

## Healthy Staffordshire Select Committee

Monday, 15 July 2019

**2.00 pm**

Council Chamber, County Buildings, Stafford

**NB.** Members are requested to ensure that their Laptops/Tablets are fully charged before the meeting

John Tradewell  
Director of Corporate Services  
5 July 2019

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## A G E N D A

### PART ONE

1. **Apologies**
2. **Declarations of Interest**
3. **George Bryan Centre Engagement Plans** (Pages 1 - 4)  
Report of the Clinical Commissioning Groups
4. **Single Strategic Commissioning Organisation** (Pages 5 - 24)  
Report of the Clinical Commissioning Groups
5. **East Staffordshire CCG Community Services Procurement** (Pages 25 - 26)  
Report of the Clinical Commissioning Groups
6. **Integrated Urgent Care (GP Out of House and NHS 111 services)** (Pages 27 - 38)  
Report of the Clinical Commissioning Groups
7. **Exclusion of the Public**

The Chairman to move:-

That the public be excluded from the meeting for the following items of business which involve the likely disclosure of exempt information as defined in the paragraphs Part 1 of Schedule 12A Local Government

Act 1972 (as amended) indicated below.

### **Membership**

Charlotte Atkins	David Leytham
Tina Clements	Johnny McMahon (Chairman)
Janet Eagland	Paul Northcott (Vice-Chairman)
Ann Edgeller	Kath Perry
Richard Ford	Jeremy Pert
Maureen Freeman	Bernard Peters
Phil Hewitt	Carolyn Trowbridge
Barbara Hughes	Ross Ward
Alan Johnson	Ian Wilkes
Janet Johnson	Victoria Wilson
Dave Jones	

### **Note for Members of the Press and Public**

#### **Filming of Meetings**

The Open (public) section of this meeting may be filmed for live or later broadcasting or other use, and, if you are at the meeting, you may be filmed, and are deemed to have agreed to being filmed and to the use of the recording for broadcast and/or other purposes.

#### **Recording by Press and Public**

Recording (including by the use of social media) by the Press and Public is permitted from the public seating area provided it does not, in the opinion of the chairman, disrupt the meeting.

**Scrutiny and Support Manager:** Nick Pountney Tel: (01785) 276153

Local Members' Interest
N/A

## Healthy Staffordshire Select Committee – 15<sup>th</sup> July 2019

### George Bryan Centre Engagement Plans

#### Recommendation

1. To consider and comment on the information provided about the engagement plans for the two services formerly provided from the George Bryan Centre.

#### Report of Staffordshire and Stoke-on-Trent Clinical Commissioning Groups and Midlands Partnership NHS Foundation Trust

#### Summary

##### What is the Select Committee being asked to do and why?

2. The committee is being asked to receive an update on the George Bryan Centre and the engagement plans for designing the permanent solutions.

#### Report

##### Background

3. On 12th February 2019, a fire led to the destruction of the west wing of the George Bryan Centre in Tamworth.

4. The patients were transferred to St George's Hospital, Stafford. They moved to Milford Ward, which had been used as additional capacity for periods of high demand during winter.

##### The West Wing

5. The west wing was a 20 bed mixed sex 24 hour in-patient assessment, care and treatment ward for people who are in an acute state of mental illness. The average length of stay in the wing was 21 days.

6. The fire damaged wing has now been demolished and the building made safe and secure.

##### The East Wing

7. The East Wing was an assessment unit for people aged over 65, mostly with dementia.

8. With the West Wing empty, it made a safe response to medical and psychiatric emergencies on the East Wing very difficult.

9. In confidential session on 28<sup>th</sup> February 2019, the Board considered the quality and safety risks of having 12 vulnerable adults on an isolated site.

10. As a result, the Board agreed the following:

- East Wing will be closed to new admissions
- The patients be safely discharged
- The wing is temporarily closed pending a thorough and robust engagement exercise about the future service provision for the people of South Staffordshire.

### **Temporary alternative provision for people formerly on the East Wing**

11. With the East Wing temporarily closed

- older adults (over 65) not requiring admission will be supported and cared for in their usual place of residence by enhancing existing teams
- older adults requiring acute mental health admission will be supported and cared for at St George's Hospital in Stafford.

### **Enhancing existing teams**

12. The offer made by the existing community teams has been enhanced to enable older adults to remain in their usual place of residence. This includes

- Enhanced crisis home treatments with skilled, experienced older adult specialists for South Staffordshire residents
- Addition of a nursing/therapy lead
- New clinical psychologist to focus on older adults
- A training plan for the team, which has been benchmarked nationally to ensure best quality care and then interventions prioritised according to evidence of outcomes for service users

13. The focus of the team is on prevention and admission avoidance.

### **Finding a permanent solution for the two services**

14. A group has been set up to plan the engagement that will design the permanent solution for the two services

- 24 hour in-patient assessment, care and treatment for people who are in an acute state of mental illness (working age adults, mixed sex).
- older person's assessment service (over 65).

15. The group includes a service user who has inpatient experience of both the George Bryan Centre and St George's, a staff member who worked at the George Bryan Centre

who is temporarily working at St George's, representatives from the League of Friends of the Tamworth Hospitals and staff from Midlands Partnership NHS Foundation Trust.

### **Target audience**

16. The target audience for the engagement is

- people who have used the George Bryan Centre in the last two years
- family/carers of people who have used the George Bryan Centre in the last two years
- those who live in East Staffordshire Borough, Lichfield District and Tamworth Borough who have been admitted to St George's during the same time period.

### **Engaging the community**

17. We will reach out to local charities, groups and organisations during July and August that have an interest in the two services.

18. We will also reach out to current inpatients who have previously been inpatients at the George Bryan Centre.

### **Events**

19. It is proposed to hold at least four engagement events, two in Tamworth and one each in Lichfield and Burton. While the target audience remains as identified, the events will be open to all residents of the district and boroughs.

20. Provisional dates had been identified for July, but delays in securing a venue mean there will be limited time to promote the events. So, there is a recommendation that these now take place in September. August is being avoided because of holidays.

21. People will be asked to book a place at the events so that we can ensure everyone interested can be accommodated. Additional events will be organised if demand exceeds capacity.

### **Citizens Jury**

22. An independent organisation will be invited to host a citizens jury based on the same principles as a court jury, 12 independent men and women.

23. The jury will receive the outputs of the engagement exercise and will make recommendations to the MPFT Board.

### **Relationship with Together We're Better**

24. Staffordshire and Stoke-on-Trent's Sustainability and Transformation Plan (STP) is currently undertaking listening events relating to a number of different areas of health that need to be transformed. This includes mental health.

25. The George Bryan Centre engagement is a piece of targeted engagement being led by Midlands Partnership NHS Foundation Trust and will be received by the STP as part of their broader engagement.

**Contact Officer**

Name and Job Title: Anna Collins, Associate Director of Communication & Engagement

Telephone No.: 01782 298196

Address/e-mail: [anna.collins@northstaffsccg.nhs.uk](mailto:anna.collins@northstaffsccg.nhs.uk)

Local Members' Interest
N/A

## Healthy Staffordshire Select Committee – 15 July 2019

### Single Strategic Commissioning Organisation

#### Recommendation

1. To consider the information provided by the Clinical Commissioning Groups and provide feedback on the proposals.

#### Report of Staffordshire Clinical Commissioning Groups

#### Summary

2. The Healthy Staffordshire Scrutiny Committee is being asked to provide feedback on the proposals laid out by the CCGs to become a single Strategic Commissioning Group. The purpose of the report is to ask for your view as consultees as (this is specified as exempt from health scrutiny as it is a constitutional change – Local Authority Health Scrutiny 2014).

2.1 The feedback received from stakeholders, partners, providers and the public will be considered by and used to inform a vote which will be taken by the CCGs' GP membership and further, to develop recommendations for consideration by the CCGs' Governing Bodies. The outcome of this process will be used to develop any resulting application to NS England to merge the CCGs.

2.2 We are asking:-

- What do you agree or disagree with?
- Do you have any concerns or are there any groups or individuals you think may be adversely impacted
- How could we reduce the risk of impact?
- Do you have any other suggested options that we should consider?

#### Background

3. Clinical Commissioning Groups (CCGs) are groups of GPs who come together to form a membership. CCGs are clinically led decision making bodies who are responsible for designing and buying local health and care services. Six CCGs do this for the 1.1. million people who live across Staffordshire and Stoke-on-Trent.

3.1 We need to keep ahead of the growing and changing needs of the people living in Staffordshire and Stoke-on-Trent. This means we need to be much better at how we plan, buy and deliver health and care. The NHS Long Term Plan which was published earlier this year is all about working together effectively, with no barriers. Coming together is one way

we can start to do this in Staffordshire and Stoke-on-Trent, to deliver our health and care services more efficiently.

3.2 We have been working more closely together over recent years:

- **A single leadership team and staffing structure** so that where possible, we do things once and not six times. But we continue to be mindful of the different needs of the smaller local areas
- **Governing Body meetings held 'in common'** so that any strategic decisions that affect the whole population can be made quickly and consistently.

3.3 In December 2018, we wrote to NHS England, telling them we would like to explore the development of a single organisation.

3.4 The consultation runs from Thursday 9 May until July 2019

- We have already started the process of listening to our GPs and Governing Bodies. We are now also formally consulting with our hospitals, voluntary / community sector representatives, local authorities (councils), Health Overview and Scrutiny Committees, Health and Wellbeing Boards, NHS England / NHS Improvement, local Patient Participation Groups, the general public and CCG staff
- Feedback will be collated and reported back to the CCGs, by NHS Midlands and Lancashire Commissioning Support Unit.
- A decision will be made by the CCGs' GP members in September 2019. If they agree to form a single organisation, the next step would be for the Governing Bodies to make a formal application to NHS England.

3.5 As we progress with our involvement, we expect to identify issues, concerns or developments that are important to our GP practices, stakeholders and local people. We will keep working on these throughout.

3.6 Current timescales suggest that we should make any application in September 2019 with a view to merge in April 2020.

### **Contact Officer**

Name and Job Title: Anna Collins, Associate Director of Communication & Engagement, Staffordshire CCGs

Telephone No.: 07801 404519

Address/e-mail: anna.collins@northstaffscg.nhs.uk

### **Appendices/Background papers**

Power Point Presentation attached



# Your views on our journey...

## Towards becoming a single Strategic Commissioning Organisation

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Healthy Staffordshire Select Committee

15 July 2019

# Why we're here today



- To ask for your view as consultees  
(this is specified as exempt from health scrutiny as it is a constitutional change – Local Authority Health Scrutiny 2014)
- What we are proposing
- Maintaining local decision making for local people
- What happens next
- Your views on our proposals
- Thank you and questions

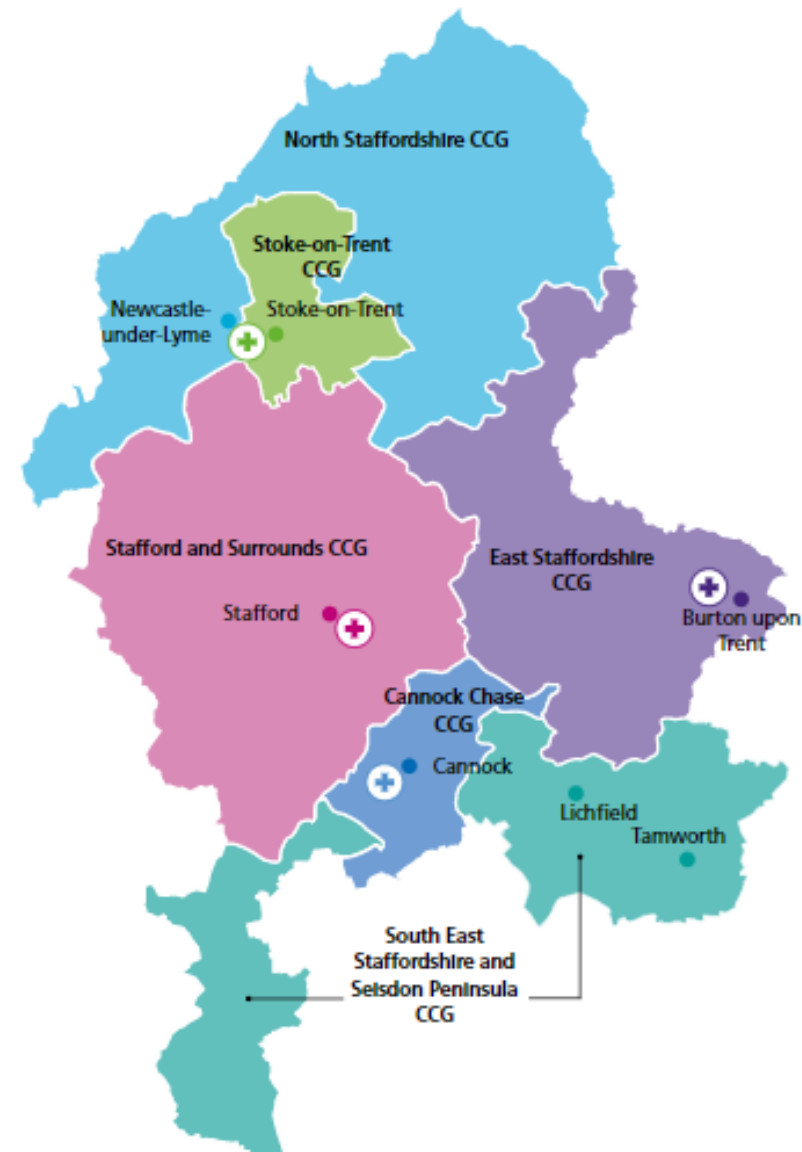
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# Who we are

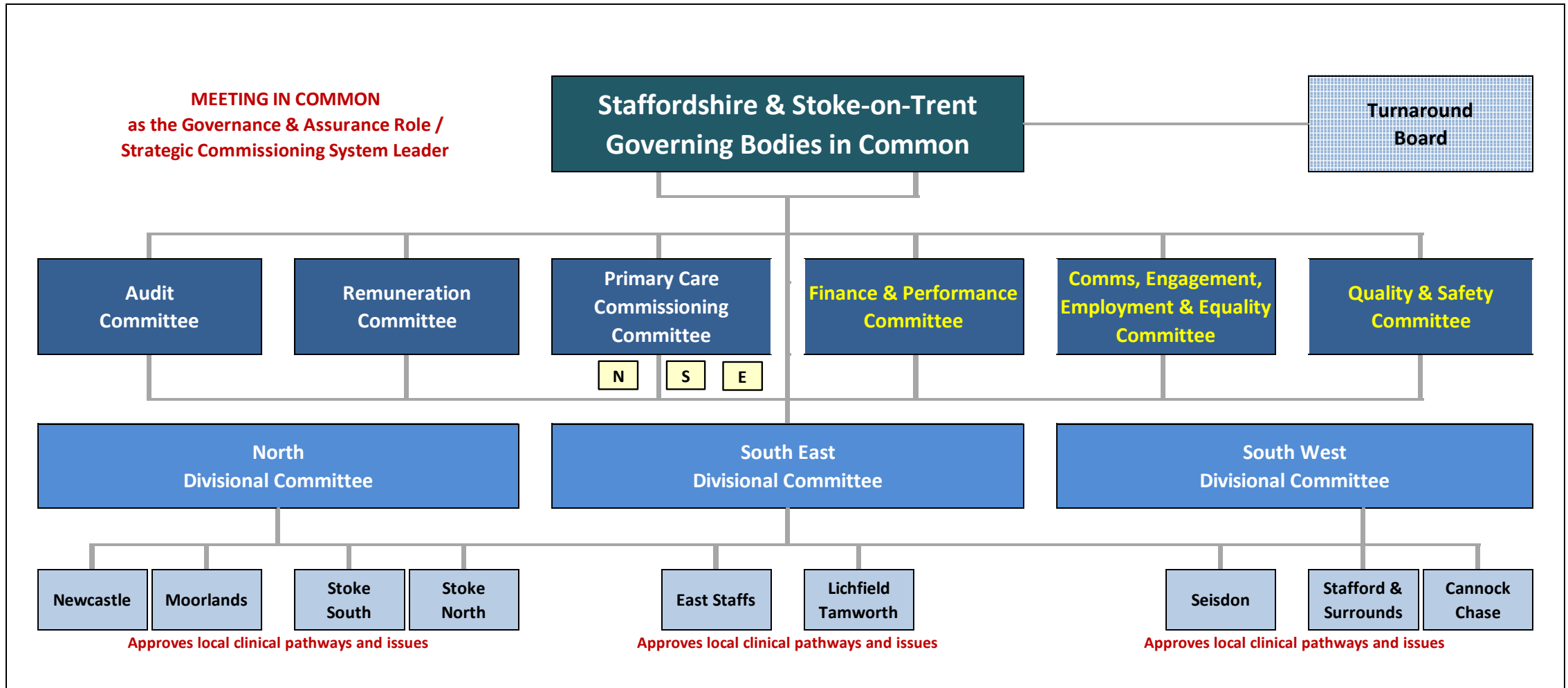
**Clinical Commissioning Groups (CCGs) are groups of GPs who come together to form a membership.**

CCGs are clinically led decision making bodies who are responsible for designing and buying local health and care services.

Six CCGs do this for the 1.1. million people who live across Staffordshire and Stoke-on-Trent.



# What is our governance structure like?



**KEY**

- A Statutory Committee (in Common)
- A Non-Statutory Committee (in Common)
- Divisional Committee
- Membership Board

# How do we involve GPs?



- Our GP members are grouped into three Divisions (networks):
  - Northern Staffordshire
  - South West Staffordshire
  - South East Staffordshire
- These Divisions are aligned to our Governance structure to ensure the GP voice is embedded in our decisions
- Responsible for delivering the system (Together We're Better) and CCGs' Commissioning Plans for their area (the "What")
- Responsible for taking local ownership of implementing these plans (the "How"), considering local variation and needs

# Why we want to come together

**We need to keep ahead of the growing and changing needs of the people living in Staffordshire and Stoke-on-Trent. This means we need to be much better at how we plan, buy and deliver health and care for you.**

The NHS Long Term Plan which was published earlier this year is all about working together effectively, with no barriers. Coming together is one way we can start to do this in Staffordshire and Stoke-on-Trent, to deliver our health and care services more efficiently.

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As six CCGs or as a single CCG, we will work towards delivering the Together We're Better partnership's vision: **“Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work”.**

Our six Governing Bodies have asked for assurance on how we:

## Clinical leadership

Remain clinically led, and break down barriers in the interests of patients

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## Local control

Retain strong, local clinical and patient voices

## Local needs

Respect that different areas of the county may have particular healthcare needs different to others and we need to consider these needs

## Money

Ensure that no CCG would lose out financially as a result of a single Strategic Commissioning Organisation

# Potential benefits of coming together



## To patients

- Local delivery, through Divisions working to keep patients at the centre of all they do
- Help reduce variations in patient outcomes and improve patient experiences
- Stronger patient engagement (e.g. focussing on services and improving outcomes)
- Reduced duplication - doing things once, not multiple times (as envisaged by the Long Term Plan)
- Help deliver care closer to home by strengthening community services
- Strengthen providers and commissioners working together



# Potential benefits of coming together

## To GPs

- Stronger primary care voice with providers within the Divisions
- Enable GPs to do things once
- Free up time for staff to deliver once rather six times
- Clarity in decision making processes
- A focus on Divisions deciding how they will implement a single strategy
- Support GPs working together



## To commissioners

- Focus on outcomes by strengthening our Divisions and giving delegated responsibility for local decision making to Divisional Committees
- Quicker and simpler decision making
- Better relationships with providers
- Higher quality strategy
- More efficiencies which can reduce costs and our deficit

## To providers

- Better relationships and integrated working
- Quicker and simpler decision making
- More control over the design of services and also about working together as a system

# Potential benefits of coming together



## To the system as a whole

- Better understanding of our populations means we can plan what is needed county-wide versus locally
- Strong Divisions support co-ordinated care to deliver fair and equitable outcomes across the county
- Clinical leaders turn strategy into local delivery based on local needs
- More efficient and effective care removes duplicated efforts / costs across the system

# What we are proposing

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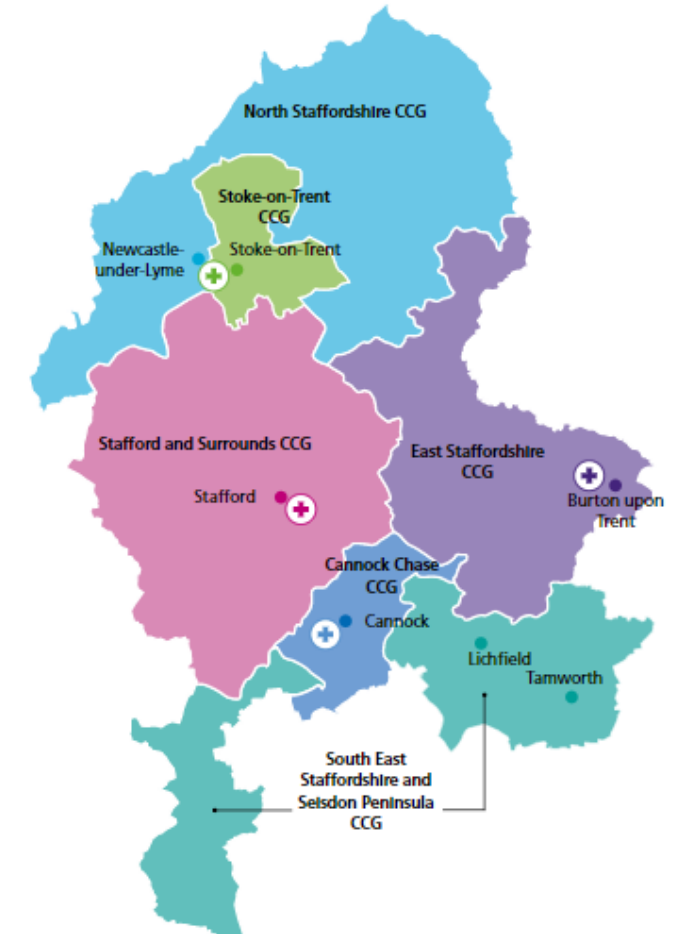
# The current arrangement – six CCGs

We have been working more closely together over recent years:

- **A single leadership team and staffing structure** so that where possible, we do things once and not six times. But we continue to be mindful of the different needs of the smaller local areas
- **Governing Body meetings held ‘in common’** so that any strategic decisions that affect the whole population can be made quickly and consistently.

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In December 2018, we wrote to NHS England, telling them we would like to explore the development of a single organisation.



# Our proposals



## Keep the current arrangements of six separate CCGs under a single leadership team

The six CCGs stay as separate organisations, each responsible for their own statutory functions (legal obligations). The single leadership team will oversee the delivery of these, supported by meetings held jointly or 'in common'.

The CCGs will continue to work closely together, but will keep their own constitutions, and is responsible for its own local area. The constitutions will each need to be amended to reflect arrangements where Governing Body and members will meet jointly or 'in common' for any joint decision-making.



## Develop a new, single CCG

To form a single Strategic Commissioning Organisation for the county.

The single leadership team will help a single Governing Body working to one set of statutory duties (legal obligations), rather than six. This will be supported by a single governance structure and single set of committee meetings

**Are there any other options we should consider?**

## It would allow for more effective partnership working

Whatever option is taken forwards, our priority is to develop strong Divisions will help deliver the transformation set out in the NHS Long Term Plan about integrated care planning

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A single CCG would continue to be aligned with the Health Overview and Scrutiny Committee and Health and Wellbeing Boards at Staffordshire County Council and Stoke-on-Trent City Council

## Clinical leadership

- Clinical leadership from our GP membership will influence strategy over a larger footprint
- Work with developing Primary Care Networks to continue to strengthen the voice of primary care

## The consultation runs from Thursday 9 May until July 2019

- We have already started the process of listening to our GPs and Governing Bodies. We are now also formally consulting with our hospitals, voluntary / community sector representatives, local authorities (councils), Health Overview and Scrutiny Committees, Health and Wellbeing Boards, NHS England / NHS Improvement, local Patient Participation Groups, the general public and CCG staff
- **Feedback** will be collated and reported back to the CCGs, by NHS Midlands and Lancashire Commissioning Support Unit.
- A decision will be made by the CCGs' GP members in **September 2019**. If they agree to form a single organisation, the next step would be for the Governing Bodies to make a formal application to NHS England.

As we progress with our involvement, we expect to identify issues, concerns or developments that are important to our GP practices, stakeholders and local people. We will keep working on these throughout.

# How you can share your views

- Complete the feedback form (available on your local CCG's website or on paper)
- Email: [mlcsu.involvement@nhs.net](mailto:mlcsu.involvement@nhs.net)
- Call: 01782 298 002
- Attend one of our public meetings:
  - 22 May, North Staffordshire Medical Institute, Hartshill, Stoke-on-Trent
  - 23 May, The George Hotel, Lichfield
  - 28 May, St. Edwards Academy, Leek
  - 29 May, Entrust, Stafford
  - 4 June, Aquarius Ballroom, Hednesford, Cannock
  - 5 June, Pirelli Stadium, Burton
  - 7 June, South Staffordshire District Council, Codsall
  - 20 June, Tamworth Fire Station (drop-in 3pm to 4.30pm)
- Write: PO Box 12345, Stoke-on-Trent, ST1 1TS
- Follow social media: Twitter [@StaffsCCGs](#); Facebook [@StaffsCCGs](#).



# Over to you

## Take time to consider the following questions:

- What do you agree or disagree with?
- Do you have any concerns or are there any groups or individuals you think may be impacted (in a bad way)?
- How could we reduce the risk of impact?
- Do you have any other suggested options that we should consider?

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# Questions

Local Members' Interest
N/A

## Healthy Staffordshire Select Committee – 15 July 2019

### East Staffordshire CCG Community Services Procurement

#### Recommendation

1. To consider the information provided and constructively challenge.

#### Report of South East Locality Staffordshire and Stoke on Trent CCGs

#### Summary

##### What is the Select Committee being asked to do and why?

2. The Select Committee is asked to:
  - (i) Receive the report and;
  - (ii) Be assured that appropriate action is being taken to secure ongoing provision of safe, high quality community services for the population of East Staffordshire CCG.

#### Report

##### Background

3. Following an extensive public engagement and consultation process in 2014/15, East Staffordshire Clinical Commissioning Group (ESCCG) entered into a 7 year, fixed priced, prime contractor contract with Virgin Healthcare Services Limited (VCSL) in June 2016. This was an innovative contract in which VCSL was procured to be responsible for and lead the delivery of a range of services across primary, community and secondary care to deliver improved healthcare outcomes for patients. This was known as "the Improving Lives Contract"

4. In June 2018 VCSL issued two partial termination notices to ESCCG, terminating the acute, Out of Hours and NHS 111 with effect from June 2019. These services have now been safely transferred back to the acute trusts, NHS 111 and Out of Hours providers accordingly.

5. In April 2019 VCSL issued a full contract termination notice to East Staffordshire CCG to exit the residual community services in the Improving Lives Contract with effect from 31<sup>st</sup> March 2020. The CCG is now commencing a procurement process to secure an alternative provider to deliver these community services for its population from April 2020.

## Procurement Process

6. The CCG has obligations under the Public Contract Regulations 2015 to hold a tender process under the light touch regime and must also comply with the NHS Patient Choice, Procurement and Competition (no 2) Regulations 2013 to secure services for patients, improve quality and efficiency and gain best value for money. To comply with these regulations the CCG is carrying out the following procurement process:

Scoping	2 <sup>nd</sup> May 2019	ESCCG Governing Body - Review of demographics, what good looks like, scope of delivery models.
	5 <sup>th</sup> June 2019	Engagement with stakeholders & consultation commenced and aligned with "Together We're Better" Staffordshire and Stoke on Trent Sustainability and Transformation Plan Public Consultation exercise.
Defining	2 <sup>nd</sup> July 2019	Agree procurement approach and issue Procurement Intention Notice
Procurement	2 <sup>nd</sup> August 2019	Commence procurement process - Invitation To Tender
	24 <sup>th</sup> September 2019	ITT evaluation
	8 <sup>th</sup> October 2019	Commence moderation and evaluation
	28 <sup>th</sup> November 2019	Governing Body approval
	16 <sup>th</sup> December 2019	Contract Award
Mobilisation	January 2020 February 2020 March 2020	TUPE consultation and safe transfer agreements from VCSL to new provider.
Contract start	1 <sup>st</sup> April 2020	New provider in place

## Contact Officer

Name and Job Title: Nicola Harkness, Managing Director SE Locality Division

Telephone No.: 01283 507100

Address/e-mail: nicola.harkness3@northstaffs.nhs.uk

Local Members' Interest
N/A

## Healthy Staffordshire Select Committee – 15 July 2019

### Integrated Urgent Care (GP Out of House and NHS 111 services)

#### Recommendations

- To consider and comment on the plans, provided by the six Staffordshire and Stoke on Trent CCGs, to deliver the national service specification for Integrated Urgent Care.
- To consider and comment on the planned engagement activities that will take place to support the programme.

#### Summary

#### What is the Select Committee being asked to do and why?

1. The purpose of this paper is to inform the Committee of the six Staffordshire and Stoke on Trent CCGs plans to deliver the national service specification for Integrated Urgent Care. This includes integrating the GP Out of Hours and NHS 111 services. The service is nationally mandated however we have carefully considered our approach to this and have included our planned engagement activities that will take place to support the programme.
2. The table below sets out the key milestone dates for the procurement to ensure that services are operational from the 1<sup>st</sup> October 2020:

Task	Start Date	End Date
Service Specification approvals via CCG Committees	18/06/19	18/07/19
Governing Board Sign Off	29/08/19	29/08/19
ITT Documents Uploaded, Advert posted on OJEU & Contracts Finder	09/09/19	09/09/19
ITT Live & Return	16/09/19	02/12/19
Bidder Engagement Event (if required)	23/09/19	30/09/19
ITT Evaluation	09/12/19	06/01/20
Moderation meeting	13/01/20	17/01/20
Candidate Presentations (if required)	20/01/20	24/01/20
Final Review / Moderation	27/01/20	31/01/20
Complete Regulation 84 Award & Recommendation Report	03/02/20	10/02/20
CCG Exec Approval	20/02/20	20/02/20

Issue letter of intent / regret letters	24/02/20	28/02/20
Standstill period	02/03/20	13/03/20
Publish Award Notice	16/03/20	20/03/20
Contract Signing	16/03/20	20/03/20
Mobilisation Period	16/03/20	30/09/20
Contract Start	01/10/20	01/10/20

## Report

### Background

3. **Link to Trust’s or Shared Strategic Objectives** – programme of works links to the NHS 5 Year Forward View and the NHS Long Term Plan (further detail is supplied in the next heading, called Introduction).
4. The same report also needs agreement and consideration by the Stoke-on-Trent Health Overview and Scrutiny Committee as the services described are across Staffordshire and Stoke-on-Trent.

### Introduction – the NHS 5 Year Forward View

5. The NHS 5 Year Forward View described the need for a redesign of urgent care services for people of all ages with physical and mental health problems. This highlighted the need for highly responsive services that deliver care as close to home as possible.
6. In 2017, NHS England and NHS Improvement published the next steps on the NHS 5 Year Forward View which highlighted the importance of delivering a functionally integrated urgent care system to help address the fragmented nature of out of hospital services. In response to this NHS England developed a National Service Specification for integrated urgent care; this brings together NHS 111 call-handling functions with former GP Out of Hours (GP OOH) services to deliver integrated 24/7 urgent care access, clinical advice and treatment service. This new specification is the starting point to revolutionise the way in which urgent care services are provided and accessed.
7. The overall aim of the specification is to move from an “assess and refer” to a “consult and complete” model of service delivery. The integration specification makes it clear however that this is more than simply “bolting together” the existing NHS111 and GP OOH service provision, it is in fact the introduction of a new fully functional integrated service which features a new clinical advice function.

### Current service offer

8. Within Staffordshire and Stoke on Trent there are currently many services that offer alternatives to A&E departments, however, understanding and navigating these services as a patient remains complicated. This confusion and lack of access to urgent care appointment leads to an over reliance on A&E services.

9. Currently across Staffordshire NHS 111 and GP OOH services are delivered under separate contracts, all ending at different times and subject to differing service specifications. The current services offered across Staffordshire and Stoke-on-Trent that are considered as in scope for Integrated Urgent Care procurement are:

- GP OOH services in North Staffs and Stoke CCG (Vocare)
- GP OOH services in Stafford & Surrounds, Cannock Chase and South East Staffs CCGs (Vocare)
- GP OOH services in East Staffs (Vocare)
- NHS 111 for Staffordshire (Vocare)
- NHS111 online service (Vocare)
- Urgent Care Centre/GP front-door streaming at Royal Stoke (Vocare)

10. It is likely that the below service will remain out of scope of the procurement due to the geography and practicalities of service location for face to face GP OOH appointments. For the avoidance of doubt, the patients registered with a Seisdon GP shall receive the same IUC model of care; however, should it be identified that they require a face to face GP OOH appointment this will be delivered by the service commissioned by Wolverhampton or Dudley CCG.

11. There will be a seamless transition for patients as services currently operate in this way.

- GP OOH services in Seisdon Peninsula (Dudley UTC provided by Malling Health and Wolves UTC provided by Vocare)

12. Other existing services will be included in the scope of Integrated Urgent Care's overall delivery, particularly as the system moves towards the delivery of the NHS Long Term. However, these will not be included in the procurement exercise; these services include but are not exclusive to:

- West Midlands Ambulance Service
- Community services within Midlands Partnership NHS Foundation Trust
- Mental Health services within North Staffordshire Combined NHS Healthcare Trust
- Voluntary and third sector services
- Urgent Care services provided by acute trusts

### **Implementation of the National Integrated Urgent Care Service Specification**

13. The overall aim of the national specification is to move from an "assess and refer" to a "consult and complete" model of service delivery and a number of immediate actions for CCGs were identified for introduction by 31 March 2019; these included:

- Clinical Assessment Service (CAS) – a multi-disciplinary clinical team including at least one GP available 24/7. The service will reduce onward referrals and signposting by increasing the availability of telephone consultations by clinicians, the outcome of this will result in advice, prescription or booking into an appropriate service to be seen.

- Direct Booking – Post clinical assessment patients will be direct booked into an appropriate service, this includes GP OOH, patients own GP, extended access services, urgent treatment centres, services co-located with A&E
  - NHS111 Online – implement a solution that allows patients to access the IUC offer via an online solution
  - Integration with the Ambulance – support paramedics with access to the IUC service whilst on scene. Patients that dial 999 can be backwards passed to NHS111 and the CAS
14. The CCGs have worked with the current provider to contract vary the requirements outlined above into existing contracts, although all actions have been addressed further work is required in relation to direct booking. Whilst some of this is within the gift of the present provider; e.g. booking into the GP OOH services; there are external factors that have impeded implementation of direct booking to alternative services.
  15. It is recognised that the majority of contracts associated to the IUC procurement within Staffordshire and Stoke on Trent were previously awarded to the same Provider through individual competitive procurement processes. As a consequence of this, agreement was reached that from the 1<sup>st</sup> April 2019 all existing contracts will be aligned into a single Integrated Urgent Care service specification. This specification will meet the requirements of NHS England and also adhere to the nationally mandated key performance indicators.
  16. This single contract will run until the 30<sup>th</sup> September 2020 with a commitment that the six Staffordshire and Stoke on Trent CCGs will undertake a procurement exercise to appoint a suitable service provider who can deliver the national integrated urgent care service specification from the 1<sup>st</sup> October 2020.

### **Next steps**

17. The six Staffordshire and Stoke-on-Trent CCGs have already commenced work to undertake a procurement to appoint a suitable service Provider to deliver integrated urgent care services to the population of Staffordshire and Stoke on Trent. This commenced with a Market Engagement Event with potential providers in February 2019.
18. Work is currently underway to develop a robust service specification, in line with the national specification.
19. To support the development of the service specification a series of targeted engagement activities will take place over the coming weeks. A copy of the



Communication and Engagement Plan outlining the key audiences that will be communicated with and timescales is attached as

### **Future Service Development**

20. Additionally, the Long Term Plan details that by 2023 the Clinical Assessment Service will typically act as the single point of access for patients, carers and health professionals for integrated urgent care and discharge from hospital care.
  
21. It is the intention that the service specification for urgent care in Staffordshire and Stoke on Trent will be developed to allow the flexibility for service development as the contract will be awarded for a period of 5yrs with the possibility of a further 2yrs extension.

### **Contact Officer**

Name and Job Title: Sarah Evans, Commissioning Manager

Telephone No.: 01782 298002 ex 4056

Address/e-mail: [sarah.evans@northstaffsccg.nhs.uk](mailto:sarah.evans@northstaffsccg.nhs.uk)

### **Appendices/Background papers**

Communications and Engagement Plan



# Communication and Engagement Plan

## OOH and NHS 111 service

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To support communication and engagement with healthcare professionals and users of the service to gain current experiences and views to help shape the future service.

## 1. Overview

- OOH and NHS 111 services are working more closely as part of the plan to create an Integrated Urgent Care System for Staffordshire and Stoke-on-Trent
- National specification for Integrated Urgent Care Systems commenced on 1 April 2019 – in Staffordshire and Stoke-on-Trent a temporary measure was put in place
- Mobilisation of Integrated Urgent Care System will take shape from 1 October 2020.

## 2. Aims and objectives

The plan is to establish the ways in which we communicate the opportunity for people to share their experiences of the current service and help shape the future service. This will include liaising with healthcare professionals who use the professional NHS 111 line, as well as patients and potential users of the services.

The purpose of this plan is to:-

- Identify key audiences and appropriate level of communication
- Identify any communications risks and seek to address them
- Incorporate mechanisms for monitoring and evaluating the effectiveness of the communications
- Identify the appropriate methods of delivery for communication including timescales

## 3. Feedback summary

- A similar piece of engagement took place two years ago for the south of the county. Lessons were learnt from this engagement including the approach of two surveys to capture views from the users/patients and experiences from healthcare staff separately about the NHS 111 professional line. Another example being carried forward is the length and structure of the surveys. We aim to launch both surveys w/c 17 June for 4 to 5 weeks, ending 21 July 2019, with room for extension depending on the value of responses and interest.
- The commissioning and contracts team have gathered insight from users from the OOH and NHS 111 service, as well as the Urgent Care Centres, using the CCGs' Datix system.
  - This soft intelligence is from the period of January 2018 to May 2019 and covers the following themes:
    - Access and waiting e.g. access to appointments and waiting time issues for a call back, or to see a clinician in person
    - Better information / more choice
    - Building closer relationships e.g. comments about poor attitude of staff, or some patients feeling they were discharged too quickly
    - Safe, high quality and coordinated care e.g. comments on clinical care/treatment
  - A number of compliments were also received about the service highlighting positive care and treatment a patient received.
  - This feedback has helped shape some of the questions in the survey, in particular from the public. This will enable us to capture the most up to date and relevant experiences of the current service and to help shape the future service. It means we also know from this research what is important to users.

#### 4. Key audiences

The key audiences that need to be communicated with include:

- **Member practices:** Healthcare professionals from primary care that use the professional NHS 111 line
- **Healthcare professionals:** Other healthcare professionals that use the professional NHS 111 line outside of the GP practices, such as paramedics, district nurses and care home staff
- **Patients/users/public:** People that use, or could use Out of Hours and NHS 111 services
- **Targeted groups:** High users of the service include families with young children and people with long term conditions

#### 5. Key messages

- The Integrated Urgent Care service will bring NHS 111 and OOH services together to provide a single point of access for patients, paramedics, healthcare professionals and care homes for urgent primary care advice and appointments.
- A key aim is to close calls at the point of delivery through NHS111 and not advise patients to access alternative services; as a result, the service will deliver a 'consult and complete' model of care meaning patients will receive a complete episode of care resulting in either advice, a prescription or an appointment.
- Where an appointment with a clinician is required these shall be direct booked, this will eliminate the need for patients to call their practice for an appointment as recommended by NHS111. Additionally, the service will deliver simplified, timely and consistent access to rapid response community offerings with the ability to direct book patients into appointments.
- Access to NHS111 via an on-line portal for patients wishing to take a digital approach.

#### 6. Risks

We have identified one potential risk which could affect the rate of engagement for this service. We are aware of negative feedback from users – either through the providers or via patient forums such as PPGs and the CCG's face to face engagement model. These themes are captured on the Datix system and were outlined in section 3 of this plan.

Our aim is to learn from the users' experiences and capture their thoughts to improve the service. Users can do this by taking part in the engagement activity and sharing their views.

This could result in a large number of responses to the survey. During the engagement period, we have agreed close monitoring of the number of responses and offered any community groups to get in touch separately to share their collective view. A report of the views captured will be analysed and used as part of the new service specification.

We have considered various methods to capture experiences from the key target audiences – these are detailed in the table below:

## 7. Communications: Approach and Delivery

Comms team = PG/JS/JN/TS/Media/EII

CCG admin support = CP/MS

Commissioning team = SE

Audience	Communication	Description	Timescales	Lead	
Public	Public/patient online survey	PG draft with commissioning team.	by w/c 10 June	PG/SE	
		Feedback on survey and comms plan	Feedback by 12 June	SE	
		EII team to draft on SNAP tool.	Survey with EII by 14 June	PG	
		Online survey launch	w/c 17 June	EII	
		Analysis report	Use data from survey tool to develop analysis report highlighting what the results showed and the next steps.	16 August	SE
			Use analysis report to shape new service specification	21 August	SE
	Press release and copy (for web and newsletters) with patient/public online survey link	Share analysis report on CCG websites – potential new press release on results.	10 September	PG	
		Media team to draft. Dr Steve Fawcett to be quoted as lead clinician in process	w/c 17 June	PG / media	
		Direct communication with District PPGs/Patient Forums	Direct email to all members and add to PPG website	w/c 17 June	JN
		CCG websites	Add survey to Consultation & Engagement section on each of the CCG websites, as well as News from press release	w/c 17 June	TS
Social Media – Facebook, Twitter, Instagram	Messages to direct people to press release and online public/patient link	w/c 17 June to 21 July (including “Last chance...”)	JS draft TS action		
	Create visual for survey for FB & Instagram	w/c 17 June	TS		

Audience	Communication	Description	Timescales	Lead
<b>Patients, carers and families</b>	Share copy with online public/patient online survey	<ul style="list-style-type: none"> <li>Practice websites</li> <li>Practice Facebook pages/Twitter</li> <li>CCG public newsletters</li> <li>Direct email to members of Patient Groups</li> <li>PPGs via Your Voice newsletters</li> </ul>	3 July 3 July 26 June w/c 17 June  By 28 June	P. Care P. Care JN MS / CP  JN
	Share printed copies of the survey with current users	OOH reception areas to hand out surveys to users during appointments.  Collect completed surveys  Commissioning team to enter data from printed version to online version to aid analysis process	w/c 24 June  24 July  26 July	SE  SE  SE
	Share copy with public/patient online survey with specific users of the service: <ul style="list-style-type: none"> <li>Families with young children</li> <li>People with long term conditions</li> </ul>	Contract team to identify any specific groups <ul style="list-style-type: none"> <li>Target social media groups of young families</li> <li>Voluntary sector to share surveys to specific groups identified e.g. Diabetes UK, Age Concern, Breathe Easy and British Lung Foundation</li> </ul>	By 12 June  w/c 24 June  w/c 24 June	SE  JS/TS  JS
	<b>Healthcare professionals using the service</b>	Create HCP online survey    Analysis report	PG draft with commissioning team.  Feedback on survey and comms plan  EII team to draft on SNAP.  Online survey launch  Use data from survey tool to develop	by w/c 10 June  Feedback by 12 June  14 June  w/c 17 June  16 August

Audience	Communication	Description	Timescales	Lead
		analysis report highlighting what the results showed and the next steps.		
		Use analysis report to shape new service specification	21 August	SE / KP
		Share analysis report on CCG websites	10 September	PG
	Direct comms with HCP using the service: <ul style="list-style-type: none"> <li>Paramedics (WMAS)</li> <li>MPFT (Jenny Collier) – District Nurses (<a href="mailto:jennie.collier@mpft.nhs.uk">jennie.collier@mpft.nhs.uk</a>)</li> <li>Care Homes – Amanda Tomlins (<a href="mailto:Amanda.tomlins@northstaffs.nhs.uk">Amanda.tomlins@northstaffs.nhs.uk</a>)</li> <li>GPs via Practice Newsletter (via GP comms inbox)</li> </ul>	Share stakeholder briefing with HCP survey via key contacts listed, and during regular already scheduled meetings.	17 June – 21 July 17 June – 21 July  17 June to 21 July	SE SE  SE
			w/c GP newsletter 3 July	JN
<b>Healthwatch (Staffordshire and Stoke-on-Trent)</b>	Copy with public/patient online survey link with request to share with members	Offer copy and social media messaging	w/c 24 June	JS
<b>Third Sector</b>	Share copy with public/patient online survey with VAST to share amongst wider voluntary groups	Offer copy and social media messaging	w/c 24 June	JS
<b>MPs</b>	Press release with link to online survey		w/c 24 June	Media