

Patient and Public Involvement Policy

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| Date Policy Comes Into Effect: | 6 th March 2018 |
| Author: | Kay Harwood/Kathryn Hill |
| Responsible Director: | Beverley Murphy/Altaf Kara |
| Responsible Committee: | Involvement Oversight Committee/Service User Involvement Committee /Friends and Family) |
| Target Audience: | Service users, Carers, members of the public, staff |
| Review Date: | June 2020 |

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|----------------------------|--------------------------------------|------------------|
| Equality Impact Assessment | Assessor: Kay Harwood & Kathryn Hill | Date: 23/10/2017 |
| HRA Impact Assessment | Assessor: Kay Harwood & Kathryn Hill | Date: 23/10/2017 |

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Document History

Version Control

| Version No. | Date | Summary of Changes | Major (must go to an exec meeting) or minor changes | Author |
|-------------|------------|--|--|---------------------|
| 2 | 23.06.17 | Additional information in the Public Section with related appendices added, and reference to links with equality and diversity and community engagement in both sections | Changes as requested by Trust Board. Version 2 to be presented to future Trust Board meeting | K Harwood |
| | March 2018 | Amendments to Outcomes Framework | Minor | K Hill & G Richards |

Consultation

| Stakeholder/Committee/ Group Consulted | Date | Changes Made as a Result of Consultation |
|---|-----------------------------------|--|
| PPI Leads Meeting Friends and Family | 29/11/16 17/11/16 | None |
| Trust Board | 12/16, 12/17 & 16/01/18 | None |
| Clinical Policy Working Group | 07/11/17, 7/12/18 & 6/02/18 | Minor |
| Service Users/Carers consulted | Date | Changes Made as a Result of Consultation |
| EPIC | 13/10/16 & 8/12/16 | None |
| Family and Carers Committee | 17/11/16 | None |

Plan for Dissemination of Policy

| Audience(s) | Dissemination Method | Paper or Electronic | Person Responsible |
|-------------|----------------------|---------------------|--------------------------------|
| | Internet | Electronic | K. Hill/K. Harwood & PPI Leads |

Plan for Implementation of Policy

| Details on Implementation | Person Responsible |
|--|--------------------------|
| Via Outcomes Framework and the Stakeholder engagement Plan | Kathryn Hill/Kay Harwood |

| Key changes to policy: |
|--|
| Additional paragraphs were added to the Public part of the policy and an outcomes framework was developed for the patient aspect |

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1. Introduction

The Trust has long recognised the importance of involving service users, their friends, family and carers, staff, the public and all stakeholders in the planning and delivery of services. While many people have worked hard over the years to embed good practice of involvement we recognise that our response has been variable.

Patient and public involvement is vitally important because it helps the Trust to improve the quality of health care provided, particularly patient safety, access, experience and outcomes. Participation by people who use and care about our services enables us to better understand and respond to their needs. By increasing involvement opportunities and engaging with communities using different approaches we should reach those who are less frequently heard and who experience the greatest inequalities in outcomes, including people with protected characteristics¹. This approach will help us to improve services and reduce differences experienced by different groups.

As this policy is about both patient and public involvement it initially sets out the guidance, legislation, values and the levels of involvement [ladder of participation] that is common to both; and is followed by two distinct sections; Section A focusing on public involvement and Section B focusing on patient involvement. Both public and patient sections of the policy set out the levels and standards for involvement, by which we will hold ourselves to account, and so that people who have an interest in the services provided by the Trust can participate in a meaningful way. At the heart of our approach to successful involvement we recognise that relationships between service users and those who deliver services should be based on the concept of 'No decision about me without me'.

Our purpose

Everything we do is to improve the lives of the people and communities we serve and to promote mental health and wellbeing for all.

This is in keeping with our five commitments, which all staff employed by the Trust are expected to demonstrate in all their interactions with service users, their friends, families and carers, the general public and each other.

Our five commitments

To be caring, kind and polite
To be prompt and value your time
To take time and listen to you
To be honest and direct with you
To do what I say I'm going to do

2. Guidance and Legislation

The NHS Constitution, which was updated in 2013 in the light of the Health and Social Care Act (2012) and the findings of the Francis Report (2013), sets out the principles and values of the NHS in England, and details the rights of patients, the

¹ The public sector equality duty [as set out in the Equality Act 2010] covers those with 'relevant protected characteristics' which are: age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation plus marriage and civil partnerships in relation to employment issues.

public and staff. The following extracts in the Constitution set out clear expectations around the importance of involvement:

- **NHS Values:** The value of ‘working together for patients’ is a central guiding service provision in the NHS and other organisations providing health services. Patients must come first in everything the NHS does. All parts of the NHS system should act and collaborate in the interests of patients, always putting patient interest before institutional interest, even when that involves admitting mistakes. As well as working with each other, health service organisations and providers should also involve staff, patients, carers, local communities to ensure they are providing services tailored to local needs.
- **Principle 5:** The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.

A duty to consult the public

Section 242(1B) of the National Health Service Act 2006 as amended by the Local Government and Public Involvement in Health Act 2007, provides as follows:

“Each relevant English body must make arrangements, as respects health services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways) in:

- (a) The planning of the provision of those services
- (b) The development and consideration of proposals for changes in the way those services are provided
- (c) Decisions to be made by that body affecting the operation of those services.”

Subsections (b) and (c) need only be observed if the proposals would have an impact on:

- The manner in which the services are delivered to users of those services; or
- The range of health services available to those users

Equality Act 2010

The Trust recognises the importance of engagement with service users, carers, the public and communities on equality considerations relating to access, experience and outcomes. The Trust also recognises the importance of encouraging participation and involvement of underrepresented groups. This is at the heart of both advancing equality of opportunity and enhancing experience and outcomes through achieving the benefits of diversity.

The Five Year Forward View for Mental Health [Feb 2016] states:

The Trust is committed to ensuring there is Co-production with clinicians and experts-by-experience. This should be at the heart of commissioning and service design, and involve working in partnership with voluntary and community sector organisations. Applying the 4PI framework of Principles, Purpose, Presence, Process and Impact developed by the National Survivor and User Network will help ensure services or interventions are accessible and appropriate for people of all backgrounds, ages and experience.

NICE guideline [NG44] - Community engagement: improving health and wellbeing and reducing health inequalities [March 2016]

This guidance states: 'Statutory obligations on public bodies recognise that the NHS and local government cannot improve people's health and wellbeing on their own. Working with local communities will lead to services that better meet people's needs, improve health and wellbeing and reduce health inequalities.'

NICE Quality Standard [QS148] - Community engagement: improving health and wellbeing [March 2017]

This quality standard covers community engagement approaches to improve health and wellbeing and reduce health inequalities, and initiatives to change behaviours that harm people's health. This includes building on the strengths and capabilities of communities, helping them to identify their needs and working with them to design and deliver initiatives and improve equity.

3. Purpose and Scope of the Policy

The purpose of this policy is to provide a clear framework for involvement at all levels.

This policy applies to all employees of the Trust including Non-Executive Directors, Governors, bank staff, temporary staff and volunteers, individuals on secondment, placement and trainees.

The Trust aims to ensure that the services we provide are of high quality and that they are delivered in a comfortable, caring compassionate and safe environment, while operating in a constantly changing landscape. This new landscape has highlighted the importance of having common principles to the continuing development of involvement opportunities.

The Participation Ladder (NHSE)

There are many ways in which service users, their friends, families and carers and members of the public can participate both formally and informally. The level of involvement will depend on personal circumstances and interest. The level of involvement will also depend on the type of involvement activity being undertaken within the system. All involvement activity on each step of the ladder is valuable although participation will be more meaningful the higher up the ladder it sits.

| | |
|----------------------|--|
| Devolving | Placing decision making in the hands of the community and individuals e.g. Personal Health Budgets |
| Collaborating | Working in partnership with communities and service users and carers in each aspect of the decision including the development of alternatives and the identification of the preferred solution |
| Involving | Working directly with communities and service users and carers to ensure that concerns and aspirations are consistently understood and considered e.g. partnership boards, reference groups |
| Consulting | Obtaining community and individual feedback on analysis, alternatives and or decisions e.g. surveys, focus group |

| | |
|------------------|--|
| Informing | Providing communities and individuals with balanced and objective information to support decision making |
|------------------|--|

Overall principles the Trust will work to

Quality Improvement – involvement demonstrably improves the quality of services and outcomes for people who use services

Diversity – the diverse range of people who use services and carers and seldom heard voices are actively engaged with

Widening Participation – involvement opportunities are shared widely to maximise the benefit

Flexibility – opportunities are flexible as people’s health and availability fluctuate

Wellbeing – involvement contributes to recovery and wellbeing

Empowered users – coproduction and equal access to participation are embedded in all aspects of involvement through service user choice and not staff delegation

Respect and Collaboration - participants will treat each other with respect and collaborate openly and with transparency, working within an agreed Code of Conduct which all participants will adhere to

Connectivity – through the sharing of themes, data and best practice across all levels of the Trust

4. Roles and Responsibilities

This policy is owned by:

- The Director of Patient Experience and Quality – Patient Involvement
- The Director of Strategy and Commercial - Public Involvement

5. The Policy

5.1. Section A: Public Involvement

5.1.1. Introduction

This section of the policy sets out the framework and standards relating to engagement and involvement with the public. In this document the word ‘public’ includes, but is not limited to, service users, their friends, families and carers, the Trust membership, staff, members of the public, partner organisations, voluntary groups and communities.

We want to hear the voice of service users and the public and to ensure that they have opportunities for involvement. There are many ways that people can be involved in the work of the Trust, including:

- As a Governor
- Foundation Trust membership
- Attending our Annual Public Meeting and other public meetings that may be arranged for a specific purpose
- Sending comments, complaints and compliments
- Responding to surveys
- Posting on NHS Choices website
- Volunteering
- Responding to formal consultation
- Through the service user/carer involvement structures

5.1.2. Who might you need to involve?

Involving service users, their friends, family, carers, staff and stakeholders requires time and commitment, but when it is done well and in a timely manner it is a valuable means of designing and developing services that meet the needs of individuals and communities. It is important to consider carefully who you need to involve, both in and beyond the Trust; whether you need to hear from people with experience of a particular service or condition, or from a particular group in the community?

The Trust provides services to a very diverse population and recognises both the importance of working with people who reflect the diversity of our local communities, and of going out to different locations which increases the opportunity to meet with and hear from seldom heard individuals and communities. Examples of less visible and seldom heard groups [often referred to as 'hard to reach'] that you may not have heard from before but who may be interested in, or affected by, your work include [this is not an exhaustive list]:

- Black and minority ethnic groups
- People with learning disabilities
- People with visual, hearing, speech or physical impairment
- Refugees, asylum seekers and other migrant groups
- Lesbian, Gay, Bisexual and Trans people
- Faith groups
- Gypsies / travellers
- People who cannot read, write or speak English
- Young people
- Older people
- Homeless people

Just as there are many seldom heard groups there can also be many barriers to why people are not involved or engaged, including:

- Lack of awareness of opportunities to engage
- Impairment / accessibility cultural differences e.g.
 - language
 - gender
 - timing [potential clash with holy days / celebrations / prayer times]
 - location (place of worship, bars/clubs)
- Time limits

- Lack of trust
- Feeling over consulted or disaffected with the consultation process

Seldom heard and less visible groups have their particular characteristics and barriers to engagement; they are not homogenous so an engagement method that is effective with one group may not work with another. When planning involvement and engagement you will need to consider how best to reach the individuals and communities who you rarely hear from, and be prepared to go out to communities. You may be able to link into existing community forums or to speak with representatives to help you reach those groups, and voluntary organisations may be able to provide valuable information about seldom heard groups, the barriers to engagement and how they perceive the Trust.

5.1.3. Framework

When planning involvement staff should always consider how to work to strengthen relationships and build mutual trust with stakeholders. The following sets out expected standards when involving the public.

Involvement standards:

These standards set out a level of expectation of all staff who are responsible for involvement and engagement activities:

- Be clear about the purpose and scope of the engagement activity – describing exactly what you would like feedback on, and what can change or not change
- Be clear about what expectations there are of the service user or public role, at each level of participation:
- What perspective is the individual expected to bring: their own experience as a service user or carer; representing a community of interest; representing a service user group/organisation or as a member of the general public?
- What time commitment and activity is expected, including meetings/events and actions between meetings/events?
- What are the confidentiality requirements of meetings?
- Consider who you need to reach – as well as working with familiar/existing groups and networks, and consider how you can meet and hear from seldom heard individuals and communities.
- Encourage local communities to take part in initiatives to improve their health and wellbeing and reduce health inequalities, using local networks and community and voluntary organisations to help achieve this where possible.
- Ensure that adequate resources to support involvement activities are identified.

Good communication is paramount:

- Have a proactive and open approach, sharing information and emerging issues in a timely manner
- Identifying and responding to reasonable adjustment requirements, e.g. [accessible communication](#) and any other barriers that may be the reason why people are not engaging with the Trust
- Use of a variety of methods, appropriate to the context and circumstance, to convey key information. These could include:
 - Events – public events, conferences, open days

- Working in partnership with other organisations who are already well connected into communities, e.g. the voluntary and community sector
- Focus groups
- Surveys to gather views and opinions
- Creative engagement, e.g. using stories, drama to reach communities
- Social media aimed at local topics
- Always be honest, open and supportive
- Regularly check – both your understanding of what you have heard and the understanding of stakeholders you are involving
- Listen carefully, exploring options and alternatives to achieve the best outcomes.
- Provide timely feedback that continues to keep stakeholders fully informed of progress.

All events should have a transparent and workable evaluation and feedback process. This is to collect helpful feedback on involvement activity and to enable those involved to raise any issues.

Always value the expertise, contributions and time of stakeholders. Respecting the rights of local communities to get involved as much or as little as they are able or wish to is important as well.

5.1.4. Levels of the framework

Systematic practice and a well-organised and thoughtful approach to public involvement are essential. Working within a framework enables us to be consistent, as well as improving transparency and accountability to our stakeholders. The following sets out where public involvement is likely to take place and some examples of what the involvement activities might be [this is not an exhaustive list]:

| Level | Arenas | Activity |
|-------------------|-----------------------|---|
| Service Level | Ward / team / pathway | Community engagement to: <ul style="list-style-type: none"> • inform service development and delivery • monitor and evaluate change During the planning phase of any service development [see below] an Equality Impact Assessment* should be completed |
| Operational Level | CAG wide | Community engagement / public consultation on proposed service design, service delivery, monitoring and evaluating change During the planning phase of a service development [see below] an Equality Impact Assessment* should be completed To identify if a service development may need formal public consultation, through the scrutiny process, a trigger template should be completed. |

| | | |
|-----------------|------------|---|
| Strategic Level | Trust-wide | Public consultations around major changes to service configuration, design, delivery, redesign, relocation of services, strategy development. During the planning phase an Equality Impact Assessment* and a trigger template** should be completed. |
|-----------------|------------|---|

*The Equality Impact Assessment [EIA] template should be used to identify and inform where a planned change may impact some groups of people [with protected characteristics] more than others; and prompts consideration of what can be done to mitigate any adverse impact or maximise a positive impact that is considered likely. The EIA can be accessed [here](#)

**The trigger template should be used to identify if a more formal process of consultation is needed that includes local Scrutiny and review. The trigger template can be accessed [here](#)

5.2. Section B: Patient Involvement

5.2.1. Introduction

For the purpose of this section the word service user and carer relates to people who use services and their friends, families and carers.

This section of the policy sets out a framework for patient involvement which uses:

- a) The 4PI National Standards for Involvement which is evidence and best practice based and can apply to an overall vision, strategy or policy as well as a single involvement activity such as being part of a selection and recruitment panel or helping with a consultation
- b) The Trust involvement Strategy as this sets out a number of must do's over the life time of the strategy that will improve the involvement experience of people who use services and their friends, families and carers.

In common with the public section of this document [see section 5.1.2] when planning patient involvement and engagement you will need to consider how best to reach individuals who you rarely hear from but who may be interested in, or affected by, your work; and those who reflect the diversity of our local population.

5.2.2. Framework

The 4PI National Standards for Involvement

The 4PI framework was developed by mental health service users and carers and aims to share good practice and hard wire the service user and carer voice into the planning, delivery and evaluation of health and social care services. The Trust board signed up to the 4PI National Involvement Standards in September 2015.

| | |
|-------------------|---|
| Principles | There is a shared understanding about involvement underpinned by shared values |
| Purpose | Everyone understands why they are involved and there is clarity and transparency on decision making and authority |
| Presence | A diverse range of service users, their friends, families and carers are involved at all levels in the organisation and are reflective of the local community |
| Process | Service users, their friends, families and carers are enabled to make the best contribution possible |
| Impact | The Trust is able to demonstrate the impact/outcome of involving service users, their friends, families and carers |

The Trust Involvement Strategy

The Trust Involvement Strategy was ratified by the Board in February 2016 and sets out how the Trust will involve people who use services and their friend's families and carers at a:

- Involvement in own care level
- Service level
- Operational level
- Strategic level
- Monitoring and evaluation

By implementing the strategy the Trust will ensure that service users and staff are working together in co-production; service users are informed about and involved in their care and treatment, are treated with dignity and respect ensuring they feel they have a say in decisions about their care and treatment.

The aims of the Involvement Strategy are:

- Ensuring that service users have a voice in decisions about their care and treatment. *'No decision about me without me'*.
- Making certain that peer support, co-production and self-management are central to the daily experience of treatment and care
- Using direct feedback from service users through a system to improve these services
- Ensuring service users are routinely given opportunities to participate meaningfully in the planning, commissioning and delivery of these services
- That the relationship between service users and those who deliver services is based on mutual respect for lived experience and professional knowledge
- That service users who come from groups whose voice is seldom heard are specifically supported to participate meaningfully in their own care and in the life of the Trust

5.2.3. The Levels of Involvement

This section of the policy sets out how the framework will operate in practice, where it is likely to happen and what the involvement activities might be (this is not an exhaustive list).

| Level | Arenas | Activity |
|--------------------------------|------------------------------------|---|
| Involvement in Own Care | Ward/team Level | Shared decision making, active partner in care, treatment, and support, lived experience valued, person centred with compassion, care given at right time, right place, timely and accessible information self-management, peer support |
| Service Level | Pathway, team/ward forums. | Service design, monitoring and evaluation, delivering training, consultation, service delivery, governance, recruitment and selection |
| Operational Level | CAG Wide Forums | Service design, monitoring and evaluation, delivering training, consultation, service delivery, governance, recruitment and selection |
| Strategic Level | Trust wide Forums, Board meetings. | Service design, monitoring and evaluation, delivering training, consultation, service delivery, governance, recruitment and selection |

There are a range of other activities which can support and inform these four levels of involvement such as Recovery College, Involvement Register, Service User Involvement and Training and Education (SUITE) and the Volunteering Service. The Trust recognises that these activities will evolve over time and therefore will continually be under review.

6. Monitoring Compliance

| What will be monitored i.e. measurable policy objective | Method of Monitoring | Monitoring frequency | Position responsible for performing the monitoring/ performing co-ordinating | Group(s)/committee(s) monitoring is reported to, inc responsibility for action plans and changes in practice as a result |
|--|-----------------------------|-----------------------------|---|---|
| Section A: Public Involvement | | | | Audit Committee where there will be a regular item on 'external |

| What will be monitored i.e. measurable policy objective | Method of Monitoring | Monitoring frequency | Position responsible for performing the monitoring/ performing co-ordinating | Group(s)/committee(s) monitoring is reported to, inc responsibility for action plans and changes in practice as a result |
|--|----------------------|----------------------|--|--|
| Production of delivery plan | | | | relationships' |
| <p>Section B: Patient Involvement</p> <p>Outline of Delivery Approach</p> <p>Group set up to agree a consensus statement on involvement in own care</p> | | | | <p>Involvement Oversight Committee/Service User Involvement Committee /Friends and Family</p> |

7. Freedom of Information Act 2000

All Trust policies are public documents. They will be listed on the Trusts FOI document schedule and may be requested by any member of the public under the Freedom of Information Act (2000).

Appendix 1

PART 1: Equality relevance checklist

The following questions can help you to determine whether the policy, function or service development is relevant to equality, discrimination or good relations:

- Does it affect service users, employees or the wider community? Note: relevance depends not just on the number of those affected but on the significance of the impact on them.
- Is it likely to affect people with any of the protected characteristics (see below) differently?
- Is it a major change significantly affecting how functions are delivered?
- Will it have a significant impact on how the organisation operates in terms of equality, discrimination or good relations?
- Does it relate to functions that are important to people with particular protected characteristics or to an area with known inequalities, discrimination or prejudice?

| Name of the policy or service development: Patient and Public Involvement Policy | | | | | | | | |
|---|------------|----------------------|-----------------------|------|---------------------|-----|--------------------|--|
| Is the policy or service development relevant to equality, discrimination or good relations for people with protected characteristics below? | | | | | | | | |
| Please select yes or no for each protected characteristic below | | | | | | | | |
| Age | Disability | Gender re-assignment | Pregnancy & Maternity | Race | Religion and Belief | Sex | Sexual Orientation | Marriage & Civil Partnership <i>(Only if considering employment issues)</i> |
| Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | |
| If yes to any, please complete Part 2: Equality Impact Assessment If not relevant to any please state why: | | | | | | | | |

Date completed: 09/10/17

Name of person completing: Kathryn Hill/Kay Harwood

CAG: Trustwide

Service / Department: Engagment, Participation and Involvement and Strategy and Commercial Directorate

Please send an electronic copy of the completed EIA relevance checklist to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead

PART 2: Equality Impact Assessment

1. Name of policy or service development being assessed?

Patient and Public Involvement Policy

2. Name of lead person responsible for the policy or service development?

Kathryn Hill / Kay Harwood

3. Describe the policy or service development

What is its main aim?

The purpose of this policy is:

- To provide a clear framework for involvement of people who use services, their friends, families and carers and members of the public at all levels within South London and the Maudsley NHS Foundation Trust
- To clearly set out the levels and standards for involvement by which we will hold ourselves to account, and to enable people who have an interest in the services provided by the Trust to be able to participate in a meaningful way
- To increase the level of participation in patient and public involvement activity across the Trust

This policy applies to all employees of the Trust including Non-Executive Directors, Governors, bank staff, temporary staff and volunteers, individuals on secondment, placement and trainees.

What are its objectives and intended outcomes?

The Trust aims to ensure that the services we provide are of high quality and that they are delivered in a comfortable, caring compassionate and safe environment, while operating in a constantly changing landscape. This new landscape has highlighted the importance of having common principles to the continuing development of involvement opportunities.

What are the main changes being made?

The policy sets out a clear framework for involvement and a governance process to reassure the Trust Board that involvement is happening appropriately. To support this, an Outcomes Framework has been developed.

What is the timetable for its development and implementation?

The governance arrangements are in place. It is anticipated that the outputs from the Outcomes Framework are in place by 2020.

4. What evidence have you considered to understand the impact of the policy or service development on people with different protected characteristics?

Evidence sources include:

- [SLaM EIA of patient and public involvement developments in 2014](#)
- National-level evidence on mental health inequalities in [Is Britain Fairer?](#)
- Comparisons of demographic data from PEDIC surveys, the Trust membership, volunteering and Involvement Register available in the [Trust's annual equality information](#).
- A gap analysis on community engagement: improving health and wellbeing and reducing health inequality. This includes consideration of how our local community is involved in setting priorities for health and wellbeing initiatives and in monitoring and evaluating delivery of these; along with

identification of actions required that will be followed up.

- Staff knowledge, expertise and experience on service user, carer and public engagement in previous Trust activity.

There is significant evidence that involving people who use services improves their outcomes and increases compliance. We know that the Trust provides services to a very diverse population, with some groups being over represented in our services. Evidence highlights the importance of:

- Having services that are accessible, culturally appropriate and which deliver equally positive experiences and outcomes for all.
- Staff being aware of diversity of service users, carers and community representatives and organisations the Trust is actually engaging with.
- Staff recognising the importance of this being reflective of the diversity of the Trust's service users, carers and local communities.
- Staff taking active steps to increase opportunities to meet with and hear from seldom heard individuals and communities
- Staff taking active steps to reduce the barriers that some people experience for a range of issues.

5. Have you explained, consulted or involved people who might be affected by the policy or service development?

The policy was developed from existing strategies namely the Trust's Five Year Strategy, the Family and Carers Strategy and the Involvement Strategy all of which were developed in partnership with people who use services, their friends, families and carers as well as members of staff. Additionally the policy is underpinned by the 4PI's for involvement which were developed in consultation with services users from across England and Wales.

6. Does the evidence you have considered suggest that the policy or service development could have a potentially positive or negative impact on equality, discrimination or good relations for people with protected characteristics?

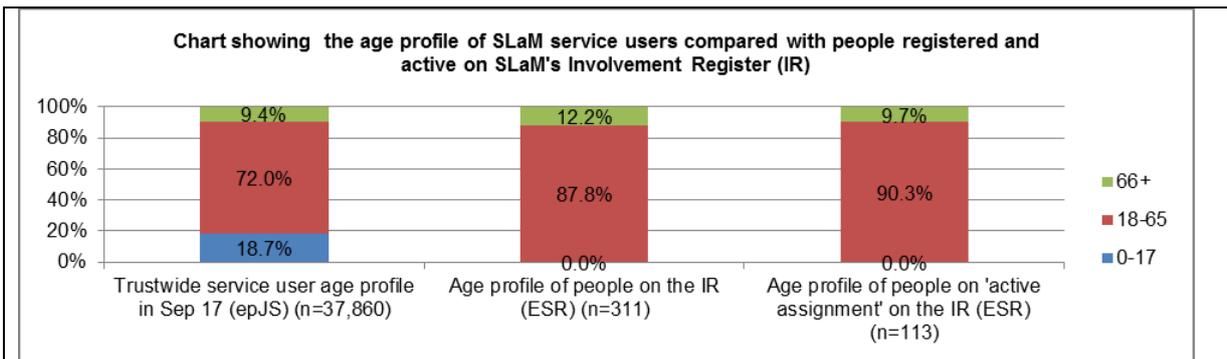
(Please select yes or no for each relevant protected characteristic below)

| Age | Positive impact: Yes | Negative impact: No |
|-----|----------------------|---------------------|
|-----|----------------------|---------------------|

Please summarise potential impacts:

The PPI Policy aims to help staff improve patient and public involvement and therefore has the potential to deliver positive equality impacts for people of all ages.

- CAMHS CAG has considerable expertise, experience and a track record of meaningful involvement and engagement with children, young people and their families within the CAG.
- MHOAD CAG has considerable expertise, experience and a track record of meaningful involvement and engagement with older people and their families within the CAG.
- PEDIC data suggests that service users of different ages report broadly similar experiences of feeling involved in their care.
- Data on the Trust membership suggests that younger people (especially those aged under 18) are less likely to be members of the Trust than adults.
- Data on Trust volunteers suggests younger and older people are less likely to be volunteers at the Trust.
- People must be aged over 18 or over to join the Involvement Register (IR). Data in the chart below suggests the proportion of older people registered and actively involved on the IR is reflective of the age profile of the Trust's service users.



Evidence shows that children and young people and older people can experience problems accessing mental health services. It is therefore vital that the Trust ensures that service users and carers of all ages are being involved in their own care; service improvement activity and the life of the organisation. This is particularly important for CAMHS and MHOAD CAGs but also CAGs providing adult services working with people during transition from CAMHS services to adult services and from adult services to MHOAD services.

| | | |
|-------------------|-----------------------------|----------------------------|
| Disability | Positive impact: Yes | Negative impact: No |
|-------------------|-----------------------------|----------------------------|

Please summarise potential impacts:

The PPI Policy aims to help staff improve patient and public involvement and therefore has the potential to deliver positive equality impacts for disabled people, particularly those with mental health conditions or dementia.

- PEDIC data suggests that disabled service users with different impairments report broadly similar experiences of feeling involved in their care to non-disabled service user.
- Demographic data on the Trust's membership suggests that disability is not disclosed to a sufficient extent to enable meaningful analysis.
- Data on Trust volunteers suggests that just under half of volunteers have lived experience of mental health problems and this is slowly growing year on year.
- 68.8% of people on the Trust's Involvement did not disclose whether they had a disability or not so it is not possible to undertake meaningful analysis on this data.

Evidence shows that certain groups of disabled people (e.g. Deaf people) experience a higher risk of developing mental health problems and many people with lived experience consider themselves to have a disability. It is therefore vital that the Trust ensures that disabled service users, carers are being involved in their own care; service improvement activity and the life of the organisation. This may require undertaking work to ensure that disability-related needs are recognised and recorded so that individuals are given the right support and engaging and working in partnership with local disabled people and disability-led organisations.

| | | |
|-----------------------------|-----------------------------|----------------------------|
| Gender re-assignment | Positive impact: Yes | Negative impact: No |
|-----------------------------|-----------------------------|----------------------------|

Please summarise potential impacts:

The PPI Policy aims to help staff improve patient and public involvement and therefore has the potential to deliver positive equality impacts for people of all gender identities.

- PEDIC data suggests that transgender service users report less positive experiences of feeling involved in their care to cisgender service users.
- People joining the Trust's membership are not currently asked to disclose their gender identity.
- People applying to be a volunteer at the Trust are not currently asked to disclose their gender identity.
- People applying to join the Trust's Involvement are asked to disclose their gender identity but this is not recorded on ESR.

Evidence shows that transgender people can experience problems accessing mental health services

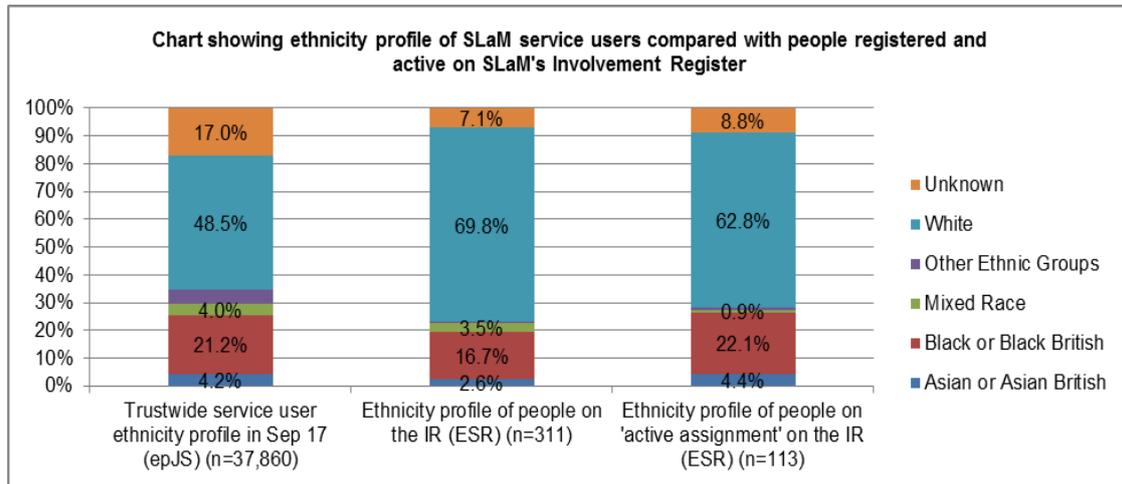
and report less positive experiences in these services. It is therefore vital that the Trust ensures that trans service users and carers are being involved in their own care service; improvement activity and the life of the organisation. This may require undertaking work to ensure that gender-identity-related needs are recognised so that individuals are given the right support and engaging and working in partnership with local trans people and organisations working to support transgender mental health service users and carers.

| | | |
|-------------|-----------------------------|----------------------------|
| Race | Positive impact: Yes | Negative impact: No |
|-------------|-----------------------------|----------------------------|

Please summarise potential impacts:

The PPI Policy aims to help staff improve patient and public involvement and therefore has the potential to deliver positive equality impacts for people of all ethnicities.

- PEDIC data suggests that service users of different ethnicities report broadly similar experiences of feeling involved in their care.
- Data on the Trust membership suggests that BME people are less likely to be members of the Trust than White people but 30% of members did not disclose their ethnicity so this may not provide an accurate profile of members.
- Data on Trust volunteers suggests over half of the Trust’s volunteers are from BME backgrounds.
- Data in the chart below suggests that a lower proportion of BME people have registered and be actively involved on the IR when compared to the ethnicity profile of the Trust’s service users.



Evidence shows that BME people (especially Black people) experience a higher risk of developing mental health problems. It is therefore vital that the Trust ensures that BME service users and carers are being involved in their own care; service improvement activity and the life of the organisation. This may require undertaking work to ensure that ethnicity-related needs are recognised so that individuals are given the right support and engaging and working in partnership with local BME people and organisations working to support BME mental health service users and carers.

| | | |
|----------------------------------|-----------------------------|----------------------------|
| Pregnancy & Maternity | Positive impact: Yes | Negative impact: No |
|----------------------------------|-----------------------------|----------------------------|

Please summarise potential impacts:

The PPI Policy aims to help staff improve patient and public involvement and therefore has the potential to deliver positive equality impacts for people who are pregnant.

- PEDIC data suggests that pregnant service users report broadly similar experiences of feeling involved in their care to non-pregnant.
- People joining the Trust’s membership are not currently asked to disclose their religion or belief.
- People applying to be a volunteer at the Trust are not currently asked to disclose their religion or belief.
- People applying to join the Trust’s Involvement Register are not currently asked to disclose

whether they are pregnant.

It is vital that the Trust ensures that pregnant service users and carers are being involved in their own care; service improvement activity and the life of the organisation. This may require undertaking work to ensure that pregnancy-related needs are recognised so that individuals are given the right support and engaging and working in partnership with local organisations working to support mental health service users and carers with pregnancy-related matters.

| | | |
|----------------------------|-----------------------------|----------------------------|
| Religion and Belief | Positive impact: Yes | Negative impact: No |
|----------------------------|-----------------------------|----------------------------|

Please summarise potential impacts:

The PPI Policy aims to help staff improve patient and public involvement and therefore has the potential to deliver positive equality impacts for people of all religions and beliefs.

- PEDIC data suggests that service users of different religions and beliefs report broadly similar experiences of feeling involved in their care.
- Demographic data on the Trust's membership suggests that religion and belief is not disclosed to a sufficient extent to enable meaningful analysis.
- Data on Trust volunteers suggests that just under half of volunteers have lived experience of mental health problems and this is slowing growing year on year.
- 86.6% of people on the Trust's Involvement did not disclose their religion or belief so it is not possible to undertake meaningful analysis on this data.

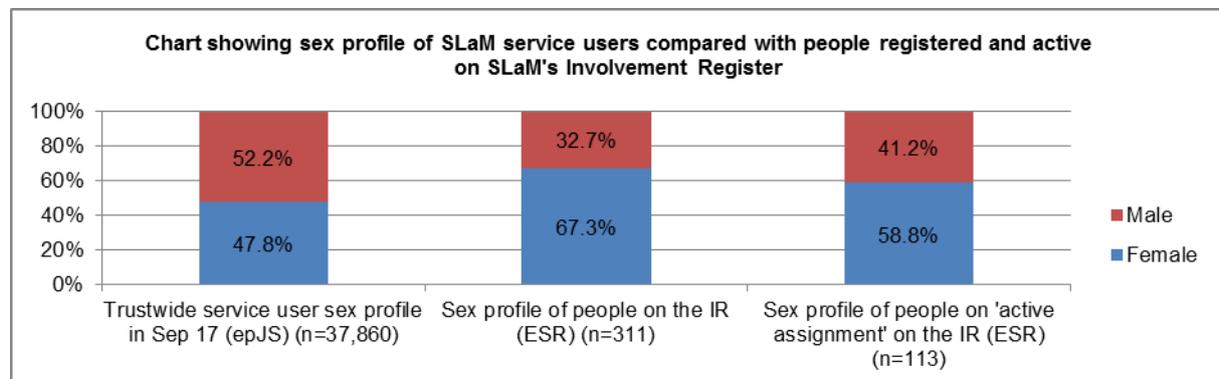
It is vital that the Trust ensures that service users and carers of different religions and beliefs are being involved in their own care; service improvement activity and the life of the organisation. This may require undertaking work to ensure that religious or spiritual-related needs are recognised so that individuals are given the right support and engaging and working in partnership with local organisations working to support mental health service users and carers of different religions and beliefs.

| | | |
|------------|-----------------------------|----------------------------|
| Sex | Positive impact: Yes | Negative impact: No |
|------------|-----------------------------|----------------------------|

Please summarise potential impacts:

The PPI Policy aims to help staff improve patient and public involvement and therefore has the potential to deliver positive equality impacts for people of all sexes.

- PEDIC data suggests that service users of different sexes report broadly similar experiences of feeling involved in their care.
- Data on the Trust membership suggests that females are less likely to be members of the Trust than males.
- Data on Trust volunteers suggests that males are less likely to be volunteers than females.
- Data in the chart below suggests that a lower proportion of males have registered and be actively involved on the IR when compared to the sex profile of the Trust's service users.



It is vital that the Trust ensures that service users and carers of different sexes are being involved in

their own care; service improvement activity and the life of the organisation. This may require undertaking work to ensure that relevant needs are recognised so that individuals are given the right support and engaging and working in partnership with local organisations working to support mental health service users and carers of different sexes.

| | | |
|---------------------------|-----------------------------|----------------------------|
| Sexual Orientation | Positive impact: Yes | Negative impact: No |
|---------------------------|-----------------------------|----------------------------|

Please summarise potential impacts:

The PPI Policy aims to help staff improve patient and public involvement and therefore has the potential to deliver positive equality impacts for people of all sexual orientations.

- PEDIC data suggests that service users who disclosed their sexual orientation as unsure report less positive experiences of feeling involved in their care than those of other sexual orientations.
- People joining the Trust's membership are not currently asked to disclose their sexual orientation.
- People applying to be a volunteer at the Trust are not currently asked to disclose their sexual orientation.
- 86.8% of people on the Trust's Involvement did not disclose their sexual orientation so it is not possible to undertake meaningful analysis on this data.

Evidence shows that lesbian, gay and bisexual (LGB) people experience a higher risk of developing mental health problems. It is therefore vital that the Trust ensures that LGB service users and carers are being involved in their own care; service improvement activity and the life of the organisation. This may require undertaking work to ensure that sexual orientation-related needs are recognised so that individuals are given the right support and engaging and working in partnership with local LGB people and organisations working to support LGB mental health service users and carers.

| | | |
|---|-----------------------------|-----------------------------|
| Marriage & Civil Partnership <i>(Only if considering employment issues)</i> | Positive impact: N/A | Negative impact: N/A |
|---|-----------------------------|-----------------------------|

Please summarise potential impacts: N/A

| | | |
|----------------------------|-----------------------------|----------------------------|
| Other (e.g. Carers) | Positive impact: Yes | Negative impact: No |
|----------------------------|-----------------------------|----------------------------|

Please summarise potential impacts:

The PPI Policy aims to help staff improve patient and public involvement and therefore has the potential to deliver positive equality impacts for carers. Carers are an integral part of the involvement work of the Trust. The newly strengthened governance arrangements with a co-chair of the Family and Carers Committee will strengthen this.

7. Are there changes or practical measures that you can take to mitigate negative impacts or maximise positive impacts you have identified?

Yes – See action plan in part three.

8. What process has been established to review the effects of the policy or service development on equality, discrimination and good relations once it is implemented?

The PPI Policy [Patient Involvement] and the Outcomes framework will be a standing agenda item on the Service User Involvement Committee and the Service User Involvement Committee both of whom report into the Involvement Oversight Group. The new Governance arrangements will be reviewed in 2019.

A delivery plan for public involvement is being developed and there will be regular reports on progress to the Senior Management Team and to the Audit Committee.

Date completed: 23rd October, 2017

Name of person completing: Kathryn Hill/Kay Harwood

CAG: Trust-wide

Service / Department: Engagment, Participation and Involvement and Strategy and Commercial Directorate

Please send an electronic copy of the completed EIA relevance checklist to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead

PART 3: Equality Impact Assessment Action plan

| Potential impact | Proposed actions | Responsible/ lead person | Timescale | Progress |
|---|---|--|------------------------|----------|
| Risks of not achieving equally positive impacts for involvement in care for gender-identity and sexual orientation. | Improve and promote LGB and T guidance and resources to support staff | Equality Manager | Feb 2018 | |
| Identify and address any under-representation of groups in relevant Trust PPI activity. | Engagement with under-represented groups to promote and support involvement in accordance with the PPI policy within: <ul style="list-style-type: none"> • Trust Membership • Trust Volunteering • Involvement Register • Family and Carer committee • Service user involvement committee • Development of joint community and SLaM BME IAGs • CAG PPI activity • Equality-related PPI activity | <ul style="list-style-type: none"> • Trust Secretary • Volunteer Coordinator • Head of Engagement, Participation & Involvement • Head of Planning and Equality • Involvement Manager • CAG PPI Leads • Equality Manager | Ongoing | |
| Improving Trust evidence to understand the actual equality impacts of PPI activity in relation to disability, religion and belief and sexual orientation. | Consider implementing improvements to demographic monitoring processes of the Trust Membership, Volunteering Program and Involvement Register | <ul style="list-style-type: none"> • Trust Secretary • Volunteer Coordinator • Involvement Manager | Ongoing | |
| Monitor the actual equality impacts being achieved by the implementation of the PPI Policy and Outcomes Framework | Include consideration of the actual equality impacts being delivered in governance by: <ul style="list-style-type: none"> • Service Use Involvement Group • Senior Management Team • Audit Committee | Head of Engagement, Participation & Involvement Head of Planning and Equality | Ongoing | |
| Review actual impact of PPI policy | Review EIA | PPI Policy Leads | Add policy review date | |

Date completed: 25th October, 2017

Name of person completing: Kathryn Hill/Kay Harwood

CAG: Trust-wide

Service / Department: Engagement, Participation and Involvement and Strategy and Commercial Directorate

Appendix 2 – Human Rights Act Assessment

To be completed and attached to any procedural document when submitted to an appropriate committee for consideration and approval.

If any potential infringements of Human Rights are identified, i.e. by answering Yes to any of the sections below, note them in the Comments box and then refer the documents to SLaM Legal Services for further review.

For advice in completing the Assessment please contact Tony Konzon, Claims and Litigation Manager (Anthony.Konzon@slam.nhs.uk)

| HRA Act 1998 Impact Assessment | Yes/No | If Yes, add relevant comments |
|--|--------|-------------------------------|
| The Human Rights Act allows for the following relevant rights listed below. Does the policy/guidance NEGATIVELY affect any of these rights? | No | |
| Article 2 – Right to Life (Resuscitation /experimental treatments, care of at risk patients) | No | |
| Article 3 - Freedom from torture, inhumane or degrading treatment or punishment (physical & mental wellbeing - potentially this could apply to some forms of treatment or patient management) | No | |
| Article 5 – Right to Liberty and security of persons i.e. freedom from detention unless justified in law e.g. detained under the Mental Health Act (Safeguarding issues) | No | |
| Article 6 – Right to a Fair Trial, public hearing before an independent and impartial tribunal within a reasonable time (Mental Health Act Tribunals/complaints/grievances) | No | |
| Article 8 – Respect for Private and Family Life, home and correspondence/ all other communications (Right to choose, right to bodily integrity i.e. consent to treatment, Restrictions on visitors, Disclosure issues) | No | |
| Article 9 - Freedom of thought, conscience | | |

| HRA Act 1998 Impact Assessment | Yes/No | If Yes, add relevant comments |
|--|---------------|--------------------------------------|
| and religion (Drugging patients, Religious and language issues) | No | |
| Article 10 - Freedom of expression and to receive and impart information and ideas without interference. (withholding information) | No | |
| Article 11 - Freedom of assembly and association | No | |
| Article 14 - Freedom from all discrimination | No | |

| | |
|---|-------------------|
| Name of person completing the Initial HRA Assessment: | K Harwood/ K Hill |
| Date: | 23 October 2017 |
| Person in Legal Services completing the further HRA Assessment (if required): | |
| Date: | |

Appendix 3

Outcomes Framework for the Patient and Public Involvement Policy (Patients)

Introduction

The Outcomes framework sets out in detail how the patient aspect of the PPI Policy (patients covers both people who use services and their friends, families and carers). The framework also encompasses the Involvement Strategy and the Family and Carers Strategy. It should be noted that a number of the suggested outputs and measurements are already in place.

1. Strategic Outcomes (that are relevant to all levels of involvement)

| Outcome | Outputs | Measurements | Lead |
|--|--|---|---|
| All wards and teams offer an appropriate range of opportunities (including both written & face to face) for people to give feedback about their experience of services and demonstrable improvements in feedback | PEDIC, local forums, community meetings, focus groups, meet the managers, QI senior managers walk round, suggestions boxes, PEDIC Dashboard | Quarterly reports which provide comparative data for previous three quarters, Quality Account, Performance Management Reports, Reports to QSC, Patient Story to the Board, CQC rating on Well Led | Head of Engagement, Participation and Involvement/Head of Quality/Head of Performance Management, CAG PPI Leads |
| Governance process are in place to ensure that feedback is heard, considered acted upon and communicated back | Regular report to the involvement oversight Group, Family and Carer Committee, Service user Involvement Committee and CAG Governance meetings You said – We did boards in place, evidence that service user and carer feedback is generating ideas for QI projects, CAGs provide regular feedback on how experience feedback has been acted on | Annual audit of You said – We did boards. CQC rating on Well Led and Caring/Responsive, evidence that feedback is influencing QI projects | Head of Engagement, Participation and Involvement/Experience Manager/CAG Governance Leads/QI team |

| | | | |
|---|---|--|--|
| <p>Service users and carers co-develop and work in partnership with others to deliver a range of quality improvement initiatives</p> | <p>Increased number of QI projects that can demonstrate coproduction from conception and planning, through to delivery. Creation of a baseline for involvement in QI projects with the following targets; June 2018 25%, December 2018 50%, June 2019 75%, June 2019 100%</p> | <p>QI Programme reporting contains evidence of coproduction and feedback from service users and carers who have been part of a QI project about their involvement. Quarterly and Annual report to the Involvement Oversight Group and Service user Involvement Committee</p> | <p>Director SLAM Partners/QI Team/CAG Directors, Head of Experience Participation and Involvement/PPI Leads</p> |
| <p>Service Users and carers participate in recruitment panels</p> | <p>Service users and carers continue to receive recruitment and selection training</p> <p>Good practice guidance in place for staff for involving service users and carers in interviews</p> | <p>Quarterly reporting to the Involvement Oversight Group</p> <p>Service users and carers asked to complete a feedback form after participating in an interview panel</p> | <p>Head of Engagement, Participation and Involvement/ Involvement Manager/ local managers</p> |
| <p>All staff can demonstrate a basic understanding of service users and carer involvement</p> | <p>Staff induction and other service user/carer focused training provided by SUITE, team based training on involvement, coproduction and 4PI's</p> | <p>Repeat of involvement audit of staff in relation to knowledge and confidence in involving service users and carers. Evidence of improvement in both numbers responding to survey and how confident staff feel in involving service users and carers</p> | <p>Training and Education/Central Engagement, Participation and Involvement Team/Clinical audit team/PPI Leads</p> |
| <p>Governance systems are in place at all levels to support the involvement of service users and carers</p> | <p>Implementation of the Trust PPI Policy</p> | <p>Annual update to the QSC via the Involvement Oversight Group. CQC rating on Well Led</p> | <p>Director of Patient Experience and quality/Deputy director of Nursing.</p> |

| | | | |
|---|--|---|--|
| Service users and carers are engaged with and involved in any proposed change relating to service delivery | Trust wide/pathway/borough/team consultations, stakeholder engagement and QI projects | Reporting to SUCAG or equivalent and CAG Executives. Pathway meetings and trust wide meetings e.g. Family and Carers Committee and Service User Involvement committee. Regular reporting of numbers and hours of service users and carers undertaking involvement activities through the Involvement Register | CAG Directors. Pathway leads, Director of Patient Experience and Quality/Deputy Director of Nursing/Director SLAM Partners |
| Service users and carers have the opportunity to be involved in the Trust as individuals | Service users and carers are encouraged to become members of the Trust, participate in both formal and informal meetings/forums, become a volunteer or join the Involvement register, encouraged to stand for election as a Governor | Numbers of each of these options are reported i.e. for volunteering numbers, opportunities and destination after volunteering to the Involvement Oversight Group on a Quarterly basis | Head of Engagement, Participation and Involvement/ Head of Volunteering/ membership Secretary/Involvement Manager |

2. Individual Level

| Outcome | Outputs | Measurements | Lead |
|--|---|---|---|
| Service users understand what it means to be involved in their own care | Trust wide consensus statement on what being involved in own care means All wards, teams and departments specify how service user and carer involvement will be championed | Annual audit of Care Plans and Recovery Plans forms for evidence of personalisation. Routine local audits. CQC rating on Caring and Responsive. Increase of %+ for PEDIC question "Do you feel involved in your own care" | Head of Engagement, Participation and Involvement / Professional Head of Occupational Therapy/Head of Quality |

| | | | |
|--|--|---|---|
| Service users receive the information they require | Wards and Teams have sufficient numbers and range of patient information leaflets | Team Managers routinely check Information Boards. CQC rating on Caring and Responsive | Head of communications/Ward and Team Managers |
| Service users are communicated with in a way which best supports their needs and supports them to be involved in their own care | Information and communication needs are identified and recorded on EPJS | Regular checking by team managers of EPJS, Equalities policies. Link into work being undertaken by Trust Equalities Manager | Team managers/Professional; Heads |
| Service users are able to access peer support | Peer Support embedded in all teams and wards | Number of Peer Support increases and updates proved in the Annual Report | Trust Board/ Professional Head of Occupational Therapy/Head of Quality |
| Service users are able to make informed decisions about preferred treatment options | Widely available information on treatment options | Regular checking of Care Plans and Recovery Plans by team managers | Team managers/Professional; Heads |
| Care plans are co-produced | Care plans have evidence of shared decision making | Annual Audit of Care Plans and Recovery Plans | Head of Engagement, Participation and Involvement/Head of Quality |
| Service users are able to involve those close to them in their care, in a way that is meaningful, convenient and helpful | Increased numbers of friends, families and carers attending ward rounds and CPA meetings Increased numbers of Carers Engagement and Support Plans being completed | Annual Audit of uptake of Carers Engagement and Support Plans. CQC reporting and Quality priority target | Director of social Care supported by head of Engagement, participation and involvement/CAG Carers Leads |

3. Service Level (team/ward)

| Outcome | Outputs | Measurements | Lead |
|---|--|--|------------------------------|
| Service users and carers participate in/co facilitate local forums both in wards and the community where appropriate or are given the opportunity to give feedback to staff | There are regular opportunities to have face to face meetings with staff | Notes from meetings, notice boards and newsletters, Cag Governance, CAG Executive meetings minutes. CQC reporting on Well Led | Ward/team managers/PPI Leads |

4. Operational Level (CAG/Borough/Pathway)

| Outcome | Output | Measurement | Lead |
|---|--|--|-----------|
| Service users and carers participate in/co facilitate CAG/Pathway forums e.g. SUCAG | CAG wide service user and carer forums and consideration given to have a service user/carer co-chair | Minutes viewed by CAG Executives and regular updating to the Service User Involvement Committee and the Family and Carers Committee CQC reporting on Well Led | PPI Leads |

5. Corporate/Strategic Level

| Outcome | Output | Measurement | Lead |
|---|--|--|-----------------------------|
| The Trust demonstrates its commitment to involvement through HR processes | Specified in job descriptions, appraisals and objective setting and part of mandatory training Development of a sentence to go in all Job Descriptions and add this into section in Appraisal documentation on how a member of staff has met the Trust's five commitments | Audit of Job Descriptions and Appraisals | Director of Human Resources |

| | | | |
|--|---|-------------------------------|-----------------------------|
| Lived Experience as desirable on all Trust job descriptions | All new job descriptions to contain Lived Experience as a desirable on the person Specification, current job descriptions updated | Audit of Job Descriptions | Director of Human Resources |
| | Board support for a Lived Experience Staff Network | Regular feedback from Network | Chief Executive/Chair |

Priorities:

The Board Development Session in December 2017 agreed the following priorities for 2018:

- To demonstrate an improvement in the numbers of service users and carers involved in planning their own care
- To ensure co production is embedded in all aspects of the Quality Improvement Programme
- To demonstrate the positive impact of involving people who use services