



Scrutiny Board (Health and Well-being and Adult Social Care) Inquiry around Consultation

Patient and public involvement and engagement in the NHS in Leeds

1 Introduction

The NHS in Leeds has been asked to submit to Scrutiny Board (Health and Wellbeing and Adult Social Care) a summary of the current and future NHS obligations around public involvement and engagement, and the current approach taken towards engagement and involvement.

The NHS in Leeds is committed to working with the Scrutiny Board to demonstrate how it involves patients, their carers and the wider public in commissioning and providing services

- 1.1 Section 1** of this paper gives a brief outline of the overall commitment of the NHS in Leeds to patient and public involvement (PPI) and engagement. As the NHS changes in the future, the commissioners and providers of health services will be working more closely together with partners, such as the local authority.

- 1.2 Section 2** gives a short overview of the internal processes applied within NHS Leeds, Leeds Teaching Hospitals NHS Trust, Leeds Partnerships Foundation Trust and Leeds Community Healthcare NHS Trust.

There are also two further brief references. The first is to the Specialist Commissioning Group for the Yorkshire and Humber region, and the second is the Service Change Assurance Process (SCAP). The SCAP is an internal process of NHS Yorkshire and the Humber, the strategic health authority, and the Department of Health which all NHS trusts have to comply with in the event of any major service change.

2 Section 1

2.1 Current NHS obligations around PPI and engagement

The NHS in Leeds recognises that to develop the best and most effective services possible for local people we need to work in partnership with patients, the public and all other stakeholders. This will help to:

- Develop more patient focussed and patient led services by gaining insight from people who experience the service first hand.
- Deliver improved outcomes around health and wellbeing by understanding what is important to people.
- Help to tackle inequalities by engaging with vulnerable groups and communities that are seldom heard and responding to their needs.
- Put people and communities at the centre of commissioning by understanding and meeting the real needs of patients, staff and communities.
- Be recognised as an organisation that proactively seeks and builds continuous and meaningful engagement with the public and patients, to shape services and improve health.

2.2 Duty to involve and consult

The 2006 NHS Act, section 242 (updated December 2007), places a statutory duty on all NHS trusts to proportionally involve (through informing, engaging or consulting) patients and the public on:

- planning services they are responsible for;
- developing and considering proposals for changes in the way those services are provided; and
- decisions to be made that affect the operation of those services.

Where there is a proposal for substantial development or variation of health services, Section 244 of the Act sets out the duty on NHS organisations to consult the local Scrutiny Board (Health).

In the revised Operating Framework 2010-2011 the Secretary of State for Health identified four additional key tests for service change, which are designed to build confidence within the service, with patients and communities. These require existing and future service change proposals to demonstrate:

- support from GP commissioners;
- strengthened public and patient engagement;
- clarity on the clinical evidence base; and
- consistency with current and prospective patient choice.

2.3 Patient and Public Involvement in the future

Clinical commissioning groups –previously GP consortia - will be required under the proposed new sections 13L and 14P of the Health and Social Care Bill to make arrangements for involving the public. These sections are modelled closely on the existing duty as outlined above.

Key additions include the following:

- Clinical commissioning groups will be required to include a description of the arrangements they have in place to meet their duties around public and patient involvement in their constitution.
- Clinical commissioning groups will be required to set out in their annual commissioning plans how they propose to discharge their duty to involve and consult the public in relation to their proposals for the coming year.

2.4 Clinical Senates

Commissioners will be supported by clinical networks advising on single areas of care, such as cancer, and new 'clinical senates' in each area of the country that will provide multi-professional advice on local commissioning plans. Both will be hosted within the NHS Commissioning Board.

2.5 HealthWatch England

Under the terms of the Health and Social Care Bill HealthWatch England will be established and will be a statutory, distinctive part of the Care Quality Commission (CQC) . It will:

- provide leadership, advice and support to Local HealthWatch
- provide advice to the NHS Commissioning Board, Monitor and the Secretary of State
- have powers to propose a CQC investigation of poor services

2.6 Local HealthWatch

Local HealthWatch is being created by developing the role of existing LINKs (Local Involvement Networks).

It will:

- ensure that the views and feedback from people who use services, carers and members of the public are integral to local commissioning;
- provide advocacy and support to people and help them to make choices about services; and
- provide intelligence for HealthWatch England about the quality of providers.

2.7 Health and Wellbeing Board

Under the terms of the new health bill, confirms that local authorities will have a duty to establish Health and Wellbeing Boards. These Boards are intended to lead on improving the strategic coordination of commissioning across NHS, social care, and related children's and public health services.

Each board must include the following:

- at least one local authority councillor,
- the director of adult social services for the local authority,
- the director of children's services for the local authority,
- the director of public health for the local authority,
- a representative of the local healthwatch organisation for the area of the local authority,
- a representative of each relevant commissioning consortium,
- and such other persons, or representatives of such other persons, as the local authority thinks appropriate.

A representative of the NHS Commissioning Board must also sit on the board when local authorities are drawing up joint strategic needs assessments and related strategies

2.8 Foundation Trusts

All NHS Trusts are required to become Foundation Trusts by 2014. A foundation trust remains part of the NHS with care for all, free at the point of use. However, it is an independent legal entity with greater freedom to manage its own affairs with a board of directors, and a council of governors elected by the membership.

It is authorised by, accountable to and regulated by an independent regulator, Monitor, and maintains the same quality standards as all other NHS organisations, regulated by the Care Quality Commission. The governance of an FT is more inclusive through governors and members who represent patients, carers, the local community, staff and stakeholders.

The board of governors is elected from the membership and the board of governors has responsibility for electing a future chair and non executive directors and approving the appointment of any future chief executive.

Through membership and the board of governors, there will be an increased level of communication with patients and the public and stakeholders, and stronger links will be formed with local people ensuring their needs will be at the heart of what the organisation does.

2.8.1 Leeds Teaching Hospitals NHS Trust (LTHT)

Leeds Teaching Hospitals NHS Trust (LTHT) application towards Foundation Trust status began with the initial public consultation over three months at the end of 2009. Responses to the consultation were very valuable and changes were made as a result of listening to what people said. Member recruitment is ongoing.

The application process is a very formal one, and work on this will accelerate during 2011 with the intention of applying formally to the Department of Health in October 2011. LTHT hopes this will lead on to approval of the application during 2012.

2.8.2 Leeds Community Healthcare NHS Trust (LCH)

On 1 April 2011 Leeds Community Healthcare NHS Trust was established as an independent NHS organisation in its own right having worked at 'arms length' from NHS Leeds since April 2009. LCH is aiming to become an NHS community foundation trust in 2013. A major public consultation will be launched on these plans in October 2012

- 2.8.3** Leeds Partnerships NHS Foundation Trust, formerly known as Leeds Mental Health Teaching NHS Trust, was awarded NHS Foundation Trust status on 1 August 2007.

3 SECTION 2

An outline of the current approaches and internal processes of each local NHS organisation.

All NHS trusts follow a similar approach to involve patients, their carers, the public and stakeholders in their work.

3.1 NHS LEEDS – COMMISSIONER OF HEALTH SERVICES

The role of NHS Leeds is:

- To co-ordinate the consultation process with the Scrutiny Board for the NHS in Leeds
- To be assured that an appropriate level of engagement and / or consultation is planned when commissioning new services or proposing changes to existing health services.

3.2 Policy

NHS Leeds' Patient, Carer and Public Involvement strategy sets out key standards in patient, carer and public involvement for commissioners and providers of health services in Leeds. We are committed to work in partnership with our key stakeholders and in particular by placing patients, carers and members of the public firmly in the centre of all our decision making.

This work is central to the Government's aim to:

- put patients at the centre of the NHS;
- highlight patients' experience as a key driver for change; and
- develop accountable organisations

NHS Leeds has a clear process in place with staff across the organisation which is led and supported by the communications and engagement team. The team provides training, advice and resource to commissioning staff and independent primary care contractors about when and how to involve their patients, public and wider stakeholders in any proposals for service change.

3.3 Guidance for staff – NHS Leeds

- **Be clear about why there is a need to change**
Before you begin your service change project, the evidence of why you need to change should be clear; for example, external influences and changes to policy, the outcome of engagement work, contract changes, routine feedback from patients or other users and quality and safety issues. Where possible, you must aim to include any clinical evidence that exists, such as directors' reports and any relevant local or regional reports. Other evidence could include social marketing research, and check with your PPI lead if there is any other supporting data, for example, around service user experiences

We have created a template for you to complete which will help you to work through all stages of your service change proposal. This also provides the key pieces of information the Scrutiny Board needs to be able to consider your proposal appropriately.

- **Get the right people involved**
Before you begin, consider who needs to be involved to make this work. You will need to set up a project team which at a minimum should include a senior manager and clinical lead for the proposal. You should also include your communications, PPI and diversity and vulnerable groups lead. Your Involving People Panel * representative should be included in the project to give you valuable independent patient assurance. Don't forget to consider other partners who need to be involved in the project. Make sure you have Board level sign up as appropriate.
- **Who should I engage with?**
To help you identify your stakeholders, you will need to undertake a stakeholder mapping exercise. This will help you to understand their needs and how to prioritise them during the project. This work will also help to develop a communications and engagement plan to support your project.

You especially need to focus on those groups who may experience negative impacts as a result of your proposed change. To help you

identify who these may be you should complete the Equality Impact Assessment (EIA) screening tool.

- **Discussing the level of service change**

Your project group should discuss the proposed changes and the impact they will have on staff, patients, services users, carers and other key stakeholders. You can use the **Definitions of reconfiguration proposals and stages of engagement/consultation** to help you do this and also work with your communications and engagement leads who will be able to support you.

If your proposal is at level two we will need to inform the Scrutiny Board (Health) that it is happening and assure them of our ongoing patient engagement plans. If the proposal is at level three or four, then this proposed level will need to be agreed with Leeds City Council's Scrutiny Board (Health).

- **Time plans – when to engage**

Before your project starts you will already have gathered a large amount of evidence through on-going patient and public involvement. Depending on the level of change, you will need to engage with appropriate stakeholders as you are developing your plans. Their comments, feedback and concerns should be reflected in the final proposal. You must engage with stakeholders before any decisions are taken on what the final proposal looks like.

- **Working with Scrutiny Board**

It is important that you log your proposal with the Service Change and Development Group as early as possible. Proposals for service change - including commissioning new services - are taken to the Scrutiny Board (Health and Well-being and Adult Social Care), Health Services Development Group (HSDG). Level two and three proposals are for information but the Scrutiny Board must be consulted on level four proposals.

The Scrutiny Board will decide whether or not they agree with your decision on the level of change, whether the plans for engagement / consultation with patients, the public and other stakeholders are satisfactory and also whether the proposal is in the interests of health services in the area. The Scrutiny Board has the power to refer any issues with level four substantial variations to the Secretary of State for Health if this criteria is not met.

- **Communications and engagement action plan**

You will need to create a communication and engagement action plan your PPI and communications leads will help you with this. This plan will include timescales for any additional pre engagement work that you need to help develop your plans, the formal engagement / consultation phase, and compiling your final report. It will also include details who to engage / consult with, what publicity or supporting documents that you should provide and when and how to distribute these.

For very major proposals at level four, you will need to complete a number of documents as listed in the Yorkshire & Humber Strategic Health Authority's Service Change Assurance Process (SCAP) (see point 7)

We recommend that it is best practice for all service change/development schemes to review and complete the self assessment at critical points in the programme, regardless of how small or large the change is.

However, compiling the evidence should be proportional to the size, complexity and risk of the scheme and for smaller schemes would not need to be submitted to NHS Yorkshire and the Humber.

- **Collecting information and feeding back**

When you have considered the views of your stakeholders, you will need to demonstrate which factors have influenced you to arrive at your final decision.

The way you feedback will depend upon the degree of your service change and the methods you used to gather people's views. It will also depend upon your audience and their specific needs, and should be written into your communications and engagement plans. Examples may include issuing press releases, posting findings on relevant internet pages, sending letters to your original participants, publishing a formal report or delivering a presentation.

4 LEEDS TEACHING HOSPITALS NHS TRUST

4.1 Policy

The Trust Patient, Carer and Public Involvement Policy is based on statutory and regulatory requirements and national policy, in particular the NHS Constitution.

The policy recognises the statutory duty to ensure meaningful involvement/consultation of patients, carers and the public on:

- Decisions affecting the operation of service
- Planning of service provision
- Development and consideration of proposals about service changes

The Trust policy outlines responsibilities at various levels in the Trust including: Trust Board, Executive Directors, Divisional General Managers, corporate services and, particularly, Directorate Managers and Matrons. These latter groups have devolved responsibility for implementation of Trust policy. The policy contains a detailed checklist of the duties they must carry out.

4.2 Guidance

The principles enshrined in the policy are inclusivity, integrated, relevant/appropriate, and operating at every level.

A detailed guidance document advising on process for stakeholder and public consultation is provided to support staff in implementing Trust policy. It describes the continuum of involvement from regular and routine interaction on a personal basis between staff and patients or carers through to formal public consultation based on Cabinet Office guidance for 'substantial variations' in services.

Guidance sets out the need to use a range of different methods to engage. It makes clear that involvement is required not only in supporting Trust decisions but in developing options as well as assuring the maximum possible positive impact of changes on patients.

4.3 Developing approach

The process that we are developing and strengthening internally is illustrated by the following model:



4.4 Governance

A new Patient Experience Sub-Committee has been established that reports to the Clinical Governance Committee. The Sub Committee will take a lead role in overseeing assurance related to involvement and engagement activities.

The LTHT Quality assurance process and tool requires senior managers and clinicians to evidence that patients, services users and carers have been involved in any service re-design activity. The tool also requires evidence of equality impact assessment.

The Trust continues to develop relationships with the local Scrutiny Board, Local Involvement Network (LiNK), patient panels and user groups, voluntary and third sector groups across the city.

There will be increased focus to support the development of the Trust's Involvement & Engagement Strategy and activity programme in 2011-12.

The development of this work will evolve in a number of work programmes:

- Establishment of an Involvement & Engagement Group to take forward the development of this work
- Joint staff and stakeholder event on 14th October to explore the key priorities of our Involvement Strategy
- Jointly developing and agreeing "Rules of Engagement" to underpin our involvement activity
- Scoping of different involvement approaches for our various patient groups
- Developing a robust mechanism to capture, share and review involvement activity across the Trust

5 LEEDS PARTNERSHIPS NHS FOUNDATION TRUST

Summary of current approaches and internal processes for public involvement and engagement in Leeds Partnerships NHS Foundation Trust

- 5.1** Leeds Partnerships NHS Foundation Trust (LPFT) has an Involving People Policy which sets out the Trust's commitment to involve people who use our services, their carers and the public in developing and improving services. It sets out the standards and processes to ensure a high quality and consistent approach across the organisation. LPFT also has a Communication and Engagement Plan that sets out the organisation's plan up until 2015, for to communicating, involving and engaging with all our stakeholders.

5.2 For service development proposals and changes LPFT adopt Prince 2 project management principles for all level 2-4 changes, this utilises the following steps;

- Identify the proposed service change
- Appoint a Communications & engagement lead
- Draft and implement the project plan (routinely include LINK, Scrutiny, governors, members, and other relevant partners)
- Report regularly to the project board

To facilitate our five year strategy '*Improving health, improving lives*' there are seven means goals supporting the implementation. Means goal 2 is '*We involve people in planning their care and in improving services*'. This means goal is managed through the Involving People Standing Support Group and the Involvement Leads Forum. Each operational service has a designated lead for involvement, to support this work.

To enhance the learning from the National Service User Survey, the organisation has introduced a standardised patient experience survey, distributed at the transition in the care pathway. A Carers survey supporting the standards within the local Carers Charter is also distributed at the same time. This standardised survey is replacing existing local surveys and will monitor both performance and service user satisfaction.

There are a series of involvement and engagement events delivered to service users, carers, Trust members and the public. This series of events enables the organisation to consult and involve stakeholders at both a corporate and a strategic level.

As a Foundation Trust the recruitment and engagement of our members is an intrinsic element of the public involvement and engagement activity. LPFT is working in partnership to support both local and national anti-stigma campaigns, and the Time to Change campaign has been embraced as part of our organisational engagement message. Work is currently underway to support a partnership approach to a similar anti-stigma campaign in Leeds for Learning Disabilities.

The Council of Governors, made up of service users, carers and members of the public is responsible for setting the strategic direction of the organisation, and leading the approach for involvement and engagement.

6 LEEDS COMMUNITY HEALTHCARE

- 6.1** Leeds Community Healthcare has issued the template (overleaf) to staff. Additional support and advice is provided to staff by the patient and public involvement team.



Service change planning guide

We have legislative requirements and Department of Healthcare guidance to follow to ensure that patients, their carers and families as well as the general public are involved in planning NHS services. This includes when proposed changes affect services - no matter how small or extensive those proposed changes may be.

Please remember that we can only develop high quality services for patients when we combine our expertise and their experience.

Follow this simple guide to help you through the process – it starts with a summary of the legislation and guidelines we all should work to.

The NHS Act 2006 – section 242

Places a duty on the NHS to either involve and consult patients and the public in the planning of services or provide them with information regarding proposed changes.

White Paper - *Equity and excellence: Liberating the NHS*, July 2010

"The Government's ambition is to achieve healthcare outcomes that are among the best in the world. This can only be realised by involving patients fully in their own care, with decisions made in partnership with clinicians."

David Nicholson key areas supporting service reconfiguration – 20 May / 29 July 2010 letters

Service change and reconfiguration processes need to demonstrate:

- Support from GP commissioners
- Strengthened public / patient and local authority engagement plans
- Greater clarity for the clinical evidence base underpinning proposals
- Proposals should consider developing and supporting patient choice

Levels of change as identified by the Overview and Scrutiny Committee (Health) - and suggested engagement activities

Category 1

Informal discussions with patients, service users, carers, patient groups on potential need for changes to services and solutions - such as a minor time change to a clinic e.g. 9am to 10.30am.

Category 2

Formalised engagement to seek patient / service user / carers and patient groups views on the issue and potential solutions - such as moving a clinic to a different day of the week e.g. from Monday to Thursday.

Category 3

Engagement of patients / service users / carers and the public are in planning and decision making - 12 week engagement - such as changing the choices where patients can attend clinics in terms of location, times, days of the week etc.

Category 4

Formal consultation required - minimum 12 weeks - such as closing a city-wide service, or completely reconfiguring a service that would impact on the whole population of the city.

Please use the skills and experience of the Communications, Patient and Public Involvement, Equality and Diversity and Human Resources teams so that you consider all the potential people [stakeholders] and issues affected by the proposed changes - here's how those teams can support you and your service:

Communications

- Support development of communications plan
- Support to complete Overview and Scrutiny [Health] documentation
- Advice on content, layout and format for letters, leaflets etc
- Proof reading and sense checking of materials
- In-house design service – leaflets, posters, banners etc plus links with commercial printers
- Guidance on logo use and branding – and good practice for communications materials
- Provide resources to help you through the process e.g. templates and grids or past examples of other team's work
- Corporate link with key stakeholders across the city e.g. GP consortia, Leeds City Council [including Leeds Scrutiny Board [Health], MPs and councillors
- Draft / distribute press releases, handle media enquiries, monitor, evaluate and respond to media coverage
- Include information on the LCH website

Patient and Public Involvement

Focus on:

- Listening • Responding • Learning

PPI activity is determined by the level of the change being proposed. We can support you at all stages of engagement including:

- Develop a joint communications and engagement plan
- Complete a thorough stakeholder analysis
- Develop engagement activity
- Provide training to complete effective public consultations
- Liaise on your behalf with Leeds Involvement Network (LiNK) and Leeds Involving People (LiP)
- Collating responses, produce reports and / or action plans following consultations

Advice on how feedback during consultations can also be used for other purposes e.g. Quality Framework reporting, Leeds Approach, CQUIN and QIPP.

Equality and Diversity

Provide guidance around Equality Act 2010.

Those subject to the Equality Duty must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups.

Support your team to produce a Service Equality Impact Assessment to:

- Identify the real and possible inequalities people will experience if we go ahead with redesign or change of the service
- Mainstreams equality thinking and planning

Human Resources

- Support for team leaders / managers in determining if proposed service changes will affect staff
- Supporting managers with facilitating meetings with staff around proposed changes
- Developing consultation processes for staff who may be affected by changes to the service - such as their working days, hours, for example
- Working with unions / staff side representatives around proposed changes and how they may affect staff terms and conditions
- Supporting the entire team through the implementation of the service change from a workforce perspective
- Providing guidance on employment law and legislation including details around Agenda for Change terms and conditions
- Advising staff and managers on policy interpretation e.g. pay protection, employment security and redeployment.

Please plan carefully and provide plenty of notice to the teams outlined above - six months before your proposed change is advised to ensure any consultation activity is undertaken thoroughly and comprehensively.

7 ADDITIONAL INFORMATION

7.1 Specialist Commissioning Group

Services that are defined as specialist by the Department of Health are commissioned by a Specialised Commissioning Group for Yorkshire and Humber which is currently hosted by NHS Barnsley.

Health Scrutiny Boards across the region have arrangements in place for a Joint Health and Overview Scrutiny Committee for Yorkshire and the Humber to scrutinise major projects. Local commissioners of services will conduct the appropriate level of engagement / consultation based on the impact on patients in their own area.

7.2 NHS Yorkshire and the Humber

Service Change Assurance Process (SCAP)

Any health trust proposing a level four major variation service change is required to undergo SCAP which is managed by the Yorkshire and Humber Strategic Health Authority. This process includes:

- completing a Service Change Self Assessment (SCAP) ensuring all documents and evidence is in place;
- undergoing a Gateway Review; and
- receiving notification to proceed.