are inequalities in experience and outcomes

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Patient and public participation in the development of the STP (2/2)

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> 3. **Have responsibilities and an approach for public participation in the STP process been identified?**
> 4. **Is the plan for public participation aligned to governance arrangements for the STP?**

Public participation should be built into the governance of STPs and agreed by the STP leadership group.

- Ensure clear responsibility for patient and public participation
- Encourage the leadership group take an active role in dialogue with local stakeholders and communities
- Discuss and document the agreed approach to participation
  - It may be important to have an audit trail later if major service change is part of the plan
- Ensure that participation and the voluntary, community and social enterprise sector are an integral part of the overall governance and planning for producing the STP
- Check whether the timings for public participation align with the overall milestones for drafting and agreeing the STP

Top tip: timelines are tight, so leaders should use engagement opportunities/ meetings that are already in their diaries to have a dialogue about the plan with local stakeholders and groups

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Stakeholders relevant to public participation for STPs

- Members of Health and Wellbeing Boards
- CCG Lay members and public governors of Foundation Trusts
- Public/community engagement networks. For CCGs this will include local engagement boards/ patient reference groups etc.; for Foundation Trusts this will include members

- Local Healthwatch
- Public members of clinical senates, strategic clinical networks, and Academic Health Science Networks
- Local voluntary, community, social enterprise sector (likely to be accessed via local Councils for Voluntary Services, and targeted networks e.g. for carers, children and families, or digital engagement)

The role of the voluntary, community and social enterprise sector in STPs

> **5. How will the voluntary, community, and social enterprise be involved in development of the STP?**

The voluntary, community and social enterprise (VCSE) sector should be a key partner

VCSE organisations can be especially helpful:

- as a source of intelligence about the needs of local communities
- as a conduit to reach local channels and opportunities for engagement, in particular with diverse groups and those that experience poorer health experience and outcomes
- to provide strategic leadership and support to the STP process.

STP footprints should consider the full breadth of the VCSE sector, including organisations such as social housing providers.

It should be noted that VCSE organisations are also likely to contribute to the design and delivery of STPs as:

- an existing or potential provider of services and support. These may be commissioned by the public sector or provided from independent resources, drawing on assets such as volunteer time and community premises
- a key partner in developing prevention and well-being approaches

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Patient and public participation in the implementation of the STP

❯ 6. **How will the finalised STP be shared with local stakeholders, including patients and the public?**

❯ 7. **What impact has there been from patient and public participation?**

❯ 8. **How is feedback on changes made from public participation been provided to those who have been involved?**

The results of all participation should be fed back to the public.

When sharing the final plan with stakeholders, footprints should identify where their views have been considered and impacted decisions in the plan.

❯ 9. **How will the public continue to be involved in its high level implementation and review?**

❯ 10. **In particular, for areas of service redesign and change, are there robust plans for public participation, with leadership and resources clearly identified?**

❯ 11. **Does the STP identify where formal public consultation is likely to be needed on major service change proposals (including realistic timescales and resources for this to happen)?**

Patient and public participation doesn't end when the plan is submitted – participation during iteration of the plan and implementation is equally important.

• Following submission of the STPs at the end of June, further updates and ongoing iteration of the plan is expected. Patient and public participation should be incorporated into both these phases, in a similar way to the original development.

• Participation from patients and the public is an essential part of implementation, to ensure that the more detailed design of services, including specific pathways and features, meet the needs of people and communities. This is particularly important in major service change.

NHS England
- Section 13Q, NHS Act 2006 (as amended by the Health and Social Care Act 2012) NHS England's Statement of Arrangements & Guidance on Patient and Public Participation in Commissioning

NHS Trusts and Foundation Trusts
- Section 242, NHS Act 2006 Real Involvement: working with people to improve services

Clinical Commissioning Groups
- Section 14Z2, NHS Act 2006 (as amended by the Health and Social Care Act 2012) Statutory Guidance: Transforming Participation in Health and Care
- Commissioners must also consult local authority on substantial developments or variation in health services S244, NHS Act 2006

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