

Board of Directors Meeting Report – 5 December 2017

Agenda item 101i/17

Title	Public Consultation and Pre-Consultation Business Case
Sponsoring Director	Tom Abell, Chief transformation Officer
Author(s)	Tom Abell, Chief Transformation Officer
Purpose	To note the current status of the Public Consultation and Pre-Consultation Business Case
Previously considered at	Joint Working Board
Executive Summary	
<p>The PCBC has now been finalised and the public consultation document drafted.</p> <p>On the 29th November 2017 the CCG Joint Committee and the Clinical Commissioning Groups (CCGs) will consider the draft public consultation document and final version of the pre-consultation business case and will make a decision on whether to proceed to public consultation on these proposals. A verbal update will be provided at the Board meeting on the CCGs decision.</p> <p>Subject to the approval of the Joint Committee, public consultation will commence on 30 November 2017, and will close on 9 March 2018.</p> <p>At the end of the consultation, the findings will be independently analysed and presented back to the Joint Committee in May or June 2018 for further decision about specific service changes. This meeting will be held in public.</p>	
Related Trust Objective	<p>Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff Financial and Operational Sustainability – Financial, Operational, Estate</p>
Related Risk	<p>Risk 1 - Failure to provide adequate patient safety , quality of care and patient experience due to capacity, demand and external agency stakeholder engagement</p> <p>Risk 2 - Failure to meet constitutional and national performance targets</p> <p>Risk 3 - Trust not being financially sustainable</p> <p>Risk 4 - Inability to recruit and retain staff</p> <p>Risk 5 - Current and future estates, infrastructure and equipment does not comply with national specifications, meet service needs and/or service user needs</p> <p>Risk 7 - Failure to provide effective and reliable clinical support services</p>

	Risk 8 - Failing to meet CQC Health & Social Care regulations
Essex Success Regime	The public consultation and PCBC outlines the future proposed model of care for acute hospital services.
Legal implications / regulatory requirements	All current regulatory requirements have been met through the PCBC assurance process.
Quality impact assessment	An EQIA has been undertaken as part of the proposals and is included as an Appendix to the PCBC.
Equality impact assessment	As far as can be ascertained this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010.
Recommendations: The Board is asked to note the report.	

1. Background

Our health and care system is under significant pressure in terms of the quality of services we provide, the workforce available to support service delivery, as well as our financial performance. These issues were detailed in the Case for Change document, which was approved by all system partners during 2016.

Partners in the system have been working for several months to develop detailed proposals for future service delivery which attempt to address the challenges we collectively face. Developing these plans has involved many clinicians and members of the public, and have evolved over time in response to feedback received.

On the 29th November 2017 at the CCG Joint Committee the Clinical Commissioning Groups (CCGs) will consider a draft public consultation document and final version of the pre-consultation business case and make a decision on whether to proceed to public consultation on these proposals.

The CCGs are statutorily required to lead any public consultation on significant service change for the population for which they are responsible.

At the time of writing the CCG Joint Committee had not met and a verbal update on the decision of the CCGs will be made at the Board meeting.

The papers being considered by the CCG Joint Committee can be found at <http://middlessexccg.nhs.uk/about-us/mid-and-south-essex-stp-joint-committee/committee-papers/november-2017-1> but comprise:

- A draft public consultation document, which Joint Committee members have had opportunity to comment upon over recent weeks.
- The final version of the Pre-Consultation Business Case, with supporting annexes.

2. Draft Public Consultation Document

Partners in the system have been working to develop consultation materials to support the Joint Committee in its decision-making. The near final draft of the public consultation document* which will be considered by the Joint Committee is attached for the reference of Board Members. This core document will be supported by:

- A shorter summary document* and leaflet providing a high-level summary of the proposals, and signposting to further information.
- A survey questionnaire* (in print and online) to capture feedback in a systematic way.

In terms of public engagement activities during any consultation activities; these will include:

- A programme of public meetings starting in January. These meetings will be widely advertised and held in accessible locations within each CCG area. These meetings will provide the opportunity for members of the public to meet with senior clinicians and managers from providers and CCGs, to discuss the proposals in more detail. The programme will include general sessions, as well as dedicated sessions on emergency care, planned care and stroke.
- Meetings with service users who might specifically be affected by some of the changes proposed (e.g. patients who have survived a stroke).

- Meetings with patient representatives working with CCGs and providers.
- Events such as “pop up” information stands in public spaces (e.g. outpatient clinics, train stations, high streets).
- A programme of meetings with Healthwatch, Health Overview and Scrutiny Committees and Health and Wellbeing Boards.
- A programme of staff briefings, listening to the feedback of staff working within our local services.
- A dedicated website, which will contain a catalogue of more detailed background information (e.g. the case for change, the full PCBC documentation, clinical evidence materials, information on how the proposals were developed), as well as providing opportunities for members of the public to feed back to us on the proposals.
- A social media campaign to promote the consultation and ensure we reach as wider range of stakeholders as possible.

**all written materials will be available in “easy read”, large type, braille, and a range of languages on request.*

3. The Pre Consultation Business Case (PCBC)

The purpose of the PCBC is to provide assurance to local Boards and NHS England that we have thoroughly considered a range of requirements before we go to public consultation on any service change. These requirements include:

- A detailed case for change, supported by system partners
- A clear vision for working together to provide better care, including:
 - The proposed future model for local health and care
 - The proposed future model for acute services
- Strategic alignment with existing NHS policy and plans from other system partners
- A clear description of the functions that will enable us to improve
- A clear plan that supports a return to financial balance
- Governance and decision making arrangements
- Clinical assurance of the proposals
- A description of the public engagement that has occurred in developing the proposals
- An overview of the implementation plan

The PCBC has successfully passed through rigorous regional and national assurance processes including:

- Reviews of the clinical model and supporting evidence by the East of England Clinical Senate
- NHS England Regional Panel
- NHS England’s national Oversight Group for Service Change and Reconfiguration
- NHS England Investment Committee, which is a sub-committee of their main Board

4. Public Consultation

Subject to the approval of the Joint Committee, public consultation will commence on 30 November. The minimum period of consultation is in general 12 weeks, however, following discussion with Health Overview and Scrutiny Committees, it is proposed that this consultation will run for 14 weeks (to take account of the seasonal holiday).

It is important to note that no decisions about service change will be taken until the end of the public consultation period, after due consideration of all feedback and information received.

At the end of the consultation, the findings from the survey and all of the above events and engagement opportunities will be independently analysed and presented back to the Joint Committee in May or June 2018 for further decision about specific service changes. This meeting will be held in public.

5. Appendices and Supporting Documentation

Draft Public Consultation Document (included)

PCBC and Annexes (available upon request or at <http://midessexccg.nhs.uk/about-us/mid-and-south-essex-stp-joint-committee/committee-papers/november-2017-1>)