

**Colchester Hospital University NHS Foundation Trust &
Ipswich Hospital NHS Trust**

**Essex County Council Health Overview Scrutiny
Committee: Briefing on Long-Term Partnership**

1. Preamble

In May 2016 the Boards of Colchester University Hospital NHS Foundation Trust (CHUFT) and The Ipswich Hospital NHS Trust (IHT) committed to entering a Long-Term Partnership (LTP) to respond to challenges faced by the local health systems. The LTP is now developing an Outline Business Case (OBC) which will be considered by both Trust Boards in summer 2017.

A Strategic Outline Case was published in February 2017 which examines many different scenarios for a partnership of the two organisations. Groups of clinicians and managers at the Trusts and in the local health systems considered the benefits of each scenario, feeding into a recommendation to the Trust boards. This was to continue to evaluate three of these scenarios in the next stage of planning (an Outline Business Case).

These scenarios are:

- A merger of the two Trusts with full integration of clinical services
- A merger of the two Trusts with some integration of clinical services
- An acquisition of one Trust by another

As a comparison, the scenario of 'no change' is also being considered.

A merger or acquisition would not necessarily require clinical services to move, but may mean that services would work together more closely, for example, sharing best practice in delivering high quality care. The Trusts aim to have completed their Outline Business Case in summer 2017. Engagement with staff and stakeholders will enable the IHT and CHUFT Boards to come to an informed decision about precise options to include in a Full Business Case (FBC) for public consultation at a later stage.

2. Ambition and objectives

The ambition for the LTP is:

For CHUFT and IHT to work together to secure sustainable and high quality healthcare for Ipswich, East Suffolk and North East Essex

Four objectives have been defined which align with the strategic challenges:

1. To improve quality and patient outcomes
2. To deliver better value for money
3. To sustain and improve access to services to meet the needs of our populations, and
4. To develop a sustainable, skilled workforce

3. Clinical strategy

The IHT/CHUFT LTP is an integral element of the Sustainability and Transformation Plan (STP) for Suffolk and North East Essex. The STP was developed through a partnership of local health and social care organisations and built after taking into account a wide range of evidence including the feedback from system-wide public involvement exercises previously undertaken by Clinical Commissioning Groups (CCGs). To move CHUFT and IHT forward to become more sustainable and improve quality, they need to act together. That is why developing the LTP is a key programme in its proposed acute services reconfiguration work stream.

The Trusts are developing the LTP to meet the following essential design principles:

- Continue to operate as district general hospitals
- Focus on delivering acute services, and delivering them well
- Develop specialist services where there will be a demonstrable improvement in care for patients from improved access and/or outcomes
- Continue to provide A&E services on both acute hospital sites
- Continue to have obstetric-led maternity services on both sites
- Have a 24/7 undifferentiated acute medical take at both sites
- Have at least one paediatric assessment unit/paediatric intensive care unit
- Maximise clinical synergies and adjacencies
- Enhance teaching and training to develop the future clinical workforce
- Move at pace to minimise the disruption caused through uncertainty and maximise the speed by which improvements are made

Over the coming months both Trusts will be engaging extensively with staff to ensure their involvement in shaping the clinical strategy.

4. Engagement and communications strategy

A communications and engagement strategy detailing how we will seek to involve patients, stakeholders and the wider public in the development of the OBC is being finalised to support the LTP. The strategy has had input from Healthwatch Suffolk and

Healthwatch Essex and has been shared with Essex County Council Health Overview and Scrutiny Committee and Suffolk County Council Health Scrutiny Committee.

The aims and objectives of our communications and engagement strategy draws on NHS guidance which set four tests for service reconfiguration. These are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear clinical evidence base
- Support for proposals from commissioners.

Aim

To ensure the OBC, and any potential partnership solutions that would represent significant change to the ways in which IHT and CHUFT configure or deliver their services, are developed in partnership with key stakeholders and responsive to their views and needs.

Objectives

1. To provide meaningful opportunities for key stakeholders to help shape and influence potential scenarios for partnership and service change and development
2. To minimise uncertainty or confusion for patients and their carers, staff, partners and residents
3. To build and sustain confidence in the ability of both organisations to deliver high quality and safe healthcare during the transitional phases and beyond
4. To promote a positive reputation for CHUFT/IHT in the effective management of change and as deliverers of safe, caring and high quality care for residents
5. To ensure the Trusts meet their full statutory responsibilities to consult and engage on significant service change

Principles

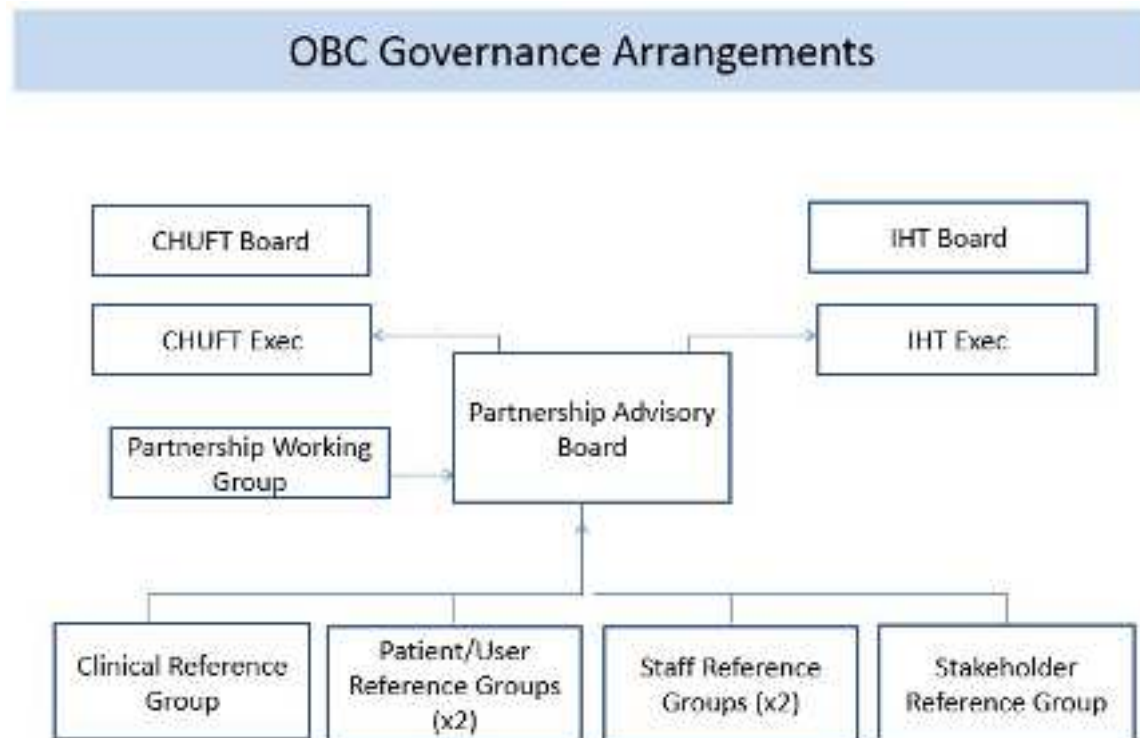
- **Proactive, targeted and integrated communications**
- **Strong relationship management** - promptly picking up and addressing key concerns as the OBC programme develops and ensuring easier access to any additional help or information partners may need
- **Change ambassadors** - We will identify and seek to work with ambassadors - that is people and organisations that share the IHT/CHUFT Long-Term Partnership's ambition and who are keen to help communicate its story to relevant audiences
- **Active use of networks to minimise confusion, reduce engagement overload and make best use of resource**

- **Regular information giving** - internally and externally and rapid response to feedback

We have developed a communications and engagement strategy to ensure there is ample opportunity for meaningful engagement. This includes ongoing engagement with Healthwatch Suffolk and Healthwatch Essex and the creation of a number of advisory and reference groups. These groups will offer their views and advice, including recommendations, which will be considered by the Partnership Advisory Board. For more information on each advisory and reference group, please see appendix 2.

For further information or to request a copy of the Draft Long Term Partnership Communication Plan, please contact: Mr Stephen Hall, Freshwater on behalf of the Colchester and Ipswich Hospitals Long Term Partnership, Tel: 0207 0671595

Appendix 1: Outline Business Case Governance Arrangements



Appendix 2: Advisory and reference groups

A Stakeholder Advisory Group - The purpose of this group is to secure for the OBC the system knowledge and expertise necessary to ensure it is informed by and responsive to the views and needs of our partners in the North East Essex and Suffolk health and social care system. Also to see that the OBC aligns effectively with local commissioning, health, social care and well-being strategies.

The Stakeholder Advisory Group will provide its advice directly to the Partnership Advisory Board and draw its membership from key partners in health, local government and social care.

Patient and User Advisory Groups (two, one for each hospital) - The purpose of these groups is to enable the OBC to identify and take into account the potential implications and impacts of potential scenarios for change on patients and service users, as part of the evidence used to inform decision making.

We also propose to enable the Patient and User Reference Groups to meet and work together and be supported to visit and learn more about each other's hospital, services and issues.

Clinical Reference Group - This group will ensure any proposed service changes are clinically led and based on robust clinical evidence and best practice. It is proposed that members are drawn from clinical and allied professions and come from both hospitals, CCG's, Public Health, the East of England Ambulance Trust, the Local Medical Committees and GP Federations.

Staff Partnership Reference Groups (one for each hospital) - The purpose of these groups will be to help inform and influence the OBC development by contributing their ideas, advice and feedback about the affect and impact of OBC activities and their impact on staff. Their considerations will also help test, guide, facilitate and develop effective internal communication and engagement.