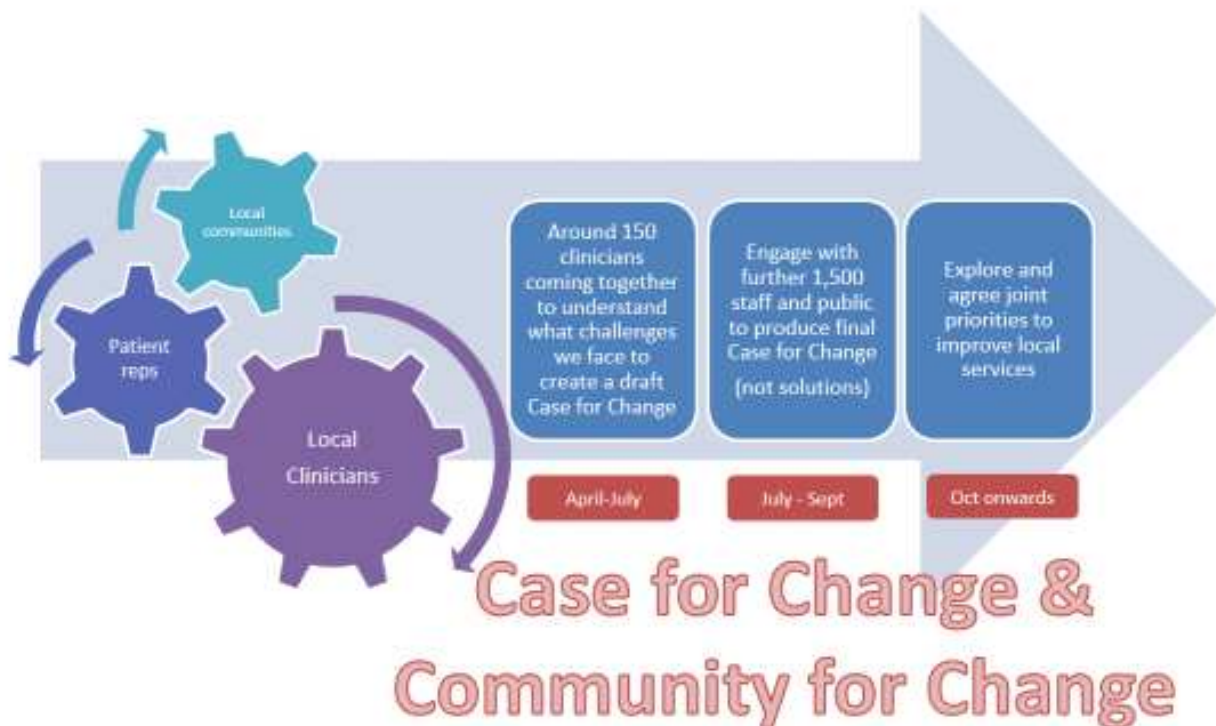


# HEALTH AND WELLBEING BOARD

17 JUNE 2014

<b>Title:</b>	<b>Transforming Services, Changing Lives in East London</b>		
<b>Report of the North East London Commissioning Support Unit</b>			
<b>Open Report</b>	<b>For Decision</b>		
<b>Wards Affected: ALL</b>	<b>Key Decision: NO</b>		
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<b>Sponsor:</b> Conor Burke, Accountable Officer, B&D CCG			
<b>Summary:</b> Local CCGs (Waltham Forest CCG, Tower Hamlets CCG, Newham CCG, Barking and Dagenham CCG, and Redbridge CCG), NHS England, Barts Health and other local providers have established a clinical transformation programme called Transforming Services, Changing Lives, which will consider how services need to change to provide the best possible health and health care for local residents. A key element of the programme will be to consider how best to ensure safe, effective and sustainable hospital services at Bart's Health and Homerton hospitals, set in the context of local plans to further develop and improve primary, community and integrated care services.  The work, which was launched in February 2014 and is expected to run until September 2014, will develop a baseline assessment of the drivers for change in the local health economy and support further discussions about the scope, scale and pace of change needed. Key outputs from this work are: <ul style="list-style-type: none"><li>• a detailed 'case for change', delivered through a clinically led, comprehensive clinical engagement process</li><li>• establishing the appropriate foundations for a longer term joint transformation programme should partner organisations conclude that this is necessary in order to bring forward whole system, health economy-wide improvements in the clinical and financial viability of local services in East London.</li></ul>			

## What is the process?



### Recommendation(s)

The Health and Wellbeing Board is recommended to:

- Schedule a substantive business item for a future meeting of the Board to discuss the case for change.

### 1. Background and Introduction

- 1.1. The NHS in East London faces the very real challenge of providing care for a growing local population, whilst continuing to meet the health needs of some of the most deprived areas seen anywhere in the UK. Providing for today while planning for a tomorrow which is unlikely to see budgets rising to the same extent as demand, will require us to think differently about how we provide care, and make changes to where and how care is provided if we are to meet the growing needs of local people.
- 1.2. Local CCGs (Waltham Forest CCG, Tower Hamlets CCG, Newham CCG, Barking and Dagenham CCG, and Redbridge CCG), NHS England, Barts Health and other local providers have established a clinical transformation programme called Transforming Services, Changing Lives, which will consider how services need to change to provide the best possible health and health care for local residents. A key element of the programme will be to consider how best to ensure safe, effective and sustainable hospital services at Bart's Health and Homerton hospitals, set in the context of local plans to further develop and improve primary, community and integrated care services.

- 1.3. The work, which was launched in February 2014 and is expected to run until September 2014, aims to understand the current demands on the NHS and analyse the local health economy.
- 1.4. Local clinicians have been asked to use their own knowledge of national and international best practice to review the quality and performance of East London health and social care services, highlight areas of good practice that should be maintained and developed, and set out if, why, and in what specialties they think there may be a case for change to ensure the very best care for local residents. It will not, at this stage, set out any recommendations for change.
- 1.5. CCGs, together with the other partnership organisations, are engaging with key stakeholders such as local councils, Health and Well Being Boards and other local providers to develop and test ideas.
- 1.6. Between July and September the initial thoughts and ideas being developed by clinicians will be tested out with a wider group of stakeholders before publishing a Case for Change in autumn 2014.

#### **Key outputs during this phase of work:**

- a detailed 'case for change', delivered through a clinically led, comprehensive clinical engagement process
- dialogue to determine joint priorities for improvement where by working together we can get more impact more quickly

#### **Key dates during this phase of work:**

- **April 4 2014:** launch event to outline plans, gather initial feedback and begin the engagement process. Around 150 stakeholders were invited, including Health and Wellbeing Board representatives.
- **June 6 2014:** 'The emerging case for change' seminar to gather initial feedback on draft principles of the case for change. Around 200 stakeholders have been invited, including Health and Wellbeing Board representatives.
- **June – July 2014:** Engagement events to develop and refine the draft case for change. Approximately 1,500 staff and local stakeholders will be invited.
- **September:** Publication of case for change.

## **2. Governance and engagement**

- 2.1. The governance arrangements for the programme have been established and include:

- **A Programme Board** as a key element of the structure – tasked with providing the strategic oversight for the Programme. To reflect the external decision making requirements, the Programme Board reports to the relevant statutory bodies of CCGs, providers and the NHS England. CCGs will ensure a clear link through to HWBBs. Additionally WF, TH and Newham Councils have been invited to sit on the Programme Board. Local Council is welcome to be represented on the Programme Board if they would like to be and / or can be

briefed through CCG representatives / regular updates provided to HWBB meetings.

- **A Clinical Reference Group and clinical working groups** reflecting the key clinical leadership role in exploring and shaping a 'Case for Change'. CCGs, Barts Health, Homerton Hospital, community and mental health service providers and the London Ambulance service have been invited to nominate clinicians and other front-line staff to join clinical working groups. Links are also being established with academic partners. The clinical working groups will focus on:
  - unplanned care (urgent and emergency care, acute medicine, non-elective surgery)
  - planned care (long-term conditions)
  - planned care (surgery)
  - maternity and neonatal care
  - children and young people, and;
  - clinical support services
- **A Public and Patient Reference Group** to provide ideas and feedback to clinicians leading the TSCL programme and support and advise on public engagement activities. The group is made up of representatives from three broad groups:
  - local branches of Healthwatch
  - patient representatives from the CCGs involved in the programme
  - patient representatives from the providers involved in the programme
- **A Communications and Engagement work stream** that recognises the importance of engaging local stakeholders in our work at an early stage. This group is supporting the public and patient reference group, coordinating a series of engagement events, launching a microsite ([www.transformingservices.org](http://www.transformingservices.org), live from July) and ensuring stakeholders, such as Health and Wellbeing Boards, are briefed.

### **3. Why have we taken this step?**

- 3.1. The five CCGs have a duty to promote a comprehensive health service for their population of around 1.3 million people.
- 3.2. Today, local NHS services face the very real challenge of providing care for a rapidly growing local population, whilst continuing to meet the health needs of some of the most deprived areas seen anywhere in the UK.
- 3.3. The health economy is never static. Change is happening all around the system. In the last year, since the establishment of CCGs, we have seen the introduction of NHS 111, the development of integrated care and soon the launch of personal health budgets. We need to respond to these changes to ensure that benefits are realised and unintended consequences are avoided.
- 3.4. However, we also know that some services simply need to improve to meet local needs. We need to address the areas where we are not so good. We know that the quality of care we provide is inconsistent. We need to work better with providers and

with social care to address the challenges we face and decide how we can introduce new and different ways of providing care.

- 3.5. Collectively commissioners have agreed with providers to look at the challenges we face, to ensure we can continue to provide the care our patients need, at the best possible place for them. Organisation boundaries must not and cannot impede the commitment to deliver improvements at scale across the partnership.
- 3.6. We also need to make sure that any changes in the future happen safely and effectively.
- 3.7. In developing their case for change, clinicians will be guided by the principles of the Francis Report to ensure delivering first class care for patients and local populations is the driver for change.

## **4. Mandatory Implications**

### **4.1. Joint Strategic Needs Assessment**

The priorities for consideration in this report align well with the strategic recommendations of the Joint Strategic Needs Assessment. However, it needs to be noted that the vast majority of our patient flows go to Barking Havering & Redbridge University Hospitals NHS Trust. Barts Health NHS Trust is an important tertiary site for our residents to access for specialist services. Also there are areas where further investigation and analysis have been recommended as a result of this year's JSNA for the BHR health and social care economy which map across to Barts Health. The purpose of the ongoing JSNA process is to continually improve our understanding of local need, and identify areas to be addressed in future strategies for the borough.

### **4.2. Health and Wellbeing Strategy**

The Health and Wellbeing Board mapped the outcome frameworks for the NHS, Public Health, and Adult Social Care with the Children and Young People's Plan. The Strategy is based on four priority themes that cover the breadth of the frameworks and in which the priorities under consideration are picked up within focused on the challenges of the Barking Havering and Redbridge health and social care economy. These are Care and Support, Protection and Safeguarding, Improvement and Integration of Services, and Prevention. Actions, outcomes and outcome measures are mapped across the life course against the four priority themes would apply to paper. However, it needs to be noted that the vast majority of our patient flows go to Barking Havering & Redbridge University Hospitals NHS Trust. Barts Health NHS Trust is an important tertiary site for our residents to access for specialist services.

### **4.3. Integration**

None at the present time

### **4.4. Financial Implications**

None at the present time

### **4.5. Legal Implications**

None at the present time

### **4.6. Risk Management**

None at the present time

**4.7. Patient/Service User Impact**

**5.** Barts Health NHS Trust provides a range of general and specialist services to Barking and Dagenham residents. Any future changes to services could have an impact on local residents.

**6. Background Papers Used in Preparation of the Report:**

None.

**7. List of Appendices:**

None.