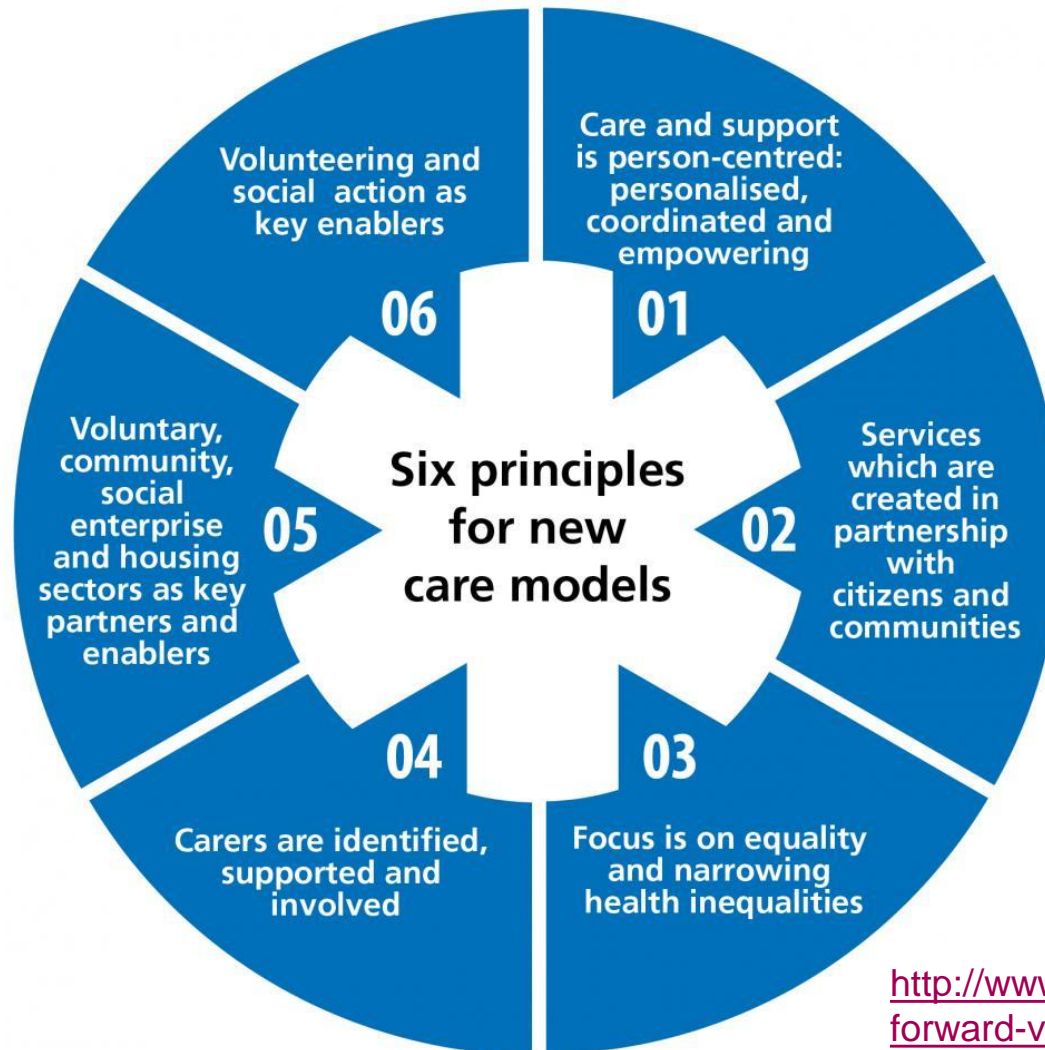


STPs – communication and engagement

South STP
development day –
Reading

Frances Newell & Nigel Acheson
16/09/2016

Engagement landscape – 6 principles



Why engage?

- Better quality plans
- Build ownership and support for proposals
- Identify areas of concern

<http://www.nationalvoices.org.uk/our-work/five-year-forward-view/new-model-partnership-people-and-communities>

Stages for STP engagement



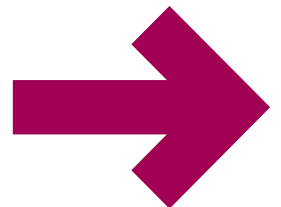
- STPs should be able to document involvement that has taken place at every stage, from planning onwards – including where previous engagement feedback has been considered.
- Each stage should be supported by ongoing engagement with stakeholders

Think about milestones...

- Governance
- Publication and decision-making
- Major service changes

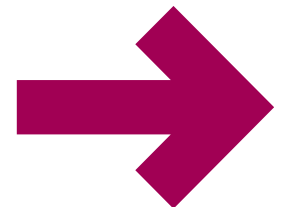
Be aware of legal duties and requirements

- STP footprint partners have separate but similar obligations to consult or otherwise involve the public
- Joint approaches encouraged
- Need to take account of each partner's own legal duties and governance and scrutiny timetables
- Ensure consistency and clarity on key messages




New guidance for STPs on engaging local people

- Builds on local engagement already taking place in many parts of the country
- Sets out how local areas can ensure people and communities are at the heart of this work
- Intended to clarify expectations on stakeholder involvement, in particular patient and public participation.
- Also covers legal duties on engagement and consultation
- <https://www.england.nhs.uk/wp-content/uploads/2016/09/engag-local-people-stps.pdf>
-



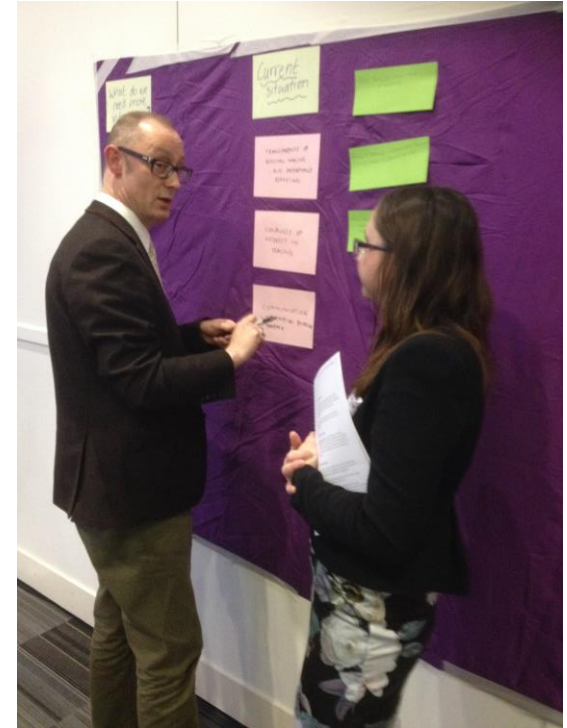
Who are you talking to?



My council / Councillors and



Committee and panel meetings, agendas and minutes



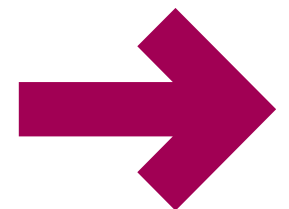
working towards a stronger community
for the people of Reading

+ READINGVOLUNTARYACTION

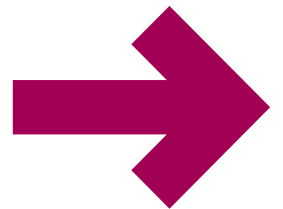
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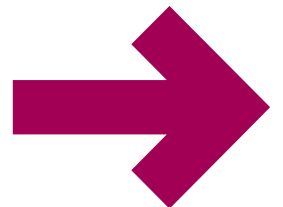
Conquering the world on horseback is easy: it is dismounting and governing that is hard – Genghis Khan



Transactional Change
=
Doing things better



Transformational change
=
Doing better things



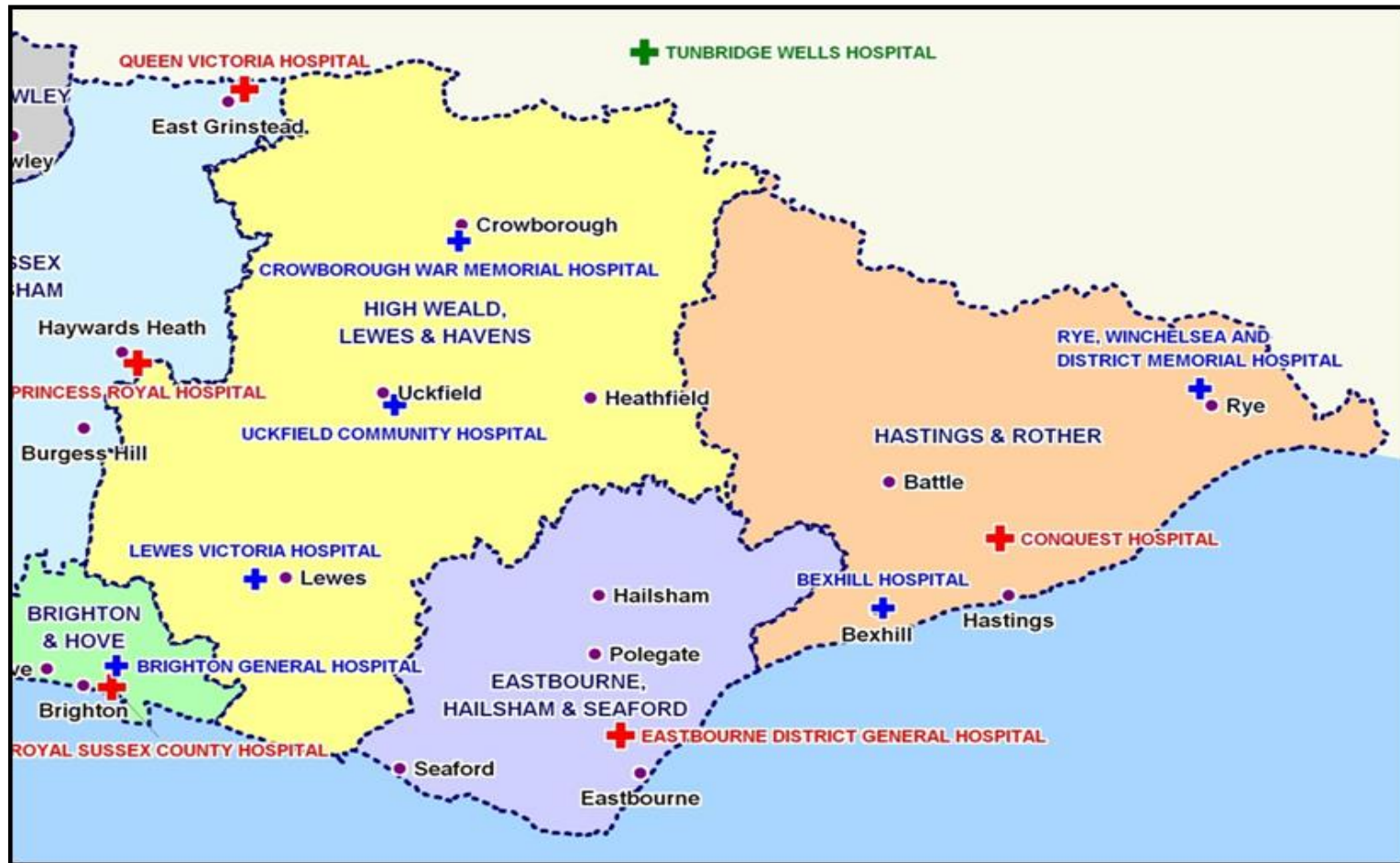


South Region STP Development Day 16 September 2016

Amanda Philpott, Chief Officer, Eastbourne Hailsham and Seaford CCG and Hastings and Rother CCG, Joint SRO of ESBT

Martin Hayles, Assistant Director, (Strategy, Commissioning and Supply Management), East Sussex County Council

East Sussex



NHS Eastbourne, Hailsham and Seaford Clinical Commissioning Group

NHS Hastings and Rother Clinical Commissioning Group

East Sussex Healthcare NHS Trust

Sussex Partnership NHS Foundation Trust

Formal Public Consultations already undertaken

Shaping our Future

- Stroke – centralised at EDGH site July 2013
- Emergency and high risk General Surgery – centralised at Conquest site December 2013
- Emergency and high risk Orthopaedics – centralised at Conquest site May 2014

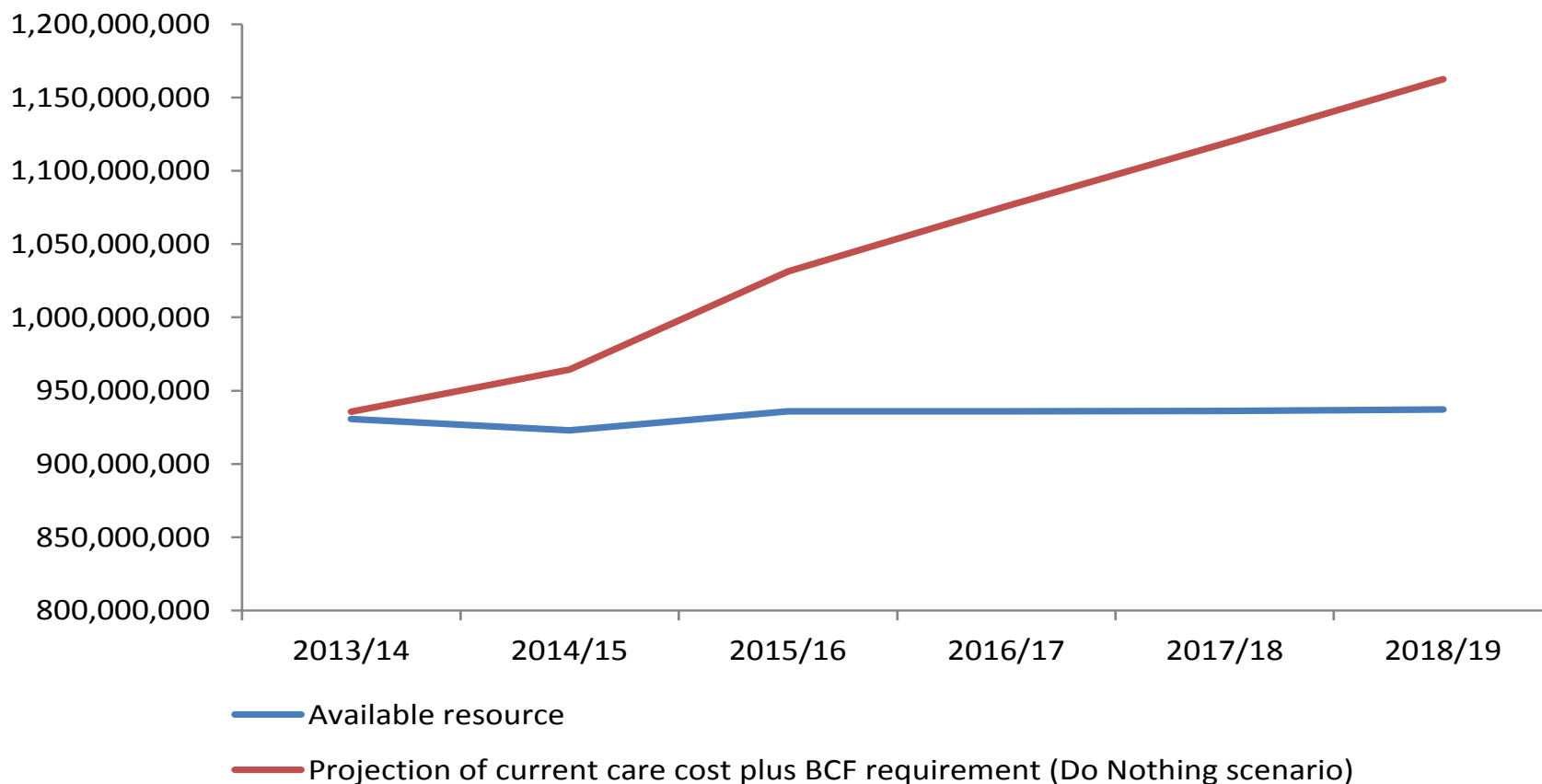
Better Beginnings

- Maternity and Paediatrics – temporary decision to single-site at Conquest Site for safety reasons; consultation on longer term solution with single-site consultant-led care and inpatient paediatrics, and two freestanding MLUs across the County

BUT, whilst these were important and appropriate for service safety and quality, this is not the lens through which a sustainable health and social care system in East Sussex will be delivered

Spending £1BN wisely, not saving £200M badly

Headline: Year of care costs: £2,189 to £2,800 if we don't change, we need to aim for



So, East Sussex Better Together (ESBT)

Our Commissioning Partnership

- Hastings and Rother CCG and Eastbourne, Hailsham and Seaford CCG, ESCC, East Sussex Healthcare NHS Trust, Sussex Partnership NHS Foundation Trust with analytical support from PWC

Our challenge / ambitions

- Hastings and Rother CCG and Eastbourne, Hailsham and Seaford CCG, Adults Social Services and Children Services spend around £850m p.a.
- More than half the total spend is for people over 65 years. For health spend alone it is already 54% and set to increase with an aging population. This rises to over 70% for patients over 65 or with LTCs.
- Patients over 85 years use on average health and social services equivalent to £8,180 per year as compared with £2,200 average for other age groups in East Sussex
- Systems that focus on incentivising keeping people out of hospital generally have better outcomes and lower costs
 - Alzira, Spain uses on average 849 euros per head per year; about 25% less than its surrounding areas
 - Midlands Health Network NZ has reduced ED visits by 29% and c.25% less cost per year of health.

Learning from others: The key factors is successful large scale change

- Step 1** - Create **a sense of urgency** among relevant people
- Step 2** - Pull together **a guiding team** with the credibility, skills, connections, and authority to lead change.
- Step 3** - Create a sensible, clear, simple, **uplifting vision and set of strategies**
- Step 4** - **Communicate** the vision and strategy
- Step 5** - Empower people by **removing obstacles**
- Step 6** - Help empowered people to produce **short-term wins**
- Step 7** - **Don't let up**. Build momentum after the first wins. Create wave after wave of change until the vision is a reality.
- Step 8** - **Make change stick** by nurturing a new culture and shared values

Adapted from "[The Heart of Change](#)", (2008) Harvard Business Review, Kotter, J. And Cohen, D



Securing ownership: agreeing a brand



Public Health Outcomes (1/2)

Outcome indicator	Target	Summary	Progress RAG
Reduction in preventable mortality for East Sussex	10% reduction between 2010-2012 and 2015-2017 based on a steady reduction of 2% p.a.	Better than trajectory	GREEN
Reduce the gap in preventable mortality between the most and least deprived areas across East Sussex	12% reduction in the gap in preventable mortality	Gap reduced but behind trajectory	AMBER
Reduction in mortality amenable to healthcare for East Sussex	15% reduction in amenable mortality for persons aged under 75 years rate between 2011-13 and 2015-17 based on a steady 4% reduction p.a.	On trajectory	GREEN
Reduce the gap in mortality amenable to healthcare between the most and least deprived areas across East Sussex	14% reduction in the gap in mortality amenable to healthcare for persons aged under 75 years	Gap increased and behind trajectory	AMBER
Improve health related quality of life for older people in East Sussex	Improve the health related quality of life score for older people in East Sussex to be above the average for the South East region and maintain that position	On trajectory	GREEN

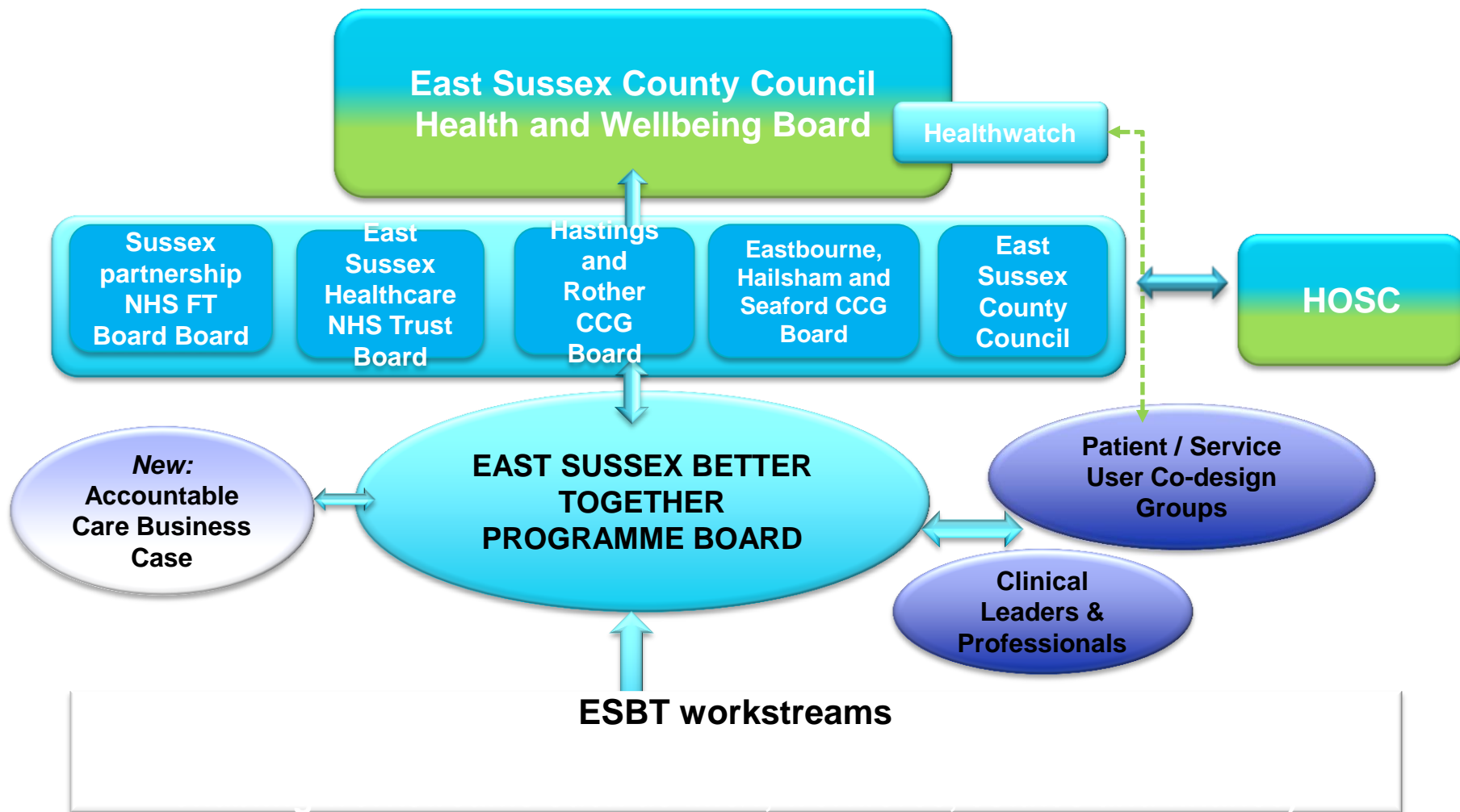
Public Health Outcomes (2/2)

Outcome indicator	Target	Summary	Progress RAG
Reduce the gap in health related quality of life for older people between areas in East Sussex	Yr on Yr reduction in the gap in the health related quality of life score for older people between the best and the worst district/borough in East Sussex	On trajectory	GREEN
Reduction in excess weight (overweight or obese) in children aged 4-5 years in East Sussex	4% reduction in the percentage of children aged 4-5 years classified as overweight or obese between 2013/14 and 2017/18. This is based on an annual 1% reduction.	Better than trajectory	GREEN
Reduce the gap in excess weight of 4-5 year olds between the most and least deprived areas across East Sussex	11% reduction in the gap in excess weight for 4-5 year olds between the most and least deprived areas across East Sussex. This is based on an annual 3% gap reduction	Gap remained the same so behind trajectory	AMBER
Reduction in excess weight (overweight or obese) in children aged 10-11 years in East Sussex	4% reduction in the percentage of children aged 10-11 years classified as overweight or obese between 2013/14 and 2017/18. This is based on an annual 1% reduction	Better than trajectory	GREEN
Reduce the gap in excess weight of 10-11 year olds between the most and least deprived areas across East Sussex	16% reduction in the gap in excess weight for 10-11 year olds between the most and least deprived areas across East Sussex. This is based on an annual 4% gap reduction.	Gap increased and significantly behind trajectory	RED

“6 + 2 box” model



Securing ownership: getting the governance right



NHS Eastbourne, Hailsham and Seaford Clinical Commissioning Group

NHS Hastings and Rother Clinical Commissioning Group

East Sussex Healthcare *NHS* Trust

Sussex Partnership *NHS* Foundation Trust

Week 112: the next 38 weeks?

Good progress, but so much more to do. Care pathways by themselves are not enough, so in the next 48 weeks we will continue to evolve by;

- Agreeing a fully shared, open-book, integrated **5 year whole system investment plan** by September 2016
- Developing the business case for a **PACS style accountable care model for ESBT** by November 2016, for test-bed roll-out during 2017/18
- **Contributing effectively to our STP** to ensure we get our underpinning workforce plans and digital interoperability right, as well as contribute to the design of wider acute clinical networks
- **Strengthening our localities** so that those community-based building blocks persist regardless of organisational change
- Continuing to develop our **place-based leadership** in partnership to work for the common good