

DRAFT Transformation – Proposed Communications & Engagement Approach: Why we need to engage, with whom and how?

1. Introduction

The following paper outlines the proposed system wide approach to engagement for the whole system transformation project over the next six months.

2. Background

'Our ambition is to transform the Oxfordshire health and social care system to improve the health of the population, reduce inequalities, and deliver services that are high quality, cost effective and sustainable whilst reducing bureaucracy where there is no benefit to patients/users'.

Oxfordshire Clinical Commissioning Group (OCCG), along with Oxford Health NHS Foundation Trust (OHFT), Oxford University Hospitals NHS Trust, South Central Ambulance NHS Foundation Trust (SCAS), the Oxfordshire GP federations and Oxfordshire County Council (OCC) has set up a Transformation Board to drive forward the transformation of the health and social care system in Oxfordshire. More specifically to bring together in one place all the projects, which will deliver significant change in the health and care system and provide a place for an in-depth discussion about new models of payment in the NHS; new model of provision (as detailed in the five year forward view) and system enablers (e.g. workforce, IT, assets).

Our challenge is to ensure the highest quality care for all patients within the finite resources available. As a whole health and social care system we need to improve the quality and value for money of health services provided in Oxfordshire in a way that will keep the system in financial balance. This will involve redesigning the wide range of health care services currently provided throughout Oxfordshire. Financial challenges facing the NHS and social services mean that collectively we need to find savings in the region of £270m by 2020/21 within the Oxfordshire health system. With the growth in demand due to an aging population and raising expectations regarding access and quality amongst the public we need respond by developing and using emerging models of care.

The transformation programme will lead to services being delivered in new ways with increased emphasis on prevention, self-care, bringing more care into the community and further integration of health and social care. The project will span several years and will include an engagement phase to explain what we are planning and seek feedback. At the same time we will be reviewing current services and developing new models of care where appropriate with the aim of consulting on these options in the autumn of 2016.

The transformation programme is split into nine areas of work which include:

1. Place-based primary and community care - New/improved services, e.g. email/Skype consultations; early home visiting; appointments at other than 'own' GP practices; diagnostics and specialist care 'on the doorstep'; changing role of community hospitals.
2. Urgent and emergency care system - Timely urgent/emergency care services provided at the right time in the right place including community care hubs; ambulatory care - prompt, multi-disciplinary assessment and treatment e.g. Emergency Multi-disciplinary Units
3. Older people integrated care - Urgent healthcare services for older people and adults with complex health problems (e.g. community care hubs; ambulatory care: prompt, co-ordinated assessment and treatment).

4. Mental health partnership - NHS and voluntary sector partnership providing mental health services 24 hours/day, 7 days/week.
5. Elective (planned) care - Improving 'planned' services (e.g. musculoskeletal, Bladder & Bowel, Ophthalmology) to offer better access, waiting times and patient experience.
6. Maternity Services - Changes to existing services to meet the needs of Oxfordshire's growing population (e.g. new services for Didcot and Bicester)
7. Children's Services - Multi-agency working, focus on prevention and intervention (e.g. public health, safeguarding, 'problem families').
8. Prevention and population health - Investing in prevention to address problems arising later on; targeted services for different patient cohorts (e.g. complex needs/long-term conditions).
9. Learning disabilities - Integrating mental and physical health care for people with learning disabilities with health mainstream services so that everyone in Oxfordshire gets their physical and mental health support from the same health services – whether or not they have a learning disability.

3. Why engage?

- To create understanding and support for the transformation of health and social care services in Oxfordshire
- To help develop and agree new models of care for the future
- To work in partnership with the public to ensure the successful implementation of the projects

4. With whom do we need to engage?

The health and social care system in Oxfordshire has a wide range of stakeholders it needs to involve and communicate with in order to deliver the transformation programme. In order to ensure communications and engagement activities are tailored around individual stakeholder needs, for the different areas of the programme, it is important to analyse the various audiences to understand their interest and influence on the delivery of the project.

We will do this by identifying groups and / or individuals for each stakeholder as appropriate, undertaking analysis of the stakeholder's needs so we can understand who we need to communicate with and how.

Below gives the categorisations for our stakeholders:

- Public (e.g. patients, carers, minority groups)
- Commissioners (e.g. GPs, OCC staff, NHS England)
- Local Providers (e.g. OHFT, OUH)
- Public Sector Partners (e.g. OCC, district councils)
- Voluntary & Community Organisations (e.g. Oxfordshire Citizens Voluntary Action, Oxfordshire Rural Community Council)
- Professional (e.g. Local Medical Committee, Local Pharmaceutical Committee)
- Political Partners (e.g. MPs, Councillors from parish to county level)
- Scrutiny (e.g. Healthwatch, Oxfordshire Joint Health Overview and Scrutiny Committee, Health and Wellbeing Board)
- Media as a conduit to the public (Oxford Mail, BBC)

5. How will we engage?

5.1 Internal engagement

NHS and Social Care staff need to be able to explain the over-arching transformation agenda, why are we doing it and how services will be developed. This will help to ensure that conversations external to those organisations involved are clear about purpose and process.

Internal engagement activity to include:

- Regular updates to OCCG Governing Body, OUH, OHFT, OCC and SCAS Board meetings and informal Cabinet.
- Presentations at Executive Team and Senior Manager Team meetings of organisations involved with managers cascading to their teams. This could be supported by a monthly internal briefing.
- FAQs and briefing covering what, why, how for internal (and external) use
- Updates at Staff Briefings / articles in staff newsletters
- Updates on the staff intranets of all organisations involved
- Regular updates and briefings at OCCG localities meetings
 - SW Locality
 - West Locality
 - North Locality
 - City Locality
 - North East Locality
 - South East Locality

5.2: External engagement

Ongoing engagement with:

5.2.1 Local stakeholders

Patients, carers and public

- Briefing to local condition specific support groups/charities - accessed through organisation's networks
- Briefing out to Talking Health members (OCCG online consultation tool with over 2500 registered members)
- Briefing to Foundation Trust members networks / database
- Face-to-Face public events / attendance at meetings to present the programme
- Communication via all organisations comms channels - website, twitter, facebook, newsletters, Locality forums and PPGs
- Carers
- Media Briefings

Local Authority

- Health and Wellbeing Board, Scrutiny Committee, key councillors - approach to inform and ask for help/support - needs mix of key individual meetings followed- up with formal Committee presentations.

Voluntary sector

- Engage with OCVA as the umbrella for the voluntary sector as a primary contact and target key voluntary sector (eg Age Concern, Oxfordshire Rural Community Council, Mind) organisations with face to face meetings followed-up with external briefing

- Regular face to face meetings with Healthwatch

Professional / Trades Unions

- Regular face to face meetings with the LMC through the Health Liaison meeting and the wider county meetings
- Briefing updates

Political Partners

- Regular briefings for local MPs
- Regular updates at locality briefings for County Councillors (divided into nice geographical areas)

See appendix A for stakeholder meeting matrix.

6. What do we want to say?

A full message framework for the transformation needs to be developed as the areas of the programmes develop – this should include individual work stream messages and internal messages for the organisations involved. Below are the proposed overarching messages for the programme:

The Oxfordshire wide transformation programme will look at making changes to areas of healthcare within Oxfordshire that improve services and get value for money. These include:

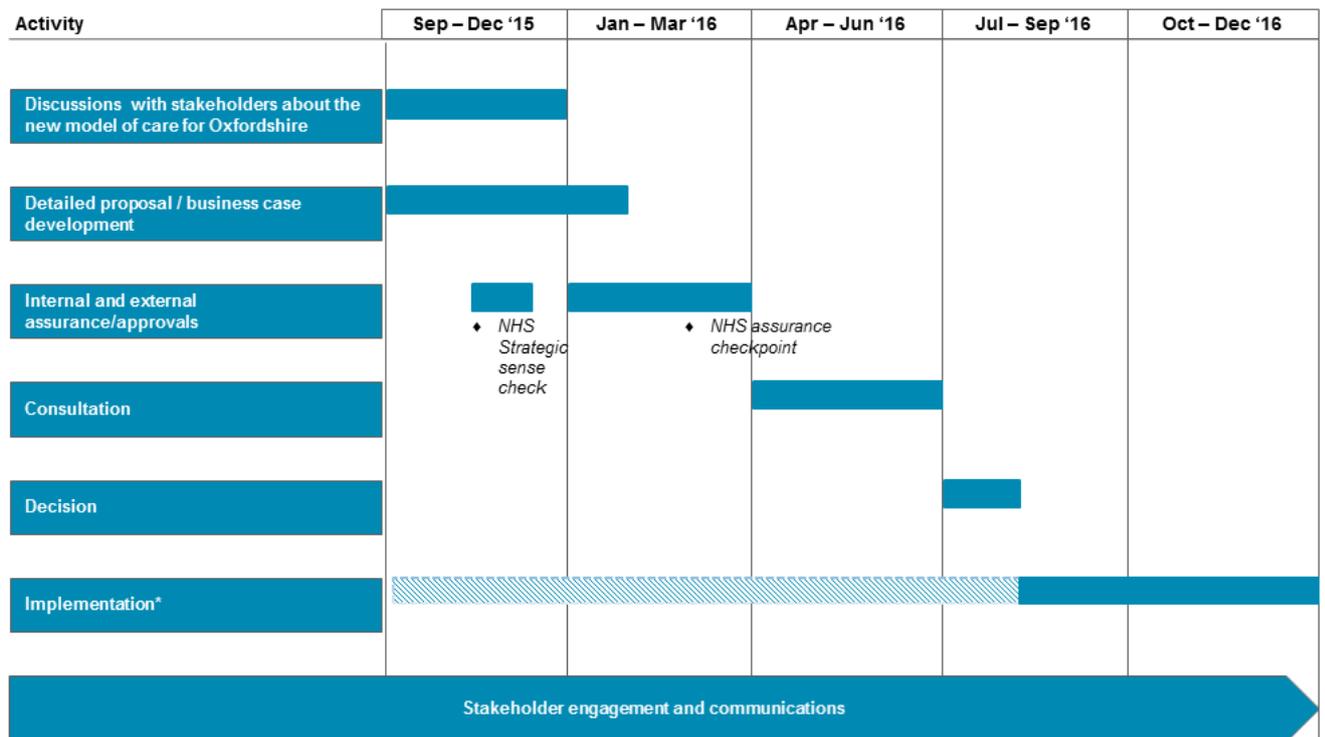
- Supporting people to help themselves and prevent ill-health and hospital admissions
- Further integration of health and social care teams in the community to ensure patients can access the right treatment when they need it
- Reviewing the delivery of inpatient care and bringing care closer to home, when it is clinically appropriate
- developing GP and associated services in the community

7. Responsibilities

All organisations have a role in promoting the transformation programme to their staff and external stakeholders:

- To create understanding and support for the transformation of health and social care services in Oxfordshire
- To help develop and agree new models of care for the future
- To work in partnership with the public to ensure the successful implementation of the projects

8. Timeframe



9. Actions:

- Transformation Board to agree the communications and engagement approach
- Transformation Board to agree pool of spokespeople for the programme (to attend meetings and present) for initial engagement stage
- All to develop a messaging framework
- Communications to develop an initial briefing
- Communications to develop an external facing presentation
- Book slots on agendas and organise face to face meetings with key stakeholders

Appendix A: Stakeholder Meetings Matrix

Stakeholder	October	November	December	January	February	March
OCCG meetings						
OCCG Governing Body Workshops	13	10	8	12	9	8
Commissioning Board	29			5	18	
System Leadership Group	6	3	2			
OCCG Staff Briefing	20	17	15	20	16	
All OCCG Locality Meeting	8	12	10	14	11	10
OCCG Locality meetings - North	20	17	15	19	23	15
OCCG Locality Meetings - North East	14	11	9	13	10	9
OCCG Locality Meetings - Oxford City	15	12	10	14	11	10
OCCG Locality Meetings - South West	20	17	15	19	16	15
OCCG Locality Meetings - South East	6	3	1	5	2	1
OCCG Locality Meetings - West	8	12	10	14	11	10
OCCG Staff Partnership Forum	17			13		
Local Medical Committee Liaison Meeting	8					
County Local Medical Committee		5				
Local Pharmaceutical Committee						
Oxfordshire Practice Managers Meeting						
Public Locality Forum Chair / OCCG meeting	8		10		25	

Stakeholder	October	November	December	January	February	March
OCC Meetings						
HOSC		19			4	
Health & Wellbeing Board		5				3
Health & Wellbeing Steering Group	1, 15, 29	12, 26	10			
Health Improvement Partnership Board	27					
OCC County Council /		3	8		16	
OCC Cabinet	20	10	15	26	23	
Older Peoples Joint Management Group						

Please note: County Councillor Briefings are held every two to three months – dates to be confirmed but these would serve as a good opportunity to brief all CC.

Stakeholder	October	November	December	January	February	March
OUHT						

Stakeholder	October	November	December	January	February	March
OHFT						

Stakeholder	October	November	December	January	February	March
District Council Meetings						
Oxford City Council Executive Board	15	12	17	21	11	17
Oxford City Council			7		8	
Cherwell District Council Executive	5	2, 30		4	1	7
Cherwell District Council	19		14		22	
Vale of White Horse District Council Cabinet	2		4	28	5	
Vale of White Horse District Council	14		16		17	
South Oxfordshire District Council Cabinet	1		3	28	4	
South Oxfordshire District Council	17		17		18	
West Oxfordshire District Council Cabinet	14	11	9	13	10	9
West Oxfordshire District Council	21			20	24	

Stakeholder	October	November	December	January	February	March
Other						
Public Locality Forum - North	20 (Public)	24 (Steering Group)		26 (Steering Group)		22 (Public), 29 (Steering Group)
Public Locality Forum – North East	8					

Public Locality Forum - City	20 (PPG members)	2 (Core Executive), 26 (Public Event)	12 (Core Executive)	4 (PPG members), 25 (Core Executive)	1 (Public Event)
Public Locality Forum – West					
Public Locality Forum – South East		5	21		
Public Locality Forum – South West	13		12		
Healthwatch		12		25	
Oxfordshire Community and Voluntary Action					
Age UK					
Carers Oxfordshire					
Mind					
Restore					
Oxford Rural Community Council					
Patient Voice					
Townlands Steering Group					
Chipping Norton League of Friends					
Community Partnership Network (incl Keep the Horton General Campaign Group)			8		
Diabetes UK – Oxon Branch					
Stroke Association					

Please note: The above list is not exhaustive but are those identified stakeholders with whom to start the conversation about Transformation in Oxfordshire.