

Provision of Local Health Services Pre-Consultation Communications and Engagement plan

Introduction

The Pre-Consultation Business Case (PCBC) – Northern Staffordshire Community Hospitals is being developed to include proposals to provide Care Closer to Home. This in itself provides an opportunity to deliver health services in an appropriate way to respond to the needs of the community.

The PCBC will include a period of pre-consultation engagement with the public and other stakeholders to help inform the options appraisal across community hospital each site and to further refine the options which will be presented to NHSE in the final PCBC.

The focus of the pre-consultation engagement will be to seek the opinions of patients, carers, stakeholders and partners on the local health services to be provided in the community setting and to gather an informed view of the service offers that localities would like to see in the future.

It is evident that the reduction in beds will lead to discussions regarding the hospital sites themselves. However, the consultation is not about the closure of any sites as the CCGs do not own the buildings, but the CCGs wish to engage with local populations regarding the future delivery of future services.

The CCG views the Home First model as a significant service change that contributes to the achievement of the CCG strategic goal that patients receive the right care in the right place at the right time, 'care is closer to home'.

Principles

The proposals contained in the final Pre Consultation Business Case will be subject to formal public consultation. The options to be developed for the future provision of health services will be co-produced with members of the public and stakeholders.

The Gunning Principles will be applied rigorously:-

The CCGs will be open minded and not pre-determine any decisions. We may develop some ideas about the proposals based on patient insight, financial and statistical data and clinical evidence.

The CCGs will ensure that the people involved will have enough information to make an intelligent choice and input into the process of option development. Equality and Quality Impact Assessments will take place and be published alongside consultation documents.

The CCGs will make sure that enough time is given for people to make an informed decision and provide feedback. We will make sure that there is enough time to analyse the feedback and report to the appropriate governance structure.

The CCGs will evidence how decision-makers have taken public opinion into account and will provide feedback to those consulted.

Key messages (for CCGs)

- We will address the concerns raised through previous pre-engagement and consultation that:-
 - Investment has been made in community services
 - Patient safety will not be compromised
 - Other services at the community hospitals remain open
 - There will remain a number of AIRS beds in the system
- As part of the implementation of 'My Care, My Way - Home First', we will continue to introduce processes to discharge patients home from hospital with the appropriate support when they are medically fit rather than into a community rehabilitation bed
- The successful implementation of Discharge to Assess (D2A) is already providing evidence that the AIRS beds are no longer required
- We have clinical and partner support for the model
- This is an opportunity to co-design the provision of local health services

The Questions we will ask

There has clearly been some concern regarding the hospital sites themselves and the CCGs wish to engage with local populations regarding the following areas. This list is not exhaustive and the consultation will be an open forum for local populations to explore service provision in an open and transparent way.

The questions we are looking to explore are as follows:

What services do the local populations want to see in their locality?

- What services do local people need in their locality?
- Are there any essential services missing?
- Are there better ways places from which to deliver services within the locality?
Eg Haywood Hospital, GP surgery
- Are the services in place needed?
- For more specialist services, could these be delivered from elsewhere?
- How far would you be willing to travel for specialist services?

Pre-Consultation Engagement plan overview

The formal consultation will follow a period of pre-consultation engagement with key stakeholders to develop the options for consideration during consultation.

- Pre-consultation engagement – 6 to 8 weeks;

- Formal Consultation phase - 12 weeks

Both the pre-consultation and formal consultation will be implemented based upon the following principles:-

- We will fulfil our statutory duties to inform staff, the public, patients and stakeholders about proposed changes in service delivery;
- We will be transparent and accountable in the rationale for the current situation and future proposals;
- We will consider all suggestions put forwards in the development of options;
- We will seek to maintain the reputation of the NHS as a whole; and
- We will respond to questions raised by those with concerns in a timely and informative manner.

We will include the NHS England requirement that from 1 April 2017 local NHS organisations will have to show that significant hospital bed closures, subject to the current formal public consultation tests, can meet one of three new conditions before NHS England will approve them to go ahead:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme)

Pre-Consultation Engagement

Key Messages

Every opportunity to engage and seek the opinions of MPs, Partners, Health & Overview Scrutiny Committees, Campaign Groups and Communities of Interest will be sought and used to gather views to shape the PCBC options.

The CCGs are working across Northern Staffordshire to ensure capacity is aligned to patient need. The beds in the Community Hospitals were commissioned to provide sub-acute medical care, they are not for assessments for ongoing care to be carried out and they are not waiting rooms for patients who are much better served with care in their own homes or in their assessed permanent place of residence following a health and/or social care assessment.

The Introduction of Discharge to Assess (D2A) is having a positive impact on patients and reducing the need for Community Hospital based Adult Intermediate Rehabilitation Services (AIRS) beds. This will be supported by the latest statistical data presented in a public facing format.

There are additional services provided from the Community Hospitals and we (together with public involvement) need to decide what the most appropriate local service offering should be. We will discuss:-

- The current services provided;
- Utilisation levels;
- Travel distances to alternative provision (how far distance/time) is it reasonable to expect patients and carers to travel for these services;
- What services could be provided in an acute setting;
- What services could the MCPs offer

Formal Consultation

The formal 12 week consultation will be supported by a public facing consultation document to gather views on the options developed in the pre-consultation engagement phase.

A series of events and stakeholder meetings will seek to gather opinions on the options for consideration.

Events

A series of five co-production events will be held across Northern Staffordshire, one in each Community Hospital location, to allow people to inform the options development process.

The venues will be easily accessible and will adhere to audio visual standards which allow people to meaningfully engage in the process.

North Staffordshire Clinical Commissioning Group
Stoke-on-Trent Clinical Commissioning Group



Designing your local health services

We would like to invite you to an event to design your future health services.

At these listening events we will be working with you to understand your local health needs in order to develop the options on that we will be consulting on next year.

Five separate events have been arranged to listen to local people about health services in each area.

Area to be covered	Event date	Event location
Leek Moorlands Hospital	Monday 16 October 2017	St Edward's Church of England Academy Westwood Road, Leek, ST13 8DN
Haywood Hospital	Thursday 9 November 2017	Port Vale Football Club Hamil Road, Burslem, ST6 1AW
Longton Cottage Hospital	Tuesday 14 November 2017	Bet 365 Stadium Stanley Matthews Way, Stoke-on-Trent, ST4 4EG
Bradwell Hospital	Thursday 23 November 2017	Bradwell Community Education Centre Riceyman Rd, Newcastle-Under-Lyme, ST5 8LF
Cheadle Hospital	Wednesday 29 November 2017	The Manor Hotel Watt Place, Cheadle, ST10 1NZ

All events begin at 6.30pm and end at 8.30pm, with registration from 6pm.

If you would like to have your say, please book a place for each of the events you would like to attend by:

Email: mlcsu.ccgeventbooking@nhs.net
or
Phone: 0300 404 2999 ext. 6852

Communication

All material will be written taking Local Health Literacy levels into account.

All appropriate communication channels will be used to inform people about the pre-consultation events and how they can get involved including media releases, social media and CCGs and partners' communication channels with members and participants.

An ongoing dialogue about the activity will take place via press releases, social media posts and radio interviews.

Video briefings from key spokespeople will be used on the website to clearly explain the situation in a personable way.

An online survey written in plain language will be developed to explore people's opinions about the services that could be provided in each location.

Printed copies will be available at the engagement events which will be based around a Power Point presentation and workshop style open questions for participants to co-produce the options for the consultation.

Internal Communication & Engagement

Employees, GP members, Patient's Congress, PPGs and 'Our NHS' patient members will be included in the process via newsletters, briefings and being invited to attend the engagement events.

Equality & Diversity

Due regard to the needs of people with protected characteristics will be made in the approach to engagement, accessibility of the engagement process and when considering future options.

Every effort will be made to ensure that engagement with protected groups takes place through organisations which represent those groups. Equality monitoring data will be gathered (although optional for participants to provide) through the survey.

The Patient and Public Engagement briefing will be discussed with the Local Equality Advisory Forum, PPI Steering Group and Patient Congresses. Patient Participation Groups aligned to GP practices will be involved throughout the process.

Recording feedback and analysis

The information collected through survey (paper and online) will be anonymous.

A record of each engagement event will be made, contemporaneous notes will be taken, but no reference will be made to participants by name.

The names of organisations which participate will be recorded.

Minutes of formal meetings, including Health Overview & Scrutiny Committees will be recorded and included in the analysis.

Letters sent to the CCGs from MPs, Councillors, partners and the public will be recorded, responded to and acknowledged in the analysis of feedback.

Online and written petitions will be acknowledged in the analysis.

The CCGs will allow sufficient time to record and analyse the engagement activity, publish a report of themes and sentiment and will give the suggestions made due

consideration in developing future options proposals to take forward to the formal consultation stage.

Stakeholder Involvement

Stakeholder	Involvement Methodology
Political	
MPs	Bi-monthly briefings. One to one meetings
Staffordshire and Stoke on Trent LA's	Overview & Scrutiny Committees, partnership meetings, relationship meetings.
Councillors	Individual Meetings, Local Council meetings
Partners	
Voluntary Sector organisations	Patient & Public Involvement Steering Group
Relationships meetings	Health Watch Stoke-on-Trent and Healthwatch Staffordshire, Staffordshire Community Health Voice
Clinical	
Primary Care / GPs	Locality Meetings, Fortnightly newsletter and PPG involvement
Members	GP Federation LMC, members event
Internal	
Staff	Staff at each and every community hospital
Trade union and staff reps	JSP, UNISON, RCN
Patients and Carers	
Carers	Carers Association
Patient Congresses	Presentations & Briefings
Patient Participation Groups (PPGs)	Presentations & Briefings
Local Equality Advisory Forum	Presentations & Briefings
General Public	Online surveys, public events and meetings, petitions, Patient membership newsletter with survey links
Media	Interviews with online, print and broadcast media. Video content on website

Resources

All engagement activity will be fronted by Executive Level staff supported by clinicians.

Support will be provided by Midlands and Lancashire Commissioning Support Unit (MLCSU)

An independent evaluation report will be commissioned from an external source.

Confidential and Draft