

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **19 June 2012**

By: **Assistant Chief Executive**

Title of report: **East Sussex Healthcare NHS Trust Clinical Strategy – public consultation process**

Purpose of report: **To receive and comment on plans for the public consultation process on service change proposals arising from the Clinical Strategy.**

RECOMMENDATIONS

HOSC is recommended to:

- 1. Comment on the plan for undertaking public consultation (appendix 1), having explored the themes outlined in section 3.**
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1. Background

1.1 Item 5 on this agenda outlines proposals for substantial change to health services in East Sussex arising from the East Sussex Healthcare NHS Trust (ESHT) Clinical Strategy.

1.2 As well as their statutory duty to consult the relevant HOSC(s) on proposals for substantial change, NHS organisations are also required to undertake an appropriate level of public involvement. NHS Sussex and ESHT have indicated their intention to undertake a full public consultation on these proposals.

1.3 The public consultation will be led by NHS Sussex, the organisation which holds the statutory responsibility for commissioning services for East Sussex. However, NHS Sussex will work closely with the three Clinical Commissioning Groups for East Sussex, who will take over commissioning responsibility from April 2013, and ESHT, who have led the development of the Clinical Strategy.

2. Consultation process

2.1 NHS Sussex plans to begin the public consultation process on Monday 25th June 2012. The consultation will close on Friday 28th September 2012, making a total consultation period of 14 weeks. This is longer than the more usual 12 weeks to take account of the summer holiday period.

2.2 An overview of the proposed consultation process is attached at appendix 1. This sets out how East Sussex residents and interested parties will be informed about the consultation, how people will be able to ask questions or obtain more information, and how views will be gathered in response to the consultation.

2.3 NHS Sussex and ESHT plan to establish a Consultation Advisory Group to provide ongoing advice and feedback about the public consultation process as it progresses. This group will comprise representatives from the Local Involvement Network (LINK), campaign groups, voluntary sector, East Sussex County Council, ESHT and NHS Sussex. The HOSC officer will also attend this group in order to pass on any feedback obtained by HOSC during the process.

2.4 Jessica Britton, Head of Governance and Assurance, NHS Sussex will attend HOSC to present the consultation plan. A copy of the presentation slides is attached at appendix 2.

3. Issues for HOSC to consider

3.1 There are a number of issues HOSC may wish to explore when considering the consultation plan, for example:

- Does the plan target the groups most likely to be affected by the proposed changes?
- Will information about the consultation be easily available to people – both in hard copy and digitally?
- Does the plan take into account the geography of East Sussex?
- Does the consultation plan contain a good mixture of different methodologies – e.g. more in-depth discussions where proposals can be debated in detail, as well as larger events open to the public?
- Does the plan demonstrate how the general public, who may not normally attend meetings or events, will be engaged?
- Will existing community networks and groups be used effectively to raise awareness and gather responses?
- Does the plan take into account the need to engage with ‘harder to reach’ groups in the community?
- What provision has been made for those who may have difficulty accessing information or making a response e.g. through language difficulties or disability?
- How will all the responses to the consultation be recorded, analysed and reported?

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Shaping Our Future: East Sussex Service Reconfiguration

Public Consultation Programme

1. Aim of the consultation programme

- 1.1 The consultation programme aims to ensure that the views of all local stakeholders, including local people, are taken into account as part of developing a coherent and sustainable future shape of services provided by East Sussex Healthcare NHS Trust across East Sussex. It builds on the work to date to engage stakeholders in the development of the strategy as part of the *Shaping Our Future* programme of work.
- 1.2 The Clinical Strategy sets out East Sussex Healthcare's strategic direction for the next five years and how it plans to meet its objectives, which were developed with stakeholders in 2010.
- 1.3 In order to deliver the clinical strategy and fully realise the benefits of improved clinical quality and patient experience, ESHT will be implementing plans that will be delivered through a combination of improving the quality, productivity and effectiveness of existing services; the redesign of services and in, some cases, the reconfiguration of services. It is only those services that have been identified as requiring reconfiguration in order to provide excellent, high quality services that are the subject of this consultation programme.
- 1.4 The service areas where the need for substantial change for some aspects of those specialties are:
 - General surgery services (emergency and higher risk surgery only)
 - Musculoskeletal and orthopaedic services (emergency and higher risk surgery only)
 - Stroke services
- 1.5 The development of these plans has been clinically-led and involved a wide range of stakeholders to date. The work is now at the stage where formal public consultation is required. This strategy and plan sets out how we intend to undertake consultation to ensure it is meaningful and transparent, and that as many people as possible are able to hear about, understand the proposals, and give their feedback and views.

2. Joint working arrangements across the NHS system in East Sussex

2.1 There are different organisations that make up the overall system of the NHS locally. Of particular note in relation to this programme are:

2.2 NHS Sussex

This is a cluster of four Primary Care Trusts (PCTs) that comprises Hastings and Rother PCT, East Sussex Downs and Weald PCT, Brighton and Hove City PCT and West Sussex PCT. The PCTs are responsible for planning health services that meet the needs of local people and then buying those services from hospitals and other providers so you can be sure of a safe and quality service when you need it. The specific PCTs that will be undertaking this consultation programme are Hastings and Rother PCT & East Sussex Downs and Weald PCT.

2.3 Clinical Commissioning Groups (CCG)

These are new, emerging organisations that will take over from the PCTs in the planning and buying of health services locally. They are led by GPs and other clinicians. They will not become statutory NHS organisations until April 2013, but are working in shadow form currently and increasingly taking on greater responsibility for decision making. The CCGs are closely involved in the development of this programme.

2.4 East Sussex Healthcare NHS Trust (ESHT)

East Sussex Healthcare NHS Trust provides NHS hospital and community services throughout East Sussex. The trust has been working with staff, local people, the PCTs and CCGs to develop plans for our local services that will ensure high quality, sustainable services into the future.

2.5 The plans of each of these organisations about what services are needed and how they might best be provided form the basis of this programme. ESHT have been working hard to involve people in all stages of the development and to ensure they fit well with what we know we need to put in place to ensure the best possible services are available to local people when they need them.

3. Decision making

3.1 When the consultation is complete and all feedback has been analysed and reported on NHS Sussex Board¹ will make a final decision on the options for implementation. This is so that they can make sure that whatever is decided, best meets local need and the wider needs of the NHS so that all services are being delivered efficiently in a way that makes sense as a system of healthcare. In reaching a decision in relation to the consultation and on the future configuration of services, the NHS Sussex Board will

¹ The statutory functions of Hastings and Rother PCT & East Sussex Downs and Weald PCT are currently exercised through the Board of NHS Sussex.

take into account the recommendations made by the three Clinical Commissioning Groups in East Sussex and the Board of ESHT.

- 3.2 The views of all staff, local residents and other stakeholders are important throughout the process including influencing how decisions are made. The criteria used to evaluate the delivery options for this Clinical Strategy were developed with input from stakeholders. These are: Access and choice, Quality and Safety, Deliverability, Clinical sustainability and financial sustainability.

4. Consultation Programme Governance

- 4.1 NHS Sussex is the organisation who will be responsible for undertaking the formal consultation. It is a legal requirement that a lead statutory NHS body is responsible for the consultation process. However, the consultation programme has been developed in partnership with the clinical commissioning groups and ESHT and the consultation will be jointly delivered between NHS Sussex and ESHT.
- 4.2 We are keen to ensure that the way that communications and engagement are planned and delivered for this programme is supported and steered by a wider group of stakeholders, all of whom will have an interest in helping to make sure people have good opportunities to get involved and feedback their views.
- 4.3 We will establish a Consultation Advisory Group that will meet regularly during the formal consultation period. This group will have a remit to shape the ongoing engagement plan, test resource materials, and advise on additional activity that may be helpful to a successful consultation programme. Contemporaneous learning from the engagement process will be reviewed regularly by the Consultation Advisory Group to inform additional activity that may strengthen the consultation process. It will also support an evaluation of lessons learned following consultation to inform ongoing improvement in the way the NHS locally engages with local people. The draft terms of reference for this group are included as appendix D.
- 4.4 The Advisory Group would sit within the overarching programme governance framework and report to the project delivery group.

5. Principles for engagement and communication

- 5.1 All engagement and communications activity to help shape and identify the preferred delivery options will reflect the following principles:
- 5.2 All activities will comply with and provide evidence for the Secretary of State's four tests:
- Support from GP commissioners

- Strengthened public and patient engagement
- Clarity on the clinical evidence base
- Consistency with current and prospective patient choice.

- 5.3 There will be a range of activities to facilitate a dialogue with local people and partners about the proposals with different methods used to ensure people are able to give informed views and receive timely responses to any questions raised about the programme.
- 5.4 Engagement activity will be focused to ensure that where we are seeking views on a potential change to a particular pathway or service area we will directly target those who use or may in future use those services. This will usually be in the form of facilitated small group sessions.
- 5.5 Open public opportunities to understand the consultation options and state preferences will be widely publicised throughout the county.
- 5.6 Information and resources to support the engagement programme will be clear, honest, and appropriate for the target audience. We will be clear about what the proposals are, who may be affected, what questions are being asked and the timescales for responses.
- 5.7 A range of engagement materials will be produced to ensure people have the information necessary to give informed opinions. All resources will be written in plain English with clear access to other formats as required.
- 5.8 A clear single point of contact will be established to handle questions raised during consultation, ensuring a clear audit trail of concerns and swift, accurate responses. Additional material will be developed in response to emerging themes where appropriate.
- 5.9 We will monitor and evaluate the effectiveness of the consultation processes and amend or enhance our consultation plans as appropriate
- 5.10 Feedback will be produced regarding the responses received and how the consultation process influenced the final recommendations.
- 5.11 Sufficient time will be allowed after the consultation deadline for all learning from that activity to be independently analysed. This analysis will inform decision making. In addition, throughout the consultation period senior decision makers will receive regular reports on consultation activity, trends in responses and any key questions raised.

6. **Timeframe**

- 6.1 The formal consultation period for service reconfigurations is typically a minimum of 12 weeks. However, we know that historically people have found it difficult to engage over the Summer period and therefore we have determined to extend this consultation to cover a 14 week period.

6.2 It is proposed that the consultation will begin on 25 June 2012 and close on 28th September 2012

7. Geographical Area covered

7.1 The main focus of the engagement activity will be the East Sussex population who may use acute and community services provided by ESHT. There are also people from outside of East Sussex who may receive services from East Sussex Healthcare NHS Trust – particularly community services provided close to the boundaries of the county. We will work to ensure all communities served by East Sussex Healthcare NHS Trust are appropriately engaged in this consultation, acknowledging that the focus of this consultation is three services areas within the acute hospital service provision.

8. Who we will engage with?

8.1 We aim to reach as broad an audience as possible through a variety of different mechanisms. We have undertaken stakeholder mapping to identify the different audiences and how we engage with them. This mapping is attached as appendices B and C.

8.2 We recognise the importance of engaging with all staff within the NHS locally. They are the public face of the NHS and should be our greatest advocates. We will ensure they are informed and involved so that they can contribute to the consultation and can feel confident in responding if a patient or other member of the public asks them about the consultation. Particular effort to engage with staff who work in areas directly affected by the consultation proposals will be made.

9. What engagement methods will be used?

The overview consultation plan is attached at appendix A. Activity includes:

- Ongoing liaison with HOSCs.
- Ongoing liaison with Links.
- Consultation Advisory Group.
- Written and face to face briefings for staff across the NHS in East Sussex.
- Briefings for GPs and primary care staff at meetings and in newsletters.
- Briefing sessions for the wide range of agencies and stakeholders.
- Briefing sessions for councillors and MPs.
- Briefings for staff, including clinicians and staff side representatives.
- Presentations at existing stakeholder meetings.
- Information for broadcast and print editors.
- Online information, including social media.
- A range of events aimed at the general public (see market place and deliberative event descriptions attached at appendix E).
- Focus groups targeted at hearing from the people our Equality Analysis has identified will be most or differently impacted by the proposals.
- Presentations and discussions at existing network and partnership meetings.

- Direct response to questions received from Individuals by phone, letter or email.

10. Risks

- 10.1 The clinical strategy and the consultation options around this are key to delivering high quality, sustainable services into the future. In order to deliver this we would like to ensure all stakeholders, including local residents and active patients, understand the case for change and the plans we have for improvement. This is because it is those very stakeholders that need to have confidence in their local NHS services.
- 10.2 It is clear that there are risks in ensuring we effectively communicate and engage with local people and in helping people feel empowered and sufficiently informed to be able to contribute. Our aim is to raise wide awareness of the consultation and to make sure there are many ways in which people can learn about the plans and have an opportunity to give their views. A key part of this will be a consultation document that is very clear about: why change is needed; what is proposed; what the options are to deliver these services in a better way; the pros and cons of the options; and an understanding of our preferred options.

11. Resource

- 11.1 The NHS has a legal duty to consult with patients and the public not just when a major change is proposed, but in the ongoing planning of services. In general, engaging with patients and the public is an integral part of the way NHS organisations are working locally.
- 11.2 In order to design and implement meaningful engagement, we will need to ensure sufficient resources are deployed to achieve this aim. This will require additional resource for the production of consultation materials, and venue hire as well as staff time to support delivery.
- 11.3 We are committed to ensuring prudence in any additional spend required to help us do this and will balance this with our commitment to ensuring good information is available and accessible to all local people who may want to tell us what they think of our plans and inform the decisions that we need to make to ensure we design the right shape of our future services and deliver the best outcomes for local people.

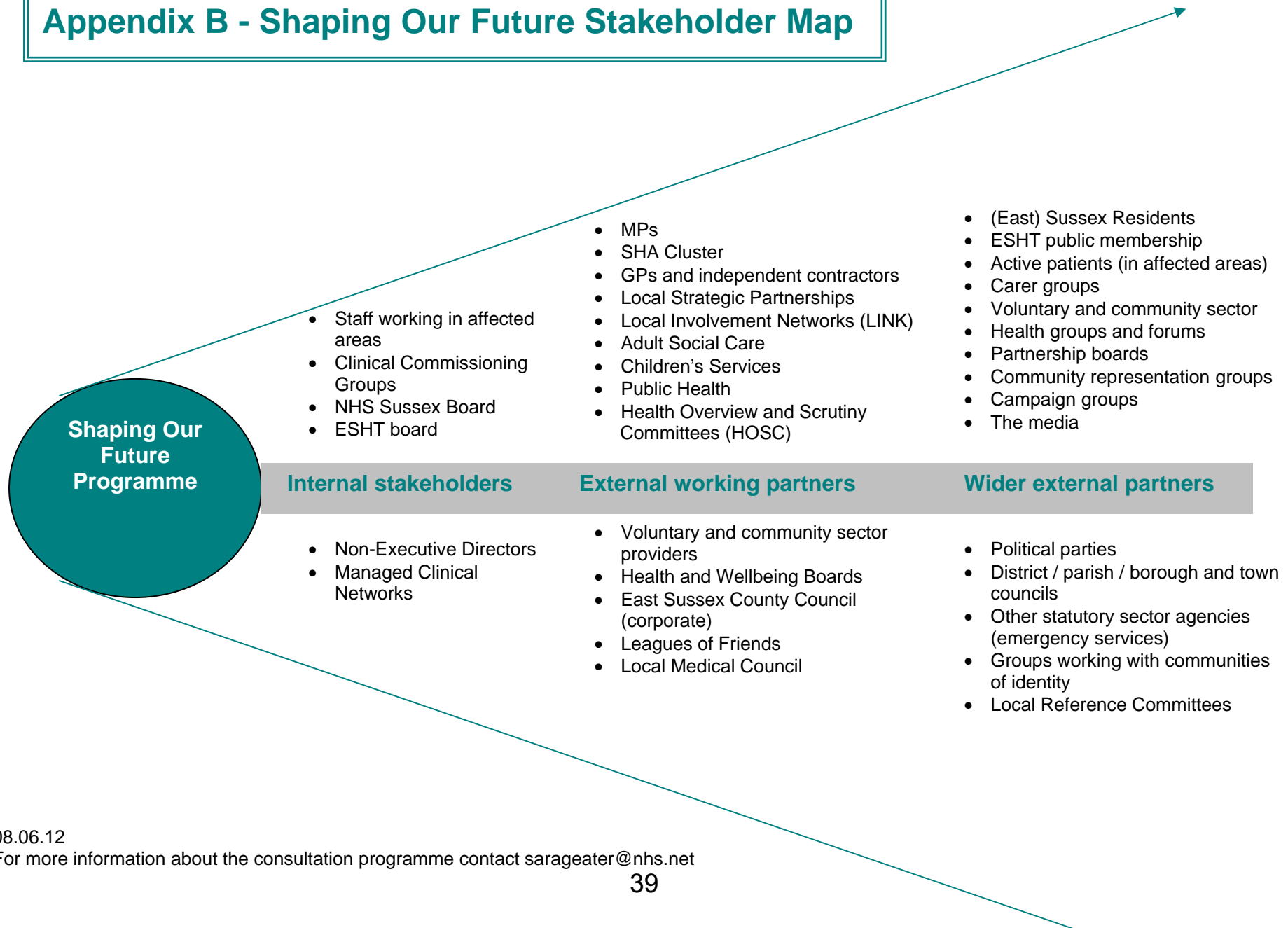
APPENDIX A

CONSULTATION DELIVERY PLAN OVERVIEW

Activity	Timeframe
People have enough information about the proposals to form a view	
Produce written consultation document and supporting materials. Circulate widely including stocks in public venues.	Final document 25 June
Produce video presentations and pre-recorded interviews for use at events and for website	May - complete by w/c 18 June
Develop on-line / web information that includes consultation document; how to feedback; and a range of supporting information about the options and related information such as travel and access information.	Web info complete by w/c 18 June, to go live for 25 June, maintained throughout consultation period.
Work with media to ensure accuracy of public information	Early June then throughout
Raise awareness of the consultation among local population including targeted information to the ESHT public membership	Materials ready w/c 18 June in time for launch 25 June.
Raise staff (including clinicians) and primary care contractor knowledge and awareness of the case for change and proposals and enable them to know how to respond to enquiries from the public.	May & June then updates throughout
People have opportunities to respond to the consultation, ask questions and propose views	
Identify all stakeholders including those impacted by the proposals and identify method of engagement	Complete by w/c 11 June
Establish means to receive feedback - email, freepost, text, phone,	In place by w/c 18 June
Develop an electronic feedback mechanism	In place by w/c 18 June
Utilise and monitor social media (Facebook / twitter / live web chats)	To go live 25 June then maintained throughout

Hold a minimum of 5 open public market place events across the county to provide local people the opportunity to find out more, ask questions and share their views	Events spread across June to September
Hold one deliberative opinion poll event	July
Hold focus groups / workshop to explore the criteria particularly in relation to access	July
Offer presentations and discussion at externally hosted meetings, forums and networks including voluntary sector networks, parish councils etc.	Letter sent w/c 25 June. Attendance at for as throughout
Hold a series of focus groups targeted at those identified via the Equality Impact Assessment process as potentially being specifically impacted by the proposals	July to September
Hold meetings with all district / borough councils and MPs	First MP briefing 10 May. Meetings for councillors to be arranged early in consultation programme.
Produce a single or double page advertorial with cut and post freepost feedback coupon for inclusion in all local media	July or August
Governance	
Establish and maintain process logs - risk register, lessons learned log, audit trail	In place by w/c 18 June
Establish Consultation Advisory Group	For start of consultation
Arrange independent analysis of consultation feedback	In place by w/c 18 June. Report ready by 22 October
Arrange independent analysis of consultation process	
Provide overview reports of consultation activity and feedback fortnightly to senior decision makers	First report w/c 09 July
Hold stakeholder feedback event following consultation	w/c 10 December

Appendix B - Shaping Our Future Stakeholder Map



Shaping Our Future stakeholder grid

<p style="text-align: center;"><u>1. Regular / ongoing engagement</u></p> <ul style="list-style-type: none"> • Clinical Commissioning Groups • GPs • HOSC • Health and Wellbeing Boards • Local Involvement Networks • Pressure / campaign groups • The media • MPs • ESHT staff • NHS Sussex staff • ESHT NEDs • South East Coast Ambulance Service • Adult Social Care • Children's Services • Managed Clinical Networks • Neighbouring provider trusts • Sussex Together work stream leads 	<p style="text-align: center;"><u>2. Engagement opportunities</u></p> <ul style="list-style-type: none"> • East Sussex residents • ESHT public membership • League of Friends • Community networks • Community and voluntary sector organisations • Carers groups • Other commissioned services (voluntary / independent) • Health interest groups and forums including PPGs • Borough / district / town and parish councils • Partnership Boards • Local Authorities • Local Medical Committee • Communities of identity
<p style="text-align: center;"><u>3. Keeping Informed</u></p> <ul style="list-style-type: none"> • Other statutory sector (fire service, police) • Local Dental Committee • Local Pharmaceutical Committee • Political parties • Local Strategic Partnerships 	<p style="text-align: center;"><u>4. Engage if appropriate</u></p> <ul style="list-style-type: none"> • Audit Commission • Department of Health (DH) • Equality and Human Rights Commission • Other PCT clusters • SHA Cluster

APPENDIX D

Shaping Our Future Consultation Advisory Group Terms of Reference

Purpose

The purpose of the group is to guide and support the delivery of the consultation process by identifying and sharing mechanisms to distribute information and hear the voices of local people.

Objectives

- Provide advice, support about the public consultation process in order to maximise public engagement.
- Identify and agree use of appropriate mechanisms to engage with local people and communities.
- Regularly review the communications and engagement action plan to identify potential gaps and propose actions to strengthen the process.
- Represent and identify the wider interests of the community including members' respective organisation/ locality etc. by sharing information with their organisations' members/locality/local community and capturing and reporting back on feedback from those groups.
- Work to ensure that all voices are heard including those of marginalised groups.
- Identify where resource materials and plans need to be tested further with other groups.
- To review feedback from the discussion phase, and ensure key messages are acted on in regard to the consultation process.
- Review the public consultation process following its conclusion to identify lessons learnt.
- To share and build on examples of good engagement in order to progress with public involvement beyond the formal consultation process.

Membership

- The intended core Membership will consist of one representative from each of the following organisations / groups:
- Health Overview and Scrutiny Committee (HOSC)
- East Sussex LINK
- CVS' / East Sussex Speak-up forum
- Stroke Association
- East Sussex Seniors Association
- Care for the carers
- Hands Off the Conquest Campaign / Save the Eastbourne DGH Campaign
- East Sussex County Council – Adult Social Care / Children's
- ESHT staff side

- PCT and ESHT communications and engagement staff and senior managers

In addition members can be co-opted to the group appropriate to the topic under discussion.

Accountability

The group will report to the Project Delivery Group. The Project Delivery Group reports to the Programme Board.

Code of Conduct

- We ensure everyone's right to speak
- We respect the opinions of others without criticism
- We listen to each other and respond with sensitivity
- We provide accurate and practical information
- We ensure that when asked to give a view, that it is a personal view unless specifically represented and clarified otherwise
- We work in mutual cooperation and agree to respect any information
- We agree to respect the confidentiality of working documents and any information not yet in the public domain.
- We will mutually agree what information goes out on behalf of the group

Frequency of meetings

Meetings will be held monthly for the duration of the consultation period and a final review meeting after the consultation has closed

Location of meetings

Venues will alternate between the Hastings and Eastbourne localities.

APPENDIX E

Approach to public meetings in the Shaping our Future consultation

Background

As part of the formal consultation process we need to create opportunities for local people to receive information about the proposals and be able to ask questions and share their views on the proposed changes.

The traditional format of public meetings (a panel of managers and clinicians sitting on the top table giving lengthy presentations and then opening to questions from the audience who are seated in rows facing the panel) can, in reality, be little more than an exercise in information dissemination rather than two-way dialogue. Additionally, this style of event can provide a platform for the often heard voices rather than stimulate discussion and allow a range of views to be heard.

Market Place

The approach to public meetings proposed for the “Shaping our Future” consultation is a market place format. The market place is set out on a series of thematic stalls (based around the 3 service areas under consultation; additional information on the whole of the ESHT Clinical Strategy; and a resource area with additional supporting information including frequently asked questions). Each stall will be staffed by clinicians and managers with an in-depth knowledge of the theme. They will be displayed and branded in the same way so that people quickly understand how it works. There will be a visual display telling the human narrative, written information (general consultation and more detailed service info) that the person can take away with them, and an interactive activity to capture feedback.

It would also be possible to pre-record interviews with key people which can be played during the events for those who prefer visual and audio presentations. These could also be put on you tube, linked via the web page and promoted through social media.

There will be provision to manage those attending raising individual issues through fielding PALS staff and having graffiti walls for free comments.

It is proposed that a minimum of 5 market place events are held in different parts of the county lasting three hours each. The format allows people to drop-in at any point during the period that the event is being run. These events will be heavily promoted through local press, voluntary sector communications, on community notice boards etc.

The market place approach will allow people to find out about the proposals in a non-threatening environment, focussing on the areas that most interest them. There will be a chance to speak directly to clinicians and managers without having to have the confidence to speak in front of a room full of people. It also provides an opportunity to capture quantitative and qualitative feedback from a wide range of people.

Deliberative Opinion Poll event

For this event a representative sample of the local population (around 100 people) would be selected (probably from the ESHT membership) to attend a meeting. Using electronic voting equipment (which can be hired from Sussex Partnership NHS Foundation Trust) a poll is taken on people's initial views on the consultation questions.

During the event participants are provided with additional information about the proposals and the case for change. There is also an opportunity to discuss the proposals in smaller groups. At the end of the event a further poll is taken to see if people's opinions have changed.

This is a useful way to test the perceptions of a sample of the public and provides a survey of informed views. It also produces real-time feedback in a quantitative format. This event would need to be held early on in the consultation process to allow for lessons about how effective the consultation materials are to be implemented.



Sussex

Shaping Our Future: East Sussex Service Reconfiguration

Proposed Consultation Programme

Consultation Overview

- Proposed consultation start date: 25.06.12
- Proposed consultation end date: 28.09.12
- Length of consultation period: 14 weeks
- Geographical area: East Sussex
- Service provider: East Sussex Healthcare NHS Trust
- Lead consulting body: NHS Sussex (the statutory functions of Hastings and Rother & East Sussex Downs and Weald PCTs are currently exercised by NHS Sussex)

Pre-consultation conditions

All activities will comply with and provide evidence for the Secretary of State's four tests:

- Support from GP commissioners
- Strengthened public and patient engagement
- Clarity on the clinical evidence base
- Consistency with current and prospective patient choice.

Pre-consultation involvement

Programme of stakeholder involvement in developing the programme to help shape:

- what good services look and feel like for patients
- the development of the models of care
- the options appraisal criteria
- the initial options appraisal

Principles of engagement

Methods will be:

- Clear
- Honest
- Appropriate to audience
- Meaningful
- Widely publicised
- Accessible

Methods will include:

- Public events
- Targeted events
- Deliberative event
- Elected representative events
- Media publications
- Written and verbal information
- Use of social media
- Range of feedback mechanisms

Additional supporting information will be made available; a range of formats will be made available

Building our conversation

- Learning from pre-consultation
- Use of consultation advisory group
- Listening and adapting as consultation progresses
- Creating opportunities to explore:
 - Information used to test options appraisal criteria
 - Information used to test preferred site
 - How we capture trends and feedback to inform decision-making

Consultation responses

- Continual contemporaneous learning from feedback
- Independent analysis of consultation responses
- Independent analysis of consultation process
- Inclusion of findings in final report to board
- Review of consultation process through Consultation Advisory Group