

Report to: Brent Health Partnerships Overview and Scrutiny Committee (OSC)
Report from: NHS Brent CCG
Date of meeting: 4th December 2013 (Health Partnerships OSC)
Re: **Wave 2 Outpatient Procurement Update on Consultation Plan and Integrated Impact Assessment**

1. Purpose of the Report

- 1.1 This report provides proposals for the public consultation action plan and information about the process to be employed to undertake the integrated impact assessment as well as the deliverables of this assessment with respect to Wave 2 procurement specialities; musculoskeletal services and gynaecology.
- 1.2 There are two papers attached, provided by Mott MacDonald, who have been awarded the contract to undertake the integrated impact assessment and formal public consultation for wave 2 procurement specialities. These papers provide the action plan for each component.

2. Case for Change

- 2.1 NHS Brent CCG has emphasised that its mission is to:
 - Commission services that improve the health and wellbeing of all patients registered with its member practices and those who are unregistered but are resident in the London Borough of Brent.
 - Secure sustainable care that enables Brent patients to receive modern, responsive, high quality yet cost effective care
 - Ensure that these services are effectively commissioned within the CCG's financial resource limits. NHS Brent CCG's mission is based on an aspiration to reduce health inequalities within the communities that make up Brent's diverse population.
- 2.2 There are three main challenges for Brent that mean how health care in the borough is delivered needs to change:
 - The residents of Brent have changing health needs, as people live longer and live with more chronic and lifestyle diseases – putting pressure on social and community care.
 - Under our current model of care, we cannot afford to meet future demand. We need to have more planned care, provided earlier to our population in settings outside of hospital. This should provide better outcomes for patients, at lower cost and in line with best practice guidance. MSK services have been redeveloped nationally to offer the integrated care pathway that Brent CCG wishes to commission, in order to streamline service delivery, improve patient experience and outcomes and reduce duplication.

- In addition, a gynaecology pathway has been piloted in two of the five localities in Brent over 2013-14. The pathway spans primary and secondary care and has achieved improved clinical outcomes, a more expedient/responsive service as well as a more efficient pathway for gynaecology services.

3. Integrated Impact Assessment

3.1 In line with the requirements of the contract, the integrated impact assessment will provide the following deliverables:

- Health impact assessment (HIA) - assessing the proposals in relation to health outcomes, health inequalities and quality of care;
- Equality impact assessment (EqIA) – assessing the proposals in relation to the statutory groups with protected characteristics as defined within the Public Sector Equality Duty as well as other vulnerable groups;
- Travel and access impact assessment – assessing the accessibility of current services and existing travel inequalities; and
- Organisational impact assessment – assessing the impact of the proposals on current service providers in terms of clinical viability and financial sustainability.

3.2 Integrating these impact assessments into one avoids duplication and consultation fatigue. It also strengthens the quality and depth of analysis considerably because impacts can be linked together, allowing the consideration of synergistic or cumulative effects on populations and communities.

3.3 The outputs from the impact assessments will be available in advance of the public consultation process whilst the final deliverable will be completed following the public consultation. Outputs include:

- Pre-consultation scoping report setting out the context for the review, details of the changes in service proposals and identifies those populations and equality groups who have a higher propensity to use the services under review and therefore need a particular focus of attention going forward (timescale for completion 29th November 2013)
- Pre-consultation impact assessment report setting out the findings from engagement forums with patient and public representatives and other key stakeholders, which explores the positive and negative impacts arising from the changes. In addition the report will include analysis of travel time to current acute hospital sites to understand impact of providing services from community based locations and assessment of impact on providers in terms of clinical interdependencies, sustainability of clinical services and financial viability.
- Post-consultation integrated impact assessment report setting out the findings from the formal consultation process which will assess relevant impacts on statutory equality groups with recommendations and mitigations for inclusion in service specifications.

4. Formal Public Consultation Plan

4.1 The CCG has commissioned Mott MacDonald to facilitate a three month formal public consultation programme in addition to the integrated impact assessment.

- 4.2 The approach to this formal public consultation combines a range of activities comprising the following key tasks:
- Consultation events x 6
 - Online survey
 - Deliberative focus groups
- 4.3 It is important to note that subsequent consultation on the draft specification will take place from April 2014 and is not form part of the present scope of work detailed in the attached public consultation action plan.
- 4.4 To support the formal public consultation, the CCG and Mott MacDonald will produce a consultation booklet, outlining the proposed changes, case for change and advertising dates/locations of public exhibitions and road shows as well as a questionnaire with freepost return envelope.
- 4.5 The online survey will be designed to elicit qualitative and quantitative feedback on the proposed services changes. Mott MacDonald will design and administer this online survey which will use the same questions as the paper questionnaire included in the consultation booklet.
- 4.6 The public consultation events will be supplemented by up to six deliberative focus groups, targeting across section of the community. The balance of each focus group will be informed by the Integrated Impact Assessment scoping report in terms of population profiling tasks and identification of those from protected groups who are most likely to be affected by the proposed service changes.

5. Timescales

5. Timescales for the public consultation and integrated impact assessment are in line with the timescales presented to the Health Partnerships OSC in September 2013.

Timescale	Activity
November to Mar 2014	<ul style="list-style-type: none"> • Integrated impact assessment starts with strategic engagement phase of integrated impact assessment <ul style="list-style-type: none"> ○ Pre consultation scoping report – 29/11/13 ○ Pre-consultation impact assessment – 20/12/13 ○ Post consultation impact assessment – 18/4/13
Jan to March 2014	<ul style="list-style-type: none"> • Formal consultation and engagement starts with providers, patients, the public and partners <ul style="list-style-type: none"> ○ As per formal public consultation action plan (attached)
Feb to May 2014	<ul style="list-style-type: none"> • Procurement process via competitive dialogue starts • Discussing with potential providers services that could be provided in the community that would provide high quality outcomes for patients, enable integrated services and encourages effective partnership with patients and their GPs
April 2014	<ul style="list-style-type: none"> • Consultation on draft specification with patients, partners and public
May 2014	<ul style="list-style-type: none"> • Successful bidders selected
June to Sept 2014	<ul style="list-style-type: none"> • Mobilisation phase which includes: <ul style="list-style-type: none"> • working with the new provider on establishing the new service • informing patients about the new arrangements • ensuring safe and seamless transfer of care