



Your community
Your care

Developing Buckinghamshire together

Service design and engagement framework

Proposal for a framework approach

This framework aims to provide an evidence-based approach to planning for the design and delivery of services, engaging the public and key stakeholders at an early stage in order to fully understand the health and care needs of our populations. Once we have collectively understood these challenges, we can develop solutions together for the future delivery of services to meet those needs.

The framework and the stages within it can be practically applied at the most appropriate geographic, population or community level. There is a clear emphasis within this approach on locally developed solutions.

There will be a balance to addressing challenges locally with those that impact on a wider geography or population and need to be addressed at a broader level or for a greater population. Decisions will not be made in isolation.

Public involvement and engagement will be critical throughout, along with the involvement of clinicians and care professionals. The design of these engagement approaches will be tailored to the population or geographical area covered by the specific application of the framework.

Principles of the approach – what we will and will not do

In line with the overarching principles of the Health and Wellbeing Board, we will uphold the shared aims for the people of Bucks:

- Give every child the best start in life
- Keep people healthier for longer and reduce the impact of long term conditions
- Promote good mental health and wellbeing for everyone
- Protect residents from harm
- Support communities to enable people to achieve their potential and ensure Buckinghamshire is a great place to live

This is a **system approach** –partners will work together involving and engaging local communities to determine how best to meet future health and care needs. Solutions will be developed as a system not as individual organisations;

- **Population health management** principles will be followed – planning will include prevention and a focus on the wider social determinants of health;
- We will promote and enable **community and patient/service user involvement** and engagement throughout - this will include co-design of approaches and co-production of key outputs;
- We will promote and enable **clinical* leadership**;
- Our work will be based on **parity of esteem** and address both physical and mental health, as well as health inequalities;
- Future solutions and models of care will be **based on evidence** and will consider innovation and best practice from elsewhere;
- We will undertake appropriate reality checks – **are proposals realistically affordable and attainable**, can we be sure of a workforce to deliver the model(s), are the proposals right for Buckinghamshire or a specific community within our county;
- We will sense check the level (geographic or population) at which solutions are being planned and developed – **we will not fragment or isolate decision making**;
- All planning approaches will be supported by robust **clinical and business cases** in the development of possible options;
- We will follow **best practice** and use the NHS change management model

The key stages of the framework have been summarised in the diagram overleaf. This should not be read as prescriptive; it is a support tool – the principles of which inform how the planning and design of future services should be approached.

*The term 'Clinical' in this context is used in an all-encompassing way and refers to leadership provided by social care experts, doctors, nurses and Allied Health Professionals for example

Stages can be run concurrently						
	Process Planning and co-design	Population health and care needs	Review of services and resources	Innovation and good practice	Meeting residents current and future needs	Development of options
Key Activities	<ul style="list-style-type: none"> Co-design the detailed approach: <ul style="list-style-type: none"> - Informed by residents - Informed by Public Health - Informed by clinical evidence, innovation and best practice - Informed by system performance, financial and activity modeling - Aligned with Health & Wellbeing Board strategy Establish a core project team Establish a stakeholder group Establish clinical / professional groups Develop comms and engagement plan 	<ul style="list-style-type: none"> Build on existing work to understand the current and future population needs Segment the population to identify and consider needs, use modelling to predict trends and changes Identify any urgent or immediate concerns that require action Map out significant population changes linked to growth over time Forecast impact of a future model which promotes prevention and wellbeing 	<ul style="list-style-type: none"> Map what services are provided by whom, where and when Map which population accesses the services Identify physical assets and the services provided from those assets Capture any sustainability issues – workforce, physical condition of buildings, non-recurrent funding etc. Assess capacity and performance of services Where possible highlight activity - what population segments access which services 	<ul style="list-style-type: none"> Identification of innovative approaches to the future delivery of services Identify and understand successes and impact that early adopter sites have achieved Consideration of latest ideas and clinical good practice Establish local views and ideas from those delivering services on how services could be provided differently in the future with innovation and integration Work to identify initiatives and programmes that will address wellbeing and prevention 	<ul style="list-style-type: none"> Draw up suggestions and proposals directly informed by the preceding stages that will meet the identified population needs Challenge whether emerging options are affordable and deliverable? Test whether or not all challenges or gaps can be addressed locally 	<ul style="list-style-type: none"> Present options tested against deliverability, operational sustainability, and affordability Develop any additional detailed modelling and analysis to test proposals Utilise a recognised Outline Business Case approach to summarise options for consideration Identify any quick wins Confirm any potential significant service changes
Key Questions to be answered	<ul style="list-style-type: none"> What is the vision? What is the timetable? Who will lead the project? How will the approach be organised? How can co-design be enabled? Who should be involved in this work? How will residents be involved? 	<ul style="list-style-type: none"> What are the health and care needs of the population? What are the specific needs of segments of the population? What future developments are planned that may change population requirements? Is any immediate action required? What are the local resident's views of need? 	<ul style="list-style-type: none"> What, where and when are services provided? What does review of capacity and demand tell us? How well are services performing? Where do users that access the services travel from? What are the physical assets? Are these services value for money? What services do local people value and why? What do we understand about local groups and schemes? 	<ul style="list-style-type: none"> What emerging clinical and professional best practice is relevant to this population? What future opportunities should we consider with respect to innovation and new models of care? How could a more integrated approach to health and care be of benefit? Does the Clinical Senate support the service model? What do residents think of the emerging case for change? What do staff think of the emerging case for change? 	<ul style="list-style-type: none"> What options do we have to provide services that meet the needs of the population at the required scale? What provider delivery models, commissioning approaches, clinical and service delivery models support these? Are wellbeing and prevention built into every option? 	<ul style="list-style-type: none"> Do all options meet tests for deliverability? Do all options support and promote healthy living and independence? Do professionals, the CCG and Clinical Senate support all the options? Do any options test NHSE tests for service change? Which options do residents support?
Community & Staff Involvement	<ul style="list-style-type: none"> Co-design of approach Co-design communications and engagement plan Establish stakeholder group Co-design tactics for initial engagement Brief HASC 	<ul style="list-style-type: none"> Understand local residents views of needs by demographic Consider whether there any future developments which may impact demographic needs 	<ul style="list-style-type: none"> Gain staff views on key questions Gain residents views on key questions 	<ul style="list-style-type: none"> Innovation events for staff, residents and stakeholders 	<ul style="list-style-type: none"> Build options with staff and local residents of our diverse communities 	<ul style="list-style-type: none"> Community and staff involvement in assessment of options HASC supportive of process to date and next steps NHSE agrees level of assurance required if consultation is required
Deliverables	<ul style="list-style-type: none"> Vision Senior Responsible Officer Core team Project Plan Comms & Engagement Plan Clinical/professional groups Stakeholder group Initial public engagement Defined clinical /service outcomes 	<ul style="list-style-type: none"> Local population profile with current and future needs Local assessment of health inequalities Equalities Impact Assessment Trajectories for population growth Report of residents views of need 	<ul style="list-style-type: none"> Report of services currently available showing benchmarking, financial and workforce implications Map of assets and future viability Travel report (current services) Report of residents views of services Map of local groups and schemes 	<ul style="list-style-type: none"> Main elements of a case for change Ideas for how to work in a more integrated way including the management of health and wellbeing Feedback on the emerging case for change from staff and residents 	<ul style="list-style-type: none"> Options arrived at for new service/model of care with community and staff involvement Forecast impact of a future model which promotes independence, prevention and wellbeing 	<ul style="list-style-type: none"> Full Options Appraisal - everything is prepared to: Make a decision OR undertake wider engagement OR develop a pre-consultation business case

Engagement

Formal Consultation

Key Activities

Confirmation that the following evidences are in place:

- Service Model
- Case for change
- Equalities Impact Assessment
- Travel Impact Assessment(s)
- Feedback report from Comms and Engagement work undertaken to date
- Project plan for engagement
- Comms Plan
- Resources for engagement
- Stakeholder engagement plan including MPs and wider partners such as HASC

Confirmation that the following evidences are in place:

- Service Model
- Case for change
- Equalities Impact Assessment
- Travel Impact Assessment(s)
- Feedback report from Comms and Engagement work undertaken to date
- Project plan for consultation
- Comms Plan
- Resources for consultation
- Stakeholder engagement plan including MPs and wider partners such as HASC, ICS, Clinical Senate and NHSE
- Pre-Consultation Business Case
- Decision Making Business Case

Key Questions to be answered

- What is the preferred option of staff and residents (where there is a choice)?

- What is the preferred option of staff and residents (where there is a choice)?

Community & Staff Involvement

- Process of explaining the options presented and asking residents which option they prefer

- Process of explaining the options presented and asking residents which option they prefer

Deliverables

- Paper to decision makers recommending preferred option
- Decision made
- End of engagement report explaining what feedback was received, how this influenced the decision and what decision was made.

- Decision Making Business Case
- Assurance by NHSE
- Decision made
- End of consultation report explaining what feedback was received, how this influenced the decision and what decision was made.

The use of the term 'co-design' in this context is intended to indicate partnership working and not decision making. The responsibility for decision making sits with the statutory organisation with responsibility for the service(s) under discussion.