

March 2013

**HEALTHIER TOGETHER PROGRAMME (SOUTH EAST MIDLANDS ACUTE SERVICES REVIEW)  
PROGRESS REPORT FOR ALL PARTNER ORGANISATIONS**

**1. Purpose**

The purpose of this paper is to provide the Boards of partner organisations with an update on progress against all aspects of the programme since the last report in February 2013.

**2. Structure of the programme going forward**

At their meeting on 13<sup>th</sup> February 2013 the Programme Board agreed that the next phase of the Healthier Together work would be taken forward locally by the CCGs in the north, middle and south of the South East Midlands.

CCGs have confirmed their plans for how this next phase of work will be coordinated locally;

In Northamptonshire Nene and Corby CCGs will work closely together and with the acute hospitals to develop proposals for consultation in summer 2013. The programme of work will be coordinated through a Northamptonshire Programme Management Office (PMO) which will also oversee the development of closer working between the two acute hospitals.

Bedfordshire and Milton Keynes CCGs plan to take a more incremental approach to the planning of service changes in order to prioritise those services where there is the most pressing clinical need. The programme of work will be coordinated through two separate PMOs one based in each CCG, with joint working between the two where this is required. This work will run alongside the organisational change process for Bedford Hospital.

In Luton the next phase of work will be taken forward as part of the 'Healthier Luton' strategy, a key element of which is the redevelopment of the Luton and Dunstable Hospital site. The work programme will be coordinated by the 'Healthier Luton' PMO.

These local arrangements reflect local priorities and circumstances and will ensure that the proposals which are developed meet local needs. Timescales for consultation and implementation of service change will be tailored to meet the needs of the local population.

The five CCGs will continue to work together with Specialist Commissioners to determine how more specialist services, which require only one or two sites across the whole of the South East Midlands, should be configured.

All of the work that has already been undertaken will be transitioned to these new arrangements by 31<sup>st</sup> March 2013.

### **3. Update on Commissioner Work Plan**

Work continues on the development of the out of hospital care strategies. First drafts have been received from Bedfordshire, Milton Keynes and Luton CCGs. Additional work is still required to strengthen the quantification of the strategies in terms of activity and financial changes and the implementation timetable. External support will continue to be provided to ensure that the strategies can be finalised by the end of March 2013.

### **4. Clinical work plan**

On 8<sup>th</sup> March 2013 the Clinical Senate formally signed off the work of the six Clinical Working Groups. They also approved the overarching Clinical Senate report. This report brings together the key findings and recommendations from each of the six Clinical Working Groups and outlines the process undertaken by the Clinical Senate to review these and develop draft strategic models for the South East Midlands.

Having considered all of the work undertaken and the differing views expressed, the Clinical Senate recommends a strategic direction of:

- A minimum of three hospital sites across the South East Midlands where the focus is more on urgent and emergency care
- Up to two remaining sites developing a focus on planned care.

In making this recommendation, the Clinical Senate was clear that these changes will rely on the successful implementation of CCG out of hospital care strategies moving more care into the community.

The Clinical Senate believes that these recommendations would enhance the safety, quality, clinical outcomes, sustainability and patient experience for the population of the South East Midlands and ensure the future clinical viability of all five Trusts.

Under these recommendations patients would still receive the majority of their care locally, indeed much care will move closer to their home, and so for the vast majority of people there will be no change.

The Clinical Senate report also identifies a number of specific services that whichever strategic clinical model is adopted should only be provided on one or two sites across the SEM. The report also identifies a number of issues that will need to be addressed as all of the work is taken forward.

The Clinical Senate report was accepted by the Programme Board at its meeting on 13<sup>th</sup> March 2013 and has now been published. The report is attached at annex A.

### **5. Communications and Engagement**

A comprehensive report of the engagement activities undertaken in the current phase of the Healthier Together programme was received by the Programme Board on 13<sup>th</sup> March 2013 and is attached as annex B. This report will form part of the information bank that will support CCGs as they take the process forward locally.

## **6. Recommendations**

The Board is asked to note the contents of this report and the importance of the Clinical Senate report. The Board is also asked to note the handover to the local arrangements for taking this work forward and ensuring that local proposals are developed for future service arrangements that will enhance the quality and sustainability of local services.