

futurefit

Shaping healthcare together

**Presentation to
Joint HOSC Shropshire Telford and Wrekin
2016**

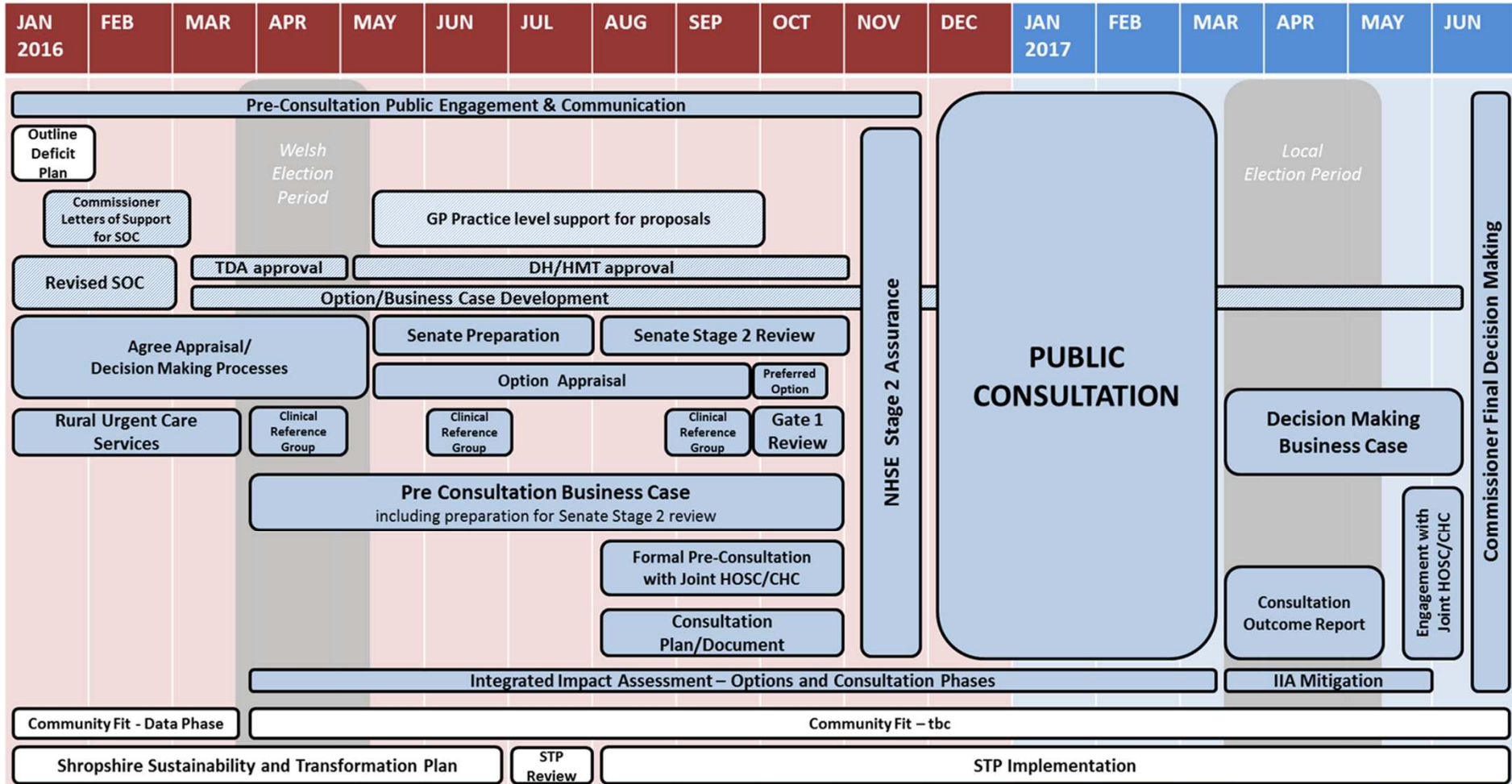
Programme overview

The Future Fit programme has developed proposals for reconfiguring acute hospital services in Shropshire and Telford & Wrekin (also serving parts of Powys).

- Proposals build on an overarching, whole-system clinical model.
- Model subject to Stage 1 Review in Spring 2014.
- Report made to Senate Council in September 2015 to initiate Stage 2.
 - Confirmed Case for Change
 - Highlighted critical workforce challenges
 - Set out delivery solutions for 3 options
- Emergence of deficit position prevented delivery solutions being progressed

Since September -

- Revised and more affordable delivery solutions have been developed
- STP processes are addressing wider system deficit
- Appraisal of revised delivery solutions under way
- Evidence being compiled in line with draft Senate Checklist
- Seeking to complete Stage 2 Assurance processes in November
- Consultation from December (otherwise May due to local elections)



Programme Monitoring:

RAG Rating:

Progress since last review:

- Confirmed key messages
- Confirmed priorities for next three months
- Initiation of consultation planning.

Immediate issues of concern:

- GP engagement
- Political acceptance / Support
- Production of consultation materials
- Public input to option development
- Comms & engagement input to the Appraisal process

Stakeholder Groups

Note stakeholder map & P&I grid:
Patients, Service Users: Case for change and comms on delivery models with feedback and involvement required to inform option development as well as feedback on consultation planning.
Members, Public, Communities: As above.

Media

Promote case for change and key principles of programme. Fair and balanced reporting with evidence scrutinised. Explore possibility of communications partners during the consultation

Workforce & key partners

Ambassadors for plans and key advocates for case for change; involvement includes feedback in option development and consultation planning.

Decision makers

Engagement throughout to ensure case for change and options for consultation are understood. Feedback to be iterative element of engagement journey and key learnings to be gathered around gateway reviews and assurance

Political

Highly sensitive group that need to be kept informed and engaged upon key milestones. Councilors key for community outreach meanwhile MPs for decision making and FBC stage.

Programme Arrangements being finalised however at present:



Key Messages

- NHS Future Fit will transform acute hospital services that serve patients in Shropshire, Telford & Wrekin and Mid Wales, making them fit for at least the next 20 years.
- It is a key component of the local health and care plan (le STP). Other workstreams will transform community services and rural urgent care services and will dovetail with NHS Future Fit.
- Future Fit will change the way acute hospital services are provided and ensure they are sustainable based around the area's two acute hospitals – PRH and RSH. It will equip them better to deal with the area's growing and ageing population, with more people living with long-term conditions.
- Future Fit is designing services that will attract NHS professionals to work in with the aspiration that this will deal with current retention and recruitment issues, particularly among staff with key skills.
- The programme has been led by local clinicians drawn from across the health economy, along with key input from patient groups and local authorities.
- A key principal of Future Fit is that key specialisms should be brought together onto one site, and should not be split (as many currently are). This will include having one Emergency Centre.
- Evidence nationally and internationally shows the above approach improves outcomes for patients. Local evidence, such as the creation of specialist stroke and trauma centres, also shows this is how it has worked for patients.
- While there will only be one Emergency Centre, dealing with the most serious cases, an Urgent Care Centre (UCC) will be developed at each site. These two UCCs will deal with the majority of people who are currently seen at A&E. So for the majority of patients nothing will change.
- Future Fit will modernise and transform the way our hospital services interact with GP services and social care services to support more patients to live at home.
- Harnessing new technologies also forms a key part of Future Fit's work, helping more people to maintain contact with their specialist medical services without the need for frequent time consuming hospital appointments.

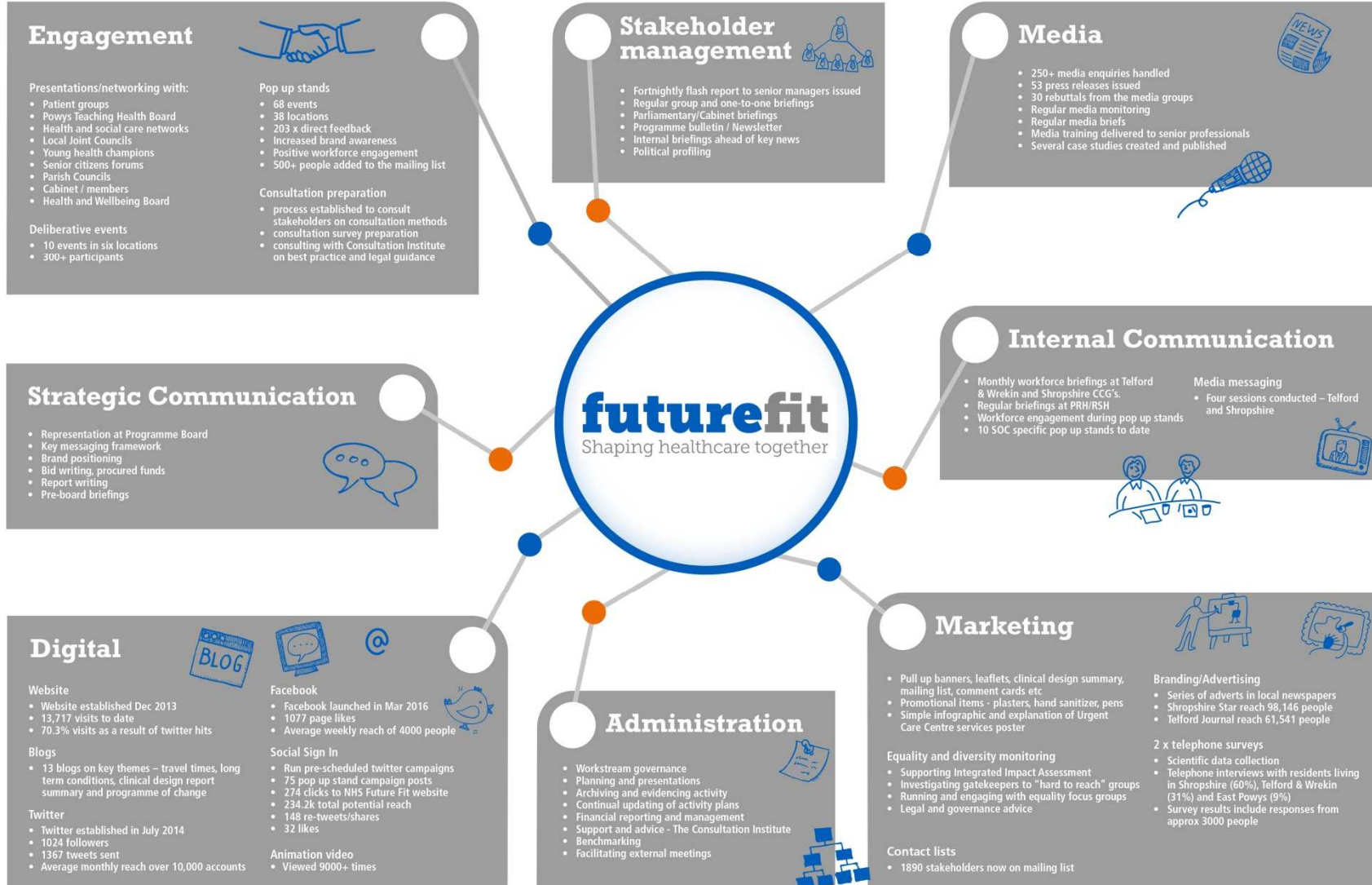
Key C & E Outcomes

1. Secure a public understanding of the case for change recognising not everyone will like it
2. Evidence public feedback and involvement in option development
3. Support to IIA workstream to deliver the EIA and liaise with gatekeepers to groups with protected characteristics
4. Successfully plan and run a consultation process that adheres to Gunning Principles, Brown principles and related legislation and guidance on consultation and engagement in both England and Wales.
 - Consultation should occur when proposals are at a formative stage;
 - Consultations should give sufficient reasons for any proposal to permit intelligent consideration;
 - Consultations should allow adequate time for consideration and response;
 - The product of consultation must be conscientiously taken into account

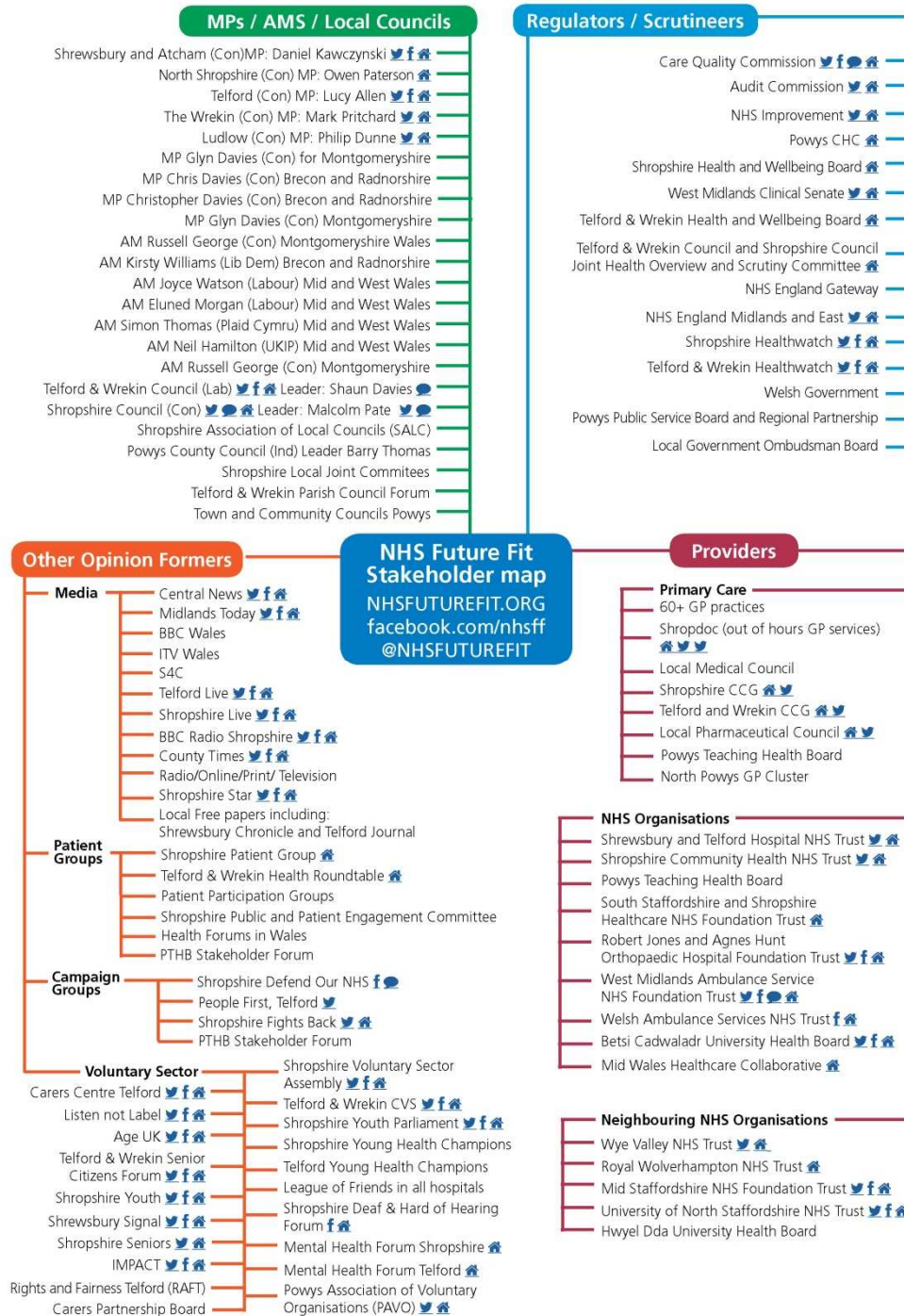
Key Risks

Key Risks	L	C	LxC	Mitigation
Failure to gain and sustain support from clinicians to be widely leading the programme, thus dividing clinical and public support, and undue burden on small number of leaders.	5	4	20	Work with most senior clinicians in each sponsoring organisation to help identify and develop emerging spokespeople
Failure to comply with Gunning Principles & Brown principles and related legislation & guidance on consultation and engagement in England and Wales	5	4	20	Programme Board to approve consultation plan which complies with specified requirements.
Failure to agree a process when diverging off plan. Risk includes inability to implement a timely plan to meet best practice standards with no subsequent ownership	5	4	20	To implement the Engagement and Communication Strategy and subsequent plans. Additional focus includes creation and maintenance of risk register.

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Pre-Consultation Engagement & Communication: Longlist to Shortlist	Pre-Consultation Engagement & Communication: Short-list to Preferred Option	The Consultation	Post-Consultation Engagement & Communication: Impact and Analysis	Post-Consultation Engagement & Communication: Decision and Impact
<p>Ongoing: Communicate case for change messages and engage public on option development. Refer to integrated plan for detail.</p> <p>1. Decision to Review; Service Provision Review</p> <ul style="list-style-type: none"> • Analysis of usage of current provision (who, why, when) & population's needs • Research of intended users' knowledge and perceptions of current provision/ needs • Review of current system; pros & cons, Costs and Risks to address. <p>2. Decision to Change; pre-consultation:</p> <ul style="list-style-type: none"> • Clarification of change objectives • OSC and Healthwatch involvement. • Press briefings and engagement • Stakeholder analysis & engagement • Strategy document development <p>3. Decision to consultation; Strategy & Scope:</p> <ul style="list-style-type: none"> • Objectives of consultation; info only or collecting opinions • Decide on how to present options put 	<p>Ongoing: gather feedback from public and stakeholders on the preferred option. Work alongside IIA for EIA ensuring it meets best practice and statutory obligations. Refer to integrated plan for detail.</p> <p>4. Agree Consultation Scope; Develop Document:</p> <ul style="list-style-type: none"> • Draft Consultation Document and plan • Review Document and plan with all key stakeholders (including OSC) and improve • Test Document and plan with intended audience and improve. <p>5. Produce Draft Document/ plan; Final Preparations:</p> <ul style="list-style-type: none"> • Gain sign off of Document / plan from CCGs, NHS England and OSC • Publish Document • Formulate media strategy • Create online materials (e.g. feedback survey). 	<p>Please refer to the draft consultation plan (currently being taken to the workstream then to all stakeholders) for initial feedback</p> <p>6. Commence Consultation; Consultation</p> <ul style="list-style-type: none"> • Ensure accessibility of document • Produce summary document for easy access • Publish consultation plan tactics to promote how public can feedback and on what • Extensive stakeholder engagement • Extensive public engagement (varying tactics—see the proposed consultation plan) • Confirm mid-review and adjust plans as necessary • Manage Press and campaign groups 	<p>Ongoing: communicate key dates and pause (public facing) for period of reflection and analysis. Finalise stakeholder and public communications plan on decision making. Refer to post consultation plan for detail.</p> <p>7. End of Consultation Period; Reporting</p> <ul style="list-style-type: none"> • Analysis and Report production • Prepare report to OSC • Prepare to provide feedback to stakeholders. <p>Assist the IIA workstream with equalities analysis and feedback</p>	<p>Ongoing: communicate with public on what future services will look like and the impact/changes for them. Engage on option implementation and how best to communicate any changes with communities and public. Refer to post consultation plan for detail.</p> <p>8. Decision Re: Future Provision; Communicate Decision</p> <ul style="list-style-type: none"> • Signoff with CCGs, OSC and LMC • Stakeholder engagement • Communication to staff and patients • Manage Press.
Sept 2014 to Sept 2016	Sept 2016 to Nov 2016	Dec 2016 to Mar 2017	Mar 2017 to May 2017	Jun 2017 to Sept 2017



Stakeholder map



Our approach to consultation

- To build on pre engagement activity – listening to our stakeholders and the public
- Working with our partners and key stakeholders to develop our consultation methodology
- Making the best use of shared resources
- Following legal guidance and best practice
- Following expert advice from the Consultation Institute

Aims and objectives of the consultation

Working with the Consultation Institute our aim is to deliver a best practice consultation which we will achieve with the following objectives:

- To ensure that the consultation is transparent and that that it meets its statutory requirements through sufficient inclusiveness, breadth, and depth
- To create a significant and meaningful amount of engagement with local stakeholders, and to provide evidence of this

Methodologies

Using a range of communication methods, channels and platforms including but not limited to:

- Face to face – pop up events, public workshops, engaging with groups, boards and forums
- Digital – online surveys, social media, website, online advertising
- Local media – newspapers, radio, local bloggers – utilising as a conduit for response
- Partners and stakeholders – word of mouth, workforce, use of their established channels, e.g. parish newsletters, websites, mailshots

Final document and plan

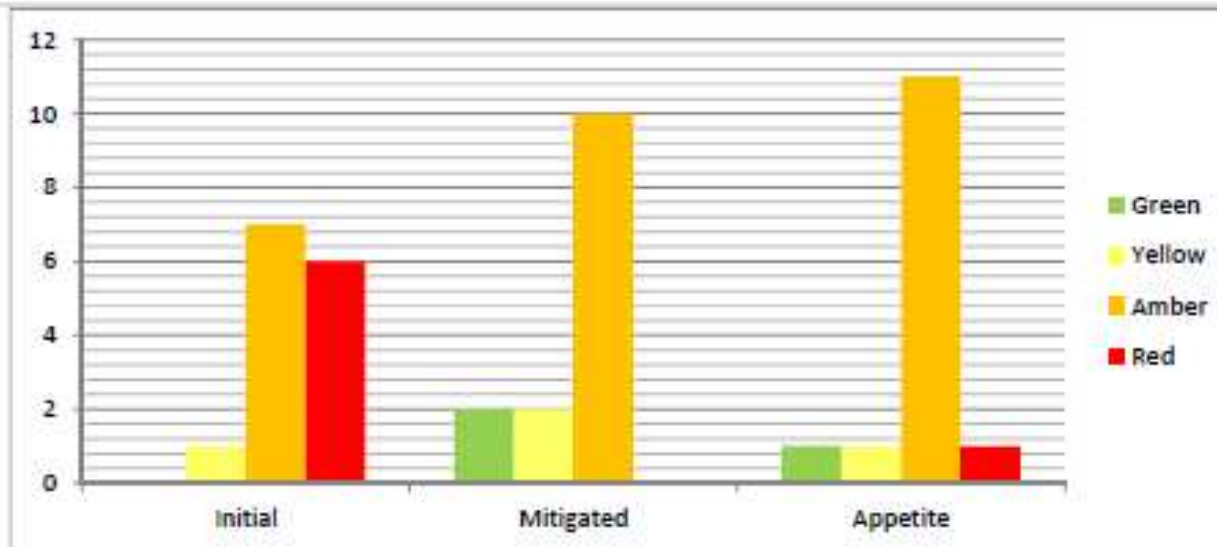
- Survey with a mix of quantitative and qualitative data
- Approach inputted by and signed off by all key stakeholders
- Comprehensive schedule to implemented over 12 week period with one extra week as minimum to pause, reflect and adapt if necessary
- Process supported and led by programme and clinical leads

Next steps on completion

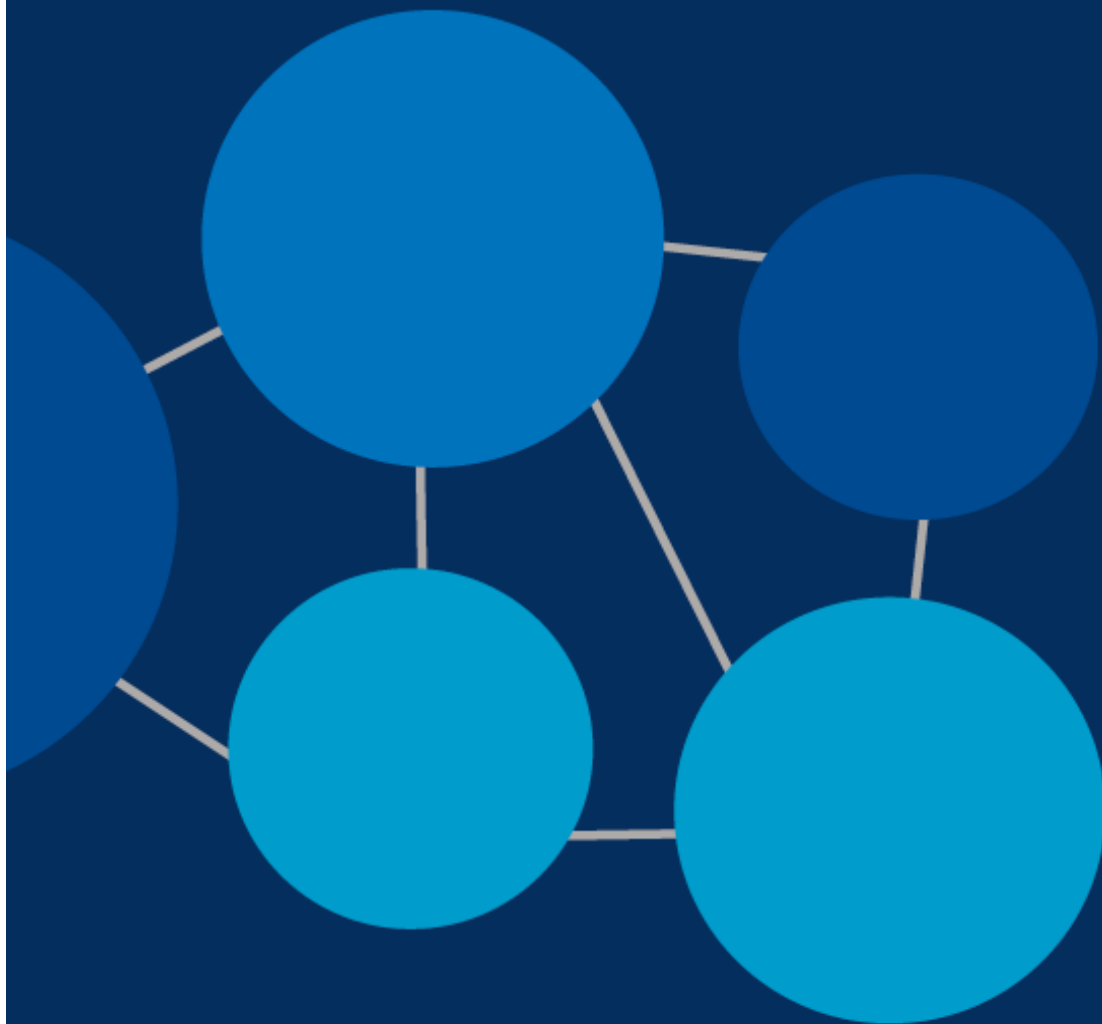
- Full and detailed analysis of responses
- A comprehensive report to be presented to the programme board who in turn present to CCGs with a recommendation for their due consideration
- Providing the full results of the consultation for a set period of time to all who want to see them
- Keeping all stakeholders informed of result and consequent commencement of works

The NHS Future Fit Engagement and Communications workstream has developed this register which, in line with best practice, sets out the areas which could adversely impact the development and/or implementation of workstream/programme proposals. This uses qualitative and quantitative measures to calculate the overall level of risk according to likelihood of occurrence and potential impact.

Each risk is given an initial Red/Amber/Green rating, and a summary of how the risk is being mitigated by the workstream/programme is also provided. Where further action is needed, this is also set out. The Risk Register is formally reviewed and updated on a regular basis by the workstream. Risks rated 'red' (either before or after mitigation) will be reported to the Programme Team as appropriate.



	Initial	Mitigated	Appetite
Green	0	2	1
Yellow	1	2	1
Amber	7	10	11
Red	6	0	1
Totals	14	14	14



Any questions?