

1. Purpose

1.1 The Oxfordshire Healthcare Transformation programme 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 with clear benefits to patients/users.

1.2 In order to deliver on the challenges set out in the 5 Year Forward View, the programme has identified 7 key clinical models that will help responding clinical and financial sustainability. It is our ambition to go to public consultation on these new models from October 2016.

1.3 This paper updates the Transformation Board on the following:

1. Process for going out to public consultation through to March 2017
2. Governance and decision making requirements of the various partner Boards
3. Communication and Engagement – *'the Big Conversation'*
4. Content of information available and in the public domain

2. Recommendations

2.1 The board is invited to note the:

1. Key Messages
2. Note the timescales and the key dates in the overall pre consultation and consultation process key dates
3. Note resource requirements
4. Agree the various Board roles in the decision-making process and note this requires an extraordinary HOSC Board meeting to be held 6th October 2016.

3. Overview

3.2 This paper summarises the pre-consultation phase, the plans for public consultation and engagement and the considerable work required to develop a persuasive, defensible and implementable pre-consultation business case, and the decision making process.

3.3 Our plans for consultation will present proposals for improvements (clinical, financial and operational) to the way community and hospital services are provided, in partnership with high quality primary and social care services.

4. Background

4.2 During 2015/16 and 2016/17, the Oxfordshire Transformation programme has been developing and discussing the case for change with local patients and the public. Now that the case for change has been recognised (by HOSC) we are developing our pre consultation business case to set out our options and proposals for change, predicated on clinical, operational and financial viability.

4.3 From October 2016 the Oxfordshire Healthcare Transformation programme plans to go to public consultation on our ambitious programme of health care reform. This date was reaffirmed in a meeting between NHS England Chief Executive and Oxfordshire CCG Chief Executive, on Friday 15th July.

4.4 The programme has identified 7 key clinical workstreams that will respond to the 5 Year Forward View and help ensure clinical and financial sustainability:

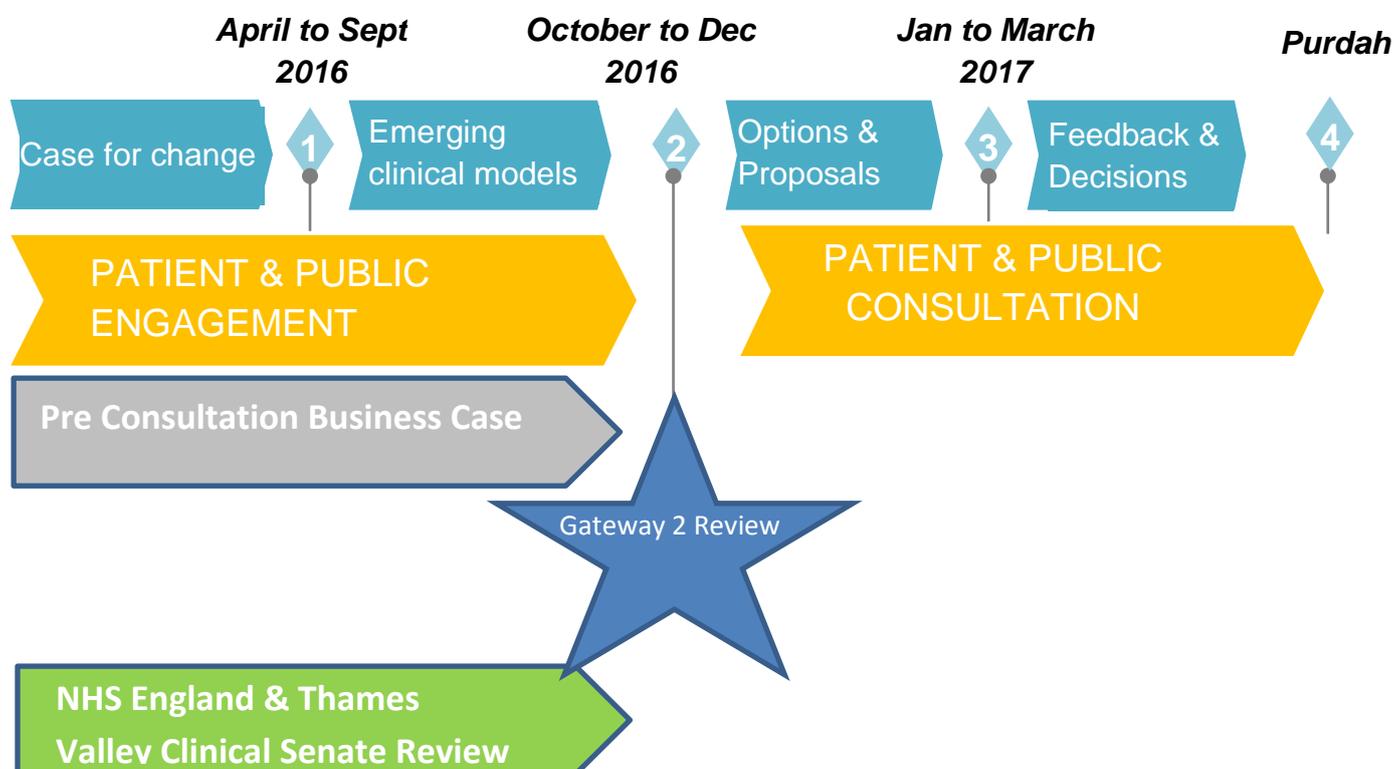
1. Primary Care
2. Urgent and Emergency Care
3. Specialist and Planned Care and Diagnostics
4. Maternity
5. Children's services
6. Mental Health
7. Learning Disability and Autism

4.5 The pathways where major service changes are being considered and require public consultation cover NHS contracts of circa £250m pa (though this may increase subject to DTOC phase 2 developments). The scope of the services span across hospital and community services, in partnership with primary and social care services.

4.6 A new Primary Care offer, primary care 'plus', is set to offer an extended set of services to provide greater and more timely access to primary care services, achieving our ambition for further investment in prevention, early intervention and care closer to people's homes and communities.

5. Process

5.1 A high level of summary of the process is shown below.



5.2 In order to go out to public consultation in October 2016, the Oxfordshire health and care community, in partnership with patients, the public, staff and stakeholders, must have developed a strong and compelling *Case for Change* and a robust pre consultation business case (PCBC). This will be led and owned by Oxfordshire CCG as the lead commissioner.

6. Timescales

Phase	Activity	Timescale
Phase 1 – Initiating the programme	Establishing the senior cross sector leadership, programme plan, governance and management arrangements	March 2015-March 2016
	NHS England Strategic Sense Check	Nov 2015
Phase 2 – Development of models and options	Using evidence to review existing service provision and identify new models of care. Establish assessment criteria.	March 2016- July 2016
	Launch of pre-consultation engagement (including 6 x roadshows, stakeholder events, MP briefings, Councillor briefings)	6 th June to October. Feedback to be incorporated to PCBC 3 rd draft

Phase	Activity	Timescale
	HOSC (agreement on Case for Change)	30 th June
	All Councillor Briefing session	5 th July
	First draft of PCBC	8 th July
	Publish Case for Change	11 th July
	Clinical Stakeholder event to agree emerging models and options	14 th July
	MP briefing session	15 th July
	Second draft of PCBC	29 th July
	Third Draft of PCBC	12 th August
	TB sign off of PCBC	23 rd August
	Next Service Redesign workshop, Chaired by OUH FT Chief Exec, scheduled	26th August
	CCG Board review final (draft) PCBC	Date August
	Phase 3 – Assurance Checkpoints	Pre-meets with NHS England and Thames Valley Clinical Senate
Legal, clinical and NHSE assurance on future service design for consultation		September 2016
Clinical Senate review date		5 th September
HOSC Chair private briefing		7 th /8 th or 12 th Sept (tbc)
HOSC update on emerging options/proposals		15 th September
All Councillors and MPs briefing planned		September (tbc)
Clinical Senate report back		27th September
NHSE Gateway 2 Assurance meeting		28th September (tbc)
CCG Board decision required to endorse proceeding to consultation		29th September
OCCG launch public consultation		1st October
HOSC Extraordinary session		6th October (tbc)
All Councillor Briefing Session		6th October (tbc)
NHS England Investment Committee		October
Transformation Board, OH and OUH Boards to sign off proposals		November
HOSC & Health & Wellbeing board briefed		November
CCG Board to sign off proposals for	29th November	

Phase	Activity	Timescale
	consultation	
	Consult on service changes	November 2016- January 2017
	Assimilate patient & public feedback	Jan/Feb
	HOSC Extraordinary committee meeting?	March 2017
	Transformation Board, OH and OUH Boards to sign off proposals & decision on which option(s) to implement	March 2017
	NHS England formally assure consultation outcomes and decision making process	March/April 2017
	CCG Board to sign off proposals for Change and decision made	March/April 2017
	PCBC is refreshed in light of public consultation and final proposals – the Decision Making Business Case	April 2017
	Announcement made and communicated to ALL patients, public, staff and stakeholders	April/May 2017
Phase 4 – Benefits realisation & Implementation	Agree and undertake an implementation & delivery plan to roll out changes. Review the outcomes and benefits of the programme.	April 2017-March 2021

The Oxfordshire Pre Consultation Business Case (PCBC)

6.2 The Oxfordshire Pre-Consultation Business Case is designed to demonstrate the case to transform health care across Oxfordshire, to secure clinically, financially and operationally sustainable services. It will need to demonstrate, as a minimum, compliance against four key tests set by NHS England and the Department of Health:

- Full patient & public engagement and involvement
- Commissioner support and sponsorship
- A compelling clinical case for change
- Upholding the values of the NHS Constitution in particular patient Choice

6.3 In order to demonstrate and evidence compliance and assurance against these 4 tests, the PCBC must provide confidence that a due process has been carried out in order to consult on major service change for reconfiguration to progress.

6.4 The NHS England guidance, '*Planning, assuring and delivering service change for patients*', requires localities to embark on a transparent business case and

consultation process that we can share with patients, public, staff and stakeholders.

6.5 The pre-consultation business case summarises other key documents that have been approved and endorsed during the programme. These include the review of services at Horton Hospital and a review of Community Hospital services across Oxfordshire. A summary of the first draft of the PCBC is attached

7. Governance

7.1 A Governance paper has been tabled that sets out how the Transformation board will propose the Oxfordshire Health and care partner boards endorse the proposals and decision to go to public consultation in October. Further details are set out in 7.17

7.2 The OCCG Board will provide a key function in that the pre consultation, the consultation options/proposals development (via the PCBC) and final decision on implementation, will be led and owned by Oxfordshire CCG as the lead commissioner.

7.3 The CCG are the ultimate decision-makers, and have the powers with regard to service change. The Board makes decisions in line with the CCG Constitution and will need to agree to:

- Progress to consultation - on the options and proposals (scheduled for 29th September) against the 4 Tests
- CCG decision - based on balance of clinical evidence and outcome of public consultation. **This forms the Decision Making Business Case.**

7.4 The successful delivery of the Oxfordshire Transformation programme, securing clinical and financial sustainability for Oxfordshire by 2020/21, is a key risk for both OCCG and the wider health and care system.

7.5 Prior to public consultation in October, the proposals for service redesign will need to be approved by the OCCG Board (29th September), and then following the formal consultation, the recommended proposals for service change will need to be approved in the new year (provisionally March 2017).

7.6 Further details on the wider Governance and Assurance process are set out below.

Assurance-National

7.7 In order to progress to public consultation, the pre consultation business case will be reviewed, scrutinised and assured by NHS England and Thames Valley Clinical Senate.

7.8 NHS England – a Gateway 1 review took place in November 2015 and recognised the need for transformation as expressed through the NHS 5 Year Forward View. A pre Gateway 2 review with NHS England, which is the official authority to proceed to consultation, was held on Monday 18th July with a formal review scheduled for 28th September (following the findings of the Thames Valley Clinical senate paper on the 27th September).

Assurance National – West Berkshire, Oxfordshire & Buckinghamshire (BOB) Sustainability & Transformation Plan

7.9 NHS England and the 5 Year Forward Review partners are currently reviewing the 30th June BOB STP submission, with face to face meetings with the Chief Executive of NHS England held on 15th July and the outcome, due for consideration by Ministers, scheduled for September. Given that the BOB STP reflects and builds on the Oxfordshire Transformation programme, there is a risk that any issues and delays impact on our timelines for consultation.

Assurance - Clinical

7.10 Thames Valley Clinical Senate – OCCG has commissioned the Senate to establish an independent clinical review panel to assure our clinical case for change. A draft Terms of Reference has been produced, clinical service redesign workstreams have met with the Independent review panel chair, Dr Phil Yates, on the 7th July, and **a 1-day panel review has been scheduled for 5th September.**

7.11 An Assurance Evidence Review guide has been shared by the Senate, which sets out the evidence expectations required by an Independent panel.

7.12 A report on the findings of the Independent Review panel is scheduled for 27th September 2016.

Assurance – Independent Legal Advice

7.13 The CCG has commissioned Capsticks to provide independent legal advice on our potential service redesign proposals and consultation process. This will both help inform the consultation process, development of the Pre Consultation Business Case and help ensure we are complying with our statutory duties.

Assurance-Local Stakeholders

7.14 The Chief Executive Oxfordshire Health NHS FT and Chair of the Oxfordshire Transformation programme, has presented an update to the HOSC at the last 2 committee meetings, including the latest on 30th June. Following this, an Oxfordshire County Council All Councillor session was held on 5th July. In both instances, clinical colleagues attended and presented a compelling and persuasive case for change.

7.15 It is important to note that at the HOSC session on 30th June, HOSC recognised there is a case for change. We are currently looking ahead to the HOSC sessions in September, October, November and January 2017 in order to plan what and when we can share our work. The sessions in September and October will be extremely important given the timing of the public consultation scheduled for October-December.

7.16 Chief Executives from Oxfordshire CCG and Oxford Health FT (Chair of the Oxford Transformation Programme) met with Oxfordshire MPs on Friday 15th to update on the Oxfordshire Transformation programme. A series of private briefings are also being planned, for HOSC, All Councillors and local MPs, for September. Regular updates are also provided to the Health & Wellbeing board.

Assurance – Oxfordshire Healthcare Transformation Board and Provider Boards

7.17 The Oxfordshire Healthcare Transformation Board does not have delegated decision making powers. The Transformation Board will endorse and recommend the consultation proposals to the individual organisation boards for approval. We would anticipate that service redesign proposals for the Horton and community services will be approved by the OUH FT and OH FT respectively.

Assurance – CCG Board

7.18 Following approval by the Transformation board, and the individual boards, the final sign-off for approval to proceed to public consultation will go to the Oxfordshire CCG Board – scheduled for 29th September.

7.19 Given the timing of the NHS England Gateway 2 review (scheduled for 28th September), the OCCG Board approval is scheduled to take place at the September meeting. In order to be able to proceed to consultation in October it may be necessary to call an extraordinary Board meeting in October if timescales slip.

8. Engagement

8.1 It is critically important that we engage with our local patients, public, staff and stakeholders throughout this process. Working with our Communications and Engagement teams, we will demonstrate and evidence compliance and assurance against the NHS England 4 tests. We have now begun to implement our communications and engagement strategy. Key outputs include:

- **Oxfordshire Transformation programme website** - All public event slides (including HOSC), Transformation board papers, Case for Change (see below) and patient/public feedback has been posted to the newly launched Oxfordshire Transformation website www.oxonhealthcaretransformation.nhs.uk. Going forward, PCBC details and proposals for public consultation will also be posted to the Transformation website.
- **6 June 2016 stakeholder launch event** – on 6th June the Oxfordshire Transformation programme launched the pre consultation engagement at the Oxford Kassam stadium. A very wide mix of patient and voluntary organisations were invited to hear about, discuss and feedback on the emerging proposals for new models of care and the development of service options.

The feedback, views and insight was generally positive, though a key message was to avoid NHS terminology and jargon (e.g. ‘ambulatory care’) and the need to explain key messages in a clear, public-friendly and accessible way. Another key message was the need to recognise that a culture shift is needed between patients, health care professionals and those involved in planning services. Key messages around population health for all ages and prevention were consistent.

Oxfordshire Case for Change

- On Monday 11th July 2016, the Oxfordshire health care partners published the case for change, outlining our ambition for the best care, best outcomes and value for Oxfordshire. Entitled ‘The Big health and care conversation’, it sets out key messages, the need for change, our proposals for change across the 7 clinical workstreams and how patients and public can get involved. This will be distributed at the forthcoming locality roadshows and all public events.

Our case for change must identify why clinical change is required, what the benefits and outcome(s) will be, and the challenges we face as we seek to introduce changes. HOSC has confirmed that it recognises and understands why change needs to happen and through this narrative we are actively seeking to communicate this with the wider population.

- **HOSC briefing** – recently (21st April and 30th June), the Chair of the Oxfordshire Transformation board, briefed the Committee on Oxfordshire’s healthcare Transformation Plans and the ambition for the development of system-wide

transformation as described in the pre consultation business case and Case for Change. Appendix are the slides and papers shared with HOSC/website

- **Locality Roadshows** – 6 locality ‘drop in’ roadshows have been scheduled for July and August. These will provide a valuable opportunity for clinicians and health and care staff to discuss with local communities the emerging thinking on new care models. Dates are as follows:
 - Tuesday 12 July, 6pm – 9pm, at Banbury Town Hall
 - Monday 18 July, 6pm – 9pm, at The Beacon in Wantage
 - Thursday 21 July, 6pm – 9pm, at Oxford Town Hall
 - Tuesday 26 July, 2pm – 5pm, at St Mary’s Church, Wallingford
 - Thursday 28 July, 2pm – 5pm, at the Littlebury Hotel, Bicester
 - Thursday 4 August, 11am – 2pm, Methodist Church, Witney
- **MP briefing** – a series of quarterly face to face meetings is held with local MPs to discuss the current state of local health and care services and the Oxfordshire Transformation programme. The last meeting took place on Friday 15th July. A session in September/October is planned.
- **Councillor briefings** - In addition to the quarterly HOSC briefings and Health & Wellbeing board meetings, an All Councillor briefing was held on the 5th July and further briefings have been scheduled for October. There have also been requests by District and Town Councillors to host local events and this offer will be progressed.
- **Health and Well Being Board (H&WB)** – The OCCG Clinical Chair is the Vice-Chairman to the Oxfordshire H&WB. Presentations on the Oxfordshire Transformation programme were given in March 2016 and a presentation on Oxfordshire's Sustainability and Transformation Plan 2016/21 was given by the OCCG Chief Executive on 14th July 2016.
- Other - In addition, a series of radio interviews, media briefing, and letters to local newspapers, patient representative meetings, leaflets, and event material has been produced.

9. Resources

9.1 The intensive process of developing a robust pre consultation business case and major wide scale public consultation is resource intensive. So far the majority of the costs have been attributed to the CCG as the lead sponsor for change. Currently, circa £900k has been committed and/or identified. The spend has been predominantly by the CCG for analysis to the pre consultation business case including:

- Analysis to the Oxfordshire component of the BOB STP (the high level £200m gap)
- Analysis to the 6 service redesign workstreams
- Analysis to the 6 locality plans
- Analysis to the Community Hospitals business case
- Legal expenses
- Communications & Engagement

9.2 The scale of work and changes needs to be recognised and that this will require a significant investment in resources, in particular, discussions on contributions from partner provider organisations.

10. Conclusion

10.1 The Thames Valley Clinical Senate has informally recognised that the Oxfordshire Transformation programme is ambitious, represents good practice and aligns with the current direction of policy travel. Similarly NHS England Chief Executive has supported our ambition to launch the public consultation in October 2016.

10.2 It is not however without its financial, operational, clinical and political risks. However, the risks of doing nothing, including the consequence of not going out to public consultation, have major implications for the CCG and wider health economy.

10.3 It is therefore imperative that a robust PCBC, clinical case for change, and stakeholder engagement with patients, public, and GPs in particular is delivered during this period.