Effective co-production through local Maternity Voices Partnerships (MVPs)

A resource for commissioners

Information and tools for resourcing and establishing effective, sustainable Maternity Voices Partnerships in London

May 2018

Aim of this document

This document brings together a range of information and resources and is designed to support commissioners to fulfil their statutory obligations to secure meaningful patient and public involvement (PPI) in commissioning maternity services and to respond to the recommendations of the National Maternity Review report, *Better Births: Improving outcomes of maternity services in England, A Five Year Forward View for maternity care*[1].

Better Births describes how maternity services should be co-produced with Maternity Voices Partnerships (MVPs). An MVP is a team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care. Further detail is given in *Implementing Better Births: A resource pack for Local Maternity Systems*[2], which states, 'The maternity commissioner is responsible for facilitating and organising any agreed funding.'

This document:

» **Discusses the statutory obligation for commissioners to consult with the public;**
» **Provides examples of the positive impact arising from MVPs; and**
» **Signposts to resources on how to set up and sustain an MVP.**

The appendices bring together case studies, resource templates and example business cases that have been developed within London LMSs, and are kindly shared to support others in their journey towards establishing and resourcing local MVPs.

Authors

» Laura James, Service User Co-Chair, London MVP Strategic Group
» Kate Brintworth, Maternity Commissioner, North East London

Appendices provided by:

» Fiona Gaylor, Engagement Lead and Rachel Bevan, Project Manager, Our Healthier South East London
» Julie Juliff, Head of Maternity Commissioning, North Central London CCGs

With input from:

» Pauline Cross, Consultant Midwife in Public Health, London Borough of Lewisham
» Florence Wilcock, Clinical Co-Chair, London MVP Strategic Group and Obstetrician, Kingston Hospital NHS Foundation Trust
» London Maternity Clinical Network
» London MVP Strategic Group

1. NHS England (2016) National Maternity Review: Better Births – Improving outcomes of maternity services in England – A Five Year Forward View for maternity care | Link: www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf
2. NHS England (2017) Implementing Better Births: A resource pack for Local Maternity Systems | Link: www.england.nhs.uk/wp-content/uploads/2017/03/nhs-guidance-maternity-services-v1-print.pdf

Table of contents

Introduction

Maternity Voices Partnerships (MVPs) are an ideal platform for the co-production of maternity services and a way for commissioners to consult with the public. They provide a mechanism for ongoing feedback and co-design of services and, at their best, enable co-production on maternity development projects, ensuring that woman and families are actively involved in service development and improvement.

They differ from patient advisory groups in other areas of healthcare (eg cancer care) as they are multidisciplinary in nature, bringing together commissioners, providers and the women and families using the services. It is essential that they are established as a properly funded programme, in order to achieve the demanding requirements of the work by volunteering members who also may have time constraints due to competing obligations (such as work and family demands).

Adequate funding is critical to support meaningful engagement with all of the women who use services, not just those who may readily articulate their views. Many seldom heard women who have often reported poorer experiences of maternity services will require an active programme of outreach to ensure their voices are heard and their concerns can drive service improvement.

What do we mean by co-production?

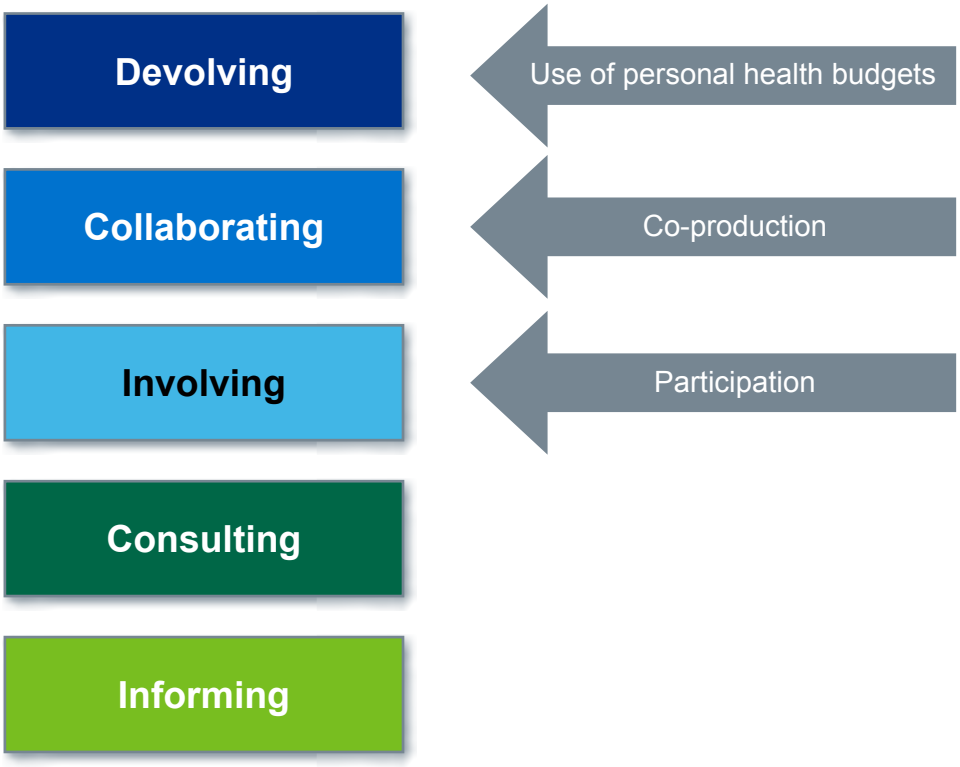
Co-production is defined as “a way of working that enables people who use health and care services, carers and communities to come together in equal partnership; and engages groups of people at the earliest stages of service design, development and evaluation[3]”. Co-production changes the power relationship between commissioners and members of the public, where commissioners value and acknowledge that women are experts by experience and should have an equal role in the process of understanding local need and developing innovative solutions to address them.

3. Coalition for Collaborative Care (2016) *A co-production model; Five values and seven steps to make this happen in reality*, Link: http://coalitionforcollaborativecare.org.uk/catherine-wilton/a-co-production-model-five-values-and-seven-steps-to-make-this-happen-in-reality

Ladder of engagement and participation

NHS England's participation resources website offers an updated version of Sherry Arnstein's *Ladder of engagement and participation*[4] as a helpful way to understand the range of ways for the NHS to undertake patient and public engagement. NHS England's *Ladder of engagement and participation* (below), applied within a maternity context, shows a spectrum of engagement from informing through to devolving. There is a growing amount of evidence that the higher up the ladder, the more meaningful and effective the patient and public engagement will be. There are also very different relationships between the commissioner and members of the public and how much influence members of the public will have in the decision making process.

Figure 1: Ladder of engagement and participation



Co-terminous with its STP area, a Local Maternity System (LMS) is responsible for a shared vision and transformation plan for implementing *Better Births* by 2020/21.

Chapter 4 of *Implementing Better Births: A resource pack for Local Maternity Systems*[5] provides information on how LMSs can adopt a co-production approach to enable women and their families play an active role in the transformation of local maternity services through establishing Maternity Voices Partnerships (*see below*).

Co production approach: *How?*

A successful MVP will ensure delivery of an annual or multi-year programme of work, in return for appropriate and available funding.

It works best when it is in line with the business planning cycle of the partner Local Maternity System, commissioner(s) and / or provider(s).

It will need to be agreed by the Maternity Voices Partnership and ratified by the Local Maternity System, commissioner(s) and / or provider(s) so that there is a shared understanding of what the Maternity Voices Partnership will deliver.

The programme of work should be costed at the outset, and any resources required should be negotiated to implement it with the partner Local Maternity System, commissioner(s) and / or provider(s).

Source: Implementing Better Births: A resource pack for Local Maternity Systems, (p 18)

4. Arnstein, Sherry R. "*A ladder of citizen participation*", Journal of the American Institute of Planners, Vol. 35, No.4 July 1969 pp 216-224.
5. NHS England (2017) Implementing Better Births: A resource pack for Local Maternity Systems | Link: www.england.nhs.uk/wp-content/uploads/2017/03/nhs-guidance-maternity-services-v1-print.pdf

Statutory obligation

Clinical commissioning groups (CCGs) have a statutory obligation to consult with the public. There are several documents outlining the need for each CCG to work with the public in every area, including maternity.

An adequately resourced, well-functioning MVP supports the work of commissioners as it contributes to their being able to fulfil their statutory obligations for PPI as detailed below.

1. The functions of clinical commissioning groups

Source: NHS England, *The functions of clinical commissioning groups* (2013) | Link: www.england.nhs.uk/wp-content/uploads/2013/03/a-functions-ccgs.pdf

Duty as to the improvement in quality of services

A CCG must, in particular, act with a view to securing continuous improvement in the outcomes that are achieved and, in particular, outcomes which show the effectiveness of their services, the safety of the services provided, and the quality of the experience of the patient.

Duty to promote involvement of each patient

Each CCG must, whilst carrying out its functions, promote the involvement of patients, and their carers and representatives, in decisions, which relate to the prevention or diagnosis of illness in the patient, or their care or treatment.

Duty as to patient choice

Each CCG must, whilst carrying out its functions, act with a view to enabling patients to make choices in respect of aspects of health services provided to them

Duty as to public involvement and consultation

Each CCG has a duty…to secure that individuals…are involved in planning commissioning arrangements, in the development and consideration of proposals for change and in decisions affecting the operation of commissioning arrangements where implementation would have an impact on the manner in which services are delivered or the range of services available.

Statutory obligation

2. NHS mandate

Source: Department of Health, *The Government's revised mandate to NHS England for 2017-18* (2018)
Link: www.gov.uk/government/uploads/system/uploads/attachment_data/file/601188/NHS_Mandate_2017-18_A.pdf

'NHS England should ensure the NHS meets the needs of each individual with a service where people's experience of their care is seen as an integral part of overall quality. We want people to be empowered to shape and manage their own health and care and make meaningful choices, particularly for maternity services.

'[NHS England should] ensure that patients, their families and carers are involved, through co-production, in defining what matters most in the quality of experience of services and assessing and improving the quality of NHS services.'

3. NHS planning guidance for 2018/19

Source: NHS England, *Refreshing NHS plans for 2018/19* (2018) | Link: https://www.england.nhs.uk/publication/refreshing-nhs-plans-for-2018-19/

Section 5.10 on public engagement states, 'As systems make shifts towards more integrated care, we expect them to involve and engage with patients and the public, their democratic representatives and other community partners. Engagement plans should reflect the five principles for public engagement identified by Healthwatch and highlighted in the Next Steps on the Five Year Forward View.'

4. Patient and public participation in commissioning health and care: statutory guidance for CCGs and NHS England

Source: NHS England, *Patient and public participation in commissioning health and care: statutory guidance for CCGs and NHS England* (2017) | Link: www.england.nhs.uk/publication/patient-and-public-participation-in-commissioning-health-and-care-statutory-guidance-for-ccgs-and-nhs-england/

This guidance is for clinical commissioning groups (CCGs) and NHS England. It supports staff to involve patients and the public in their work in a meaningful way to improve services, including giving clear advice on the legal duty to involve.

5. CCG IAF

Source: NHS Choices, Gov.uk, My NHS website. Link: https://www.nhs.uk/Service-Search/Performance/Search

In addition, the CCG Improvement and Assessment Framework (IAF) includes four maternity indicators against which each CCG is measured: smoking; stillbirth and neonatal death; choice in childbirth; and women's experience of maternity care. An MVP will enable CCGs to consult women on their experience of maternity care to ensure improvement is ongoing and may be reflected in this assessment.

How MVPs can support CCGs in their public consultation work

MVPs can provide ongoing real time feedback on maternity services, highlighting the quality of service that women are receiving and identifying areas needing improvement. They can act as forums through which commissioners can involve women in decisions about improvements or changes to services, and where women can raise concerns about service quality with commissioners.

This feedback can otherwise be difficult to capture as established methods may either have a significant time lag between data capture and reporting (such as the CQC maternity survey) or provide very limited information with which to understand the service user experience in more detail, even if real time (such as the Friends and Family Test, or FFT, for maternity).

An effective MVP can overcome these issues by soliciting feedback from women in numerous ways and provide an overview of experience that goes beyond the simple reporting of either the FFT or clinical dashboard. For example "Walking the Patch" visits (getting direct feedback from women at birth centres, labour and maternity wards about their experiences) or undertaking the 15 Steps Challenge (see inset), will provide real time feedback on the experience of local maternity services.

The 15 steps for maternity
Quality from the perspective of people who use maternity services

The 15 Steps suite of toolkits explores different healthcare settings through the eyes of those who use them and their relatives / carers.

Co-created with maternity service users, including those from seldom heard and minority groups and organisations that represent them, the 15 Steps for Maternity uses an observational approach to understanding what services users experience as they access local maternity care.

The toolkit supports collaborative working between all those involved in using, reviewing, designing and delivering maternity services, so that together improvements can be identified and implemented.

Source: NHS England, link: www.england.nhs.uk/wp-content/uploads/2018/05/15-steps-maternity-toolkit-v1.pdf

An effective MVP will therefore enable the CCG to ensure that the implementation of *Better Births* through the Maternity Transformation Programme is translating into safe and personalised care at the point of delivery.

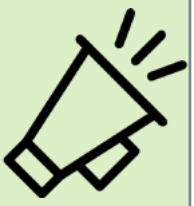
MVPs creating impact | Examples

Bolstering business cases

In Bromley, the MVP was involved with the development of a new perinatal mental health pathway. It provided direct, local feedback from women who said more support for mental health issues was needed, and used testimonials to strengthen the business case for these services. It will continue to audit the service to ensure it is meeting women's needs.

Bromley CCG received an outstanding rating for their statutory obligations report in 2015/16, with Bromley MVP contributing significantly to its engagement work.

Planning and promotion



Reading MVP captured evidence that women wanted a dedicated home birth service, which was lacking.

The MVP was directly involved in planning the new service with the Royal Berkshire NHS Foundation Trust, and helped to publicise the new home birth team to local women. Nearly 6,000 women a year now have access to this service, which also links to the national target of increasing midwifery led births.

Improving services

An effective MVP will enable commissioners and services to demonstrate how feedback is shaping care. For example, feedback from women giving birth at the Queen Elizabeth Hospital in Woolwich to Greenwich MVP suggested that discharge times from hospital were too long. As a direct result of this feedback there is now a dedicated discharge midwife in place to ease discharge times.

Four MVPs across North East London LMS championed changes to enable partners to stay overnight with women using maternity services. This has now been achieved at every trust in NEL London. Whilst this may be perceived a "softer issue", this change has, in fact, had a tremendously positive impact in helping to ensure women feel well supported and has additionally released healthcare professionals' time to better care for women with more complex needs, making the maternity wards safer and happier.

Online resources
Further examples of MVP outcomes can be found in the relevant annual reports, such as Bromley MVP (link) and Whittington MVP (link).

Examples of other MVP annual reports can be found at nationalmaternityvoices.org.uk.

Setting up and sustaining an MVP | Further resources

Better Births sets out ambitious plans for MVPs to be the vehicle of co-production in LMSs. Experience from across the healthcare system is that co-production needs to be properly resourced if the patient voice is to be effectively heard.

The risk of not resourcing the MVP properly is that the LMS misses the opportunity to build a genuine partnership with service users. The case study in the appendix provides robust examples of what that funding can be used towards. Funding also enables MVPs to better reach diverse and seldom-heard groups, which is difficult to do without the appropriate resources.

Finally, MVPs also need to be sustainable, without relying on the goodwill or hard work of one or two individuals. Robust funding should help "future-proof" an MVP, make its work sustainable, and enable chairs and vice-chairs to succession plan.

Online resources

- NHS England's *Implementing Better Births: A resource pack for Local Maternity Systems*[6] has details about how to best co-produce services with women and their families via MVPs (*see chapter 4*).
- There is a wealth of resources on how to set up and sustain an MVP on the National Maternity Voices website, www.nationalmaternityvoices.org.uk.

6. NHS England (2017) Implementing Better Births: A resource pack for Local Maternity Systems | Link: www.england.nhs.uk/wp-content/uploads/2017/03/nhs-guidance-maternity-services-v1-print.pdf

Appendix 1 | Case study: Funding arrangements for South East London MVPs

This paper shows how South East London STP has interpreted the guidance and translated it into a practical document outlining expectations on funding MVPs across LMSs in the region.

(Permission has been given for it to be shared widely, used and adapted as necessary.)

Purpose of this document

» Set out standards for the funding and support of MVPs across South East London
» Clarify the process and policy for reimbursing expenses and making involvement payments for MVPs attending LMS meetings
» Agree next steps at an LMS level

1. How this document has been developed

Many of the suggestions in this document have been taken from the principles set out by Pauline Cross (Consultant Midwife in Public Health, London Borough of Lewisham and MVP lead on behalf of Lewisham CCG) in her guidance around setting up Maternity Voice Partnerships.

NHS England's guidance around payment of expenses has been the basis for our SEL principles of participation policy (*see "Working with our patient and public voice (PPV) partners – Reimbursing expenses and paying involvement payments"*).

2. Who is responsible for funding MVPs?

It is the responsibility of the commissioner to ensure that an effective payment system is in place in line with good practice. This should reimburse expenses in a timely manner, recognising that many people rely on prompt payments, and failure to do this can have a serious impact on their financial circumstances.

From NHS England's *Implementing Better Births: A resource pack for Local Maternity Systems*:

> *"The maternity commissioner is responsible for facilitating and organising any agreed funding, whether provided by the commissioner alone or in conjunction with local providers. Local discussions will need to take place to agree how the costs of the Maternity Voices Partnership will be shared between commissioner and provider organisations. In terms of maternity providers, this may require an amendment to the existing contract to ensure providers financially contribute to the Maternity Voices Partnership and are able to release staff to engage with the Maternity Voices Partnership.*
>
> *The programme of work should be costed at the outset, and any resources required should be negotiated to implement it with the partner Local Maternity System, commissioner(s) and/or provider(s)."*

3. Proposed funding arrangements

It is recognised that in order for MVPs to function and be effective, appropriate resources and funding need to be made available.

Going forward, we expect our CCG partners across South East London to put in place an annual budget which should cover:

» Remuneration for the service user Chair and Vice-Chair's time - This is in line with the Role 4 expenses category within the NHS England guidance – reimbursement of out of pocket expenses and on-going involvement payments (£75 per half day; £150 per day)

Appendix 1 | Case study: Funding arrangements for South East London MVPs

- Remuneration for service-users' time in attending MVP meetings and undertaking outreach engagement with wider service users. This is in line with the Role 3 expenses category within the NHS England guidance – reimbursement of out of pocket expenses. This may include specific funding for access (e.g. interpreters, translated materials, easy words documents) to ensure that all women can be engaged, crèche provision for MVP meetings and development day
- Venue hire (if free venues cannot be identified)
- Annual development day
- Resources for outreach engagement in order to extend reach of the partnership
- Promotional materials
- Providing or facilitating training for the Chair and Vice-Chair in order to support them to develop their skills. This may be through making use of existing training opportunities. A list of training providers can be found at www.nationalmaternityvoices.org.uk/training.

It is expected that this would amount to approx. £9,000 per annum.

It is the responsibility of the CCG to provide a member of staff to be the key link between the MVP Chair and Vice-Chair and the CCG.

They will be responsible for ensuring:
- MVP requests for funding are approved in a timely manner, against the agreed budget;
- Commissioner presence at MVP meetings; and
- Adequate administrative support is in place – This is essential to the effective running of MVPs. This could be provided by the CCG, provider or by a service user, if they are remunerated accordingly.

The LMS will work with MVPs to create a funding template to present to CCGs. Completed funding templates will include a detailed breakdown of estimated costs and resources, and the high level priorities the MVP plans to deliver during 2018/19 (or a detailed work plan if already in place).

4. Expected outputs

Expected outputs from MVPs, following funding should include:
- Defined work plan, agreed with the LMS;
- Regular MVP meetings to develop and/or report on the programme of work, consisting of a blend of MVP driven priorities and LMS priorities, as agreed at the annual development day or workshop. In addition, there may be working groups for specific priorities. Different MVPs have different ways of working and each local MVP will adapt their frequency of meetings to suit their membership;
- Ongoing outreach into the community to grow their partnership, aiming to ensure it becomes representative of the community; and
- The production of an annual report outlining key achievements and plans for the forthcoming year.

5. Funding involvement of MVPs in LMS meetings

Separate to the arrangement for funding MVPs is the process for reimbursing MVPs for their involvement in LMS meetings at a south east London level. There is an established policy for MVPs to claim expenses back from the Our Healthier South East London STP team for attendance at LMS meetings.

All LMS and South East London working groups are considered as Role 3, based on the NHS England guidance; therefore, out of pocket expenses will be covered for these meetings.

For one off, bespoke activities where MVPs are required to undertake 'expert advisor roles' the Our

Appendix 1 | Case study: Funding arrangements for South East London MVPs

Healthier South East London STP team will offer an involvement payment to people to recognise the significant level of input of skills, expertise and accountability that they bring. This would equate to Role 4 within the NHS England guidance.

Some examples of when the South East London STP would offer and involvement payment include:
» Co-producing plans, document or policies;
» Direct involvement in making recommendations to decision making committees within the south east London STP; and
» Delivering training across south east London on behalf of the STP.

6. People in receipt of state benefits

In line with the NHS England guidance setting out the reimbursement of expenses, we recognise that some of our MVP representatives may have ongoing health conditions and / or disabilities and may be in receipt of state benefits. We seek to ensure that being in receipt of state benefits does not constitute a barrier to involvement.

In general, MVP representatives who are claiming out of pocket expenses only can do so without an adverse impact on their benefit entitlements. However, people who receive anything that might be deemed to be earnings or income by Her Majesty's Revenue and Customs service (HMRC) or the Department for Work and Pensions (DWP) – including an involvement payment – may put their benefit entitlement in jeopardy. In addition, participation in any involvement activity can be seen by JobCentre Plus as evidence of readiness for work.

Breach of benefit conditions can result in an individual's benefits being stopped or sanctions applied, sometimes for long periods – this can have huge consequences for individuals, potentially causing them significant financial hardship and personal distress.

For the avoidance of doubt, it is the responsibility of the individual MVP representatives to comply with the conditions of their benefits, and not individual CCGs or the STP. However, we have a responsibility to provide information which enables individuals to make informed decisions about whether to apply for or accept a MVP representative role, especially where this is an Expert Advisor role, and about whether to accept an involvement payment. We are responsible for advising all MVP representatives who are receiving state benefits to seek independent advice before they accept any involvement opportunities.

A template letter will be developed, based on the existing NHS England template, to support MVP representatives in explaining the nature of their involvement to the JobCentre Plus and other agencies.

Adapted from NHS England's Working with our patient and public voice (PPV) partners.(See "Reimbursing expenses and paying involvement payments.")

Fiona Gaylor, Engagement Lead
Rachel Bevan, Project Manager
Our Healthier South East London
January 2018

With thanks for input from:
» Pauline Cross, Consultant Midwife in Public Health and Public Health Strategist, Lewisham Council
» Members of MVPs in South East London

Appendix 2 | Funding and resource template for South East London MVPs

How to use this template

This template is for South East London Maternity Voices Partnerships (MVPs) to complete before the beginning of each financial year, in order to submit a proposed budget to their CCG for agreement.

Before submitting this template, MVPs should have agreed their work plan with the LMS and include this alongside their completed template, in order to evidence their request for funding.

MVP	(ie, Bromley)
Named contact	(ie, Chair/ Vice-Chair)
Contact details	
Overview of work plan	Please describe:
• Your MVP work plan and how it supports the delivery of the SEL Better Births Implementation Plan. • How will this funding support the delivery of the MVP work plan	
If available, please embed any relevant supporting documentation.	

Date MVP work plan was agreed with LMS:

Funding requirement	Applicable national guidance	Amount of funding requested
Remuneration for the service-user Chair and Vice-Chair's role that includes preparation for and chairing of bi-monthly MVP meetings	£75 per half day £150 per day	
Involvement in LMS meetings and working groups	£75 per half day £150 per day	
Remuneration for service-users', time in attending MVP meetings and undertaking outreach engagement with wider service users.	Out of pocket expenses including (but not limited to) travel, subsistence, carer and childcare costs	
Remuneration for administrative support (if role is undertaken by a service user)		
Crèche provision for MVP meetings and development days		
Venue hire (if free venues cannot be identified)		
Annual development day		
Resources for outreach engagement in order to extend reach of the partnership		
Promotional materials		
Providing or facilitating training for the Chair / Vice-Chair		
Commissioning link with MVP Chair / Vice-Chair		
Total funding request for 2018/19		(eg, £9,000)

Funding template submitted to

CCG lead: _____

Date: _____

Appendix 3 | Considerations when developing the MVP business case

Paper developed by and shared with permission of Julie Juliff, Head of Maternity Commissioning, North Central London CCGs.

Executive summary

» This paper sets out some of the key considerations for developing a business case for a Maternity Voices Partnership (MVP)
» It provides some of the background information on what constitutes a MVP, its membership and governance arrangements.
» Suggestions are made about how the budget might be comprised and how remuneration for users may be considered, while ensuring value for money.
» The importance of co-production and its potential benefits are highlighted
» The paper is set out in the form of a business case to support MVPs in this process

Introduction and overview

Implementing Better Births, A resource Pack for Local Maternity Systems (2017)[1] sets out the requirement for the establishment of Maternity Voice Partnerships (MVP) to support co-production for maternity service development and transformation.

MVPs provide an independent, multidisciplinary committee which is formally structured to share in the decision making and to influence the Local Maternity System (LMS) and its constituent parts. The resource pack maintains that the MVP should be underpinned by practical support from local commissioners and providers, which includes appropriate financial support.

Membership should comprise:
» Local maternity service users and their families, and that they should constitute at least a third of membership.
» Charities and advocacy groups representing local women and families, especially those seldom heard
» Commissioners (including maternity, mental health, local authority and specialist as appropriate)
» Providers (including where appropriate mental health, ambulance and independent providers)
» Statutory partners including Healthwatch
» Clinical and managerial professionals – local midwives, obstetricians, neonatologists and perinatal mental health specialists

The governance arrangements should be set out in the terms of reference which are agreed by the MVP and ratified by the local LMS board. These should clearly set out the partnership role played as well as the core purpose of the MVP and how this may be achieved. In addition the behaviours of members, rules for appointing the chair, accountability, decision making and meeting practicalities should be set out.

Each year, the MVP should agree a defined programme of work which may include topics for discussion, contribution to the work of the LMS board and constituent subgroups, specific research or information gathering such as through ‘walking the patch’. Communications activities may include running focus groups and outreach activities. Time should also be allocated for training and development for the MVP members. The level of engagement expected from individual service user members will differ depending on the role taken within the partnership committee and the time they have available to support the work programme. Individual users may have differing views on the type and level of remuneration they require to undertake this work and this may need to be allocated on an individual basis.

However the LMS should initiate discussions locally between commissioners and providers to ensure that an adequate budget can be allocated for the coproduction element of the LMS work programme.

Appendix 3 | Considerations when developing the MVP business case

Specific funding may be needed for:
» Chair remuneration for meeting preparation and attendance
» Member remuneration for attendance at specific meetings
» Provision of secretariat
» Payment of expenses for service user members including childcare
» Training
» Specific research or intelligence gathering activities
» Communications activities, including engagement and outreach

Many commissioning and provider organisations in the NHS have their own local policies on expenses and reimbursement. This is a good starting point when considering writing a business case for MVP funding. Communication and engagement leads will be able to advise on this and may be able to support the development of the business case.

NHS England has set out principles for remuneration in the document: Working with our patient and public voice (PPV) partners – reimbursing expenses and paying involvement payments (July 2017)[2]. While it does not apply directly to Clinical Commissioning Groups (CCGs) and Provider Trusts it sets out useful principles in the absence of other recent national policy in this area. One of the key purposes of the document is to remove or minimise the financial barriers to the valuable contribution PPV partners can make.

Key principles relevant to MVPs include:
» Seek to remove barriers to participation and encourage participation through reimbursing expenses and for specific roles offering involvement payments
» Be open and transparent about whether expenses will be reimbursed and whether involvement payment will be paid.
» Aim to reimburse in a timely manner
» Recognise and show appreciation for contributions made by PPV partners, by respectfully listening to their views, saying thank you and feeding back on the impact of their participation
» Taking account of the need to cover expenses and payments in a fair way, balanced with the recognition that value for money is required when spending public funds.

NHS England has identified 3 categories of financial support for PPV partners:
» A: No financial support (includes completion of surveys, attending a public meeting or drop in session)
» B: Out of pocket expenses are covered and reimbursed (participation in one off or ongoing focus groups, advisory groups or meetings)
» C: Out of pocket expenses are covered and reimbursed AND an involvement fee is offered. (Participation in expert advisory roles, and where strategic and accountable leadership is required.

Risks and financial implications of involvement

Out of pocket expenses will not affect entitlement to state benefits, however receiving anything that could be deemed earnings and income may do. It is the responsibility of the individual to comply with the conditions of their benefits.

PPV partners are responsible for their own tax affairs including ensuring that any income tax due on involvement payments is paid.

People who are currently on sick leave from work would be aware that accepting payments may put them in breach of their employer or insurance providers terms or conditions.

Where ‘seldom held groups’ are participating in events working with partner organisations to ensure that people are not out of pocket for participation is particularly important. This may require pre-arranging and paying for transport or reimbursing expenses through petty cash.

Appendix 3 | Considerations when developing the MVP business case

Analysis of the market

The level of engagement we are expecting from users of maternity services and their families in supporting the implementation of Better Births is unprecedented. Using NHS England's categories of support, it is clear that LMS' are likely to need to utilise their local Maternity Voices Partnerships to provide PPVs at each of the 3 levels.

While there may be a steady stream of women accessing local maternity services finding people willing and able to contribute on a regular basis to service development is very challenging. The role of charities and local community groups is invaluable, but co-production needs to include women and families who have been recent users of maternity services.

In collaboration with the wider LMS and other local MVPs it may be useful to develop a stakeholder map of those who may be able to contribute as organisations or individuals. This will help the MVP to quantify the available help and so the potential costs.

Use the MVP work programme to plan events and initiatives, including training for participants and identify costs which will be required. The work programme is important evidence to present with the business case to the LMS board.

Assessment of benefits

The benefits to be gained from investing in the MVP work programme versus doing nothing need to be considered and summarised. The Coalition for Collaborative Care[3] is an organisation which works with NHS England to support co-production for services for those with long term conditions. They have produced some useful resources which are transferable to maternity care. They identify that those with a lived experience have an important contribution to make in creating the conditions for improved health and wellbeing. The mantra – "plan with us, not for us" is an important one. Undertaking service development and transformation without ensuring it will meet the needs of local families' risks money being wasted on inappropriate services. Since where people understand more about the services on offer they are more likely to access them. The co-production model produced by the Coalition can be found here.

Assessment of costs

Using the MVP plan, meetings and activities that which will need to be supported on an annual basis can be identified. These will include:

- Costs of remunerating the Chair of the MVP. You may wish to pay an involvement fee as well as out of pocket expenses. NHS England suggest a fee of £150 per day for meetings / activities lasting more than 4 hours and £75 per half day for 4 hours or less.
- Expert advisory costs. Will you need to pay for expert advice from user members for any of your meetings or activities? Costs will be as above.
- Secretarial costs. Can these be met from existing resources within commissioning or provider teams? Or will they need to be met separately.
- Out of pocket expenses for those who regularly contribute and participate or those who are from seldom seen groups who would be financially compromised by their involvement. These will include childcare costs, travel (e.g. bus, train, taxi or car). The provision of a crèche may be a useful alternative to providing individual childcare reimbursement. There is guidance within the NHS England document on what is appropriate.
- Other costs may include venues and refreshments. It is important to at least offer tea, coffee and water for meetings and meals if they last for longer than half a day.

You can then set out the resource requirements and costs in a table. Include here any other costs for equipment etc.

Appendix 3 | Considerations when developing the MVP business case

Funding source / timing / certainty

The LMS resource pack does not stipulate exactly where the funds for an MVP should come from, only that the responsibility for this lies with the LMS. Ideally resources will need to be put in place for a more than a year, to enable ongoing service development and transformation. Potential sources and timing of the funding will need to be discussed and agreed by the LMS board. It should be noted that a budget for user involvement will be a minimal proportion of the total budget for maternity services in any area.

Timescales

The proposed start and end dates should be given together with a list of significant (particularly financially significant) milestones (events with dates). Where relevant, the milestones to include dates on which the investment should be reviewed. The MVP plan will be an important source of supporting information.

Conclusions and recommendations

Within the document you will have provided the evidence required to identify why the MVP should be funded. Worked out a reasonable budget along with the outcomes that the LMS can expect in return. Having explored potential sources of funding, the LMS can be used as a vehicle for securing a budget.

References

1. Implementing Better Births, A resource pack for local maternity systems: www.england.nhs.uk/wp-content/uploads/2017/03/nhs-guidance-maternity-services-v1.pdf
2. Working with Our Patients and Public Voice (PPV) Partners - Reimbursing expenses and paying involvement payments: www.england.nhs.uk/wp-content/uploads/2017/08/patient-and-public-voice-partners-expenses-policy-v2.pdf
3. Coalition for Collaborative Care: http://coalitionforcollaborativecare.org.uk/aboutus/co-production-in-practice/