



Public Health
England

Protecting and improving the nation's health

PHE Board meeting

Title of meeting	PHE Board meeting
Date	Friday 26 June 2015
Board sponsor	Rosie Glazebrook
Executive sponsor	Lis Birrane
Presenters	Iain Mallett, Head of Public Involvement Jonathan Tritter, Chair of PHE's Public Involvement Advisory Group
Title of paper	Public Involvement briefing paper

1. PURPOSE OF THE PAPER

- 1.1 To help the Board better understand and consider the contribution of the Public Involvement Programme and the People's Panel.

2. RECOMMENDATIONS

- 2.1 The Board is asked to:
 - a) **NOTE** the range of public involvement activities and the support the People's Panel provides to PHE.
 - b) **AGREE** the recommended direction of travel for the Public Involvement Programme, the People's Panel, and the following aspirations:
 - i. Develop an evaluation framework to measure the impact of public involvement.
 - ii. Achieve a higher visibility for public involvement activities and the People's Panel.
 - iii. Promote better interaction between the People's Panel and PHE by increasing participation in working groups and committees.
 - iv. Increase the integration of public involvement across directorates of PHE
 - v. Making it a requirement for all major plans and projects to demonstrate and provide evidence of public involvement and to resource these activities appropriately.
 - vi. Extend the data collection and profiling of the members of the People's Panel starting with the protected characteristics under the Equality Act.
 - vii. Raise awareness across the new directorates and management structures of the potential benefits of public involvement.

- viii. In the coming year we will deliver a programme of activities which will include:
- A second public opinion survey (Autumn 2015) the results of this year's survey will be presented to the National Executive and the Board in November.
 - Increased membership of the People's Panel to maintain its position as the largest health sector consumer panel of its kind in the UK (November 2015).
 - A revised and updated public involvement strategy (January 2016)
 - Recruiting and training more members of the People's Panel to join working groups and committees (April 2016)

3. BACKGROUND

Why we do public involvement

- 3.1 Only by listening to and involving the public will we achieve PHE's ambition to provide a high-quality service to the public. When the National Executive agreed the Public Involvement Strategy it made a commitment to embed public involvement in the 'way we do things'. This included the expectation that everyone in PHE would have a responsibility to ensure the public's voice was heard and valued. Other Arm's Length Bodies in the health sector are more focussed on listening to patients whereas at PHE we are listening to the public.
- 3.2 As a listening organisation we must actively give a voice to the public so we understand what is important to them. We aim to involve and engage with people in a way that empowers and reflects the value we place on the time they give by contributing their knowledge, skills and experience.

The benefits of public involvement

- 3.3 Public involvement when it is effective can help us to understand what people think, what they would like us to do, the programmes and services we should provide and the way they should be provided. Specifically the public can help us to:
- a) Provide better public health advice and services because they will be evaluated by the people who benefit from them.
 - b) Strengthen research applications by demonstrating public involvement is part of the research process to funding bodies.
 - c) Provide a stronger focus on equality and inequalities by helping PHE to meet the regulatory requirements for public involvement under the duties of the Equality Act and Care Quality Commission registration standards.
 - d) Achieve PHE priorities and ambitions by embedding people and communities in the narrative on prevention, early intervention and the wider social determinants of health.

The People's Panel

- 3.4 In 2013 PHE produced its first public involvement strategy which outlined its approach to public involvement and the cornerstone of the strategy was to begin a process to understand public attitudes to health protection and wellbeing as well as awareness of the agency and its work.

- a) In 2014 Ipsos MORI was commissioned to test public opinion via a national survey and the results informed the corporate communications strategy.
- b) A second public opinion is due to take place in September (2015) with the intention of it becoming an annual survey.
- c) The strategy outlined the governance arrangements for the Public Involvement Advisory Group (chaired by Professor Jonathan Tritter) and defined its role as a 'critical friend' for public engagement activities.

- 3.5 It should be noted that the public opinion survey conducted by Ipsos MORI does not evaluate or monitor specific campaigns. Any measurement of health promotion is to gain awareness in general of these activities and does not replace campaign tracking which is measured separately according to the needs of each campaign.
- 3.6 One of the survey questions asks respondents if they would be happy for PHE to contact them again to continue collecting their views on public health matters. As result of this recruitment process PHE has one of the largest health consumer panels of its kind with a membership of 1,313 people. This database of contacts has created a People's Panel which offers a unique and valuable insight into public health issues by revealing what the public feels is important and especially how they understand and respond to health information.
- 3.7 The membership of the People's Panel is expected to increase again with new members recruited through the 2015 public opinion survey. By region the membership currently breaks down as follows:
- a) North 319
 - b) Midlands 243
 - c) South West 119
 - d) South East 409
- 3.8 The members of the People's Panel are offered three levels of involvement:
- Level 1: They receive updates, newsletters, occasional surveys and invitations to events. (1,313 members)
 - Level 2: They receive everything from level 1 plus invitations to take part in one-off focus groups, workshops and consultation events. (232 members)
 - Level 3: They receive everything from level 2 plus the offer to join Public Health England reference groups and committees.(20 members)
- 3.9 Currently we hold the following information on panel members: their contact details (telephone numbers, home address, and if they have one, email) gender and age. Approximately a third of the panel have completed equality monitoring forms detailing their ethnicity, disability, belief or no belief, sexual orientation and occupation. The next survey will ask respondents if they provide unpaid caring services to friends/relatives/partners and if they have a long term health condition.

4 PUBLIC INVOLVEMENT ACTIVITIES UNDERTAKEN BY THE PEOPLE'S PANEL

- 4.1 The People's Panel have made a significant contribution to the work of PHE in the development of its plans, priorities and communications activities such as the provision of public health advice.

- 4.2 Since 2013, 232 people from the panel have taken part in public involvement activities organised by PHE. There have been 23 discussion groups and one consultation workshop to develop PHE Equality Objectives. In addition 180 members of the public have taken part in four seminars hosted by PHE's Equality Forum.
- 4.3 Last autumn (2014) a series of workshops were run in London, Birmingham and Leeds to encourage more panel members to sign up to level 3 participation in working groups and committees. As a result 35 members of the panel attended the workshops and 12 have subsequently joined working groups and committees following induction and training.

Public involvement activities by level since 2013

- 4.4 Level 1 activities have included surveys and questionnaires on the following subjects:
- a) Shelter and evacuation during major incidents and emergencies
 - b) Health Profiles
- 4.5 Level 2 activities have included focus groups and workshops on the following subjects (focus groups are usually composed of a general cross-section of ages, genders and diversity unless a specific group is required):
- a) **Microbiology:** video review for website and digital media (composition: general)
 - b) **Extreme events:** flooding health advice (composition: residents from flooded areas)
 - c) **Sexually transmitted diseases:** repeat testing for STIs (composition: under 21's)
 - d) **Website redesign:** NaTHNaC traveller health website review (composition: regular international travellers)
 - e) **Antenatal screening and new born health:** information review (composition: two groups of mothers under 25 and mothers over 28)
 - f) **Children's oral health:** review of information and advice (composition: mothers with preschool age children)
 - g) **BaME cancer screening:** review of information and advice (composition: Black African, Black African-Caribbean, South Asian and Middle Eastern).
 - h) **Web user review:** test and evaluate PHE.gov.uk webpages (composition: general)
 - i) **Men's bowel screening:** review of poor uptake by men (composition: men 45 and over including BaME men).
 - j) **Review of Ebola communications:** (composition: general)
 - k) **Review of Ebola screening:** (composition: general)
 - l) **BaME Hepatitis B and Syphilis screening:** review of information following positive test results (composition: Black African, Black African-Caribbean, South Asian and Middle Eastern)
 - m) **Equality workshops:** Equality Objectives 2014/15
 - n) **Policies and plans:** Health and Wellbeing Framework – Evidence into Action
- 4.6 A further four focus groups are planned to take place in July and August on the following subjects:
- a) **Flu vaccination programme:** review of vaccine effectiveness (composition:

- parents with children eligible for vaccination and groups vulnerable to flu)
 - b) **Extreme events:** review of health advice on overheating in homes during heat waves (composition: carers and people with underlying health conditions)
 - c) **Palliative care:** reviewing a national system to collect patient information (composition: people living with life limiting conditions)
 - d) **Antenatal screening:** improving information on hereditary diseases (composition: women planning pregnancy, pregnant women and mothers with children under five).
- 4.7 Level 3 activities undertaken include People's Panel membership of the following groups:
- a) NIHR Health Protection Research Unit in Gastrointestinal Infections External Advisory Panel (EAP)
 - b) NIHR HPRU in Immunisation Advisory Board
 - c) INfluENCE Project Public and Patient Involvement (PPI)
 - d) Revalidation Nursing and Midwifery pilot project group
 - e) Revalidation Steering Group for public health doctors and other medical practitioners
 - f) Steering Committee for UK Standards for Microbiology Investigations (SMIs)
- 4.8 It is hoped all public involvement activities will result in improvements to the way we do things

EXAMPES OF COMMUNICATIONS ACTIVITIES

5. PHE plans and policies and health advice which the People's Panel helped to shape.

Helping to improve Ebola communications

- 5.1 A series of five focus groups with People's Panel members were conducted in London and Leeds to collect feedback on the communications materials produced in response to Ebola in West Africa. The comments and feedback from the focus groups helped to improve posters and leaflets for GPs, pharmacies, hospitals and airports, as well as infographics for social media and websites. This qualitative research also provided evidence of evaluation which contributed to the Communications Directorate's winning entry for a national communications award.

Providing insight for PHE's Mental Health Action Plan

- 5.2 PHE's Equality Forum hosted a seminar at which members of the People's Panel helped the forum to explore the mental health challenges and issues for people from marginalised communities and the protected statuses. Feedback from the seminar was collected by the PHE Director of Mental Health and Wellbeing on the day and from a seminar report both helped to shape the PHE Mental Health Action Plan which was published in January 2014.

Giving a voice to carers

- 5.3 Two members of the People's Panel were invited to take part in the development of PHE's Health and Wellbeing Framework for England. One of the panel members is a carer and was able to share her experiences and provide real life examples of the inequalities and health challenges faced by carers. As a result the final version of the framework which was launched under the title From Evidence into Action, last autumn

(2014) included carers as a significant stakeholder group.

Health advice during extreme events

- 5.4 PHE is often called upon to provide very specific health advice in emergencies and during major incidents. For example during flooding PHE has issued health advice to residents living in affected areas. PHE's Extreme Events Team commissioned qualitative research to evaluate their flooding factsheets. Focus groups were run in the East Midlands, the South West and coastal South Eastern areas which had experienced the most recent floods. The feedback led to the development of shorter and more succinct factsheets plus the additional insight that personal resilience and mental should be a consideration as well as advice on physical safety.

6. FEEDBACK FROM PARTICIPANTS

- 6.1 People's Panel members are asked for their feedback on the effectiveness of their participation in working groups, committees and focus groups. Overall responses from participants have been positive and have included suggestions for improvements. Some examples of their comments are as follows:
- a) *'I was excited by the opportunity to comment on the framework [Health and Wellbeing] especially because there is a genuine commitment to involve the voluntary and third sector as well.'*
 - b) *'It was important that I was able ask difficult questions, like what is the framework [Health and Wellbeing] for. I was glad to make a contribution to the development of the narrative which was a good attempt at providing a simple explanation of the framework.'*
 - c) *'I am grateful for the opportunity, as representative of the panel, to remind PHE about the practical realities of everyday life.'*
 - d) *We should not lose sight of the People's Panel's unique selling point. 'We are not overloaded by any single issue. The merit of the People's Panel is that members can lay aside issues and the responsibility to speak on behalf of the collective but speak just as an ordinary member of the public. It is gratifying to speak up and see that our contribution is noted.'*
 - e) *'Despite joining a very technical group [HCAIs] I feel I was able to make a constructive contribution like encouraging them to develop a project based approach. And I can see that the group is already starting to think differently so for example instead of offering clinicians a list of recommended drugs the group is now offering them background information about how the infections develop in the community.'*
 - f) *'The topic areas of the working group [Microbiological Standards for Laboratories] was challenging and technical I was well looked after by the chair who helped to brief me for meetings.'*

7. MEASURING THE IMPACT OF PUBLIC INVOLVEMENT

- 7.1 Until now PHE has measured public involvement by the amount of activity that has taken place and the volume of involvement. Currently the tools used to measure this activity include feedback forms for participants in focus groups, workshops and consultations as well as from PHE staff who commission this research.
- 7.2 It is intended that the theme of the revised public involvement strategy will be to establish

a framework to evaluate the impact of involvement. Professor Jonathan Tritter has been developing an evaluation framework for involvement which could provide an evidence based approach to measure impact.

8. FUTURE PLANS

8.1 The Board is asked to support the following aspirations:

- a) Develop an evaluation framework to measure the impact of public involvement.
- b) Achieve a higher visibility for public involvement activities and the People's Panel.
- c) Promote better interaction between the People's Panel and PHE by increasing participation in working groups and committees.
- d) Increase the integration of public involvement across directorates of PHE
- e) Making it a requirement for all major plans and projects to demonstrate and provide evidence of public involvement and to resource these activities appropriately.
- f) Extend the data collection and profiling of the members of the People's Panel starting with the protected characteristics under the Equality Act.
- g) Raise awareness across the new directorates and management structures of the potential benefits of public involvement.
- h) In the coming year we will deliver a programme of activities which will include:
 - i. A second public opinion survey (Autumn 2015) the results of this year's survey will be presented to the Board in late 2015.
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 - iii. A revised and updated public involvement strategy (January 2016)
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Iain Mallett

Head of Public Involvement

June 2015