**WEAHSN Public and Citizen Involvement Plan 2017-18**

1. **Introduction**

This Plan aims to demonstrate how the WEAHSN vision of public involvement is integral to the success of the Business Plan for 2017/18. It provides the background to the identification of the PPI strategic priorities and detailed metrics for implementation.

1. **Strategic Priorities**

Based on the current context within which WEAHSN operates, the strategic priorities for public involvement in 2017/18 have been identified as:

* Contribute to the WEAHSN re-licensing process
* Ensure all existing and new work are underpinned by strong public involvement and co-production principles of practice
* Continue to actively support PHWE as a core partner

1. **Background and Context**

In order to make the most impact, public involvement in the WEAHSN is carried out by devolving the function through WEAHSN project teams. The Public Involvement Manager supports this process by ensuring we follow a consistent approach, meets nationally agreed standards and provides the backup and resources to enable this to happen. The list below offers some highlights but does not claim to record all that we have achieved as an organisation

* 1. **WEAHSN PPI achievements in 2016/17**.

*Operational*

* Co-production embedded in WEAHSN with up to 14 public contributors working on different projects – WEAHSN Board (2), Patient Safety (4), Diabetes Digital Coach (3), Design Together Live Better Phase 2 (1), Medicines Management (1), Don’t Wait to Anti Coagulate (2) Q (1)
* Implementation of a successful model for selecting, supporting and managing public contributors. We now have a bank of up to 20 public contributors we can draw on with a broad representation of ages, experiences and professions (telecommunications, education, voluntary sector, patient, carer, other)
* Promotion of Q to public contributors and delivery of 2 PPI workshops at the Q launch
* Regular blogs on WEAHSN website to support good practice in public involvement
* Produced PPI Toolkit followed by workshop and publication on the WEAHSN website
* Our Learning programme has held workshops on skills development in PPI, Facilitation, Building Research Partners and Using and Understanding Evidence, with a total of 154 participants
* Through a young people’s programme developed by People in Health West of England, we have facilitated around 20 young people to develop an understanding of health research and evidence based service development

*Wider Influence*

* Core partner in the People in Health West of England (PHWE); WEAHSN contributes the Project Manager
* Strong relationships with PPI Leads in West of England through hosting of PPI in Practice workshops. 65 lay reps and PPI Leads from CCGs, Trusts and providers around the West of England region have attended our PPI action learning sets over the past year. Topics have included ‘Taking forward PPI under the STP arrangements’, ‘How to represent controversial feedback from patients that contradict the values of the NHS’, ‘Embedding PPI in the commissioning cycle’, ‘Using social media for engagement’ as well as a couple of good practice case studies such as a joint project between Somerset CCG and a local PPG on self-management of long term conditions
* WEGMC: we lead on PPI on the Board and led the recruitment and selection of 6 public contributors
* WEESG: we supported the selection process and management of two public contributors
* Continuation of strong relationships with National AHSN PPI Network and chairing of this network meeting
* Strong links with voluntary sector e.g. Diabetes UK, VOSCUR, Healthwatch (Swindon, Bristol)
* The WEAHSN PPI manager is the Editor of PHWE Newsflash reaching 750 people
* Health Service Journal published a blog we wrote on ‘New ways of doing PPI’ – illustrated by the Design Together Live Better project.
* Two workshops using Bristol Health Partner’s Partneropoly have been held, designed to encourage health professionals to develop partnership working with a range of stakeholders from outside the health economy – voluntary sector, industry, health and social care etc. These have led to Partneropoly workshops run for NHS England, MacMillan, Bristol City Council.
	1. **Opportunities and challenges**

Whilst the constantly changing landscape of the NHS presents numerous challenges, there are opportunities too, of which we can and should take advantage. In the Five Year Forward View there is a description of the NHS being a ‘social movement’. The document makes clear that NHS England sees a close association between a sense of ownership by the public of the NHS and that of increased wellbeing and management of ones own health. Policy and practice documents issued by NHS England demonstrate a strong commitment to co-production and co-design as methods of involvement. The values and principles it espouses include those of transparency, collaboration and a shared responsibility between patient and clinicians for their healthcare.

The achievements listed above demonstrate we are well placed to support public involvement in the STPs and Accountable Care Systems.

* 1. **People in Health West of England (PHWE)**
	People in Health West of England was launched in March 2014 with the appointment of the WEAHSN PPI Manager, whose brief was to set up and manage the project, with the support of a Team Administrator and UWE Academic Lead. The vision was to bring together the resources and expertise of those working in the field of innovation and research, in order to drive forward good practice in public involvement and develop a strong public voice. This vision still remains. Since the project started, the Academic Lead role of UWE has developed into a more hands on managerial role, with the Academic Lead managing staff supported by CLAHRC West and the West of England Biomedical Research Centre. This releases the PPI Manager to dedicate more time into driving forward the WEAHSN vision of public involvement in preparation for re-licensing.

	It is recommended that WEAHSN continues to be a core partner of PHWE. This relationship benefits from the expertise of UWE staff, membership of NIHR INVOLVE, the respect and kudos of partners throughout the West of England and the resources of an administrator who provides PA services to the Public Involvement Manager, and manages the process of paying all WEAHSN public contributors.

	It is also recommended that we continue to be guided by the PHWE Strategy Paper which draws together and identifies national good practice in principles of public involvement and co-production [PHWE Strategy 2015 - 2019](http://www.phwe.org.uk/wp-content/uploads/2015/05/PHWE-Strategy-2015-19-Up-dated_8.6.17.pdf)
	2. **A word about terminology**

***Patient and Public Involvement (PPI)*** is the conventional term used in the NHS to describe this area of work. More recently, NHS England is using the term ***citizen involvement***. The term ***engagement*** is often used interchangeably with involvement. The National Institute for Health Research involvement team suggest that ‘***engagement***’ implies a one way process in which experts bring to the public a finalised idea or product to be commented on, whilst ***involvement*** implies a method of working in partnership. The concept of ***patient leaders*** is also something we should note, especially in the clinical setting. ***Co-production and co-design*** are being used more frequently and referenced in the Five Year Forward View. In view of the range of stakeholders we work with, the WEAHSN will use the term ***public involvement*** or ***citizen involvement***, interchangeably, depending on context. We are committed to the concept of ***co-production*** and will use this approach whenever practicable.

* 1. **Aligning with Communications**The 2017/18 Public and Citizen Involvement Plan will be closely aligned with the WEAHSN Communications Plan.
1. **Summary of key points**In summary, the WEAHSN has developed a model of public involvement that draws on a range of methods – from embedding public contributors within our governance and operational structures as well as using digital methods of involvement such as crowd sourcing. We now have a bank of skilled and knowledgeable public contributors to draw on and who themselves contribute their links with a wider public. They represent a good cross section of ages, health conditions, perspectives and professions. Our partnership with PHWE has enabled us to be able to access extra resources such as a dedicated public involvement website, newsletter and learning & development programme, as well as partner programmes with young people and the new data mapping project being carried out by Bristol Health Partners.

In addition, our involvement with PHWE has contributed to our public involvement model as being highly regarded nationally. We are well regarded for our public involvement work in the National AHSN PPI Lead Network and for our public involvement work by Genomics England. Working collaboratively through PHWE also contributes towards establishing relationships and a culture of collaboration between health organisations in the west of England, making us well placed to support the STPs and Accountable Care System in public involvement, as they evolve.

1. **Recommendations**

SET is asked to support the recommendations in this paper. These are specifically to:

1. Continue to be active partners of People in Health West of England
2. Agree the involvement objectives identified in the matrix below as a public involvement plan for 2017/18, whilst at the same time recognising they may need to be amended in response to a changing environment
3. Consider having in place a simple mechanism for collating indicators that demonstrate progress in public involvement throughout the WEAHSN

**Public/ citizen involvement objectives underpinning WEAHSN Business Priorities 2017-18**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Workstream** | **Priority** | **Objective** | **Who** | **When** |
| **Business as usual** | * Contribute to the process of WEAHSN re-licensing application
* Continue to embed public involvement in our structures and processes and develop co-production as a way of working as described in the Public Involvement Plan
* Collaborate as a core partner with PHWE
* Develop a WEAHSN approach to the development of digital solutions to health
 | 1. Involve SET in a horizon-scanning and visioning discussion
2. Two meetings of all WEAHSN supported public contributors held for on-going review and support
3. Support PHWE in management of its strategic objectives, public contributors on the strategy group, finance, communications, resource development, publications and policy development
4. Produce a paper identifying the ways we use digital technology to support our public involvement work, and how we can make this work more effectively for us as an organisation.
 | HD, SETHDHDHD w.NC, UK | Sep/Oct 17May & Nov 2017On-goingJuly 2017 |
| **Patient Safety**  | * Continue to embed public contributors into Patient Safety workstreams
* Widen opportunities for workshops and training to 3rd sector care organisations
 | 1. Public contributors identified for ED, NEWS, as well as Patient Safety Collaborative, HF, Mortality Review, Meds Optimisation.
2. Reviews carried out
3. Human Factors training to third sector and Primary Care
4. Collect case studies promoting the value of co-production and involvement
5. Share PHWE resources (Toolkit, PHWE website) amongst clinical staff taking part in WEAHSN’s Patient Safety programme
 | HD, TeamHDND, KHHDHD, NL | On-goingBy Sept 2017TbcNov 2017On-going |
| **Digital** | * Ensure public participation and attendance to events
* As PHWE PPI Manager, link in with BHP’s Digital Group and Information Asset Register Project
 | 1. Public participation in workshops organised by West of England CCIO network
2. Ensure communication between all parties is joined up
3. Support BHP with its public involvement
 | Nina CrossHDHD | On-goingOn-goingOn-going |
| **Evidence into practice** | * Support public involvement in FLO, DWAC adoption and spread, ESCAPE,
* WEAHSN Academy,
* Innovation exchange development
 | 1. Provide advice and share resources to ensure public involvement in workstreams
2. Run public involvement skills workshops at Q Boarding event and others
3. Develop joint programme of workshops/ training
4. Support the PPI in innovation exchange process in 3 STPs
 | HD, TeamHDHD, DEHD, ? | On-goingOn-goingOn-goingtbc |
| **Evidence informed commissioning** | * Encourage and promote a public which recognises the importance of evidence in discussing and agreeing their healthcare with health professionals
 | 1. In conjunction with PHWE and the Academy, run workshops on ‘Building research partners’ and ‘Using and understanding research evidence’
2. Develop a process to involve patients and the public in the Community Education Provider Networks (CEPNs), either through GP Patient Participation Groups or other existing groups and networks
 | HD & ASHD & SJ | Dec 2017tbc |
| **Enterprise** | * Support strong public involvement for Diabetes Digital Coach Test Bed (DDC)
* Citizen engagement in DTLB Phase 3 and 4
* Business engagement
 | 1. Public contributors embedded into structures of DDC
2. Run workshops in conjunction with Diabetes UK
3. Public contributor part of DTLB Platform selection
4. Voluntary sector engaged in design process
5. Public contributor on Industry Advisory Group
6. In conjunction with EMAHSN, GMAHSN, develop Guide to involving public/citizens in joint working with industry
 | HD, LDAL-G, VRAL-GHD, AL-GHD, AL-GHD, Team | On-goingComplete?April 2017TbcCompletedNov 2017 |
| **Adoption & Spread** | * Support PPI work in STPs and the Accountable Care System as it evolves
* Support WEESG & WEGMC with their Public Involvement work
 | 1. Work with Jackie Barker to disseminate the learning from the Evaluation of WEAHSN PPI
2. Support PPI Leads through PPI in Practice network
3. Respond to requests for support in liaison with the appropriate WEAHSN link Director
 | HDHD | Oct – March 2017On-goingOn-going |

Hildegard Dumper, July 2017

Agreed SET (Senior Executive Team) July 2017