**Citizens’ Panel**

**Background information**

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**Background**

The NHS is one of Britain’s proudest achievements. Our staff deliver a superb service in treating record numbers of patients.

Since its creation in 1948, it has constantly adapted and it must continue to do so as the world and our health needs change. As life expectancy increases so too do the ailments of old age, and there are now more people with chronic conditions like heart failure and arthritis. There are also big opportunities to improve care by making practical changes to how the NHS and social care works. Improvements like making it easier to see a GP, speeding up access to appointments which will allow us to receive our diagnosis at the earliest possible time, and offering help faster to people with mental ill health problems.

To achieve this, our staff, our citizens, our communities, and other interested organisations will have to work more closely together, and in new ways to improve health and wellbeing, improve the quality of care people receive and to ensure our services are efficient.

This means people are joining forces to develop and deliver local plans to improve health and care services all over England; including:-

* patients, the public, and carers
* clinicians
* voluntary and community sector colleagues
* local health and care provider and commissioning organisations
* local authorities

These local plans are known as Sustainability and Transformation Plans (STPs). Collectively 44 STPs have been developed to support the delivery of a national plan called the Five Year Forward View (5YFV). Published in 2014, it set out a vision of a better health and care services, and the steps we should take to get us there.

One of the first steps in this, has been to set up a small number of Accountable Care Systems to test out this new way of working. South Yorkshire and Bassetlaw is one of eight Accountable Care Systems (ACS) in England. As an ACS, we are being asked to push ahead in these priority areas:

* Cancer,
* Mental health
* GP and community services
* Urgent and emergency care
* Managing long terms conditions
* Managing the pressures that build up across our services.

We are also being asked to manage all our finances together. While each organisation will still be responsible for its own spending, we will share the responsibility for our collective spending. This means we will share the responsibility for all our books to balance.

These priorities are based upon the needs of local patients and communities and information we have received during our early (and ongoing) engagement with a range of people and organisations.. The South Yorkshire and Bassetlaw Plan will develop as our understanding of what communities want and need develops. So it is vital that we have strong plans and systems for engagement across all of these priorities.

**The evidence and legal framework**

We know that health services that are designed with communities and patients lead to better outcomes than services that are designed just by commissioners or clinical teams (NHSE, Transforming Participation in Healthcare, 2013). Because of this, and by law[[1]](#footnote-1), we have been consulting patients and public since if we are making changes to services in the following ways:

* The planning of commissioning arrangements (only applies to NHS England & CCGs) or provision of services (only applies to NHS Foundation Trusts and NHS Trusts);
* The development and consideration of proposals for changes in the way those services are commissioned/provided (applies as above) when the implementation of proposals would have an impact on the services; and
* Decisions affecting the operation of those commissioning arrangements/services when the implementation of proposals would have an impact on the services (applies to all).

Specifically, these organisations must involve the public when

* There are changes to the way in which services are delivered
* Or if the range of services changes

For example, when a service (or part of a service) is moved to a different site, closed, or the range of services provided in an area changes.

NHS England and Clinical Commissioning Groups were given the same statutory duties under Section 13Q and 14Z2 (respectively) of the Health Act (2012) when they were established in 2013 and NHS England has the additional responsibility of checking the engagement carried out by CCGs.

Where a service change has triggered this legal duty to engage and consult; another legal duty applies[[2]](#footnote-2) to the organisations above. Formal agreement has to come from local authority Overview and Scrutiny Committees, (OSCs) before any changes or plans can be put into action.

1. Section 242 of the National Health Service Act (2006 as amended) NHS Trusts and NHS Foundation Trusts have a legal duty to consult and involve the public (including patients and carers) [↑](#footnote-ref-1)
2. Section 244 of the National Health Service Act (2006 as amended [↑](#footnote-ref-2)