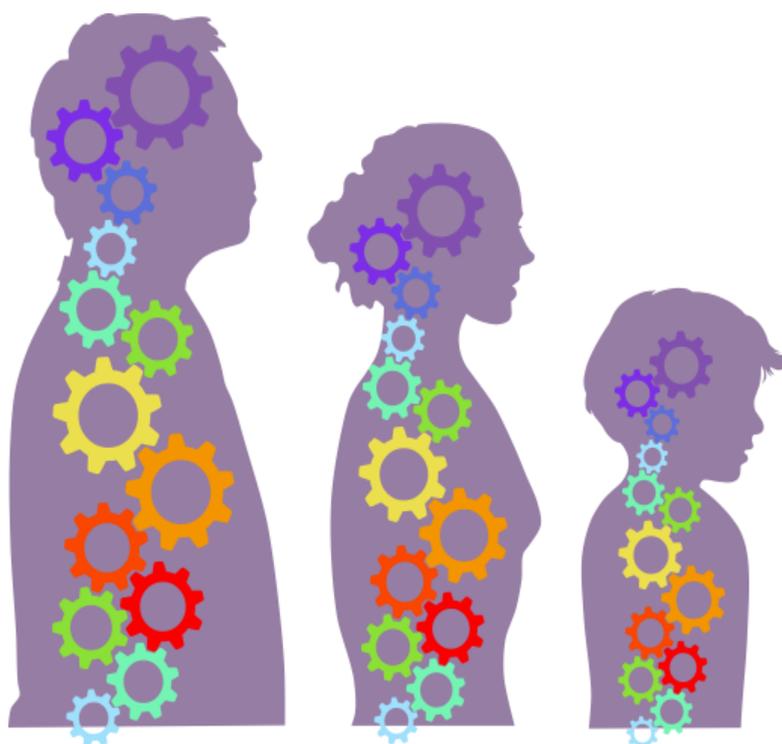


## Patient and Public Engagement Strategy



December 2017

## Contents

The Mind & Body Programme .....	3
Executive summary .....	4
Purpose and values .....	5
Approach .....	6
Progress .....	7
Engagement mechanisms.....	7
Engagement methods .....	11
Key areas of focus over the next 12 months.....	11
Resource .....	12
Evaluation.....	12
Related documents .....	13
Additional reading.....	13
Action plan.....	14

## The Mind & Body Programme

The Mind & Body Programme was established by King’s Health Partners Academic Health Science Centre (AHSC) – in collaboration with our partners King’s College London, Guy’s and St Thomas’, King’s College Hospital and South London and Maudsley NHS Foundation Trusts.

The Mind & Body Programme will work across our locality, and ultimately the wider Sustainability and Transformation Partnership (STP) for south east London, to embed integrated mind and body care as common practice.

Our partnership, alongside the chairs of Southwark and Lambeth Clinical Commissioning Groups, is committed to a programme that will join up and deliver excellent mental and physical healthcare, research and education, so that we treat the whole person.

We are doing this by:

- improving our understanding of population mind and body needs, which will underpin the provision of high quality care
- improving identification and diagnosis of mind and body needs through universal assessment and meaningful sharing of data
- robust evaluation of what works and developing a common set of clinical and economic outcome measures to inform system development and incentives
- learning and development to upskill our workforce to be aware of, and to practice essential skills relating to mind and body
- developing new and enhance existing service infrastructure to fully embed a mind and body approach
- championing an integrated mind and body ethos across our partnership through system leadership, communications and awareness raising.

### Some current Mind & Body supported projects:

- [IMPARTS](#)
- [3DLC](#)
- [RE-EDITT: LTC](#)
- [Mind and Body Education and Training](#)
- [Maudsley Simulation](#)
- [Mind and Body Champions Network](#)



## Why mind and body?

**Nearly half** of people with mental illness also have at least one long-term physical condition

**30%** of people with long-term physical health conditions also have a mental illness

**15-20 years** shorter life expectancy for someone with a severe mental illness or learning disability than for those without

## A shared mission

Our ambition is for all of our clinical services to routinely address the mental and physical health of our patients, for our workforce to be fully aware of the relationship between mind and body, and for all of our staff to be able to support our patients and service users appropriately as they navigate our sometimes complex system.

Amanda Pritchard, Dr Matthew Patrick & Nick Moberly  
Chief Executives, Guy's and St Thomas', South London  
and Maudsley and King's College Hospital  
NHS Foundation Trusts

## Executive summary

This document presents the Mind & Body Programme patient and public engagement (PPE) strategy.

It summarises the purpose and values of patient and public engagement, as well as the approach we will be taking to engagement. The strategy involves four key mechanisms:

- Programme Board Trust Governors
- Expert Advisory Group
- Engagement events (aligned with key areas of focus)
- Collaboration with existing initiatives.

A variety of recognised methods of engagement are noted to ensure meaningful and effective engagement with people. We have highlighted our key areas of focus for the next 12 months, and will be gathering information on people's experience of the healthcare system and seeking their views on mind and body projects with the aim of enhancing joined up physical and mental health service development across the healthcare system. This strategy outlines how we will resource and evaluate our patient and public engagement work.

The strategy has been informed by current research in the area of patient and public engagement and produced in consultation with the Mind & Body Programme Board, Operational Group and other internal and external partners. This strategy will be reviewed when appropriate to ensure it remains relevant and useful alongside broader changes to the Programme and patient and public engagement landscape.

## Purpose and values

The Mind & Body Programme is committed to engaging patients, service users, their families and carers, and the wider communities we serve in the development and implementation of the Programme. Patient and public engagement goes beyond communicating information to the populations we serve. It will be a continuous process of working together with patients, service users, carers and other stakeholders, to design, develop and deliver, high quality integrated care in a way that best meets their needs.

Our core aim for engagement is simple, to ensure that local people with lived experience of co-occurring mental and physical health issues, or are involved in the care of people with co-occurring health issues, are actively engaged in co-designing care at a level they want to.

Learning from other programmes, it is crucial that we build a wide range of engagement into the programme from the very first step. We have multiple audiences with whom we would like to work, patients, service users, carers, and wider stakeholders including local communities. As such, we will employ a variety of methods of engagement and a range of mechanisms to ensure genuine and meaningful engagement. Our approach to engagement is underpinned by the values highlighted in the diagram below, informed by the 4PI national involvement standards and best practice models for co-production<sup>1</sup>.



<sup>1</sup> Boyle D, Slay J, Stephens L. Public services inside Out. Putting co-production into practice. London: NESTA, 2010.

## Approach

We have adapted the Guy’s and St Thomas’ NHS Foundation Trust (GSTT) framework for patient and public engagement to govern our approach. Involvement covers a broad spectrum of activities and can mean different things to different people. Terms such as “consultation”, “involvement” and “co-design”, are often used interchangeably with “engagement”. However, each term has a slightly different emphasis. The GSTT framework describes each level of engagement alongside the level of involvement, as shown in Figure 1. “Inform” is about sharing information and encouraging understanding and interest, “consult” is about a process where views are actively sought, “involve” is a more two-way dynamic where views are sought and used to shape decisions, and “co-design” is about working in partnership from the very beginning of a project. We have used “engagement” in this document as a catch all term for all of the different intensities described.

Figure 1: GSTT Engagement Continuum

		Involvement continuum (the engagement process draws on multiple aspects of the continuum, as appropriate)			
		Inform	Consult	Involve	Co-design / equal partners
Patient and public engagement	<b>4. Governance and assurance</b>	E.g. presents quality data to e.g. Governors and Board meetings in public	E.g. seeks the comments of patient public-stakeholders on quality data through its PPE mechanisms	E.g. involves patient-public stakeholders in developing the KHP / Institute response to quality data	E.g. defines and co-designs quality metrics to drive improvement and eradicate variation with patients and carers
	<b>3. Strategy – future planning</b>	E.g. publishes strategy in a way that is accessible	E.g. consults patient-public stakeholders on the final content of a strategy	E.g. involves patient-public stakeholders in identifying the objectives for inclusion in a draft strategy	E.g. strategy is co-designed with patient public stakeholders from the outset
	<b>2. Service delivery, development and transformation</b>	E.g. informs patient-public stakeholders of planned changes to services	E.g. develops proposals for transformational change and seeks the views patient-public stakeholders on those proposals	E.g. involves patient-public stakeholders in developing proposals for change	E.g. co-designs priorities and proposals for change
	<b>1. Individual care and treatment</b>	E.g. provides information to patients and carers about recommended care plan and treatment	E.g. seeks the patients response to recommended care plan and treatment	E.g. involves patients in care planning and explores different treatment modalities	E.g. designs tools to support improvements in care planning, identifies and develops innovative ways of providing treatment with patients and their families

Majority of activity to be underpinned by co-design

The Mind & Body Programme will cover the broad areas of engagement listed in the left-hand column of Table 1. We will seek engagement in,

- our governance and assurance processes,
- in setting the strategic direction for the programme,
- in designing how we should proceed with programme implementation,
- and, in the business-as-usual caring activities of our partner trusts, by better understanding and shaping what integrated mind and body care looks and feels like for patients, service users, carers and families.

## Progress

A summary of our engagement from November 2016 to January 2017 can be [found here](#). Other engagement events have focused on physical health care in a mental health setting. We held a larger engagement event with staff and members of the public, various mind and body project patient and public focus groups and conducted two ad hoc focus groups with South London and Maudsley Psychological Medicine and Integrated Care and Acute Advisory Groups, looking at how we could enhance physical healthcare in mental health settings. In addition, we held four stalls across our partner NHS Trusts during World Mental Health Day to inform staff, patients, service users and members of the public about mind and body and how they can get involved.

The [Three Dimensions for Long-Term Conditions \(3DLC\) Project](#) has held three successful patient and public engaging events organised in conjunction with the Mind & Body Programme and the integrated heart failure service. For the first mind and body events, the 3DLC team facilitated small groups of patients, services users and healthcare professionals discussing the importance of integrating mental and physical care. Some key themes emerged:

- the importance of patient-clinician partnerships
- realising the potential of patients as experts
- limited consultation time with specialists and GPs
- lack of mental health knowledge in physical healthcare professionals and,
- combating stigma.

Some recommendations made from these events include enhanced staff training and development, possibly co-facilitated by a service user, and effective awareness raising about mental health in physical health settings. In conjunction with the integrated heart failure service team at St Thomas's hospital, 3DLC participated in a stall at the Heart Failure Awareness Day. They successfully engaged with a wide range of people from civil servants, heart failure teaching practitioners, clinical students, GPs and many service users with heart failure. They raised awareness, discussed people's interest in the project, as well as their own experience either working with or having heart failure and any mental health needs. The 3DLC team also has patient representation on their quarterly steering group committee meetings.

The [Resource for Electronic Development of Interventions for Talking Therapies in Long-Term Conditions \(RE-EDITT:LTC\) Project](#) has formed a patient representative group. The group has met to develop a name for the online intervention, to co-design the patient-facing platform of the software and to discuss practical details about how people prefer to access online treatment. Next steps for the group involve the co-production of treatment content for various long-term conditions.

The next Mind & Body engagement report will be published in Summer 2018.

## Engagement mechanisms

Mind & body PPE will comprise of four main engagement mechanisms:

- Programme Board Trust Governors
- Expert Advisory Group
- Engagement events (aligned with key areas of focus)
- Collaboration with existing initiatives.

### 1. Programme Board Trust Governors

Our governance has three core levels: an Operational Group (Ops Group), Trust-led Mind & Body Delivery and Operational Boards (in development), and, a Programme Board. At the Programme Board level, we have identified a lead Foundation Trust Governor from each of our three partner trusts to act as a link between the wider trust membership and the Mind & Body Programme. Their position will offer a critical view to items presented at meetings.

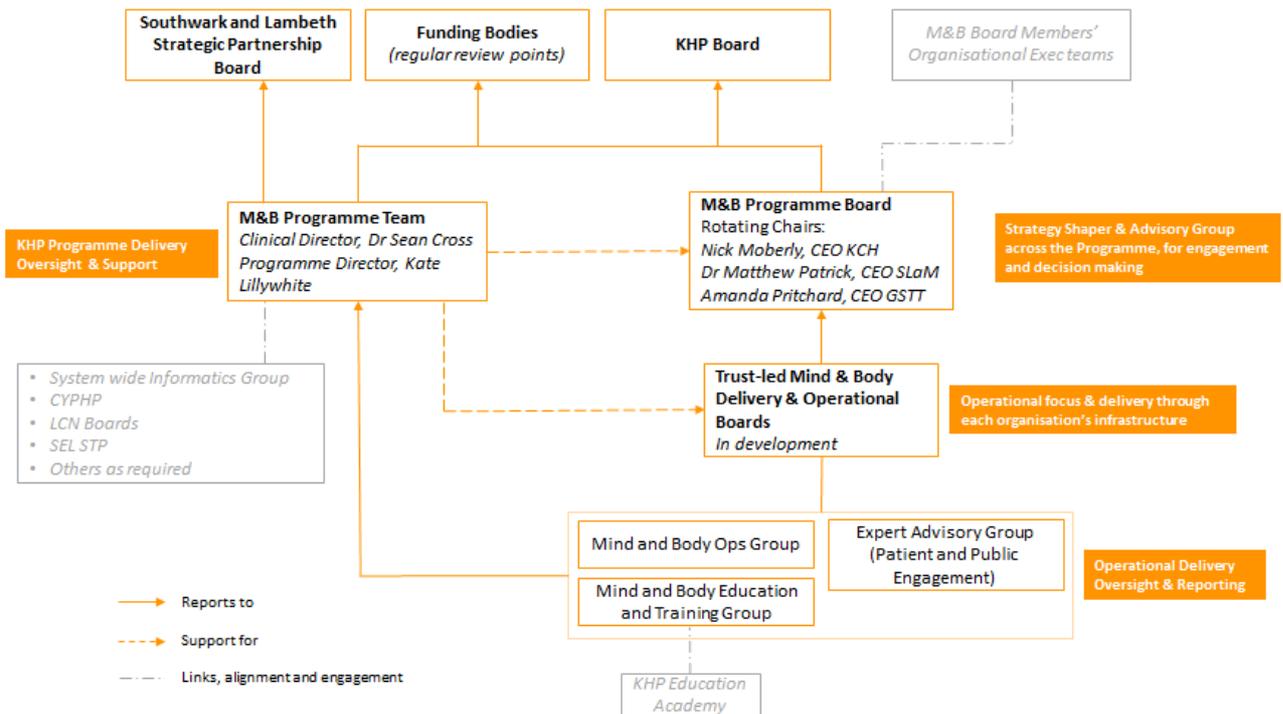


Figure 2: Mind & Body Programme Governance Structure

### 2. Expert Advisory Group

As a working group of the Programme Board, outlined in Figure 2, we have established an Expert Advisory Group. The group’s membership comprises of approximately 10-15 service users and patients who are either a person experiencing a physical health issue and a mental health issue at the same time, or, a carer or family member of someone experiencing both physical and mental health issues.

The recruitment phase followed a set of principles:

- Clarity of involvement through a clear role description
- Working with partners across the system to ensure a wide reach and the group is demographically represented
- The group will determine their own Terms of Reference and level of involvement in engagement activities beyond the Expert Advisory Group.

There is a role description and interest form in order to ensure the level of involvement required is clear, and that we form a group of individuals who are representative of our local communities. In addition, the group has developed a terms of reference and group statement which is recited at each meeting. Throughout previous engagement activities, we have sought volunteers to be involved in the group. In

addition, and have advertised via King's Health Partners and trust patient and public engagement or involvement leads, Black Thrive and local HealthWatches.

The Expert Advisory Group meets quarterly across a variety of suitable locations within King's Health Partners. The aim of the Expert Advisory Group is to help shape and guide the Mind & Body Programme vision, implementation strategy and funding proposals to ensure these areas are designed with patient experience and outcomes at the centre. It is proposed the Expert Advisory Group will be engaged in specific projects within our partner NHS Foundation Trusts and primary and community sectors, they will also be consulted by other mind and body projects. In addition, there will be the opportunity for the Expert Advisory Group members to be involved in the co-design and co-facilitation of wider engagement events.

At least one member of the Expert Advisory Group will attend each Programme Board meeting with the aim of creating an effective feedback loop so information can be shared between groups and the patient and service user perspective is always present in discussions regarding the Programme. It is proposed that the Expert Advisory Group will work collaboratively with other engagement groups within the Southwark and Lambeth Strategic Partnership Board and be a central point of patient and public intelligence on mind and body for the Board.

### **3. Engagement events**

Beyond the Expert Advisory Group, we will continue to reach out to a wider audience to ensure a breadth of voices are consulted throughout the Programme. Twice a year, we plan to hold workshops open to all and promoted as widely as possible (with the help of partners such as voluntary and community sector, local HealthWatches, Black Thrive, and the Southwark and Lambeth Strategic Partnership Board). Recruitment for engagement events will communicate what will be required, and the potential level of commitment that will be involved.

### **4. Collaboration with existing initiatives**

- **Events**

We will continue to seek to be part of existing engagement events and mechanisms across the south east London area. To date, we have done this by identifying existing events, and where appropriate include a focus on physical and mental health integration. We have developed materials to support these discussions, centred on a key question to encourage feedback, "What is one thing could services do to better support your mental and physical health?"

- **Champions Network**

As well as face-to-face events, we are also supporting staff to seek feedback on their experiences and treatment from the patients and services users they support. The [Mind & Body Champions Network](#) (designed for staff across King's Health Partners and the wider south east London sector) has been identified as an effective platform to reach staff to promote mind and body care. We want to ensure that there is a feedback loop between the people we engage with and the Champions Network. We aim to highlight the importance of patient and public engagement through sharing the views and findings from the Expert Advisory Group and engagement events with Champions.

- **Patient Experience and Feedback**

Working alongside our partner NHS Foundation Trusts we conduct periodic reviews of their patient and service user reports, engagement events, and feedback. This allows us to capture existing local insight into mind and body care, gain a breadth of feedback and also avoid duplication of engagement effort. We plan to use this feedback to potentially inform topics of discussion for the Expert Advisory Group and engagement events.

- **Patient Stories**

There are a number of mind and body related projects across our partner organisations that are collecting patient stories. We see a valuable opportunity to work with staff and the people we engage with to collate and promote these patient stories to support staff better understand the impacts of having multiple conditions and deliver joined up mind and body care.

Table 1 highlights how our broad engagement mechanisms will be incorporated in our approach to patient and public engagement.

*Table 1: Engagement mechanisms across the involvement continuum*

	Inform	Consult	Involve	Co-design
<b>4. Governance and Assurance</b>	Expert Advisory Group Trust Governors	Expert Advisory Group Trust Governors	Expert Advisory Group Trust Governors	Expert Advisory Group
<b>3. Strategy – future planning</b>	Expert Advisory Group Engagement Events	Expert Advisory Group Engagement Events	Expert Advisory Group Engagement Events	Expert Advisory Group
<b>2. Service delivery, development and transformation</b>	Expert Advisory Group Engagement Events	Expert Advisory Group Engagement Events Review of patient experience metrics and patient stories	Expert Advisory Group Engagement Events	Expert Advisory Group Engagement Events
<b>1. Individual care and treatment</b>	Expert Advisory Group Engagement Events Review of patient experience metrics and patient stories	Expert Advisory Group Engagement Events Review of patient experience metrics and patient stories	Expert Advisory Group Engagement Events	Expert Advisory Group Engagement Events

## Engagement methods

Based on current best practice models, a variety of engagement methods across the involvement continuum are employed with the Expert Advisory Group and other engagement activities. This will ensure active participation from all, and that a reliable level of understanding about the patient perspective is established. Methods include, but are not limited to, open dialogue, focus groups discussion, online platforms, patient stories, workshops and group work.

## Key areas of focus over the next 12 months

Given the Programme's breadth, there are several areas where we are particularly keen for patient and public engagement.

### 1. Screening

- a. **'Integrating Mental and Physical Healthcare: Research, Training and Services' (IMPARTS):** to refine and improve how we screen people for health and wellbeing. IMPARTS are currently developing their Integrated Care Consultation Partners Group (ICCPG).

### 2. Service Development

- a. **Physical Health for Mental Health Service Users:** we have engaged mental health service users specifically on physical health issues – presenting and discussing at the Psychological Medicine & Integrated Care and Acute Advisory Groups at South London and Maudsley NHS Foundation Trust. This forms part of a regular engagement update through these Clinical Academic Group (CAG) forums.
- b. **Three Dimensions for Long-Term Conditions (3DLC):** to shape implementation of the Programme, and deliver care within heart failure, hypertension and chronic obstructive pulmonary disease in a way which meets the needs of patients.
- c. **Digital Healthcare:** to gain a greater understanding on how various patient portals may support access to healthcare and relationships with healthcare providers. In addition, we are interested in digital healthcare to shape the offer of online mental health and self-management services to people. The Resource for Electronic Development of Interventions for Talking Therapies in Long-Term Conditions (RE-EDITT:LTC) project is a mind and body project that is currently exploring this with their patient representative group.
- d. **Outcomes:** We share King's Health Partners approach to value based healthcare in measuring outcomes that are important and that matter to patients. This does not mean that clinicians or managers dictate outcomes, but rather that individual patients have the space to determine their own health goals. We will use existing patient experience metrics, such as patient experience surveys, complaints, and the Family and Friends Test, but also seek patient, carer and families views on other patient experience measures that may be particularly meaningful.

### 3. Education and Training

To shape training priorities for staff in providing integrated care based on feedback related to staff knowledge or expertise, and where they see gaps, possibilities for improvements, as well as acknowledging what works well. Staff training should be co-produced in consultation with

patients, service users, carers and families – ensuring that patient experience and journeys are the focus.

**In addition, we plan to engage with specific population groups, including, but not limited to:**

1. **Black and Minority Ethnic (BME) Communities:** across Lewisham, Lambeth, Southwark and Croydon, approximately 45% of the population identify as Black and Minority Ethnic. We know that these communities tend to have higher rates of mental illness and have poorer outcomes from treatment. We are particularly mindful of the needs of this group, and as such will work with and engage BME communities through existing mechanisms such as Black Thrive, the Lambeth Black Health and Wellbeing Commission and Coalition for Latin America UK. We will also ensure representation of the BME population voice in the Expert Advisory Group and at engagement events.
2. **Carers:** to develop a clear understanding of the impact on carers caring for people with complex, multiple health needs, including mental health issues and long-term conditions.
3. **People who have intellectual disabilities:** to increase understanding of how people with intellectual disabilities, and their carers, might access services, participate in self-management and manage their relationships with service providers. We are interested to link in with existing engagement initiatives for people with intellectual disabilities.

## Resource

Within the central Mind & Body Programme team, there is dedicated resource to support patient and public engagement. Chiefly, this role will coordinate and lead collective patient and public engagement efforts of the Mind & Body Programme and across our system partners, focussing on integrated physical and mental healthcare. The Programme team will be advised by the existing expertise in each King's Health Partners' trust. There is a dedicated budget for the Expert Advisory Group and wider engagement events.

We are conscious of a need to avoid duplicating engagement or creating too many unwieldy new groups. To that end, we are working with the Southwark and Lambeth Strategic Partnership's Citizens' Forum, Lambeth and Southwark HealthWatches, Black Thrive, Local Care Networks, and with our King's Health Partners colleagues to ensure that we are maximising opportunities for engagement that already exist to meet some of our objectives symbiotically.

## Evaluation

We plan to evaluate our patient and public engagement annually. We will aim to answer the following questions:

- **Process:** How were patients and families engaged? What worked well? What needs to be improved? Was the engagement meaningful?
- **Outcomes:** What were the results of the engagement (e.g., tools, strategies, learning programmes, policies)?

- **Impact:** How did engaging patients and families affect their care experience? What was the impact of patient engagement on service development? Did it contribute to positive change?<sup>2</sup>

Evaluation will occur in consultation with the Expert Advisory Group, people who attend engagement events, patient and public engagement leads across King's Health Partners, and other relevant partners. We will publish the findings and implement changes to process as appropriate.

## Related documents

Expert Advisory Group Position Description  
Expert Advisory Group Interest Form  
Expert Advisory Group Proposed Terms of Reference

These documents are available on request by emailing [mindandbody@slam.nhs.uk](mailto:mindandbody@slam.nhs.uk).

## Additional reading

Engaging patients in patient safety: a Canadian guide. 2016. Canadian Patient Safety Institute.

Guy's and St Thomas' NHS Foundation Trust , Patient and Public Engagement Strategy 2014-17.

Locock, L., Boylan, A., Snow, R., Staniszewska, S. 2016. The power of symbolic capital in patient and public involvement in health research. *Health Expectations*, 1-9. doi: 10.1111/hex.12519.

National Association for Patient Participation. Communications Toolkit for Patient Participation Groups. Available: [www.napp.org.uk](http://www.napp.org.uk)

Shimmin et al. 2017. Moving towards a more inclusive patient and public involvement in health research paradigm: the incorporation of a trauma informed intersectional analysis. *BMC Health Services Research*, 17:539. doi:10.1186/s12913-017-2463-1.

Slay, J., Robinson, B. 2011. In this together; Building knowledge about co-production. London: New Economics Foundation.

Brett, J., Staniszewska, S., Mockford, C., Herron-Marx, S., Hughes, J., Tysall, C., Suleman, R. (2014), A systematic review of the impact of patient and public involvement on service users, researchers and communities. *Patient*, 7: 387-95. doi: 10.1007/s40271-014-0065-0.

---

<sup>2</sup> Engaging patients in patient safety: a Canadian guide. 2016. Canadian Patient Safety Institute.

# Action plan

