



Involvement Framework

Autumn 2019



Purpose of the involvement framework

The purpose of the involvement framework is to describe at a WY&H level our approach to involvement. The framework builds on the WY&H HCP [Communications and Engagement plan](#) and has been developed with the engagement leads across West Yorkshire and Harrogate along with other groups such as the Patient and Public Involvement Assurance Group and Healthwatch.

We are committed to meaningful conversations with people (including staff), on the right issues at the right time. Working alongside community organisations and communities, the Partnership brings together health and social care organisations, including the voluntary sector and other care providers across the area to give people the best start in life with support to stay healthy and live longer.

Engaging and communicating with partners, stakeholders and the public in the planning, design and delivery is essential if we are to get this right. We are committed to transparency and meaningful engagement in our work. We want people to help us design, develop and improve services by sharing their views and experiences. WY&H HCP is committed to meaningful conversations with people, on the right issues at the right time.

We believe that this approach informs the ambitions of our Partnership - to work in an open and transparent way with our communities, patients, public, carers, staff, stakeholders and our partners. We will do this by building on existing mature relationships and our strong track-record of collaboration.

This framework sets out the Partnership's approach, how we work and our mechanisms to involvement providing assurance that we are putting the people of West Yorkshire and Harrogate at the heart of everything we do.

This framework will be implemented in line with the Partnership's Communications and Engagement Plan. The overarching responsibility for approval and monitoring of this framework is the [Partnership Board](#) as advised by the Partnership System Leaders Executive Group.

Our approach

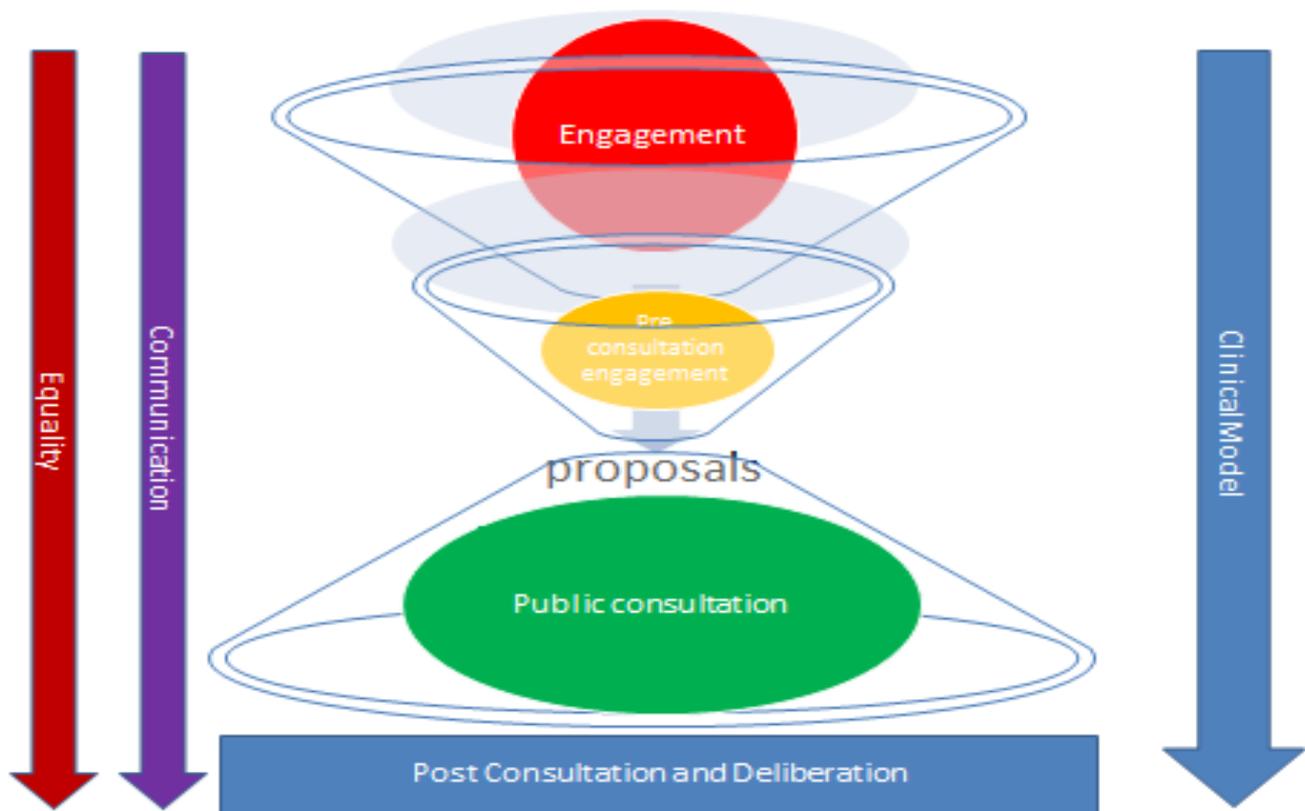
Overall communications and engagement activity is co-ordinated at a local place-based level. We work with local colleagues as well as the WY&H priority leads to ensure all activity is joined up, timely and appropriate.

We work closely with all our partners, patients, public, carers, staff, stakeholders to continue to build on our existing relationships across West Yorkshire and Harrogate. We are committed to making sure that our focus is to involve and engage people in a variety of different ways and are committed to transparency and meaningful involvement on all our work as described in our communications and engagement plan.

Activity for engaging with our target audiences (including workforce) builds on the approach already in place across the six local place-based plans and covers:

- Overarching strategic communications and engagement planning from local place-based plans.
- Partner-led local conversations and awareness raising, community assets and place-based communications and engagement plans.
- Regionally-led clinical and managerial engagement shared on a local level.
- Partner and clinically informed conversations and communication materials.
- Patient and public involvement in the development of communication materials.
- Detailed conversations with professional bodies and trade unions.
- Workforce planning strategy.

Engagement and consultation is a process governed around legal obligations. It's important the Partnership allows time at the beginning of any process to follow a programme approach to determine the requirements for engagement and or consultation, communication and equality as described in the diagram below (Credit to NHS Calderdale CCG).



Engaging with, and involving, 'seldom-heard' groups and individuals, working to understand and reconcile any potential negative impact on people and communities with protected characteristics, is an absolute priority for the Partnership in its ambition to reduce health inequalities – one of the 5 priorities of the NHS Long Term Plan.

The Partnership already has access to a wealth of information and feedback from patients, their families and carers, and from staff, stakeholders and the wider public, in the form of patient insight data. As we consider any service change or development we will ensure that

we take account of what people have already told us; that we ask ourselves ‘What do we already know?’

Feeding back to people on how their views have helped to influence service change or development is crucial in encouraging them to engage again, and hopefully, to take part in ongoing conversations about shaping health and care services in their local areas.

Our mechanisms

Our WY&H engagement and communication infrastructure is built on one whole rather than six parts, with the priority programmes supporting what can be best done together. For engagement and communications to be effective there needs to be mutual accountability and responsibility. This is about place and not about commissioning intent or organisational barriers. We localise and target engagement and communications at a local level via local leads – making the most of our collective communication channels.

We are committed to meaningful conversations with patients, public, carers, staff and stakeholders and we have various ways in which we make sure that there is a continuous involvement in all our work.

Engagement and consultation

WY&H HCP is committed to ensuring that our delivery of engagement and consultation meets the needs of people living in West Yorkshire and Harrogate. No decision will be made about changes to health care services that people receive without asking people about it first. It's important that people have their say to shape and improve local services.

Specific tools which together provide a framework to capture relevant feedback include:

- Clear engagement and consultation plans
- A report of findings for each stage
- An integrated Quality Equality Impact Assessment (QEIA) to support the clinical model

Other things to consider:

- Timescales and planning
- Communications with Overview and Scrutiny Committees (OCSs) and /or Joint Overview and Scrutiny Committees (JOSC)
- Managing NHS England processes
- Understanding the role of local and national Healthwatch
- Governance and assurance processes
- Communications with the public, patients and carers, staff, stakeholders and partners

To support the Partnership's priority programme areas of work we have developed a programme approach to engagement and consultation (appendix A).

We have also created an engagement checklist (appendix B) for programmes which will determine the requirements for engagement/communication and / or consultation. The completion of a checklist at the initial stages of a programme ensures we can factor in our legal obligations and ensure they are met. The checklist:

- Provides an integral part of decision making, provides evidence and a clear audit trail
- Means proposals can be developed not pre-determined
- Means we can meet our duty of legitimate expectations
- Allows time this activity to be built properly into a programme approach
- Supports in helping to steer the project through implementation / mobilisation of the agreed proposal (as appropriate)
- Follows advice/recommendation that a plan needs to be developed for each activity (part of evidence and audit trail)

Engagement

Engagement gives people an opportunity to have their say on services. Gathering people's views helps to understand what matters to people. It is really important to hear people's comments, ideas and suggestions about ways in which to make services better. Engagement also about developing relationships and partnerships, and to make sure that the voice of local people and partners are heard.

What we mean by engagement - Engagement is the act of gathering views in order to understand a view of something; usually part of a listening exercise about a service:

Feedback from a collective group including stakeholders, patients and the public, carers, family members or relatives.

- Engagement gives people an opportunity to have a say in healthcare services – the views collected are part of an organised process called engagement or consultation.
- The feedback received from an engagement process is considered along with a number of other facts such as financial sustainability and clinical quality. It enables the person gathering the views to gain a better understanding of the subject and make decisions.
- The NHS undertakes an engagement exercise when they want to look at how a service could be provided in the future.

Consultation

Consultation is the formal process and takes place after engagement. Formal consultation is carried out if a change is 'significant'. This is determined where the proposal or plan is likely to have a substantial impact.

What we mean by consultation - Consultation is the formal process; the act of consultation is subject to legal scrutiny. Anyone should be given the opportunity to be consulted on a local service change.

- A consultation takes place after engagement
- The views gathered still need to reflect the feedback from relevant protected groups, key stakeholders and staff
- People are consulted on a range of solutions
- The options are developed by commissioning managers after considering a number of factors including feedback from the public
- The options are there to help commissioners make a final decision about future of a service

- A consultation usually lasts for about 12 weeks

What happens if the legislation is not followed?

Anyone can take a decision 'to change the way a service is provided or delivered' to judicial review if they think that the process for consultation has not been followed.

The Gunning principles are:

- Consultation must take place when the proposal is still at a formative stage
- Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response
- Adequate time must be given for consideration and response
- The product of consultation must be conscientiously taken into account

Gunning principles only apply at consultation stage – not engagement.

It is important to note: It is the process that is undertaken that determines whether a consultation has been robust (or not) and followed the legal obligations, not the decision of the outcome from the consultation.

Insight

It is essential that we audit previous recent engagement activities for learning and to avoid duplication and engagement fatigue across West Yorkshire and Harrogate. We ensure that all future plans have a baseline of engagement intelligence to support the work by gathering insight from engagement and consultation.

The intelligence we collect will ensure we meet legal requirements and:

- Consider the views of patients and the public as part of service redesign; and
- Ensure the feedback is considered in the development of any future options to change the way a current service is provided or delivered
- Highlight patient and public priorities and ensure these priorities are in line with current thinking and ensure commissioners can consider all public views

[Engagement and consultation mapping](#) reports are developed which present the findings of all relevant engagement and consultation work which has taken place or is underway across West Yorkshire and Harrogate to avoid duplication, highlight any gaps and to understand some of the emerging themes gathered from local people.

Feedback

It's important to us that we feed back to patients, public, carers, staff, stakeholders and our partners. We do this in a number of different ways:

- We send out weekly communication and engagement updates and Partnership updates to colleagues across the Partnership so they have the opportunity to share views and have advanced awareness of communications and engagement work taking place across WY&H.
- We share engagement report of findings to those who were involved in the engagement, our database of interested people / organisations, priority programme

steering groups within the Partnership, the Partnership's patient and public assurance group and upload to our [engagement and consultation](#) dedicated page on our website.

- We develop 'you said we did' feedback reports to demonstrate how the views of patients, public, carers, staff, stakeholders have influenced change and improvement and how we have closed the loop by reporting back. Examples of a ['you said we did' for our unpaid carers programme](#) and an infographic ['you said, we did' was developed for the stroke programme](#).

Equality and diversity

It's important to us that we listen, respond and make every effort to engage and involve with individuals from all protected characteristic groups, seldom-heard groups and other groups such as condition specific, young people and LGBTQ groups to make sure we reach a diverse range of people to give them the opportunity to share their views.

We work on a local level and tailor our messages and methods according to each individual group to ensure we maximise all opportunities for connecting with, informing and engaging with our target audiences at a community level. Examples include; inclusive meetings providing good quality accessible information that meets the needs of all people, including those with learning disabilities in formats which are co-produced in partnership, wherever necessary, such as easy read.

A framework for a ['Do once and share' approach](#) has been developed to provide assurance that a consistent, robust process is applied to quality and equality impact assessments and that due regard is given to those impacts has been developed. The 'Do once and share' approach will avoid unnecessary duplication in CCG assessment and governance processes. Work continues to further develop the tool for it to be used across the wider health and social care sector.

All our engagement activity will be [equality monitored](#) to help us better understand how representative those views are.

Patient and public members

We have patient and public members and voluntary sector representation on our priority programme boards and workstreams, for example; improving planned care, stroke, maternity as well as a patient public panel for the work of the Cancer Alliance. We want to ensure a fair, impartial and transparent process and bring patient and / or carer knowledge and experience to each of the Partnership's priority programme areas of work.

A [patient and public member role description](#) has been developed along with an [expression of interest](#) form for people to complete which people can download from our website.

Engagement and consultation programme timelines

We work closely with our colleagues in each of the six local places on making sure all local engagement and consultation is taken into consideration when planning work across West Yorkshire and Harrogate. We have developed WY&H programme [engagement and consultation timelines](#) setting out the Partnership's priorities.

Patient and Public Assurance Group

The [patient and public assurance group](#) meet bi-monthly. The Assurance group helps to shape and develop the strategic approach for engaging people by reviewing patient and public engagement mechanisms and providing assurance that programme areas of work are informed by stakeholder views, in line with this engagement framework, the WY&H communications and engagement plan and the Joint Committee's decisions about the programmes in its work plan.

Community / patient panel

WY&H Cancer Alliance and Healthwatch Wakefield work closely with those affected by cancer across our area to make sure their experiences and views influence the work that the Cancer Alliance do and the decisions they make. The [membership of the panel](#) is made up of patients and their families, carers and is represented from people by where they live, the type of cancer they have experienced, or are experiencing and the communities they come from, along with personal backgrounds and circumstances.

Website

We are committed to working in an open and transparent way and want to make sure that people have the opportunity to learn about all the work of the Partnership. We keep our [website](#) up to date and publish all our current and previous [engagement and consultation](#) activity and [report of findings](#) on a dedicated page on our website.

Digital (online tools)

We will use social media and other digital platforms to provide opportunities for genuine, open, honest and transparent engagement with all stakeholders, giving them a chance to participate and influence the work we do. Information can now be presented in short videos, infographics and blogs, podcasts, case studies, and pictures which can be shared easily and quickly and make even more people informed by supporting a wider reach

A digital communications strategy has been developed to help create online relationships, encourage people to get involved. This will be refreshed in winter 2019.

Staff engagement

We are committed to staff engagement and are developing a staff engagement, communication and equality checklist to offer guidance on how to engage and communicate with the workforce and staff union representatives when making service changes.

Political engagement

We are committed to making sure that we inform, engage and consult with Health and Wellbeing boards, West Yorkshire Joint Overview and Scrutiny Committee, Overview and Scrutiny Committees and politicians in each area about our plans. We keep them updated via regular written briefings, face to face meetings, the Partnership updates and attendance at local council Health and Wellbeing Boards, throughout the process on timescales -

particularly where there is a need for wider regional engagement and/or consultation. We also brief WY&H MPs.

Public questions and statements

Healthwatch developed a report to set out a proposed [approach for how public questions and statements be conducted](#) at the West Yorkshire and Harrogate (WY&H) Health and Care Partnership Board. The WY&H Health and Care Partnership are committed to working as openly and transparently as possible.

Meetings in public

West Yorkshire and Harrogate [Joint Committee](#) of Clinical Commissioning Groups and the [Partnership Board](#) are meetings held in public. Members of the public and the media are welcome to attend meetings in public.

The Joint Committee wants to make sure that public and patient voices are at the centre of open and transparent decisions and that the meeting is chaired by a lay person who is completely independent of any CCG. It also has two lay members who bring a wealth of expertise and knowledge from health and social care, the charitable sectors and public, patient involvement.

Co-opted representatives will be a 'critical friend' to the Partnership Board and will provide independent, strategic challenge to the Partnership's work. In particular, they will champion the public, service user, and patient and carer perspective, providing assurance that people's needs are at the centre of the Board's decisions.

These meetings are also filmed live and offer members of the public an opportunity to have their say and get involved.

Citizens and community panels

By building a database of interested citizens and communities and collecting their demographic information and areas of interest we hope to create genuine involvement on a larger scale by asking people to get involved with decisions about changes to services and / or priorities for future services across West Yorkshire and Harrogate. We also encourage people to read, watch videos and listen to podcasts and share their opinions via surveys, opinion polls, and discussion forums.

Monitoring and governance

The Partnership does not replace or override the authority of our partners' boards and governing bodies. Each of them remains independent and Councils remain directly accountable to their electorates.

The Partnership provides a mechanism for [collaborative action and common decision-making](#) for issues which are best tackled on a wider scale.

Partnership Board

The [Partnership Board](#) brings together local NHS, councils and communities to strengthen joint working arrangements between all [organisations involved](#), and most importantly to further improve health and care for the 2.6 million people living across the area.

The Partnership Board has a [Memorandum of Understanding](#) and [draft Terms of Reference](#). Meetings are held in public and are available to [view live](#) on our website.

Co-opted member representation will bring important views, and challenge into the Partnership's work. These roles are essential in championing a public, service user, patient and/or carer/family viewpoint, ensuring that people's needs are met through work programmes and ensuring good and effective processes are followed.

The role of the co-opted members is to:

- Be a 'critical friend' to the Board, rather than representing a personal healthcare condition or interest.
- Bring expertise and experience, as well as their knowledge as a resident of West Yorkshire and Harrogate to the Partnership Board.
- To provide strategic and impartial input into decision making of the Board that is separated from its day to day running.
- Provide assurance that the views of the public have been considered
- Champion and advocate for increasing patient and public awareness of Partnership's outcomes and achievements.

WY&H Joint committee of CCGs

The WY&H Joint Committee was established in June 2017. The Committee has delegated powers from individual CCGs to make collective decisions around specific work programmes within the Partnership. The Committee brings together the nine Clinical Commissioning Groups (CCGs) in West Yorkshire and Harrogate and the committee meets every other month in public.

The Committee makes sure decisions at a West Yorkshire and Harrogate level are transparent and are made with the right input from patients and the public, clinicians and partner organisations.

The Committee has a [Memorandum of Understanding](#) which was agreed by all CCGs, it also includes the Committee's [Terms of reference](#).

Lay member representation brings important views, perspective and challenge into the Joint Committee of CCGs. This role is essential in championing a public, service user, patient and/or carer/family viewpoint, ensuring that their needs are met through the outcomes of the work programme.

The role of the lay member is to:

- Provide 'critical friend' challenge into the Committee rather than represent a particular condition or interest.

- Provide strategic assurance that the views of patients and the public have been sought and considered in the work of the Joint Committee and its constituent member organisations.
- Champion and advocate for increasing patient and public awareness of the Joint Committee's outcomes and achievements.

Mental Health, Learning Disability and Autism collaborative

The Mental Health, Learning Disability and Autism collaborative works together to deliver the best possible care, experience and outcomes for people across West Yorkshire and Harrogate. The ambition of the collaborative is to make the best use of our expertise so we are more than the sum of our parts, both as providers of care to those with mental health conditions, learning disability or autism and to improve the wider determinants of health; particularly addressing social inequalities.

We recognise that different ways of working are required to deliver transformation but we also follow good governance. As such we ensure decisions are taken by the relevant organisation at the most appropriate level, including those responsibilities delegated to the collaborative and those retained within Trusts. We hold a Committee in Common where each Trust board comes together to provide overall strategic oversight and direction and an Executive Group providing assurance that key deliverables are being met. The minutes of all Committee in Common meetings are now reported to provider public board meetings.

The way we work together is reflected in a Memorandum of Understanding (MOU), emphasising our focus on the needs of the population rather than individual organisations. The MOU requires the collaborative to ensure that appropriate public and patient engagement is undertaken within all of our work. Reports on our work are received monthly by our programme board, providing challenge and support on what is being delivered and whether sufficient engagement has been undertaken, escalating issues to the Executive Group as required. The Communication & Engagement Lead for the WYHHCP is a core member of the programme board; as an advocate for strong patient and public engagement and to help the collaborative plan where we will need engagement support in the future.

West Yorkshire Association of Acute Trusts (WYAAT)

The [West Yorkshire Association of Acute Trusts \(WYAAT\)](#) is an innovative collaboration which brings together the NHS trusts who deliver acute hospital services across West Yorkshire and Harrogate. It is about local hospitals working in partnership with one another to give patients access to the very best facilities and staff.

Workstreams within the collaborative have a WYAAT Member Chief Executive and Medical Director sponsor who will be the govern appropriate public and patient involvement and engagement.

Joint Committee Patient and Public Assurance Group

The Public and Patient Assurance Group is a formal part of the Joint Committee of WY&H Clinical Commissioning Groups (CCGs) governance arrangements.

The PPI Assurance Group assure the Joint Committee that the public and patient voice is represented and heard, and that public and patient views and experiences inform decisions on the planning, development, design, redesign, implementation and evaluation of commissioned services.

The Assurance group does this by helping to shape and develop the strategic approach for engaging local people. And by reviewing patient and public engagement mechanisms and providing assurance that programme areas of work are informed by stakeholder views in line with this involvement framework and the WY&H communications and engagement plan.

The membership of the Group includes Governing Body Members for Patient and Public Involvement of each CCG across WY&H and meets six times a year.

[Terms of reference](#) and [minutes of meetings](#) are uploaded to WY&H HCP website.

Annual Statement of Involvement for Clinical Commissioning Groups

Each CCG is required to present all work undertaken, catalogue their activities and present any changes as a result of their work. This provides an opportunity for all work undertaken at a West Yorkshire and Harrogate level to also be presented within these reports. These reports are published on each CCGs website.

West Yorkshire and Harrogate Health and Care Partnership website

WY&H HCP has a website which provides information to the public and is updated on a daily basis.

There are two sections called '[Get Involved](#)' and '[Engagement and Consultation](#)'. We use our website to raise awareness of

- our plans to engage and / or consult
- intelligence of all engagement / consultation activity across WY&H
- findings from all engagement / consultation activity
- 'you said we did'
- opportunities for people to be involved

Overview and Scrutiny Committees

The aim of overview and scrutiny (OSC) is to make decision-making processes more transparent, accountable and inclusive and to improve services for people by being responsive to their needs.

All of their work is underpinned by the following values and behaviours:

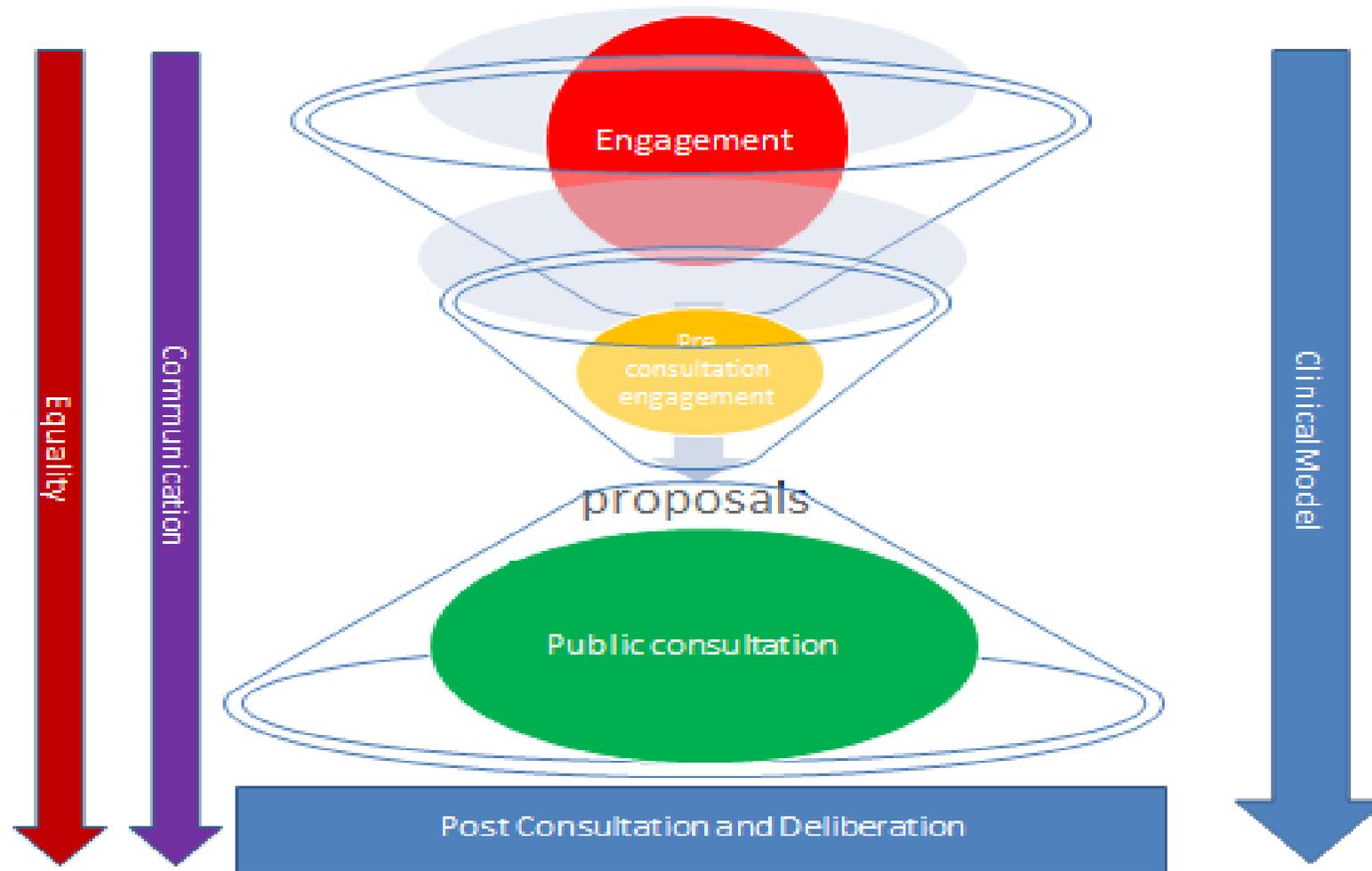
- to provide a constructive 'critical friend' challenge
- to amplify the voices and concerns of the public
- to be led by independent people who take responsibility for their role
- to drive improvement in public services

Overall, overview and scrutiny is about making a difference and improving the lives of the people who live and work in West Yorkshire and Harrogate.

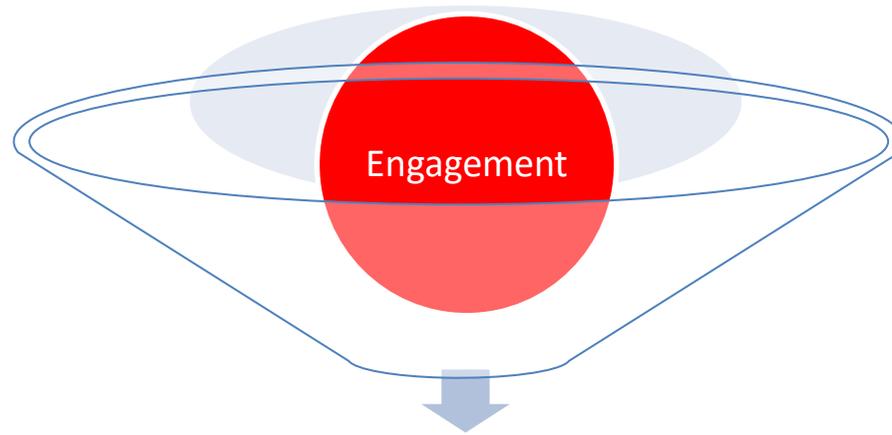
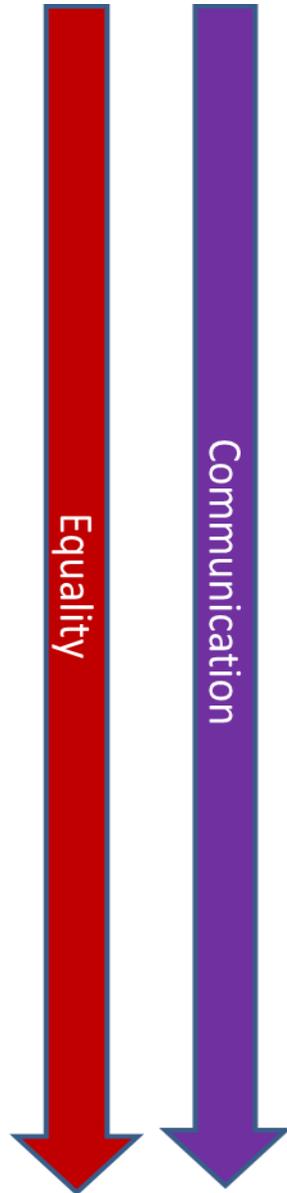
We have good working relationships with local and joint OSCs and provide regular updates both in written format and by attending meetings.

Appendix A – Engagement and consultation programme approach

(Approach credited to NHS Calderdale CCG)

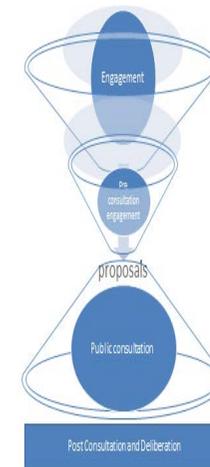


Engagement (usually 4-8 weeks)

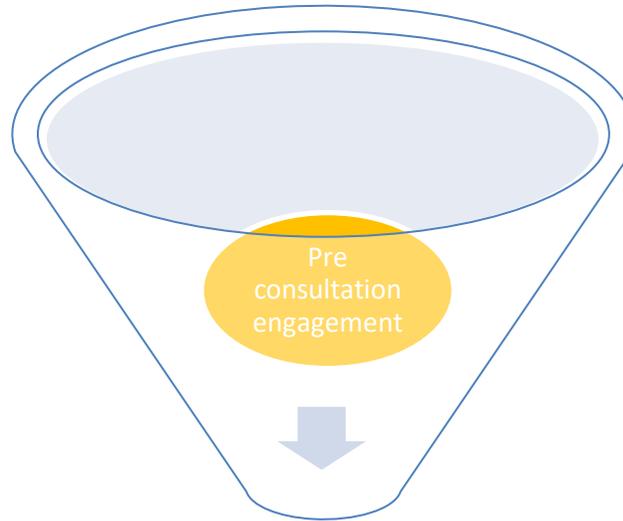


Stage 1:

- Using what you already know
- Gathering more information
- Involving a range of stakeholders



Pre consultation Engagement (usually 4-8 weeks)



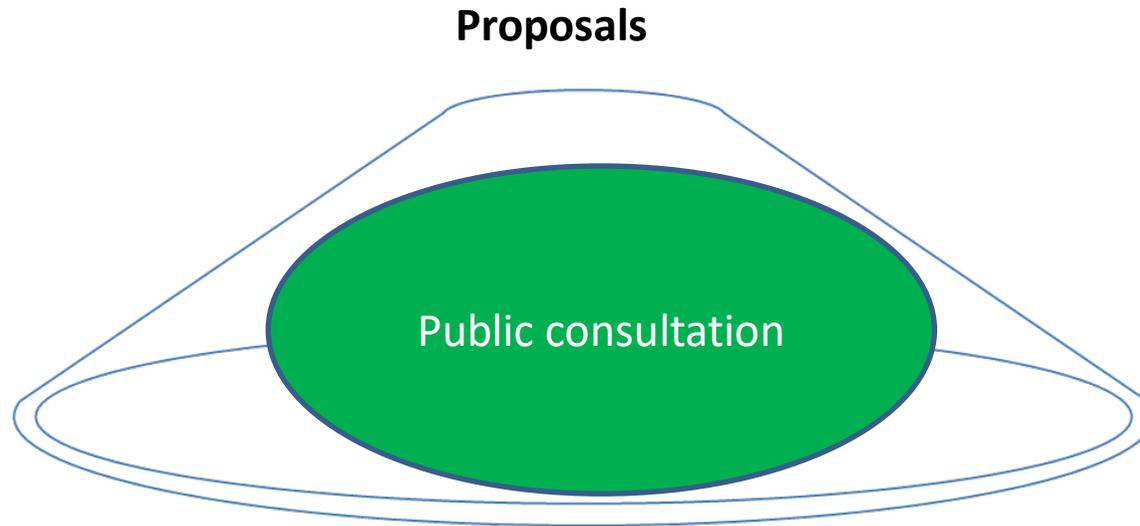
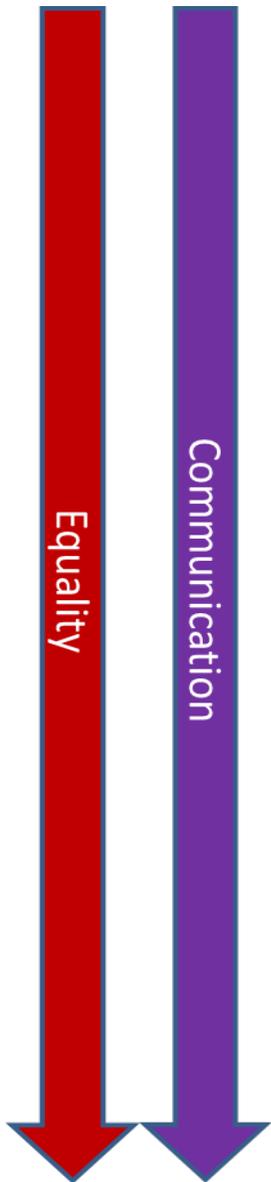
Stage 2:

- Using what you already know about a specific service
- Gathering more information about services
- Involving a range of targeted stakeholders

Purpose - to inform the design of a clinical model



Consultation (usually 12 weeks)



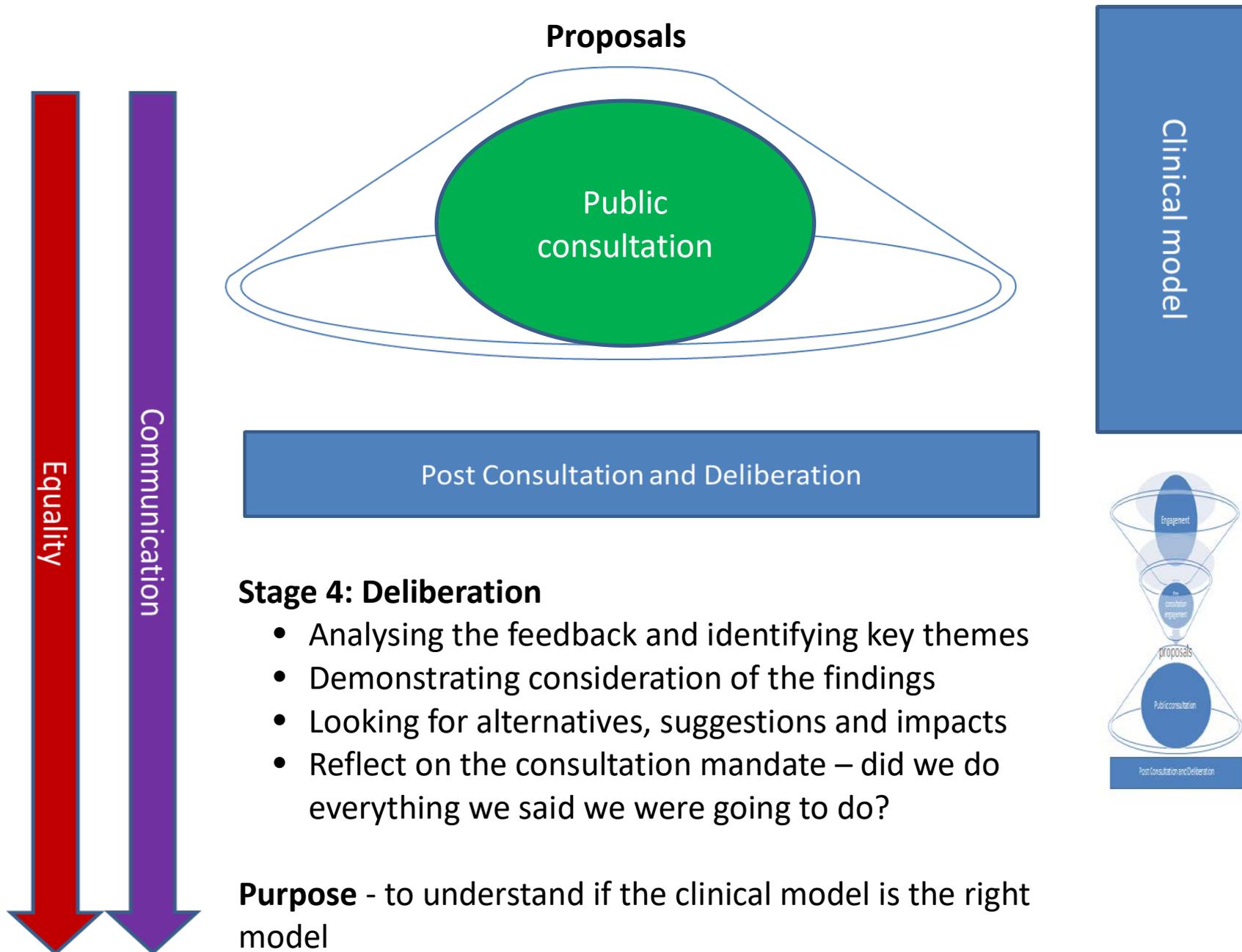
Stage 3: Formal legal process

- Developing proposals
- Consulting of those proposals
- Involving a wide range of stakeholders

Purpose - to test out the clinical model and gather views



Post Consultation (usually 8-12 weeks)





Engagement and Equality Checklist

Section 1

Prior to completing this form please contact:

Engagement Manager – Jill Dufton, Mobile 07554414879 Email jill.dufton@calderdaleccg.nhs.uk

Communications and Engagement Lead – Karen Coleman, Mobile 07811766006 Email Karen.coleman2@wakefieldccg.nhs.uk

Equality Lead – TBC

WY&H Programme area of work

- Preventing Ill Health Primary and Community Care Urgent and Emergency Care Mental Health Maternity
 Cancer services Stroke care Hospitals Working Together Improving Planned Care and Reducing Variation
 Other e.g. enabling priority i.e. carers, estates, finance etc. *(please specify)*
-

Is the project led by National, WY&H or local priorities? *Include in this description if the project is also driven by any other priorities i.e. procurement process, change to a current service specification, patient views or other*

Could the project change the way a service is currently provided or delivered? Yes No

(If yes, give details below e.g. change the location, opening times, facilities or services on offer)

Would the outcome of this change result in? An enhancement to a service Change to a service Remain the same *(Give details below if there is variation between areas)*

Does the information above affect?

- Airedale, Wharfedale and Craven CCG Bradford City CCG Bradford Districts CCG Calderdale CCG Greater Huddersfield CCG Harrogate and Rural District CCG Leeds CCG North Kirklees CCG Wakefield CCG *(Give details below if there is variation between CCGs/areas)*

Timescale of project

Include in this description any key dates and meetings etc.

Could the project directly affect the services received by patients, carers and families?

Yes No

If yes, is it likely to specifically affect patients from protected groups?

Please check the boxes below to indicate which protected groups are affected and briefly state how. If the project has no impact on protected groups, please state why.

Age Disability Gender reassignment Marriage & Civil Partnership Pregnancy and maternity
Race Religion or belief Sex Sexual orientation Other groups¹

If this project was delivered could it affect staff? Yes No *If yes, is it likely to specifically affect staff from protected groups²?*

Please check the boxes below to indicate which protected groups are affected and briefly state how. If the project has no impact on protected groups, please state why.

Age Disability Gender reassignment Marriage & Civil Partnership Pregnancy and maternity
Race Religion or belief Sex Sexual orientation Other groups³

¹ Such as carers, veterans and military staff and those who may be socially excluded/marginalised/'hard to reach' e.g. rural communities, homeless people, people experiencing socio-economic deprivation, those with problem drug or alcohol use, people living with HIV, asylum seekers and refugees – refer to Public Health Information such as JSNA)

² For example, would staff need to work differently or could it change working patterns, location etc?

³ Such as carers.

Does the information above affect?

Airedale, Wharfedale and Craven CCG Bradford City CCG Bradford Districts CCG Calderdale CCG Greater Huddersfield CCG Harrogate and Rural District CCG Leeds CCG North Kirklees CCG Wakefield CCG (Give details below if there is variation between CCGs/areas)

If none of the questions on this form apply, please describe the nature of the change; and which CCGs

Does the project build on feedback received from patients, carers and families? *Do you have the evidence base to support the project? Give details below;*

CCG / Area	Engagement	Consultation	Evidence
Airedale, Wharfedale and Craven CCG			
Bradford City CCG			
Bradford Districts CCG			
Calderdale CCG			
Greater Huddersfield CCG			
Harrogate and Rural District CCG			
Leeds CCG			
North Kirklees CCG			
Wakefield CCG			

To be completed by Engagement and Equality leads only:

Action required	CCG / Area	Yes	No	Legal duty
Equality impact assessment required	Airedale, Wharfedale and Craven CCG	<input type="checkbox"/>	<input type="checkbox"/>	Equality Act 2010
	Bradford City CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Bradford Districts CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Calderdale CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Greater Huddersfield CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Harrogate and Rural District CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Leeds CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	North Kirklees CCG	<input type="checkbox"/>	<input type="checkbox"/>	
Wakefield CCG	<input type="checkbox"/>	<input type="checkbox"/>		
Action required	CCG / Area	Yes	No	Legal duty
Engagement activity required	Airedale, Wharfedale and Craven CCG	<input type="checkbox"/>	<input type="checkbox"/>	Section 242 of the Health and Social Care Act, Section 14Z2 - Public involvement and consultation by clinical commissioning groups
	Bradford City CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Bradford Districts CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Calderdale CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Greater Huddersfield CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Harrogate and Rural District CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Leeds CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	North Kirklees CCG	<input type="checkbox"/>	<input type="checkbox"/>	
Wakefield CCG	<input type="checkbox"/>	<input type="checkbox"/>		
Action required	CCG / Area	Yes	No	Legal duty

Co-production activity required	Airedale, Wharfedale and Craven CCG	<input type="checkbox"/>	<input type="checkbox"/>	Section 242 of the Health and Social Care Act - Section 14U - Duty to promote involvement of each patient
	Bradford City CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Bradford Districts CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Calderdale CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Greater Huddersfield CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Harrogate and Rural District CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Leeds CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	North Kirklees CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Wakefield CCG	<input type="checkbox"/>	<input type="checkbox"/>	

Action required	CCG / Area	Yes	No	Legal duty
Formal consultation activity required	Airedale, Wharfedale and Craven CCG	<input type="checkbox"/>	<input type="checkbox"/>	Section 242 of the Health and Social Care Act, Section 14Z2 - Public involvement and consultation by clinical commissioning groups
	Bradford City CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Bradford Districts CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Calderdale CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Greater Huddersfield CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Harrogate and Rural District CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Leeds CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	North Kirklees CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Wakefield CCG	<input type="checkbox"/>	<input type="checkbox"/>	

Action required	CCG / Area	Yes	No	Legal duty
Communication activity required	Airedale, Wharfedale and Craven CCG	<input type="checkbox"/>	<input type="checkbox"/>	NHS Constitution
	Bradford City CCG	<input type="checkbox"/>	<input type="checkbox"/>	

	Bradford Districts CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Calderdale CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Greater Huddersfield CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Harrogate and Rural District CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Leeds CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	North Kirklees CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Wakefield CCG	<input type="checkbox"/>	<input type="checkbox"/>	
Action required	CCG / Area	Yes	No	Legal duty
Other	Airedale, Wharfedale and Craven CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Bradford City CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Bradford Districts CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Calderdale CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Greater Huddersfield CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Harrogate and Rural District CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Leeds CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	North Kirklees CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Wakefield CCG	<input type="checkbox"/>	<input type="checkbox"/>	
Action required	CCG / Area	Yes	No	Legal duty
No activity required	Airedale, Wharfedale and Craven CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Bradford City CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Bradford Districts CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Calderdale CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Greater Huddersfield CCG	<input type="checkbox"/>	<input type="checkbox"/>	
	Harrogate and Rural District	<input type="checkbox"/>	<input type="checkbox"/>	

CCG

Leeds CCG

North Kirklees CCG

Wakefield CCG

Recommendations, Team Leads and SRO Approval:

Engagement Lead:

Allocated engagement lead:

Actions agreed:

Date:

Equality Lead:

Allocated equality lead:

Actions agreed:

Date:

SRO:

Agreement to complete project scope: Yes No Other

Allocated clinical lead:

Date of approval:

Legal duties in relation to Patient and Public Engagement Section 242 of the Health and Social Care Act 2012

Section 14P - Duty to promote NHS Constitution

- (1) Each clinical commissioning group must, in the exercise of its functions—
- (a) Act with a view to securing that health services are provided in a way which promotes the NHS Constitution

Section 14U - Duty to promote involvement of each patient

- (1) Each clinical commissioning group must, in the exercise of its functions, promote the involvement of patients, and their carers and representatives (if any), in decisions which relate to—
- (a) The prevention or diagnosis of illness in the patients, or
 - (b) Their care or treatment.

Section 14Z2 - Public involvement and consultation by clinical commissioning groups

- (1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).
- (2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—
- (a) In the planning of the commissioning arrangements by the group,
 - (b) In the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
 - (c) In decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

NHS Constitution (Refreshed March 2013)

The NHS Constitution produced by the Department of Health establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions are required by law to take account of this Constitution in their decisions and actions.

Seven key principles guide the NHS in all it does. They are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and the public. Principle Four focuses around patient engagement and involvement and is emphasised through the Patient’s Rights Section.

Principle Four

The NHS aspires to put patients at the heart of everything it does. It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services

Patient Rights - Involvement in your healthcare and in the NHS:

You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

The NHS also commits:

- To provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services (pledge);
- To work in partnership with you, your family, carers and representatives (pledge);
- To involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one (pledge); and
- To encourage and welcome feedback on your health and care experiences and use this to improve services (pledge).

Legal duties in relation to Equality

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. To help support organisations to meet these duties a set of principles have been detailed in case law. These are called the Brown Principles;

- The organisation must be aware of their duty.
- Due regard is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind.
- The duty cannot be satisfied by justifying a decision after it has been taken.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- The duty is a non-delegable one.
- The duty is a continuing one.

An Equality Impact Assessment (EQIA) will need to be undertaken on any proposals for changes to services that are developed through the programme, in order to understand any

potential impact on protected groups and ensure equality of opportunity. Engagement must span all protected groups and other groups, and care should be taken to ensure that seldom-heard interests are engaged with and supported to participate, where necessary

For more information contact:

01924 317659

NHS Wakefield CCG
White Rose House
West Parade
Wakefield
WF1 1LT

✉ westyorkshire.stp@nhs.net

🖱 www.wyhpartnership.co.uk

🐦 @WYHpartnership

A partnership made up of the NHS, local councils, care providers, Healthwatch and community organisations.

August 2019

West Yorkshire and Harrogate
Health and Care Partnership

