

Central Bedfordshire Health and Wellbeing Board

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or Exempt Information** No

Title of Report Review of Health Services in Bedfordshire and Milton
Keynes - Update

Meeting Date: Thursday 5 June

Responsible Officer(s)

Presented by: Diane Bell, Director of Strategy & System Redesign,
BCCG

Action Required: To note the current progress being made by the review of
health services in Bedfordshire and Milton Keynes.

Executive Summary

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| 1. | <p>Since January 2014, NHS Bedfordshire CCG has been leading a review of healthcare services across Bedfordshire in collaboration with NHS Milton Keynes CCG and the national partners, Monitor, NHS England and NHS Trust Development Authority (TDA). The review aims to generate options for delivering sustainable, high quality (hospital and out of hospital) services for the people of Bedfordshire and Milton Keynes for the CCGs to take to formal public consultation. McKinsey and PA Consulting are providing project support, and a final options report is expected in summer 2014.</p> <p>This paper updates the Health & Wellbeing Board on the project's progress so far and its next steps.</p> |
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Background

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| 2. | <p>NHS Bedfordshire CCG, NHS Milton Keynes CCG and NHS England are responsible for planning, designing and buying healthcare services that meet the needs of patients in Bedford Borough, Central Bedfordshire and Milton Keynes. As clinician-led organisations, our aim is to have in place the best quality care possible for patients. To achieve this, we have a combined budget of around £860 million each year. Decisions on how those funds are spent are made through a standard "commissioning" process that starts by understanding the needs of a population and identifying gaps in the healthcare available to address those needs.</p> |
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<p>3.</p>	<p>In the past, such commissioning has been done for specific health conditions or for care in specific settings. This has resulted in local NHS services over time becoming complex organisations with often over-bureaucratic processes. These may not be right for delivering 21st Century care, not least because they may not take account of interdependencies between specialties or population groups. We know that not all local services are currently coping well with patient needs. Patients and the public have told the CCGs and NHS England repeatedly that services are difficult to navigate through, are often impersonal, and people fall through the cracks between different providers. Evidence shows that today's local healthcare services are fragmented, inequitable and inefficient and do not deliver the best possible outcomes for patients.</p>
<p>4.</p>	<p>If we do nothing, the situation will worsen: we will have old-fashioned models of care that do not attract staff to work here, services that become increasingly overstretched and unsafe, and growing financial pressures in each institution that cannot be addressed. This will all result in patient care suffering.</p>
<p>5.</p>	<p>Therefore, NHS Bedfordshire CCG, NHS Milton Keynes CCG and NHS England have decided to work together to review more of the local healthcare system as a whole. This collaboration in no way implies that, at the end of the review, the same solutions or recommendations will be applied to healthcare across Bedford Borough, Central Bedfordshire and Milton Keynes. The engagement for any subsequent consultations will be run separately in each CCG area and any commissioning decisions made independently by each CCG on behalf of its own local population.</p>
<p>6.</p>	<p>Further detail on the case for change underpinning the review was published on 9 April 2014 and is available at: http://www.yourhealthinbedfordshire.co.uk/</p>

<p>Detailed Recommendation</p>	
<p>7.</p>	<p>Central Bedfordshire Health and Wellbeing Board is asked to note the current progress being made by the review of health services in Bedfordshire and Milton Keynes.</p>

<p>8.</p>	<p>The review has seven key components:</p> <ol style="list-style-type: none"> 1. Understand patient and public needs: <ol style="list-style-type: none"> a. Use market research to understand patient and public expectations from local healthcare services. b. Use available data such as in the Bedford Borough and Central Bedfordshire joint strategic needs assessments (JSNAs) to project future health and care needs. 2. Define services to meet these needs. 3. Identify preferred service configuration options. 4. Compare to existing provision. 5. Explore potential patterns of future service provision <ol style="list-style-type: none"> a. Identify possible future providers. b. Identify organisational solutions for local services. 6. Develop recommendations and report. 7. Throughout the above six steps, engage and involve stakeholders.
<p>9.</p>	<p>The review's project plan timeline has slipped by a few weeks, with the final report now expected during July 2014 rather than by end-June as originally expected. This slippage is due to both the delayed publication of the 'Case for Change' and the need to ensure enough time for clinical buy-into the process of options development, in keeping with the aim of the review to be clinically led. Tracking by the review's programme management team suggests that progress in all workstreams is currently in line with this revised end-point.</p>
<p>10.</p>	<p>The review's clinical working groups and the overarching clinical advisory group have been considering the available evidence of best practice against existing clinical services within the four domains of urgent and emergency care, planned care, maternity and paediatrics, and long term conditions and frail and older people. The groups are looking at the spectrum of healthcare and the interdependencies between different specialities. At one end of the spectrum sit often highly specialised healthcare services that are needed relatively rarely. These services tend to be centralised and cover a wider geographical area and may, in the case of trauma centres for example, be decided upon by NHS England and therefore out of scope of this review. At the other end of the spectrum are commonly used and more generalist services, which could be expected to be provided within local communities. In the middle sits the services over which discussions on the optimal balance between local, affordable and specialist are most active.</p>

<p>11.</p>	<p>In parallel with these clinical discussions, several other review subgroups are also preparing the ground for reviewing potential options. The Operating and Finance Group has agreed the fiscal assumptions against which options can be assessed for affordability. The Commissioning Intentions Group has considered proposed standards of care that could be expected from any service in the future. It is also drafting an out of hospital strategy largely based on the agreed plans from the Better Care Funds from each local authority and the developing CCG locality development plans. Within this strategy, it is considering the suitability of hub and spoke models of care across Bedfordshire.</p>
<p>12.</p>	<p>Influenced by the products of these groups, a draft set of evaluation criteria has been produced by the review team and is being reviewed by stakeholders. Such criteria will be used to narrow down the potential options to a smaller number that can be assessed in detail. The proposed criteria sit in four categories:</p> <ul style="list-style-type: none"> • Quality and sustainability: e.g. does the option improve patient experience? How far does the option improve clinical sustainability? • Access to care: e.g. what is the impact on travel times for the population? What is the impact on patient choice? • Affordability and value for money: e.g. does the option represent good value for money to the NHS? Is this option affordable? • Deliverability: e.g. how much change does the option require? How aligned are stakeholders behind the option?
<p>13.</p>	<p>It is proposed that each evaluation criterion will be compared with the current state and scored accordingly: considerably worse than today; somewhat worse than today; somewhat better than today; and considerably better than today. No differential weighting of criteria will be applied.</p>
<p>14.</p>	<p>To complement the clinical and patient engagement happening through the formal review governance structures, the CCG has been undertaking a broader programme of engagement with clinicians, the public and others.</p>
<p>15.</p>	<p>A series of stakeholder forum meetings has been running since late February. The forum attracts over 70 people, including representatives from HealthWatch, of local patient advocacy groups (e.g. Parent Carers' Forum), and local community leaders. At the forum meetings, participants have heard local clinical leaders describe and then have debated the case for change and the spectrum of healthcare. Presentations and discussion summaries from each forum meeting are available through the local review website (http://www.yourhealthinbedfordshire.co.uk/stakeholder-forum/). Its outputs feed into the review groups' discussions on models and evaluation criteria.</p>

16.	A similar series of clinical forums chaired by a local GP, Dr Peter Wilkinson, has also been meeting and discussing proposed standards of care, clinical models and evaluation criteria. Each forum meeting has attracted at least 30 clinicians, from neighbouring trusts (such as Buckinghamshire Healthcare Trust), SEPT community and mental health services, Bedford Hospital, and general practice.
17.	There have been a series of public meetings across all five CCG localities (http://www.yourhealthinbedfordshire.co.uk/public-meetings/). More targeted activity has also taken place with identified hard to reach groups, and a broader awareness raising schedule of activity has seen BCCG staff present at supermarkets, libraries and other public places.
18.	BCCG has been supporting engagement work with communications activity to raise awareness of the review and support the launch of the case for change document. This has included e-mails to BCCG Public Members, key stakeholder list and all councillors, social media activity and the issue of press releases. BCCG has also launched a fortnightly newsletter that is widely circulated.
19.	A number of opportunities have been provided for clinicians to find out more about and feedback on the review's progress. For example, senior CCG figures present with Bedford Hospital's chief executive and answer staff questions at regular drop-in sessions at the Hospital. Meetings with staff union representatives and the Hospital patient council have taken place. The review has also featured prominently at the CCG members' forum and at locality board meetings.
20.	Bedford Borough and Central Bedfordshire Councils' Joint Health Overview and Scrutiny Committee is monitoring the review's progress and the extent of engagement activities. It has provided useful feedback on the case for change document, scrutinised the planned engagement opportunities, and advised on further engagement opportunities including with elected representatives.
21.	The CCG's Public Engagement Forum (PEF) has been updated about the review at each of its regular meetings and had an extra session dedicated solely to the review during April. Feedback from the PEF members expressed satisfaction with the engagement progress so far, but they wished to continue to be kept informed as the review progresses.
22.	Cognisant of both European elections in May 2014 and the general election in May 2015, Members of Parliament are being kept up to date on the review's progress by the CCG team. Colleagues from Monitor are also advising the Secretary of State for Health on the review's progress.

23.	As the review enters its second half, the next stage is the emergence of a long list of clinical models, which will be assessed against the agreed evaluation criteria. Further stakeholder and clinical forums are planned during June at which times – consistent with the open and transparent approach taken up till now – the emerging models and their assessment against the criteria will be shared.
24.	The Health & Wellbeing Board will be kept informed of latest developments at its next and subsequent meetings.

Issues	
Strategy Implications	
25.	The review aims to improve the quality and sustainability of healthcare for all age groups and residents of Central Bedfordshire. Therefore, it will have either a direct or indirect impact on almost all of the Health & Wellbeing Board's strategic objectives.
26.	This review has included within its workings the Better Care Fund plans for Central Bedfordshire, as submitted in April 2014.
Governance & Delivery	
27.	The review's progress is overseen by a Programme Advisory Group (PAG), which includes the CCG's Chief Clinical Officer/Accountable Officer, Dr Paul Hassan. The PAG is supported by an Operational Group, and then in turn informed by a number of subgroups: the Clinical Advisory Group (which has four Clinical Working Groups); the Operations and Finance Group; the Commissioning Intentions Group; and the Communications and Engagement Group.
28.	The CCG has senior representation in each group. The CCG's director of communications and engagement is chair of the Comms and Engagement Group. GPs from all CCG localities are actively engaged and providing useful and significant input into the clinical advisory and working groups.
29.	Project management is undertaken on behalf of the programme board by a team from PA Consulting. Progress against the project plan and any red-rated risks are reviewed weekly at the Operational Group meeting.
Management Responsibility	
30.	As the CCG accountable officer, deputy chair of the Health & Wellbeing Board, and member of the review's Programme Advisory Group, Dr Paul Hassan is the accountable Board member for this subject.

Public Sector Equality Duty (PSED)	
31.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
32.	Are there any risks issues relating Public Sector Equality Duty: None yet identified
33.	A full equality impact assessment is being commissioned as part of the review's final report.

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
Clinical engagement: clinicians reject case for change, any proposed solutions. Insufficient changes to out of hospital care to support changes in hospitals	Red		More frequent meetings with system leaders to discuss and debate Greater lead given from system leaders (CCG, NHSE, Trust CEOs) Broad engagement through clinical advisory and working groups and clinical forum Targeted engagement with key clinicians by programme team
Process falls behind timescales	Red		Strict process management Clarity re. accountability and roles
Source Documents	Location (including url where possible)		
A case for change, and other information and updates on the review	http://www.yourhealthinbedfordshire.co.uk/		

Presented by _____ (type name)