Α	Key questions <u>pre</u> -procurement	As evidenced within:	Engagement methods	RAG
1	Do we fully understand the reasons for a contractual change, and have we explored all options (including non-procurement options) in relation to business continuity?	Options appraisal	Internal stakeholder briefing paper	
2	Have we identified all key stakeholders and people likely to be impacted by this change? [Must include local elected members, Patient Participation Groups PPGs, and clinical voice]	Stakeholder Matrix	Stakeholder mapping (registered patients/public, MPs, local elected members, HOSCs, Healthwatch, local GP practices) Stakeholder analysis and assessment interest (Mendelow matrix) Discussion with existing provider Engagement team analysis – of current stakeholders, as well as desk top review of previous and existing engagement within scope of this procurement. Director of H&SC at place Population Health Management Team	
3	Do we fully understand the impact of all options on key stakeholders (especially patients) and ways in which we will seek to mitigate risk? Please consider*: Equality of access Travel needs Language barriers Duty to reduce health inequalities The needs of diverse communities Impact on the ability of providers to deliver high quality services	Formal impact assessment Risk assessment and mitigation [both to be included within the options appraisal]	Equality Impact Risk Asses - Further engagement as indicated by the EIRA Cross referencing of options against key stakeholders, and patients to produce equality and health inequalities risk impact assessment Discussion with existing provider Discussion with PPG, Councillors, MP, and prominent (known) community leaders identified as	

	<ul> <li>Social value</li> <li>Impacts on staff</li> <li>Conflicts of interest</li> <li>Impacts on other services with interdependencies</li> <li>Availability of staff to resource any new models</li> <li>Financial implications</li> <li>Risks to business continuity</li> <li>Resilience of any new models</li> <li>*list not exclusive</li> <li>Please describe how patient 'choice' has been integrated</li> </ul>		part of the equality and health inequalities risk impact assessment (either from VCFSE or identified from other sectors) Director of H&SC at place Population Health Management Team
4	Has sufficient stakeholder engagement been undertaken in relation to the options appraisal, including clinical engagement (with appropriate communications that reach the target audience)? <i>*being mindful of legal governance around any procurement process which may follow</i>	<b>Proportional</b> Stakeholder Engagement Strategy [to accompany the options appraisal]	Options appraisal briefing to key stakeholders, backed up by briefings face to face with key stakeholders (to be agreed but to involve the PPG as a minimum)
5	Has PPG and the LMC help been sought in relation to enhancing patient/ stakeholder engagement? <i>*being mindful of conflicts of interest</i>	Options appraisal	Determined by recommended options* PPG - Face to face engagement, with support materials allowing them to circulate to their wider membership, including registered patients Political stakeholders – MP, Councillors LMC - <method> Healthwatch - <method> Other - <method> *May not include support from all groups listed.</method></method></method>

6	Do we understand the legal implications of all options?	Options appraisal	-
7	Do we understand the ICB organisational risks regarding all options (including financial and reputational risks?)	Options appraisal	Stakeholder mapping and desk top review by public affairs team – cross referencing previous issues and local briefings Discussion with existing provider Director of H&SC at place Population Health Management Team
8	Has there been sufficient market engagement Prior Information Notice (PIN) with a Request For Information (RFI) to ensure that we understand the potential <b>provider response</b> to all available options?	Results of market engagement exercise shared with decision making group	-
9	Is the provider market sufficiently mature and experienced to deliver the required services [please utilise questions in the market engagement exercise/RFI that help to assess provider maturity and experience]	Results of market engagement exercise shared with decision marking group	-
10	Does the ICB decision making group contain sufficient representation (at the right level of seniority) from all key stakeholder groups to ensure quality in decision making? For example, has a finance view been sought or a quality perspective available?	Public Engagement & Involvement Advisory Committee (PEIAC) checkpoint 1	Healthwatch representation or lay member representation on decision making group PPG representation if appropriate PIEAC Membership representation if appropriate

			OR Evidenced in options appraisal	
	ey decision point 1: a comprehensive options appraisal has been underta akeholder engagement has been obtained.	aken and <u>a decision to pr</u>	ocure has been made – PEIAC approval re level of	
	Key questions <u>post</u> decision to procure	As evidenced within:	Engagement methods	RAG
1'	<ul> <li>Is the service specification [and associated contractual requirements]:</li> <li>Needs led and evidence based (includes clinical evidence)</li> <li>Clear in terms of aims and objectives</li> <li>Clinically informed</li> <li>Outcomes focused</li> <li>Quality focused</li> <li>Technically robust</li> <li>Are monitoring arrangements clear?</li> <li>Safeguarding processes mandated</li> <li>Has the stakeholder engagement feedback informed the service specification – including associated finances?</li> <li>Has the market (provider) engagement feedback informed the service specification?</li> </ul>	Service specification Contract documentation	Patient survey to inform service specification accompanied by letter informing of intention to go out to procurement Ideally focus group to obtain insight into and triangulate with patient survey findings Stakeholder involvement in survey Letter to key stakeholders informing of intention to go out to procurement and outlining the patient engagement process with option to comment/contact Primary care and/or comms and engagement lead.	
12	2 Is the financial envelope clear and sufficient for the provider to meet the aims and objectives of the specification?	Associated financial envelope and model	-	

13	Has there been sufficient emphasis on quality within the Procurement and Evaluation Strategy [PES]? [Are the questions the right ones for that service? Consider weightings also]	PES	Patient experience data informs questions where appropriate to do so
14	Is there sufficient emphasis on understanding the maturity and experienced of bidders to deliver the required services? [Are the question the right ones to analyse experience for that service? Consider weightings also ]	PES	Patient experience data informs questions where appropriate to do so
15	Is the procurement and evaluation strategy robust, safe, and informed by expertise as appropriate (including clinical expertise throughout)?	PES	Patient experience data informs questions where appropriate to do so
16	Does the procurement evaluation panel have sufficient representation from an informed patient/carer representative?		Recruitment of patient rep ensuring relevant support/training is offered
17	Does the procurement evaluation panel consist not only of technical experts but evaluators who understand the needs of the service user groups/key stakeholders who will be impacted by this change? [experienced evaluators needed in complex procurements to ensure that the contract is awarded to the provider who best meets the requirements of the service specification].		Ensure patient engagement and experience leads on procurement process Share all patient and engagement insight plus EIRA considerations in report for all procurement evaluation panel members
18	Has the procurement and evaluation strategy been signed off?	Public Engagement & Involvement Advisory Committee (PEIAC) checkpoint 2	-
	Procurement takes place		
	The award is about to be made, however before it is the PEIAC will ask for final assurance regarding the following (based on the	Public Engagement & Involvement	Final report to PIEAC – schedule of PIEAC meetings available online – perhaps also have an option to

	<ul> <li>government's four tests of service change):</li> <li>Has there been strong public and patient engagement throughout this process?</li> <li>Has there been consistency with current and prospective need for patient choice?</li> <li>Is there a clear, clinical evidence base?</li> <li>Is there support for proposals from clinical planners?</li> </ul>	Advisory Committee (PEIAC) checkpoint 3	obtain chairs actions if time is limited, or convene a review group from PIEAC (Neil will need to ok this approach with Debbie Corcoran)
	Post decision to award		
20	Is there a considered and sensitive process in relation to the communication of the contract award amongst the wider stakeholder group?	Stakeholder Engagement Strategy	Dictated by local stakeholder mapping, public relations assessment and potential reputational issues.* To include notification to patients, key stakeholders. Press release+ Information for patients about timescales and assurance of continuity. *May include time sensitive briefings to MPs/HOSCs/elected members +Gives due consideration to and is co-ordinated with stakeholder briefings (e.g. to ensure that the correct messaging is shared in the public domain via the ICB official announcements).
21	Are we ready internally to respond to press queries etc that may result	Stakeholder	ICB communications and engagement team fully

following any decision to award?	Engagement Strategy	briefed by comms and engagement lead.	
		Media team have a robust media handling plan	
		Key lines have been agreed and pre approved	
		Spokespeople have been identified and briefed	
		Customer care team fully briefed for complaints, queries	
		FOI team briefed	