

## 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.*

<b>Location:</b> e.g. CCG, area	South Yorkshire and Bassetlaw Integrated Care System (hosted by Sheffield CCG) plus Chesterfield Royal Hospital NHS Foundation Trust and Mid Yorkshire Hospitals NHS Trust.
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<b>Title and Brief Description of Proposed Activity:</b>	The Hospital Services Review. A review of Hospital Services across South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire
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<b>Key Objectives of the Proposed Activity:</b>	To identify acute hospital services across the footprint of the Review which are not sustainable, and to identify ways in which they might be made sustainable.
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**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  X No

Please explain your answer and provide further details:

At this initial first phase no, as the delivery of services will not change. However it is considered essential that patients and the public are involved in designing the core principles around which services will be considered. In the longer term, if any of the recommendations of the Review are accepted, these may involve impacts on how services are delivered.

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

Yes  x No

Please explain your answer and provide further details:

At this point there will be no impact on the range of services available as the services currently available will still function.

In the longer term, the aim of the Review is to ensure that all patients have access to services. In order to protect or improve the quality of these services the location of some services may change.

(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  X No At

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

this point 14Z2 does not apply but a consideration has been given to ensuring the population is involved in each stage of the review, given that there is a potential for a change to services should recommendations relating to the services be considered by the CCG's once the proposals have been developed.

*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): Local

A plan has been developed to ensure that patients and the public have the opportunity for full involvement as the proposals are developed. This is being achieved through:

Regular information for the public: regular bulletins and information published on our website, and distributed via partner organisations such as Healthwatch. The website also includes two interim reports which publish detailed information on the evidence which the Review has gathered so far, and the decisions made around which services are in scope.

Online opportunities to comment: we have a website which includes information on the Review, and a survey asking people their views about the services in scope for the Review.

Targeted interventions with specific groups: we have undertaken a telephone survey with 1000 members of the public selected to be representative of the population of South Yorkshire and Bassetlaw as a whole. We have also undertaken focus groups and 1:1 interviews with 96 people from seldom heard groups such as young carers, ethnic minority groups, Deaf people and asylum seekers.

Open public meetings: We have held open public meetings in several of our Places, as well as two events open to members of the public across the whole footprint of the Review. We have also had stalls in the reception areas of some of the acute hospitals. These are ensuring patients and the public are informed about what is happening and have an opportunity to shape proposals as they are developed.

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

The Hospital Services Review was launched in June 2017, with a 10 month timeframe. The Terms of Reference of the Review require it to consider how acute services might be put onto a sustainable footing, and the role of the District General Hospital. The work of the Review is in three stages, and public engagement is addressing different questions in each of these three stages.

The work of the Review is in three stages:

1a (June to September): Identify the sustainability challenges facing all the acute services in SYB, identify which are the most challenged, and gain agreement from the system as to which are the highest priority services to address first. During this stage information about the Review was circulated via Healthwatch, and a system-wide public event was held to give people an opportunity to give their views on which areas were the most challenged.

1b (September to December): Analyse the sustainability challenges for the 5 core services in detail, and engage with clinicians to explore possible solutions. Develop evaluation criteria. During this stage we undertook in-depth work with the general public as well as targeted groups (see above) to identify specific challenges to the 5 core services and gain the views of the public as to what solutions might work. We also ran a survey around the priorities for the evaluation criteria so that the final version of the criteria reflect the views expressed by patients and the public, and seldom heard groups.

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3 (January to April): Develop and evaluate options and recommendations, write report and take it through the governance structures. During this stage we will run a public event for people from across the whole area, at which they will be asked to evaluate the options that have emerged so far, against the evaluation criteria, before the final decisions are made about which options will become recommendations in the April report.

Stages 1a and 1b have been completed to schedule and the results published in interim reports (1b report will be published at the end of January).

*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:

The legal and consultation requirements around the reconfiguration process mean that the development of options for reconfiguration has to be done in a series of steps, gradually narrowing down the options based on clearly stated criteria, and engaging the public at each stage. The process must be transparent, evidence based, and involve clinicians and the public.

We have undertaken, through the South Yorkshire Community Foundation, a series of focus groups and 1:1 meetings with people from seldom heard groups (see above).

We have also gathered data, where this is available, around what proportion of users of the 5 services in scope for the Review come from groups with the 9 protected characteristics. This will be used to further shape our engagement and consultation strategy in the next stage of the process (post April).

The Terms of Reference of the Review require it to consider health inequalities, and the aim of the Review is to improve the quality of the services accessed by all patients in the footprint.

b) Have you considered the following:

Seldom-heard groups	<input checked="" type="checkbox"/> X Yes	<input type="checkbox"/> No
Nine Protected Characteristics	<input checked="" type="checkbox"/> X Yes	<input type="checkbox"/> No
Health Inequalities	<input checked="" type="checkbox"/> X Yes	<input type="checkbox"/> No

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

A Citizen panel has been created to act as critical friend and to advise where they feel further engagement with our population is necessary

A series of public events have been arranged to coincide with the phasing of the Hospital Services Review.

Emphasis is placed on ensuring that our engagement is fair in choosing sites and timings which ensure that those whom wish to attend are able to do so. Recognition has also been given to ensuring opportunities are also available in each place. Further work has been commissioned through a community foundation who have strong links with seldom heard groups.

d) At this stage whilst there is no legal requirement to engage a decision has been taken that this is best practice.

Patients and the public must be meaningfully engaged: they must be involved from the beginning, not just once options have been developed; must be involved in decisions which are meaningful to them; and must have a demonstrable impact on the process.)

**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) The process will be transparent and evidence based, and will involve clinicians and the public. Importantly, it must not pre-empt decision making on the final option, all options will be explored and patient and the general public will be involved with this process at each stage.
- (c) How will the outcomes of participation be reported back to those involved? (*refer to your communications and engagement plan, if appropriate*):

We are in the process of developing a full and robust communication and engagement plan. However at each stage and after each event the feedback collected will be once reported sent out to all those who attended and will be visible on the SYB Health & Care Working Together website.

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

This will be reported at each stage and how the information collected has been used will be available to view through the review process.

**Name of person completing the form:** Katy Hyde

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**Team:** Health & Care Working Together for SYB - Communications & Engagement

**Date:** December 2017

**Once this form is completed please retain a copy for your records.**