Humber Acute Services Review

Communications and Engagement Plan

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Introduction

Across the Humber area, local health and care organisations are working in partnership to improve services for our local populations. We are working together to carry out a review of how acute hospital services are provided in the Humber area. The review will investigate possible scenarios for the provision of acute services for the population of the Humber area that are person-focussed, safe and sustainable and that can be delivered within the resources available in the system (money, staffing and buildings). It will take into account existing and planned developments in prevention, supported self-care and out of hospital care.

This document sets out the communications, engagement and involvement plan to support the Humber-wide review and govern the collective efforts of the organisations involved in the review process. These organisations are:

- Hull and East Yorkshire Hospitals NHS Trust (HEY)
- Northern Lincolnshire and Goole NHS Foundation Trust (NLaG)
- NHS Hull Clinical Commissioning Group (Hull CCG)
- NHS East Riding Clinical Commissioning Group (ERY CCG)
- NHS North Lincolnshire Clinical Commissioning Group (NL CCG)
- NHS North East Lincolnshire Clinical Commissioning Group (NEL CCG)
- NHS England
- NHS Improvement
- Humber, Coast and Vale Sustainability and Transformation Partnership

The review is also being supported by the four local Councils in the Humber area and other expert organisations including Health Education England and Public Health England, who are providing expertise and advice into the process.

The purpose of this document is to provide a framework for taking this work forward which will highlight any decisions which need to be made on the scope and nature of the engagement and consultation process.

It includes:

- The aims and objectives of the review; including some high level key messages
- Current legislation on the ‘Duty to Involve ‘and the ‘Equality Act 2010’
- The key principles for communication, engagement and consultation
- Proposals for the engagement process including a clear action plan
- The work required to deliver effective engagement and communications throughout the review and any additional resources required to deliver this

Background

A review of acute services is being conducted across the Humber area. The purpose of the review is to consider the future delivery of acute hospital-based services across the Humber area based upon an evidence-based assessment of current and future need for acute services in the context of changes to out-of-hospital care taking place across the region. The review will investigate possible scenarios for the provision of acute services for the population of the Humber area that are person-focussed, safe and sustainable and that can be delivered within the resources available in the system (money, staffing and buildings). It will look to achieve improved levels of service quality and strengthen both operational and financial sustainability.

A similar review of acute hospital provision in the York/Scarborough area is being undertaken in parallel. Further arrangements are being made for a specific group of services (e.g. Pathology) to be reviewed on a regional or multi-regional basis. Both reviews will report into the Humber, Coast and Vale Sustainability and Transformation Partnership Executive Group.

Review Process

The review process will be undertaken in 6 phases as set out below. Phase's three to six will be repeated for each service or group of services being reviewed. Further details about the approach to the review are set out in the project plan.

Phase One - ***Analysis***
Analysis of current and projected future needs for acute hospital services in the Humber area.

Phase Two - ***Agreeing scope and principles***
Collective agreement of our definition of 'good' and 'sustainable' acute hospital services and associated decision-making criteria. Analysis of the sustainability of current hospital services, including assessment of workforce, quality, capacity and financial pressures and agreement of the prioritisation of the phasing of the review of services.

Phase Three - ***Preliminary modelling/solution development***
Preliminary modelling of scenarios of future acute hospital service provision including facilitated clinical discussions. Further detail is set out in appendix 2.

Phase Four - ***Review and refine scenarios***
Reviewing and refining scenarios with stakeholders, using agreed decision-making criteria.

Phase Five - ***Plan development***
Preparation of service development plans that describe how service changes will be implemented and clearly set out resource requirements, anticipated outcomes and benefits and risks to delivery.

Phase Six - ***Consultation***
Communication, consultation (if necessary) and decision-making on service development plans.

Aims and Objectives of this plan

The approach taken to the review will also be informed by the strategic communications goals of the Humber, Coast and Vale Partnership as set out in the partnership communications and engagement strategy, which are:

- To achieve, as far as possible, ***an acceptance of the case for change*** amongst key stakeholders, including political stakeholders, the public and staff.
- To create the mechanisms by which stakeholders can better understand and ***actively shape the planning process***.
- To deliver a robust long-term plan for the future of health and social care provision across Humber, Coast and Vale ***that has been informed by a diverse range of views and experiences.***
- To manage the communications of service-change elements of the plan effectively, ***minimising public concern and potential for negative publicity***.

The specific objectives addressed by this plan include the following:

- To raise awareness and understanding of why it is important that the NHS has a plan to deliver sustainable and viable services for the future
- To maintain credibility by being open, honest and transparent throughout the process
- To monitor and gauge public and stakeholder perception throughout the process and respond appropriately
- To be clear about what people can and cannot influence throughout the engagement and consultation phases
- To achieve engagement that is meaningful and proportionate, building on existing intelligence and feedback such as previous engagement/consultation activities, complaints, compliments etc.
- To provide information and context about the proposals in clear and appropriate formats that are accessible and relevant to target audiences
- To give opportunities to respond through a formal consultation process
- To maintain trust between the NHS and the public that action is being taken to ensure high quality NHS services in their local area
- To demonstrate the NHS is planning for the future

The need for change

Local health and care organisations across the NHS and beyond are working together to tackle some of the big issues facing health and social care in order to ensure safe and quality services remain affordable so we can continue to provide them for future generations.

Healthcare is changing. In the last 15 years, there have been great advances in medical knowledge and technology, and the development of increasingly sophisticated and specialist treatments and procedures. Our skilled clinicians have developed a number of fantastic services in our local hospitals and more people are living longer and surviving illnesses that they might not have a generation ago. These developments have enabled more services to be provided outside of hospitals, in GP practices

and community-settings, while hospitals increasingly focus on looking after the most seriously ill patients. As the ways of delivering care change, it is important that we review our services and how they are organised in order to provide the most effective and efficient services for local people.

In each of our local areas, health commissioners (Clinical Commissioning Groups), local authorities (Councils) and health and care providers are working together to improve and extend the care and treatment that is available outside of hospital settings, this includes work to integrate (join-up) health and social care provision. Over time our services will focus more on preventing disease and ill-health, supporting people to look after themselves and their families, maintaining their independence and treating people in community settings wherever possible by providing more care outside of hospitals. It is important that our future model for hospital-based care is designed to support these new models of care. Therefore, our hospital services review will be conducted alongside discussions about how to improve and extend services that are available outside of hospital settings.

We have a number of really great health and care services in the Humber area and many people have excellent experiences of the care they receive, however, our current services are coming under increasing pressure and in many cases are finding it extremely challenging to adequately staff and resource all the services that are provided *in their current form*. At the moment our hospitals are struggling to keep pace with patient demand and in some service areas are not performing as well as we would expect. There are a significant number of clinical services that have serious challenges in meeting key service standards such as waiting times and providing 24/7 cover. This is set against a backdrop of increasing pressure on services with growth in demand continuing to outstrip growth in funding. In addition, there are shortages in many areas of the workforce (doctors, midwives, nurses and other roles) across our hospitals. Despite active recruitment campaigns, there are still significant vacancies in both Trusts and key roles that cannot be filled. It is important that we review our hospital services now, because they are under pressure now.

A comprehensive hospital services review is necessary in order to plan for the longer-term future of these and other service areas to identify the possible options for delivering hospital-based services for the people living within the Humber area. We will begin by reviewing these most fragile services where temporary changes have already been made before moving on to consider other service areas. We need longer-term plans to address these challenges. This is about improving our hospital services today but also about securing the long-term future of hospital-based services and the out-of-hospital services that will support these and planning them for the people who will need them in the future.

More detail setting out the case for change and key messages can be found in appendix A and will be developed throughout the review around each of the services.

Legislation – our statutory requirements

Any significant change to the provision of NHS services requires a robust and comprehensive engagement and consultation process. NHS organisations are required to ensure that local people, stakeholders and partners are informed, involved and have an opportunity to influence any changes.

The process for involving people requires a clear action plan and audit trail, including evidence of how the public have influenced decisions at every stage of the process and the mechanisms used.

Section 242 of the NHS Act 2006 sets out the statutory requirement for NHS organisations to involve and consult patients and the public in:

- The planning and provision of services.
- The development and consideration of proposals for changes in the way services are provided.
- Decisions to be made by NHS organisations that affect the operation of services.

Section 244 of the NHS Act 2006 requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSC) on any proposals for a *substantial development* of the health service in the area of the Local Authority, or a *substantial variation* in the provision of services.

Section 2a of the NHS Constitution gives the following right to patients:

"You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services."

In addition the Secretary of State for Health has outlined four tests for service change, with the addition of a new fifth test (as set out in the Next Steps on Five Year Forward View document, NHS England, March 2017).

The five tests for service change

Support from GP Commissioners	Engagement with GPs, particularly with practices whose patients might be significantly affected by proposed service changes
Clear clinical evidence base	The strength of the clinical evidence to be reviewed, along with support from senior clinicians from services where changes are proposed, against clinical best practice and current and future needs of patients
Strengthened patient and public engagement	Ensure that the public, patients, staff, Healthwatch and Health Overview and Scrutiny Committees are engaged and consulted on the proposed changes
Supporting patient choice	Central principle underpinning service reconfigurations is that patients should have access to the right treatment, at the right place and the right time. There should be a strong case for the quality of proposed service and improvements in the patient experience
Proposals for significant hospital bed closures, requiring formal public consultation, must meet one of three common sense conditions:	• 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 • That specific new treatments or therapies, such as

	new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; and/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).

The Gunning Principles

Before 1985 there was little consideration given to consultations until a landmark case of Regina v London Borough of Brent ex parte Gunning. This case sparked the need for change in the process of consultations when Stephen Sedley QC proposed a set of principles that were then adopted by the presiding judge. These principles, known as Gunning or Sedley, were later confirmed by the Court of Appeal in 2001 (Coughlan case) and are now applicable to all public consultations that take place in the UK.

The principles are:

- **Consultation must take place when proposals are still at a formative stage**
  Consultation should be at a stage when the results of the consultation can influence the decision-making. Public bodies need to have an open mind during a consultation and not already made the decision, but have some ideas about the proposals.
- **Sufficient reasons must be put forward for the proposals to allow for 'intelligent consideration'**
  A preferred option may be included and this must be made obvious to those being consulted. Information and reasons for the proposals must be made available to allow for consultees to understand why they are being consulted as well as all the options available and what these mean.
- **Adequate time must be given for consideration and response**
  There is no set timeframe recommended but reasonable steps must be taken to ensure that those consulted are aware of the exercise and are given sufficient time to respond.
- **The outcome of the consultation must be conscientiously taken into account**
  Decision-makers must be able to show they have taken the outcome of the consultation into account – they should be able to demonstrate good reasons and evidence for their decision. This does not mean that the decision-makers have to agree with the majority response, but they should be able to set out why the majority view was not followed.

The risk of not following these procedures could result in a Judicial Review. A number of public bodies across the UK have been taken to Judicial Review and deemed to have acted unlawfully in the Public Sector Equality Duty – usually linked to the four Gunning Principles.

As well as documented evidence of GP support, the case for change will need to:

- State clearly the benefits for patients, quality and finance.
- Demonstrate that the clinical case conforms to national best practice.

- Be aligned to commissioners' strategic plans.
- Have clear details of option appraisals.
- Provide an analysis of macro impact.
- Be aligned with QIPP work streams.

The Independent Reconfiguration Panel (IRP), whose role is to advise ministers on controversial reconfigurations, recommends that those considering proposals for significant health service changes should:

- Make sure the needs of patients and the quality of patient care are central to the proposal.
- Consider the role of flexible working in the proposals – this may involve developing new approaches to working and redesigning roles.
- Assess the effect of the proposal on other services in the area.
- Give early consideration to transport and site access issues.
- Allow time for public engagement and a discussion phase *before* the formal consultation – people want to understand the issues, so involving them early on will help when it comes to the formal stage.
- Obtain independent validation of the responses to the consultation.

They have also identified a range of common themes amongst decisions that have been referred to the panel:

- Inadequate community and stakeholder engagement in the early stages of planning change
- The clinical case has not been convincingly described or promoted
- Clinical integration across sites and a broader vision of integration into the whole community has been weak
- Proposals that emphasis what cannot be done and underplay the benefits of change and plans for additional services
- Important content missing from the reconfiguration plans and limited methods of conveying them
- Health agencies caught on the back foot about the three issues most likely to excite local opinion - money, transport and emergency care.
- Inadequate attention given to responses during and after the consultation.

Consultations should influence final proposals and it is important to be able to show that they have. Clearly, not all these recommendations will be applicable to all engagement and consultation exercises, but the basic principles of early involvement, and being able to demonstrate that responses have influenced the final outcome, are.

Local NHS bodies should also consider how their engagement and consultation activity impacts upon a wide range of service users including those protected groups identified within the Equality Act. It is crucial that the communications and engagement activity set out in this plan supports a robust approach to developing Equality Impact Assessments throughout the review.

Furthermore, the duty to involve (in addition to duties under the equalities act) remains the legal duty of individual organisations under the current statutory framework. Whilst we can and should conduct our engagement and consultation activities collaboratively – speaking with one voice and

giving one clear set of messages – it is important that our collective communications and engagement activity is able to support the statutory decision-making processes of each individual organisation at each stage. Specifically this means, the impact of specific service-changes (if proposed) must be able to be disaggregated to each individual organisastional level and presented to the relevant decision-making bodies (CCG Governing Bodies/Trust Boards). CCG governing bodies still have statutory decision-making responsibility and will need to be presented with documentation that sets out clearly the impact for *their* population when making the formal decisions about future service arrangements; this includes Equalities Impact Assessments (EIA), which set out the impact of proposed changes on different communities and groups within a given population. Failure to adequately consider the impact of a given change on groups/individuals with protected characteristics under the Equalities Act is one of the most common reasons cited in applications for judicial review and referrals to the Secretary of State/IRP. It is imperative that the process adopted for both communications and engagement and the wider EIA process allows for sufficient consideration of the impact of any change of those specific groups and individuals.

Key principles

This plan is underpinned by the following guiding principles for communication, engagement and consultation. Each organisation involved in the programme will have their own approaches to communicating and engaging with members of the public and other key stakeholders. This plan does not aim to replace those but instead ***build on them*** to ensure consistent messages are adopted by all partners, adhering to the following principles of good practice*:*

- **Open** – decision makers are accessible and ready to engage in dialogue. When information cannot be given, the reasons are explained.
- **Corporate** – the messages communicated are consistent with the aims, values and objectives of the Humber, Coast and Vale Partnership vision.
- **Two-way** – there are opportunities for open and honest feedback, and people have the right to contribute their ideas and opinions about issues and decisions.
- **Timely** – information arrives at a time when it is needed, relevant to the people receiving it, and able to be interpreted in the correct context.
- **Clear** – communication should be in plain English, jargon free, easy to understand and not open to interpretation.
- **Targeted** – the right messages reach the right audiences using the most appropriate methods available and at the right time.
- **Credible** – messages have real meaning, recipients can trust their content and expect to be advised of any change in circumstances which impact on those messages.
- **Planned** – communications are planned rather than ad-hoc, and are regularly reviewed and contributed to by senior managers and staff, as appropriate.
- **Consistent** – there are no contradictions in messages given to different groups or individuals. The priority to those messages may differ, but they should never conflict.
- **Efficient** – communications and the way they are delivered are fit for purpose, cost effective, within budget and delivered on time.
- **Integrated** – internal and external communications are consistent and mutually supportive.

The engagement process will focus upon the opinions of staff, clinicians, the public, stakeholders and patients in relation to the key principles that underpin the project. It will ask people to reflect upon the configuration and location of existing services and how any changes might impact upon them. It will seek the views and opinions of people who are currently using affected services and it will listen to any concerns that arise about changes to the way healthcare is delivered locally.

Stakeholders

For the purpose of this plan, the definition of stakeholders is anyone who will be affected (either positively or negatively) by a proposed change to health services locally, those who have an opinion on the proposed changes and those who could influence other stakeholders.

There is a wide range of stakeholders who will have varying degrees of interest in and influence on the delivery of acute hospital services in the Humber area. Broadly, those stakeholders fall into the following categories:

- Clinical and other staff (internal)
- Partners (wider health and care economy)
- Patients and the public (and the media)
- Political audiences (including campaign groups)
- Governance and regulators.

Meaningful and ongoing engagement with all stakeholders will be crucial to the success of the review. In order to deliver effective stakeholder engagement, it is critical that such engagement activities are planned, coordinated and systematic. It is really important to avoid creating mixed messages and therefore careful consideration to managing our relationships with different stakeholder groups will be critical.

The proposed approach to the review will involve stakeholders at each stage of the process. This work will be coordinated and supported via the central programme team to ensure consistency of message.

See Appendix B for a stakeholder map

See Appendix C for stakeholder contact list

Approach to Engagement and Involvement

An inclusive and transparent approach will be taken to the review at all stages with a clear plan for engaging and involving relevant stakeholders at each stage of the process. Below is a summary of the engagement and involvement activity to take place during each phase of the review.

Phase One – Analysis

During **phase one** the focus will be on starting well. This phase will include extensive mapping work to ensure all existing communications and engagement mechanisms are fully utilised throughout the project.

Phase Two – Agreeing Scope and Principles

Phase two will focus on ensuring all partners and key stakeholders are informed and involved in establishing the principles and processes for the review. Communications activity will focus on setting out the case for change and the principles and processes the review intends to follow. We will engage informally with key stakeholders on the project plan, principles and scope, ensuring they are fully informed and engaged from the outset. During this phase, we will also take steps to establish additional involvement mechanisms where these are not already in existence. This will include involvement mechanisms for: clinicians, other frontline staff, patients, the public and 'hard to reach' groups.

Phase Three – Preliminary Modelling/Solution Development

During **phase three**, engagement with clinical and frontline staff will be crucial to developing possible scenarios for future delivery of identified service areas for review. We will adopt a co-production approach to engage and involve a range of stakeholders in developing solutions/possible scenarios for each service area as they are reviewed. These discussions will be clinically-led but will also involve the views of various key stakeholders (such as patient experts, commissioners and support groups). The proposed approach to scenario modelling, clinical and wider stakeholder engagement is set out in the following pages.

Phase Four – Review and Refine Scenarios

Phase four will see extensive engagement with stakeholders to gather feedback on the approach to and next steps in relation to the preliminary modelling work completed at phase three. The workshops will focus on explaining the methodology adopted for the review process so far and the potential scenarios that have been modelled during the early phases of the review. The purpose of this engagement will be threefold:

- to get preliminary feedback on the approach taken so far and identify perspectives and/or potential implications that have been missed out or not yet considered in full;
- to enable stakeholders to explore their priorities – what matters most to them – in relation to hospital-based services;
- to provide a mechanism for a variety of stakeholder groups to actively shape the service-proposals before they are fully developed (at phase five).

In addition, during this phase, the communications with the media and wider public will need to be carefully managed to ensure plans are not derailed before they are made. Communications will be frequent and consistent using a wide variety of channels (VCS networks, elected members, staff channels and wider media).

Phase Five – Plan Development

The results of the engagement exercise carried out during phase four will help to inform the development of service plans during this phase of the project. During **phase five**, regular communications will be crucial to avoid the "vacuum effect" – if the programme does not continue to communicate proactively, it is likely that others will define the messages to the wider public.

Phase Six – Consultation

Phase six will be dedicated to formal consultation (if required) in relation to any proposed service changes developed during phase four. It is difficult to plan this at this stage without knowing what (if any) service changes might be proposed. If changes are proposed, this phase will require significant input/investment from all relevant organisations (commissioner and provider) to manage the consultation process.

All individual organisations will need to be fully satisfied that they are adequately discharging their statutory duty to involve at each stage of this process.

Key activities

The key activities to take place during each phase are outlined below. Further detail of what is proposed is set out in the detailed plans on the pages that follow. The timescales indicated are for the services being considered within ***wave one***, the activities in the early phases will continue beyond the stated timeframe to engage and involve a wider range of stakeholders as the second and third wave of services are considered.

Phase	Time period	Key activities
Phase One	End June to end Oct 2017	• Meeting with Clinical Senate to discuss how they can best support the review process • Produce briefing documents and high level messages for key audiences • Complete stakeholder mapping and communications and engagement plan
Phase Two	Oct 2017 to Feb 2018	• Brief high-level stakeholders (MPs, staff, OSCs, Healthwatch) • Identify mechanisms for gathering patient experience data • Work to establish involvement mechanisms (and provide training and development as required – ongoing through phase 3) • Agree an approach to Equality Impact Assessments (EIA) and undertake mapping of equalities groups/engagement mechanisms

		• Identify clinical leadership (+ clinical involvement mechanisms) • Investigate the need for joint overview and scrutiny arrangements
Phase Three	Jan to March 2018 (wave 1)	• Involvement sessions for clinical staff and wider stakeholders (as set out below – including commissioned work to reach protected characteristics groups) • Development session(s) for Overview and Scrutiny Committees and review teams • Produce a range of accessible information: briefings, FAQs, social media content (videos, quick polls) etc.
Phase Four	Feb to May 2018 (wave 1)	• Stakeholder engagement workshops (across a wide range of stakeholders) – staff – equality and diversity networks – elected members – VCS – Healthwatch/PPGs/patient panels • Continued proactive communications (including accessible formats) • Online survey(s) • Telephone survey (to gather views of those who are not self-selecting to attend engagement events)
Phase Five	March to June 2018	• Development of service plans including EIAs • Production of pre-consultation business case(s) • Wider NHS assurance process • Clinical senate involvement
Phase Six	July to Sept 2018 (wave 1)	If significant service changes are proposed, a formal consultation period will be required. This will involve: • Decision-making process to launch consultation • Preparation of consultation documentation • Formal consultation process • Analysis of consultation responses • Decision-making processes • Potential review

Involvement activity phase by phase

Phase 2

During Phase 2, the focus will be on informing and involving key stakeholders in the process and developing collective understanding of the aims and principles of the review.

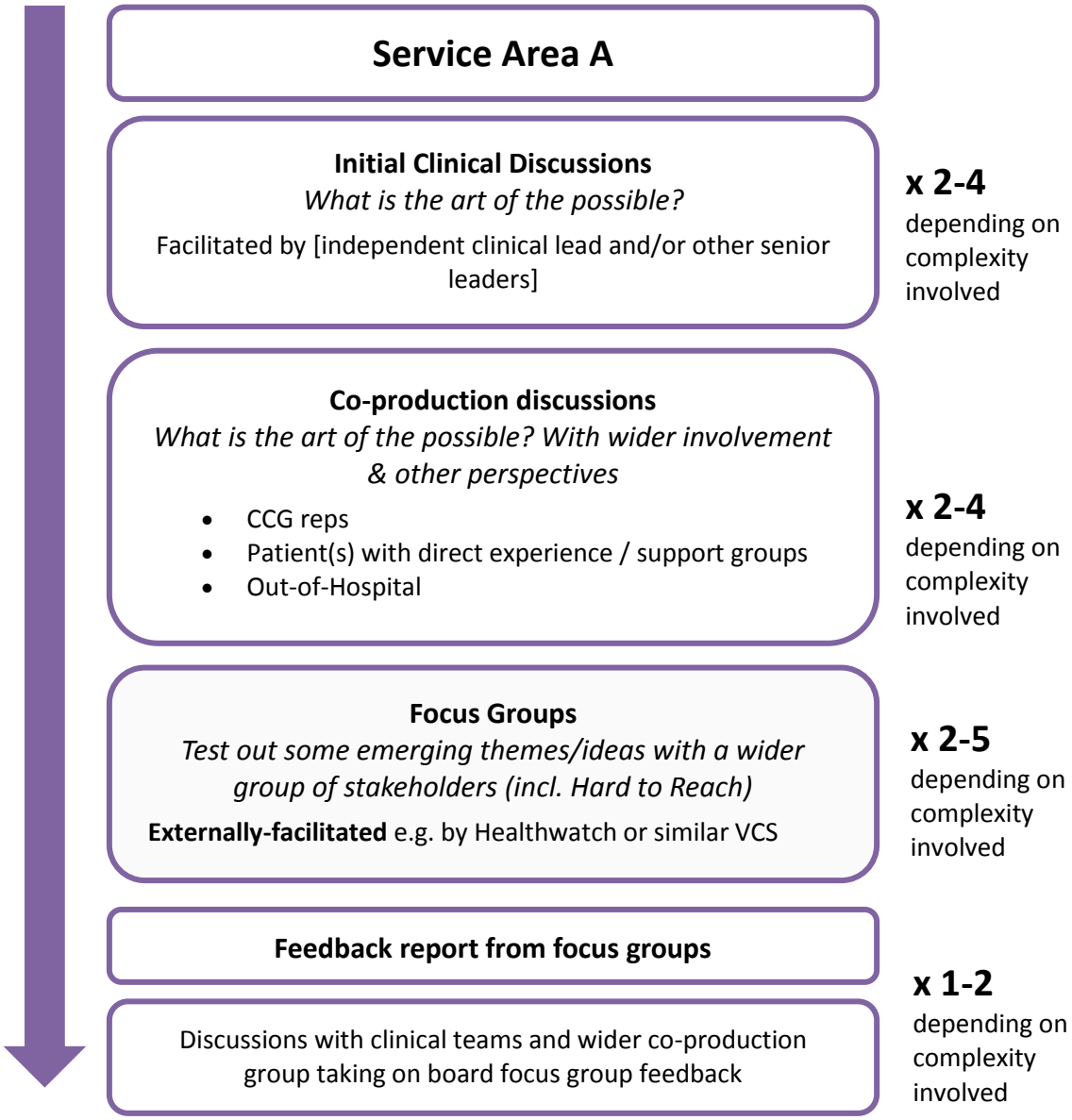
Process – principles and decision-making criteria

Informal discussions to inform key stakeholders and engage on principles and process	MPs Council Leaders OCSs	Staff-side representatives Wider staff	Healthwatch Patient rep groups
Informal engagement with clinical teams in formulating heat map (analysis of current state of services)	Partner organisations Clinical staff		
Identify mechanisms for inclusion of patient experience data in review	Trust patient experience teams	Healthwatch PALS	

Phase 3

Phase 3 will involve clinicians and other stakeholders in discussions to develop potential solutions or scenarios for the future delivery of the key service areas under review. The phase will be supported by communications and engagement colleagues from across the partner organisations and will draw on support from voluntary sector partners (including local Healthwatch).

All discussions during phase 3 will be facilitated and fully documented throughout.



Phase 4

Phase 4 will involve wider engagement and involvement of patients, public and other interested stakeholders on a group of service areas. These workshop sessions will be coordinated and managed by CCG communications and engagement teams in each of the four CCG areas, supported by the programme team and senior staff from other partners (e.g. the hospital Trusts) and coordinated via the Communications and Engagement delivery group.

All Service Areas (in wave 1)*

Stakeholder workshops
***Informing**: case for change, what does the analysis tell us, what we've found out so far*
***Involving**: discussions on possible scenarios, prioritisation exercises, gathering feedback to revise and refine models*

Multiple workshops across each local geography involving a wide range of stakeholders (e.g. from the groups mentioned below). Number of workshops in each area will depend on level of impact of proposed scenarios on respective population and local geography.

Staff | **PPGs/ patient reps** | **Councillors/ community reps** | **Healthwatch/ VCS groups** | **Hard to Reach Communities**

Feedback report from workshops to feed into phase 5

Messaging and Media Management

Throughout the review, it is crucial that all partners speak with one voice and that messages in relation to the review process are clear, consistent and timely. In order to ensure this is the case, a media relations lead will be identified from amongst the partner organisations who will be responsible for cultivating and maintaining good relations with local media that can be drawn upon where necessary throughout the process.

In addition, partners will operate according to a robust and well-governed media protocol that will ensure a clear and consistent message is delivered by all partners involved in the review process. All briefing documents and media lines will be produced centrally in consultation with the steering group and/or review lead depending on time imperative and distributed to partners for use. These can be tweaked to suit local audiences but key messages must be consistent throughout.

The approach to managing reactive communications will be to:

1. Identify a media lead for the review and ensure this is communicated and accepted across all partners.
2. Ensure all partners are signed up to a shared media protocol (STP shared media protocol attached as Appendix D), which sets out a common understanding of how media enquiries will be dealt with and who will communicate what and when.
3. The communications and engagement lead for the review will coordinate and/or produce tool kits, lines to take and establish a common narrative for use with media to be used by all partner organisations.

Resourcing and Delivery

Investing adequately in good quality engagement activity will significantly reduce the risk of potential judicial review of any decisions made as a result of this process. Collaborative reviews of this type and scale are still relatively untested across the NHS in England and therefore it is important to learn from other health economies, to commission expert advice at key stages and to ensure as robust a process as possible is undertaken from the outset. In order to achieve this, a well-resourced coordinating communications and engagement function is crucial. In addition, each individual organisation involved in the review must be adequately resourced in order to fulfil their statutory functions to engage and consult with their populations.

The review will require a coordinating communications and engagement function within the core programme team with a dedicated engagement budget. It is proposed to appoint a full-time Communications and Engagement Lead within the core programme team to coordinate communications and engagement for the review (including producing communications content, managing social media etc.).They should be supported by 2x engagement officers (one covering each bank of the Humber) to support the delivery of engagement events.

In addition, a communications and engagement delivery group should be established. The group will include a nominated representative from each of the partner organisations involved in the review, local Healthwatch and representation from NHS England and NHS Improvement. The group will be required to meet on a regular basis to coordinate activities across each area.

In addition, a significant non-pay budget will be required in order to support direct delivery that will be required over and above the activities and staff time contribution from individual organisations. An indicative budget is set out in appendix E.

Appendix A: Humber Acute Services Review Case for Change

Why is it necessary?

This document explains why hospital services in the Humber area are under pressure and in need of review. As the review progresses, we will provide further detail on each individual service area and the reasons why things might need to change, as these are considered throughout the review process.

Local health and care organisations including the NHS, local government and beyond are working together to tackle some of the big issues facing health and social care in order to ensure safe and quality services remain affordable so we can continue to provide them for future generations.

Since its creation 70 years ago, the NHS has constantly adapted and it must continue to do so as our health needs change. The NHS, working with local government partners, has seen a revolution in the health of people in this country, with life expectancy dramatically increased and many people now surviving illnesses which in the past would have killed them. As medicine evolves and as the population changes, the NHS across England is facing significant new challenges. The increasingly ageing population not only has higher needs for health and care than the NHS has ever faced before, but also needs different kinds of care. Changes in medical technology and advances in the kinds of care that can now be provided outside of hospital are changing the face of health and care.

Across health and social care in the Humber area, the demands on our services are increasing every day and we face significant challenges finding and keeping the qualified workforce we need to deliver good quality services across our area. Given this challenging environment, we must look to do things differently.

This involves making some immediate changes to improve services that are not performing as they should be or to address concerns that services might be stretched too thinly. When the quality or safety of our services has been compromised, we have taken swift action to address this. At the same time, we are working together to make the longer-term changes that are required to ensure that our local NHS will be fit for the future and be able to cope with the changing needs of local people for generations to come.

We understand people are always concerned when they hear about changes to local health services and we want to make sure our communities are kept aware of and fully understand what is happening and have the opportunity to get involved and have their say on the future of services. This document explains the reasons why we need to look at changing the way we provide services, including some of the services that are currently provided in hospitals and why it has to happen now.

The Humber Acute Services Review

Across the Humber area, our two hospital trusts, four clinical commissioning groups (CCGs) and other local partners are working together to ensure we have services that meet the needs of local people.

We are working together to conduct a review of acute hospital service provision in the Humber area, which will consider how to provide the best possible hospital services for the people of the Humber area within the resources (money, workforce and buildings) that are available to us. The purpose of this review is to develop plans for delivering acute hospital services that are safe, sustainable and

meet the needs of our local populations across the Humber area. This may include delivering some aspects of care outside of hospital settings to better meet the needs of our populations.

Why do we need a review?

Healthcare is changing. In the last 15 years, there have been great advances in medical knowledge and technology, and the development of increasingly sophisticated and specialist treatments and procedures. Our skilled clinicians have developed a number of fantastic services in our local hospitals and more people are living longer and surviving illnesses that they might not have a generation ago. These developments have enabled more services to be provided outside of hospitals, in GP practices and community-settings, while hospitals increasingly focus on looking after the most seriously ill patients. As models of care change, it is important that we review the way in which we organise services in order to provide the most effective and efficient services for local people.

In each of our local areas, health commissioners (Clinical Commissioning Groups), local authorities (Councils) and health and care providers are working together to improve and extend the care and treatment that is available outside of hospital settings, this includes work to integrate (join-up) health and social care provision. Over time our services will focus more on preventing disease and ill-health, supporting people to look after themselves and their families, maintaining their independence and treating people in community settings wherever possible by providing more care outside of hospitals. It is important that our future model for hospital-based care is designed to support these new models of care. Therefore, our hospital services review will be conducted alongside discussions about how to improve and extend services that are available outside of hospital settings.

We have a number of really great health and care services in the Humber area and many people have excellent experiences of the care they receive, however, our current services are coming under increasing pressure and in many cases are finding it extremely challenging to adequately staff and resource all the services that are provided *in their current form*. At the moment our hospitals are struggling to keep pace with patient demand and in some service areas are not performing as well as we would expect. There are a significant number of clinical services that have serious challenges in meeting key service standards such as waiting times and providing 24/7 cover. This is set against a backdrop of increasing pressure on services with growth in demand continuing to outstrip growth in funding. In addition, there are shortages in many areas of the workforce (doctors, midwives, nurses and other roles) across our hospitals. Despite active recruitment campaigns, there are still significant vacancies in both Trusts and key roles that cannot be filled. It is important that we review our hospital services now, because they are under pressure now.

The impact of staffing shortages in our area has already led to one of our hospital providers, Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), having to take the difficult decision to change the way in which it provides a small number of services on the grounds that they could no longer safely staff all aspects of the service across two sites. These service changes include:

- **Ear, Nose and Throat** (ENT) Services:
    - To deliver care safely and effectively on a 24/7 basis, NLaG needs five consultants. The service has suffered with high sickness and vacancy rates over the past 12 months and currently has two consultants in post. Prior to the change in September

2017, the service was able to continue operating safely with extra capacity provided by Hull and East Yorkshire Hospitals NHS Trust.

  - From 1 September 2017, all *inpatient* ENT (ear, nose and throat) services have been provided from Grimsby hospital (adult and paediatric, elective and non-elective). Daycase procedures and outpatient appointments continue to go ahead at Scunthorpe and outpatient appointments at Goole continue to run.

- **Urology** Services:
  - In order to provide a safe and effective emergency urology service on a 24/7 basis across both Scunthorpe and Grimsby sites, Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) needs six consultants. The service has seen a significant turnover in consultants and has been reliant on long-term locums who have now moved on. In August 2017 there were four consultants running the service, which reduced to three in September 2017. Safe and effective emergency care cannot be maintained across two hospital sites on a 24/7 basis with just three consultants.
  - From 1 September 2017, *emergency* urology services (for patients who require admitting) have been provided at Scunthorpe hospital but inpatient care, daycase procedures and outpatient appointments continue to run at Grimsby and Goole hospitals.

- **Haematology** Services:
  - From October 2017, a group of complex chemotherapy treatments moved from the Diana, Princess of Wales Hospital to Castle Hill Hospital. This move expanded on long-established arrangements for cancer care, creating a regional haematology network, under which more complex cases are provided by Hull and East Yorkshire Hospitals (HEY) at Castle Hill Hospital with outpatient and day case care provided at Grimsby and Scunthorpe.[1]

These are just a few examples of the challenges posed by shortages in medical staff across our region and the short-term solutions that have been put in place. Some of these workforce shortages are nation-wide but many of them are felt particularly strongly in the Humber area. It is important that when we review hospital services in the Humber area, we look for solutions that will make the most of the medical workforce we have and also boost our chances of attracting clinicians with the skills and experience that is needed to provide good quality care for our populations.

A comprehensive hospital services review is necessary in order to plan for the longer-term future of these and other service areas to identify the possible options for delivering hospital-based services for the people living within the Humber area. We will begin by reviewing these most fragile services where temporary changes have already been made before moving on to consider other service areas. We need longer-term plans to address these challenges. This is about improving our hospital services

[1] Further details of these service changes can be found on NLaG's website: http://www.nlg.nhs.uk/about/trust/service-reconfiguration/. These changes are temporary and it is important that the views of patients, the public, staff and clinicians are taken on board when considering the longer-term future of these and other local hospital services. The long-term future of these services will be given priority and considered early as part of the Humber Acute Services Review.

today but also about securing the long-term future of hospital-based services and the out-of-hospital services that will support these and planning them for the people who will need them in the future.

Why work together?

Across the Humber area, there are two acute hospital Trusts – Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Hull and East Yorkshire Hospitals NHS Trust (HEY) – who provide a variety of hospital-based services from five different hospital sites:

- Scunthorpe General Hospital
- Diana Princess of Wales Hospital, Grimsby
- Goole Hospital
- Hull Royal Infirmary
- Castle Hill Hospital

The Trusts have a long history of working together and over the years have developed a number of joint services for specific service areas including: Renal Medicine; Cardiac, Neurology, Plastic surgery, Thoracic and Vascular Surgery and the Trusts already share medical staff for Oncology, Oral and Maxillofacial Surgery and Specialist Radiology. In addition, a number of specialist services (so-called "tertiary" services) are provided from Hull and East Yorkshire Hospitals (HEY) for the population living in the Humber area.

It makes sense to work together and to build on the strong linkages these organisations have in order to provide the best possible care for our populations across the Humber area within the available resources. The review will build on these well-established collaborations but will consider opportunities to develop additional collaborations with other acute providers as appropriate.

Key Messages

Staff:

- This is your NHS and your opportunity to get involved and shape it for the future
- The NHS is struggling and there is too much pressure on services and staff to continue as we are, this review provides an opportunity to change that and find better ways of doing things
- No more "sticking plaster" solutions to problems in the acute sector – the purpose of this review is to look into the future for longer-term solutions that are realistic and achievable given the context in which we all work.
- By working together we can achieve more: the STP is not something over there, it's you and me.

Public:

- This is about making practical changes to the way we deliver healthcare and adapting to the modern world ("it's about bringing regional healthcare up to date – or trying to at least")

- Hospitals remain a crucial part of health provision but it is right that people don't go to hospital when they don't have to. This process is about getting the best out of our hospital services for those who do need to be treated there.
- At the moment our hospitals are not functioning as well as they could and many of our services are struggling to keep pace with demand. There are shortages in many areas of the workforce (doctors, midwives, nurses and other roles) across our hospitals. We need a long-term plan to address these challenges and it needs to be different from what we have tried in the past.
- This is about the long-term future of hospital-based services and planning them for the people who will need them in 5, 10 and 20 years' time.

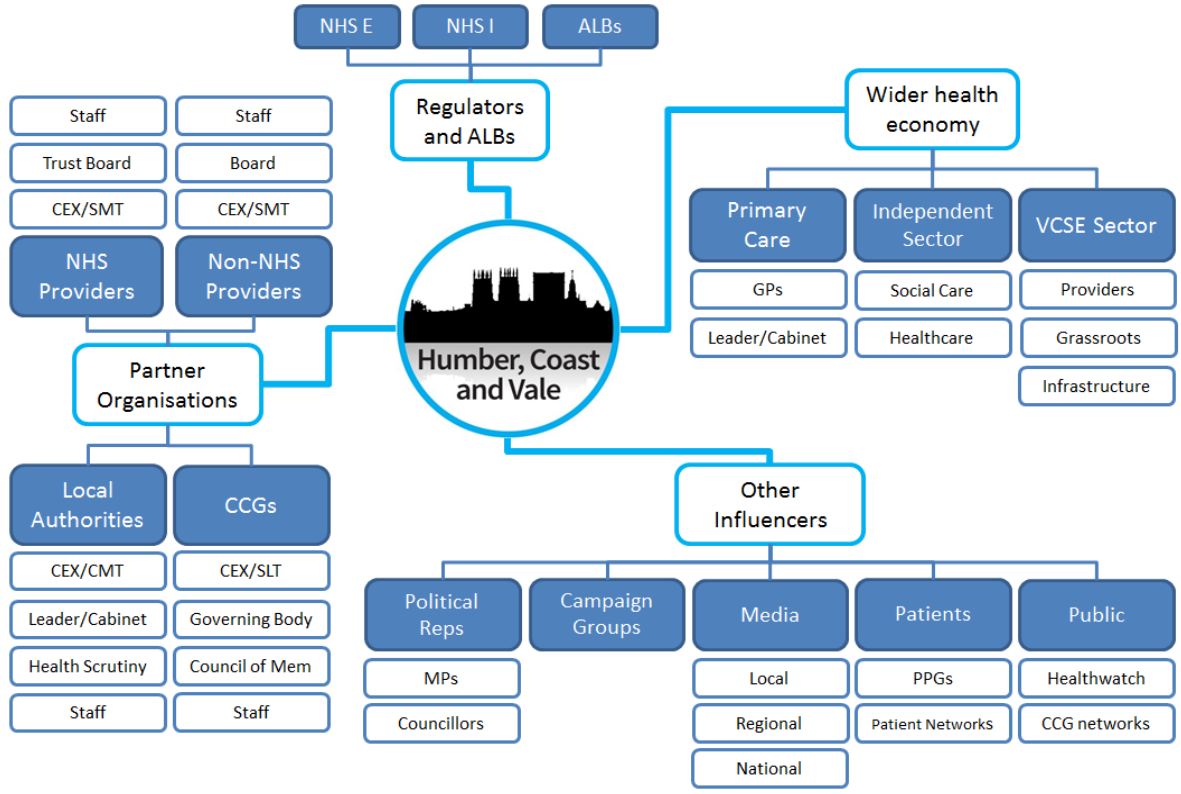
Patients:

- We want to ensure you continue to get the best possible care – this process will help us to address some of the causes of poor care.
- At the moment our hospitals are not functioning as well as they could and many of our services are struggling to keep pace with demand. There are shortages in many areas of the workforce (doctors, midwives, nurses and other roles) across our hospitals. We need a long-term plan to address these challenges and it needs to be different from what we have tried in the past.
- This is about the long-term future of hospital-based services and planning them for the people who will need them in 5, 10 and 20 years' time.

MPs and Elected Members:

- We remain committed to providing the best possible healthcare as locally as we can but changes have to be made to ensure hospital services can continue to be provided safely and effectively to all of our population
- The model of the district general hospital providing nearly all services to populations of about 150'000-200'000 is outdated and does not provide the best clinical outcomes for patients. There is significant evidence to support this and already many changes have taken place over the past 10 or more years to move away from that model.
- We need to move to a different model where some types of care that are currently provided in hospitals can be provided closer to where people live (GP surgeries, intermediate care centres, at home) and other more specialist services may be provided from dedicated centres that can be staffed and operated 24/7.
- This review provides an opportunity to explore *different* potential future models for our population(s). By involving a wide range of stakeholders in the process we can look to develop service-models that consider and balance all aspects of any potential change (clinical, financial, impact on patients, staff perspectives and other local factors).

Appendix B: Stakeholder Map



Appendix C: Stakeholder Contact List

(Please note: this is still being updated, work will be undertaken by the Communications and Engagement delivery group to ensure this is kept fully up to date and all stakeholder groups are effectively mapped, the most up to date version can be found in the FutureNHS collaboration platform)

Stakeholder map_master_updatec

Appendix D: Media Protocol

STP-wide media protocol.docx

Appendix E: Indicative Budget

Indicative Budget_wave1+.doc