Healthier Together
South East Midlands
Better care *in the right place*

South East Midlands
Healthier Together Programme

Progress Report
For
Central Bedfordshire Health and Well Being Board
Prepared 8th May 2012

1. Introduction

This paper provides a progress report against all aspects of the Healthier Together Programme.

The aim of the programme is to deliver improved quality and outcomes for the population of the South East Midlands and ensure clinical and financial sustainability of the health economy through the reconfiguration of acute services provided in Northamptonshire, Bedfordshire, Luton and Milton Keynes.

The programme is driven by a Programme Board made up of representatives from all partner organisations, the Clinical Lead and the Chair of the Patient and Public Advisory group (PPAG). There is a shared understanding among partners that the current pattern of hospital provision is unsustainable, particularly given the research regarding the effect of critical mass on patient outcomes for complex procedures. This research has shown that there is more likely to be a positive outcome for a patient undergoing a complex procedure if it is completed in a hospital whose staff team have undertaken the procedure repeatedly and regularly.

With an increasing and ageing population, due to rise from 1.6m to 2.2m by 2031, and finances becoming more constrained the five hospitals wish to work collaboratively to improve efficiency and effectiveness as well as increasing quality of care and improved clinical outcomes for patients.

There are twelve NHS partner organisations leading this review, with another twelve key stakeholders engaged in the programme:

Five acute trusts

Bedford General Hospital NHS Trust
Kettering General Hospital NHS Foundation Trust
Luton & Dunstable University Hospital NHS Foundation Trust
Milton Keynes Hospital NHS Foundation Trust
Northampton General Hospital NHS Trust

Clinical commissioning groups

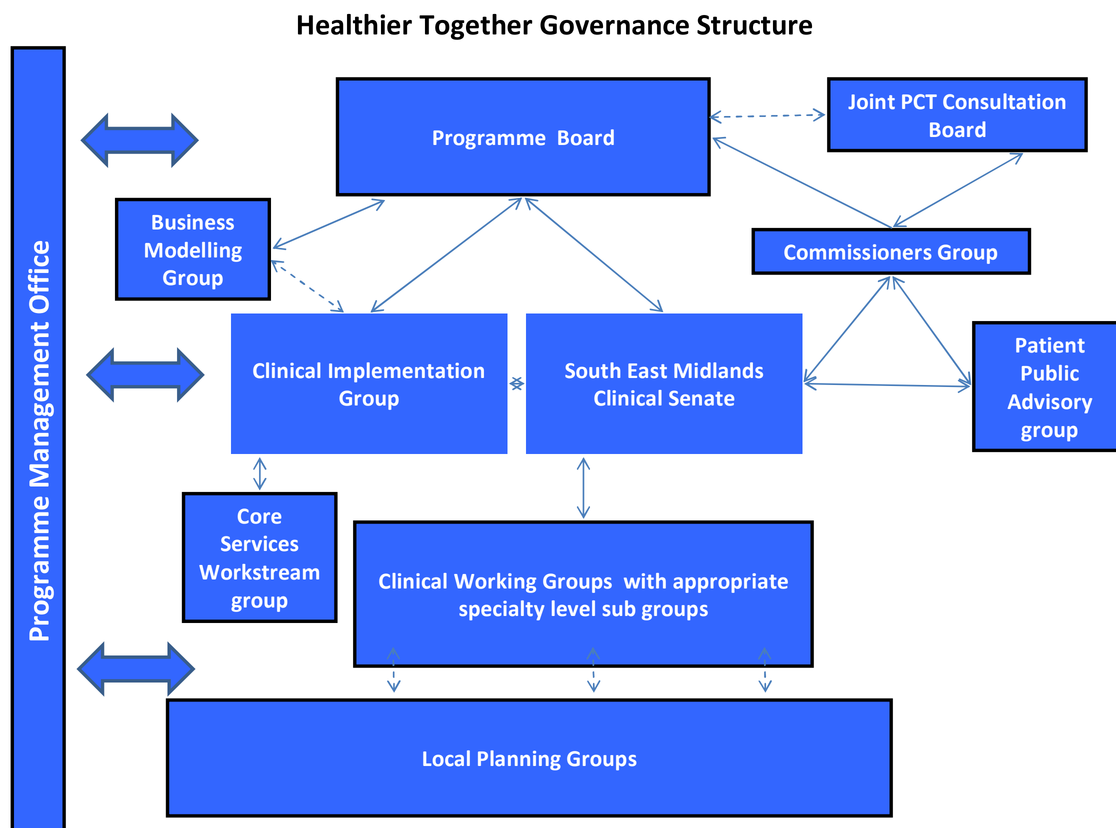
Bedfordshire Clinical Commissioning Group
Corby Healthcare
Luton clinical Commissioning Group
MK Commissioning
Nene Commissioning (covering most of Northamptonshire except Corby)

Key stakeholders

Local Authority	Community Service Provider	Ambulance Trust
Northamptonshire County Council	Northamptonshire Healthcare NHS Foundation Trust	East Midlands Ambulance Trust
Milton Keynes Unitary Council	Milton Keynes Community Health Services	South Central Ambulance Trust
Bedford Borough Unitary Council	South Essex Partnership University NHS Foundation Trust (Bedfordshire)	East of England Ambulance Trust
Central Bedfordshire Unitary Council	Cambridgeshire Community Services NHS Trust (Luton)	
Luton Unity Council		

2. Governance structure

The governance arrangements for the programme are summarised below:



A Joint Health Overview and Scrutiny Committee (JHOSC) has been established to scrutinise the process. Each local authority has three representatives on the JHOSC and neighbouring local authorities have been invited to join with observer status. Representatives from Local Involvement Networks (LINks) are also included as observers.

Patient and public representation is established throughout the governance structure. All feedback received from the different methods of patient and public engagement outlined in this report is being fed back into the six Clinical Working groups and Clinical Senate so that the views of local residents can help shape the development of possible options for new models of care.

Commissioning Group

The Commissioner Group has been established and has met several times with good consistent representation from all the CCGs. The group is now co-chaired by two of the CCG Clinical Chairs, Dr Paul Hassan from Bedfordshire and Dr Darin Seiger from Northamptonshire.

On a quarterly basis the group is opened up to a wider membership including the wider health economy commissioners, Directors of Adult Social Care and Chairs of Health and Wellbeing Boards. The first of these Wider Commissioner Group meetings took place on 12th April and provided a useful opportunity to bring Local Authorities and the Health and Wellbeing Boards into the discussion.

A draft commissioner concordat between the five CCGs and two Clusters has been agreed on how they will work together through the programme.

The group has a clear workplan that includes development of a commissioner vision focused on improvement of clinical outcomes. This is being developed and will be brought together through two half day workshops in May/June.

2. Clinical Groups

Clinical Senate

The Clinical Senate is chaired by the Programmes Clinical Leader – Mr Ed Neale and its membership includes the Chairs of the CWGs, Acute Management and Nursing Director reps, Community Nursing Director rep, Ambulance Service Medical Director rep, Public Health Director, Patient & Public Advisory Group reps and CCG GPs reps. The Senate has met three times so far to review, challenge and co-ordinate the work emerging from the six Clinical Working Groups (CWGs).

Clinical Working Groups

Six Clinical Working Groups (CWGs) have been established. Each CWG is chaired by a practising clinician from within the South East Midlands. The CWGs are made up of hospital consultants, GPs, nurses, health and social care and patient and public representatives.

The Chairs of the CWGs are:

Clinical Working Group	Chair
Cancer	Dr Christine Elwell, Consultant Oncologist, Northampton General Hospital
Children	Dr Beryl Adler, Consultant Paediatrician, Luton & Dunstable Hospital
Emergency Care	Dr Naeem Shaukat, Consultant cardiologist, Kettering Hospital Foundation Trust
Long Term Conditions	Dr Monica Alabi, General Practitioner, Luton
Maternity	Mr Paul Wood, Consultant Obstetrician & Gynaecologist, Kettering Hospital Foundation Trust
Planned Care	Mr Rob Hicks, Consultant Vascular Surgeon, Northampton General Hospital

Each CWG has met at least 4 times to review clinical evidence and best practice and to start to develop models of care. A summary of thinking to date has been produced by each group and reviewed by the Clinical Senate. The Clinical Senate was able to identify areas which needed more discussion and potential overlaps between groups. This has led to a number of sub-group and task and finish group meetings to focus on specific clinical specialities and conditions which impact across more than one CWG.

Core Services Group

The Core Services Group comprises the Medical Directors for the five acute trusts. This group has begun to draft a list of core services which they will recommend are provided on all five hospital sites.

Clinical Implementation Group

The Clinical Implementation Group (CIG) has discussed some of the early feedback from the Clinical Senate. The group consists of the five Medical Directors of the Acute Trusts and the Clinical Chairs of the five CCGs plus the PPAG Chair and a representative Ambulance Trust Medical Director. The CIG will be chaired by an external Clinical Advisor but has so far been chaired by the Programme SRO.

Clinical service models – next steps

The following are key next steps for the development of clinical service models:

- Continued work to test emerging clinical models through the Clinical Senate

- CWGs and sub-groups continue to meet. Their first draft reports will be ready for discussion with the Clinical Senate on 15th June
- Establishment of a Diagnostics Group to consider the impact and requirements of service models on diagnostic services
- Start to test emerging models with stakeholders and the wider public from the end of June.

3. Revised Timeline

In March the Programme Board recognised that, in order to allow sufficient time for the CWGs to develop strong, evidence-based proposals and engage effectively with patients and the public to help shape the developing options that will be put forward for public consultation, it was necessary to revise the timeline for going out to formal public consultation. It has now been agreed that the formal public consultation will begin in October 2012.

Key Milestones for the Programme Board for Phases Two and Three

- Commissioner vision and health outcomes to Programme Board – late June
- Proposals from Clinical Senate on recommendation for core services and options for clinical models to Programme Board – late June
- Options for clinical models to Clinical Implementation Group (CIG) – late June
- Joint Health Overview & Scrutiny Committee – mid July
- First draft of options on models and locations from CIG and Clinical Senate to Programme Board – late July
- Final draft Consultation document to the Programme Board – late August
- Final consultation document (having been through JHOSC and Plain English group) to Programme Board – mid September
- Final consultation document to Joint PCT Consultation Board – mid September
- Consultation starts – Monday 1st October 2012

4. Communications and Engagement

This section gives an update on progress against the Communications and Engagement strategy for Phase 2 of the programme and feedback received to date from patients and the public. It also outlines the draft strategy for public consultation.

Objective 1: Ensuring engagement at all levels of the programme

The Patient and Public Advisory Group has met on four occasions. There are now approximately 30 members of the group with good representation from local community groups as well as members/ Governors from each hospital and LINks. In addition there is patient and public representation and involvement across most of the governance structure, including the CWGs.

Tailored communications and engagement plans have been developed for each group. We are also working with local voluntary and community sector organisations to improve our engagement with harder to reach groups

Two independent engagement specialists who are also members of the Independent Review Panel have checked our communications and engagement strategy against best practice.

Objective 2: Raising awareness and understanding of the Case for Change
The following is a sample of the communications and engagement activity undertaken to date:

- The Case for Change leaflet, *'Why we need to change'* has been distributed widely via hospitals, who have distributed them to staff and members, GP surgeries, pharmacies, libraries, LINk groups and third sector groups.
- A telephone survey in February 2012 with a representative sample of the local population
- A full set of communications materials provided to partner organisations to ensure local audiences and staff are kept informed and aware of the opportunities to get involved
- Regular monthly Update newsletter
- An extensive programme of public, stakeholder and third sector meetings/presentations
- Roadshows in April in busy areas such as shopping centres and train stations
- Local radio advertisements for a 3 week period during April with seven advertisements a day and an audience reach of 600,000 people, a third of all adults in the South East Midlands area
- Week long feature on BBC Three Counties Radio/BBC Radio Northampton from 21st May
- New media strategy with a reach of more than 28,000 Twitter and Facebook accounts
- An interactive website, with online surveys, DVD and vox pops films, which has had more than 3,800 visitors
- A DVD of the case for change circulated to GP surgeries and hospitals for use in public areas
- Information screen slides developed for GP surgeries and main Post Offices from April
- Posters *'What do you think?*' in GP surgeries, libraries, Post Offices and other public areas
- Regular MP briefings

Feedback from stakeholder and public engagement
Feedback from the **five public deliberative events** has been captured in a full report and series of infographics all of which are available on the website. The aims of the deliberative events were to explore:

- Awareness of and views on the Case for Change
- Views on the vision for the future
- Views on the draft criteria for the options appraisal process and how they could be weighted

As well as small group discussions and plenary sessions there were two rounds of electronic voting.

At the **stakeholder event** there was a high awareness of the Case for Change with 90% of attendees agreeing that they were very aware of the need to change. There was also broad support for the programme's vision. When asked to choose which of the three strands of the vision attendees supported the most:

- 37% voted for properly co-ordinated care for frail elderly and LTC
- 36% voted for moving services closer to where people live
- 26% voted for creating specialist centres of excellence

At the **public deliberative events** there was a considerable shift in awareness in the need for NHS hospital services to change at each event. For example at the Bedford event awareness levels moved from 60% to 90% by the end of the event and 77% of participants agreed with the need for an ongoing conversation. In addition:

- People tended to be most aware of the economic pressures on the health system, fairly well aware of demographic pressures and slightly less aware of the pressures resulting from the need to ensure high quality services
- When asked to vote on which of the three strands of the vision attendees supported the most, there tended to be equal support for creating specialist centres of excellence and moving services closer to people's homes and approximately a quarter of attendees felt most supportive of properly co-ordinating services for frail elderly and people with long term conditions
- At each event only 1%–2% of people did not support any of the three strands of the vision and did not see the need for change
- Following table top discussions about the draft criteria, attendees tended to vote for 'quality and safety' as being the most important criteria. Travel was raised at each meeting as an issue of concern, particularly for elderly people and those who are reliant on public transport; however, when asked to rank the five criteria, 'access' repeatedly came fourth or fifth.

The representative sample of participants at the deliberative events enabled engagement with many people who had not previously engaged with the NHS; a significant percentage of attendees asked to be kept informed of developments over the coming months. In addition some members of the Patient and Public Advisory Group were recruited from these events. Vox pops from two of the events are available to view on the website.

Feedback from the **telephone survey** of 1,600 local residents:

- 3 out of every 4 people rated services as 'very good' or 'good'; significantly more felt services are felt to be 'very good' in Northants
- 4 of the top 6 positive mentions focused on quality/expertise
- When asked what was most important to them when using local hospital service, 43% people highlighted:
    - § Expertise/specialist care
    - § High quality care
    - § High quality treatment
    - § Experienced/highly competent staff
    - § How people is treated was also important – 28% mentioned 'caring staff' and 'being treated with respect'
- When asked how people travelled to hospital, 86% said they used their car; there was more emphasis on car travel in rural areas as opposed to Luton
- Bus travel was important to over 65 year olds, significantly more so than other groups. In Luton, taxi travel is also used by the 65s, far more so than in other areas
- Awareness of Healthier Together was 8% in February at start of the programme; this will be retested to measure levels of awareness at a later stage in the programme as part of the evaluation of the communications and engagement strategy

Feedback from the **Case for Change questionnaire and online survey** has increased steadily with 1287 responses to date. This number is expected to increase as our engagement activity continues. Analysis is ongoing and the following themes are emerging:

- A wish to see improvements around weekends, 24/7
- The importance of caring, qualified staff
- People want to access to expertise and the best possible treatment
- There is support for centres of expertise but people do have concerns about travel

A **final report** summarising all the pre-consultation engagement will be prepared to provide assurance that best practice has been followed ahead of the formal public consultation.

Draft strategy for public consultation
A draft communications and engagement strategy for the public consultation process has been prepared and shared with the Programme Board. The objectives are to:

- Maintain a robust approach and process influenced by stakeholders that stands up to external scrutiny including the production of a clear, accessible and widely distributed consultation document;
- Raise awareness of the consultation and how to respond to it;
- Communicate to build understanding of the options for change - based on clear evidence;
- Use clinical champions to engage with internal audiences during consultation so staff feel informed and able to take part in the process;
- Enable scrutiny of the options for change before a decision is made, by those who will be affected;
- Listen and record stakeholder views accurately during engagement events
- Ensure evaluation of the consultation displays that best practice guidelines have been followed

This strategy will be developed over the next few weeks and taken to the Programme Board for sign off at the end of May.

6. Evaluation criteria and principles

The **draft evaluation criteria**, which will be used to assess possible options for new models of care, is being amended following feedback received from clinical groups, patients and public and the Patient and Public Advisory Group. Currently they are:

Criteria	Description
Affordability	Is the service model achievable within current and future financial resources? Does it provide the best value for tax payers money? Are assumptions about transitional funding and capital funding realistic? Is the capital expenditure affordable (including its revenue consequences)?
Deliverability	Will the proposed model receive support from NHS staff/clinicians as well as from local stakeholders? Does it meet clinical commissioners' strategies for the future shape of health services for their population? Can the model be supported by a workforce/staffing model which is realistic?
Equity of Access	Does the model allow for equity of access for all sections of our diverse population including vulnerable people and those with specific needs? Does the model enable patients to exercise their right to Choice when considering treatment options?
Quality / Safety	Does the service model improve the clinical standards for quality and safety? Does the service model sustain or enhance the patient experience? Does the service model improve clinical outcomes? Does the service model meet national best practice guidelines? Does this service model enable patients to be transported safely by emergency vehicles?

Travel Access	Are there sufficient transport options to allow all patients and their families to access relocated services within a reasonable time?
Sustainability	Does the service model address the increased demands that will result from a growing and ageing population over the next two decades? Is it clinically and financially sustainable over the foreseeable future? Are the medium term workforce implications sustainable? Does the proposed model offer better value for money across the health and social care economy?

The final version of the evaluation criteria and the weightings will be signed off by the Programme Board at the end of May.

In addition to the evaluation criteria, a suggested set of **underpinning principles** has been widely discussed by the PPAG. The latest draft is as follows:

1. We will provide high quality care that is safe, effective and delivers measureable improvement in health outcomes throughout South East Midlands
2. We will improve patient experience and maintain patient choice
3. We will ensure services are delivered by the most appropriate person in the most appropriate place
4. We will provide care more locally wherever possible
5. Where there is good evidence to show that centralised clinical services could save lives or improve the quality of care we will do so
6. We are committed to providing best value for tax payers money and the most effective, fair and sustainable use of available resources
7. We will identify and where possible reduce health inequalities
8. We will ensure that all options are generated by and discussed widely with local clinical leaders
9. Options will address the need for clinical pathways that cover early identification of health needs, self-management and timely and appropriate interventions
10. We will be transparent and clear with public, patients and staff and engage them throughout the process
11. We will ensure that proposals for change have the support of Clinical Commissioners and Health and Wellbeing Boards
12. We will ensure that services are provided by a flexible, skilled and motivated workforce

The draft principles will be taken to the Programme Board at the end of May for further discussion and sign off.

7. Travel and transport

Work has started to develop a strategy for managing travel and transport issues. Concerns about the impact of the programme on the travel distance and time for patients has been raised at all public events.

A steering group is being established with local authority, patient and partner representatives. A key area of work at this stage is to analyse, understand and articulate the impact on patient flows from a

potential change in location of a service. This is not just about distance but also about patient behaviour and will need to incorporate:

- Travel distance and time
- Usual access modes - car bus train etc and availability to the new location
- Car parking and its availability and influence on patient behaviour
- Cultural issues around transport –acceptability of travelling from A location to B location

This requirement is part of the contract for business modelling support and will be undertaken in line with all other modelling of options.

Next steps are to:

- Set a date for the first steering group meeting
- Meet with travel and transport leads from local authorities to understand current situation and future plans/strategy
- Meet with travel and transport leads from each acute trust to understand current situation and strategy/plans for the future including sustainability and 'green' issues

Further information

If anyone would like further information please contact us at:
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or telephone the programme office on: 01908 278735