

Section 14Z2: Patient and Public Participation Form

Introduction

Clinical Commissioning Groups have a duty under Section 14Z2 of the NHS Act 2006 (as amended) to 'make arrangements' to involve the public in commissioning.

- This form is a tool to help commissioners identify whether there is a need for patient and public participation in their commissioning activity, and if required help them plan for a level of participation which is 'fair and proportionate' to the circumstances.
- The form must be completed at the start of the planning process for any commissioning activity and before operational commissioning decisions are taken which may impact on the range of commissioned services and/or the way in which they are provided.
- Completed forms may be used as evidence in the event of a legal challenge. Please retain a copy within your local system.

Step 1 – Individual Placement and Support (IPS) Service for People with Serious Mental Illness (SMI): Procurement of a new service

The ambition of the IPS for SMI procurement of a service is to provide a consistent level of access to Individual Placement Support (IPS) for people with serious mental illness (SMI) and to align with other employment support provision across South Yorkshire and Bassetlaw. The Service will deliver an integrated, evidence-based, supported employment service for people with severe and enduring mental health issues, in line with the national best practice IPS model.

Location: e.g. CCG, area

The registered population of the following CCGs, as members of the South Yorkshire and Bassetlaw ICS;

- NHS Barnsley CCG
- NHS Bassetlaw CCG
- NHS Doncaster CCG
- NHS Rotherham CCG
- NHS Sheffield CCG

Title and Brief Description of Proposed Activity:

Individual Placement and Support (IPS) Service for People with Serious Mental Illness (SMI): Procurement of a new service
The overall vision for the Individual Placement and Support Service (the Service) is to reduce health inequalities and enable people with severe and enduring mental health problems to be able to enjoy a good quality of life, remain independent and in control, be included as members of society and, most importantly, realise their potential for recovery. The Service will deliver an integrated, evidence-based, supported employment service for people with severe and enduring mental health issues, in line with the national best practice IPS model.

Key Objectives of the Proposed Activity:

The objectives of the Service include:

- *To enable individuals to formulate, achieve and sustain their vocational goals, in a supportive and empowering environment*
- *To support individuals to gain and retain quality, sustainable employment*
- *To provide directly, or through partner organizations, careers advice and accurate benefits information to enable people to make informed decisions about taking up and keeping employment*
- *To challenge low expectations about, and raise awareness of, the employability of people who have experienced mental health problems*
- *To act as one of the key links between mental health and employment providers*

- To provide support to clinical teams to provide employment advice,
- To work as an integral, embedded member of the mental health clinical teams.

Step 2 – Is there likely to be an impact on patients and the public? *To assess impact you should consider the overall population and groups/individuals within that population who are likely to be affected.*

If the plans, proposals or decisions are implemented, do you think there will be:

(a) An impact on how services are delivered?

Yes

Please explain your answer and provide further details:

There will be a small, but positive, impact on the services delivered to people with serious mental illness. In Doncaster, Rotherham and Sheffield, for patients on secondary care caseloads with a diagnosed SMI, they will receive enhanced IPS employment support from a dedicated Employment Specialist (ES). In Barnsley and Bassetlaw patients on secondary care caseloads with a diagnosed SMI will, for the first time, receive IPS employment support from a dedicated Employment Specialist (ES).

The service will be open to people aged 18 years and over with serious mental illness who are on secondary mental health services caseloads within the SYB ICS and who;

- are currently out of work; or
- require support to retain their current employment.

(b) An impact on the range of health services available?

No

Please explain your answer and provide further details:

The service that will be offered to patients is not clinical. The service is focussed solely on employment support. Whilst this may incidentally support a person's health and wellbeing it is not a change to the range of health services available.

(c) Any other impact that you can envisage at this point in time? Please describe.

No

*If you have answered yes to (a), (b) or (c), it is highly likely that the Section 14Z2 duty applies. Note: the duty **always** applies to planning of commissioning arrangements (regardless of impact).*

Does the Section 14Z2 duty apply to the activity? Yes

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

The service will have an impact which we are measuring.

Please note that if you have determined that Section 14Z2 does not apply to this particular activity it is good practice to retain a copy of the form should a challenge be made at a later date.

Step 3 – Describe any existing arrangements to involve patients and the public which are relevant to this plan/activity and/or provide relevant sources of patient and public insight? *Examples could include patient and public views by patient and public voice (PPV) partners; surveys; intelligence on patient and public views from partners including other commissioners, Healthwatch and voluntary and community organisations.*

Please briefly complete each question below:

(a) What arrangements/mechanisms are already in place to involve the public which are relevant to this activity? (These may be local, regional, or national):

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The current service in SYB was co-designed, co-delivered and co-assessed by people with physical and mental health conditions, learning disabilities and complex needs. This was achieved via a series of co-design events throughout 2016. Participants shared experiences of previous employment initiatives that were impersonal, inflexible and ultimately ineffective. This learning has contributed to a tailored delivery model, which is responsive to the needs of service users to respond to their priorities.

As part of demonstrating the commitment of services in SYB to the ongoing co-production of IPS services a number of IPS for SMI Expert by Experience/Lived Experience workshops have been held. Two in early 2018 and two in late 2018/early 2019. The workshops focussed on a number of questions including:

- What is important in an employment service?
- The funding is for an IPS service, as that is what research has identified works, so what do you think about this service model?
- What would it mean to you to have access to an IPS service?
- How will the model best work in partnership and collaborate with existing services for people with SMI?

All participants liked the personalised, ambitious and asset based service model and IPS principles and committed to continue being involved in the co-production of the bid. It was suggested from the workshops that IPS workers receive training around recovery values and mental health from the Recovery Education Unit (REU). Those delivering this training have a mix of lived, academic and professional experience and the training would explore psychosocial approaches to mental health and recovery. Participants also highlighted the importance of a future option to self-refer to IPS services.

All providers in SYB have an existing track record of co-production and peer support as an integral part of the delivery of services. The intention would be for this to be part of planned delivery, as this enables central engagement of experts by experience. In particular it is intended that there will be experts by experience on the interview panels for the new employment specialists and the job descriptions will include a desirable criteria of lived experience. In addition to utilising the experience of employed peer workers and of experts by experience the service intends to ask people who have been through the IPS service to join a bank of experts to provide ongoing feedback. This will ensure that the service is responsive and the development of the service can continue to be co-produced based on timely personal experience.

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

Service users have been engaged with the development of this proposed model to increase access to IPS employment support across SYB ICS from the outset. Service users have driven thinking and challenged assumptions, ensuring it is truly co-designed. This is something that we would want to continue throughout the procurement process and throughout the initialisation and operationalisation of the service. Working to co-design the model has highlighted that the demand, and support, to be ambitious with the targets and expected outcomes is abundant.

Please note that consideration of existing arrangement and patient and public insight will help inform any additional arrangements required under step 4.

Step 4 – Are additional arrangements for patient and public involvement required for this activity and in particular how will you ensure that ‘seldom-heard’ groups, those with ‘protected characteristics’ under the Equality Act, and those experiencing health inequalities are involved? (In due course, it may be appropriate to develop a full communications and engagement plan).

The SYB IPS service will cover a wide geographical area with diverse demography and a rich mix of ethnic groups, cultures and communities. The service will monitor access geographically and against a number of demographic indicators, including protected characteristics and indices of multiple deprivation. SYB ICS are also committed to reducing health inequalities both socially, across key population groups, and spatially, across different types of community. Our approach to tackling inequalities within this IPS SMI

programme comprises a four-step complete cycle of:

1. **Rounded understanding of our benchmark position** on key health inequalities both socially across key groups (e.g. age, gender, ethnicity) and geographically across communities with varying levels of health deprivation as measured by the Index of Multiple Deprivation 2015 as below:

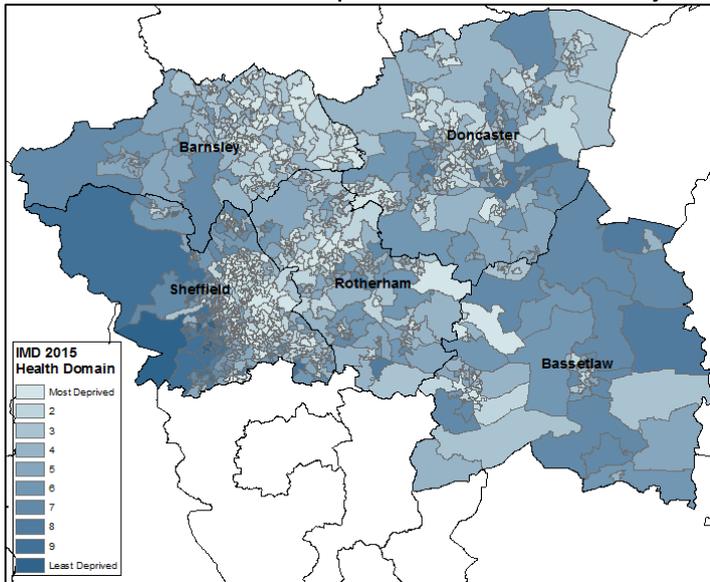


Fig 1: Index of Multiple Deprivation 2015 Health Domain national deciles across the South Yorkshire and Bassetlaw ICS

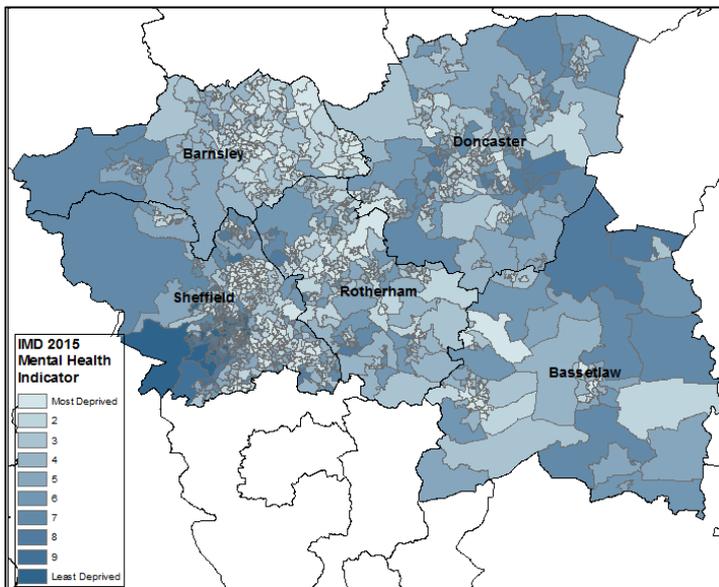


Fig 2: Index of Multiple Deprivation 2015 Mental Health Indicator national deciles across the South Yorkshire and Bassetlaw ICS

2. **Identification of a set of appropriate indicators to monitor key health inequalities** during the programme across those key social and spatial dimensions;
3. **On-going reporting and performance monitoring** of those key indicators of health inequalities during the intervention. Our proposal is for aggregate reporting of performance of key outcomes variables (e.g. referrals and employment outcomes) to be tabulated separately across each of the identified key health inequality indicators (e.g. broad ethnic groups, age bands, gender, IMD2015 quintiles);
4. **Proactive response strategies** from that performance monitoring in order to actively seek to drive health equalities in this IPS SMI activity. In particular, the employment specialists, as part of their employer engagement, will be asked to contribute to enhancing outcomes for those groups who experience disadvantage in the employment market.

a) If yes, provide a brief outline of your approach and objectives for any additional patient and public participation:

Please see above.

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b) Have you considered the following:

- Seldom-heard groups Yes
- Nine Protected Characteristics Yes
- Health Inequalities Yes

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

Please see section 2 above.

d) At this stage whilst there is no legal requirement to engage a decision has been taken that this is best practice.

Engagement is continuous and has been throughout the decision making.

Step 5 - Planning for impact and feedback

We will continue to monitor and evaluate the project and will feedback to those service users whom have been involved.

- (a) Provide a brief outline of how the information collected through patient and public participation will be used to influence the plan/activity.
- (b) How will the outcomes of participation be reported back to those involved? (*refer to your communications and engagement plan, if appropriate*):
- (c) How will you assess the ongoing impact of the change on patients and the public after it has been completed?

Name of person completing the form: Sarah Boul

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E-mail address: sarah.boul@nhs.net Team: SYB ICS Mental Health and Learning Disabilities Date: 06.06.19

Is this a significant service change? Yes No

Please explain?

Date this 14z2 form was taken to the JHOSC:

JHOSC believe that this (please tick):

- a) Is a significant service change
- b) Is not a significant service change