

Committee:	Health and Adult Social Services (Overview and Scrutiny) Committee
Meeting Date:	Monday 6 July 2020
Title:	MODERNISING OUR HOSPITALS & HEALTH SERVICES (MOHHS) PROGRAMME
Report From:	Shirlene Oh, Director of Strategy, Dr Lara Alloway, Chief Medical Officer & Elliot Nichols, Associate Director of Communications and Engagement - Hampshire Hospitals NHS Foundation Trust

1. BACKGROUND

In October 2019, the government announced its Health Infrastructure Plan, a long-term, rolling five-year programme of investment in health infrastructure, including capital to build new hospitals, modernise primary care estate, invest in new diagnostics and technology, and help eradicate critical safety issues in the NHS estate. Hampshire Hospitals NHS Foundation Trust (HHFT) is part of phase 2 of this plan and has been given £5m seed funding to produce a Strategic Outline Case by 2022. It is anticipated that further funding will be released to produce an Outline Business Case and Full Business Case, with the aim of being able to build between 2025-2030.

HHFT are working with its health and care system partners as part of the Hampshire and Isle of Wight (HIOW) Sustainability and Transformation Partnership (STP), and North & Mid Hampshire Integrated Care Partnership (ICP), the Partnership of Clinical Commissioning Groups and West Hampshire Clinical Commissioning Group (together referred to as CCGs) on this goal.

2. CHALLENGES

The four key drivers for change are:

Our Changing Population

Our population is growing in two ways. Estimates show that the population served by Hampshire Hospitals NHS Foundation Trust could increase by 9.6% over the next decade and by 23% between 2018 and 2050. But our population is also aging rapidly. The predicted growth in the over 75s in Hampshire between 2017 and 2024 is 35%. And it is well documented that older people require more healthcare. This trend is particularly noticeable in Basingstoke as the town expanded rapidly in the 1960s and 1970s and the young families who moved there, then, are now reaching older age.

Clinical Sustainability

It is critical that our clinical services not only deliver outstanding patient care but that they are sustainable. This means that we need to be sure we can provide them consistently and predictably so that people know they can trust and rely on them. It also means that services are able to evolve to take advantage of new technology or adapt to a new challenge. However, to achieve this some very difficult decisions will need to be made about what services we provide and where.

Condition of our Estates

All of the Trust's hospitals require a significant amount of urgent maintenance. The current estimate of the cost to make the improvements needed to bring the buildings up to the standard required to support services as they are delivered at the moment is £73 million; more than three times the national average.

Moreover, it would require more than £700m in maintenance spend to keep the buildings functioning over the course of the next 30 years. This is simply unaffordable.

The Trust is committed to both reducing its carbon footprint and expanding its use of digital technology. Unfortunately the age, condition and design of the current buildings often stops such projects in their tracks or means they deliver less than was intended.

Finally, it is vital that all the different strands of care - community services, mental health, primary care etc. - are able to be as joined up as possible. The current estate is a barrier to this becoming a reality due to its design, condition and structure.

Financial Resilience

The way we currently deliver care and treatment costs more every year and will continue to do so as we try to keep up with technological advances, population growth and the fact that medical advances and lifestyle changes mean that more of us will live much longer than our grandparents had expected to. This final point is clearly something to celebrate, but it does mean that there are a larger number of frail, elderly people requiring our help than our health system was designed for. The local health system struggled financially in 2019/20, with Hampshire Hospitals in particular ending the year in a deficit.

3. GOVERNANCE & ORGANISATION STRUCTURE

The governance and organisation structure is attached in Appendix 1. The governance structure takes into account the legal accountability of HHFT, the CCGs, as well as the transformation that is taking place in system governance at both the STP and North and Mid-Hampshire levels. Systems governance has been discussed with system partners. It also considers learning from engaging system partners and stakeholders from previous Critical Treatment Hospital and Transforming Clinical Services programmes.

HHFT's approach to managing this programme is to develop a core in-house team, supplemented with expertise and capacity from consultancies as required.

Design of services fit for the future will be a key driver for this programme. The clinical services and patient pathway team members will include doctors, nurses, allied health professionals, community, primary care and mental health practitioners. This team will be supported by quality improvement and innovation resources.

Terms of Reference are available for the Steering Groups, Programme Teams and workstreams.

4. CLINICAL VISION

Our vision is for our health and social care services to provide outstanding care for all our people within north and mid Hampshire:

- All health and social care services will work together to deliver the best care for our people
- People will have easy, timely access to the help and support they need
- Services will be designed to meet their requirements
- Services will be sustainable, efficient and high quality; with a focus on delivering the best clinical outcomes possible
- Where practical, care will be provided in people's homes or as close to them as possible
- People will be empowered to self-manage wherever they can, with the information and support required to do so; including access to diagnostic tests and specialist advice when needed
- Where necessary, services will be centralised to ensure the best possible care and outcomes
- We will be able to live within the money allocated to our area; reducing duplication and inefficiency

- We will ensure our healthcare facilities are accessible, fit for purpose and improve a sense of wellbeing for those using them and working there
- Our services will attract the best staff, being renowned for high quality, innovation, research and training support

5. TIMELINES

The high level timelines is attached in Appendix 2. Although timelines for HIP funding for phase 2 hospitals are planned for 2025-2030, the ambition to complete the Full Business Case and to begin construction by 2024. Timelines attached reflect this ambition.

6. STATUS

The Trust has been awarded £5m of seed funding to deliver a Strategic Outline Case (SOC). Work has been progressed on site options, public engagement, health planning on clinical services and capacity modelling, workforce, finance and estates.

7. COMMUNICATIONS & ENGAGEMENT

As part of a joint communications and engagement plan 'formal' engagement was commenced on 1 June with a well-attended (106) launch conference and will run up until the 31 July.

This will comprise of over 40 events, ranging from focus groups, public meetings, NHS staff and governor briefings, elected member forums and more. Events will be hosted by presenters from across the NHS system.

Due to COVID-19 these events will be run digitally - though the decision was made to increase planned (print) newspaper advertising by 800% in an effort to ensure accessibility for those who are not able or who prefer not to use digital means. Throughout every effort will be taken to ensure hard to reach groups and those with protected characteristics - as well as past, present and likely future service users - are engaged fully and equally.

In order to prepare for the engagement period a significant quantity of collateral was produced. Including but not limited to:

- An interactive microsite
- An engagement animation
- Social media profiles and content
- Press releases
- A listening document - setting out the challenges and aims of the programme
- A resource pack to assist with localised focus groups

Extensive stakeholder mapping has also been undertaken to ensure ideas and views are gathered from across the community - though this remains a 'living document' which will be added to on a rolling basis.

Initial (as of 24 June) responses to the call for feedback has been positive and reasonably well attended; though we are taking steps to enhance numbers over the next few weeks.

Once complete, a full independent analysis of the engagement responses will be undertaken in August ahead of a formal engagement report being published. It is currently anticipated that further focus groups will continue as until the start of consultation.

The communications and engagement plan is attached in Appendix 3.

The patient, staff and stakeholder advisory group was launched in June and has now met twice - feedback from the group is presented to the system steering group. The terms of reference is attached in Appendix 4.

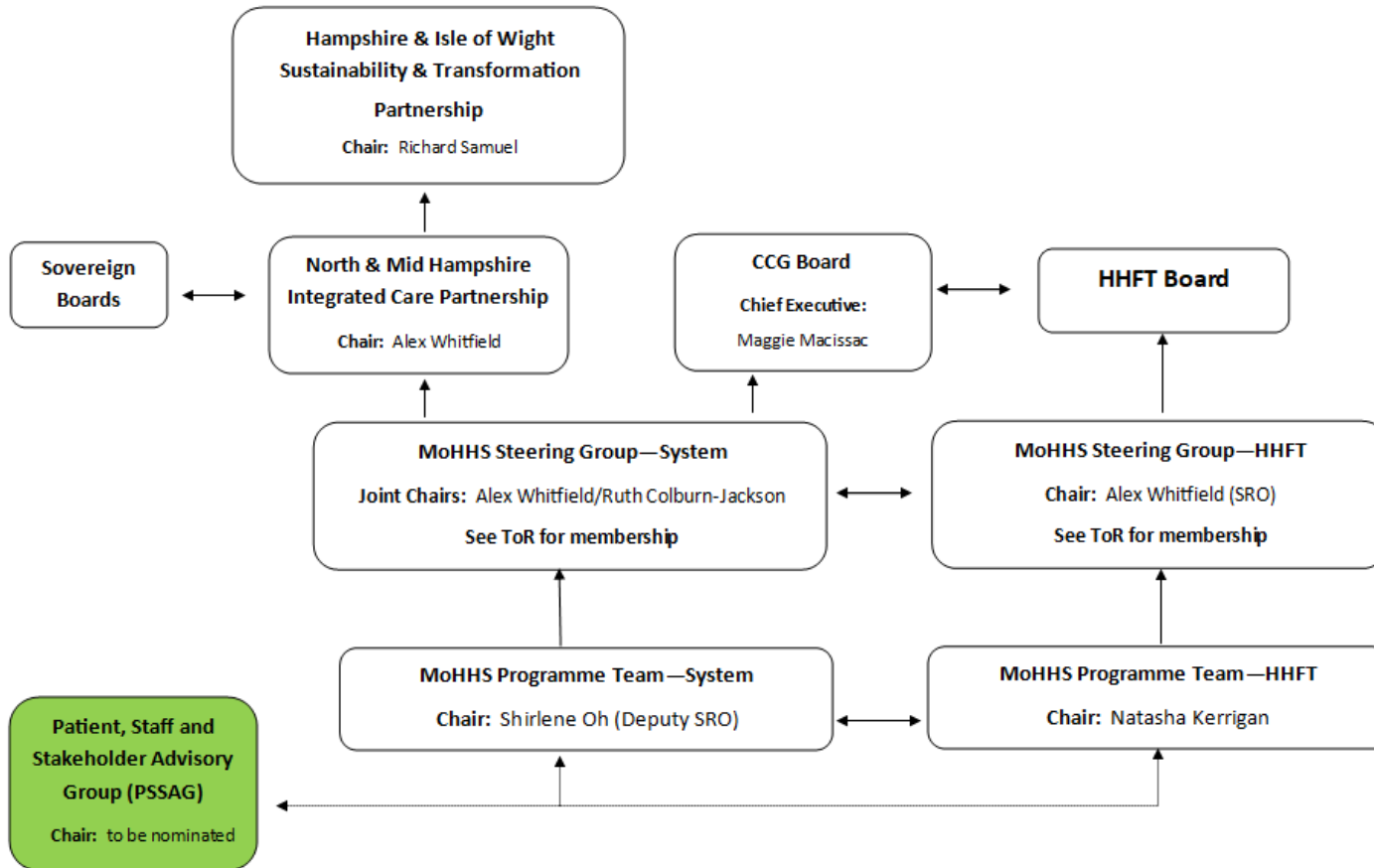
8. SYSTEM ENGAGEMENT

The system will be engaged through:

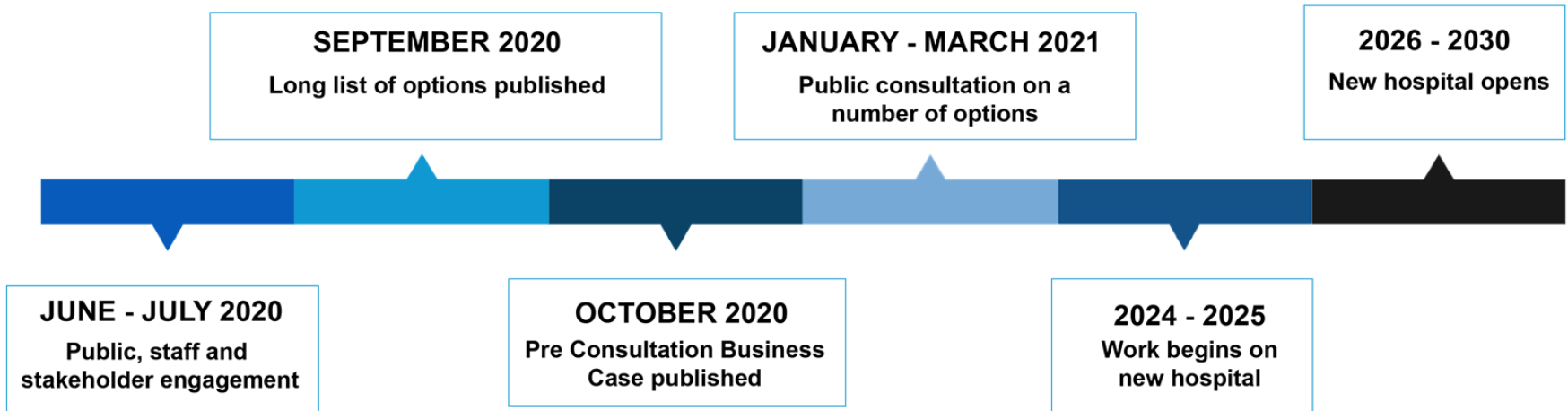
- a. The governance structure with oversight at STP, the North and Mid Hampshire Integrated Care Partnership Board and representation at the System Steering Group, System Programme Team as well as through relevant work streams.
- b. The Patient, Staff and Stakeholder Advisory Group (PSSAG) to offer advice, views, suggestions and opinions to this programme through regular meetings.
- c. Participating in relevant workstreams
- d. Events arranged for wider system engagement beyond the governance of the programme to include staff from partner and stakeholder organisations, patients and families and members of the public.

Partners are requested to provide input on how they wish to be involved in the programme.

Appendix 1. Governance Structure



Appendix 2. Timelines



Appendix 3. Communications and Engagement Plan

Modernising our Hospitals: Communications and Engagement Plan

Investing in care - together

1. Issue and Context

The health and care system across North & Mid Hampshire has - in conjunction with other key partners - been set six ambitions for the next five years and beyond to support patients, their families and/ or their carers to access the right care, in the right place, at the right time in order to keep them healthy.

An integral part of this model is to modernise the hospitals of Hampshire Hospitals NHS Foundation Trust (HHFT) as part of the governments Healthcare Infrastructure Plan (HIP). It is intended that this investment be fully in line with the aims and objectives of the Hampshire and Isle of Wight Sustainability and Transformation Plan (STP).

There are a number of strategic, structural, commercial, and financial considerations driving the modernisation; on top of the overarching healthcare delivery and outcome factors.

Namely:

- Changing **demographics** and new housing developments leading to a growing population - estimated at 9.6% over the next decade
- The general **condition** of Hampshire Hospitals NHS Foundation Trust's (HHFT) estate, with an estimated £275 million investment being required to support a further extension of the service life at the Basingstoke (BNHH) site alone
- To **align** with local government strategies on infrastructure, transport, climate and sustainability
- To **align** with the NHS Long Term Plan; in particular the drive towards a system based approach to delivering healthcare
- To provide an **enhanced** working environment for staff - facilitating professional and personal development
- **Modernise** the facilities at HHFT for the benefit of the whole NHS - focusing on integrated care, seamlessly bringing together health, social care, the community, health and wellbeing promotion and prevention, research and new technology

In terms of context it is important to note that this proposal comes on the back of the decision in 2017 to not proceed with the previously proposed Critical Treatment Hospital (CTH). Although this project is significantly different to the CTH important lessons have been learned regarding the process required.

2. Programme Structure

Communications and engagement will proceed in four distinct phases (dates are estimates based on information correct at the time of drafting - June 2020):

- **Pre-engagement** - informal process with establishment of key bodies and structures; notably the Patient, Staff and Stakeholder Advisory Group (PSSAG) a draft terms of reference for which can be found below.

It is designed to establish a baseline of public, patient, stakeholder and staff attitudes/ priorities towards healthcare infrastructure investment.

- February to April 2020
- Report on results and findings April 2020
- **'Full' engagement** - a more formalised engagement round with stakeholders, public, patients and staff building on the baseline established in pre-engagement but with a more targeted focus on scenarios as laid out in and Listening paper
 - May 2020 Listening paper published setting out a range of considered scenarios
 - June and July 2020 intensive formal engagement
 - Report on results and findings August 2020
- **Formal public consultation** - legally governed 12 week procedure initiated if the Health and Scrutiny Committee of Hampshire County Council deems a proposed service change to be a 'significant variation'.

It is managed by the CCG - it is the current working assumption that consultation will be required.

- January to March 2021
- Report on results and findings July 2021

- **Development** - on-going programme of communications and feedback during design and construction; carrying on into opening
 - August 2021 to 2023 (TBC)

3. Objectives

The key objectives of this plan are to:

- **Communicate** the challenges, opportunities and scenarios presented by the Modernising our Hospitals and Health Services (MoHHS) programme
- **Share** the vision, concept and goals behind the programme with the Trusts staff, stakeholders, partners, patients and residents
- **Encourage** those same groups to become part of the programme - imparting their views, ideas and aims - and to scrutinise both the process and outcome
- **Incorporate** the results of engagement into the decision making process
- **Support** the development of an on-going culture of engagement on the future provision of care
- **Ensure** that no group or audience is left unheard; placing inclusivity at the heart of the programme in line with both the Trusts and wider NHS values
- **Promote** the active involvement of NHS staff from across the Trust and wider healthcare ecosystem
- **Enable** the programme team to respond to changing public or stakeholder concerns
- **Facilitate** the development of clear scenarios for engagement and (ultimately) options for formal public consultation

And ultimately:

- **Support** the successful design, construction and opening of a new major hospital and complimentary healthcare system.

4. Vision & Narrative - moving forward together

It is critical that the following factors are taken into consideration as part of the overall narrative. Our narrative is therefore to:

- **Admit** the difficulties which arose from 2017 and the CTH; learn the lessons from it
- **Collectively** look forward to an exciting and innovative new model of care/ facility - developed with and for the community which places Hampshire at the forefront of (integrated) healthcare thinking
- **Deliver** an environment worthy of the staff who work in the NHS and which facilitates an enhanced, positive patient experience
- **Promote** outstanding care at all times

Each stage of the programme will necessitate an updated vision, taking into account the evolving journey of the MoHHS programme and routed in feedback from engagement.

To begin (pre-engagement) with the vision for the MoHHS is:

*“To work together as **one** NHS and **one** community; developing future healthcare for everyone. We will invest in all our **staff, facilities** and the latest **technology** - delivering integrated, flexible care in the right place, at the right time; in the right environment and administered by the right health professional.”*

5. Channels and means

The tactics employed will vary according to the specific demands of a) each stage and b) changing requirements. However, to illustrate, it is currently envisioned that the following will be employed across both public and staff engagement:

- Media engagement
- ‘Owned’ online - website etc.
- ‘Earned’ online - third party sites and blogs
- Social media
 - Full spectrum, with a particular emphasis on Facebook groups
- Presentations
- Working groups
- Focus groups

- Advertising (paid)
 - Facebook
 - Digital/ online
 - DAX (streaming services)
 - Print (local only)
- Roadshows/ public meetings
- Digital marketing
- Influencer engagement

This will require trained speakers from a range of managerial, clinical leadership and specialised positions.

At a minimum:

- An executive lead
- A clinical lead
- A representative from:
 - Surgery
 - Medicine
 - Family & Clinical Support Services
 - Nursing
 - AHP's
 - Operational management
 - Any service which it emerges will be especially impacted upon - notably if it becomes the public or staff focus of the engagement

Partner organisations would also be invited to establish 'lead' spokespeople. To ensure procedural rigor and conformity to the highest standards of both engagement and consultation it is envisioned that The Consultation Institute (TCI) - an independent advice and accreditation body - be commissioned to advise at the earliest possible stage; initial scoping meetings have (January 2020) now taken place.

It is not anticipated that any external agency or consultancy be used to implement the programme; instead it will be managed using 'in-house' (NHS) resources complimented by advice and accreditation from TCI.

6. Pre-engagement

During pre-engagement we would aim to establish and sustain a sense of inclusion and transparency; both around the process and any decisions taken. Staff, public, patient and stakeholder engagement would be aimed at creating a clear sense of shared ownership, of ground up decision making and collaboration.

As noted above its primary aim is to establish a baseline of public, patient, stakeholder and staff attitudes/ priorities towards healthcare infrastructure investment. In addition, as well as informing and shaping the work undertaken by the various work streams, it will also enable a preliminary assessment of the likely public reaction of possible scenarios to be made.

This is to be achieved by:

- Establishing the PSSAG, agreeing terms of reference and beginning initial conversations
- Begin informal one-to-one briefings by executives of critical stakeholders (i.e. Southampton/ MPs/ Unions)
- An easy to access survey with the purpose of gathering opinions towards healthcare infrastructure spending and the associated priorities
- Starting initial staff engagement - characterised as a 'brainstorm' to gather ideas and comments
 - Utilising existing staff communications channels (email, staff FB etc.)
 - Expanding executive roadshows/ briefings
- Initial press briefings - not with the aim of securing coverage but to explain the process and aims of the project to the relevant journalists
- Identifying social media micro influencers who can/ will be targeted at a later date
- Concurrently, pre-engagement would support the on-going delivery of a robust due diligence process
- Setting up a page of the HHFT website to hold all relevant information in an easy to access and sharable format

The phase would conclude by the submission of a formal report, summarising the findings/ outcomes and making recommendations as to the future shape of the communications programme and the overall programme.

It would also conclude with a full briefing for the executive team on the likely shape of activity during the subsequent engagement and formal consultation phases. Training for senior figures who would undertake public events would also be arranged at this point.

7. Engagement

The engagement phase will build on the foundations of the pre-engagement and significantly expand and deepen the process. It will take account of and build on the baseline established in pre-engagement. Engagement will have a targeted focus on a range of scenarios as laid out in a published 'issues' paper.

In addition to the above, engagement will consist of:

- Publishing an 'issues' paper setting out a number of possible scenarios for consideration
- Formal staff and stakeholder briefings by senior leadership on the initial scenarios and the relative costs and opportunities of both
- A series of information and opinion gathering pop ups for staff and patients at a variety of times and venues
- A full media briefing and multiple press releases
- A full scale, multimedia, awareness campaign across social media
- Targeted, direct, outreach to influential groups/ individuals on social media - i.e. Facebook groups
- A series of public roadshows in easy to access locations
 - Inclusive of public meeting(s)
- An easy to use, multi-channel survey to gather views from across staff and community sources. This to include, physical and digital scenarios; as well as those tailored for protected characteristics and in instances where English isn't the first language

The ultimate purpose is to be able to demonstrate that the matters ultimately consulted upon have been arrived at in collaboration with staff, the public, patients, the wider community, stakeholders and NHS partners; with differing perspectives and viewpoints reflected in the decision making.

As with pre-engagement, this period would culminate in the presentation of a formal report summarising the results of the engagement.

8. Consultation

Formal consultation - likely a 12 week period - will represent the culmination of the engagement and pre-engagement. It will present a range of options to the public, patients, NHS staff, NHS partners and stakeholders for consideration and proactively seek their views on them.

Every effort will be made to ensure that the consultation process is inclusive, accessible, fair and transparent; utilising a range of traditional and digital methods and is undertaken in line with the very latest in best practice.

9. Development

In line with best practice rigorous public and staff engagement should not just occur for the lifetime of a project/programme or to the conclusion of a formal consultation exercise but is an on-going activity.

A regular series of engagement events/ activities would continue throughout construction and opening and beyond.

It is during this phase that a formal report on the consultation and preceding engagement process would be completed.

10. Patient, Staff and Stakeholder Advisory Group (PSSAG)

Terms of reference for the PSSAG are attached

11. Conclusion and next steps

The purpose of this communications and engagement plan is to ensure that objectives set out in section two are delivered in a transparent, collaborative and inclusive manner; in line with best practice and core NHS principles. It will run for the life of the programme and continue beyond it - keeping the community at the heart of HHFT's activities and decision making.

This plan has now been reviewed and accepted by the HHFT executive team and CCG communications lead. The Consultation Institute (TCI) are supporting the programme.

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1. Introduction

- 1.1 Hampshire Hospitals NHS Foundation Trust - in conjunction with the North Hampshire and West Hampshire Clinical Commissioning Groups (CCG), its staff, patients, stakeholders, other local NHS organisations and other public sector organisations - is currently examining the possible scenarios, methods and processes to invest in modernising the health infrastructure within Hampshire. Based on national Health Infrastructure Plan (HIP) guidance this will include a new hospital.
- 1.2 This will culminate in formal public consultation on a number of options before proceeding to construction - estimated to take place in early 2021.
- 1.3 The Trust, in collaboration with its partners, has agreed to establish a Patient, Staff and Stakeholder Advisory Group (PSSAG) to support this work by offering advice, views, suggestions and opinions.

2. Objectives

- 2.1 The PSSAG will offer advice, views, suggestions or opinions on:
 - a) The plan of engagement activities to be undertaken including, for example, locations of public meetings
 - b) The content of plans or proposals made by the steering group
 - c) The language, tone and style of materials including, for example, consultation documents or information leaflets
 - d) Which seldom-heard groups should be consulted and what forms of consultation would be most appropriate for these groups
 - e) Which organisations and stakeholders should be engaged/ consulted and at what point

3. Chair & Membership

- 3.1 The membership of the group will comprise representatives of communities and organisations of interest from across Hampshire. The role is not an individual one, but rather to bring the views of the community they represent to the group and to share the thinking of the group with that community between meetings.

3.2 Provisional membership - please note that this list is not exhaustive and is subject to amendments and additions:

- Basingstoke and Deane Borough Council
- Winchester City Council
- Hart Council
- Hampshire County Council
- Test Valley Borough Council
- Healthwatch Hampshire
- Eastleigh Borough Council
- Other appropriate local authorities
- Local third sector representatives
- Campaign groups/ League of Friends
- Chamber of Commerce
- NHS partners
 - CCG's
 - University Hospital Southampton NHS Foundation Trust
 - Frimley Health NHS Foundation Trust
 - Royal Berkshire NHS Foundation Trust
 - Salisbury NHS Foundation Trust
 - Portsmouth Hospital NHS Foundation Trust
 - Southern Health NHS Foundation Trust
 - Solent NHS Trust
 - South Central Ambulance Services NHS Foundation Trust
- MP's offices
- HHFT staff & public governors (3)
- Union representatives

3.3 The chairperson will be agreed and appointed at the first meeting. Each meeting will be attended by a representative of the HHFT communications and engagement team as well as staff from the project itself. This will vary as appropriate.

3.4 Key workstream leads, specialist staff and advisors may be invited to attend meetings as appropriate.

4. Criteria for consideration

4.1 Advice, views, suggestions or opinions from PSSAG will take full account of the following established criteria:

- The engagement and any subsequent consultation should include some traditional activities (e.g. public meetings or attendance at established forums) and some more innovative activities such as influencer marketing
- It should be proportionate (i.e. neither excessive nor modest in scale)
- It should take account of views expressed by the relevant local authorities
- All communication should be clear, concise, inclusive and as easy to comprehend as possible
- Documents intended specifically for the public should be jargon free and couched in plain English; with accessible formats available on request
- Any more detailed information should be regularly published on the programme section of the HHFT website

5. Process

- The PSSAG will initially meet quarterly from February 2020 through to the end of the public consultation period; though the frequency may be increased or decreased as the members and chair deem appropriate
- Meetings of the PSSAG will be attended by representatives of the HHFT and the North, East and West Hampshire CCG's - the former will take minutes. The minutes will be approved as accurate by the subsequent meeting of the PSSAG
- The minutes will be placed on the HHFT website
- Any advice, views, suggestions or opinions expressed by the PSSAG will be presented to the Modernising our Hospitals steering group and senior programme team
- The PSSAG will receive formal responses in writing in order to establish a clear two-way audit trail.

6. Conduct of meetings

- 6.1 The meetings will be formal, with appropriate agendas and papers prepared and circulated in sufficient time for members to give them due consideration. Minutes should be formally recorded and reported to the programme board as required.
- 6.2 The HHFT administrative lead will act as secretary to the PSSAG.

7. Conclusion

- 7.1 The role of the PSSAG is to offer advice, views, suggestions or opinions on the matters described in these terms of reference with this advice being given due consideration throughout the project; both during engagement and formal consultation.
- 7.2 The PSSAG will not be required to collectively advise on any scenarios which may be presented for formal consultation. This means that individual members of PSSAG will be free to express their own views or the views on any organisation they represent in any way they wish.

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