Central Bedfordshire
Health and Wellbeing Board

Contains Confidential or Exempt Information	No
Title of Report	Bedfordshire & Milton Keynes Healthcare Review - update
Meeting Date:	2 October 2014
Responsible Officer(s)	Dr Paul Hassan, Accountable Officer, Bedfordshire Clinical Commissioning Group
Presented by:	John Rooke, Chief Operating Officer, Bedfordshire Clinical Commissioning Group

Action Required:

1. The Health and Wellbeing Board is asked to note the current progress being made by the review of health services in Bedfordshire and Milton Keynes.

Executive Summary	
1.	Monitor commissioned McKinsey to undertake a review of healthcare services across Bedfordshire and Milton Keynes in collaboration with NHS Milton Keynes CCG, NHS Bedfordshire CCG and national partners: NHS England and NHS Trust Development Authority (TDA).
2.	The review was set up to generate options for delivering sustainable, high quality health services for the people of Bedfordshire and Milton Keynes that the CCGs and NHS England can take to formal public consultation. Funded by Monitor, McKinsey led the review until the end of July 2014.
3.	A review report will be submitted to the BCCG governing body during September. This will outline the review's analysis to date and make recommendations for the next steps. These are likely to include clear direction for CCGs to accelerate and prioritise bringing care closer to home and developing more integrated models of proactive, preventative care. The report is also to recommend further analysis of options for redeveloping hospital services in Bedford and Milton Keynes.
4.	This paper provides updates the Board on what BCCG expects the report to contain and details of next steps.
5.	BCCG is also asking the board to consider how they would like to formally receive and respond to the report. It is anticipated that the report will be received by the BCCG governing body in October

Background	
6.	The review was set up as a result of concerns around the clinical and financial viability of Bedford Hospital. The crisis in paediatric care revealed the fragility of some of its services while the hospital's financial situation was looking increasingly precarious. Demographic changes in Bedfordshire suggested there would be no foreseeable reduction in pressures on both the hospital and the local health system.
7.	NHS England and the regulators, Monitor and the TDA suggested that by joining forces with Milton Keynes CCG, they could fund the first stages of the review. It made sense as our neighbouring CCG faces similar financial and demographic pressures alongside concerns around the quality of some health services. However, the CCGs were coming together for the purpose of the review only and each would remain responsible for commissioning services for their populations.
8.	The decision was taken to include primary care and community services within the review and to develop options that could deliver a vision of integrated health and social care services across Bedfordshire. Most importantly, this was to be a clinically led review that would also involve the public in an open debate about the future of the health services they rely upon.
	Aims and principles of the review
9.	To achieve its aim of establishing options for delivering healthcare to local people, the review set itself the following tasks and principles: • assess the current and future predicted needs of the populations of Bedford Borough, Central Bedfordshire and Milton Keynes • seek out and listen to the opinions and feelings of local people about the priorities and preferences they have for their healthcare • learn from examples of healthcare services in the UK and abroad that provide high quality care and good outcomes to their patients • work with local clinicians to understand what works and doesn't work well with existing healthcare provision in Bedford Borough, Central Bedfordshire and Milton Keynes • be open minded and transparent.
	Case for change
10.	The review published *A Case for Change* in April this year highlighting the challenges and pressures that local healthcare services face. • **Inconsistent quality of care** – healthcare systems in Bedford Borough, Central Bedfordshire and Milton Keynes do not perform as well as those in similar local authorities. Anecdotally, people find it hard to make GP appointments and they feel hospital discharges are poorly co-ordinated with the rest of the health system.

- **Growing and ageing populations** – an additional 38,100 people will be living in Bedfordshire by 2021 and there are likely to be a third more people aged over 65.
- **Increasing numbers of people are living with long-term conditions** – the number of people living with long-term conditions such as diabetes, hypertension and coronary heart disease is likely to increase by up to 16% by 2021.
- **Inequalities in life expectancy and access to healthcare** – the most deprived 20% of the population in Bedfordshire are likely to die nearly six years before their more affluent neighbours.
- **Workforce shortages across the healthcare system** – smaller district general hospitals are struggling to recruit middle grade A&E doctor and experienced nursing staff. Bedford Hospital has looked to Spain to recruit the latter. Meanwhile, one in four Bedfordshire GPs is at or approaching retirement age.
- **Large financial challenges** – if nothing changes in what and how BCCG commissions healthcare it will have a £25m net funding shortfall by 2018/19 This increases to £119m by 2023/24. Bedford Hospital will have a net deficit of £25m by the end of 2018/19, rising to £35m by 2023/4.
- Since its publication, the review has continued to check and test the data and assumptions used in *A Case for Change.* The conclusions remain that demand for healthcare is increasing because of a growing and ageing population with greater expectations from health services.

Public engagement

11. A key achievement of the review to date has been the involvement of local people throughout the process. The review identified key stakeholder groups including, local clinicians and healthcare workers, patients, seldom heard groups such as older people and ethnic minorities, and local politicians. We used a variety of different tools and channels to ensure as many people as possible knew about the review and felt able to contribute. These included advertising and media, events, websites and social media and between them amounted to 380,000 separate contacts with local people.

12. The development of a Stakeholder Forum was core to the public engagement. This was a group of more than 130 local patient representatives and people with an interest in healthcare who came together five times to test out ideas including around care closer to home and hospital care.

13. As a result of this public engagement we know that people in Bedfordshire:

- understand the case for change – they see the pressure their local GPs and hospitals are under
- want more of their care delivered closer to home – this is especially the case in the more rural parts of Central Bedfordshire and the villages in the north of Bedford Borough
- want to know that Bedford Hospital is there when they really need that level of specialist care and that it includes a viable emergency service

	• are prepared to travel to hospitals outside Bedford and Bedfordshire to get the best specialist care possible for them and their families.
14.	Full details of engagement activities and the feedback from them can be found on the review website (http://www.yourhealthinbedfordshire.co.uk/).
	Clinical involvement
15.	Clinicians and clinical opinion has been at the heart of this review which has drawn on examples of good quality, innovative care from elsewhere as well as guidance from the Royal Colleges. Clinicians have in particular worked on standards of care and helped evaluate the different models of care.
16.	At a governance level the Clinical Advisory Group has drawn on local clinical expertise in acute and primary care while an expert clinical panel has brought together national and international expertise. BCCG has complemented this with its own clinical forum drawing on Bedfordshire GPs, hospital and community clinicians from many local provider organisations. This has met regularly throughout the review.
17.	From this work we know that our clinicians also understand that health services locally cannot stay the same. They also want to see hospitals working more closely with general practice and community services, and with each other. And they understand the importance of being able to offer more care closer to people's homes; they know that hospital is not always the best option in to managing the increasing number of frail elderly patients and children with complex needs.
18.	Our clinicians have also identified opportunities for improving the way care is delivered for example through better use of available technology, encouraging services such as community pharmacies to play a greater role in advising and treating people. Our hospital clinicians, in particular, stressed the need for more robust, effective networking with other hospitals to develop the clinical critical mass to achieve the best outcomes.
19.	At the outset of the review, Bedfordshire CCG sought to secure the future of Bedford Hospital. The review analysis offers opportunities and challenges in developing a modern district general hospital where core services will be provided locally in both Bedford Hospital and the community. Bedfordshire CCG has placed great emphasis on a strong patient voice throughout this work and there will be continued dialogue with clinicians, patients and the public in both further design and implementation.

Developing the options
Care closer to home

20. Reconfiguring hospital care has a major impact on the development of out of hospital care. Our conversations with patients and the public have centred on their wish to stay healthy and independent for longer and to receive more care closer to home. This is reflected in BCCG's strategy and planning – and most importantly our work with local authorities to bring health and social care together through the Better Care Fund.

21. The review has analysed ways in which CCGs can deliver more robust care closer to home, which gives people:

- better access to primary care through longer hours and more services
- proactive care for the frail and elderly, and those living with long-term conditions
- support for living in their own homes
- consistently high quality care.

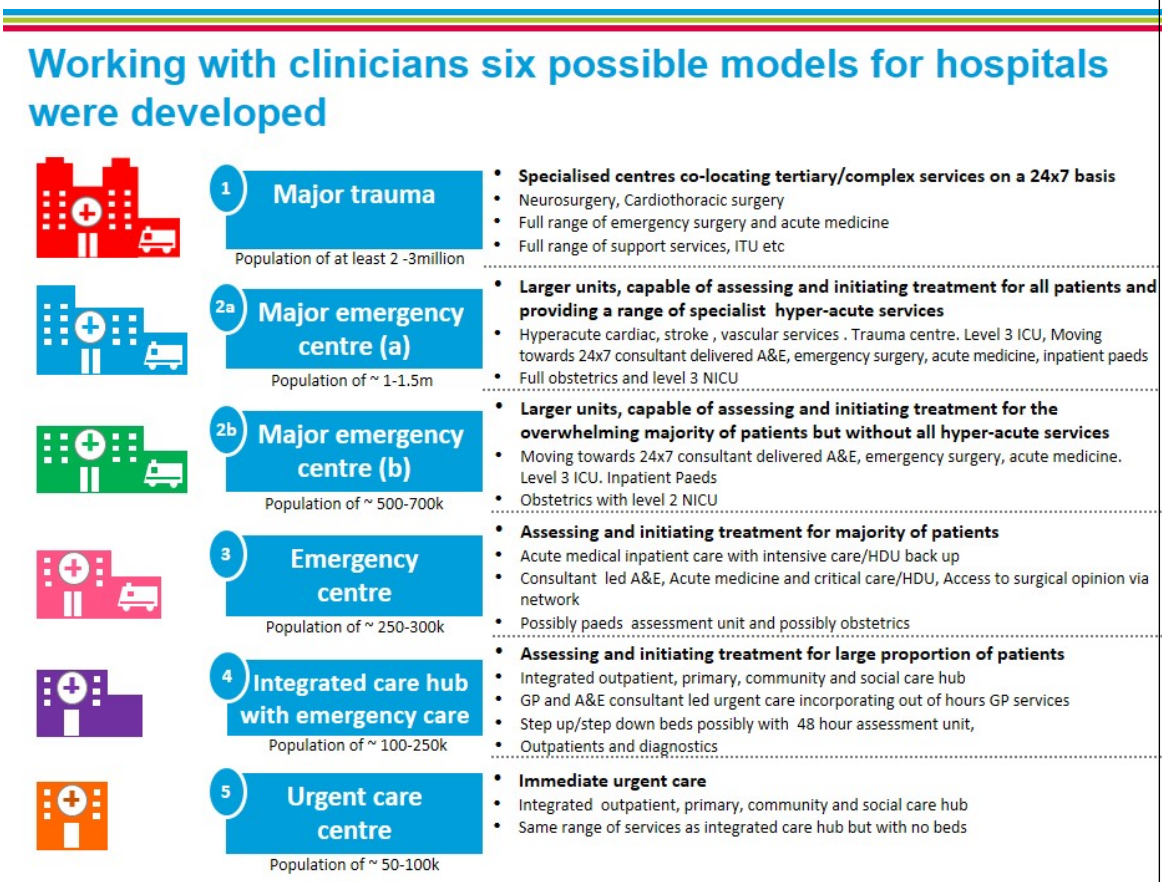
22. Central to achieving this will be use of multi-disciplinary teams in the community, reliable patient and population data, extending hours in community and primary care, and improving hospital discharge processes.

23. The review looked at the ways in which general practice could be configured to enable it to offer more services as well as integrated services. These included a hub and spoke model where a community facility acts as a central hub for services with GP practices located in or around it; a single, larger facility that houses several practices; or a network of practices that between them offer an expanded range of services to the combined patient list.

24. BCCG localities have already begun working on how they can take these ideas forward. For example Ivel Valley practices have agreed to work together as a network as have practices in West Mid Beds, and both localities are exploring the opportunities for developing a hub or community facility. Meanwhile, GPs in Chiltern Vale and Leighton Buzzard are working with the L&D and Central Bedfordshire Council to develop a 'demonstrator' project that bring health and social care services together to provide more proactive care for older people.

Care in hospitals

25. Over the past seven months, the McKinsey review team has been analysing options for the future of Bedford Hospital and Milton Keynes Hospital. They have gathered an evidence base which builds on national guidelines, examples of service delivery models in existence, and academic research. The Clinical Working Group reviewed the clinical evidence base and, building on the Keogh report into emergency and urgent care, identified six clinically sustainable archetypes for the delivery of acute care. These six models take into account the complex interdependencies between different hospital services such that there was confidence that they could deliver services to a high standard. The theoretical hospital models are depicted below:



26. A steady process of evaluation and elimination which drew on clinical expertise and public/patient feedback enabled the review team to narrow the list of possible options for reconfiguring both hospitals. In doing so, the option resulting in either Bedford or Milton Keynes hospital becoming a hospital without inpatient beds – an 'urgent care centre' – has been ruled out as this could leave local people with insufficient access to inpatient and rehabilitation beds. In addition, the scale of change, impact on neighbouring health systems and lack of stakeholder support could make it undeliverable.

27. The evaluation undertaken provides the highest scores for the three options in Table 1. Under these options, BHT could become either a major emergency centre or integrated care centre; one or both hospitals would become an integrated care centre. It is expected that these three options will be recommended within the report.

28. Evaluated hospital reconfiguration models

Bedford Hospital	Milton Keynes Hospital
Integrated care centre	Major emergency centre
Major emergency centre	Integrated care centre
Integrated care centre	Integrated care centre

29. However, there remain concerns about the financial implications and the medium-term sustainability and accessibility of these options based on the analysis of the theoretical hospital model types. There is most concern around the 'major emergency centre' model as this is a highly specialised hospital and would require a significant increase in staffing for either site without necessarily the required population catchment area, activity and clinical critical mass to support it. The review is likely to recommend that commissioners work with providers and stakeholders within the health economy to further refine their proposals and the analysis to support future decision making.

What have we achieved?

30. We have a better, more accurate understanding of local health needs and issues and of how people use their health services. We have established a case for change based on the need to provide high quality, sustainable services.

31. We know what a modern district general hospital should look like for Bedford – a hospital that is integrated with general practice and community services, while networked with other major hospitals in the region to provide high quality, specialist services.

32. We have a clear road map for how we can work with Bedford Hospital to achieve this vision of a modern DGH; and we are clearer about the choices or trade-offs that will be made to retain vital services such as A&E and paediatrics in Bedford.

33. We have asked thousands of people across Bedfordshire what the future of healthcare looks like for them. This has enabled us to forge relationships with a variety of, often seldom-heard, communities using a range of communications and engagement channels. It has developed our credibility among patients and the public as an open, transparent organisation and provided us with systems, processes and skills that we can use across all our public engagement.

34.	We should not underestimate the amount of work that still needs doing before we can take robust proposals for reconfiguring local services to consultation. For example, we know we have a significant financial gap to close at Bedford Hospital to ensure proposals will be financially sustainable and we look forward to working collaboratively with Bedford Hospital and its staff to do so. The review has provided suggestions about how this can be achieved which include: • providing a significantly simplified, consolidated urgent care service accessed through 111 • focusing the hospital on being a class leader in assessment, diagnosis and treatment supported by an integrated discharge team thus reducing the time spent in hospital for most patients • sharing resources and scarce expertise with neighbouring hospitals and specialist centres
35.	We also need to work with NHS England on the future of specialist services to deliver greater resilience and better outcomes for highly specialised treatments such as vascular surgery. To do this we will need to identify the optimal population catchment area on which to base highly specialised services as well as identifying location options.
36.	Most challenging of all, we need to pioneer the implementation of integrated, networked health and social care systems that provide more supportive and preventative care especially for those with complex conditions. This integrated system will mean challenging traditional organisational boundaries and practices and will require us to commission general practice, community and hospital services to collaborate in a fundamentally new way.
37.	Before we take any options for reconfiguring local healthcare to consultation we need to be sure that we pass what are called the four Lansley tests. This means we need to be sure that: • there is support for change from local GP commissioners • our plans are based on sound clinical evidence to improve outcomes for patients • there is strong public and clinical engagement on any proposals • patient choice of where to be treated have been considered.
38.	Our intention is to begin this work immediately working with our Joint Health Overview and Scrutiny, NHS England and our local providers to develop plans and options that are suitable for consultation.
	<u>Next steps</u>
39.	The review progress report provides detailed analysis of the possible configuration of services within the review. It is likely to recommend that commissioners push ahead with the work they are already doing via the Better Care Fund to develop more integrated services that are delivered closer to home.

40.	It is also likely to recommend that commissioners work with providers and stakeholders to refine the review's analysis of hospital options – there are still concerns around the clinical and financial sustainability of the three options listed above. BCCG is already working with Bedford Hospital to look at what both organisations can do to make these options viable so that we can secure core services such as A&E, inpatients, paediatrics and maternity and ensure they offer the highest quality care to local people.
41.	The progress report is due to be published later in early October and will initially be received by this Governing Body. The governing body will take time to consider its contents and respond with a detailed plan for moving through to formal consultation.
42.	We will continue to engage with key stakeholders, initially on the report itself and have already scheduled in stakeholder forum meetings for 22 October and will be holding a clinical forum meeting as well as briefing Locality Board meetings, Joint Health Overview & Scrutiny Committee (JHOSC), Healthwatch and Health & Wellbeing Boards.
43.	The report, and feedback from key stakeholders will then be brought back to the November meeting of the BCCG governing body to consider feedback on the report and agree next steps.
44.	Updates on the Bedfordshire & Milton Keynes Healthcare Review have previously been brought to the board who have been asked to note review progress.

Detailed Recommendation	
45.	The Health & Wellbeing Board is asked to note information contained within this paper and the expected contents of the progress report The Health & wellbeing Board is asked to consider holding an additional meeting to formally receive and develop a response to the Bedfordshire & Milton Keynes progress report during October 2014.
46.	BCCG would like to identify an approach with the board on how best to ensure that the board has the maximum opportunity to provide input on the progress report and moving forward.

Issues	
Strategy Implications	
47.	We expect the contents of the report to support the Central Bedfordshire Health & Well Being Strategy aims of improving health outcomes and reducing inequality. The report is expected to recommend the implementation of integrated, networked health and social care systems that provide more supportive and preventative care especially for our most vulnerable patients and those with complex conditions. This integrated system, that will bring care closer to home for many Central Bedfordshire residents will mean challenging traditional organisational boundaries and practices and will support collaboration of agencies.
Governance & Delivery	
48.	Further updates and next steps will continue to be reported to the board.
Management Responsibility	
49.	Bedfordshire CCG will lead the next phase of the development of clinical services in Central Bedfordshire in partnership with Central Bedfordshire Council
Public Sector Equality Duty (PSED)	
50.	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.
	Are there any risks issues relating Public Sector Equality Duty Yes/No
	Yes – any changes proposed in an options appraisal will be subject to a comprehensive equality impact assessment prior, during and post consultation with the public

Risk Analysis
There is a programme risk register available upon request

Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**

Source Documents	Location (including url where possible)

Presented by John Rooke