

Central Bedfordshire
 Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information No

Title of Report Healthier Together Programme (South East Midlands Acute Services Review) – Progress Report

Meeting Date: 5 July 2012

Responsible Officer(s) Simon Wood, Director of Commissioning, NHS Bedfordshire and Luton

Presented by: Healthier Together Programme Representative

Action Required: The Shadow Health and Wellbeing Board is asked to note this report.

Executive Summary	
1.	This report provides an update progress during the pre-consultation phase of the Healthier Together Programme (South East Midlands Acute Services Review).

Background	
2.	This report forms the second monthly report to Boards, ahead of the formal public consultation proposed for the autumn. The detailed governance arrangements and structure were included within the previous report.
3.	The Board were provided with a progress report on 29 May 2012. At that time the Board asked that updates be provided to subsequent meetings on 5 July and 6 September 2012.

Detailed Recommendation	
4.	The Board is asked to note the programme progress that has taken place since the progress report presented on 29 May 2012 and feed back any queries through their Programme Board representative.

Issues

Strategy Implications		
7.	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.	
8.	This review is being led by Commissioners and is aligned to the strategies of Bedfordshire Clinical Commissioning Group and NHS Bedford & Luton.	
Governance & Delivery		
9.	9.1	The Healthier Together Programme is jointly managed by the PCT Clusters of NHS Milton Keynes and Northampton and NHS Bedford and Luton, working with the Clinical Commissioning Groups in Northamptonshire, Milton Keynes, Bedford and Luton.
	9.2	Regular progress reports will be provided to the Shadow Health and Wellbeing Board. Day to day progress is managed through a dedicated programme management office.
Management Responsibility		
10.	John Rooke, Chief Operating Officer, Bedfordshire Clinical Commissioning Group Simon Wood, Director of Commissioning, NHS Bedfordshire and Luton	

Risk Analysis
Briefly analyse the major risks associated with the proposal and explain how these risks will be managed. This information may be presented in the following table.

Identified Risk	Likelihood	Impact	Actions to Manage Risk

South East Midlands Acute Services Review

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Source Documents	Location (including url where possible)

Simon Wood

Presented by

HEALTHIER TOGETHER PROGRAMME (SOUTH EAST MIDLANDS ACUTE SERVICES REVIEW) PROGRESS REPORT FOR HEALTH AND WELL BEING BOARDS

1. Introduction

The purpose of this paper is to provide Boards with an update on the progress of the Healthier Together Programme (South East Midlands Acute Services Review). This forms the second monthly report to Boards, ahead of the formal public consultation proposed for the autumn. The detailed governance arrangements and structure were circulated in the previous report.

2. Programme Progress

2.1. Developing Clinical Models

Each CWG completed their initial draft report at the end of May, outlining a proposed pathway and potential models in their specialty area. These were discussed by the Clinical Senate and programme board.

The feedback from those meetings was reviewed by each CWG and the reports were re-presented to the Clinical Senate at an all-day session on 15th June. The purpose of this session was to robustly challenge and test all of the models and how these could fit together.

The Clinical Implementation Group, chaired by Professor John Wallwork, will meet in early July to begin discussions on the proposed models and consider potential locations

2.2. Business Modelling

In parallel to the work of the CWGs, business modelling support has been commissioned to assist financial and activity modelling of proposed scenarios. The modelling will also include travel and transport analysis.

A Business Modelling Group, chaired by the Director of Strategy at Bedford Hospital, has been established to oversee this work and includes membership from all partner Trusts and commissioners. Models are being generated for commissioners and providers to model the financial and activity implications if there are no reconfigurations (the 'base case' model) or to model specific scenarios that partner organisations wish to consider.

To date the commissioner and provider base case models have been completed (initial outputs from the commissioner model have been shared with commissioners for verification and outputs from the provider models will be shared with acute Trusts by the 22nd June). Over the following 2 weeks the various scenarios arising from the Clinical Implementation Group will be modelled to support decision-making.

2.3. Travel and Transport

Travel and transport is an area of concern for patients and the public and a Travel and Transport Group, chaired by the Medical Directors of the two PCT Clusters, has been established to assess the impact any reconfiguration is likely to have. Membership of the group includes; PPAG representatives, Ambulance and patient transport services; public transport providers and those with a wider strategy view from the Local Enterprise Partnerships and Local Authorities. Initial work will include developing a baseline against which all proposed models can be assessed.

2.4. Impact Assessment

An Impact Assessment steering group has been established and met for the first time at the end of May. The steering group has now developed tools for both the quality and equality impact assessments, which are being used by the CWGs to assess clinical service models. Impact assessment work is part of the ongoing process and there will be specific points where options and models will be formally assessed.

2.5. Commissioners

The commissioners group has met twice in June to develop a shared commissioner vision, intentions and CCG concordat, outlining how the CCGs will work together to lead and implement the programme. This work will be presented to the Programme Board in early July.

2.6. Communications and engagement

The following is a sample of the communications and engagement activity undertaken since the previous report in May:

- Surveys of the public in the following CWG areas Maternity, Children's Care and Long Term Conditions have been carried out. We are currently analysing the feedback
- Survey of NHS hospital staff, Community Trusts, Ambulance Trusts and GP practices is underway – available online and in paper copy
- The website has been redeveloped with new material added
- The monthly update newsletter was published in June
- Ongoing programme of public, stakeholder and third sector meetings/ presentations
- Steve Lowden (PPAG Chair) and Ed Neale (Clinical Senate Chair) have been interviewed on BBC Three Counties, Seclo Sounds, In2Beats Community Radio and Inspire Radio
- Continuing social media strategy on Facebook and Twitter
- Meetings and communications with neighbouring health services and local authorities to keep them informed of developments

A range of activity is planned over the next month, which will seek to further engage staff and stakeholders in the proposed options for models of the care. This will include:

- A deliberative event for stakeholders to be held at the end of July
- A new set of communications materials, distributed via partner organisations to inform local staff, stakeholders of the proposals and how to get involved
- Briefings for local staff and stakeholders by local partner leads, providing opportunities to ask questions and find out more details
- Meetings with Clinical Commissioning Group locality practice leads to ensure effective engagement with GPs practices

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

3. Progress against key milestones

All of the following milestones are currently on track to be met on time. For diary reasons, the Programme Board scheduled for late June has been moved to early July. However this is not expected to have an impact on the following timetable.

Milestone	Due	Status
Commissioner vision and health outcomes to Programme Board	Late June	On Track
Proposals from Clinical Senate on recommendation for core services and options for clinical models to Programme Board	Late June	On Track
Options for clinical models to Clinical Implementation Group (CIG)	Late June	On Track
Joint Health Overview & Scrutiny Committee	Mid July	On Track
First draft of options on models and locations from CIG and Clinical Senate to Programme Board	Late July	On Track
Final draft Consultation document to the Programme Board	Late August	On Track
Final consultation document (having been through JHOSC) to Programme Board	Mid September	On Track
Final consultation document to Joint PCT Consultation Board	Mid September	On Track
Consultation starts	1 st October (for 13 weeks)	On Track

4. Recommendation

The Board is asked to note progress to date and feedback any queries through their Programme Board representative.