

Shotley Bridge Community Hospital Report February 2019

Purpose of the Report

1. To provide the Adults Wellbeing and Health Overview and Scrutiny Committee (AWHOSC) with:
 - a. an outline communications and engagement plan,
 - b. engagement narrative and
 - c. supporting data pack.
2. These documents will be used for the purpose of engaging with members of the public and key stakeholders (including staff) on services currently provided from Shotley Bridge Community Hospital (SBCH).
3. To outline next steps and process as part of the wider service review.

Executive Summary

4. The following report outlines the scope, content and timescales for public engagement relating to services currently delivered from SBCH.
5. Appendix 4 also provides the committee with a range of data relating to the health needs and activity of the local population.

Recommendations

6. County Durham Adults Wellbeing and Health Overview and Scrutiny Committee is asked to:
 - a. Consider the timescales for engagement and consultation as well as outline process to be undertaken
 - b. Review engagement narrative document to be used to inform the engagement process
 - c. Receive and review data associated with the local population in scope
 - d. Agree to receive regular updates on progress throughout engagement and consultation

Background

7. At a special meeting of the Adults Wellbeing and Health OSC held on the 4th December 2018 North Durham Clinical Commissioning Group (NDCCG) presented their initial thinking regarding the future of services currently provided from SBCH.
8. Following feedback from the Committee an exercise was undertaken with the Reference Group to review and reframe the content for engagement to ensure the scope of the project was clear and realistic.
9. The scope of engagement has been refined and only includes future service provision based on services currently delivered from SBCH.

Project Governance

10. A Reference Group has been established and has been meeting since October 2017. The group has representation from the MP, local Councillors, the CCG, clinical lead and County Durham and Darlington Foundation Trust (CDDFT), as well as the Director of Integrated Community Services.
11. The Reference Group is chaired by Councillor Lucy Hovvels (Chair of the Health and Wellbeing Board).
12. The Reference Group receives and considers reports and information as part of the project to help inform and consider potential options.
13. The CCG have also set up a project group which has representation from the local Patient Reference Group, Friends of SBCH, Healthwatch (as an observer), the clinical lead and various Trust and CCG representatives.
14. The aim of the project group is to help inform and shape the future of the project.

Scope of Project and Engagement

15. This review is borne out of the need to take action due to the current facility being unfit for purpose in its current state.
16. The scope of this review is about the services currently delivered from Shotley Bridge Community Hospital and not any additional potential local service provision.
17. There are a range of services currently delivered from SBCH. These services include;

- Range of outpatients
- Rehabilitation bed provision
- Urgent care
- Diagnostics

- Chemotherapy
 - Theatre
 - Endoscopy
18. For the vast majority of services currently delivered from SBCH, the CCG proposes that these will continue to be delivered within a local modern fit for purpose facility.
19. For these services which include outpatients, diagnostics and chemotherapy we would like to hear about people's experiences to inform future service delivery.
20. In terms of urgent care we are looking at utilisation of services, particularly during the hours of 12 midnight to 8am – for this there is a potential to continue delivering as is now or through a home visiting service (only overnight).
21. There are three service lines where we are potentially proposing change and we would like to hear the public's views on this;
- Rehabilitation bed provision
 - Theatre
 - Endoscopy
22. Within the engagement document we begin to present the case for potentially only delivering theatre and endoscopy services from main hospital sites and not within a local facility.
23. The reasons for this relate to the specialist workforce required and changes to clinical standards and guidance which have an impact on the viability of delivering such services locally. Also the cost of providing both the facilities and equipment relating to theatre and endoscopy services needs to be reviewed in line with best value principles.
24. In relation to the future provision of inpatient rehabilitation beds within Derwentside there are three potential scenarios to be taken into consideration. These scenarios take into account all current bed provision in the locality and how best we might utilise this. Again no decision has been made at this stage but we would like to have an honest conversation with members of the public on this topic.

National Guidance Regarding Engagement and Consultation

25. CCGs have a duty to engage and consult on any potential major service change (NHS Act 2006).
- a. The Government has set out four key tests (below) in relation to major service change which are fundamental to any proposed transformation;
 - i. Strong public and patient engagement.

- ii. Consistency with current and prospective need for patient choice.
 - iii. Clear, clinical evidence base.
 - iv. Support for proposals from clinical commissioners.
- b. A fifth test relates to any transformation which affects bed configuration;

Demonstrate 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
Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions
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).

- c. CCGs are also bound by the duties set out as part of the Equality Act 2010

Communications and Engagement Plan

- 26. NDCCG need to present a clear, coherent vision for the future provision of healthcare services in Shotley Bridge and the wider locality that is evidence based and is subject to engagement and consultation with members of the public
- 27. NDCCG have been involved in pre-engagement activity with key stakeholders to update on progress.
- 28. NDCCG are proposing to lead a period of engagement and formal consultation to inform the outcomes of this project.
- 29. The first stage will be public engagement which will help shape the content and methodology for formal consultation. Formal consultation will be held over a suggested 12 week period starting in Summer 2019.
- 30. The CCG will present the findings from the engagement phase and will seek assurance on proposals for formal consultation.
- 31. It is proposed that the CCG will start formal engagement with members of the public and key stakeholders in March 2019 for a period of 8 weeks.
- 32. The engagement process will be used to inform and gather feedback from members of the public, staff and key stakeholders.

33. The public will be asked about their experiences of current services as well as their views on our initial thoughts for future service provision. We also want to understand what is important to people in terms of accessibility of services.
34. The engagement methodology to be used includes dedicated events, focussed surveys, an ongoing presence at the current site and working groups which include councillors and MPs.
35. The CCG will utilise existing mechanisms to carry out focussed engagement including CCG and Trust patient and public forums.
36. The CCG will also seek support from the local authority to outreach into care provision and people's own homes through domiciliary care; this will give those more isolated communities the ability to feed into the process.
37. The CCG will engage with local networks across the voluntary and community sector.
38. As a CCG we are committed to ensuring that engagement is accessible and inclusive.
39. All information will be presented as part of a comprehensive engagement document – outlining key information and scenarios.
40. The information gathered will be used to help populate a pre-consultation business case to help inform public consultation.

Supporting Data Pack

41. We have used a variety of data and information about services provided from SBCH to inform the course of the project and to help us formulate the different scenarios outlined in the engagement document.
42. We have worked closely with our main provider of services at SBCH, CDDFT throughout to ensure that the data and information we are using is consistent, accurate and up to date. We have also worked closely with Public Health to look at population health data.
43. The analysis of current and future demand has informed our engagement plan and will be used throughout the process to support decision making.
44. Our use of data and information has enabled us to present these scenarios to you with confidence.
45. Our most recent data reports are attached to this document as appendices and are available for you, should you wish to see service activity in more detail.

Timescales

46. The following outline timescales are proposed for engagement and consultation as well as the potential for consultation start date. Please note these timescales are indicative and subject to change.

- Public engagement March 2019 for a period of 8 weeks
- Public Consultation Summer 2019 (12 weeks)
- Outline business case to NHS England after engagement and consultation (Autumn 2019)
- Full Business case Winter 2019

Background papers

- NHS Act 2006
- Equality Act 2010
- Planning, assuring and delivering service change for patients, NHSE April 2018