A review of Newham Clinical Commissioning Group's Patient and Public Engagement

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"[If PPE was fully embedded] …it would drive our commissioning organisation in a way which is patient focussed and people led, as opposed to commissioning led. […] It would assure us that our services are being commissioned with people in mind, to best effect."

Interviewee

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Executive summary

Methodology and focus

- This report contains the findings from thirty-six research interviews, conducted by Involve with NCCG board members and staff (referred to in this report as 'internal interviewees'); patients currently involved in NCCG's PPE activities ('external interviewees'); and representatives from statutory, voluntary and community organisations that have some relationship with NCCG (also 'external interviewees').

- The interviews aimed to answer four research questions:

    1. How well is NCCG's current PPE service reaching people in Newham?
    2. How effective has NCCG's current PPE service been to-date in enabling NCCG to make good commissioning decisions? Why?
    3. To what extent can the current structures deliver an improved service in the changing external context, including the Five Year Forward View and significant service redesign?
    4. What alternative engagement practices and structures might NCCG use to continue to improve its PPE performance?

- This report is divided into nine chapters. Chapters One -Eight concentrate solely on what participants said in their interviews. Chapter Nine contains Involve's direct answers to the research questions. These are based not just on the interviews, but also on Involve's own experience, expertise and observations.

The point of PPE *(Chapter One)*

- Internal and external interviewees had strikingly similar views about why PPE is important. Answers focused on improving health outcomes, delivering better services, creating efficiency and money savings, and generating innovative solutions to problems. Small numbers of interviews also put forward other reasons why PPE is important.

PPE strengths *(Chapters Two & Three)*

- *Internal interviewees* most commonly praised NCCG's commitment to PPE, the impact of PPE on decision-making, and recent improvements in PPE practice. Some interviewees also praised the ability of the PPE work to reach people in Newham - particularly its reach across Newham's ethnic diversity - NCCG's decision to review its PPE work, and NCCG's decision to pursue a voluntary sector led PPE approach.

- *External interviewees* had a largely similar view to their internal counterparts about NCCG's PPE strengths, although there were some differences. Similarities included significant praise for NCCG's commitment to PPE and related areas such as PPE resourcing. Some interviewees also praised the reach of the PPE work across Newham's ethnic diversity, the number of people who attend PPE events, NCCG's voluntary sector led PPE approach and its decision to review its PPE practice.

- On balance, external interviewees were slightly less sure than NCCG staff and board members about the impact of PPE on decision-making and outcomes. This related, at least in part, to a lack of feedback after PPE events. External interviewees also had more mixed views about the extent to which NCCG is achieving its PPE ambition: some were exceptionally complimentary; others felt NCCG had made progress. These differences resulted, at least in part, from varying expectations of PPE. For example, interviewees whose main aim was to gain information useful for their community tended to have a more positive view than interviewees who wanted to have a significant impact on decision-making.

Areas for improvement *(Chapters 4 & 5)*

- Internal interviewees most common critique of NCCG's current practice was the tendency for its events to attract the same people. The other most oft cited themes included the need for:

- PPE to become fully embedded at NCCG and engagement never to be tokenistic;
- NCCG to always engage people early in the decision-making process;
- Follow-through and feedback after all PPE activities;
- PPE around NCCG's overall strategy.

- External interviewees identified a wide variety of areas in which NCCG's PPE could improve. Their most common suggestions related to the need for:
  - PPE to become fully embedded at NCCG;
  - Feedback after all PPE activities;
  - NCCG to be better at taking constructive criticism;
  - Better, and significantly less restrictive, event formats;
  - A greater range of ways for people to get involved in PPE, so it can engage a wider range and number of people;
  - Better communication of both opportunities to get involved in PPE, and health information more widely.

- External interviews also raised two other areas that are worth highlighting:
  - The need for NCCG to be clear about the scope and details of PPE activities at their start, not least to ensure NCCG and participants share an understanding of aims, resources etc;
  - Several participants raised important issues regarding how NCCG contracts out its PPE work and how it manages its PPE contracts.

Ideas for the future *(Chapter 6)*

- One of the most striking aspects of the research interviews was the quantity and quality of ideas for how NCCG could improve its PPE practice. The author recommends reading Chapter Six in full, as it is impossible to summarise the range of ideas put forward. Themes covered in the chapter are:

  - *Whether NCCG's PPE structures should be permanent or tailored to individual issues.* The vast majority of interval interviewees feel a mix of these two approaches is necessary. This was also the most popular response amongst external interviewees, although to a significantly lesser extent.
  - *Other ideas related to structures and activities* included linking PPE structures together, patient representatives and patient stories, and concrete suggestions for how NCCG could engage a wider range of people in PPE through offering a greater variety of ways to get involved.
  - *Ideas beyond structures and activities*, included how to create culture change, improve communication about PPE, better evaluate and monitor PPE work, and learn from others.

Working with partners *(Chapter 7)*

- Interviewees from NCCG, statutory organisations, existing providers and the voluntary and community sector all expressed willingness to work more closely with each other on PPE. They identified a wide range of opportunities that would result from closer collaboration. These tended to focus around improving health outcomes, delivering better PPE, increasing understanding (of each others' work, holistic patient pathways, health issues and communities) and enabling greater efficiency.

- In terms of barriers to closer collaboration interviewees from NCCG, statutory organisations and existing providers, identified issues including organisations' different practices and cultures, a need to build trust, potential conflicts of interest and how NCCG commissions PPE. Interviewees also talked more generally about the challenges of changing traditional ways of working.

- Interviewees from the community and voluntary sector identified some similar themes, including the need for trust and changes in how NCCG commissions PPE. However many interviewees saw the key issues as a need for NCCG to increase (1) its understanding of the sector and its ways of working and (2) its appreciation of the sector's potential. Some interviewees also talked about a need for greater transparency in decision-making.

The changing external context *(Chapter 8)*

- The internal interviewees only were asked what external factors they thought might necessitate changes in how PPE is conducted in the future. Interviewees identified areas including budget cuts, Newham's changing population, the Five Year Forward View and other central initiatives, the integration of health and social care, issues surrounding Barts Health, and impending changes to GP services.

Conclusions and reflections *(Chapter 9)*

- The final section of the report draws together the evidence from other chapters (as per above) to provide direct answers to the project's research question. Overall, NCCG has lots to be proud of about its PPE, which has significant areas of strength. There are also important areas where NCCG's PPE work could improve.

- *How well is NCCG's current PPE service reaching people in Newham?* In some ways NCCG performs well in this area, attracting large numbers of people to events and reaching certain age groups from many different ethnic communities. There are, however, also clear areas where NCCG's practice could improve, enabling it to reach a greater range and variety of people. Involve has chosen to highlight five in its conclusions:

    - Engaging with the right patients (to answer a question), not just any patients;
    - Working much more with community leaders and the voluntary and community sector;
    - Providing a greater variety of ways for people to get involved in PPE, including going to communities where they are;
    - Ensuring PPE initiatives and events are accessible to as many people as possible;
    - Managing and meeting participants' expectations.

- *How effective is NCCG's current PPE service in enabling NCCG to make good commissioning decisions? Why?* There are numerous areas in which PPE is having an impact on NCCG's decision-making, enabling it to make better commissioning decisions. This is something about which NCCG should be immensely proud. That said, NCCG's current PPE work as a whole could be considerably more effective in this area. The key here is for NCCG to be consistent in applying PPE best practice and embedding it across NCCG's work. Involve believes that co-design and co-production are the ideal NCCG should work towards. NCCG could also usefully ensure that PPE has a role in deciding its overall strategy.

- *To what extent can the current structures deliver an improved service in the changing external context, including the Five Year Forward View and significant service redesign?* How people conduct engagement *within* structures, is often more important than the structures themselves. NCCG should put considerable energy and thought into how to embed good practice PPE across NCCG's work. As regards the existing PPE structures, NCCG could get much more out of its permanent PPE platforms – including in the changing external context - if it changed its approach to them. However it is also Involve's conclusion that the platforms are unhelpfully limiting the range of ways in which NCCG engages its local population, and that they are not the most effective way for PPE to help NCCG achieve its goals.

- *What alternative engagement practices and structures might NCCG use to continue to improve its PPE performance?* Interviewees put forward a huge range of ideas for new practices and structures to improve NCCG's PPE. Newham's voluntary and community sector could give NCCG even more, if asked, all embedded in Newham's context and knowledge of its communities. Involve has therefore focused its recommendations in this section instead at level of PPE strategy. Involve strongly recommends that NCCG co-designs the new strategy with a wide range of stakeholders. It has also identified a range of questions NCCG could usefully address through this process.

Introduction

On paper, Newham is a challenging borough for Patient and Public Engagement (PPE). Its hugely diverse population speaks over one hundred different languages and is highly transient: 20% of Newham's population moves in or out of the borough every year. It is also a very young area. At the time of the 2011 census, it had the youngest population of any borough in the country.

Newham's health situation too is far from straightforward. It has, for example, the highest birth rate in the country, above average rates of conditions such as obesity and diabetes, and significant numbers of local residents who suffer from mental ill health.

Against this backdrop, Newham Clinical Commissioning Group (NCCG) has always believed that PPE is part of the solution to the borough's health issues. Early in its life, it created a number of permanent PPE structures and contracted out their delivery to a local third sector organisation, the *Forum for Health and Wellbeing*. More recently, NCCG has also begun to design and deliver tailored engagement activities in-house. Its work has won it, and its partner organisations, a number of awards.

Reviewing NCCG's PPE

Earlier this year, NCCG decided to review its PPE practice. This decision rested on a number of factors:

- A wish to reassess the effectiveness of its permanent PPE structures and therefore not to extend its existing contract in this area;
- Significant changes in the public engagement landscape, including renewed pressure on the NHS to fundamentally rethink PPE;
- Transformation in the working relationship between the NHS and the local authority, not least moves towards community-centred approaches to health and wellbeing;
- The important role reviews and evaluation can play in driving progress and achieving best practice.

In September, NCCG contracted Involve – an independent organisation specialising in public engagement - to undertake this work. NCCG and Involve agreed four research questions on which the review should focus:

1. How well is NCCG's current PPE service reaching people in Newham?

2. How effective has NCCG's current PPE service been to-date in enabling NCCG to make good commissioning decisions? Why?

3. To what extent can the current structures deliver an improved service in the changing external context, including the Five Year Forward View and significant service redesign?

4. What alternative engagement practices and structures might NCCG use to continue to improve its PPE performance?

Conducting the review

To answer these research questions, Involve undertook thirty-six research interviews with:

- NCCG board members and staff (referred to in this report as 'internal interviewees');
- Patients currently involved in NCCG's PPE activities ('external interviewees'); and
- Representatives from statutory, voluntary and community organisations that have some relationship with NCCG (also 'external interviewees').

The latter included representatives from the Forum for Health and Wellbeing.

This report presents the findings of these interviews. It is divided into nine chapters. **Chapters One - Eight** concentrate solely on what participants said in their interviews. Every attempt has been made to capture all interviewees' main points and ideas, except where these fell outside the remit of the review (for example, comments about problems with particular health services). Where possible, this has been done through the use of direct quotations.

Chapter Nine contains Involve's answers to the original research questions. These are based not just on the interviews, but also on Involve's own experience, expertise and observations.

Note on the methodology

Interviewees for this review were chosen via a mixture of self-selection (patient interviewees), and NCCG choice (internal interviewees and representatives from external organisations). This methodology could have resulted in bias in a number of ways. Most obviously, it misses both people who have discontinued their involvement in NCCG's PPE work, and people and organisations who have yet to get involved. Despite these limitations, however, Involve believes that this report will be immensely valuable to NCCG.

Chapter One: The point of PPE

Chapter summary

When planning any public engagement it is vital to be clear about what you are trying to achieve. A fitting place to start this report is therefore with interviewees' responses to a question they were all asked: why should NCCG do PPE, if it should do it at all?

All categories of interviewees – internal, patient, statutory body, volunteer and community sector – gave very similar answers to this question. Their responses focused on improving health outcomes, delivering better services, efficiency and money savings, and generating creative solutions to problems. Small numbers of interviewees also gave other reasons why PPE is important.

What interviewees said

All categories of interviewees mentioned the impact PPE can have on **outcomes** and understanding need:

> *"Understanding the specific cultural background on disease can prevent the disease, a delay and reduce the complications. And that can only be done if we work together and listen to their needs and what they want from us… Because many people who come here have never seen a healthcare structure like the NHS …by the time they catch up and they know it will take 3-4 years, but if we work with them that will make an impact."*

> *"At the moment with diabetes, which they are focussing on and are doing language interpreting and so on when they're having meetings in Ramadan, it's been so powerful – people have been really empowered. If they did that for all the other conditions that are high in Newham and people got a better understanding in their own mother tongue and whatever, then maybe it would make big improvements to people's lives and the quality of people's lives."*

> *"Until you start engaging the public…to understand what the issues are, you can't change it. And therefore we can get better health outcomes for the area through better engagement."*

Interviewees were also clear that PPE can help deliver **better services**, not least because of the **unique knowledge that patients bring**:

> *"There's only one person who understands the whole of a patient's pathway and that's the patient."*

> *"People with lived experience of using services are the best people to engage and ask 'what do you think of this service?'."*

> *"There's no one who knows the service better from the patient to carer end than the patients and carers."*

> *"The doctors know a lot about [the illness] but it's not them that's got it."*

Interviewees noted the benefits that getting services right, and getting them right first time, can have in terms of **efficiency and money savings**:

> *"It could also potentially save us money. Because if we answer what actually the patient pathway or journey is, and the people that come to these PPE events are able to share those experiences, then we can maybe learn from them about how to develop new services in a streamlined and better way."*

"If you're designing a service, if you consult with the patients who are receiving that service…, you're far more likely to take into consideration all the elements of what that system involves. And you won't have to come back in six months and go 'oh we didn't think about that'."

"You look at supermarkets, if they launch a new product it's totally tested by their customers first. They don't just release a product and hope people are going to buy it; they've done all that work in advance. […] It's no good having a health service that people don't want."

A number of external interviewees also felt that costs would reduce because people would appreciate the expense of services more and therefore become more responsible in how they use them. For example, they thought visits to A&E and missed appointments would both decrease. One external interviewee noted that, elsewhere in London, PPE processes have helped 7,000 patients since April be released from hospital three days earlier than previous averages, saving about £500/night per bed.

A number of external interviewees mentioned the benefits PPE can bring in terms of **more creative solutions to problems**:

"The staff themselves are so fixed by their rulebooks, they're not allowed to think outside the box almost. Whereas patients can come up with ideas. I've mentioned several things that people have never thought of. One example with integrated care they wanted to get the clinicians and doctors and GPs more involved but obviously it's very hard for them to get out and have meetings, so I said run a webinar, do a video conference for them and you can do it in their lunchbreak or just after they close… They're not good at thinking outside the box and that's understandable, but patients are."

"And if you do it right what you'll get is some truly engaging, motivated and enthusiastic people involved who have lots of great ideas about how to change things. They're often ideas that traditionally organisations have never thought of…. Also there's a wealth of talent out there amongst service users and the population that can be part of delivery and be part of the solution rather than just coming up with the problem."

Other ways in which interviewees believe PPE can help include: providing NCCG staff with a reminder that patients should be the focus of what they do; enabling patients to better understand the services on offer and how to access them; generating evidence to support decision-making; reducing backlash for service closures; and boosting staff morale through positive feedback.

One external interviewee noted that not all these benefits are created equal in terms of marketing PPE work:

"I think one of the problems is, because we are where we are in terms of the economic situation, sometimes people's perception of NCCG and the council, or whoever, the perception can be that they're involving customers in customer engagement and coproduction as a way of saving budgets, which isn't actually the case often. I mean it is an argument for it – that is an outcome that services can be less resource intensive. [….] But …it can be perceived as 'oh, we're cutting…, I know we'll get them to do it'. […] There is a problem of perception sometimes [amongst the public]."

This last comment notwithstanding, the similarity in interviewees' responses was quite remarkable. To an almost complete extent, NCCG is in the enviable position of sharing an understanding with its stakeholders about the role of PPE and the benefits it can bring.

Chapter Two: PPE strengths - the internal perspective

Chapter summary

This chapter outlines what internal interviewees feel NCCG does well in its PPE work. All internal interviewees found areas to praise. Most commonly these related to NCCG's commitment to PPE and its PPE ambition, the impact of PPE on decision-making, and recent improvements in PPE practice. Some interviewees feel the PPE work also does well at reaching people in Newham, particularly as regards its ability to engage people from across Newham's ethnic diversity. Some interviewees praised NCCG's decision to review its PPE work and its commitment to a voluntary sector led PPE approach.

PPE impact

As seen in the last section, all categories of interviewees agree that PPE can help to improve health outcomes, services and decision-making. A good place to start a section on PPE strengths is therefore with evidence that PPE is doing just that.

A large number of internal interviews reported that PPE had influenced decision-making. Examples include:

> *"Maternity-wise the patient engagement … has meant the voice of women has always been the resounding focus in decisions we've made around pilot projects, around commissioning intentions for the hospital. […] That's been very instrumental in driving the direction of how we commission maternity services."*

> *"We did a lot of work around the patient journey. We did the work with the clinicians that said how does your service work, and then we talked to patients and said this is what we think happens now, this is what we think wants to happen in the future, how does that fit with what you as patients want? And their questions were will we be able to get there, will there be transport, will there be interpreters, will we be able to get a longer appointment because we're bringing a carer with us and things actually we haven't thought about. So they gave us a different perspective to think about some of the outcomes we wanted to get from services."*

> *"Where we've run some of the sessions that I mentioned we've got some really good feedback on how patients would want things like waiting area design, provision for male/female separate areas, which although we think is a bit of a given it's not. Sometimes it's easy to miss these types of things and work them into a specification and give them prominence in that. I think that was quite important to us, understanding that fundamentally if we commission a service that patients don't feel they want to use then it defeats the purpose of commissioning it in the first place."*

Interviewees noted that PPE has also influenced areas including the introduction of youth diabetes champions, the community prescription and thinking about children's services (via the children's academy), work on young people's mental health, and the redesign of cardiovascular and musculoskeletal services.

Other interviewees went further and suggested that NCCG's PPE work is already having an impact on service use and health and social outcomes. For example:

> *"If you look at outcomes now in Newham, they're improving and that's definitely [because of] joint working [with the public, patients and other bodies]."*

> *"One of the things we've majored on in Newham is getting health action plans for people with learning disabilities right. […] We've now got the best uptake of those actions plans of any CCG in London off the back of that work."*

Interviewees also linked PPE to increased take-up of the flu jab and health checks, and improvements across diabetes targets.

Ambition and resourcing

If PPE is having an impact, then it is clear that NCCG's PPE practice must have strengths. One positive identified by many internal interviewees is the clarity of PPE ambition and level of internal commitment to PPE at NCCG. For example:

> *"The board set a clear direction from day one that PPE matters and needs to go beyond words."*

Other comments included that NCCG is "fully committed to doing it", "does as much as it can to try and inform patients and service users and get them involved at every opportunity", is "ambitious for our strategy" and has "quite a clear vision of what we want to do." One interviewee noted that having a member of the senior management team accountable for PPE helped ensure that there is a strong focus on it from a governance perspective.

Dedicated team

Several interviewees praised the fact that, following on from the above vision and commitment, NCCG has a dedicated PPE resource. This team was praised by some interviewees for various attributes including being "approachable, knowledge and quick to respond" and for always advocating for PPE.

Realising the ambition

Whilst a strong ambition is critical, it does of course also have to be realised in practice. Several interviewees talked about NCCG being on a journey towards realising its vision and noted that it has made progress along this path. For example:

> *"It [PPE] is much more meaningful now that it has been previously."*

> *"Although we're not there, we're moving quickly towards where we need to get to."*

Similarly, other interviewees commented that there are pockets of very good PPE practice, even if this is not yet consistent across NCCG's work.

Several interviews reflected on NCCG's performance in comparison to other CCGs:

> *"In comparison to many other areas I'm very proud to say that Newham CCG is taking a lead nationally [on PPE]."*

Two interviewees noted as a strength the range and quantity of PPE work that NCCG does, from formal engagement, to softer 1-2-1 work and efforts to encourage other parts of the NHS to do PPE too.

Voluntary sector led approach

Several interviewees feel that NCCG's initial decision to contract a local voluntary sector organisation to deliver its PPE work is a strength, even if some feel the potential of this arrangement hasn't been fully realised to-date:

> *"That [contracting out PPE to the voluntary sector] is a good model for making sure work is embedded in the community but I'm not sure we've made best use of this arrangement yet."*

> *"We were unique at the time in deciding PPE should be undertaken by the voluntary sector itself. They're closer to people on the ground and have the key relationships to have a well developed PPE service."*

For internal interviewees' thoughts on working with the voluntary sector more widely please see Chapter Seven.

Reaching people in Newham

All interviewees were asked how good they think NCCG's PPE work is at reaching people in Newham. Several interviewees identified strong points in NCCG's practice in this regard.

Most commonly, some interviewees feel its PPE work does well in attracting participants from across many of Newham's ethnic groups. For some interviewees, this was particularly true for the 40/50+ age bracket. There was also praise for work with specific groups, for example the mini launch events with carers, homeless people and young people; and the work with the Muslim community around Ramadan and diabetes.

One interviewee praised Newham's health sector more widely for its understanding of how to cater for different ethnic and faith groups – for example, having suitable arrangements for prayer and thinking about the timing of meetings in this regard. Another interviewee praised NCCG for going to where people are, specifically around a stall they held at an event which 10,000 people attended.

NCCG's work with other organisations to reach out to people was identified by some as a strength. Comments included that NCCG "has some good links in the community" and that it works well with Healthwatch and other patient groups (for more on this subject please see Chapter Seven). One interviewee praised the communications team for sending out leaflets and posters to outside organisations as part of attempts to recruit people for workshops and other engagement events.

Reviewing PPE

Several interviewees praised NCCG's decision to review its PPE work, noting that it should be monitored and reviewed in the same way as any other NCCG commissioned service.

Chapter Three: PPE strengths - the external perspective

Chapter summary

External interviewees had a largely similar view to their internal counterparts about NCCG's PPE strengths, although there were some differences.

Similarities

Like internal participants, external interviewees praised NCCG's commitment to PPE and related areas such as its PPE resourcing and the quality and quantity of PPE activity. Some interviewees suggested that the PPE work does well at reaching people in Newham, particularly as regards engaging people from across Newham's ethnic diversity, and attracting large numbers of people to events. Several interviewees praised NCCG's voluntary sector led PPE approach and its decision to review its PPE practice.

Differences

On balance, external interviewees were slightly less sure than NCCG staff and board members about the impact of PPE on decision-making and outcomes. In several cases this was because of a lack of feedback after PPE events. Interviewees did, however, identify a range of other positive outcomes from the PPE work. These often related to patient empowerment.

External interviewees also had more mixed views than their internal counterparts about the extent to which NCCG is achieving its PPE ambition: some were exceptionally complimentary; others felt the same as internal interviewees – that there has been definite progress but is still some way to go. These differences of opinion resulted, at least in part, from interviewees' varying expectations of PPE. For example, interviewees whose main aim was to gain information useful for their community tended to have a more positive view than interviewees who wanted to have a significant impact on decision-making.

PPE impact

On balance, external interviewees were slightly less sure than NCCG staff and board members about the impact of PPE on decision-making and outcomes. In several cases this was because a lack of feedback made it very difficult for participants to know what had happened as a result of their engagement. That said, a significant number of interviewees were clear that their involvement had made a difference:

> *"There's been stuff that's been done that has changed the nature of the service itself, the pathways and therefore I'm assuming the end results, the outcomes."*

> *"With integrated care plans I've made a number of changes…so that the first thing on the care plan is patients' wishes and aspirations, nothing to do with their health – what they see themselves doing in the long term. And then the health can obviously follow on and help with that. And that's been taken up vigorously now."*

> *"Most meetings I attend, I feel are achieving something."*

These interviewees commented on, among other areas, work on diabetes pathways, changes around self-referral and on-going work towards making it possible for carers and the people they care for to get double GP appointments.

Commitment to PPE

Like NCCG's board members and staff, many external interviewees recognised NCCG's commitment to PPE. Interviewees talked about "a genuine commitment [to PPE]", NCCG seeing PPE as "an integral part of what it does" that it would never "overlook" or "duck", commitment to PPE at a strategic level,

and the fact NCCG is "well-intentioned" with regard to PPE. One interviewee noted that NCCG had a "really clear [PPE] vision from the beginning". Another described its PPE strategy as 'brilliant'.

One interviewee outlined the improvement s/he had seen in this area:

> *"Ultimately the strength of engagement work is with the people who are actually delivering it. So you can have a lovely process on paper but if the people aren't delivering it or they're paying lip service to it then… Conversely you can have one that isn't so good on paper but if the officer delivering it is coming from the right place than it can be better than the sum of its parts. And I think that's where the CCG has improved. Let's not argue about what's on paper but I think the commitment of some of the staff at the CCG has become not better but fuller, shall we say. There is a definite improvement."*

Another interviewee praised NCCG's leadership and governance systems, noting the importance of having senior staff who champion PPE and who check whether or not it's taken place. They noted that NCCG has a system which requires leads, service heads and others to demonstrate what PPE they've done and how it's contributed to their plans; they suggested this allows other staff to flag where PPE has been forgotten.

Dedicated team and budget

A number of interviewees praised NCCG's decision to have a dedicated PPE team and budget. Comments ranged from "they resource it more than any other place," to a suggestion that there are "adequate" resources for PPE.

There was also praise for the team itself, particularly the PPE Manager. Interviewees talked about her being "very good" and "very nice and accommodating". They noted that "she takes on board comments", makes "[me] feel listened to" and is "very swift to look into it [problems] and get back to me." Examples were also given of the PPE Manager being willing to help resolve issues faced by individual patients when they phoned her in distress.

Beyond praise for the PPE team itself, one community sector interviewee talked about NCCG having "some really good staff" that they "mustn't lose". Another interviewee noted his/her excellent experience of liaising with the Quality Team.

Realising the ambition

There were a significant number of positive comments about the reality of NCCG's PPE on the ground. These ranged from high praise, to a feeling that NCCG has made progress on the path to achieving its vision. The distinction between these views resulted, at least in part, from interviewees' different expectations of PPE. For example, interviewees whose main aim was to gain information useful for their community tended to have a more positive view than interviewees who wanted to have a significant impact on decision-making.

High praise for NCCG included:

> *"What we get from Newham is absolutely superb."*

> *"It [PPE] is very, very good. They do involve quite extensively."*

> *"I'm very satisfied and happy."*

A further interviewee suggested that the number of people who attend PPE meetings regularly must mean NCCG has got something right.

Some of the more measured comments included:

> *"I've seen a kind of complete change in dynamics….[…]…they are slowly, slowly treating us as equal partners. There's still some way to go, but the positive thing is that they do really listen to what the service users are saying."*

> *"I feel like the CCG has come on from consultation, go away and decide what to do and then consult again. They are involving the patients in the process and that's a step forward."*

These latter two interviewees particularly praised, respectively, NCCG's middle management, and the fact NCCG is getting better at engaging participants earlier in the decision-making process.

There was also praise for specific PPE activities. In particular, interviewees were aware of NCCG's work with young people around mental health. Engagement with young people on diabetes was also mentioned.

Several external interviewees mirrored comments in the previous chapter about NCCG's qualities when compared to other CCGs. NCCG's PPE approach was described as "a breathe of fresh air" when considered in this way. One interviewee noted that when the East London CCGs hold joint events it's only Newham patients who attend. Individual interviewees also suggested that PPE events are well-organised and that participants are well looked after, including being given food and drink.

Quantity and variety of PPE activity

Similarly to the internal interviews, a few external interviewees commented on the range and quantity of NCCG's PPE activity. Interviewees suggested that "what is good is the fact they engage so much" and that PPE is "pretty much across the board throughout the year".

One interviewee also suggested that NCCG has been "prepared to be more creative and brave" than previously. They gave examples of engagement with young people on mental health, with carers around role play with GPs, and work with homeless people.

Voluntary sector led approach

A few interviewees praised NCCG's decision to contract a voluntary sector organisation, the Forum for Health and Wellbeing, to deliver a substantial part of its PPE. One interviewee suggested that this is why NCCG has been noticed for PPE, commenting:

> *"They didn't take a traditional approach; they valued what was on their doorstep."*

Other interviewees suggested that they valued the Forum's independence. For example:

> *"They engage through an independent Forum…and I think that's very good. The reason is that when people participate they want to know that their views are being sort out independently…rather than engaging directly with the CCG. The reason for that is you get an independent body supervising the whole activity such that negative and positive comments are basically taken on board and the Healthwatch or the Forum can then challenge NCCG to come back with the deliverables. I believe that process is the best way forward…. Sometimes people are worried about speaking out openly about some of the issues and they tend to relay that directly to the Forum or the Healthwatch and then those comments are taken on anonymously to the CCG or the local authority."*

One interviewee felt that contracting an independent organisation to focus on PPE meant PPE was given greater attention. The Forum, the interviewee noted, sends out emails every week "listing all the events that are happening and how you can take part." The interviewee was unsure this would happen if PPE was conducted in-house because they "would have so many other things to do too".

There was also direct praise for the Forum, which was described by one patient interviewee as "always very keen and eager to help." Its work to monitor and evaluate its performance was noted, for

example, its tracking of who attends events and how it uses raffles to encourage people to fill in diversity and evaluation forms. Individual members of the Forum's staff were praised as being "pleasant and constructive".

Reaching people in Newham

Most interviewees were asked specifically about how well they thought NCCG's PPE work reached people in Newham. The majority felt there were areas of strength in this regard.

Several interviewees suggested that the PPE work does well at reaching across Newham's ethnic diversity. They highlighted, for example, the range of people who attend the Patient Forum. Interviewees also commented that events are well attended: one interviewee mentioned that around 80 people came to the last Patient Forum; another noted that Newham had the highest take-up of a recent UK-wide training programme.

Other individual interviewees praised work to reach people through Healthwatch, and new initiatives to work with groups like children, families and deaf people which they hadn't seen before. Another interviewee suggested that the Forum worked hard to accommodate people, for example around meeting timings. One interviewee praised the Reward and Recognition scheme, saying that it made participants feel valued by recognising that they give up their time to take part.

Outcomes other than impact

Unlike NCCG board members and staff, a number of external interviewees praised PPE work for having outcomes other than impacts on decision-making, and health and wellbeing. They suggested that:

- People get to know each other which "breaks the social isolation that some patients feel";
- "Some patients have been empowered to go back to GPs and make requests" for example for reasonable adjustment;
- People gain knowledge from NCCG about health conditions which enables them to better manage their own health and/or to help other patients, carers and people in their community. For a small number of interviewees the latter was clearly a key motivating factor for their participation;
- Voluntary and community organisations gain knowledge and ideas from each other which can lead to improvements and innovations in practice;
- People gain a better understanding of health and social care within Newham and how to get help;
- It is good for patients who have had bad experiences to be able to "let off steam".

It was also suggested that participants may gain confidence from their involvement and feel that together they have a more powerful voice.

Reviewing PPE

Finally a number of interviewees praised NCCG for reviewing it PPE practice and stated strongly that they wanted to see a copy of the resulting report.

Chapter Four: Areas for improvement - the internal perspective

Chapter summary

Whilst internal interviewees all praised NCCG's PPE work, they also all identified areas which could be improved. Their answers demonstrated a good level of understanding about public engagement.

Perhaps the most common critique of NCCG's current practice focussed on the reach of its PPE work, and the tendency for its events to attract the same people. A few interviewees also suggested that PPE recruitment should be more targeted: *"It's about having the right public/patient involvement, not any public/patient involvement."*

The other most common themes included the need for:

- PPE to become fully embedded at NCCG and engagement never to be tokenistic;
- NCCG to always engage people early in the decision-making process;
- Follow-through and feedback after all PPE activities;
- PPE around NCCG's overall strategy.

Tokenistic engagement

If a good place to start on PPE strengths is with evidence of PPE impact, then the right place to start on areas for improvement is often the opposite: fears and beliefs that engagement is tokenistic.
No interviewee claimed that NCCG's PPE is completely uninfluential on its work. Rather a few interviewees felt that sometimes it isn't as good as it could be.

> *"People feel it [NCCG's PPE work] isn't tokenistic but for me personally it sometimes feels tokenistic."*

> *"I think the biggest challenge of us is the fact that within the PPE contract we have a fairly rigid structure. So we have a series of platforms which is great in terms of terms of engaging with people and engaging with organisations, but I'm not sure that it always helps us in terms of making the right commissioning decisions."*

> *"I have seen meaningful things happens…. Whereas there are times where I feel sometimes it might just be a tick box exercise. […] We shouldn't make a decision and then say let's go out to consult."*

One interviewee felt more strongly. This interviewee noted that while progress had been made, NCCG is only "now getting beyond typical NHS platitudes" and that the "transformative empowerment" end of the engagement spectrum was still "considered a bit wild and whacky," by many internally.

Embedding PPE

In line with some of the above comments, a number of interviewees felt that good PPE practice is not yet quite fully embedded within NCCG:

> *"The strength is there's one overarching approach. The weakness is that not everyone's bought into that approach and don't understand what they can access and how it can work best for them."*

> *"It shouldn't be driven by somebody being keen, it should be part of business as usual."*

> *"PPE is really important and I'm bought into that idea. We need something to keep reminding us to do it and we need to do it for everything. Which sounds like really hard work."*

> *"We understand the value of PPE…. We just have to be better at systematically following it through in everything we do."*

Similarly, a few interviewees suggested that PPE can sometimes be regarded as specialised and a specific team's responsibility rather than it being part of everyone's work. A similar danger was noted in relation to NCCG's PPE contracts:

> *"There's a danger that we sit back and say, oh they [the Forum for Health and Wellbeing] are doing it [PPE] for us and that's not what it's meant to be. I think it's important we get some clarity about what's the role of each [player] in this going forwards and also how much we should be asking practices to do locally because they're our members."*

Later on in the interviews, when asked to think about barriers to improving PPE, culture change came up for several interviewees. They suggested that the traditional NHS approach - characterised as about "being the expert and knowing the answers" – was very different from the basis of PPE. This, several interviewees felt, could be difficult for staff very used to the traditional approach:

> *"The biggest barrier as a commissioner is just getting your head round the fact you need to do it and how to do it."*

Interviewees noted that the use of interim staff is challenging for embedding PPE.

Structures over outcomes

Two interviewees suggested that PPE had become too much about having structures in place and not enough about the outcomes these structures are meant to be delivering:

> *"The objective is not to set up the group, the objective is for the group to be able to feed through the information and feedback that would benefit patients when we redesign or make changes to services or identify things we'd never consider ourselves [to change]."*

> *"It should be about transforming services not having people in a room telling you what they think. […] To me what's good [PPE] is what becomes transformative."*

When to engage

A key area where many interviewees felt NCCG could improve is ensuring that it always engages with people early enough in the decision-making process:

> *"[We sometimes do this] …approach of going to talk to people about new services when the services are already fairly well-developed. So we don't do much co-development or co-production which is a shame."*

> *"I think we need to have broader and wider conversations about strategy, know about them in advance of any changes and therefore involve the patients as the earliest opportunity possible…. So getting people right at the beginning involved rather than putting them in in the middle or at the end when it's already been designed."*

One interviewee also felt that NCCG often made assumptions about what patients might want.

> *"So in some ways sometimes we assume that the patient will want this. And I think we do that in a great deal of things. And I suppose in some ways it's natural to do that [because we may be replicating independently evaluated work from elsewhere or moving services closer to patients, for example]…but it's still an assumption because we have not asked the patient but we're hoping that's what they want. And I think that's the difference. I think getting them in early will help define that and ensure that's what they [really do] want."*

What to engage on

As picked up in one of the quotations directly above, another common theme was the fact PPE is rarely undertaken on NCCG's overall strategy:

"I think it could be more of a sort of starting place of how the CCG does its business, rather than a thing that we consider as we're going along. The team and the strategy could be much more of a driver in our direction, rather than a vehicle to try and realise our vision."

"We tend to focus engagement on when we're looking to make a change, as opposed to making a change because we've engaged. So there's something in that where I think it might not be the right way round always."

"While we've got it firmly embedded in new service development, we're not looking at what we currently do….. We're really good at saying this is something we identify we want to change and getting patients involved in that change, but if we're not changing it we're probably not asking them."

One interviewee did, however, feel that PPE had influenced strategy: s/he noted that women and children had been a strong theme coming out of PPE work and that, s/he believed, this has contributed to it becoming an NCCG priority.

As well as the issue of overall strategic direction, interviewees outlined a number of other areas where they feel PPE is lacking or could be improved. These included procurement through competitive tender, stays in hospital, prevention and self-care (including around obesity), missed appointments and late presentation.

The reviewer noted some inconsistency in this type of response: interviewees' occasionally had different perceptions of where PPE had taken place and its success. This report returns to this area in Chapter Eight.

Attracting the same people

Perhaps the most common critique of NCCG's current practice focussed on the reach of its PPE work, and the tendency for its events to attract the same people:

"It worries me that we sometimes see the same faces and really we want to see more people who are current users of the health service. It not that the faces we see all the time aren't good, but we need to get some more."

"Are we always talking to the same people over and over again?"

For many interviewees, this problem was linked to a lack of variety in terms of how people are asked to engage. The following quotation is typical:

"…there tends to be…the same people at the meetings representing the community. So I think there's some sort of challenge around wider participation and using more creative ways …to get opinion and reviews from a more diverse group of people. It's probably a real area for improvement."

Several interviewees commented on who they felt was missing from current PPE participants. Suggestions included communities who've arrived more recently in the borough from Eastern Europe, and young people (under 40s).

Asking the right patients

Also in relation to PPE participants, a few interviewees suggested that PPE recruitment should be more targeted:

"It's about having the right public/patient involvement, not any public/patient involvement."

"When the focus is on a specific service, we need people who have a real understanding of how that service is delivered and where it needs improvement."

One respondent commented that they were less worried about engaging the mass population and more interested in "whether we're engaging sufficient numbers who use particular services or have particular conditions," suggesting that this would be "far more valuable."

Largely in contradiction to the last point, three interviewees noted that "the average person on the street" wouldn't know what NCCG does. This was recognised as a common problem for CCGs not one that's specific to Newham.

Making PPE easy to find

Two interviewees noted that PPE activities might not be as easy to find as they could be:

> *"We don't make it easy for residents to participate. You've got to be really interested to find it."*

These observations were based on, in one case, being a Newham resident and, in another, on feedback at the recent NCCG AGM.

Follow through and feedback

Of course, PPE does not finish at the end of engagement events. Follow through and feedback are both critically important and both are areas where some interviewees felt NCCG could sometimes improve:

> *"Trying to keep a sense of everything we're doing and are agreeing to do, and are we following through on everything. I'm not sure we've got that right yet."*

> *"You can't go and ask people what they want, then tell them they want the wrong thing."*

> *"I would say we haven't delivered enough from that – it's a policy but I'm not sure we've made the changes we want to make yet. I think that's a capacity issue. That's the next step and at least we know what we need to do [now]."*

Several interviewees had similar comments around feedback:

> *"We do a lot of engagement work but we don't ever get the chance to really feedback to say what changed, why and what was the benefit."*

> *"We need to get better at spreading the news wider than the one person that does the work with you [after the wider engagement event]."*

Interviewees noted the need to feedback on both how PPE affects decision-making, and on the health and social outcomes achieved by the resulting changes.

One interviewee also wondered if NCCG is fully taking on board feedback from its PPE provider about how patients would like PPE to change.

Evaluation and monitoring

A few interviewees queried whether NCCG is currently monitoring outcomes after it engages. Interviewees felt that doing this would help to demonstrate the tangible impact PPE has and counter any perceptions that PPE is a luxury. It would also help with feedback to participants. One interviewee floated the idea of also measuring Return On Investment.

Capacity

Finally, a few interviewees mentioned the issue of capacity. They noted that the PPE team is currently very small and wondered if it was big enough to support CCG doing as much PPE as it would like:

> *"The small capacity means we have to have a detailed work plan which makes it difficult to get emerging things onto the agenda. There's not always the opportunity of being supported to do the engagement you want to do."*

Chapter Five: Areas for improvement - the external perspective

Chapter summary

External interviewees identified a wide variety of areas in which NCCG's PPE could improve. This chapter contains all these comments, except where they related to working with partners; for interviewees' thoughts of this latter area please see Chapter Seven.

External interviewees' most common suggestions related to the need for:

- PPE to become fully embedded at NCCG;
- Feedback after all PPE activities;
- NCCG to be better at taking constructive criticism;
- Better, and significantly less restrictive, event formats;
- A greater range of ways for people to get involved in PPE, so it can engage a wider range and number of people;
- Better communication of both opportunities to get involved in PPE, and health information more widely.

Whilst not the most frequently cited points, two other areas are worth highlighting:

- The need for NCCG to be clear about the scope and details of PPE activities at their start, not least to ensure NCCG and participants share an understanding of aims, resources etc;
- Several participants raised important issues regarding how NCCG contracts out its PPE work and how it manages its PPE contracts.

Section One: Getting it right internally

Embedding PPE

A significant number of interviewees queried the extent to which PPE is embedded throughout NCCG, although many also noted that there have been improvements:

> *"There are some people who are committed to it, I think. But at the same time, I think there are some elements within the CCG who are resistant to it. Not quite resistant, but they are out of their comfort zone. They are more comfortable working in traditional ways so they will tend towards that if they're given a choice. […] Coproduction is by its very nature a harder concept to embed at the CCG given that they come from such a clinical background. But, as I said earlier, it is a road they're travelling. The door is ajar now at least."*

> *"There was a clear distinction that emerged for us about the officers of the CCG, the board members who are non-medical and the medical practitioners. […] It was very obvious to us that the medical people are having to be dragged along."*

Individual interviewees mentioned the need for everyone at NCCG to understand that patients are "able to contribute at a level that won't make us look stupid" even if "we might not know clinical and technical terms", and voiced concerns that sometimes proposals get to board level before being pulled up for not involving PPE.

Contracting out PPE

Three interviewees commented in some depth about the management of the current PPE contract.

All three interviewees suggested that NCCG does not currently have monitoring meetings with its PPE provider. They suggested that it's usual to have such meetings and that they are important both in

terms of the accountability of the provider, but also to develop a good working relationship between provider and contractor.

> *"I have only ever found monitoring meetings with other funders helpful for joint working."*

Interviewees suggested that NCCG also did not provide a reporting template for the contract and that it was necessary to chase NCCG for feedback on monitoring reports.

It was also clear that there have been problems in establishing an excellent working relationship between NCCG and its provider. For example, conversations around the level of work required to meet some contract specifications and concerns around whether specifications are the right way to achieve the desired outcomes seem not to have been had in a meaningful way:

> *"The outputs have still got us on a treadmill …. […] I don't think they [NCCG] realise for the jobs we're doing just how resource intensive they are. […]Without monitoring meetings though you can't say 'actually that's killing us'."*

> *"Obviously doing these events there's so much that goes into it, but sometimes you'd get so much more by doing a workshop or doing outreach."*

Closely related to the latter quotation, interviewees commented on the highly specified nature of the contract. They suggested that a more fluid contract would allow them to focus more on quality rather than quantity, and to be more responsive – for example running workshops on areas of concern emerging from the community. They also suggested it might allow them to do more outreach work, for example, which they felt would be more effective than formal meetings for reaching certain communities.

Interviewees also expressed frustration around the difficulty in getting NCCG to fulfil its side of PPE work on the PPE structures in a timely way – for example around speaker presentations being made available in advance of meetings. And they suggested that NCCG was not always supportive in helping to overcome obstacles encountered during the contract.

One interviewee commented on the influence NCCG sometimes tries to exert:

> *"If you give someone a contract to run a consultation and they then chose to hold it at various places around the borough. You don't then say to them 'I'm sorry you're going to have to move that'; you say 'why have you chosen that? It didn't work very well there'. And if the argument is 'yes but we've been to the west of the borough, we've been to the south of the borough, so we thought we ought to run something in north' you have to take that. …and you [should] think 'why aren't people in the north of the borough as interested in health issues?'"*

A different interviewee from those quoted above said that they would prefer to see PPE commissioned through smaller contracts, rather than giving all of the work to one organisation.

Other comments on internal practice

Other less frequent points made by internal interviewees included that:

- NCCG needs greater PPE capacity in the form of a bigger PPE team;
- GPs aren't always aware of services available for their patients from the local authority, NCCG or community groups;
- NCCG needs a more robust quality assurance framework to ensure PPE is always high quality;
- NCCG should avoid politics:

> *"There are agendas in the middle of all of this which escape me because I don't go looking for agendas. I just want a straightforward dialogue and we don't seem to get a straightforward dialogue."*

"I really just want the services to improve. I'm not interested in the politics."

Section Two: Areas covered by PPE

A small number of external interviewees identified areas where they feel good PPE is lacking. Three interviewees mentioned problems around PPE for competitive tenders, two of which centred around access to documents:

"They [PPE participants] had to battle to have the full information and to be fully involved. …maybe they weren't going to give them the applications of those bidding. Well, how to you expect us to do anything if you don't give us that information? You're not taking us seriously."

One interviewee echoed the point made by several internal participants around the lack of PPE input into NCCG's overall strategy and priorities. Another interviewee noted that patients were not yet fully involved at cluster level:

"The one thing I've been trying to follow up and that's not been happening is …participants … on committees or [involved] at cluster level. I've been chasing that up quite a lot but it's just not happened which I think has been quite a bit of a disappointment for some people at cluster level. It's really trying to get the CCG to make that happen."

Section Three: Before and after engagement events

As noted in the previous chapter, PPE is not just about engagement events themselves. What happens before and after workshops and activities is vital.

Managing expectations and clarity of intent

Starting with what happens before events, a small number of interviewees suggested that the "remit of engagement is sometimes not very clear" to participants:

"Obviously when you're engaging in any kind of engagement process you'd like to know, first of all, what is the scope of the project, what are the potential outcomes, when are the issues going to be resolved and what is the projected deadline for the commissioning process. So the whole supply chain is sometimes not very clearly done."

"Why are we pushing to set up these PPGs, what's their [PPGs] purpose supposed to be, how are they supposed to serve people….?"

Another interviewee noted that lack of clarity about the chronology of what's happening made it harder to get input from other patients before attending meetings. S/he also felt unclear about the extent to which s/he was meant to be representing, and accountable to, others:

"I think they [other patients] are generally saying something similar to myself. Can I prove that? Do I need to be able to prove that?"

One problem with lack of clarity is that it can create expectations amongst participants that NCCG can't then match:[1]

[1] Involve was not asked to review specific PPE structures. However it is important to include a note here on PPGs. External interviewees made a number of comments about PPGs, which suggest this is a priority area for NCCG to review with its stakeholders. These included skepticism about whether PPGs helped GPs, frustration at a lack of support, problems faced at practice level and recognition of the overwhelming workload involved in trying to establish and help PPGs at every GP practice. While these were the issues presented by interviewees, the reviewer felt that behind their comments lay a lack of conversation and discussion between NCCG and its stakeholders about how to make statutory obligations in this area work effectively, and to ensure everyone shares the same understanding of the aims of this work, what can and cannot be supported, and so on. Involve

"Thinking about your resources and your programme – thinking about what you can realistically do so you don't create all these expectations that you can't actually deliver on."

"So we prepared questions [for the tender interviews for which PPE participants were asked to be panellists] …and we turned up on the day to be told we wouldn't be doing those, they'd all been given our questions. […] And all of a sudden we had somebody sitting in and joining our questions and adding to our questions and asking supplementary questions …. And he asked all his own questions and he put his own prompts in…."
"I don't think they'd thought through the role of the Patient People Involvement clearly at the beginning. I don't think they knew what to do with us. I think they just thought 'oo we'll get brownie points for having patient engagement'. [The commissioner] … was very, very clear that it was a new process and that they were making it up as they went along and [s/he] recognised that sometimes we'd been sold one thing and done something else. [S/he] was very, very good at keeping us on board and telling us what was happening."

The final quotation above gives an example where differences between expectations and reality were handled very well. However other interviewees suggested that NCCG doesn't always get this right. For example, one interviewee was told that s/he wouldn't be able to attend the whole of commissioning committee meetings only when she arrived for the first one having done all the preparation.

Feeding back

A significant number of interviewees suggested that NCCG doesn't always feedback to participants after engagement events and processes. Some also commented on how important giving feedback is to sustaining engagement:

"They're not always perfect at feeding back".

"If I attend any meetings, then after the meeting there should be feedback about any progress we're making and what it is, but that is not available."

"I'm a participant and have been for a number of years…. […] Some organisations I've chosen not to continue to be involved with them when they don't feedback and involve you… Because it's about valuing people, people are giving up their time…and it's important to know what difference you're making, what impact you're making."

Some interviewees suggested it was hard to get NCCG to give feedback after staff presented at the permanent PPE structures, or after feedback from the structures was presented to NCCG for action.

Similarly to the internal interviews, external interviewees noted the importance of feeding back about both PPE's impact on decision-making and the real world outcomes that result from any consequent changes in service design or practice.

Taking constructive criticism

A significant number of interviewees suggested that NCCG isn't always good at taking feedback well:

"It sees all comment as criticism rather than debate or a starting point or a point of view and that's very common across all the public sector [in Newham]."

"I think they find it hard to take feedback. And to me any feedback, you learn from it. Compliments and complaints that's how you learn, and that's how you develop, and that's how you change. And you should welcome that. [….] Often they can point out things that you can't see from your perspective."

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would recommend NCCG takes a co-design approach to solving this issue with the Forum for Health and Wellbeing, existing PPG members and GPs.

Individual interviewees commented on the need not to shoot the messenger, particularly where members of the public have asked an organisation to pass on feedback; to respond in a timely way after receiving feedback; and to respond in an appropriate way. One interviewee noted:

> *"There was this sort of undertone of like 'you don't really understand these things because you're the voluntary [sector] and public', and the fact that from among us [there were people holding, or who had held, very senior positions in other organisations]…. That was very, very bad."*

Section Four: Event content

Restrictive meeting structures

A significant number of interviews commented on problems with the fixed PPE structures and how these meetings are run. These comments are worth quoting in some depth:

> *"…it does feel so controlled, really too controlled to be called consultation; they're much more information sessions. […] They choose a subject, they choose two people to come and talk to you about that subject, usually about what their plans are already and then there's a table discussion that is never long enough and which is a discussion among the patients [not one with the specialists too] …. […] … it's usually a very little topic and it's usually already been decided. […] 'So we're going to go forward and we're going to do this and we're going to do that and what do you think about this and this within that" And you can't say, 'well actually we're not sure you need to do that, we think you probably need to do [this]', [because they say] 'no, no this is what we're discussing and you've now got ten minutes on your table to discuss this'. [….] And you do get the feeling that it doesn't really matter what you say because what you've been asked isn't going to change the overall thing very much. And it's very highly controlled by the CCG…."*

> *"They try to sort of bring stuff in that's topical and that they think would be of interest to us. But I think that's the key. It's like 'what would they be interested in', rather than 'what could we use their help with'. […] [It's not] 'we could really do with a bit of patient and community input when we're designing this' or 'I wonder how the patients would see this; let's feed this in and grow something between us'."*

> *"We've only been given what we were given in a presentation. So there's one of the people on the CRG who says but why did you chose this topic, where's the money coming from for that, is there central government money coming for that issue, is that why we're talking about this? And they get very defensive as if to sort of say we thought you'd be interested in it. And he goes I wanna know what's driving it because if we're going to say this is rubbish …but actually it means you're getting a whole lot of money …we're going to support it and make it better. But we need to know. And it's like 'well we only want you to consider this.'"*

A number of interviewees made the point that patients will stop attending if they don't feel like they're achieving anything. Another interviewee said taking part in one of the fixed structures was "a good experience" but that s/he "didn't think they were achieving anything from it." This is a point that is returned to in Chapter Eight.

Presentations, jargon and keeping it simple

Linked to the above, a number of interviewees made points about the length of presentations and the need to avoid the use of jargon. These largely related again to the permanent PPE structures, but not exclusively:

> *"…it's 80% presentation and then 20% is a question and answer session. It should be the other way round. […] People get pretty bored by the presentations, some are very complex. People don't find it very easy to comprehend because they tend to put too much medical notations on there and a lot of acronyms. So people tend to begin to lose the plot. So they really need to simplify their presentations for their desired audience rather than keeping it too management profile or medically focused."*

"They like to do to, rather than do with. When we have consultation how they see it is it's one presentation after another, presentation after another presentation if they can help it. Complex diagrams, jargon, everything. You can just see people disengaging. Just sat there you think there's got to be a better way to engage here. […] … if they [participants] get presented to in particular way then they're just not going to stick around."

"We went to a meeting recently and we were like 'are they serious?'. It was acronym, after acronym, after acronym. Now to be fair that doesn't happen very often, but it's still happening. And sometimes you feel 'why am I actually here? What am I contributing?'"

It was noted that NCCG speakers at events do not always stick to time, meaning there can be particularly limited space for discussion after their presentations. Interviewees also suggested it's important for speakers not to get defensive if someone asks them to explain technical language.

Other comments

The above were by far the most common concerns raised about event content. However, a number of other points were mentioned by a small number of participants.

Two interviewees suggested that engagement needs to happen earlier in some instances.

"If there is room right at the top - when you're thinking okay so the stats in this borough are saying TB [is a big problem] – [to go] let's have a meeting and see what the community would do to address it and what we would do to address it and if there's something we could do together. [Because] actually there's a clinical response, there's a social response and then there's a joint response and [we could] get things together [right at the start] and write it [a joint strategy]. But that is a very very different type of consultation and engagement to everything else they do. Is that not happening because they've never ever thought of it or because of their timescales [handed down from NHS England] don't allow for it?"

These interviewees noted the need for PPE never to be about 'ratifying decisions' that have already been made.

Two interviewees also noted that speakers rarely stay after meetings to network with participants and one interviewee suggested that it was sometimes difficult to get a response by emailing them afterwards

"I don't think any of the CCG routinely stay to hear what the voluntary and community sector has to say or how they respond to the issue that they've been told about."

One interviewee noted that different PPE structures didn't always link together and feed into one another in the way they might.

Section Five: Reaching people and communications

Attracting the same people

A number of external interviewees made the point, also made in the internal interviews, that the same faces appear at a lot of PPE activities.

"[They] need to reach out a bit more and get a wider engagement ….to prevent the same people attending the same meetings."

"If you're in the in, you get to sit everywhere and make a bit of money in the process. […] The same people sit on various different bodies. [….] Having the same people doing everything is not good enough."

Individual interviewees suggested that maybe attendees were drawn from the same database and that expert patients - who "talk about wider things than their own experience" – aren't always what's needed, for example for coproduction. One interviewee talked about how reaching a wider group of people would bring in a wider range of skills, and another suggested that there should be a change in how attendance at events is monitored:

> *"You could have 300 people taking part in 10 different events in total but is that 300 different people, or are they the same people [attending all of the events]…. So there's no clarity around who's engaged."*

Meetings are not for everyone

A significant number of interviewees suggested that NCCG needs to offer a greater variety of ways to get involved if it is to attract a wider range of people:

> *"What about people who don't get out very often? What about people who are shy? What about people who don't like meetings? I think it's pretty poor about trying to engage with people in different ways. It's pretty limited."*

> *"Meetings are not for everybody. That's what is a shame and definitely needs to change on the contract. […] We did some outreach with the Roma community. So first getting the community to get used to me and the organisation. And then with Healthwatch ran a workshop to seek their views. As they said, there's no way we'd come to your meetings: so many people have got literacy needs… they wouldn't feel comfortable…."*

> *"It seems to rely on the same few individuals who don't represent Newham as a community. […] A lot of the feedback… [NCCG] need[s] to gather as a large organisation is often hard to get and you're not going to get it from people who come to a meeting every couple of months. You need to look at how you go out and get the feedback rather than just wait for people to sort of fill in a survey or come to a meeting. It's a lot more than that. You need to go out and engage with communities in different ways."*

> *"Unless you're very confident, you're not going to speak up in a room of fifty people so the way it was formatted wasn't very good in terms of engaging with people. And if people have different levels of understanding or different disabilities it was difficult for them to engage with."*

> *"If you can't get people to come to your events, you need to go to them and find out where they are and engage on their terms. That's what effective engagement is. It's not just running an event and expecting people to turn up. People have to work, people have different responsibilities, a lot of people don't understand the system, a lot of people in Newham don't speak the language…. …You need to go out there and engage with people in their own environment and that doesn't happen and that's really frustrating."*

> *"It's very rare that anyone that we know attends those meetings and workshops. Because sometimes they're very long…they're conducted in English and, although sometimes there may be interpreters available sometimes the whole concept isn't really translatable and people won't really understand that. Again if you've got a hearing or visual disability and English is not your first language, issues there again as well. So they don't really engage in that way. […] Unless there's some effort made to come to an organisation and do some consultation, really they're not going to hear about older Asian people who have multiple disabilities and are frail, what their experiences are. So there is a gap there."*

One interviewee suggested that it's hard for participants to engage with a topic that has nothing to do with their condition or experience. Another noted that meetings at NCCG can be difficult because of travel and access needs and also because the whole format can be out of people's comfort zone.

Who's missing?

As with the internal interviews, some external interviewees commented on who is missing from current PPE activities, or who could be better represented. Interviewees mentioned:

- Young people;
- Roma community;
- Communities from Eastern Europe;
- Women from some communities;
- People who need British Sign Language or Deaf Sign Language;
- People who are visually impaired;
- People who don't feel comfortable conversing in English;
- People with physical and/or learning disabilities;
- People with mental health issues;
- The elderly – this included concerns about how people without IT access are meant to find out about engagement activities;
- People who only use their GP once or twice a year;
- People who don't currently use services but may have a clear view on what they'd want at a future point.

One interviewee described how funding for interpreters seems to no longer be available. Now s/he finds volunteers or holds raffles to raise the necessary money. S/he also talked about having to keep repeating that certain individuals need interpreters at PPE events "when it should have been on their care pathway". S/he also mentioned the need for interpreters to receive training in health and disability terminology to make sure they pass on the right information. Another interviewee felt strongly that people with learning disabilities and mental health issues weren't currently valued: *"People don't have a clue about what their needs are."*

A small number of interviewees talked about the need to reach out through voluntary and community sector organisations. This theme is returned to in Chapter Seven. One interviewee suggested that NCCG was good at reaching the general population, but not at focussing on and reaching specific communities where the health need is the greatest.

Several interviewees recognised the challenge of reaching all communities in Newham because of its sheer diversity. One interviewee also noted differences in attitudes to healthcare. Working to overcome these challenges is clearly something interviewees feel is important:

> *"It's an unenviable task. […]. Across all the different cultures there are different concepts of healthcare. So trying to integrate all those different perceptions of what is good for you when you're ill is a challenging one."*

> *"Not to say that they are complacent, but just never to be complacent – just to continue to look at who's seldom listened to, seldom heard, who's quite invisible and how to get into those communities."*

Communicating PPE activities and services

A significant number of interviewees queried how well both PPE activities, and health information more widely, are communicated to the public. The latter is outside the scope of this report, except perhaps where it relates to communicating changes made as the result of PPE:

> *"They're not promoting the positive things that they do very well. […] The [new] pathway is not clearly communicated to the target audience."*

Interviewees talked about not being aware of the all the PPE that NCCG does, and of not seeing information about it (apart from in emails directly from the Forum or through their employers if they worked in the health sector). They suggested that not many local residents understand what NCCG is

or how it can help. One interviewee noted that since s/he'd stopped involvement in a project she had never heard anything about it.

One interviewee also queried how to get involved in the HSCN:

> *"I don't know whether or not that's my responsibility to push to be on these groups or if it's something that should come up naturally as an information piece around how this all works. I'm a direct partner of theirs in… terms of I deliver some their services."*

Getting the right patients

A small number of interviewees talked about the importance of engaging the right patients not any patient:

> *"I'm not necessarily the person who should be involved in all these things because actually I don't use any of those services, at all, even GP services…."*

It was noted also that choice of participant can sometimes affect the outcomes of PPE. For example patients with particular conditions may have different views to other patients about data sharing.

Patients with professional expertise

Finally, one interviewee noted that NCCG has to be careful that it draws the line between participants' role as patients and participants' professional skills.

Chapter Six: Ideas for the future

Chapter summary

One of the most striking aspects of the research interviews was the quantity and quality of ideas for how NCCG could improve its PPE practice. These came from all categories of interviewee. This chapter covers all these suggestions, except those relating to partnership working which can be found in Chapter Seven.

The author recommends reading this chapter in full, particularly the sections on structured vs tailored engagement, as it is impossible to summarise the range of ideas put forward. Themes covered are:

- *Whether PPE structures should be permanent or tailored to individual issues.* The vast majority of internal interviewees feel a mix of these two approaches is necessary. This was also the most popular response amongst external interviewees, although to a significantly lesser extent. Both internal and external interviewees made valuable suggestions about how both permanent and tailored engagement could work most effectively in practice.

- *Other ideas relating to structures and activities* including linking PPE structures together, patient representatives and patient stories, and concrete suggestions for how NCCG could engage a wider range of people in PPE through offering a greater variety of ways to get involved.

- *Ideas beyond structures and activities*, including how to create culture change, improve communication about PPE, better evaluate and monitor PPE work, and learn from others.

Section 1: PPE structures and activities

Permanent vs tailored: the internal perspective

Internal interviewees were questioned about the value of having permanent PPE structures, versus designing tailored engagement around specific decisions and issues.

The vast majority of internal interviewees suggested that a mix of these two approaches is necessary:

> *"I think you need a mix. I don't think there's any question about it. I think that they both serve different functions so if you didn't have a mix you're missing a whole function. So I think the platforms are broad in what they're doing and looking at…and then if you do engagement around specific projects you're doing something much more focussed. So if you only did one or the other you've either got lots of focus and no breadth or you've got a lot of breadth and no focus, so you actually need both of those to give you a well rounded approach."*

Permanent structures

In addition to the point contained in the above quotation, interviewees saw the benefits of permanent structures as:

- Providing an early warning sign that the system is starting to struggle;
- Enabling NCCG to have a conversation with the same groups of patients over time, thereby providing a good indication of whether a situation is changing;
- Giving people with a specific condition a chance to feed-in about wider aspects of the system that also affect them;

- Ensuring everything gets some patient input, partly so we "can tick a box";[2]
- Providing consistency and on-going engagement in an area with a transient population.

Interviewees saw the problems with permanent platforms as being:

- A risk that NCCG always gets the same perspective from the same people, reaching fewer people overall;
- People on the platforms getting consultation fatigue;
- People on the platforms not being the right people to consult about the particular service being reviewed at any one time;
- Reduced flexibility to tap into new networks.

One interviewee suggested that, instead of the current model, permanent platforms should be formed around community and voluntary sector organisations:

> *"We need a lot of partners not a lot of platforms. […] West Ham United engage with 45k people every Saturday and we can go to them and get messages out and get engagement through them. You want to reach men in their 40s and 50s, no point in us doing it, they don't come and see their GP, go to West Ham. […] You want to reach young children, difficult circumstances, community LINKS runs a school… [for them]. You want to run an event, go to them. […] We should create platforms around these organisations."*

Two other interviewees made a similar point, suggesting that NCCG could run an annual process that enables different communities to help shape strategy and commissioning intentions. The annual Big Debate event with people with learning disabilities – which attracts 60-70 people for a full day event - was suggested as a model that could be used for other communities too; the Big Debate also involves on-going conversations between events about the extent to which experiences are changing.

Another participant suggested an annual survey for the voluntary and community sector, enabling them to feedback their experiences and ideas to NCCG.

Tailored engagement
Interviewees saw the benefits of more tailored engagement activities as:

- Ensuring engagement reaches the people most affected;
- Providing NCCG with a deeper insight into the needs of particular groups;
- Reaching new people who don't have an on-going interest in engaging in health sector PPE. One interviewee noted that putting up adverts for a process around respiratory diseases had generated "plenty of interest" beyond the usual faces;
- Enabling a more strategic use of resources to secure the best possible patient and public input around the areas NCCG is trying to impact;
- Enabling NCCG to work flexibly with groups facing particular challenges:

> *"I don't think we should get bogged down in one particular commissioning mechanism. If we need to do something that requires working with specific groups because there's an issue then we work with that group. We have good examples here where we worked specifically with Afro Caribbean males around prostrate cancer. Our consultant won an award for that because we worked specifically with a group of Afro Caribbean people. […] We need to be innovative sometimes."*

[2] From Involve's perspective this point also highlights a possible disadvantage of permanent structures: the risk that they are used because they are the easiest way to engage, not because they are the right way to engage the right people on the question being asked.

Interviewees saw potential problems with tailored engagement as:

- Needing to constantly commission bespoke pieces of work and brief providers: *"It's more resource intensive to continually go out for each piece of work."*
- Resource constraints meaning NCCG needs to "be careful about how we use specific sessions" to best effect.

Permanent vs tailored: the external perspective

The vast majority of external interviewees were asked the same question about permanent versus tailored engagement structures. External interviewees were much more varied in their topline response. A mix of the two approaches was still the most popular answer, but some interviewees chose just permanent or just tailored engagement.

Interviewees saw the strengths of having permanent structures as:

- Keeping people involved and allowing them to be proactive;
- Providing a pool of knowledge and people to draw on for tailored engagement, although tailored engagement should be open to other people too;
- Potentially increasing reach as word about the permanent structures spread and more people decide to get involved;
- Countering a concern that if engagement ends people will never come back.

Interviewees saw the strengths of having tailored structures as:

- Engaging the people with the right knowledge and experience: *"A gathering of people who have got [the illness] because they're the ones that know. No disrespect to the people that haven't but …there's no better person than that person [who has the illness], is there."*
- Reaching more people by providing the opportunity for people to come just to what they're interested in – for example engagement around a particular condition;
- Enabling greater flexibility to meet the needs of different communities: *"Ask different communities how do you want to be involved and how can we engage with you and work with you. …so the Roma community have a forum so we make sure we attend the forum."*
- Providing a format that makes it easier to explain and demonstrate to participants how their engagement will make a difference;

On this latter point, one interviewee suggested that patients involved in tailored engagement exercises should be presented with a one page summary of its key details at the process's start:

> *"You get a scope, a definition, a project pathway in terms of the potential deliverables and timeframes…very clearly articulated to the service users at the outset in one page…. [if the CCG do this] I believe you will get a better engagement."*

Another interviewee suggested that tailored engagement was for the operational level, whereas permanent structures might be most valuable at a strategic level. S/he talked about doing longer issue-specific pieces of work which included NCCG developing an understanding of "what's already happening that we can top up and make better or compliment" (this theme is returned to in Chapter Seven). S/he continued:

> *"If they're going to do that successfully they need a top level group… of the movers and shakers in the sector, so the movers and shakers in the voluntary, community, faith sector, but also the very active and very successful patients forums. And have them working at a much higher level where the CCG says right we want to concentrate on TB [or another issue]…you as a little group, tell us who we invite to work with on this, or is there a big enough interest in that from the public to actually do it in this way. […] So you'd have someone at the top helping you plan and develop and giving you the information that this is good, or this isn't , or do this one in this way and that one in that way and*

then it being much more grassroots engagement that's much bigger and feels much more like a shared piece of work when you're involved in it."

Linking PPE structures together

A small number of interviewees suggested that NCCG's various PPE structures could link together better with, both each other, and NCCG internal processes:

"Each practice must understand their local need and must have a system where people can give their feedback. Then their voice from that feedback… there must be a system approach to take it to the appropriate committee within CCG and [feed it in to]… forward planning, commissioning intention."

Interviewees also suggested that there needs to be better two way transmission between PPGs and the Patient Forum, and that PPGs should feed into clusters which should, in turn, feed into overall CCG strategy.

One interviewee talked about a process that, whilst not technically part of PPE, s/he felt is closely related to it. The interviewee described the process of amber alerts, which enable GPs to "highlight poor patient experience". These alerts are then used to "drive discussion at clinical quality review meetings which is where we hold providers to account" and helps the meetings have the "right sort of conversations focused on how patients access and feel about services, not about pennies." This process is one the interviewee felt works well, but s/he wondered if there was a way of capturing feedback like this across NCCG rather than just getting it from GPs.

Coproduction

Not quite a structural issue but closely related to the idea of tailored engagement, several internal and external interviewees were clear that co-design and co-production is the ideal NCCG should work towards and embed:

"That [the work on the children's academy] has been excellent and I think if we could capture the work they're doing around coproduction and codesign that would be great and we could emulate what they're doing across the whole organisation…."

"Consistent co-production for every service is the ideal – you can't improve on that."

Interviewees noted that this would involve NCCG starting to engage much earlier in the thought process around commissioning and asking a different sort of question of participants than it currently does in many cases. One interviewee suggested specifically that coproduction be written into the next PPE contract.

Patient representatives and patient stories

Interviewees made other suggestions about how to build PPE into every stage of NCCG's work, most notably around ideas such as patient representatives and patient stories. They commented that there should be:

- Patients on more NCCG committees, including commissioning committees;
- More time given at committee and board meetings to PPE;
- More lay people, and a more diverse range of people (for example in terms of gender), on NCCG's board;
- More consistent use of patient stories, including both negative and positive feedback;
- Patient representatives from PPGs at cluster level.

Relatedly, it was noted during one interview that the ELFT Board has a People Participation Committee, chaired by the Board's overall chair. This committee has majority service user representation and holds the organisation to account for how it engages; it periodically brings in the clinical director, management director and service user lead from each directorate to ask how their

PPE is working and what outcomes have been achieved as a result. The Committee also has a role in signing off strategy. This information wasn't presented as a suggestion for NCCG to adopt, but it is worth mentioning here as an additional take on the ideas put forward by interviewees above.

Focussing on hotspots

Relating to both permanent and tailored modes of engagement, two external interviewees suggested that NCCG should focus more on those communities and areas with the greatest needs. For example, one interviewee noted that the South East Asian population tends to engage less with health screenings and GP services and also has high levels of diabetes. Another interviewee noted that health is not a priority for many people when they first come to the country and that part of NCCG's job should be to help people see its importance.

Relatedly, a third interviewee suggested that the current PPE strategy is "mainly reactive" and wondered if NCCG could develop a more proactive plan. They pondered the idea of a five-year PPE strategy on which NCCG would periodically reflect.

Asking bigger questions

Picking up on an earlier point about asking different questions, two interviewees suggested that NCCG should engage the public on bigger topics. They noted that the council had asked people where £20bn of cuts should come from and suggested that NCCG should try to engage people with broader questions too.

A variety of ways to engage

One criticism of NCCG's current PPE work that came up in earlier chapters was that it doesn't offer enough different ways for people to get involved. As one interviewee not quoted earlier put it "we need a smorgasbord of options" so we're "not saying people have to fit around one way of doing it."

All categories of interviewee had ideas for what this greater variety of activities could look like. Several interviewees felt that NCCG should make better use of online engagement techniques: [3]

> *"We could do more work around things like … social media, making sure take we feedback from twitter, Facebook, webinars, more clarity on the website about where to provide feedback, virtual sessions…."*

Interviewees related this idea particularly to the fact Newham has such a young population. Individual interviewees also noted that this is "how most people feedback these days" and suggested this area was "worth a pilot." Relatedly, one interviewee felt NCCG could be stronger of "ways of getting views quickly," noting that you "don't always need a big meeting." S/he wondered if NCCG could have an e-panel to which it puts a monthly question.

Another idea mentioned by several interviewees was that of patient champions. One interviewee explained that NCCG has already used this approach successfully, for example around its work on Ramadan and diabetes which saw "compliance improve." External interviewees also gave examples of effective work with patient champions:

> *"One of the things that we do is we train up our service users and carers - who know the community better than the staff will do - to go out and outreach and gather feedback themselves. So we train service user audit teams that then go out and capture all of this data. And you often get more honest answers by doing it that way because, you know, if it's staff members collecting it people are going to give different answers depending on the different power dynamics. So it's about how you can utilise that, that sort of motivation of the few people who do want to get involved to get as much information and feedback as you can."*

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[3] It is important to note that no one suggested moving largely or solely to online engagement. Doing so can bring its own problems. For example one interviewee noted that, *"older and less mobile people are less likely to use the internet."*

"We did the child abuse work with the met police. We wanted to talk about child abuse with Asian Muslim women… We asked a woman to do the outreach who was a mother, a parent, that went to the mosque. Then we said to her, can we use your living room? We'll pay for your living room and we'll pay for you to make some snacks and food and do the outreach… We've been able to have the difficult conversations with people because we've been able to go down into communities."

Another interviewee linked the idea of community champions to her wish to see more outreach work as part of NCCG's PPE. She felt patient champions would help reach different populations and also that it would allow more outreach to happen because of increased capacity.

Other interviewees suggested:

- Regular community engagement events and pop-up shops at locations that suit lots of different people, such as community centres and shopping centres;
- Events with question and answer sessions, as a first step to building relations with the public and getting an "appropriate challenge";
- Use of drama techniques;
- More use of panels to track changes such as those currently happening around integrated care.

More time and rigour

Finally one interviewee noted the importance of engagement processes and events being long enough for participants to properly absorb information and feedback. S/he also suggested:

"There's much more focus needed and real research rigour as opposed to one commissioner running a workshop and typing up the notes."

Section 2: Beyond structures and activities

Culture change and training

Culture change was an idea that came up in several earlier chapters. Internal interviewees in particular had several ideas about how to help this happen.

The most common was a request for greater guidance, perhaps in the form of a checklist or template:

"[Some templates on the intranet with starting points around] 'Are you thinking about PPE? This is what you might want to think about.'"

"A check list of the types of things commissioners should be seeking to engage on would be great."

One interviewee suggested that greater advice around how to have discussions would also be useful as at the moment they're helpful "but can go off in a direction about a service which you have no responsibility for." S/he was also keen for there to be greater objectivity and clarity internally around what good PPE looks like and how much is needed to "insulate us from challenge."

Other suggestions made by individual interviewees included that:

- NCCG should make PPE part of everyone's induction process and objectives, including inductions for staff seconded to the organisation;
- All commissioners should spend time in community as a matter of course, for example by attending local groups and meetings to get a "feel for the dialogue":

  "Is access more important [than] availability [than] continuity of care? […] You can pick up some of this stuff by going to listen as opposed to talking to."

- There could be more workshops for staff like the recent one run by the PPE Manager;
- There could be more training offered to staff:

  "It's a bit of a two sided coin. There's no point in training lots of patients to represent on your groups if you haven't trained the commissioners to make sure they're allowing for these people on their group. …Otherwise you're sitting there as a patient and you've got no idea what they're talking about…. What do all these acronyms mean?"

  One patient suggested that this should be collective training – ie done for patients and staff together – like coproduction training s/he had attended.

Communications

Several interviewees mentioned ideas about communications. A number of these related to NCCG becoming better at demonstrating what PPE it's already doing, while others talked about NCCG being clearer about its role and better at seeing its work from the public's perspective.

Concrete suggestions included:

- Producing an annual report of engagement for a public audience, covering what NCCG did and what happened as a result: "People should be able to see, this is what we started." The report, s/he suggested, could also then be used as a starting point for PPE – asking the public if NCCG had done as they wanted/intended and what needed doing next. They suggested that NCCG might want to do this as a joint report with Healthwatch and others in a similar space;
- Continuing with the joined-up theme, several interviewees suggested that health sector organisations should co-locate their AGMs, noting that for the public it's all the same system;
- One interviewee said that they felt the current engagement strategy was not written in an engaging way. They suggested that it contains "too much management speak" and "talks about how people can contact different structures, not how NCCG will be making an effort to engage people."

Evaluation, monitoring and SROI

A number of interviewees made points relating to evaluation and monitoring. External interviewees, particularly those from the community and voluntary sector, were keen to see more evaluation and sharing of the resulting learning:

> *"There is some great work across Newham. It just needs to be joined-up and I suppose evaluated in a way so we know what works and then let's speed up, let's do it, let's do the work that needs to be done and that's been evaluated so we know that it works…"*

One interviewee suggested that NCCG might want to use Social Return On Investment (SROI) to evaluate its work and demonstrate its impact. The interviewee's organisation can say confidently, for example, that every pound they invest saves four pounds for government.

One internal interviewee is keen to involve patients in measuring and monitoring. S/he noted that not all patients would want to take part but that some would. S/he also wants to explore ways to keep people feeding back.

Learning from others

Several interviewees talked about the value of learning from others and suggested that NCCG does more of it. Suggestions included that NCCG should seek to learn from areas with similar populations and other CCGs that are recognised for excellent PPE practice. One interviewee suggested that PPE

leads from different CCGs could meet up to learn from one another and that the right incentives and levers need to be in place to facilitate this happening.[4]

Other interviewees talked about learning from organisations within Newham. This point is covered in more detail in Chapter Seven.

[4] It is Involve's understanding that this arrangement already exists for London CCGs and that NCCG's PPE Manager attends these meetings.

Chapter Seven: Working with partners

Chapter summary

Who NCCG should work with on PPE, and how it should do that, are very significant questions for the future of NCCG's PPE work.

Interviewees from NCCG, statutory organisations, existing providers and the voluntary and community sector all expressed willingness to work more closely with each other on PPE. They identified a wide range of opportunities that would result from closer collaboration. These tended to focus around improving health outcomes, delivering better PPE, increasing understanding (of each others' work, holistic patient pathways, health issues and communities) and enabling greater efficiency.

Interviewees also noted, however, a significant number of potential barriers to achieving closer collaboration.

For co-operation between NCCG, statutory organisations and existing providers, both internal and external interviewees identified similar issues. These included organisations' different practices and cultures, a need to build trust, potential conflicts of interest and how NCCG commissions PPE. Interviewees also talked more generally about the challenges of changing traditional ways of working.

Interviewees from the community and voluntary sector identified about some similar themes, including the need for trust and changes in how NCCG commissions PPE. However many interviewees saw the key issues as a need for NCCG to increase (1) its understanding of the sector and its ways of working and (2) its appreciation of the sector's potential. Closely related to latter was an observation that NCCG doesn't tend to see engaging with the voluntary and community sector as part of PPE. Some interviewees also talked about a need for greater transparency in decision-making.

It is important to note that, in addition to the points made above, some internal and external interviewees highlighted areas where joint working is already happening successfully.

Interviewees were asked different questions about partnership working on PPE:

- Internal interviewees were asked about the opportunities and barriers to working more with partners and potential partners;
- Interviewees representing organisations were asked about their experience of working with NCCG to-date and their views on working with them more closely in the future – including opportunities and barriers;
- Patients were not asked explicitly about these topics. For some, however, the issue of working with other organisations came up in their comments unprompted, usually because these interviewees were involved in community organisations themselves. Where patients did talk about these issues, their views are included below.

Because of interviewees' different roles and perspectives, comments on partnership working on PPE fell into two distinct categories: those about NCCG's relationship with statutory organisations and health providers it already commissions, and those about how NCCG works with the voluntary and community sector more broadly. This chapter is structured to reflect that distinction.

Section 1: Working with statutory partners and existing major providers

Comments on this topic came mainly from internal interviewees, representatives from statutory organisations and NCCG's existing providers.

In general, interviewees expressed a desire to work more closely together on PPE:

> *"We should be working as a health economy to do patient engagement."*
>
> *"If we're living in a interdependent world more and more, which we are, even in health, how do you work with your partners and providers to make sure you're joining up where you should be around PPE?"*
>
> *"The key behind all of this is total partnership and working as one big system."*
>
> *"My key message to NCCG would be that we are very open to working with you to develop an approach that's aligned and complimentary and that's working towards the same direction…. In order to create the right engagement model we will almost inevitably have a journey that we're progressing together and it would be good if those incremental steps are aligned and the scale [i.e. the scope] is mapped out appropriately. Where does Newham's [NCCG's] engagement model begin and end, and where does ours, or ….do they become one? How do we define that? ….How do we define …what a health engagement model looks like for East London? I think we should be looking to create a really ambitious, aligned one that is co-created with patients."*

Interviewees identified many opportunities that would be opened up by increased collaboration on PPE. They also, however, noted a wide range of potential barriers.

a. Opportunities

Interviewees suggested that greater partnership working on PPE would have the following benefits.

➢ Increasing understanding and improving outcomes

Interviewees feel working together on PPE would enable organisations, including NCCG, to understand the complete patient pathway (from prevention to treatment). This, they suggested, would improve health outcomes:

> *"Having all the multi stakeholders in the room, lightbulbs were going on all the time: 'Are you doing that? I didn't know you were doing that!' […] I suppose we've been quite one-dimensional in our patient pathways as opposed to being more three dimensional."*
>
> *"So we did the engagement work with the carers which was kind of looking at the social side of things rather than the pure health side of things. […] … what they said it kind of wasn't rocket science but it made a lot of sense and made you think slightly differently about some of things. And [the condition] is very clinical but the patients and the carers… were like what are you doing about health promotion before, before we get to the point where we need a knee replacement? […] So it's about how do you take almost a real pathway approach that isn't a health pathway, it's a lifestyle pathway."*

Interviewees also noted that organisations could learn from each others' approaches to PPE and experience about what does and doesn't work in this regard.

Looking at a slightly different area of understanding, interviewees suggested that more integrated working between health sector organisations could help residents understand better how to use services in the most efficient way to meet their needs.

➢ Efficiency and patient experience

Several interviewees suggested that increased partnership working on PPE would result in economies of scale. In this vein, a small number of interviewees suggested that NCCG could

have a larger PPE team, which it shares with providers, other CCGs, and/or the local authority. However comments were more usually along the following lines:

"We could be better joined up in having a joint approach that had similar messaging, similar visions, similar ways of making the process start with residents and people rather than patients. And finding a unified and holistic way of having conversations with people, rather than having it three times …when we're all trying to achieve very similar things just with some slightly different perspectives."

"I think there are benefits from economies of scale, as long as you can retain the focus of why you're doing it."

Interviewees felt that organisations working together as per above could improve patient experience, helping to avoid consultation fatigue and making better use of people's time:

"There's so much happening that if it was a bit more coordinated that would be good for the patients."

Interviewees also suggested that joint working on PPE would improve efficiency by enabling organisations to gain a better understanding of where blockages are in the system. This, they suggested, would enable a different approach to efficiency savings rather than 'slash and burn'.

➢ Other

Individual interviewees felt that more partnership working on PPE would help:

- NCCG ensure that providers have good PPE in place, including providing support in this area, where appropriate;
- Health sector organisation to be more accountable to the tax payer and service users;
- PPE activities to reach, and engage, a wider pool of patients and organisations.

Interviewees also noted a particular opportunity for cooperation between NCCG/GP clusters and the local authority's Community Neighbourhood Managers and LINK workers. They felt closer working in this area would open up a wide range of new possibilities.

A small number of interviewees suggested that NCCG's PPE is already aligned and working well with that of other organisations.

b. Barriers

Whilst interviewees were enthusiastic about the opportunities opened up by greater partnership working on PPE, they also identified a range of barriers to achieving this in reality.

➢ Overcoming difference and creating change

Several interviewees noted that differences in organisations' ways of working, internal cultures and approaches to PPE were likely to complicate attempts to work in partnership. Examples given included the fact that the local authority is "quite reactive" in how it works, which limits its opportunities to do deep engagement activities. The local authority is a politically driven and managed organisation, whilst NCCG is not:

"You'd have to have to have very mature agreement at the outset about what our objectives are."

More generally, one interviewee noted, echoing several others:

"Everyone wants things done in their own way for their own outcomes. [….] So there's a long way to go yet."

Closely related to the above, interviewees also recognised that creating altered ways of working is no easy task and suggested that NCCG may need to invest in change management techniques. They pointed out that national levers, such as payment by results, are unhelpful in that they incentivise people to work separately.

On a slightly more specific issue, interviewees talked about organisations needing to overcome a reluctance to take criticism for one another. They feel, for example, that the public might be upset at various points with both NCCG and the local authority for different reasons. Joint PPE would require both organisations to receive this feedback.

➢ Trust and conflict of interest

Key to overcoming difference and creating change is establishing trust and dealing with issues around conflict of interest. Several interviewees made points in this area. One suggested that in an environment where budgets are "being taken away from both sides," organisations will be "nervous" at anything that might put their share of funding at risk. Interviewees also feel that providers might be reluctant to share data and feedback with the organisation which commissions them. They suggested and that clear leadership would be needed to overcome this barrier to closer co-operation.

➢ How PPE is commissioned

Interviewees made two separate points about how PPE is commissioned. Firstly they noted that joint working on PPE could result in the largest organisation dominating PPE activity. They suggested that one way to mitigate this risk would be to subcontract the PPE work to a third party.

Interviewees also talked about a need to commission PPE in terms of outcomes not process:

"So what happens is that the commissioners tend to commission [PPE] in terms of process and not in terms of outcome. So there are a thousand and one hoops that have to be jumped through to develop initiatives and that stifles innovation and growth. [….] … what happens is that the commissioners become overly prescriptive in what that dialogue looks like so therefore the dialogue becomes artificial, meaningless, tickbox and all of the energy and focus that one would wish to divert to really creating a different, shared ambition of engagement with patients is stifled because you're feeding the beast."

This interviewee talked about the need to create "a protected space" for PPE.

➢ Other

Other barriers to partnership working on PPE mentioned by interviewees were:

- Lack of knowledge about who does what at each organisation;
- Disproportionate scrutiny of innovative projects even when they're much smaller than traditional contracts;
- Difficulty in working out what to take where – for example, when services are London-wide – and ensuring that the Newham voice isn't lost when PPE stretches beyond the borough.

Section 2: Working with the voluntary and community sector - the internal perspective

Several interviewees gave examples that they feel show NCCG is working well with the voluntary and community sector. The community prescription was key amongst these. These interviews tended to suggest that working with the community and voluntary sector is a key NCCG strength. They also noted that NCCG still has credibility with the sector even where initiatives may have gone wrong in the past.

Not necessarily in contradiction with this view, other interviewees expressed doubt about whether NCCG is working well with the sector across the board:

> *"The third sector, I don't think we've seen them as patient and public, so maybe we need to do more work where we can jointly engage them to support on what we are doing. […] They have a role to play, not on the margins."*

> *"How well we access them…I think maybe we need to do some more work to make sure we go down to that level."*

> *"I also get the sense it's the same groups that are revisited – for example, the carers network, the older people's forum, youth champions. It's good that we do that [reach out to these groups] but it's only a subset of the population."*

For all the above interviewees, working more closely with the voluntary sector would bring clear benefits: they noted that community groups hold a "huge richness" of information about communities and their needs; that the public *wants* to work more with local groups which they trust and with which they are familiar; and that working with these bodies has proved effective - an independent evaluation of the community prescription pilot found it was successful in supporting people to become more active.

One interviewee suggested that the sector is sometimes able to deliver solutions more quickly than NCCG. It can also create unintended additional outcomes for projects, such as increased community cohesion:

> *"The Tamal Sagnam welcome people from other ethnicities. They realised Saturday was more popular for certain groups …so put Saturdays on, created little crèches for mothers with babies…. They moved quicker and faster and were more streamlined [in meeting need] [that NCCG could have been]."*

Interviewees noted that the sector is keen to work with NCCG, well-organised, full of energy, and diverse – despite cuts in funding and the resultant effects.

Two interviewees talked about how NCCG could better support the voluntary and community sector. One queried whether some features of hospital services (like being able to request transport) were moving with services into the community; s/he felt this was an area where NCCG could share learning. Another interviewee described the successful bid NCCG made through the East London Business Alliance to Morgan Stanley to help the sector develop.

Section 3: Working with the voluntary and community sector - the external perspective

External interviewees had a range of opinions about how well NCCG is currently working with the sector. Some organisations had had good experiences of working with NCCG on PPE, others less so. Some interviewees suggested that NCCG currently sees PPE as exclusively about individual patients, overlooking the benefits that working with the sector could bring.

Where interviewees were almost completely united was in their willingness to work more with NCCG in the future. Similarly to NCCG board members and staff, external interviewees see many opportunities and advantages in closer collaboration on PPE. They also identified a number of barriers and areas of less good practice for NCCG to address.

Some of interviewees' comments seemed to stray outside of the area of PPE to make points about how NCCG could with the voluntary and community sector on service delivery. These comments are also included here as, despite their focus, they also make points relevant to the PPE work.

a. Opportunities

External interviewees view working more with NCCG on PPE as creating the following opportunities.

➢ Achieving better outcomes

Interviewees suggested that closer collaboration would enable NCCG to make greater progress in reducing health inequalities and improving health outcomes, not least by enabling NCCG's work to be more efficient:

"I don't know that the CCG knows a lot about what the sector's delivering and it doesn't ask. The place it should ask is at that network meeting (HSCN) but it doesn't ask. And it might actually be able to meet its deadlines and it targets easier by buying some of the outcomes from these organisations and putting in a little bit of money so that it's done in line with their targets or just to save them a bit of a budget in marketing if they fund a group that's [already] working with a new community that's come into the area and has a problem."

➢ Improving engagement

Closely linked to the above, interviewees feel that working with the voluntary and community sector would help NCCG communicate with, and engage, communities more effectively:

"At the community interface we could help them enormously if they were to have a bit of trust that others than themselves can do things."

"Some ...of the local health groups, they're the people that have the engagement with the community groups that we need to engage with. So if the CCG aren't actively discussing with them in a way that is beneficial to both parties I think they'd be uninformed wouldn't they? So, the Afro Caribbean Centre…they've got ex amount of people engaged in their community, if the CCG never discussed with them a strategy that was coming out that would be foolish. […] I'm not saying you should let the community dictate the strategy because I don't think that would work either but there has to be a way that everybody can be involved in the conversation."

Many interviewees also expressed willingness to share learning with NCCG about engagement models that work for their communities. Interviewees noted that NCCG is not the only organisation in Newham to have won praise and awards for its PPE and to have had PPE work successfully independently evaluated. ELFT and Caritas are both in this position, for example.

Several interviewees moved on from the above to talk about how NCCG's commissioning practices could facilitate greater collaboration:

"Maybe looking at how they're contracting with different organisations whether it's voluntary or private organisations to get that funding into the community. Because again we're on the ground ….we know what the needs are. We have good connections, good links, we're able to deliver things. So we don't have to start from scratch."

Interviewees noted that NCCG commissions very little from the voluntary sector compared to commissioning that takes place around social care. One interviewee suggested that a reason behind this could be a fear of engaging with very small organisations. S/he is in the process of forming a partnership with approximately fourteen other organisations in their area of Newham so that NCCG only has to deal with one shared point of contact. If this works, s/he suggested that this approach be rolled out across Newham.

Interviewees also pointed out that the PCT used to fund the sector to deliver "lots of small, focussed, projects" and that this sometimes had the unintended consequence of acting as seed funding, allowing organisations to bring in more substantial amounts from other sources. One interviewee talked about the *"untapped talent, resource and spirit out there that we need to go out and seize."*

➢ Increasing understanding

Beyond information directly about PPE, interviewees pointed out that they hold other knowledge that may be useful to NCCG. For example, one organisation listed their areas of expertise as including how to deliver services appropriately for older people, what being holistic means, and where current issues and challenges are for the people with whom they work. The sector also has experience of interacting with NHS from the outside, with could also be useful:

"We spent quite a lot of time going from one silo to another with no one in the NHS taking a holistic view."

As well as sharing their knowledge and expertise with NCCG, interviewees were also keen to receive more information:

"It [working with NCCG] gives an ability to start to understand what they're trying to do."

"I think if there was more opportunities to meet and engage and understand each others' work, a lot more of what we both do could be streamlined to help each other."

➢ Other

One interviewee felt that greater collaboration with NCCG would decrease fragmentation in the community and voluntary sector, "which is really the sector that should be at the front of engagement so that information cascades down and upwards."

b. Barriers

External interviewees identified a number of barriers to working more closely with NCCG.

The first, and perhaps the underlying theme of many of the barriers relates to NCCG's understanding of the sector. It is worth quoting interviewees here at some length:

"I think it's still a very new organisation so I think it's still finding its feet particularly in the how to engage with the voluntary sector. I think they're very used to working with private companies, very large organisations, but not to working with small to medium sized organisations...in the borough. I would say the will is there from the board and the senior officers but I think there are still issues around engagement understanding for other officers and staff about what it is the voluntary can do and help and support to provide services for patients in the community. Unless it's very clear that you're a cancer charity or you provide stroke support they really don't understand the concept around health and social care organisations that it's not on a medical model it's more of a social model and how … we engage with people on a long term basis."

"It's a clash of cultures and they've got to start to understand that there are other cultures out there that could help them enormously. The third sector has got some very talented organisations within it, some very capable organisations within it, but it strikes us that the medical side really haven't got to grips with this. They seem to think we should do things for nothing. […] I've got to pay my staff. There seems to be a very unreal idea about what this relationship could be."

"They don't naturally think about working with partners and communities. They think everybody understands the NHS. Well we don't understand the NHS; we don't understand its foibles, we don't know its procurement systems. And if you want to work with people you've got to explain how you work and keep communicating with them."

"When we have an initial discussion about anything, we never see anything happen until at least 18 months to 2 years later. In voluntary organisations things change very quickly depending on funding… A lot of organisations when they do access funding it's either 2 or 3 year grants or sometimes even 1 year contracts. So things need to happen quite quickly in that respect because

you may not have that project in 2 years' time when the CCG is ready then to say yes we will now link in with yourselves and run that service. So I think they really need to be able to run quickly…."

"They don't ask the sector for ideas for innovative ways of working which is one of the sector's strengths. […] At the moment they have a very narrow definition of public engagement so this wouldn't be part of it."

Potentially resulting from this lack of understanding, some of the interviewees suggested that there are issues around trust – although all these organisations did say they would be happy to work with NCCG in the future:

"I'm a charity, I'm a not for profit. If I bring in £5m, I spend £5m. If bring in £500, I spend £500. So I've got to be really careful and responsible about time over value, investment into development and actually financially making the decisions about what I do and how I do it. … I lost about £20k [because of the delay to the community prescription] […] We were told it's coming, it's coming, it's coming and it just never came. […] So it'd say the barrier is the trust element and hopefully getting the assurance that that won't happen again."

The same interviewee noted a difficulty in finding out information during this time:

"That was very unacceptable to stop a service to users who need it. So I think at some point they need to rethink their process and their structure to make sure that doesn't happen again…. I found it quite bureaucratic to get information back…it wasn't very clear and they weren't forthcoming in terms of that information [during the delay]."

It is impossible for the author to judge whether, in this case, NCCG did everything it could have done to be open and transparent, and to communicate well, within the limits imposed by the situation. This was not however the only instance where communication and transparency were suggested to be an issue:

"There's no ability to see how decisions are going to be made. We invested a lot, we had meetings with the chair, the vice chair, and the chief executive and we were just put into a siding and that just says to me we're being to a certain extent used."

A number of interviewees asked NCCG not to be too prescriptive in what it asks the sector to do, and suggested that some organisations are put off engaging with it for that reason:

"I think there's brilliant opportunities if they truly engage with partners and work with them in a co-productive way, rather than …in a controlling way. If they do it as an equal partnership I think it's a brilliant opportunity to gather a lot of community intelligence that they should be tapping into and listening to and which I think at the moment they're not and they're missing out on."

"I don't think it does see anything as a partnership. I think it has embraced the idea that it's a contract-giving organisation and so they're up here and you're down there as a contract person. […] It's sort of like 'now we're telling you; we're not only telling you what you're doing but how you're going to do it'. And that goes all the way across the voluntary sector with the loss of grants and things, where we were [in the past] asked …. 'this is what we want, how would you do it?'. Now it's 'this is what we want and this is how we want it done.'"

It is important to note that these critiques of NCCG's partnership working are not universal. One interviewee noted, for example, that working with NCCG had never thrown up big issues precisely because NCCG was so open and so willing to sit down and work through issues together. Finally, during the course of the interviews, interviewees commented on their experience of working with the Forum and other organisations NCCG contracts around PPE. They noted both good and bad practice in this regard.

Section 4: Who else to work with?

Interviewees had lots of ideas about organisations with whom NCCG could work more closely, both from within the voluntary and community sector and beyond. Ideas not already mentioned earlier in this report include:

- Large employers;
- Front line staff such as GP receptionists, teachers and healthcare workers. Interviewees suggested that these staff could be trained to help raise awareness of PPE opportunities and ask people to be involved. These asks would be powerful because they came from people who already have a relationship with the relevant member of the public;
- Staff within organisations that NCCG commissions: *"People at management level have a view point but people that are actually delivering [on the ground] probably see it as a completely different thing."*

As already suggested above, interviewees also noted that sometimes NCCG has a tendency to work just with the bigger charities and voluntary and community organisations; they could seek to work more with smaller groups.

Chapter Eight: The changing external context

Chapter summary

The internal interviewees included one further question, the answers to which have not yet been covered in this report. This was about the external context in which NCCG operates – or, in other words, factors beyond NCCG's control that may necessitate changes in how it does PPE in the future.

When asked about what these external influences are likely to be, interviewees' responses varied widely. This might be due to the interview question, which some interviewees found unclear: *"The external context in which NCCG works is changing. What do you see as the key changes facing NCCG and in what way, if any, do you think NCCG's PPE work will need to change as a result?"*

Areas identified by interviewees in their answers included budget cuts, Newham's changing population, the Five Year Forward View and other central initiatives, the integration of health and social care, Barts Health, and impending changes to GP services.

Internal interviewees identified the following areas as external changes, which might necessitate changes in PPE practice.

Budget cuts

Several interviewees talked about current and impending reductions in budgets, not least those faced by the local authority. Interviewees had a number of different thoughts about how this might affect PPE. These included that:

- Cuts might affect budgets for PPE;
- NCCG would need to "work together" with patients in the face of the cuts, "I don't want to even call it engagement";
- NCCG would need to work with the local authority to ensure the public's voice was heard and that much needed services were not cut – this interviewee was also concerned that it would be the people least able to advocate for themselves who would be most affected;
- NCCG would need to work with the local authority and the public to create a united voice that would be more powerful as a result;
- The cuts might create increased public demand to be heard with no one to "absorb that information and translate it in way that makes sense for commissioners."

Interviewees also noted the role PPE could help in mitigating the effect of the cuts by increasing efficiency without negatively affecting care quality:

> *"A lot of the solutions that we need to design are to save money ultimately but maintain the quality of care that we're delivering. A lot of members of the public and patients have actually got the answers ….."*

> *"If you don't know what you don't know because you haven't engaged the public and the patients then you're not going to improve."*

> *"So a need to kind of save resources, a need to be more efficient means we actually need to work out what actually works with the people we commission services for. […] So I kind of see it as an opportunity to make that shift rather than oh gosh we're going to have to cut things and it's going to be worse and we're not going to be able to do it as well."*

The changing population

A small number of interviewees mentioned Newham's changing population, or the borough becoming "gentrified" as one interviewee put it. Interviewees noted that this might result in health inequalities

intensifying and would present NCCG will a real challenge to design and deliver health services that fit both the borough's remaining traditional population and its new one; the two are likely to be very different in terms of age, ethnicity and socio-economic status. In terms of PPE, interviewees suggested the challenge would be how to engage the new population: current PPE activities do not cater for this new community at the moment.

A different kind of conversation

Similarly to a point made in Chapter Six, one interviewee suggested that the Five Year Forward View would require NCCG to have a different, bigger sort of conversation with the public – for example around changing how health care is provided to be more out of hospital.

Integrating health and social care

Two interviewees focussed on the integration of health and social care. They talked about the need for PPE to look at both sides of what people need and noted that the MSK workshops had already examined social, as well as medical, needs. They also recognised the importance of working with the borough and other organisations join up services – with some interviewees also suggesting that this would require joint PPE. One interviewee talked about the need to focus PPE more on those most affected as a necessary condition for achieving these aspirations.

Barts Health

A small number of interviewees mentioned the fact that Barts Health is currently struggling in some areas, for example the fact it is in special measures. Interviewees felt that the main implication of this for PPE was a need to take the public with the NHS on the journey to improving the quality of care and service. Interviewees suggested that the public should know what's happening and feel confident that they can be involved in designing solutions.

Merger of CCGs / PPE happening at different levels

One interviewee felt a merger of CCGs was a real possibility and that the PPE challenge, in this happened, would be to continue to ensure a strong voice for people in Newham.
Another interviewee noted that PPE takes place at different levels – for example Transforming Services Together involves working across three CCG areas. S/he felt that the challenges here were how to tie this is in with what NCCG is already doing on PPE and also how to get people to look at a wider geographical area - shifting PPE to a more strategic level.

Possible political changes

Interviewees noted that some changes that might affect PPE would be handed down from central government and therefore were difficult to predict and influence. One interviewee talked about the need to 'Newhamise' central initiatives to make sure they work in the borough.

GP services and clusters

A number of interviewees mentioned changes relating to GP practices. These centred around NCCG taking back over GP contracts and the establishment of GP confederations – the joining up of GP practices.

Interviewees suggested that the implications for PPE of these changes include:

- Practices needing to engage patients to help them deliver good patient care at a higher level than just core services;
- A role for PPE in helping NCCG understand what needs changing about general practice;
- Using PPE as a way to explain to patients the rationale for GP confederations and why the changes are nothing to worry about.

Chapter Nine: Conclusions and reflections

Chapter summary

NCCG has lots to be proud of about its PPE. Not least amongst these elements is its decision to review and improve its practice - despite the fact it is already performing more strongly than many CCGs – and the commitment to PPE that sits behind this. These strengths not withstanding, there are also significant areas where NCCG's PPE work could improve. Involve has intentionally focused on these in answering the project's research questions in order to support NCCG's wish to take its PPE to the next level.

NCCG has lots to be proud of about its PPE. All interviewees singled out areas of its work to praise. Not least among these was NCCG's aspiration to take its PPE practice to the next level, despite the fact it is already performing more strongly than many CCGs. The commitment that sits behind this was reflected too in internal interviewees' strong understanding of public engagement. It is rare to see this level of knowledge in an organisation like NCCG; it is a real achievement.

Whilst there is much about NCCG's PPE to praise, there are also significant areas where it could improve. Strengthening these parts of its PPE will enable NCCG to become a better commissioning organisation: it will be able to continue to improve health outcomes and services more quickly, effectively and efficiently. NCCG's status as an exemplar of good practice engagement is also likely to be enhanced.

In answering NCCG's original research questions below, Involve has therefore sort to emphasise how NCCG can take its PPE to the next level and to add its own ideas and expertise to the wealth of input provided by interviewees.

How well is NCCG's current PPE service reaching people in Newham?

This is an area in which NCCG, in some ways, performs well. Compared to similar organisations within the health sector and beyond, the numbers of people who attend its events is impressive. It is also clear that its PPE activities are good at reaching many different ethnic communities, particularly amongst older age groups (although not the frail). This is no mean achievement and probably results in large part from NCCG's decision to commission a local third sector organisation to deliver key elements of its PPE programme.

In addition to the above, some of NCCG's more recent work has clearly been effective at reaching specific communities. It seems reasonable to suggest that examples of this include the initiative with young people on mental health, the work with the Muslim community around Ramadan and diabetes, and the Big Debate process with people with learning disabilities, to name but a few.

Despite these successes, there are however clearly areas where NCCG could be more effective at reaching the local population. Interviewees made a number of suggestions in this area and Involve would like to highlight five in particular for NCCG's consideration:

- It is really important that NCCG always engages with **the right patients** – for example, those with experience of using the service under consideration – **rather than just any patients**. Involve believes there's a risk that sometimes NCCG staff are going to the permanent PPE platforms because this is the easiest and quickest way to engage, not because the platforms contain the right people to inform a specific decision.
  Before choosing how to engage NCCG staff should always ask themselves:

  - What decision do I need to make?
  - What is genuinely open to influence?
  - What knowledge do the public and/or the voluntary and community sector hold that I need and cannot get anywhere else?

- Which members of the public and the third sector have this information?

From there it becomes easier to think about what methods of engagement might be most appropriate, and are feasible given timescales and budgets.
Interviewees also suggested that NCCG and its provider often recruit participants from the same database of individuals. While a large database can be a good starting point, NCCG should also consider how to open up recruitment processes more widely. One interviewee noted that s/he had found it straightforward to recruit using targeted adverts; there may be learnings to share here. Lateral thinking may also help. Data protection considerations notwithstanding, there are presumably, people going to appointments for particular conditions on a regular basis, lists of people who have been treated in the past, awareness amongst community organisations about individuals who may be interested, and so on.

- NCCG could **work much more with community leaders, and voluntary and community sector organisations.** These individuals and groups already have relationships with their communities, are often excellently placed to advise on the most effective way to consult and reach their peers, and are usually able to be more innovative and move more quickly than public sector organisations.
NCCG does have some good practice in this area, including the community prescription, the introduction of community and patient champions[5] in some areas, and projects asking young people how best to reach and engage their peers. The next step for NCCG is to use this sort of practice more systematically and much more widely.[6] Interviewees had a number of interesting ideas about how to do this, including developing platforms around particular community groups, and setting up a high level advisory panel of patients and voluntary and community sector representatives. It is also important that NCCG heeds the feedback from the voluntary and community sector contained in Chapter Seven.

- Closely linked to the above, NCCG needs to **provide a much greater variety of ways for individuals to take part in PPE.** This includes creating a shift in emphasis from the current situation, where participants are usually asked to *come to* NCCG, to a future where NCCG more often *goes to* where communities and individuals already are. Making these changes would increase the number and range of people NCCG is able to engage.

- When developing PPE activities it is important that NCCG considers how **accessible** they are. A number of interviewees displayed significant expertise in this area and, if NCCG has not already done so, it may want to bring these individuals together to write a checklist for staff and providers to reference when planning engagement activities.

- Finally, reaching people is not just about getting them to engage in the first place, it's also about ensuring they have a good engagement experience: this should encourage people to participate again, get more deeply involved, and/or suggest to other people that they take part too. **Managing and meeting participants' expectations** is really important in this regard. NCCG should always be clear with participants about the purpose of the engagement activity, participants' role, relevant timescales, and so on. It is then critical that participants receive feedback about how their engagement has made a difference to decision-making and outcomes. Interviewees' comments indicate that NCCG does not always get this right.

[5] In addition to NCCG's own work, external interviewees gave several examples where working through patient champions had provided successful. There are also many similar case studies from outside of Newham, for example work on combating teenage pregnancy in Lambeth.

[6] For case studies of additional ideas in this vein see for example the *Not Another Consultation* report on Involve's website.

How effective is NCCG's current PPE service in enabling NCCG to make good commissioning decisions? Why?

It is clear from the internal interviews that there are numerous areas where PPE is having an impact on NCCG's decision-making, enabling it to make better commissioning decisions. This is something about which NCCG should be immensely proud.

The reviewer also believes, however, that NCCG's current PPE work as a whole could be considerably more effective in this area. PPE will work best to provide NCCG with the information it needs where it engages participants early in the decision-making process and asks them broad questions. For example, NCCG's work on diabetes pathways enabled participants to help shape NCCG's understanding of how the current pathway worked and what about it needed to change. This is excellent practice. NCCG does not, however, take this approach across the board; the way it engages with the permanent PPE platforms is, for example, very much a case in point.

The most obvious recommendation here is for NCCG to be more consistent in following best practice. In addition, Involve agrees with several interviewees that co-design and co-production are the ideal that NCCG should be working towards. These are characterised by involving participants in every stage of the decision-making process, and seeing them as equal partners who bring different but equally valuable knowledge to the table. These processes can often involve representatives of external organisations as well as patients, and this is something that NCCG should also consider, where appropriate.

On a slightly different note, it is clear from the interviewees that PPE doesn't have a great influence on NCCG's overall strategy. PPE tends to happen *after* NCCG has decided on its priority areas for change. This is something that NCCG could usefully address to ensure it is tackling the areas of most concern to patients.

To what extent can the current structures deliver an improved service in the changing external context, including the Five Year Forward View and significant service redesign?

The first key point to make here is that improving NCCG's PPE is not just about structures. All Involve's experience suggests that internal culture change is critically important. To repeat an interviewee quote from earlier in this report:

> *"Ultimately the strength of engagement work is with the people who are actually delivering it. So you can have a lovely process on paper but if the people aren't delivering it or they're paying lip service to it then… Conversely you can have one that isn't so good on paper but if the officer delivering it is coming from the right place than it can be better than the sum of its parts."*

Culture change is going to be central to the success of NCCG's PPE work going forwards. It is needed to embed best practice PPE across the organisation and to adapt to changes in the external context – for example, the need to work in much closer partnership with other organisations, take on board the social model of care, and look more frequently at holistic patient pathways.

A number of interviewees made sensible suggestions about how NCCG could catalyse internal culture change, and NCCG should look at these.[7] It may also want to do some further work with staff focusing just on this topic: this is likely to lead to additional suggestions, as well as providing useful insights about how to make interviewees' ideas work as effectively as possible. Change management and culture change theory and practice also contain a whole range of techniques that NCCG may find useful; NCCG could bring in external support to help it think through and maximise change in this area.

Focussing back on NCCG's PPE structures, Involve believes that NCCG could get much more out of its permanent PPE platforms – including in the changing external context - if it improved its approach to

[7] Although not explicitly suggested in the interviews, the reviewer noticed that interviewees weren't always clear about the range of PPE work NCCG had undertaken or what it had involved. By communicating and celebrating its PPE work more internally, NCCG could promote interest in, and learning about, PPE.

them. It could engage them earlier in the decision-making process, ask them broader questions, allow much more time for discussion, and so on. However it is also Involve's conclusion that the platforms are unhelpfully limiting the range of ways in which NCCG engages its local population, and that they are not the most effective way for PPE to help NCCG achieve its goals.

What alternative engagement practices and structures might NCCG use to continue to improve its PPE performance?

Interviewees put forward a huge range of ideas for new practices and structures to improve NCCG's PPE. Newham's voluntary and community sector could give NCCG even more, if asked, all embedded in Newham's context and knowledge of its communities. It therefore seems unlikely to Involve that a paucity of good ideas is going to be NCCG's main problem when reviewing its PPE structures and deciding its next steps.

Given the above, Involve's answer to this last question is focussed at the level of PPE strategy. Its first recommendation is that NCCG should not try to develop its new strategy alone. This review should be the start of co-creating the strategy with NCCG's stakeholders - patients, carers, the wider public, the voluntary and community sector, providers, the council, and NCCG and other health sector staff.
By doing this NCCG will help ensure it gets the best possible PPE strategy first time round; it will also help build relationships with – and tap into the skills, energy, knowledge and ideas of – all those who care about PPE in Newham.

On the basis of the research interviews, Involve believes the co-creation process could usefully start by examining two questions: what should be the overall aim (or ambition) of NCCG's PPE strategy, and where should the strategy focus to best achieve this aim? Given the views expressed in this report, the following seem like reasonable drafts and options to use as starting points for this discussion:

Draft overall aim

> "To help improve health and wellbeing outcomes and reduce health and wellbeing inequalities in Newham, by ensuring that the needs, views and ideas of key stakeholders inform NCCG's work and decisions."

Options for areas of focus

- **The design of specific services, which NCCG is (re)commissioning.**
- **NCCG's annual strategy.** Helping to decide where/on what NCCG should focus each year.
- **The communities and/or geographical areas with the most health needs.** For example empowering lifestyle improvements and/or increasing understanding of available services.
- **Patient input into GP practices and GP clusters.**
- **Better use of data and feedback.** How to better bring together and use the patient feedback collected by different parts of NCCG, providers, and the voluntary and community sector.
- **Encouraging behaviour change that would free up funds for other services.** For example reducing the number of patients going to A&E and/or missed appointments, through community led interventions or changes to services.

The questions then move to ones about each focus area. When designing an engagement process, Involve always goes through the following questions *before* thinking about methodology:

- Scope: what area is being looked at?
- Purpose: why is the engagement happening?
- Outcomes: what, specifically, should the engagement process achieve?
- Outputs: what should the engagement process produce (eg a report)?
- Participants: who needs to take part for the above to be achieved?

- Budget: how much funding is available?
- Timescales: when does the engagement process need to finish?

These also seem like reasonable questions for NCCG to think about in relation to each priority area of focus, before deciding on structures and methods. Going through these questions is always a slightly iterative process – for example, outcomes may need to be revisited if timescales, budget and/or possible participants will not allow them to be achieved. More broadly NCCG may find that an area of focus not originally identified as a priority would actually require the same structures as one of the areas taken forward and could therefore be added to the strategy with minimal additional work or resource expenditure. This is most likely to be the case for feed-in to NCCG's overall strategy.

An additional topic of importance here regards how NCCG commissions PPE. It is Involve's strong recommendation that PPE contracts should focus on the outcomes NCCG wants providers to achieve, rather than specifying in detail the processes and methods it wants providers to adopt.[8] Taking this approach will allow providers greater flexibility to use their expertise, adapt according to participant and stakeholder feedback, and vary activities to meet emerging needs. The reporting templates and monitoring meetings that should accompany contracts will need to reflect this shift. NCCG can use monitoring meetings to develop an excellent working relationship with its providers, and a sense of joint endeavour to overcome the many challenges PPE can encounter. This should be possible without losing the element of accountability that is important to these meetings.

NCCG may also want to consider introducing standards for providers around areas such as governance arrangements and conflict of interest. It could introduce 360 degree reviews of providers as part of the contract monitoring process.

Any finally….

Before closing this report, Involve would like to respond to one interviewee who specifically asked it to cover in this chapter thoughts on Newham's changing population. To respond briefly, Involve believes it will be important for NCCG to think proactively about:

- Who is missing from PPE activities and what needs to change to reach them;
- The extent to which this is a priority given the differential health needs of various communities and localities;
- How it can learn from other areas and organisations with experience of engaging its new populations, and also how it can pass on learning about how to engage with Newham's traditional populations if they move elsewhere;
- Using techniques like patient champions and co-design to empower people to design engagement solutions to reach their peers.

Conducting this review for Newham CCG has been a fascinating exercise. Involve has felt privileged to learn about NCCG's PPE activities and to hear the insights and ideas put forward by interviewees. It hopes that this report will help NCCG take its PPE to the next level and looks forward to watching how its practice develops.

[8] In the event that NCCG has conducted co-creation work on methodology before a contract is awarded, then it should also specify that providers take account of the process' findings – whilst still giving providers flexibility to adapt the approach based on feedback/how it works in practice, emerging need and so on.