



Briefing for Southend-on-sea Borough Council People Scrutiny Committee

From Mid and South Essex Sustainability and Transformation Partnership (STP)

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Plan for consultation

Purpose of this paper

The Mid and South Essex Sustainability and Transformation Partnership (STP) has reached the point of proposals for service changes in the three main hospitals in mid and south Essex. These proposals are within the context of an overall health and care strategic plan, which was published in October 2016.

Over the last 18 months, there have been four phases of engagement with local people that have informed the proposals. Subject to national assurance by NHS England and other national regulators, the Mid and South Essex STP is planning to start a full public consultation in late October/early November 2017.

This paper briefly recaps on the background of the STP programme, the broad proposals for consultation and summarises the proposed plan for consultation. The purpose of this paper is to consult the Committee on the proposed consultation plan. We ask for the Committee's view and recommendations for the consultation process.

Headline summary of the overall STP plan

The overall STP plan is to develop GP, mental health, community services and social care using innovation and early treatment that will help people stay well and avoid hospital emergencies.

At the same time, the three main hospitals in mid and south Essex are working together as one group, so that they can maximise the benefits of a larger scale to improve patient care and release funding to invest in services in the community.

This is a “whole system” development over five years and longer. We describe the plan in three main parts as shown in the diagram below, which focus on:

- Supporting people to **Live Well** for longer
- Investing in and developing **Your Local Services**
- Improving services **In Hospital**

As the diagram shows, all three parts are interdependent. Together, they have the potential to transform and improve our system to deliver sustainable health and care for the rising demands of our population in the future.



Brief recap on the background to the Mid and South Essex STP and lead up to the current proposals for change

Important note: The developments in GP, community, mental health and social care will be evolutionary changes over the next five years and beyond. Where there are specific proposed service changes that affect patients, these will be subject to further public consultation. The main specific proposals for major service change at the current time are in specialised complex and inpatient hospital services.

2015	NHS England and other national bodies designate Essex Success Regime, one of only three in the country. This brings together in a single partnership all health and care organisations in mid and south Essex. An intensive period of diagnostic review identifies the priorities for improvement.
1 March 2016	Outline plan published for health and care across mid and south Essex, including potential hospital reconfiguration.
March – May 2016 Early engagement	<ul style="list-style-type: none"> • Set up of clinical working groups to develop and lead change. • Three hospital trust boards agree joint committee • CCGs identify areas of collaboration • Engagement with scrutiny committees, Healthwatch, health and wellbeing boards (HWBs), other stakeholders and service users. <p>Outcomes</p> <ul style="list-style-type: none"> • Feedback seeks greater emphasis on prevention, mental health and development of primary care – influences the developing sustainability and transformation plan • Clinicians (with service users) agree decision rules and criteria for potential hospital reconfiguration and service redesign. • Agreed objectives for hospital change: <ul style="list-style-type: none"> - Designate a specialist emergency hospital - Separate emergency and planned care - Identify where some specialist services could benefit from a single service across three hospital sites.
June – Aug 2016 Developing options and decision-making criteria	<ul style="list-style-type: none"> • CCGs and partners collaborate on plans for joined up health and care in localities, frailty, end of life and other pathways. • Hospital clinicians refine potential options for reconfiguration and consult independent East of England Clinical Senate. • Programme of staff workshops and focus groups with service users. Continued discussions with scrutiny committees, Healthwatch, HWBs and other stakeholders <p>Outcomes</p> <ul style="list-style-type: none"> • Outline sustainability and transformation plan submitted to NHS England in June • Insight from service users and staff informs weighting of decision-making criteria and influences draft STP • Independent Clinical Senate supports direction of travel, advises on consideration of more radical options for emergency care, obstetrics and paediatrics.
Sep 2016 – Jan 2017 Engagement in STP	<ul style="list-style-type: none"> • Programme of public workshops and staff briefings provides insight on priorities for change and potential implications for

<p>and options for hospital service change</p>	<p>patients and families</p> <ul style="list-style-type: none"> • Acute clinical leaders narrow down potential options for hospital reconfiguration to two broad models, one model with three variations and one model with two variations • Continued discussions with scrutiny committees, Healthwatch, HWBs and other stakeholders <p>Outcomes</p> <ul style="list-style-type: none"> • Full STP plan published with public summary, influenced by service user feedback • Second review by independent Clinical Senate – commends clear case for change, supports direction, advises on pace of change, <i>“long term sustainable services should take priority over speed”</i> • Local clinicians advise further discussion – options appraisal shifted from November 2016 to February 2017.
<p>Feb – March 2017 Options appraisal</p>	<ul style="list-style-type: none"> • Discussions continue with staff, stakeholders and local groups – over 100 stakeholder meetings and events since March 2016 • Four panels (including service users) consider options for potential hospital reconfiguration <p>Outcome</p> <ul style="list-style-type: none"> • Options appraisal points towards a future model of three hospitals each providing different specialist services, while all three hospitals continue to provide the majority of hospital care for their local population, including 24 hour A&E. • Preferred option was the one with the maximum consolidation of services and separation of emergency and planned care; however, there were significant concerns from local people about access to emergency care • Local discussions highlight further work needed on operational and practical implications. <p>Quote from stakeholder briefing issued 15 March:</p> <p><i>While the options appraisal process is an important part of evidence-based planning, there are also a great many operational and practical concerns to address, most of which will benefit from insights from front line staff and local people. This will include details of how a change could be implemented over the next three to four years through a carefully managed and staged approach so that patient safety and care quality is assured at every stage and alongside changes in community care.</i></p>
<p>April – June 2017 Further discussions</p>	<ul style="list-style-type: none"> • CCGs agree to form a joint committee to lead system-wide planning and joint commissioning.

on access to hospital emergency care	<ul style="list-style-type: none"> • Hospital clinical working groups continue to develop detailed proposals • Programme Executive reviews timescales to listen to local views
July-September 2017	<ul style="list-style-type: none"> • Establishment of CCG Joint Committee • Major change in thinking regarding access to hospital emergency care – public announcement on 20 July • Clinicians develop revised service proposals in light of the change • Finalisation of a pre-consultation business case and assurance by national regulators, prior to launch of consultation

The influence of local people

During the engagement phases, we talked extensively about the current pressures and rapidly rising demands on health and care. There is a broad consensus locally on the need to change. We also talked about the potential for doing things differently and how we could do much more for patients by joining services together.

People consistently told us that the top priorities for change were *access to GP services* and *developments in community care*. One of the main aims of the sustainability and transformation partnership (STP) is we invest in and develop these areas and we will be taking this forward in the forthcoming consultation with further discussion on locality based joined up health and care services.

For services in hospitals, the three trusts in mid and south Essex came together as one group during this period, opening up many opportunities for possible service change.

Working with local people, we narrowed down the options for change from over 100 possibilities to five main ways to organise services across the three hospitals. From these five, we identified two options for more detailed development, but we continued to listen to local people and this changed our thinking significantly. Consequently, we have arrived at final proposals for providing hospital care in the future that are genuinely influenced by clinicians, staff and local people.

Summary of current proposals for service change *In hospital*

Key message for local people

The majority of hospital care that you might need in the future would continue to be available at your local hospital, including a local A&E. For a relatively small number of patients, you may have to travel further or be transferred if you needed to stay in hospital for certain specialised treatments or surgery.

Key themes for discussion

- Most hospital care will be available at all three local hospitals in mid and south Essex, including new ways of providing emergency services to help more people get the care they need, faster at the hospital front door. All three hospitals will continue to provide tests and treatments in outpatients and day surgeries. Many hospital treatments can be done during a day or within 48 hours.
- It is proposed that some specialised and complex services should be concentrated in one place, where this would improve patient care and the outcome of treatment, such as improving the chances of survival and a good recovery.
- It is proposed that some planned operations that require a stay in hospital should be separated from emergency patients, where this would improve care quality efficiency for patients such as fewer cancelled operations and shorter waiting times.
- It is proposed that some hospital services should over time be transferred, along with funding, to new services in the community run by GP partnerships and other health and care services.

Views on specific proposals

We will be consulting people on specific proposals covering the following areas of hospital care:

1. Enhanced emergency care at all three hospitals – the “emergency hub”
2. The addition of specialised stroke services to the network of stroke care across the three hospitals and in the wider community
3. Care for complex respiratory problems
4. Specialised renal services for people with kidney disease
5. Specialised vascular surgery (for arteries and veins)
6. Trauma and orthopaedics (e.g. complex fractures, hip and knee replacements)
7. Specialised cardiology (heart treatment)
8. Specialised urology
9. Specialised gynaecology
10. Complex general surgery

Where we are now

The Mid and South Essex STP is finalising the pre-consultation business case. This is scheduled to be published in draft form mid October as part of the papers for a public meeting of the CCG Joint Committee.

The pre-consultation business case is also being scrutinised by NHS regulators, which will need to be fully assured that any outstanding issues are addressed prior to the start of consultation.

Subject to national assurance, we anticipate that we would be in a position to start public consultation in late October/early November.

We are currently developing a draft consultation document and supporting materials, which will be available via a consultation website and also in a range of printed and other formats.

From the start of October, we are inviting scrutiny committees, Healthwatch, HWBs, patient groups and relevant voluntary organisations to participate in coproducing the consultation document, supporting materials and plans for discussion workshops.

We will work with local partners to prepare for consultation in the following ways:

- Sharing a draft consultation document with partners and service users to improve on style, content and design in preparation for publication
- Designing with partners and service users the associated materials to support consultation, including online feedback survey, short versions of the consultation document and other support materials that may be required.
- Setting a comprehensive programme of meetings and workshops to ensure meaningful discussion and feedback. This will include attending existing groups and committees.

A number of mechanisms are in place to enable a co-production approach to preparations for consultation, for example with:

- our Mid and South Essex Service Users Advisory Group (SUAG), which has representatives from the network of patient and public involvement groups across the patch
- Healthwatch in Essex, Southend and Thurrock, all three of which have completed various engagement exercises on our behalf and are ready to take this further
- our local authority partners, who have maintained close links with the work throughout and ensured that local communications keep people informed and involved
- a system-wide Communications and Engagement Group involving all STP partners, to ensure effective and co-ordinated consultation both locally and across the whole of mid and south Essex.

Brief summary of the consultation plan

- We are reaching out to partners, staff and local people:

- to **discuss the broad strategic plan** for health and care in mid and south Essex; and
 - to **consult on specific proposals** for service changes in hospital; and
 - to invite service users and carers to take part in **continuing involvement in service redesign**, planning and implementation
- We are doing this by:
 - Publishing a consultation document with key information and questions for feedback
 - Making available further background information e.g. clinical evidence, more details on proposals, details on the decision-making process
 - Making available a range of supporting material in different formats to help raise awareness and understanding
 - Using a range of communications to publicise and promote the exercise
 - Using key communicators and a cascade approach with range of local networks to reach key groups and communities – also using social networking to extend this reach
 - Providing effective channels for feedback via:
 - Online and written feedback – using structured survey type questionnaires
 - Workshops on the broad strategic plan and priority themes for consultation feedback
 - Themed workshops on some specific proposals
 - Discussions at regular forums, meetings and committees
 - Proactively arranged discussions with key groups
- Throughout the consultation, we will gather feedback in various forms, including:
 - Detailed notes from discussions and workshops
 - Online survey style analytics
 - Record of key themes from written feedback
 - Formal responses from partner organisations
- At the end of the process there will be a comprehensive summary of responses and analysis to support the Joint Committee of CCGs in reaching its conclusions about commissioning decisions and plans. It is recommended that we commission an independent organisation to produce a final report.
- Summaries, full notes and the final outcome report will be publicly available (ensuring appropriate information governance and confidentiality). There will be opportunities for close partners and representative bodies to give their views on the outcome before the final decision-making process.

- The outputs from the consultation will also be available for planning and implementation and ongoing involvement in service redesign.

Main methods

The consultation period will run for fourteen weeks, acknowledging the break for seasonal holidays.

The consultation process will be promoted as a programme of activities with an emphasis on action and participation, and not just the relatively passive process of responding to written proposals. We will promote a consultation website to “advertise” the many opportunities to get involved and at different levels.

Opportunities to get involved

There must be opportunities for deliberative discussion to ensure meaningful feedback. Our experience to date indicates that the richest and most useful feedback is from interactive workshop style discussions, where there is a structured approach to the presentation of information, listening to and discussion views and a structured approach to gathering feedback. This is not simply a presentation followed by questions, which often fails to deliver actual feedback for consideration in decision-making.

In order to allow a period of notice for people to plan their involvement and book onto their choice of workshops, we propose to schedule the workshops from 1 December until the end of January.

For the wider public:

- Programme of workshops to discuss the overall plan and participate in a choice of themed focus groups, likely to cover:
 - Emergency and urgent care in hospital and community
 - GP services in the future, including care for older and vulnerable people
 - Improving planned operations
 - Improving specialised services, including stroke
- Programmes of hospital themed workshops, likely to cover:
 - A&E and the proposed “Emergency Hub”
 - Improving stroke services
 - Improving planned operations

- In the CCG areas of Thurrock and Basildon and Brentwood, the workshops will include specific consideration of plans to shift services into the community from Orsett Hospital.

For diverse groups and representatives of vulnerable people

- Proactive offers to arrange special workshops, tailored to the needs of each group e.g.: recognising the nine protected characteristics including:
 - Age
 - ethnicity
 - gender
 - disability
 - sexual orientation
 - religion and beliefs

For key stakeholders and groups:

- Regular updates and discussions at scheduled meetings e.g. HWB, HOSC etc.
- Special development workshops with partners and key stakeholders
- Meetings on request

Opportunities to give views

People will be encouraged to use an online feedback questionnaire to submit their views, but we will also invite feedback in any of the following ways:

- By letter or email to the central office of the STP
- By attending a workshop, where there will be structured note-taking
- By attending a meeting, where there will be structured notes taking and minutes

Views will be collected, not just by the central office of the STP, but also by key partners who will be committing resources to the consultation, with whom we will agree a supporting protocol.

We are currently investigating a contract with an independent organisation to complete the analysis of feedback.

Main production and management elements

1. Production materials

- **The consultation document is the anchor and centrepiece**

Working with partners and service user advisers, we will design an accessible and public-friendly consultation document using infographic style.

- We will make arrangements to provide different formats on request e.g. audio version, large-print, language versions, and easy-read for people with learning disabilities
- Supporting materials will include:
 - A short summary of the consultation
 - Leaflet version to help promote consultation
 - Covering letters for different audiences
 - Feedback questionnaire
 - Stakeholder briefing note
 - Press notice
 - Presentation slides for different audiences
 - Speaker support materials – core narratives, lines to take, FAQs

We are investigating the possibility of extended materials to include:

- Standing exhibitions and displays – designed and printed
- Videos
- Podcasts
- Blogs by key spokespeople
- Editorial articles / opinion pieces
- Posters and adverts – designed and printed
- Mailing or mail drop
- Styled workshop e.g. using drama

2. Digital support and social networking

- **Central website**

A single website for the consultation will help to ensure accuracy of information and access to all available information e.g. background clinical evidence, links to other relevant information, more detailed documents
- **Feedback survey**

An online survey style feedback questionnaire will ensure efficient collection of views and also offers analytics for monitoring and analysis. Printed returns can be entered on a digital survey.
- **Facebook and Twitter**

Social networking, as we have learned during our engagement phases, has become

more important as a channel for access to information and a means for feedback. We will ensure full time attention and management to deliver content and responses.

- **Whatsapp**

Whatsapp is useful for reaching certain key audience groups who may not have day to day access to NHS mail networks e.g. some staff groups, patient representatives and service user networks

- **Eventbrite or other meetings planner**

Eventbrite will support the management and promotion of events, including email distribution, booking system and analytics.

3. Events

In addition to the workshops outlined above, we are working with Healthwatch and other partners as we seek to extend our range of methods to include, for example:

- Drop-in or street canvassing style opportunities to provide information and gather feedback
- “Chatterbox cab”
- Podcasts
- “Planning for real” style workshops, where participants take on aspects of the planning responsibility in a simulated exercise
- Surgery style opportunities for one-to-one discussions

4. Handling ongoing communications and feedback

- **Press and media**

The consultation period requires a detailed press and media plan with a series of releases at intervals over the period. We have established close relationships with key outlets and they are well-informed on most of the issues. This liaison will continue, ensuring proactive briefing, in confidence if necessary, to support the reporting process.

Potential outputs will include special features, independent feedback, radio phone-ins etc.

- **FOIs and enquiries**

There is likely to be a heavy workload for responses to questions that may come via the FOI route or just via email and post. This will require continual management and structured processes to ensure timely responses, often involving contributions from subject matter experts and senior management sign-off.

- **Horizon scanning and issue management**

Controversy can escalate at any time, with a high risk of misinformation. The

consultation programme requires a robust system of horizon scanning and alerts, with ability to take proactive and speedy action to avoid problems.

- **Relationship management and reporting**
The consultation programme will need to respond to the needs of different audiences, anticipating where possible what these may be. This includes relationships within both internal and external audiences.
- In a wider approach, we will keep audiences updated with progress updates, stakeholder updates and formal reports throughout the consultation period.
- **Management of feedback**
There will be robust systems for receiving, acknowledging and recording feedback, and responding where necessary, sometimes involving contributions from subject matter experts and senior management sign-off.
- Feedback will be in multiple forms – via online survey, written feedback, notes from meetings and even file notes of conversations
- Feedback records will be organised in a way that enables effective summary and analysis to be compiled in a final feedback report with recommendations for decision-making.

Outline timetable

<p>Phase 1 – Communications Stakeholder briefings at end June and through July Change in thinking re hospital configuration was widely communicated on 20 July</p>	<p>Jul – Aug 2017 Completed</p>
<p>Phase 2 – Preparation, engagement and co-production</p> <ul style="list-style-type: none"> • Completion of draft pre-consultation business case • Co-production design and drafting consultation materials • Co-production consultation plans and workshops programme • Notify and engage local groups • Stakeholder briefing • Individual stakeholder discussions and meetings • Press and media updates • Briefing and preparation with key spokespeople 	<p>Sep – Oct 2017</p>
<p>Phase 3 – Consultation</p> <ul style="list-style-type: none"> • Publish consultation materials via website and distribution • Publicity launch and continuing media programme • Ongoing stakeholder briefings and updates • Individual stakeholder discussions and meetings 	<p>Late Oct/Early Nov 2017 – Feb 2018</p>

<ul style="list-style-type: none"> • Programme of public workshops • Workshops with special groups • Activities run by partners e.g. Healthwatch, Service Users Advisory Group (SUAG) • Feedback via survey, letters, notes from meetings and workshops 	
<p>Phase 4 – Consultation outcome and decisions</p> <ul style="list-style-type: none"> • Feedback collated and prepared for analysis • Independent analysis and outcome report • Outcome report for consideration • Engagement and discussions with stakeholders • Decision-making process and post-consultation business case 	<p>End Feb – end Mar 2018</p>

Available further information

Members should note that there is a comprehensive record of feedback from four phases of engagement during 2016 and the early part of 2017. This includes:

- A summary report of feedback from local people
- A report on early patient views on emergency services which influenced the decision rules for developing proposals for service changes
- A detailed report from Healthwatch Essex, due for publication, with an outcome of a study into the views of local people on emergency services
- A detailed report from Healthwatch Thurrock which captured the views of general public and some people with particular needs

Copies of these reports are available on request.

Conclusion

The Committee is asked to consider this paper and the outline of our proposed consultation plan. We are keen to work with officers and members to take on board the advice of the Committee and ensure a meaningful consultation process for local people.

In particular we invite your view on how the Committee wishes to be involved during October, prior to the launch of consultation and as part of the analysis and decision-making process following the outcome of consultation.

We request that the Committee responds with a view on the consultation plan and any recommendations for further action.