

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

South Yorkshire and Bassetlaw Integrated Care System (hosted by Sheffield CCG), with Mid Yorkshire and North Derbyshire (SYBMYND)

Title and Brief Description of Proposed Activity:

Publication of the Strategic Outline Case on Hospital Services.

In 2017 the SYBMYND providers and commissioners commissioned an independent review of the sustainability of acute hospital services in the footprint. The final report of the Hospital Services Review was published in May 2018. Commissioners have now considered the recommendations of the Review and have laid out how they intend to take forward the recommendations, in a Strategic Outline Case.

This document assesses the need for public engagement in the next stage of work around the Strategic Outline Case.

The proposals in the SOC are focused around three areas:

- **Shared working** between the acute trusts,
- **Transformation**, to improve the sustainability of the workforce and improve the standardisation of care
- **Potential reconfiguration** of services.

Public engagement will be undertaken as part of all of these workstrands. For the reconfiguration workstrand, full public consultation will be undertaken in line with statutory requirements, once the preferred option(s) are identified. If any of the other workstrands identify proposals that would require consultation, this will be taken forward.

All of the proposals in the SOC are currently at non-site specific level. The next stage of work will require the development of site-specific options, including modelling site-specific options on reconfiguration until the options are narrowed down to the preferred option(s). The people affected and the extent of the impact under each option will be identified during the next stage of work, as the site-specific options are modelled.

A full EIA will be produced alongside the development and modelling of the site-specific options and published alongside the Business Case.

Key Objectives of the Proposed Activity:	<i>To understand the views and opinions of the population in relation to the recommendations cited in the report.</i>
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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?
☒ **x Yes** ☐ **No**

The impact on how services are delivered will be different for the different workstreams and will take effect at different times:

- Hosted Networks and Transformation:** the intention of the Hosted Networks workstream is to establish new working arrangements to support collaboration between trusts.

The Hosted Networks will then enable the system to take forward work on the transformation workstream. This is likely to include standardising clinical protocols, developing shared approaches to workforce roles etc.

Once the proposals have been implemented, they will impact on how services are delivered, as they should lead to the introduction of standardised care in line with agreed best practice. The aim is to begin to implement the Hosted Networks in April 2019. Some early work on looking at clinical pathways and alternate professions will begin in parallel with the development of the Hosted Networks. Once the HNs are in place, they will begin work on an agreed work programme, which will ultimately lead to some changes in clinical protocols and workforce design.

Reconfiguration: On reconfiguration, we will spend the next 12 months developing, modelling and evaluating site-specific options. The development and assessment of the options will not in itself change the delivery of services. Once a final option has been agreed, the implementation of this will eventually lead to changes in the delivery of services.

We have already involved clinicians, patients and the public in developing the evaluation criteria, and in discussing the non-site-specific analysis that we have done so far. During the next stage, we will engage with the public at each stage of the work, as we move from a longlist to a shortlist and ultimately to the preferred option(s).

(b) An impact on the range of health services available?
☐ **Yes** ☒ **No X**

Please explain your answer and provide further details:

Until the point that any changes have been consulted on and implemented, there will be no impact on the range of services available, as services will still function as they are currently (unless, as is usual practice, a safety or clinical issue were to necessitate the need to make a change to a service).

If the modelling and public consultation were to result in an agreed change to services, there might be an impact on where some services were provided, for some specialties. Note that the range of services available to patients would not change, in that all patients would continue to have access to all services, but the range of services provided **on a particular site** might change.

Given the potential for future changes, we have been engaging closely with patients and the public up to now and will continue to engage throughout.

(c) Any other impact that you can envisage at this point in time? Please describe. Given that the services will continue to be delivered in the same way during this period of engagement no impact is envisaged.

*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).*

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

At this stage we are not proposing specific changes to services, and there are no changes to commissioning.

Nevertheless, given the potential for changes to services to result from this work as the proposals are developed, we are ensuring that patients and the public are involved in each stage of the review.

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

At this point there is no impact for patients and no change to the range of services.

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 level:

There has been and will continue to be involvement of patients and the public throughout the process with particular emphasis on seldom heard groups.

Full details of the patient/ public engagement undertaken and how it has impacted on the recommendations that have been put forward at this stage can be found on the Health and Care Working Together for South Yorkshire and Bassetlaw website. The summary report on the public engagement can be found here: https://www.healthandcaretogethersyb.co.uk/application/files/4815/2231/8192/15_HSR_Stage_1b_Engagement_Report.pdf

The detailed write-ups of each engagement session that took place over the 12 months of the Review, and the analysis of the online feedback received, are also published on the website: <https://www.healthandcaretogethersyb.co.uk/index.php/what-we-do/working-together-future-proof-services/looking-at-hospital-services>

There has been and will continue to be on-going clinical and staff engagement with existing networks, the clinical working groups and staff whose role lies within the five identified services. Full details of the clinical and staff engagement that has taken place and how it has impacted on the recommendations that have been put forward at this stage can be found on the Health and Care Working Together for South Yorkshire and Bassetlaw website. The approach to staff engagement, the membership of the Clinical Working Groups and the summaries of the first three meetings of the CWGs are recorded in the 1B report here:

https://www.healthandcaretogethersyb.co.uk/application/files/9615/1809/8702/Hospital_Services_Review_1b_report.pdf

The notes of the fourth CWG meeting are attached in Annex G of the Final Report:

https://www.healthandcaretogethersyb.co.uk/application/files/2915/2845/1074/26._HSR_Stage_2_Report_Annexes.pdf

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

The insight available has helped shape the report and recommendations thus far, and will continue to be utilised by the review team, alongside the ongoing engagement, in shaping the direction going forward:.

The **clinical engagement** through the CWGs has heavily shaped the final recommendations of the Review. The recommendations are structured around workforce, innovation and clinical variation, which were the three main themes which emerged from the CWGs. The proposals around Hosted Networks respond to the point that was raised by clinicians around the limitations of the current approaches to collaborative working across the Trusts. The recommendations on reconfiguration were based on the opinion, expressed by all of the Clinical Working Groups, that the current configuration of services is not sustainable; as well as on the quantitative modelling undertaken.

Engagement with the public has also shaped the recommendations of the review. The evaluation criteria, which have been used to narrow down options, were established drawing equally on system input and on feedback gathered from the public and seldom heard groups via an online survey and face to face discussion groups. Key themes which emerged from the public sessions included the need to make sure that all patients receive the same care, which has informed the Hosted Networks approach which aims to standardise care across SYB. The public also pointed out the importance of access: in response to this, the Strategic Outline Case proposes to establish a travel and transport group, including patients and the public, which will review the implications of any proposals for travel times by ambulance and by public and private transport.

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.

Engagement with seldom heard groups up to now:

- **Engagement with seldom heard groups.** A significant amount of work has focused on engaging with seldom heard groups. Over the course of the summer engagement has been taken forward with more than 400 people, drawn from groups such as the Deaf community, the Chinese community, the BME community, people from a drug and alcohol addiction group, and victims of domestic violence. The full report of the engagement is available online at:

https://www.healthandcaretogethersyb.co.uk/application/files/5615/3996/5160/37._Hospital_Service_Review_Engagement_Report_-_October_2018.pdf

- **Assuring our engagement process:** The South Yorkshire and Bassetlaw ICS has established a Citizens’ Panel which consists of members of the public who provide advice on, and critique, our proposed engagement approach. We have also worked with patient and public engagement and equality and diversity experts from the Integrated Care System partner organisations

Engagement with seldom heard groups going forward:

Going forward, there is an on-going plan to engage with patients and members of the public:

- **Engagement with seldom-heard groups:** The future activity for public engagement aims to ensure that our engagement with seldom heard groups is comprehensive:
 - Identifying the groups who are most affected: We have undertaken a detailed analysis of

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the patient groups, in each Place, who use the services that the HSR is considering. This analysis breaks down service users by the protected characteristics (such as age and gender) wherever possible. It will enable us to ensure, going forward, that we are engaging with the patients who are likely to be most affected by any proposals.

However, this analysis is constrained by the limitations of the data that is routinely collected by the NHS, which does not include all the protected characteristics. In order to help shape a thorough equality impact approach, should recommendations for service reconfiguration be taken forward at a later date, work is on-going within the trusts to speak to patients attending each of the five services. This will provide more demographic information about service users through their completion of a short survey. Data has also been collated from the Trusts from the five services, as has qualitative insights from service managers and clinicians.

- Engagement with patients and the public: Over the summer we will attend the local PPG forums to enable information to be disseminated through G.P practices. Further links have been made with public health to work more closely with larger employers to seek the views of the 'working well'. There are plans to attend existing community groups –such as older people's groups, carers' groups and maternity groups. Work will also take place with seldom heard groups from whom we believe we have not yet heard, such as for example alcohol and substance misusers, prison inmates, and women suffering domestic violence.
- A transport and access group will also be introduced to look in further detail at the potential transport and travel related impacts on patients and the public should any future changes take place.

Seldom-heard groups ☐ Yes ☐ No Yes

Nine Protected Characteristics ☐ Yes ☐ No Yes

Health Inequalities ☐ Yes ☐ No Yes

b) Briefly describe how your proposed participation will be 'fair and proportionate', in relation to your commissioning activity?

As laid out above, a significant amount of patient / public engagement has already taken place, and a further raft of activity is planned, with the aim to ensure that any gaps are addressed in terms of ensuring fair and proportionate opportunities for all of our populations to give their opinion in the formative stages of any future reconfiguration proposals.

- **A Citizens' panel** has been created to act as critical friend and to advise where they feel further engagement with our population is necessary
- **We are ensuring that opportunities to engage are available in each place** at different times of day and different days of the week, including engaging with some large employers during the working day
- **We are creating opportunities for people to contribute through a range of mechanisms** including online and in person.
- **For seldom heard groups**, further work has been commissioned through a community foundation who have strong links with seldom heard groups

At this stage, whilst there is no legal requirement to consult since there are no firm proposals, we are following best practice in engaging with patients and the public.

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.

As has been the case throughout, patient and public participation will continue to be used by the review team to influence recommendations they put forwards. The patients/ public/ clinicians and staff will be involved at every stage of the process, through to site-specific recommendations, and full public consultation on reconfigurations should the review reach these stages.

Throughout the process will be transparent and evidence based. decision making on the final option will not pre-empt engagement activity; all options will be explored.

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

At each stage and after each event the feedback collected, once reported, will be sent out to all those who attended and will be visible on the SYB Health & Care Working Together website:

<https://www.healthandcaretogethersyb.co.uk/index.php/what-we-do/working-together-future-proof-services/looking-at-hospital-services>

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

Before agreeing the preferred option(s) we will:

- **Assess the potential impact on the population through modelling.** The site-specific modelling will look at the impact on patients, broken down to postcode level so that we can consider the implications on patients from different socioeconomic backgrounds (by comparing the postcode analysis with the Indices of Deprivation).
- **Undertake full public consultation on any proposed options.** This would enable us to hear from people who would be affected by any proposed changes.
- **work with commissioners and providers** to ensure that outcome measures are established that allow us to track any potential ongoing impact of the change.

Name of person completing the form:

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

Date: September 2018

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