



## **Newham Clinical Commissioning Group's Patient and Public Engagement Strategy 2016**

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## Foreword

The NHS faces many challenges, there is an increasing demand on CCGs to respond to performance and financial positions and there is **a rising peoples' movement that calls on the NHS to fundamentally change the way it communicates and engages people**. At no other time in the history of the NHS has there been such a rise in expectation from the public to effectively hold decision makers to account.

The NHS in Newham has a long history of listening to and involving patients and the community in decision making, so we welcome this movement towards a people centred NHS. As our vision states, to improve health outcomes for our population we know we have to work in equal partnership with patients, the community and our other partners. For a number of years, we have been pioneering a community ownership approach that draws upon the principles of community development. Our stakeholders therefore include the whole community, patients, service users, Carers and the voluntary sector.

This strategy does not aim to establish radically new engagement processes. We remain committed to our engagement principles and vision. Our aim is to develop a framework for effective engagement that builds on our strengths and expands the scope of our PPE model.

*“(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

In November 2015, we commissioned a research study to review our patient and public engagement. The findings indicated we have a lot to be proud of, interviewees commended us on our commitment to PPE, but they also told us we need to get better at evidencing and communicating the impact of PPE on decision-making. What we have done is refreshed our engagement objectives to better reflect our community's expectations.

Our aspiration is fundamentally to transform the commissioning process by embedding patient voice systematically in all that we do. We believe, our unique community ownership model is the best way in which to bring about this transformation.

**Wayne Farah, Non Executive Lay Member for Patient Engagement (Vice Chair)**

## 1. Our approach to patient and public engagement

### *Our patient and public engagement principles*

Underpinning all that we do, we pledge to be defined by these principles:

- *Everyone deserves high quality public services that meet their needs*
- *Strategies and policies will reflect local priorities, needs and aspirations*
- *Embrace diversity and reduce health inequalities*
- *Promote effective partnership working*
- *Build on achievements of NHS Newham*
- *Inform, consult, involve, collaborate and empower*
- *Invest in community and patients' capacity to engage at all levels of decision-making*

### *Systematically embedding patient and public engagement*

As an organisation led by local GPs, CCGs are in a unique position to hear what patients have to say; but we want to do more than just listen. Our aim is to **systematically embed patient and public engagement in commissioning**.

Commissioning leads involved in commissioning (across the engagement cycle as illustrated below), should develop bespoke engagement action plans to demonstrate how they plan to get patients involved in commissioning and procurement.

The action plans should draw on NCCG's engagement structures to mobilise patients and the community, as well as demonstrate how participants from a range of the protected characteristic groups will get involved.



## 2. Patient and Public Engagement Objectives

*“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.’”*

Interviewee

As recommended by the findings of the PPE review, at the start of any patient and public engagement activity commissioners should:

1. *Engage with the right patients (to answer a question), not just any patients*
2. *Work much more with community leaders and the voluntary and community sector*
3. *Provide a greater variety of ways to get involved in PPE, including going to communities where they are*
4. *Ensure PPE initiatives and events are accessible to as many people as possible*
5. *Manage and meet participants’ expectations*

Addressing all these elements in engagement action plans will ensure our patient and public engagement is more holistic and meaningful. The six patient and public engagement objectives outlined below, have also been shaped by the above engagement principles.

**Objective 1: In partnership with our partners and providers including Barts Health NHS Trust, East London NHS Foundation Trust and the London Borough of Newham, pioneer innovative engagement approaches based on our community ownership model. Working together, we want to build a health system that ultimately, brings about community ownership of services.**

1. Strengthen our commitment to draw on our community assets to transform how the NHS engages people. We will do this by commissioning the third sector to deliver meaningful engagement models that mobilise patients, Carers and the whole community to get involved and lead a social movement for meaningful change.
2. Reinforce our pledge to design health systems that empowers patients and communities to take real control over their health and wellbeing by supporting and investing in community empowerment models such as Community Prescription.
3. Design and deliver capacity building models that use techniques such as peer to peer support and innovative, multi-sector partnerships to empower patients and the community to get involved in decision making and to self-organise.

**Objective 2: Systematically transform the practice of equalities and diversity. We will do this by moving from a deficit model where solutions are aimed at changing the individual, to a whole systems approach tackling the full complexity of inequality drivers; including our unconscious bias, as well as institutional discrimination.**

1. Use learning from the Equality Delivery System and the results of the NHS Workforce Race Equality Survey as well as best practice sources, to review and then transform our equalities model. We pledge to do this, by developing organisational capabilities that value a wider range of leadership styles and favour talent management systems to develop our workforce and tackle unconscious bias.
2. Our aim is to cultivate and establish equality in service processes and outcomes.

**Objective 3: As we move towards greater integrated working and joint commissioning with our key partners across the health and social care landscape, we will aspire to build on these new opportunities by developing holistic engagement models with our partners so that participation is meaningful and seamless across the health system.**

1. We will ensure our values underpin the networks created as health and social care teams become increasingly integrated in order to commission and deliver improved services.
2. We will champion bold and collaborative engagement models that calls on commissioners to put co-production at the centre of radical service and systems transformation.

**Objective 4: Social media is transforming the way people engage with the NHS, which is why we have to be far more ambitious and bolder in building our digital media presence. Though we have already started to develop good channels to talk to people in different ways, we need to get better at shaping conversations that use the full potential of social media to inform, empower and bring communities together.**

1. Further develop and maintain our existing social media channels to widen participation.
2. Design digital systems that enable us to collect patient experience in real time from a wide range of settings. We will use this data to hold providers to account and also shape our social media conversations so more people get involved in the health debates people are having.

3. We want to work with our partners to develop social media platforms such as mobile apps to enable patients to improve their health and wellbeing, as well as help people navigate the NHS.

**Objective 5: Embed the use of community intelligence from our patient and public engagement activities in our contracting processes. This should also include, a mandate for all contracts to include robust and measurable KPIs based on patient outcomes reflecting the principles of the quality triangle.**

1. Cultivate an organisational culture that pledges to hold our providers to account for patient and public engagement, shifting engagement from process to smarter outcomes that capture the entire patient experience dimension.
2. All CCG contracts to incorporate provider feedback from service users on quality and service user experience linked to improving outcomes.
3. Develop understanding of our current providers' patient and public engagement processes and platforms including their over-arching strategy for engaging the public.
4. To triangulate known patient data/feedback with other data to provide a richer picture about the quality of commissioned services to improve patient outcomes.

**Objective 6: Champion strong and robust leadership by continually striving as a forward thinking organisation to invest in the development of our Board, members and Committees, ensuring stakeholders also demonstrate compliance with statutory functions, governance processes and our values.**

1. Embed the values of the CCG into our strategies and our leadership approach.
2. Deliver a robust Board Development programme that enables the Board to continually develop both individually and collectively to lead the CCG over the coming 12 months and beyond. A key driver is a commitment to systematically embed our unique patient and public engagement values into the programme.
3. Focus on succession planning through the delivery of a Clinical Leadership Development Programme for new GP Board members that provides them with the tools to continually 'lead'. Underpinning all aspects of this work, will be a commitment to ensure our community ownership principles are reflected in the design and delivery of the programme

## *Patient and Public Engagement model - commissioning for transformation*

*“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.”*

**Interviewee**

To support commissioners to deliver these objectives, we have designed a patient and public engagement model to commission for transformation.

Shaped by the findings from the research study conducted by Involve, the model offers a greater range of ways for people to get involved in PPE so that we **engage a wider range and number of people tailored to individual issues, without of course, losing the value and social capital that permanent structures can also bring.**

We will also focus on cultivating culture change. We will develop the capacity of commissioners to deliver best practice patient and public engagement with the aim of building their skills to transform services in equal partnership with our community.

### ***PPE Commissioning Framework***

*A pool of quality assured community group providers offering commissioners tailored engagement activities on individual issues targeting specific groups*

### ***PPE Permanent Platform***

*The provider will develop and deliver a range of permanent engagement platforms to enable NCCG to have a conversation with the same group of patients over time*

### *Benefits of this model*

#### PPE Commissioning Framework:

- 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
- 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

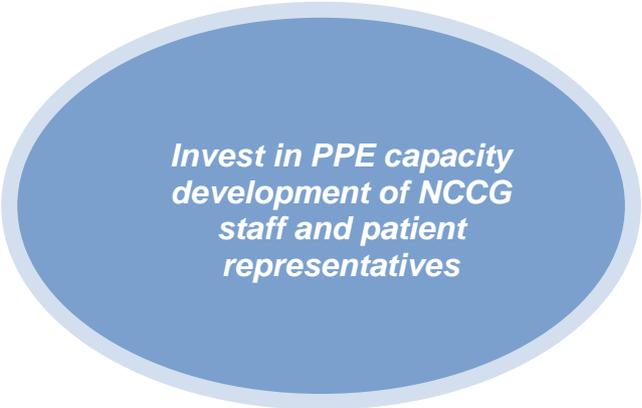
#### PPE Permanent Platform:

- 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
- Providing consistency and on-going engagement in an area with a transient population

In addition to these two core functions, NCCG's patient and public engagement resource will also need to further scope and build on two important areas:



*Strengthen PPE  
partnerships with our  
providers and other  
partners*



*Invest in PPE capacity  
development of NCCG  
staff and patient  
representatives*

*Measuring the impact of our PPE approach – from service improvement to transformation*

*“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.”*

Interviewee

Measuring the success and impact of our patient and public engagement will fundamentally be dependent on how effective commissioners are in involving patients and the public in decision making.

Across our transformation programmes, Integrated Children’s Transformation, Adults Community Transformation, Primary Care Estates Development and the Transforming Services Together Strategy, commissioners will be expected to evidence how the transformation of services reflects the needs of the community. For example, we already have a clear mandate from our community, who have told us:

- Children and parents want a seamless and coordinated health service where they only have to tell their ‘story’ once
- Patients are willing to travel further to access GP services, as long as they get quicker access to their GP
- Patients want a community health service that offers patients high quality care and a single point of access

As per the engagement cycle illustrated on page four and to adhere to the principles outlined in this strategy, commissioners will be expected to develop service models that reflect these aspirations.

This patient and public engagement strategy provides commissioners with the principles and framework to ensure we meet our community’s expectations.

### 3. About Newham Clinical Commissioning Group

Newham is a young, vibrant and ambitious borough but, as the second most deprived borough in the country, we face enormous challenges. We have a young, diverse, mobile and rapidly growing population of 318,000, rising to 340,000 by 2016 and to 382,000 by 2021. It has the highest birth rate and high population churn and is the third most deprived local authority area in England, impacting the health of our population.

Newham Clinical Commissioning Group's health priorities are determined by the health and wellbeing needs of our population:

#### Lifestyle factors

- Reception year children 2nd highest levels of obesity in the country
- 3rd highest rate of alcohol-related hospital admissions in London

#### Wellbeing and emotional resilience

- 3,052 with a serious mental illness
- Estimated 37,000 with common mental illness

#### Maternity and early years

- Highest birth rate in the country – approximately 7,000 births per year

#### Heart disease, cancer and circulatory disease

- The biggest causes of death in Newham
- 2nd worst one-year survival rate for cancer in England

#### Long Term Conditions

- 10,850 people aged 65 and over are thought to have a limiting long-term illness
- One of the highest for diabetes prevalence in the country

#### **Newham is a young borough**

- Average age is 31 years compared to England 40 years

#### **Our overarching problem is healthy life expectancy leading to a high number of years people spend in poor health**

- 25 years for women (1/3 of their lives)
- 19 years for men (1/4 of their lives)

#### **Evidence of early ageing**

- At least 6 years for women; 3 years for men based on healthy life expectancy, but other supporting data from diabetes and MSK

## *Newham Clinical Commissioning Group's Strategic Ambition*

Our aim is to transform the health system by commissioning services that are guided by three overarching principles:

The CCG will build and harness commissioning expertise and its member practices presence in neighbourhoods to get best value from public funding every day

As commissioner for the youngest population in England, the CCG will secure leading quality maternity and paediatric services and a healthy start in life for its children and young people

To improve patient experience and better manage demand, the CCG will join up local primary, community and acute care services to help people prevent and manage long term conditions, promote resilience and independence, and secure high quality acute services for patients with acute needs

The key driver shaping all that we do is Newham's Joint Strategic Needs Assessment (JSNA) developed in partnership with the London Borough of Newham. It is our route map for improving the health and wellbeing needs of Newham residents now and in the future, by committing to:

- Promoting healthy behaviours
- Tackling long term health conditions
- Tackling mental health barriers to employment to help people access and stay in employment. As part of the "wider determinants of health" work stream top priorities will be developed alongside this existing priority area.
- Building child health and wellbeing. A separate JSNA process is taking place to determine priorities for Children and Young People.

#### 4. PPE legal and statutory duties

The aim of this strategy is to enable commissioners and the organisation to meet our statutory participation duties as mandated in the Health and Social Care Act 2012 and the principles of the NHS Constitution. These important legal duties outline clearly the rights of patients and the public to get involved in decision making:

**Individual Participation:** *NHS Commissioners must promote the involvement of patients and carers in decisions which relate to their care or treatment, including diagnosis, care planning, treatment and care management. This duty requires CCGs and commissioners to ensure that the services commissioned promote involvement of patients in their own care including: personalised care planning, shared decision making, self-care and self-management support information with targeted support.*

**Collective Participation:** *NHS commissioners to ensure public involvement and consultation in commissioning processes and decisions which includes involvement of the public, patients and carers in: commissioning activities, planning of proposed changes to services monitoring, insight and evaluation*

*‘You have the right to be involved directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for change in the way those services are provided, and in decisions to be made affecting the operation of those services.’*

NHS Constitution

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**Appendix A: patient and public engagement action plan**

Initiative	Leader	Timescale
<p><b>Objective 1: In partnership with our partners and providers including Barts Health NHS Trust, East London NHS Foundation Trust and the London Borough of Newham, pioneer innovative engagement approaches based on our community ownership model. Working together, we want to build a health system that ultimately, brings about community ownership of services.</b></p>		
<p>1. Strengthen our commitment to draw on our community assets to transform how the NHS engages people. We will do this by commissioning the third sector to deliver meaningful engagement models that mobilise patients, Carers and the whole community to get involved and lead a social movement for meaningful change.</p>	<p>PPE Team</p>	<p>November 2016</p>
<p>2. Reinforce our pledge to design health systems that empowers patients and communities to take real control over their health and wellbeing by supporting and investing in community empowerment models such as community prescription.</p>	<p>Long Term Conditions Team</p>	<p>On going</p>
<p>3. Design and deliver capacity building models that use techniques such as peer to peer support and innovative, multi-sector partnerships to empower patients and the community to get involved in decision making and to self-organise.</p>	<p>PPE Team</p>	<p>November 2016</p>
<p><b>Objective 2: Systematically transform the practice of equalities and diversity. We will do this by moving from a deficit model where solutions are aimed at changing the individual, to a whole systems approach tackling the full complexity of inequality drivers; including our unconscious bias, as well as institutional discrimination.</b></p>		
<p>1. Use learning from the Equality Delivery System and the results of the NHS Workforce Race Equality Survey as well as best practice sources, to review and then transform our equalities model. We pledge to do this, by developing organisational capabilities that value a wider range of leadership styles and favours talent management systems to develop our workforce and tackle unconscious bias.</p>	<p>Board/Equalities Group</p>	<p>On going</p>
<p><b>Objective 3: As we move towards greater integrated working and joint commissioning with our key partners across the health and social care landscape, we will aspire to build on these new opportunities by developing holistic engagement models with our partners so that participation is meaningful and seamless across the health system.</b></p>		
<p>1. We will ensure our values underpin the networks created as health and social care teams become increasingly integrated in order to commission and deliver improved services.</p>	<p>NCCG Commissioning Committees</p>	<p>On going</p>
<p>2. We will champion bold and collaborative engagement models that calls on commissioners to put co-production at the centre of radical service and systems transformation.</p>	<p>PPE Team/NCCG Commissioning Committees</p>	<p>On going</p>

<b>Objective 4: Social media is transforming the way people engage with the NHS, which is why we have to be far more ambitious and bolder in building our digital media presence. Though we have already started to develop good channels to talk to people in different ways, we need to get better at shaping conversations that use the full potential of social media to inform, empower and bring communities together.</b>		
1. Further develop and maintain our existing social media channels to widen participation.	Communications Team	On going
2. Design digital systems that enable us to collect patient experience in real time from a wide range of settings. We will use this data to hold providers to account and also shape our social media conversations so more people get involved in the health debates people are having.	Communications Team and PPE Team	On going
3. We want to work with our partners to develop social media platforms such as mobile apps to enable patients to improve their health and wellbeing, as well as help people navigate the NHS.	Communications Team and PPE Team	On going
<b>Objective 5: Embed the use of community intelligence from our patient and public engagement activities in our contracting processes. This should also include, a mandate for all contracts to include robust and measurable KPIs based on patient outcomes reflecting the principles of the quality triangle.</b>		
1. Cultivate an organisational culture that pledges to hold our providers to account for patient and public engagement, shifting engagement from process to smarter outcomes that capture the entire patient experience dimension.	PPE Team	December 2016
2. All CCG contracts to incorporate provider feedback from service users on quality and service user experience linked to improving outcomes.	Quality Team, PPE Team, CSU Contract Team and NCCG Commissioners	On going
3. Develop understanding of our current providers' patient and public engagement processes and platforms including their over-arching strategy for engaging the public	PPE Team	June 2016
4. To triangulate known patient data/feedback with other data to provide a richer picture about the quality of commissioned services to improve patient outcomes.	PPE Team, Quality Team	On going
<b>Objective 6: Champion strong and robust leadership by continually striving as a forward thinking organisation to invest in the development of our Board, members and Committees, ensuring stakeholders also demonstrate compliance with statutory functions, governance processes and our values.</b>		
1. Embed the values of the CCG into our strategies and our leadership approach.	Director of Quality and Development	On going

<p>2. Deliver a robust Board Development programme that enables the Board to continually develop both individually and collectively to lead the CCG over the coming 12 months and beyond. A key driver is a commitment to systematically embed our unique patient and public engagement values into the programme.</p>	<p>Director of Quality and Development</p>	<p>On going</p>
<p>3. Focus on succession planning through the delivery of a Clinical Leadership Development Programme for new GP Board members that provides them with the tools to continually 'lead'. Underpinning all aspects of this work, will be a commitment to ensure our community ownership principles are reflected in the design and delivery of the programme</p>	<p>Director of Quality and Development</p>	<p>On going</p>

## 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.