# Section 14Z2: Patient and Public Participation Form

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| **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 formsmay be used as evidence in the event of a legal challenge. Please retain a copy within your local system.
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| **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* | Barnsley  |
| ***Title and Brief Description of Proposed Activity:*** | **Developing a new Child and Adolescent Mental Health Service (CAMHS) for Barnsley**Following a review by the NHS Intensive Support Team (IST) NHS Barnsley CCG (BCCG) is developing a new service for children and young people experiencing mental health issues. This service is currently known as Children and Adolescent Mental Health Services (CAMHS). The new service will be known as the Children and Young People’s Mental Health Service (CYPMHS).Utilising knowledge and input from recent engagement, local reports and national best practice a new specification has been written. The new specification aims to:  * Reduce waiting times
* Offer children and young people (CYP) ongoing support while they are waiting to be seen.
* Provide more low level support.
* See children and young people outside of school/college hours wherever possible so that they do not have to miss lessons to get support.
* See people up to the age of 25 (though this might not be instant).
* Deliver care which considers social and psychological needs in equal standing to medical needs
* Integrates with schools, health and social care services through Primary Care Networks

Traditionally a CAMHS specification has been commissioned on a four-tiered framework and this has been the case in Barnsley. This tiered model is now over 20 years old and the new specification focuses on moving away from this to implementing the [THRIVE](http://www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf) model. By acknowledging the radical culture shift the new service will re-design how children and young people access mental health and emotional wellbeing support.The specification requires input from key stakeholders to ensure it meets the needs of the population. A stakeholder list is available upon request. An engagement period was launched on 15 August 2019. During the engagement, stakeholders were invited to complete surveys which were open 20/08/2019 – 06/09/2019. There were two surveys: * For those who are using or who have used CAMHS services; those with family members who are using or have used CAMHS services; members of the public; or those who are part of a local group or organisation with an interest in this area.
* For those who work in, or refer into, children and young people's mental health and emotional wellbeing services.

Over 140 people took part in dedicated focus sessions or fed back via a range of methods listed below. Some provided their details and asked to be kept informed and involved in the next phase of this work.In partnership:* The engagement activity was coordinated in partnership with South West Yorkshire Partnership NHS Foundation Trust (SWYPFT), Barnsley Hospitals NHS Foundation Trust (BHNFT), Barnsley Metropolitan Borough Council (BMBC) and MindSpace.  Over 200 hard copy surveys were provided by the CCG with freepost envelopes to partners to distribute via the appropriate services to their service users and/ or their parents/ carers and also to their staff.

In person:* Focus sessions were all held during the evening and took place with the following groups as part of their regular meetings;
	+ OASIS Young Commissioners (supported by Chilypep) on 15th August and 5th September
	+ Barnsley Youth Council (supported by the Youth Voice and Participation Team) on 2nd September
	+ CAMHS Parent and Carer Support Group (supported by the Young People’s Outreach Service) on 3rd September

Online:* Online on the ‘Get Involved’ section of the NHS Barnsley CCG website where the links to the two surveys – one for Service Users and Carers and one for Professionals were made available.
* Social media posts via the CCG Facebook and Twitter pages. Posts that were shared by the CCG on social media reached over 8,000 people. A wide number of partner organisations and local groups also shared posts on social media helping promote the surveys to a wider audience.

Sent directly to stakeholders:* Sent to members of OPEN (Our Public Engagement Network) database.
* Sent to members of the NHS Barnsley CCG Patient Council.
* Circulated by local partners working across the health and social care economy.
* Promoted directly with colleagues and partner organisations working within mental health and children’s services and we asked for them to share with their wider networks.
* Sent directly to a wide list of stakeholders.  This list was helped to be compiled in partnership with local service leads.

Outcomes of the activity are outlined in the Engagement Report, which is available within this suite of documents.  |
| ***Key Objectives of the Proposed Activity:*** | The key objective of the proposed activity is to ensure that the new specification meets the needs of children, young people and their families. As per the Future in Mind (2015) key proposals, the service will: 1. Improve public awareness and understanding about mental health issues for children and young people to tackle stigma and discrimination;2. Provide children and young people with timely access to clinically effective mental health support;3. Instigate a step change in how care is delivered, moving towards a system built around the needs of children, young people and their families (away from the ‘tiered’ model);4. Increase use of evidence-based treatments with services rigorously focussed on outcomes;5. Make mental health support more visible and easily accessible for children and young people;6. Improve care for children and young people in crisis so they are supported in the right place at the right time and as close to home as possible; 7. Improve access for parents/carers to evidence-based programmes of intervention and support to strengthen attachment between parent/carer and child, avoid early trauma, build resilience and improve behaviour. 8. Provide a better offer for the most vulnerable children and young people, making it easier for them to access the support that they need when and where they need it;9. Improve transparency and accountability across the whole system to drive further improvements in outcomes. 10. Ensure professionals who work with children and young people are trained in child development and mental health and understand what can be done to provide help and support for those who need it. |
| **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:**1. **An impact on how services are delivered?**

Yes.**Please explain your answer and provide further details below:**There will be a change in how mental health and emotional wellbeing services for children and young people are delivered including: * An integration of the services currently provided by Specialised CAMHS and MindSpace (a community/voluntary sector organisation);
* A focus on moving away from the traditionally commissioned four-tiered framework and implements the THRIVE model (further explained in the service specification, which is available upon request)
* A Single Point of Access (SPA) will be managed by the community/voluntary sector providing improved access to the right support for children and young people (CYP) and not solely a gateway to specialised CAMHS;
* A service which operates beyond 9am-5pm, Monday-Friday, to reduce the incidence and impact of CYP missing school to access support;
* As per the NHS Long Term Plan (2019), through the duration of the contract the service will work towards seeing CYP up to their 25th birthday (the current service sees people aged up to their 18th birthday);

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| 1. **An impact on the range of health services available?**

No. **Please explain your answer and provide further details:**The service will be an enhanced and seamless version of the existing CAMHS provision.  |
| 1. **Any other impact that you can envisage at this point in time? *(N.B. If you have answered yes to (a), (b) or (c), it is highly likely that the Section 14Z2 duty applies. The duty always applies to planning of commissioning arrangements (regardless of impact).***

No.**Please explain your answer and provide further details:**No other impact envisaged at this time.  |
| **d) Does the Section 14Z2 duty apply to the activity?** Yes. **Please explain your answer and provide further details:**The new specification will impact on the way in which mental health and emotional wellbeing services for children and young people will be delivered. The revised model is expected to offer more timley access to support and treatment, and therefore better outcomes for children, young people and their families/carers. ***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:*** **What arrangements/mechanisms are already in place to involve the public which are relevant to this activity? (These may be local, regional, or national):**

A number of mechanisms are in place which involves the public in commissioning decisions around children and young people; mental health and CAMHS. Within Barnsley there has been recent work to understand what people think about children and young people’s mental health services.This includes: * John Healey MP survey on mental health crisis in Barnsley school (2018)
* HealthWatch: CAMHS Parents and Carers User Experience Report (2018)
* CHILYPEP and OASIS You’re Welcome standards (2019)
* Patient and public involvement has been taking place on the broad principles of the NHS Long Term Plan from May to July.
* Mental health is one of three top priorities in the 2019-2022 Barnsley Children and Young People’s Plan, as voted for by children and young people in Barnsley through the UK Youth Parliament ‘Make Your Mark’ Campaign (2018).

The insights gained from this work, and other work with children and young people in Barnsley has helped to build a picture of what people would like to see from a CYPMHS in Barnsley. In addition engagement has been undertaken on the outline CYPMHS specification as previously stated.* **How will the insight available to you help to inform your decision?**

The information gained from the engagement documented above has informed the development of the Neighbourhood Team service specification. Details are included in the Engagement Report which is included in this suite of papers. ***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 will be appropriate to develop a full communications and engagement plan).** |
| 1. **If yes, provide a brief outline of your approach and objectives for any additional patient and public participation:**
2. Agree outcomes required and who could help to achieve them.
3. Consider equality and diversity with consideration for seldom-heard groups, nine protected characteristics and health inequalities.
4. Map stakeholders and prioritise work.
5. Work with information that is already available e.g. national data and local data.
6. Apply the right engagement tools to discussions with stakeholder groups/individuals.
7. Ensure enough time has been allocated to allow for effective engagement.
8. Capture data and share it as appropriate.
9. Analyse data: What does it tell us? Is anything missing? Have outcomes been met?
10. Evaluate the process: Did we meet our objectives? Did we reach all the people we needed to? Have we been able to fill the gaps in our knowledge/data gathering?
11. Feedback to stakeholders.
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| 1. **Have you considered the following and completed an Equality Impact Assessment:**

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| **Seldom-heard groups** | ☒ **Yes 🞏 No**  |
| **Nine Protected Characteristics** | ☒ **Yes 🞏 No**  |
| **Health Inequalities** | ☒ **Yes 🞏 No**  |

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| 1. **Briefly describe how your proposed participation will be ‘fair and proportionate’, in relation to your commissioning activity?**

To ensure engagement is fair and proportionate we will establish stakeholder groups reflecting the different needs and interests of stakeholders including staff, service users, their families and carers. We will ensure that the diversity of our population is reflected in those invited to participate. A stakeholder list is available upon request. Going forwards, the scale of proposed change is such that the need for engagement may change during the activity. If major changes occur levels of participation will be reviewed in line with the change. We engaged on two distinct elements:* Experience of the current service, what is good about it and what could be better
* Consideration of our proposals and whether anything had been missed or anything should change

We also asked all participants for any other comments; and held three focus group sessions as previously stated which concentrated on more specific elements such as what support would be helpful whilst waiting; preferred location to receive support and what would make people feel more involved in their care. The Engagement Report included in this suite of documents provides a detailed overview of this.  |
|  **Step 5 - Planning for impact and feedback** |
| 1. **Provide a brief outline of how the information collected through patient and public participation will be used to influence the plan/activity.**

Engagement and consultation data will be collated and analysed. Views and opinions will be used to shape the new specification. Patient and public views may raise questions that result in further engagement activity. The information gained through the engagement has been used to refine the CYPMHS service specification where necessary. Additionally: * Those who participated in focus group sessions will receive be given the opportunity to be involved in the procurement panel.
* Patient and public engagement will support the development of the required outcomes and model of delivery.
* The Engagement Report available with this suite of documents summarises how information collected has influenced the plan.
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| 1. **How will the outcomes of participation be reported back to those involved? *(refer to your communications and engagement plan, if appropriate)*:**

The outcome of the engagement will be reported back to those involved via the Engagement Report. The report will be made available in a range of formats reflecting the diversity of the population of Barnsley.The report will be made available to all key groups and stakeholders who have assisted with the engagement and also those who were identified on the stakeholder list.  |
| 1. **How will you assess the ongoing impact of the change on patients and the public after it has been completed?**

By linking in with the relevant established committee and the locality meetings. Additionally providers will be required to evidence continuous development of the service and that this is evidentially influenced by patient need and input. |
| **Name of person completing the form:** Lucy Hinchliffe**Job Title:** Contract and Commissioning Support Manager **E-mail address:** lucy.hinchliffe@nhs.net **Team:** Commissioning and Transformation / Finance and Contracting **Date:** 09/09/2019 |

**Once this form is completed please retain a copy for your records and provide an electronic copy to Emma Bradshaw, Engagement Manager at** **emma.bradshaw1@nhs.net** **.**

Version Control – V2 – March 2018

**(Appendix 3)Equality Impact Assessment**

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| **Title of policy or service:** | **Developing a new Child and Adolescent Mental Health Service (CAMHS) for Barnsley** |
| **Name and role of officer/s completing** **the assessment:** | Lucy Hinchliffe, Contract and Commissioning Support Manager  |
| **Date of assessment:** | 09/09/2019 |
| **Type of EIA completed:**   | **‘Full’ EIA process**   |  |

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| **1. Outline** |
| **Give a brief summary of your policy or service*** including partners, national or regional
 | Following a review by the NHS Intensive Support Team (IST) NHS Barnsley CCG (BCCG) is developing a new service for children and young people experiencing mental health issues. This service is currently known as Children and Adolescent Mental Health Services (CAMHS). Utilising knowledge and input from recent engagement, local reports and national best practice a new specification has been written. The new specification will:  * Reduce waiting times
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| **What Outcomes do you want to achieve** | As per the Future in Mind (2015) key proposals, the service will: 1. Improve public awareness and understanding about mental health issues for children and young people to tackle stigma and discrimination;2. Provide children and young people with timely access to clinically effective mental health support;3. Instigate a step change in how care is delivered, moving towards a system built around the needs of children, young people and their families (away from the ‘tiered’ model);4. Increase use of evidence-based treatments with services rigorously focussed on outcomes;5. Make mental health support more visible and easily accessible for children and young people;6. Improve care for children and young people in crisis so they are supported in the right place at the right time and as close to home as possible; 7. Improve access for parents/carers to evidence-based programmes of intervention and support to strengthen attachment between parent/carer and child, avoid early trauma, build resilience and improve behaviour. 8. Provide a better offer for the most vulnerable children and young people, making it easier for them to access the support that they need when and where they need it;9. Improve transparency and accountability across the whole system to drive further improvements in outcomes. 10. Ensure professionals who work with children and young people are trained in child development and mental health and understand what can be done to provide help and support for those who need it. |
| **Give details of evidence, data or research used to inform the analysis of impact** | The engagement supported the positive / neutral impacts anticipated. |
| **Give details of all consultation and engagement activities used to inform the analysis of impact** | During the engagement, stakeholders were invited to complete surveys which were open 20/08/2019 – 06/09/2019. There were two surveys: * For those who are using or who have used CAMHS services; those with family members who are using or have used CAMHS services; members of the public; or those who are part of a local group or organisation with an interest in this area.
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We engaged on two distinct elements:* Experience of the current service, what is good about it and what could be better
* Consideration of our proposals and whether anything had been missed or anything should change

We also asked all participants for any other comments; and held three focus group sessions as previously stated which concentrated on more specific elements such as what support would be helpful whilst waiting; preferred location to receive support and what would make people feel more involved in their care. The Engagement Report included in this suite of documents provides a detailed overview of this.  |

**Identifying impact:**

* **Positive Impact:** will actively promote the standards and values of the CCG.
* **Neutral Impact:** where there are no notable consequences for any group;
* **Negative Impact:** negative or adverse impact: causes or fails to mitigate unacceptable behaviour. If such an impact is identified, the EIA should ensure, that as far as possible, it is eliminated, minimised or counter balanced by other measures. This may result in a ‘full’ EIA process.

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| **2. Gathering of Information** This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty*.  |
| **(Please complete****each area)** | **What key impact have you identified?** | **For impact identified (either positive** **or negative) give details below:**  |
| **Positive****Impact**  | **Neutral****impact** | **Negative****impact** | **How does this impact and what action, if any, do you need to take to address these issues?** | **What difference will this make?** |
| **Human rights** | ☐ | ☒  | ☐ |  |  |
| **Age** | ☒ | ☐  | ☐ | The current CAMHS service is commissioned for people aged 0-18 years old. The new specification will be commissioned to provide a service for those aged 0-25 years old, over the duration of the contract.  | As outlined in the NHS Long Term Plan (2019) between the ages of 16-18, young people are more susceptible to mental illness, undergoing physiological change and making important transitions in their lives. The structure of mental health services often creates gaps for young people undergoing the transition from children and young people’s mental health services to appropriate support including adult mental health services. The new Barnsley model will extend current services to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.We are engaging with CYP to find out how they would feel best supported during transition periods.  |
| **Carers** | ☒  | ☐  | ☐ | The new service will operate beyond 9am-5pm which will benefit children (not missing school to attend appointments) and also working parents/carers (not missing work to attend appointments).  | This will particularly impact carers of looked after children, as all looked after children receive an assessment by the CAMHS service.  |
| **Disability** | ☐ | ☒  | ☐ |  |  |
| **Sex** | ☐ | ☒  | ☐ |  |  |
| **Race** | ☐ | ☒  | ☐ |  |  |
| **Religion or belief** | ☐ | ☒  | ☐ |  |  |
| **Sexual orientation** | ☐ | ☒ | ☐ |  |  |
| **Gender reassignment** | ☐ | ☒ | ☐ |  |  |
| **Pregnancy and maternity** | ☒  | ☐  | ☐ | The new specification ensures the Provider will work with expectant mothers/families with regard to education and support.  | This supports early intervention and support which will help the mother, child and wider family.  |
| **Marriage and civil partnership** (only eliminating discrimination) | ☐ | ☒  | ☐ |  |  |
| **Other relevant groups** | ☒ | ☐ | ☐ | Mental health: the service will have a positive impact on those experiencing mental health issues. A number of mental health disorders are persistent and will continue into adult life unless properly treated. It is known that half of all mental health conditions start by 14 years of age but most cases are undetected and untreated.  | By detecting and treating mental health disorders in children and young people, the service will support the Barnsley population to be more resilient and have improved health outcomes.  |
| **HR Policies only:** | ☐ | ☒  | ☐ |  |  |

***IMPORTANT NOTE:*** *If any of the above results in ‘****negative’*** *impact, a ‘full’ EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.*

Having detailed the actions you need to take please transfer them to the action plan below.

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| **3. Action plan** |
| **Issues/impact identified** | **Actions required** | **How will you measure impact/progress** | **Timescale** | **Officer responsible** |
| N/A | N/A | N/A | N/A | N/A |

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| **4. Monitoring, Review and Publication** |
| **When will the proposal be reviewed and by whom?** | **Lead / Reviewing Officer:** | Lucy Hinchliffe, Contract and Commissioning Support Manager | **Date of next Review:** | 3 months – 1 January 2020 |

Once completed, this form **must** be emailed to the Equality Lead barnsleyccg.equality@nhs.net for sign off:

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| **Equality Lead signature:****Date: Initial EIA signed off 13/08/19** | Colin Brotherston-Barnett |