

The Path to Excellence

Phase 2

How we create the best possible improvements
for healthcare in South Tyneside and Sunderland

21st June 2018

Joint Overview and Scrutiny Committee

Items to cover

- Phase 2 programme structure
- Why change is needed for the phase 2 services - Case for Change document
- Pre-consultation engagement strategy document

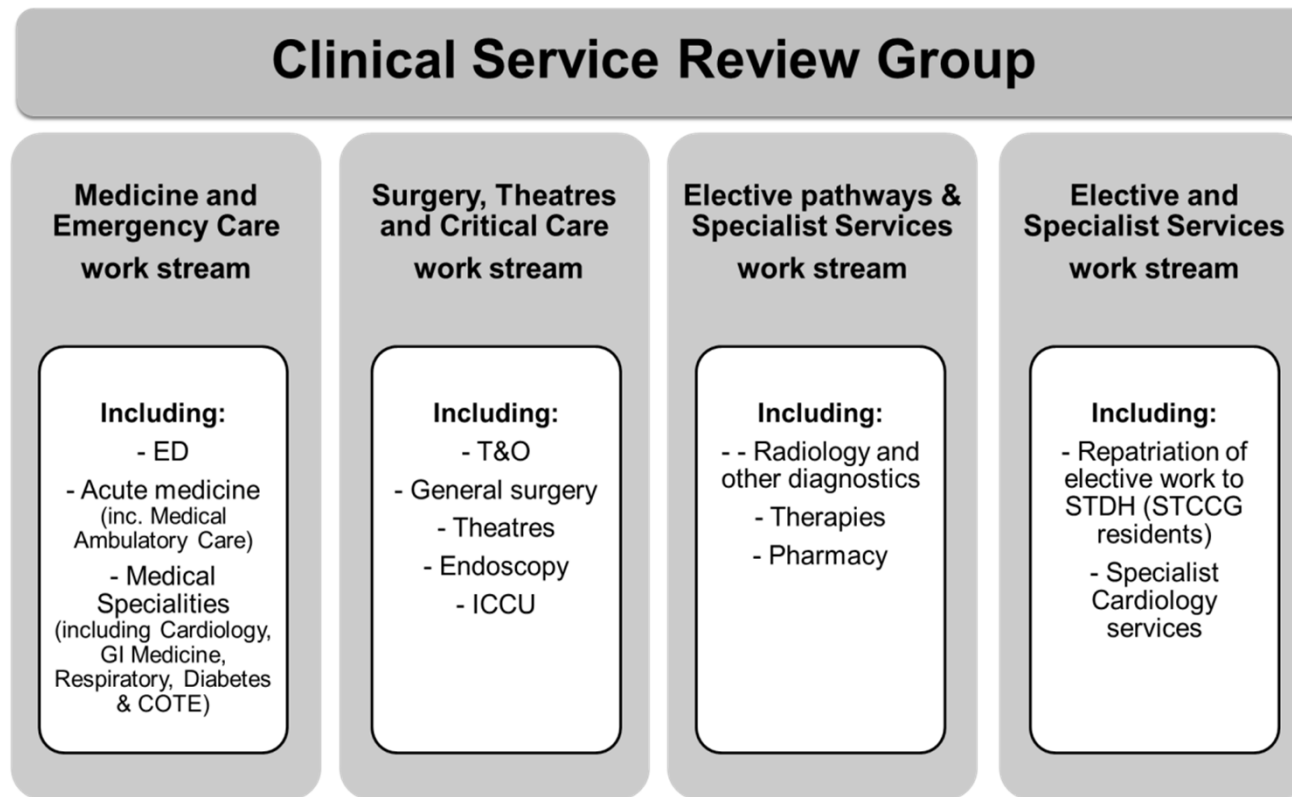
Phase 2 programme structure (i)

The PtE programme was originally planned to have three separate phases, now consolidated into two phases to mitigate the following risks:

- Potential in restricting the options development process for the two trusts/sites in the previous approach.
- Potential to discredit the service change process if service changes in earlier phases are used to substantiate proposals in later stages.
- Gives greater ability to recognise the critical clinical interdependencies across the services being reviewed.
- Reduces the number of public consultations and therefore reduces the potential for consultation fatigue amongst the public.
- Allows time for greater staff and patient/public engagement to help influence the design of the possible options.

Phase 2 programme structure (ii)

The revised programme structure to deliver only one further phase of clinical reviews is summarised in the diagram below.



ED: Emergency Department
GI Medicine: Gastrointestinal Medicine
COTE: Care of the Elderly/ Geriatric Medicine

T&O: Trauma and Orthopaedics
ICCU: Intensive care and High Dependency unit

Phase 2 programme structure (iii)

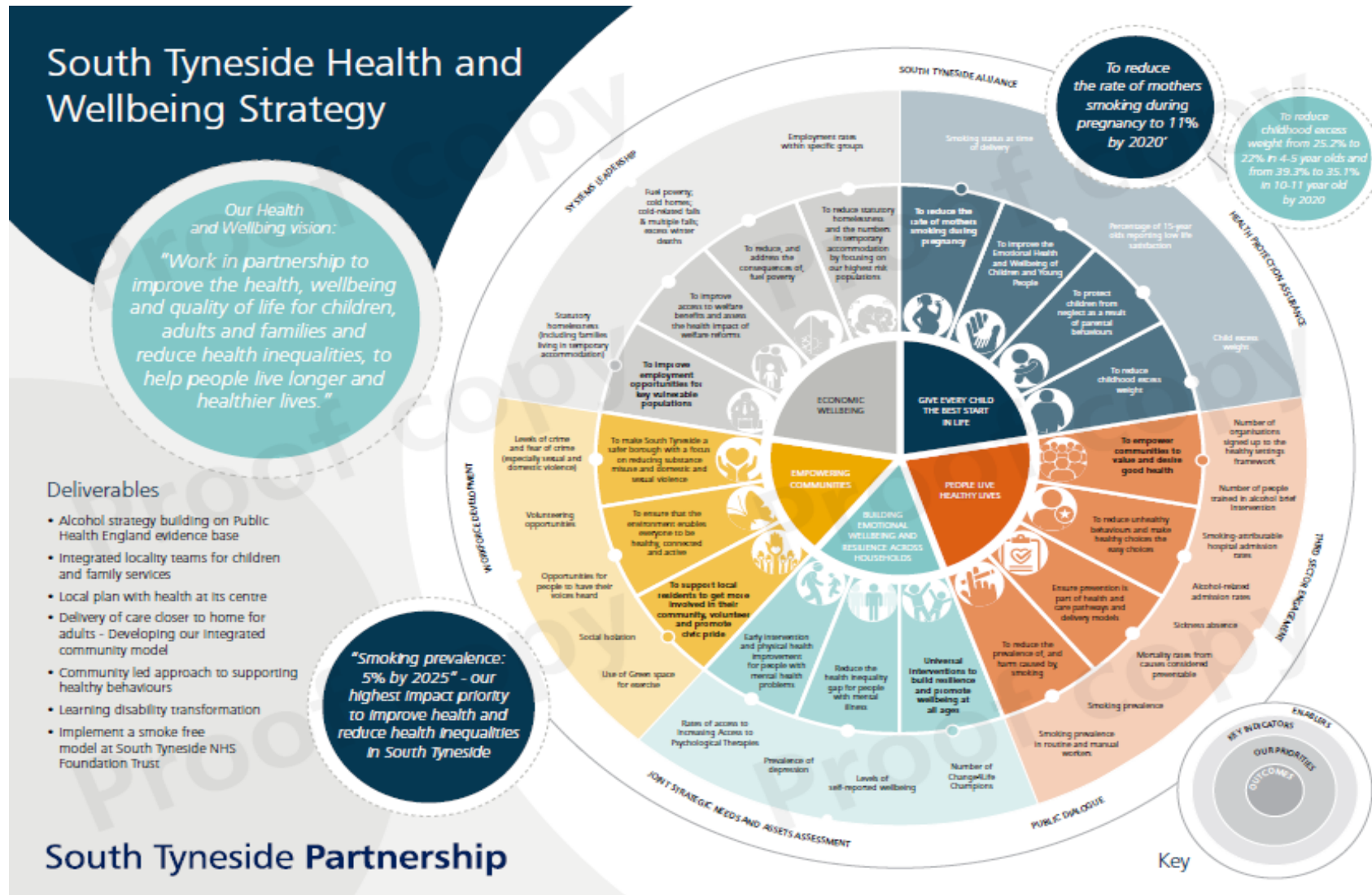
Learning from Phase 1

Despite phase 1 of the programme being awarded best practice status by the Consultation Institute, we are still looking to further improve the clinical design process by:

Area of focus	Response
Potential for earlier and greater engagement on the case for change with the public and the need for more co-design of possible options.	The case for change will be published within the next month, a full year before the public consultation and will be the key reference document used in the pre-consultation public and stakeholder engagement work.
Wider staff involvement in understanding the issues but also being involved more in the design work of possible options.	Significant work has already been carried out in this area with 700 staff already contributing to staff survey work, a further 200 staff have attended staff engagement workshops, with more workshops planned. This is over and above existing communication channels such as team brief, staff briefings from the Executive team and relaunch of the PtE internal staff website. In addition to this we have significantly increased the size of the clinical design teams with around 100 staff now sitting on these, who are in turn briefing their colleagues on this work.
To publish more information on the options development process including all the potential options that were discounted and the reasons why.	The rationale for why options were discounted (once complete) will be published as part of the consultation documentation for Phase 2 of the programme.
To explain more clearly the link between the out of hospital service transformation and prevention work and the Path to Excellence programme.	This will be articulated during the pre-consultation engagement phase of the programme and will also form part of the eventual public consultation material.

Phase 2 programme structure (iv)

Alignment with HWB strategy – South Tyneside



Phase 2 programme structure (v)

Alignment with HWB strategy – South Tyneside

- The vision of the HWB strategy in South Tyneside is to: *work in partnership to improve the health, wellbeing and quality of life for our children, adults and families and reduce health inequalities, to help people live longer and healthier lives.*
- The positive role that hospital services in achieving this vision can only be maintained if we have sustainable and therefore safe and quality hospital services, this is the core aim of the PtE programme.
- More specifically the programme links to a and trying to address a number of the challenges set out in the HWB strategy:

Challenged outlined in the strategy	Link to PtE programme
Continued pressure on the “South Tyneside Pound”	More so than Phase 1 of the programme financial sustainability is significant drive for the changes needed and this will need to be carefully assessed as options are developed.
Increasing emphasis on creating sustainable NHS provision	As stated above, the PtE programme is trying to ensure sustainability of health care services through redesigning our acute services and this has to be for the longer term.
Policy changes resulting in greater integration between health and social care	Social care colleagues are part of the PtE Programme Board (the Clinical Service Review Group) and are key partners in helping developing and ultimately implementing the models of care that will be decided on at the end of the programme.

Phase 2 programme structure (vi)

Alignment with HWB strategy - Sunderland

- As recognised in the joint Health and Well-being strategy we are collectively faced with reducing public resources and increasing demand meaning that the current ways of delivering services are recognised as no longer sustainable.
- The PtE programme is the response across Sunderland and South Tyneside looking at how we make our hospital services more sustainable in recognising that not changing the way our current services are configured is simply not an option.

In relation to the details of the joint Health and Well-being strategy the PtE programme links most closely (although not exclusively) to the following design principle:

HWB strategy design principle	Link to PtE programme
<i>Equity – providing access to excellent services dependent on need and preferences that are also based on evaluated models and quality standards.</i>	The clinical design workstreams are looking at models of care that provide excellent healthcare services in terms improving the quality and safety of the services under review.

Phase 2 programme structure (vii)

Alignment with HWB strategy - Sunderland

The programme also aligns to the following strategic objectives set out in the Sunderland Health and Well-being strategy as can be seen below:

HWB strategy strategic objective	Link to PtE programme
1.2 Services are responsive to community needs and assets, becoming co-produced where possible.	As will be outlined later, the programme is looking to engage both sooner and further with patients and the public to provide some opportunities for co-production of the models that will ultimately be consulted on.
5.2 Providing excellent integrated services to support those with long-term conditions and their carers	A number of the services being reviewed have cohorts of patients who suffer from long-term conditions. As highlighted earlier, we are ensuring greater alignment and integration with other programmes, therefore both the Clinical Service Review Group (which members of the LA attend) and the CCG Governing Body will be challenging the clinical teams to demonstrate this before any options progress to public consultation.
6.2 Providing excellent integrated services to support people to recover from ill health and crisis	

Phase 2 programme structure (viii)

Key milestones

Milestone	Timeframe
Completed Clinical case for Change, public and staff engagement and the parallel clinical design process.	Until the end of 2018
External clinical assurance (external clinical senate review)	Winter 2018
Pre-consultation Business Case completed and signed off by CCG Governing Bodies	Spring 2019
NHS England service change assurance process completed	Spring/summer 2019
Start of public consultation (provisional and subject to change)	Summer 2019