

System approach for engagement and consultation on service change in Oxfordshire



Date of Meeting: 17 May 2016				1. Paper No: 3		
Title of Paper: Proposed approach for engagement and consultation on service change in Oxfordshire						
Is this paper for	Discussion		Decision	X	Information	
Purpose of Paper:						
The board is asked to note and agree the proposed approach for the health and care system to work collaboratively on a successful engagement and consultation process.						
Action Required:						
The Transformation Board is requested to note the identified priorities for pre-consultation engagement as follows:						
<ul style="list-style-type: none"> • Ensure timely involvement by stakeholders in the development of future models of care • Ensure information about proposals for new models of care and the development of service options is explained in a clear, public-friendly and accessible way • Ensure stakeholders are involved in the development and testing of options before public consultation in a timely and appropriate way that gives sufficient opportunity for feedback to be given • Ensure this information is shared as widely as possible through a range of communications and engagement channels and mechanisms • Ensure stakeholders are aware of the Oxfordshire Transformation Programme, the emerging case for change and care closer to home strategy and are appropriately informed • Ensure all feedback provided during Phase One is considered by the Transformation Programme and Transformation Board at key points in the decision-making process • Ensure robust record keeping of all communications and engagement activities 						
Authors: Andrew Dickinson CSU						

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1 Purpose and scope

The purpose of this paper is to describe the proposed approach for the system to work together on a successful engagement and consultation process.

The scope of the anticipated consultation includes the following

- Service change **in acute service provision** including
 - ~ Increasing elective and outpatient provision at sites
 - ~ Changes to stroke services
 - ~ Changes to obstetric and paediatric services
 - ~ Changes to critical care
- Service change **in community based services** across Oxfordshire including
 - ~ Inpatient beds and the supporting services– both in terms of overall numbers, and in terms of service locations
 - ~ Enhanced diagnostic and outpatient services in the community
 - ~ The number and location of intermediate care beds provided by OCC
 - ~ The number and location of community hospitals/hubs (essentially following on from the above)
 - ~ Midwife led maternity units location and number, in the context of other changes in community hospital based services

It does not include future potential changes in mental health inpatient provision which will need to be the subject of a separate consultation when OH has further developed its plans.

There are inter-relationships between the acute and community areas (for example the potential for the Horton and the JR to be the location for community inpatient hubs, and the location of midwife led units with the possible obstetric changes at the Horton).

The preparation work for potential acute changes is being led by Andrew Stevens from the OUH, and that for community hospital linked changes by Dominic Hardisty. It is assumed that the work in relation to midwife led units is being led by the STP workstream on maternity services. The work on intermediate care beds is led by OCC.

2 Approach

When the Transformation Board considered the issue of whole system change and the potential for consultations in February 2016, a range of options were presented – which included whether separate consultations on specific service areas is the appropriate way forward.

Following further consideration of the detail of the issues involved the proposed approach is as follows:

2. There should be a single overarching county wide 'whole system' consultation programme and consultation document which covers all the proposed service changes.
 3. The consultation will embrace several specific change proposals, and will have separate consultation questions linked to each major separate change. This will ensure that if proposals in relation to one specific change have to be delayed for any reasons the other change proposals can still be taken forward.
 4. While the consultation will describe overall county wide service models it is proposed it will be broken down into 4 discrete consultation areas:
 - 4.1. North (including both acute and community changes in relation to service at the Horton)
 - 4.2. West
 - 4.3. South (incorporating South East and South West localities) *
 - 4.4. City
- * The rationale for including both South East and South West together is that the options around community facilities within that area are highly interdependent.
5. The benefits of focussing consultation into discrete geographic areas within an overall Oxfordshire wide framework are that:
 - 5.1. It avoids complex Oxfordshire wide option appraisals with many different combinations of options. Each area would have its own discrete proposals and options
 - 5.2. It allows a clear and transparent presentation to the public of what the consultation will mean for services in their specific area
 - 5.3. It facilitates local GP involvement
 6. The two most challenging consultation areas will be
 - 6.1. North – because it includes potential changes to acute services at the Horton Hospital, but also needs to include changes to community service
 - 6.2. South – because of the number of community hospitals potentially affected.

3 Key issues affecting readiness and timetable

Discussions have been held by CSU staff with the leads of the two major workstreams to identify the level of work required in order to commence consultation. The discussions were initially predicated on consultations being able to commence in September.

In terms of the two key work programmes the process for developing the necessary material for acute service changes is well advanced, and potential changes to the Horton has already involved some significant public engagement. The OUHFT has engaged external support to facilitate the development of the business case and assessment of options.

The work to establish the overall service model for community services is well advanced, and the rationale for the overall strategic approach is well understood. However, work has not yet commenced in earnest on the development of the business case which will demonstrate the clinical and financial rationale justifying a proposed option in each geographic area. The work to do this will be particularly challenging in the South as it will require working up both options based on use of existing hospitals and on a potential new build option. In order to be able to show that a consultation proposal is robust it is considered that the business case will need to be worked up to at least SOC (Strategic Outline Case) level, to demonstrate that the preferred option is affordable and deliverable and ensures high quality, safe and clinically effective sustainable services.

Given the complexity of the work required it will require a focussed business case team with access to clinical, financial, analytical and estates support working to a tightly managed programme which will need to include public engagement. Delivering such a business case in less than 3 months from the point a project team was in place would be extremely challenging, particularly given the controversial nature of potential options. If a team was put in place by the end of May this would suggest the business case might be complete by early September. This should allow consultation to commence in October, providing that the appropriate assurance and governance mechanisms can all be completed within September.

4 Engagement prior to consultation

A separate paper is being developed covering the Transformation Programme overall Engagement and Consultation plan. The paper sets out the following in terms of pre-consultation engagement.

4.1 Priorities

The priorities for pre-consultation engagement are to:

- Ensure involvement in the early thinking around the development of future models of care
- Ensure information about proposals for new models of care and the development of service options is explained in a clear, public-friendly and accessible way
- Ensure stakeholders are involved in the development and testing of options before public consultation in a timely and appropriate way that gives sufficient opportunity for feedback to be given and reflected upon by the Transformation Programme – particularly current and previous service users of those services particularly affected by any proposed changes
- Ensure this information is shared as widely as possible through a range of communications and engagement channels and mechanisms e.g. face to face briefings, newsletters, website, social media

- Ensure stakeholders are aware of the Oxfordshire Transformation Programme, the emerging case for change and care closer to home strategy and are kept updated
- Ensure all feedback provided during Phase One is considered by the Transformation Programme and Transformation Board at key points in the decision-making process
- Ensure robust record keeping of all communications and engagement activities

4.2 Engagement Activities

There are a range of key stakeholder communications and engagement activities which should take place during pre-consultation engagement. Overall, there needs to be significant engagement with the market towns impacted within the various CCG localities. This would include ensuring town and district councils are involved at an early stage in addition to maintaining the dialogue built in recent months with constituency MPs.

The community and voluntary sector will have an important role to play in helping the Transformation Programme to understand the impact of possible new models of care and configuration of services upon this vital sector.

As well as raising awareness with local communities, the Transformation Programme would benefit from hearing the views and feedback of particular groups of patients and recent service users – of those people who will have experienced services which may be particularly affected e.g. maternity and paediatric services, stroke patients and their carers. This would also include gathering the views of those with protected characteristics as defined by the Equality Act and Public Sector Equality Duty. Given the county's significant rural population, it would be beneficial to gather the views of those living in more rural communities where access to services, transport links may be an issue.

A list of key engagement activities to be delivered before any public consultation was launched, would include:

- A stakeholder event in early June to share emerging models of care and gather views and insight
- Working with Healthwatch and the Transformation Board Lay Rep to gather their views on what communications approaches and engagement activities would be proportionate and beneficial within the pre-consultation process, including reviewing public facing communications materials
- One public engagement event per locality to discuss possible options and criteria
- Focus groups with key affected groups
- Presentation and discussion at meetings of key community and voluntary sector groups
- One face to face briefing per District Council to ensure key councillors and staff were sighted on options and could give their feedback

- Meeting with Oxfordshire MPs to share models of care, options and gather views
- A full engagement report of all activities and feedback received to be written and included in the pre-consultation business case
- Updates and reports to Oxfordshire's Joint Health Overview and Scrutiny Committee, including a discussion at the June meeting about the plans for pre-consultation engagement planned for the summer period

All activities need to be supported by a set of clear, public-friendly narratives, questionnaires and materials.

4.3 Key Dependencies, Resources and Risks

The Transformation Board is asked to take note of the following key dependencies, resource requirements and risks:

- There needs to be a clear process of options development and appraisal that allows opportunity for stakeholder views to be taken into account
- Sufficient time should be allowed for full consideration of all feedback received
- Sufficient time needs to be given to publicise and organise any public events
- Public events should be led by those developing the options and should be clinically led
- All Transformation partners must jointly own the pre-consultation engagement process – this includes providing staff resource and key representatives as required by the Transformation Programme
- Activities will be taking place over the summer months and over the school holidays which may affect public attendance at events
- Sufficient time should be given to the development of a suite of communications materials – this includes an expectation that workstreams will produce first drafts of narratives and patient stories that describe their proposals which can then be shaped and developed by the Transformation Communications and PPI Group together with Healthwatch and The Transformation Board Lay Rep.

5 Governance and assurance

5.1 Key documentation

The approach proposed is to use the process of developing the business cases for service change as the key mechanism for early engagement, and for ensuring the necessary material is ready for consultation. At least two substantive business cases are required:

- An OUHFT led business case to support proposals for changes to acute services across Oxfordshire e.g. at the Horton
- An OHFT led business case to support proposals for changes to community hospitals

Proposals covering midwife led maternity units could be covered in either business case. It could be argued they should be part of the first because of the link to obstetric service and because the OUHFT is the provider, or the second, because a key factor in option choice will be the proposals for the future configuration of community hospitals.

Each of the two Consultation Business Cases will provide the CCG Governing Body and the relevant provider Boards and NHS England with the relevant analysis and information to allow them to be sure that

- The current services have been clearly described
- That there is clearly described future model of care for the relevant services which is consistent with STP
- There is a clear case for change including the appropriate need, demand and capacity analysis.
- That the right options have been analysed
- That the clinical and service implications of the options are fully understood, particularly the impact on patient outcomes, the patient experience, and patient and public access to services.
- That the financial implications of the options have been fully understood
- There has been full and effective public engagement in the development of the case for change, and the identification and assessment of options.
- That the “four tests” in relation to service reconfiguration have all been met (support from GP Commissioners, clinical evidence base, strengthened patient and public engagement, and choice)
- There is a deliverable and affordable implementation plan.

The CBC is therefore a “technical” document that is designed to enable the CCG Governing Body and Trust Boards to agree on the content of the public consultation. It will become publically available, but will not be the consultation document itself – rather it provides the information which will be used to develop appropriate consultation materials, and will act a source document to provide interested consultees with information for further reference.

The CBCs clearly need to be consistent with the STP, but they will need to include substantially more detail than will be required within the STP.

It is essential that the preparatory work to develop the business case is not superficial. Service reconfigurations are frequently controversial and face the risk of both Independent Reconfiguration Panel and Judicial Review. The risk of a decision being overturned is substantially increased if the

process involved in developing the proposals can be shown to be in any way inadequate, or in any way to have prejudged the outcome of public consultation.

5.2 Governance and assurance process

A paper on Governance and the Assurance process will be tabled at the meeting.