TST overarching communications and engagement strategy and plan

(Approved at TST, CCG and Barts Health Boards in Jan/Feb 2016)

January to May 2016

Contents

1. Aims and objectives

This communications and engagement plan sets out how Newham, Tower Hamlets, Waltham Forest and neighbouring CCGs, supported by NEL CSU and working with Barts Health NHS Trust, other providers, local authorities and NHS England aim to engage and communicate effectively with patients, the public and relevant stakeholders about transforming healthcare services in east London. Engagement activities will involve local people and stakeholders, particularly those likely to have an interest in these services so that:

- Staff, patients, the public and stakeholders:
    - have the opportunity to make their views known
    - are clear about any proposed changes
    - are positive about the changes
    - are not unnecessarily worried about the changes
    - can 'sign up to' engaging in the future
- The CCGs meet their legal/statutory obligations.

We want meaningful engagement with local people and other stakeholders. We will know that we have achieved this if people:

- feel informed and listened to
- have given their views
- provide feedback that improves the development of the service
- support the changes.

All communications and engagement will be planned, clear and informative so that stakeholders are reassured and their needs are managed.

2. Statutory responsibilities

Newham, Tower Hamlets and Waltham Forest CCGs (the CCGs) have been responsible for engaging with stakeholders to ensure their views help shape any changes.

The CCGs are also responsible for ensuring that public involvement is carried out properly (as outlined in section 14Z2 of The NHS Act 2006, as amended). NHS England's guidance: *Planning and delivering service changes for patients* (December 2013) is also relevant.

The CCGs will be supported by NEL CSU to plan and deliver:

- **Phase one:** Communications and engagement activities in the period following the publication of the Strategy and Investment Case (SIC) including analysis of feedback from engagement
- **Phase two:** Any required consultation(s) on significant changes arising from the SIC. This will potentially be based on proposals for significant surgery changes, Whipps Cross and Mile End hospitals later in 2016 or in 2017.

The CCGs' governing bodies are responsible for decision-making regarding the engagement.

3. Challenges and opportunities

The key communications challenges, opportunities and risks include:

Challenge / opportunity / risk	Proposed plan
• **Engage staff** in this transformational change – some may see this as another reorganisation, when many of them are already de-motivated (see CQC report).	• Clear internal communication and engagement of leaders and change leaders. • Work with the OD programme and Barts Health. Aim for similar integration and alignment in primary care, integrated care etc.
• Ensure the engagement provides the partners with the **legal authority** to make changes when consultation is not required.	• Develop a clear communications action plan, agree with key partners; ensure communications is seen as central and critical to the success of the programme and aligned with workstreams. • Discuss with the inner north east London Joint Overview and Scrutiny Committee (JOSC) and the outer north east London JOSC so there is a unified scrutiny arrangement and/or a unified view.
• **Ensure changes are not viewed as downgrading by managing public perceptions but are seen as positively taking the NHS forward.**	• Ensure proposals are discussed and agreed by staff (who have considerable influence on public opinion) and Boards • Build trust in the NHS; putting clinicians

	(especially) and managers in front of the public to explain the proposals • Build on the relationships we have in place with our local NHS (members of the Transforming Services Together programme meet regularly with CCG, Barts Health and other colleagues). • Develop lines to describe the benefits for each hospital (and the group of hospitals). Whilst this is a strategic plan, we cannot ignore the fact that the public are interested in *their* local hospital.

• **Positively engage with the section of public and stakeholders** who are negatively predisposed as they have:
  ○ seen reconfigurations (Fit for the Future, Health for NEL) leading to consultation fatigue and lack of belief that things will change
  ○ seen criticism of existing NHS services (e.g. CQC reports – so they lack trust in the NHS to make good decisions/changes)
  ○ fixed views on finances, PFI, privatisation etc (e.g. 38 degrees, Save our NHS).
	• Build leadership and change leaders.
	• Make it clear how change is (and must be) continuous and that proposals build on previous (successful) work.
	• Explain that TST is part of the solution to the problems.
	• Recognise failings where they are clear but correct inaccurate criticism.
	• Brief stakeholders and ensure we understand their aims / objectives. How do we give them what they want?
	• Recognise that some critics will not change their mind. But we should not distance them from the programme, rather we need to listen to the issues to take them into consideration, amend our plans if necessary, and build a community of supporters around them.

• Manage the **political sensitivities.** E.g. ensure that any proposals are not used as a political football – particularly given the London elections in May.	• It is essential that we engage on the issues and options that are possible. Including all stakeholders in the planning process.

4. Key messages – case for change

We want to make a difference in east London and:

- address inequalities. Many of our residents receive excellent care, but the quality and availability of some of our services could be improved. The health of some of our residents is poor, with life expectancy in some parts of east London significantly lower than the England average.
- help patients to be in control of their own health and lead longer, healthier lives.

We have a huge challenge in east London and must plan ahead to address it.

- Our population is growing and in 15 years it is estimated we will have an additional 270,000 residents – equivalent to another London borough or a city the size of Southampton. If we carry on as we are, the East London organisations will be around £400 million in debt and would need a further 550 hospital beds – the equivalent to another hospital. This would be unaffordable to build and run.
- When we published our Case for Change in July 2014, we said that emergency and maternity services would be retained on each of the three main Barts Health sites. Since that time we have established that we face the opposite challenge. We need to maintain these services on each site, and cope with the anticipated increase in healthcare needs – but without having to build a new hospital.
- Health and social care budgets are being squeezed.
- We are struggling to recruit and retain the numbers of staff we need while many staff, particularly in primary care are nearing or past retirement age.
- Some of our buildings and IT are not fit for purpose – Whipps Cross needs more than £80 million of capital investment as a minimum. Much of the primary care estate is also unsuitable for the safe delivery of healthcare.
- CCG finances are currently in balance, but Barts has the largest deficit in the NHS.

This is not the start of the process; there is lots of work already underway to improve healthcare services

- Improvements put in place at Barts Health mean it has one of the lowest mortality rates in the UK (4th lowest). For example, performance in stroke and major trauma care are exceptional - these changes are saving lives.
- Over the past three years, £21 million has been invested in the Whipps Cross estate and we have some of the most modern and high-tech facilities e.g. the Sir Ludwig Guttmann Health & Wellbeing Centre or The Centre (Manor Park) in Newham.
- Integrated care is being provided to thousands of residents across east London, putting them more in control of their health and reducing admissions to hospital
- Our IT systems are getting better and more connected. For example, more hospital clinicians in Barts Health are able to see primary health records, and vice versa, resulting in a quicker and more streamlined service for patients.

5. Key messages – our proposals

The TST programme offers the opportunity to develop solutions:

- locally where necessary (but sharing learning and resources)
- in partnership with different organisations
- once across the three boroughs, where it is efficient and effective to do so.

Taken together, the changes would transform health and care in East London. In particular we need to focus on changing the social culture of over-reliance on medical services.

Care closer to home

- More **integrated care** for more people at risk of going into hospital, so that they can be cared for at home and stay out of hospital.
- A simplified and integrated **urgent care** system, so that people don't always turn up to emergency departments. We need to integrate NHS 111 with the urgent care system so patients can get advice, get a prescription, book an urgent or planned appointment with their GP – a one stop shop.
- Earlier identification of the need for **end of life care**, supported conversations and recording and sharing preferences. To enable this there needs to be shared care plans and enhanced community and palliative services delivered by better partnership working across the health, social care and voluntary sector.
- Making **primary care** more accessible; more proactive – helping people to take control of their own health and to be healthier; and more coordinated (with joined up IT systems so that care givers can provide better, quicker advice and services often in the same building). To do this we need fewer smaller GP practices. GP practices in the future should have list sizes over 10,000, or if they are smaller, work together in integrated provider networks, or on the same site as other practices.

Strong sustainable hospitals

We need three strong and sustainable hospitals providing emergency and acute care for our growing populations. Each needs a well-functioning emergency department and in the future, they will need to work more closely together and provide different services. We need to address the belief that having all services at a local hospital is a necessary 'security blanket'.

- Develop **surgery centres of excellence (surgical hubs)** at each of Newham hospital, Whipps Cross hospital and The Royal London. This would a) support the viability of these hospitals b) release capacity at Royal London, which is over-capacity c) provide a better patient experience (and outcomes), reducing cancellations and waiting times. Pre-operative and post-operative care would be at the patient's local hospital.
- Develop **acute care hubs** at each hospital site (Newham, Whipps Cross and The Royal London), bringing together more specialists and test facilities to the front door of hospitals so that patients can be diagnosed and treated more quickly and fewer patients will need to be admitted to a hospital ward.

- Provide more choice and continuity of care to **increase the proportion of natural births** (for instance in midwife-led settings). This will help us to cope with the expected 5,000 more births a year across north east London in the next 10 years.

Working across organisations

- Reduce the number of hospital-based **outpatient appointments** by improving the quality of referrals and improving Skype, telephone and other access.
- **Reduce unnecessary testing and sharing care records.** Consider GPs being able to directly refer patients for hospital tests (rather than to a hospital consultant who then does the referral) and at the same time, investigate why some GPs refer far more people for high-cost tests than other GPs.
- Develop new roles, different ways of working and effective ways of recruiting and retaining staff. For example, we will **introduce more physician associates**, health coaches and other roles who will be able to take on much of the day to day work of a GP. This will free up GPs (who are in short supply) to concentrate their expertise where it is needed most.
- Develop a strategy for making better use of **Mile End Hospital**. This could include more step-up/step-down facilities, mental health or community service facilities or even sale of underused parts of the site for educational or residential use
- Develop a strategy with partners, for the long-term future of **Whipps Cross.**
- We must improve the health, life expectancy and **care of people with mental health difficulties**, particularly focusing on rapid treatment early in life when the majority of symptoms first appear.
- We will work with schools, children's centres and youth services which are vital settings for improving the **health of young people**; and we will improve the way young people transition into adult services. We will redesign children's mental health services to make them less fragmented and work with schools to make sure mental health problems are identified earlier, leading to young people getting the support they need more quickly.

The expected outcomes

The combined impact of these initiatives, if they are all delivered through a coordinated, integrated delivery plan over the next five years, alongside productivity improvements, will be:

- a significant increase in activity being delivered closer to home, in more efficient care settings
- a healthier population, and patients who experience better care
- a workforce that is more appropriate for delivery of efficient and effective modern healthcare; staff who better understand their role, who feel supported and who are enthused about their job, healthcare and the NHS
- that hospitals are able to relieve the existing pressure on beds; can cope with the increase in population and long term conditions; and help to reduce waiting times, or create opportunities for new income streams
- improvements in the clinical quality of services and the physical and mental health of the whole population. We expect these proposals to directly support the Safe and

Compassionate improvement programme and the transition of Barts Health out of special measures

- net savings from the TST programme of between £104 million and £165 million over five years to 2020/21. The expected annual recurrent net saving by 2020/21 is £48 million. The most likely position if we deliver the changes described in this document; internal cost improvement programmes (CIPs); and quality, innovation, productivity and prevention (QIPP) programmes, is one of overall health economy balance with some organisations being in surplus and some in deficit.
- a significant reduction in the capital spend required. The TST programme proposes a budget for buildings and infrastructure of £72 million by 2021 (excluding essential estates and IT works), but the requirement if TST is not put into action is £250 million.

TST key messages on a page

Transforming Services Together is a joint agreement between Clinical Commissioning Groups (CCGs) in Newham, Tower Hamlets and Waltham Forest and our main local hospital trust Barts Health, to invest over £100 million in new health services and buildings over the next five years

1. We need to help people take responsibility for their own health, managing their health and illnesses better and to use health services appropriately
2. We are expecting 270,000 more people in our three boroughs. People will live longer. Drugs and treatments will get more expensive. We already struggle to recruit staff.
3. We need to strengthen our three main hospitals (Royal London, Whipps Cross and Newham). For instance, centres of excellence on each site will improve surgery. Acute hubs will reduce the number of people unnecessarily admitted to hospital and reduce the time patients are in hospital. Both these initiatives will strengthen the existing A&Es and maternity units
4. We will develop joined up services closer to people's homes. For instance, we will improve our sharing of records between different parts of the NHS, integrate care between different organisations and reduce unnecessary testing. There will be fewer small GP practices or they will work in networks or on sites with other practices so that they can offer better access, more services to help people manage their health better and to reduce costs.
5. We will work together to: develop services and plans for developing Whipps Cross and Mile End hospitals; develop new roles to meet the workforce challenges together (e.g. physician associates); and develop our IT
6. Our plan aims to save around £300 million over five years and around £800 million over ten years

These services will need to benefit the whole community, reduce health inequalities and address mental health, as well as physical health problems.

Our strategy

Our strategy aims to:

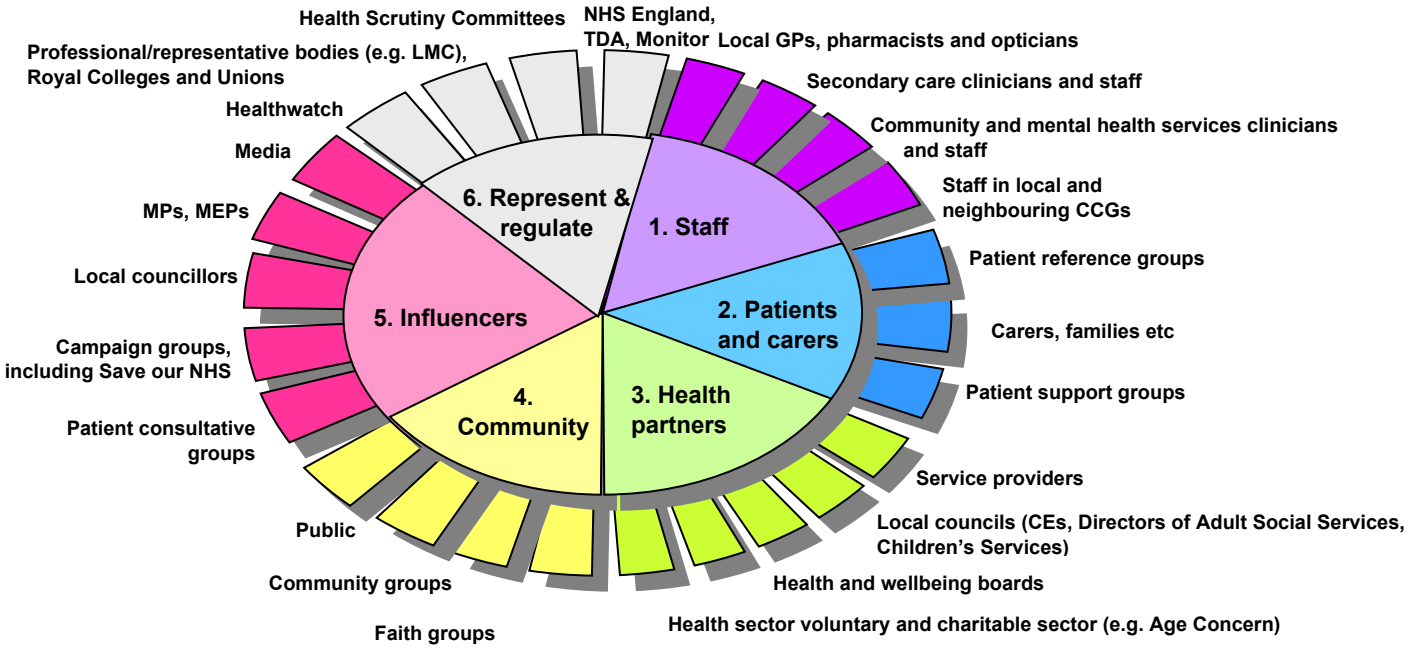
- embrace and support the health and wellbeing strategies of each borough;
- promote health and well-being by developing the knowledge, skills and confidence to self-manage through collaborative care and support planning
- change the culture of how we commission and deliver care and support a learning healthcare system
- increase involvement of patients and carers in co-production and decision-making
- maximise the use of the significant assets in our communities and voluntary sectors
- commission services in fit-for-purpose settings of care, often closer to home

- help people to stay healthier and manage illnesses; to access high quality, appropriate care earlier and more easily
- focus some specialisms in fewer locations to improve patient outcomes and experiences and drive up efficiencies
- value the importance of continuity and therapeutic relationships, acknowledging the importance of supporting people's mental health and well-being needs
- ensure the system can respond to the changing demands on our services that we have predicted as part of our *Case for Change*
- help set our finances on a path of sustainability in a challenging environment.

6. Stakeholders

There are a number of people and organisations who/which are involved, or interested in proposed changes to healthcare services in east London. They key external and internal audiences include:

- NHS England
- Neighbouring CCGs - in particular, City and Hackney, Barking and Dagenham, Havering, Redbridge and where appropriate, north central London CCGs
- NEL Commissioning Support Unit
- Homerton University Hospital NHS Trust
- East London NHS Foundation Trust
- North East London NHS Foundation Trust
- Third sector organisations
- Local authorities and public health teams; City of London; London boroughs of Hackney; Newham; Tower Hamlets; Waltham Forest; Redbridge; Barking and Dagenham; and Havering.



7. Our engagement strategy

- We are not consulting, we are engaging
- We are not asking permission to implement these programmes of work (except where the proposals is so new as to be a change in service), we are testing them, and asking for views on implementation. We should also be asking people to get involved in future work
- The breadth of TST means that there is a very limited number of people who will be interested in all aspects of the programme. Therefore **the majority of engagement will be at a local level about specific proposals** (initiatives) about what is important to local communities.

Responsibilities

TST programme communications

- Overarching key messages and collateral to introduce TST
- Establishment of communications framework (e.g. this strategy and plan)
- Coordination of three borough stakeholder meetings (e.g. JOSCs) and where a coordinated approach would add consistency and economy e.g. LMCs
- Establishment and coordination of methods of collation
- Facilitation of PPRG

TST programme (clusters and workstreams)

- Develop an engagement plan
- Develop cluster/workstream collateral to explain concepts and gain appropriate engagement
- Work with key stakeholders, staff, members of the public and patients to test and develop the proposals. This could be through focus groups, workshops or established groups

CCG communications teams

- Develop local collateral to explain how TST fits in with local plans
- Work with TST programme project managers to develop a locally appropriate engagement plan that dovetails with existing local engagement and meetings

Barts Health communications team

- Work with any/all of the above, to develop and deliver an engagement plan to staff
- Work with any/all of the above to assist in providing clinicians to speak at various forums

8. Alignment with other strategies / policies / issues

a) This communications and engagement strategy will need to align closely with the **organisational development and clinical leadership strategy**, to ensure the impact of both strategies is maximised

   An example of how this could work in practice is that the organisational development and clinical leadership strategy will need to take ownership of the programme to ensure it is delivered and implemented effectively. This will help to meet the aim of engaging CCG and Barts Health staff in the programme.

b) This implementation of this strategy will need to align with the **communications and engagement strategies of Newham, Tower Hamlets and Waltham Forest CCGs**.

c) All three CCGs (Newham, Tower Hamlets and Waltham Forest) have been approved to take on **fully delegated commissioning of local GP services**. The three CCGs have agreed to work together and will be developing a joint advisory board to oversee commissioning decisions. This should provide opportunities to better integrate care across the whole east London population – but will need to be explained.

d) **CQC inspections of Barts Health**. The trust is in special measures. The essential focus on these immediate issues may detract and/or complicate the focus on TST. The messaging has been (and continues to be) that TST addresses some of the underlying problems in the system and therefore has to be seen as part of the long term solution. It will also be important to highlight the positive aspects of Barts' care e.g. low mortality rates; some of the best stroke and major trauma care in the world; the Barts Heart Centre. Maintaining staff morale will be critical to the success of the trust and to the programme as a whole.

9. Our engagement plan

- The Strategy and Investment Case (SIC) was approved at the CCG governing body meetings in Tower Hamlets (26 January), Waltham Forest (27 January) and Newham (10 February); and at the Barts Health board on 3 February.
- The engagement will run for 12 weeks (29 February to midnight 22 May 2016).
- There are three documents:
    - Part 1: a summary to be tested with the Patient and Public Reference Group
    - Part 2: the main report
    - Part 3: the detail of the proposed high impact initiatives

We have already received feedback as the document has been drafted. Once the full document is publically available we will continue to invite comments from interested parties.

By engaging with stakeholders, we will be able to ensure commissioning decisions take into account public, patient and clinical views to ensure a safe service and excellent patient experience.

All engagement will build on links and relationships developed during previous engagement programmes (in particular Transforming Services, Changing Lives Case for Change (2014)).

Activity

The engagement plan includes:

- Drop-in sessions in each hospital
- A range of meetings / workshops and focus groups in each borough with staff, community and patient groups and representatives, and public to ask for their views.
- Media releases and adverts to be placed in the local press
- Offer of attending Overview and Scrutiny Committee meetings in each borough
- Offer to meet with Healthwatch, LMC and other stakeholders in each borough
- Monthly meetings with the Patient and Public Reference Group (PPRG)
- Production of a newsletter providing monthly updates on the programme
- Mail outs to interested parties asking for their views and the offer of a meeting (and requesting organisations mail out to their stakeholders e.g. council databases)

Collateral

A number of materials will be available throughout the engagement process to inform the public about the programme. These will include this engagement plan and:

- The Strategy and Investment Case
    - Part 1 – the summary
    - Part 2 – the main document
    - Part 3 – detail of the high impact initiatives
- Core presentation
- Advertisements and media releases
- Website and newsletters
- Questionnaire (on website and in the summary version to encourage feedback)
- Posters/banners for patient/public areas.

10. The high-level questions

We welcome your comments on any aspect of our proposals. However you may wish to think particularly about:

1. **Our strategy**	Prompts: Have we correctly set out the challenges? Is our overall strategy right? Are there issues we have not addressed well enough or at all?
2. Our investment case	Prompts: We plan to spend about £140 million over the next five years. We think this will help us meet the challenge of population growth and growing demand, make significant improvements and save the NHS around £300 million. Is this the right level of investment? Should we be more or less ambitious? Are our proposals achievable? Are any of them unnecessary?
3. The 13 high-impact initiatives	Prompts: Will these initiatives focus on the biggest challenges or on where they will make the biggest improvements? What issues should we bear in mind if we take them forward in their current format?
4. Do you have any other comments?	

Group	Engagement	Objectives	Responsibilities	Timescale
1. Staff	CCG engagement: • The CCGs and the three chief officers will lead on the engagement in each borough. This will include updates at staff meetings and briefings in staff newsletters and other internal communication channels.	To hear staff views Ensure a sense of ownership in each CCG about the TST programme so the proposals can be taken forward	CCG/TST/Comms	Ongoing
	• Ensure any engagement that is already happening locally in the CCGs is aligned to the TST strategy. This will be achieved through regular contact with the communications and other staff at the CCGs.	Ensure staff feel they have been involved in the programme and that TST is not just 'another thing'	CCG/Comms	Ongoing
	• Some of the changes will increase activity in primary care (e.g. moving some hospital appointments for patients with long-term conditions into primary care, where appropriate and where it will benefit the patient). The changes will occur at a time when primary care staff are already feeling overworked and demoralised. We will attend LMC meetings in each CCG area to engage with GPs	Develop NHS staff as potential ambassadors and drivers for change Help staff understand the impact of the proposals and allay fears they may have fears about the their jobs and understand the benefits for their future careers	GPs/TST/Comms	Ongoing
	Barts Health engagement: • Communicating with Barts Health staff is the responsibility of the trust; however the TST programme needs to work closely with communications and other staff at	Ensure a sense of ownership within the Trust about the TST programme so the proposals can be taken	BH/TST/Comms	Ongoing

	Barts Health to ensure their staff are informed about the programme and have the opportunity to engage. This will include providing materials and information for use within their internal channels, and working with them to arrange events and briefings. • Drop-in sessions will be held at each hospital site to inform staff, patients and carers about the programme	forward Ensure staff feel they have been involved in the programme and that TST is not just 'another thing' Allay fears staff may have about the their jobs and understand the benefits for their future careers Align key message with BH's safe and compassionate plan	BH/TST/Comms	During engagement process
2. Patients and carers	• Regular meetings of the TST patient and public reference group (PPRG) • Drop- in sessions at each hospital site to inform patients and carers about the programme • Drop-in sessions in each borough. These will be hosted by staff and clinicians involved in the TST programme and will be an opportunity for the public to have their questions	Hear the views of patients and carers Emphasise the message that this is not another NHS case of 'change for change's sake' Allay fears over potential extra travel to different sites for treatment Provide reassurance of the NHS commitment to clinical quality and patient care Help prevent ill health and improve the health of residents	TST/Comms BH/TST/Comms CCG/TST/Comms	Every month During engagement process During engagement process

3. Health Partners (local authorities, health and wellbeing board, charity and voluntary sectors)	• Regular updates through meetings and other communication channels • Attendance at key events	Ensure any impact on health partners are fully explored Utilise specialist knowledge of issues and opportunities Ensure synergy with partners' developments and announcements	Comms/TST Comms/TST	Ongoing Throughout engagement process
4. Community	• Drop-in sessions for the public. These will be hosted by staff and clinicians involved in the TST programme and will be an opportunity for the public to have their questions answered. One session will be held in each of the three boroughs and at each Barts Health site • Workstreams and additional events and workshops as necessary which will be focused on particular areas of the programme • Newsletter – several editions of a newsletter have been produced which provides updates on the TST programme. This will continue throughout the engagement process • Take out adverts in local papers • Website – the website http://www.transformingservices.org.uk/	Encourage members of the public to attend events to understand their needs Build trust in the NHS as effective caretakers of the health of the local population Help the public understand how the NHS works and the different services on offer Understand the needs of the residents Ensure their views are listened to	TST/Comms TST/Comms Comms Comms	Throughout engagement process Throughout engagement process Monthly Start and end of engagement process

	will be updated and continue to be a source of information for anyone with an interest in the TST programme		Comms	29 February
	• Literature and posters to be mailed out to Healthwatch and other stakeholders asking them to distribute and advertise in public areas		Comms	Start and throughout
	• Media release to inform members of the public		Comms	Throughout (see below)
	• Provide updates to CCG meetings with the public		CCG/Comms	Ongoing
5. Influencers (media, Mayor's office and London Assembly members, borough councillors)	• Adverts will be taken out in local papers	Ensure their views are listened to	Comms	29 February
	• A reactive statement will be agreed to respond to any questions on publication of the SIC on 20 January 2016	Facilitate them into providing reliable information to their readers/constituents	Comms	20 January 2016
	• A further, proactive release will be prepared which will outline the programme and the engagement in more detail		Comms	29 February
	• Another proactive release (half way through the engagement) will encourage people to get involved		Comms	Half way through engagement process
	• A final media release will be issued immediately following the closure of the engagement period		Comms	End of engagement process

	• Documents will be emailed to MPs and we will offer to meet with them to discuss further • Meetings with campaign groups such as Save our NHS • Details of the programme will be emailed to voluntary organisations and charities and we will offer to meet with them		Comms TST/Comms TST/Comms	29 May Throughout engagement process Throughout engagement process
6. Represent and regulate	• Attend meetings with the LMCs, NHS England, Royal Colleges, scrutiny committees and Healthwatch	Provide information as required under the NHS Act (OSCs) Receive independent endorsement for proposals and provide reassurance for relevant audiences Receive critical challenge and objective examination	TST/Comms	Throughout engagement process

11. FAQs

Q: Is this about closing hospitals?

A: No. Closing hospitals can save money and improve the quality of services but in East London, because of the expected extra 270,000 people, this would not be appropriate. Nor would opening a new hospital. We need to live within our means and reduce our reliance on hospital-based care.

Q: Will the Transforming Services Together programme solve the funding gap in this area?

A: Not completely – but it would play an important part in restoring balance.

Q: Will people have to travel further if you are proposing to consolidate some surgery?

A: Some people may have to travel further for their operation. However pre and post-operative assessments would mainly be done at the patient's local hospital. The proposals would reduce the number of cancelled operations and bring many services (such as outpatient) closer to home. So for most patients there will be a reduction in the need to travel. Patients would also benefit from shorter waiting times for surgery and improved outcomes.

12. Timeline

The engagement process will begin on the 29th February and last for 12 weeks. Analysis of the engagement period will then be incorporated into an engagement report for 17th June.

13. Risks and mitigations

Risk	Mitigation
1. Any proposed service moves from one hospital to another will be seen as 'downgrading'	• Lines to take will be developed to make it clear that all moves strengthen the offer at each site
2. Not all decision-makers fully understand the requirements for engagement and consultation, so services are changed prior to approval	• NEL CSU communications team attend programme meetings to advise decision-makers and others (as appropriate) on legislation, guidance and best practice in relation to service change
3. Everything focuses on small contentious changes when most of the programme is about being more efficient; making small-scale changes to streamline services and improve patient care	• Develop narrative around the smaller scale changes (such as new protocols) and the benefits they will bring, and emphasise in all communications to stakeholders

4. Impact of Barts Health being put into special measures, following publication of the CQC report on Whipps Cross Hospital. The need to address immediate issues may detract from the longer-term vision	• Continue to emphasise that action to address the immediate issues is crucial, but so is developing the longer term strategy, as this will address some of the root causes of the current challenges.
5. That ONEL/INEL JOSC do not support the proposals	• Send the documentation and plans to the JOSCs prior to engagement asking for comment; offer to meet with chairs and/or committees in advance; offer to meet with committees during the engagement
6. Risk of loss of momentum	• Ensure ownership of programme through engagement and getting staff members to present/discuss at every opportunity

As phase two of this programme may involve consultation on service changes, it is important to be mindful of the reasons why proposals for health service change in England are contested. The Independent Reconfiguration Panel advises that one of the most common reasons why proposals are referred is:

8. Health agencies caught on the back foot about the three issues most likely to excite local opinion – money, transport and emergency care	• The financial implications will be clearly laid out • The clinical workstreams are asked to consider implications for travel in their impact analysis • There is an urgent and emergency care coordination workstream in place. There is clear consensus within this group that emergency care needs to be retained on all sites.

14. Evaluation

The success of the formal engagement will be measured by:

- Meeting milestones and adherence to action plan
- Key stakeholders (including patients) are aware and understand the issues
- Respondents' views on quality of proposals and of the process
- Relevance of views expressed and the improvements made on the proposals
- Processes are sound and do not allow successful legal/quasi-legal challenge.

These align with the aims and objectives outlined in part 2 of the Strategy and Investment Case.