

Corporate	ICBP035 Receipt, Acceptance and Management of Petitions Policy
------------------	-----------------------------------------------------------------------

Version Number	Date Issued	Review Date
V1	July 2022	January 2023

Prepared By:	Head of Governance, Tees Valley CCG
Consultation Process:	ICS Integrated Governance Workstream
Formally Approved:	July 2022
Approved By:	Executive Committee

EQUALITY IMPACT ASSESSMENT

Date	Issues
March 2022	None

POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact NECSU.comms@nhs.net

Version Control

Version	Release Date	Author	Update comments
1.0	July 2022	Head of Governance, Tees Valley CCG	First Issue

Approval

Role	Name	Date
Approver	Executive Committee	July 2022

Contents

1. Introduction.....	4
2. Scope	4
3. Context	4
4. Criteria for the consideration of petitions	4
5. Acceptance of Petitions	5
6. Management of Petitions	6
7. Return of Petitions	8
8. Duties and responsibilities	8
9. Implementation	9
10. Training Implications.....	9
11. Related Documents	9
12. Monitoring, review and archiving	9
13. Equality analysis.....	11

1. Introduction

A petition represents the expression of the views of the people who sign it. For the North East and North Cumbria Integrated Care Board (ICB) petitions are an important mechanism for local people to have a voice on local health matters.

To ensure that the voices are heard appropriately and in order to avoid the danger of listening only to active lobby groups, petitions will not be viewed in isolation but as one piece of evidence and information which contributes to an overall picture of public opinion. Petitions can be raised as a discrete statement by the signatories or as a response to a public consultation or proposal being made by the ICB.

This policy outlines how the ICB will handle any petitions received from the local community.

2. Scope

This policy relates to the receipt and management of either hard copy or e-petitions.

Petitions may be proactive, e.g. unsolicited where there is public opinion that a new service may be required to fill a perceived gap in service provision; or reactive, e.g. in response to an ICB initiated proposal to change an existing service.

The policy sets out how petitions will be received whether outside a formal consultation period or during a formal consultation period.

3. Context

There is currently no clear, legally binding guidance to the NHS on handling petitions.

When considering the receipt and management of e-petitions, the ICB wishes to ensure that it follows best practice, and has drawn on published terms and conditions for submitting e-petitions, utilised by HM Government.

4. Criteria for the consideration of petitions

In order to be received for consideration, petitions should meet the criteria outlined below:

- A petition amounting to any number of signatures will be considered by the ICB in their commissioning decisions. The sentiment indicated in the petition will be forwarded to the most appropriate internal commissioning process. This will be determined by the subject of the petition e.g. the petition may be passed to the relevant commissioning manager to incorporate into a service specification and/or relevant subgroup or committee for consideration.

- Where a petition, with significant support (with a minimum of 1000 signatures) has been received by the ICB, the Chief Executive shall consult with the Chair of the ICB Board as to whether the petition should be included as a specific item for the agenda and consideration of the next meeting of the ICB Board to agree any appropriate actions.
- Petitions may be received in paper or electronic (e.g. email, web based or social media) format.
- Petitions should include a statement of petition which should include:
 - the organisation to which the petition is being addressed
 - the proposition which is being promoted by the petition
 - the timeframe over which the petition has been collected
- The following information about each petitioner should be included:
 - Name
 - Postcode
 - Signature (in the case of a written petition)
 - Email address (in the case of an electronic petition). If this data is not collected due to the data controller not sharing the data e.g. a social media (e.g. Facebook) or 38 degrees petition, the petition will only be acknowledged as an indicator of public sentiment.
- The name and address of the petition organiser, who must be resident within the area to which the petition relates, should be provided on the first page of the petition.

5. Acceptance of Petitions

An acknowledgement of receipt of the petition will be provided to the lead petitioner within 5 working days of receipt with a clear explanation about what will happen next.

Petitions will not be considered if they are repeated, vexatious or if they concern issues which are outside the ICB's remit. Petitions will also not be considered if the information contained is confidential, libellous, false, defamatory or offensive.

A petition will be considered as a repeat petition if:

- a) it covers the same or substantially similar subject matter to another petition received within the previous six months;
- b) it is presented by the same or similar individuals or groups as another petition received within the previous six months.

A petition will be considered as a vexatious petition if:

- c) it focuses on individual grievances
- d) it focuses on the actions or decisions of an individual and not the organisation

A petition will be considered as outside the ICB's remit if:

- e) it focuses on a matter relevant to another organisation
- f) it requests information available via Freedom of Information legislation
- g) its aim is to correspond on personal issue(s) with an individual(s)
- h) signatories are not based in the UK

A petition will be considered as confidential, libellous, false or defamatory if:

- i) it contains information which may be protected by an injunction or court order
- j) it contains material which is potentially confidential, commercially sensitive, or which may cause personal distress or loss

A petition will be considered as offensive if:

- k) it contains language that may cause offence, is provocative or extreme in its views

Where a petition does not meet the requirement set out in the criteria above then the ICB will respond in writing within ten working days to confirm that the petition has been received and that, as the petition does not meet the criteria. The reason for rejection will be given clearly and explicitly.

5.1 Petitions received outside formal consultation period

For petitions received outside a formal consultation period, the Chief Executive may delegate responsibility for receiving a petition to a nominated representative. The Chief Executive, or nominated representative, will arrange for a short private meeting with the petition organiser to formally receive the petition. All photographic opportunities may be politely declined by the ICB during this meeting.

Once received, the Chief Executive, or nominated representative will ensure that the petition receives appropriate and proportionate consideration and that a response is made in writing.

5.2 Petitions received during a formal consultation period

If a petition relates to a subject, proposal or matter about which the ICB is actively seeking public opinion, and if the petition is submitted before the publicised close date of the engagement or consultation process, the petition will be considered as an item of correspondence, in the same way that any other response would be considered. Petitions will be considered as valid for consideration as part of the consultation if they meet the requirements set out in the criteria outlined in this policy.

6. **Management of Petitions**

When a report on the outcome of consultation is prepared, the following issues will be taken into account when considering a petition:

- If a petition is raised about a perceived lack of or missing service - Consultation is not a public referendum or public vote. Influence will be afforded to the most cogent ideas and arguments, based upon clinical effectiveness, quality, patient safety, clinical and cost effectiveness and not necessarily to the views of the most numerous stakeholders.
- The petition should be relevant to the subject of the consultation. It may not necessarily use the same words, but it should have a bearing on the proposal(s) that the ICB has put forward.
- The petition should reflect the latest proposals and policy statements being made by the ICB and not relate to issues that are no longer under consideration. This is particularly relevant when considering the timescale during which signatures have been collected.
- The petition should provide an accurate reflection of the proposals in the consultation, rather than including misleading information or statements.
- The petition should relate to the consultation and to the proposed action of the ICB (and/or its stakeholders), rather than to broader policy agenda beyond the scope of the consultation.
- The petition's concerns will be assessed in relation to the aims being put forward in the consultation, and the rationale and constraints behind it. For example, a petition that proposes a realistic alternative option will normally be given greater weight than a petition that simply opposes an option that has been put forward for valid reasons.
- The petition's concerns will also be assessed in relation to the impact on other populations if these demands were accepted. This assessment could take into account views expressed in other petitions (which may conflict) or in more direct responses to the consultation.

The organiser of the petition will receive correspondence from the ICB as the body that has initiated the consultation, in the same manner as other respondents (e.g. acknowledgement, an outcome letter describing how the issues raised during consultation have or will influence the decisions made following consultation) ideally within 28 days of receipt of the petition.

Petitions will be formally acknowledged in the analysis of consultation responses, along with all the other responses. If what petitioners call for is accepted or rejected, the reasons for this should be given.

Hard copy and electronic petitions will be stored in a secure place within the ICB for 3 years and will then be destroyed as confidential waste (in the case of hard copies) or deleted (e-petitions).

7. Return of Petitions

Hard copy petitions should be addressed to:

The Chief Executive
North East and North Cumbria Integrated Care Board
Pemberton House
Colima Avenue
Sunderland Enterprise Park
Sunderland
SR5 3XB

If you wish to make an appointment in advance to have your petition formally received, you should contact the ICB's Chief Executive's office or Board Secretary at necsu.nenc-icb.contactus@nhs.net

Electronic petitions can be brought to the attention of the Executive by sending a link to necsu.nenc-icb.contactus@nhs.net

8. Duties and responsibilities

ICB Board	The ICB Board has responsibility for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
Chief Executive	The Chief Executive has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.
Director of Corporate Governance, Communications and Involvement	The Director of Corporate Governance, Communications and Involvement has delegated authority from the Chief Executive to ensure that ICB processes comply with legal, statutory and good practice guidance requirements, including oversight of the implementation of this policy.
All Staff	All staff, including temporary and agency staff, are responsible for: <ul style="list-style-type: none">• Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken.• Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities.• Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly.• Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.• Attending training / awareness sessions when provided.

9. Implementation

This policy will be available to all staff for use and be aware of.

All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

10. Training Implications

It has been determined that there are no specific training requirements associated with this policy/procedure.

11. Related Documents

11.1 Other related policy documents

ICB Constitution

Communities and People Involvement and Engagement Strategy for the North East and North Cumbria

11.2 Legislation and statutory requirements

There is currently no clear, legally binding guidance to the NHS on handling petitions. The ICB has drawn upon published terms and conditions for submitting e-petitions, utilised by HM Government.

12. Monitoring, review and archiving

12.1 Monitoring

The ICB Board will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

12.2 Review

12.2.1 The Director of Corporate Governance, Communications and Involvement will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

12.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Director of Corporate Governance, Communications and Involvement will consider the need to review the policy or procedure outside of the agreed timescale for revision.

12.3 Archiving

The ICB Board will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: Code of Practice for Health and Social Care.

13. Equality analysis

Equality Impact Assessment Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Jacqui Keane

Job Title: Head of Governance

Organisation: North East & North Cumbria Integrated Care Board

Title of the service/project or policy: [Click here to enter text.](#)

Is this a;

Strategy / Policy

Service Review

Project

Other [Click here to enter text.](#)

What are the aim(s) and objectives of the service, project or policy:

The Policy outlines the process to be followed for the receipt, acceptance and management of a petition.

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups in either the workforce or community 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

The Policy does not have any detrimental impact on individuals with protected characteristics.

If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation: “If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)”		
If any of the above have not been implemented, please state the reason: Click here to enter text.		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Jacqui Keane	Head of Governance	25 August 2022

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

Please send a copy of this screening documentation to: NECSU.Equality@nhs.net for audit purposes.