

Health and Care Working Together in South Yorkshire & Bassetlaw

Engagement Framework

1) Context & Background

NHS England requires each local care system in England to work together to create an ambitious local plan to meet the triple aim set out in the NHS Five Year Forward View. This local plan is called a 'Sustainability and Transformation Plan' (STP) and must set out over five years how each area will:

- Improve the health and wellbeing of their local population.
- Improve the quality of local health and care services.
- Deliver financial stability and balance throughout the local health and care system.

Why do we need an STP?

- Although there have been big improvements in healthcare in the last 15 years
- People with cancer and heart conditions are experiencing better care and living longer
- Waits are shorter and people more satisfied
- But the quality of care is variable
- Preventable illness is widespread
- Health inequalities are deep-rooted (people living in more deprived areas are less likely to live long, healthy lives).
- People's needs are changing, new treatment options are emerging and we face particular challenges in mental health, cancer and support for older people.
- Pressures on service are building and we need to work together to find the best solutions.

What is our function as a dedicated Accountable Care System (ACS)?

The head of NHS England in June 2017 pledged to end the "fractured" health and social care system that leaves too many patients "passed from pillar to post" by giving local leaders and communities more control over how they improve health and social care.

Simon Stevens said: "As the NHS approaches its 70th Birthday, we are now embarked on the biggest national move to integrating care of any major western country. For patients this means better joined up services in place of what has often been a fragmented system that passes people from pillar to post."

Eight 'accountable care systems' (ACSs) will bring together local NHS organisations, often in partnership with social care services and the voluntary sector. They build on the learning from and early results of NHS England's new care model 'vanguards', which are slowing emergency hospitalisations growth by up to two thirds compared with other less integrated parts of the country.

The first group of designated ACSs have agreed with national leaders to deliver fast track improvements set out in Next Steps on the Five Year Forward View, including taking the strain off A&E, investing in general practice making it easier to get a GP appointment, and improving access to high quality cancer and mental health services.

These areas will also lead the way in taking more control over funding available to support transformation programmes – with the combined indicative potential to control around £450m of funding over the next four years – matched by accountability for improving the health and wellbeing of the populations they cover. NHS national bodies will provide these areas with more freedom to make decisions over how the health system in their area operates

2) Purpose & Objectives

The purpose of the communications and engagement framework is to support the vision and strategic aims of the Accountable Care System and support the local Transformation Board to deliver the priorities. We have to deliver new models of care which will be sustainable across our region to ensure our services can continue to deliver a high quality service.

Our plan is about working together and in new ways and we have identified eight key priorities:

- Healthy Lives, Living well and Prevention
- Primary and Community Care
- Mental Health and Learning Disabilities
- Urgent and Emergency Care.
- Elective and Diagnostic Services.
- Children and Maternity services
- Cancer.
- Spreading Best Practice and Collaborating on Support Services (this work includes shared support services and estates)

In addition, we have work areas looking at digital and IT, workforce, medicines optimisation and a review of acute hospital services.

3) Putting our plan into action:

To deliver these priorities we need to bring health and care services closer together to develop new ways of providing health and care across South Yorkshire and Bassetlaw. Our ambition is:

For everyone in South Yorkshire and Bassetlaw to have a great start in life, supporting them to stay healthy and live longer.

- We will reduce inequalities for all and help you live well and stay well for longer.
- We will join up health and care services so they are responsive to your needs and accountable.
- We will invest in and grow primary and community care with general practice at the centre.
- We will treat and care for the whole person looking after their mental health and physical health
- We will standardise acute hospital and specialised care – improving access for everyone reducing inequalities and improving efficiencies.
- We will simplify urgent and emergency care, making it easier for people to access the right services closer to home.
- We will develop the right workforce in the right place with right skills for now and in the future.
- We will use the best technology to keep people well at home to support them to manage their own care and to connect our resources so they can provide joined up care
- We will create a financially sustainable health care system.

- And we will work with you to do this.

4) Developing our Framework

A long history of collaboration and working together to improve health and care for the people of South Yorkshire and Bassetlaw has given us a strong foundation to deliver our ACS. We have joined together very quickly, building on existing relationships and forming a credible guiding coalition of partners who recognise the opportunities and are motivated to deliver significant improvements.

During February and April 2017 a programme of local conversations with local communities was arranged to gather more information about individuals and groups perceptions and feelings towards the South Yorkshire and Bassetlaw Sustainability and Transformation plan. To ensure independence and impartiality the conversations were managed through our local Healthwatch organisations and Voluntary Action/CVS.

Any future engagement for the ACS must continue to build on the work which has already taken place and should consider the successes of the programme which was reflected in the independence and impartiality coupled with a more informal approach where the fluidity of conversations enabled people to feel relaxed, engaged and valued.

The 'Community Conversations about the South Yorkshire and Bassetlaw Sustainability and Transformation Plan', identified key themes in relation to people's understanding of Sustainability and Transformation:

- Communication and Engagement - lack of clarity of both the Sustainability and Transformation Plan and local Place Plans
- Funding – concerns about privatisation, lack of detail around how changes will be funded but a recognition that there is a finite resource and awareness of what can be done to meet the needs of the population with the resources available.
- Service Change – general agreement that the NHS and Social care services need to change and develop but that local services meet the needs of the local population, timescales and potential pace of change are a concern.

5) Putting our framework into action:

We want to take our population with us every step of the way and are committed to ensuring individuals and group's views and experiences influence our work streams. We need to ensure that a diverse range of people have the opportunity and the information they need to be involved in the decision making. We will consider a range of options for involvement and will address barriers which can prevent involvement, for example seeking venues which are accessible, for disabled people.

Our Principles:

- We will be clear about how the information we collect will be used.
- We will work hard to demonstrate to our population that any involvement is Not just a tick-box exercise!
- We will be clear how the findings will be fed back to those involved and the wider population.
- We will explain how we will monitor things after the activity has been completed.

Implementing the ACS – ensuring support for delivery

The main objective is to ensure that the local population are better informed and have opportunities to engage. Our local conversations highlighted that a general level of understanding and awareness of the Sustainability plan was low and in many cases the 'Community Conversations' were the first time participants had heard about the ideas and themes and many people struggled to grasp the concept behind the STP.

We will utilise the full set of channels open to us to communicate and *engage*, including all forms of media and advertising, to ensure we reach out and build a broad coalition of support for transforming health and care in South Yorkshire & Bassetlaw. Our communication and engagement plans will develop and adapt as the ACS takes shape and the detail is agreed by the main health and care organisations. The ACS will only be a success if we involve and take our main stakeholders with us every step of the way.

6) Public Engagement and Involvement

There has been a step change in what constitutes good engagement in recent years. 'Old style' engagement, where public bodies developed ideas behind closed doors and then shared them with the public for discussion is regarded as poor practice. Best practice means involving the public at every stage and using their input to co-design solutions.

We have engaged local people and stakeholders in developing our plans because it is the right thing to do and to ensure we met our statutory responsibilities. Strategic plans are improved by engaging the public in them as they take shape. This also makes their eventual implementation easier.

We recognise that the successful delivery of the level and scale of change needed will necessitate the need to address the issues identified in the community and staff conversations. Engaging with and involving our population is an essential element of our planned delivery. In order to affect change and support individuals to take greater control of their own health and care we understand the need to involve our population to achieve these changes. As our engagement takes shape our ambition in how we can work collaboratively is set out below, with six key drivers.

Working well together	Working with each other
1. We will understand what's worked in the past and consider how to apply it to the present and future.	1. Our relationships will be conducted with equality and respect.
2. We will have a shared goal and take joint responsibility for our work.	2. We will listen and proactively seek participation from communities who experience the greatest health inequalities & poorest health outcomes.

3. We will take time to plan well.	3. We will use the strengths and talents that people bring to the table
4. We will involve people as early as possible.	4. We will respect and encourage different beliefs and opinions.
5. We will give feedback on the results of people's participation	5. We will recognise record and reward people's contributions.
6. We will provide support so that we can work, learn and improve together	6. We will use plain language and openly share information

South Yorkshire and Bassetlaw ACS will ensure that all the engagement methods will be adopted appropriately and effectively to empower patients and the public to become active participants in service redesign and delivery to support the transformation needed. We will work hard to deliver 'fair and proportionate' engagement, adopting 'The Gunning Principles'.

- Takes place at a time when proposals are still at a formative stage. If involvement is to be meaningful, it should take place typically at an early stage. However, it is often permissible to consult on a preferred option or decision in principle, so long as there is a genuine opportunity for the public to influence the final decision.
- Gives the public sufficient information and reasons for any proposal to allow the public to consider and respond.
- Allows adequate time for the public to consider and respond before a final decision is made.

Furthermore when considering the breadth and depth of engagement we understand that 'One size doesn't fit all'. We understand the need to think innovatively and adapt our approaches so that we can ensure access to seldom heard and hard to reach communities and those individuals and groups with protected characteristics.

7) Key elements of our Framework

Place based plans that focus on:

- Prevention
- Healthy children
- Primary care at scale
- Risk Stratification
- End of Life.

Transformation programmes:

- Urgent and emergency care
- Elective care
- Cancer
- Children's and maternity
- Mental health and learning disabilities

Cross cutting themes:

- Workforce
- Digital and I.T.
- Support services and estates
- Medicines optimisation

We have produced a public-facing summary of the ACS for use with the general public and stakeholders.

There is on-going media interest in our ACS delivery and we have agreed who our spokespeople are for any interview requests.

We have a website, to enable our population to view our on-going delivery and to engage either virtually or at our proposed engagement events – www.healthandcaredtogethersyb.co.uk

8) Planning for Involvement:

There are a range of areas in which future communications and engagement will be needed, at local and regional level, as changes are implemented. We are working with local Healthwatch organisations, CCGs and provider programme managers and the local authority to define these opportunities more clearly.

Our principle of talking to the public about proposed changes and involving them in developing and implementing change will continue.

Between 3 October 2016 and 14 February 2017, two public consultations were carried out on the future of hyper acute stroke and children's surgery and anaesthesia services across South and Mid Yorkshire, Bassetlaw and North Derbyshire. Carried out by Commissioners Working Together, a collaborative partnership of eight NHS clinical commissioning groups and NHS England, overall communications and engagement activity was pro-actively co-ordinated by the Commissioners Working Together communications team. Activity in each of the local areas was carried out by the CCG communications and engagement leads to ensure all activity was joined up, timely and appropriate. An external evaluation of the engagement was undertaken and the findings of this will help to inform future engagement.

We know that the following will be important to underpin any future work, including consultations:-

- One consistent message, and one central resource for materials
- Ensuring we work with partner organisations across the statutory and voluntary sectors
- Local flexibility where needed
- Iterative and reflective processes, developing as we work
- Building on existing groups, networks and relationships
- Working together across boundaries, targeting communities
- Using a variety of mechanisms effectively- from social media to one to one conversations; and deliberative events
- Making sure that all responses are valued and counted within our processes

9) Coordinating Involvement:

A **Communications and Engagement Strategic Group** has been established, comprising provider, local authority, CCG and programme leads for communications and engagement. This group will help to steer the communications and engagement approach overall, including provider and local authority staff and stakeholders.

We will continue to work on the basis that the programme team will devise communications and engagement materials and messaging centrally, for local use and adaptation by CCGs, providers and local authorities. Local leads will be asked to help shape the messaging through our strategic communication and engagement group. Engagement with the public at borough level will continue to be led by CCGs, with support from the central team.

A comprehensive report has been produced which provides an overview of patient and public involvement which has been undertaken over the last three years in relation to our eight priority areas. Accessing this information will ensure that we avoid duplication and will identify for us where there are gaps in our local knowledge so we can resource appropriately.

Each of our five CCG's has a 'Place Plan' which sets out local priorities and ambitions this incorporates an Engagement Strategy which will support this overarching strategy highlighting the ambitions for South Yorkshire and Bassetlaw in relation to the STP plan. Each place is represented on this strategic group through the local engagement lead to support co-ordinated engagement.

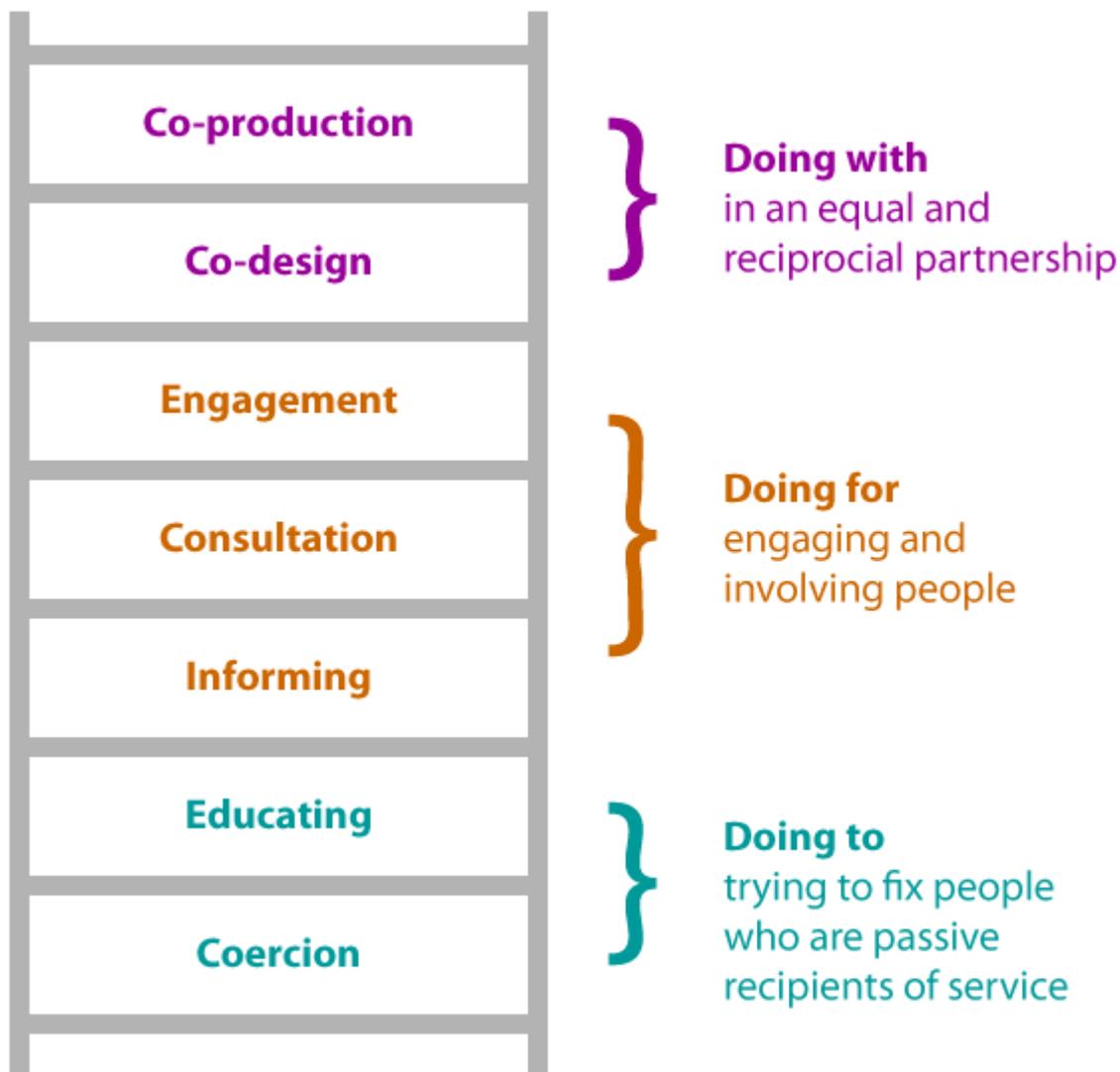
10) Involvement opportunities:

We know that the key to delivering our sustainability and transformation work-streams is through meaningful involvement in both the design and delivery of future services. We are committed to ensuring that any involvement is both fair and proportionate and understand that it has to be planned effectively and resourced appropriately. In order to deliver on our ambitions we have already begun to link with local groups to help to develop a set of principles which will inform the Hospital Services Review. Additionally each of our work-streams have recruited volunteers for strategic involvement and our recent out-patient and elective workshop was an excellent example of clinical and non-clinical stakeholders supporting each other to determine a case for change moving forwards.

The workshop highlighted the value of co-production and the ladder of co-production will help to shape the different approaches which will be needed to support our work.

Co-production builds upon a range of approaches such as consultation, engagement and co-design. We understand the need to adopt different, approaches if real co-production is to be put into practice.

Consultation, engagement and co-design encourage people to input by asking for their ideas, experience and opinions. Co-production is different because it also needs people's actions. This can happen through 1-2-1 relationships with professionals where people play an active role in shaping and implementing their own support, or in wider peer or community support between people and professionals. Co-production means that power is shared more equally between those who use services and those who provide them. Everyone's skills and personal resources are put to use.



11) The 10 Step Approach:

Staff:

We need to make sure our staff are involved and informed and are considering a number of options for how this may be taken forwards which may include a staff forum. Consideration is being given to our priorities and the need to directly engage with:

- GPs and other staff in primary care
- Hospital-based clinicians
- Allied health professionals (across health and social care)
- Social care professionals
- NHS staff in administrative and management roles

Patients and Public:

We have considered a number of options for how best to ensure that 'seldom heard' groups and those with protected characteristics are considered in each of our work streams. With this in mind we have developed a

document which clearly asks each work-stream lead to consider how opportunities can be provided for those groups. (See Appendix 1)

There is a need to consider:

- Nine protected characteristics
- Seldom heard Groups
- Communities

What do we already know:

There is a wealth of information which is already available and to collate this information we have commissioned a mapping exercise to help us identify areas where we need to gather more information. Accessing this information will ensure that we avoid duplication and will identify for us where there are gaps in our local knowledge so we can identify any equalities gaps and resource appropriately.

We will consider the impact of the proposed activity on affected individuals. As a general rule, the greater the extent of change and number of people who will be affected, the greater the level of activity is likely to be necessary to achieve an appropriate level of public involvement. However, the nature and extent of public involvement required will always depend on the specific circumstances of an individual commissioning process.

We will ensure that we consider the '10 Steps plan' so that we are able to show that our engagement is planned, considers those groups who may be affected and that we always share and feed back to those whom have been involved.

10 Steps Plan



12) Supporting best Practice:

This framework has a supporting document which has been developed to support engagement which meets our collaborative statutory requirements and shows our commitment to involving our population. The framework will enable us to evidence that we have correctly identified the need to involve patients and public in the activity and that our planned activity is both fair and proportionate. We are currently developing an Equality Impact Assessment Form and supporting Action Plan which will support future planning.

Partner organisations with the South Yorkshire and Bassetlaw ACS, have a variety of legal duties including to involve the public in the exercise of their statutory functions.

Health and Care Working Together in South Yorkshire and Bassetlaw

Section 14Z2: Patient and Public Participation Form

Introduction

Clinical Commissioning Groups have a duty under Section 14Z2 of the NHS Act 2006 (as amended) to 'make arrangements' to involve the public in commissioning.

- This form is a tool to help commissioners identify whether there is a need for patient and public participation in their commissioning activity, and if required help them plan for a level of participation which is 'fair and proportionate' to the circumstances.
- The form must be completed at the start of the planning process for any commissioning activity and before operational commissioning decisions are taken which may impact on the range of commissioned services and/or the way in which they are provided.
- Completed forms may be used as evidence in the event of a legal challenge. Please retain a copy within your local system.

Step 1 – Title of the plan/proposal/project/commissioning activity and a brief description (including key objectives where appropriate). *Possible examples - procurement of a new service, proposals for service change, national policy development or an operational commissioning decision which affects services, e.g. closure of a GP practice.*

Location: e.g. CCG, area

Title and Brief Description of Proposed Activity:

Key Objectives of the Proposed Activity:

Step 2 – Is there likely to be an impact on patients and the public? *To assess impact you should consider the overall population and groups/individuals within that population who are likely to be affected.*

If the plans, proposals or decisions are implemented, do you think there will be:

(a) An impact on how services are delivered?

Yes No

Please explain your answer and provide further details:

(b) An impact on the range of health services available?

Yes No

Please explain your answer and provide further details:

(c) Any other impact that you can envisage at this point in time? Please describe.

*If you have answered yes to (a), (b) or (c), it is highly likely that the Section 14Z2 duty applies. Note: the duty **always** applies to planning of commissioning arrangements (regardless of impact).*

Does the Section 14Z2 duty apply to the activity? Yes No

Please explain briefly why you have answered yes or no to the above:

Please note that if you have determined that Section 14Z2 does not apply to this particular activity it is good practice to retain a copy of the form should a challenge be made at a later date.

Step 3 – Describe any existing arrangements to involve patients and the public which are relevant to this plan/activity and/or provide relevant sources of patient and public insight? *Examples could include patient and public views by patient and public voice (PPV) partners; surveys; intelligence on patient and public views from partners including other commissioners, Healthwatch and voluntary and community organisations.*

Please briefly complete each question below:

(a) What arrangements/mechanisms are already in place to involve the public which are relevant to this activity? (These may be local, regional, or national):

(b) How will the insight available to you help to inform your decision?

Please note that consideration of existing arrangement and patient and public insight will help inform any additional arrangements required under step 4.

Step 4 – Are additional arrangements for patient and public involvement required for this activity and in particular how will you ensure that ‘seldom-heard’ groups, those with ‘protected characteristics’ under the Equality Act, and those experiencing health inequalities are involved? (In due course, it may be appropriate to develop a full communications and engagement plan).

a) If yes, provide a brief outline of your approach and objectives for any additional patient and public participation:

b)

b) Have you considered the following:

Seldom-heard groups Yes No

Nine Protected Characteristics Yes No

Health Inequalities Yes No

c) Briefly describe how your proposed participation will be ‘fair and proportionate’, in relation to your commissioning activity?

Step 5 - Planning for impact and feedback

(a) Provide a brief outline of how the information collected through patient and public participation will be used to influence the plan/activity.

(b) How will the outcomes of participation be reported back to those involved? (*refer to your communications and engagement plan, if appropriate*):

(c) How will you assess the ongoing impact of the change on patients and the public after it has been completed?

Name of person completing the form:

Job Title:

E-mail address:

Team:

Date: