

BARKING AND DAGENHAM HEALTH AND WELLBEING BOARD

9 SEPTEMBER 2014

Title:	Transforming Services, Changing Lives
Report of the Accountable Officer, Barking and Dagenham Clinical Commissioning Group	
Open Report	For Decision
Wards Affected: ALL	Key Decision: No
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Sponsor: Conor Burke, Accountable Officer, Barking and Dagenham Clinical Commissioning Group (CCG)	
Summary: <p>The Clinical Commissioning Groups (CCGs) of Barking and Dagenham, Redbridge, Tower Hamlets, Waltham Forest and Newham, plus NHS England, Bart's Health and other local providers have established a clinical transformation programme called Transforming Services, Changing Lives (TSCL), which will consider how services need to change to provide the best possible health and health care for local residents. It does not, at this stage, outline any recommendations for change.</p> <p>A key element of the programme is to consider how best to ensure safe, effective and sustainable hospital services at Bart's Health hospitals, set in the context of local plans to further develop and improve primary, community and integrated care services.</p> <p>The work of the programme, which was launched in February 2014, and is expected to run until October 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.</p> <p>Key milestones:</p> <ul style="list-style-type: none">• 9 July: Interim Case for Change published. Engagement commences to gather feedback to help to inform the final Case for Change and help us determine priorities for the future. This includes events for all Barts Health staff, attendance at public events and a series of patient focus groups.• Autumn: Publication of final Case for Change.• After publication of Case for Change: Explore and agree joint priorities to improve local services. If we think change is required we will work with the public and clinicians to consider a range of potential options to help improve healthcare services.	

Recommendation(s)

The Health and Wellbeing Board is recommended to:

- (i) Provide comment and feedback to the programme team based on their review of the Interim Case for Change. This will be used in the development of the final case for change, which is due to be published in October.
- (ii) Consider and confirm requirements and timings for future updates and presentations about the final Case for Change and any future work programmes.

1. Background and Introduction

- 1.1 The five CCGs involved in Transforming Services, Changing Lives have a duty to promote a comprehensive health service for their populations of around 1.3 million people. 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.
- 1.2 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.
- 1.3 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.
- 1.4 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. We also need to make sure that any changes in the future happen safely and effectively.
- 1.5 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.

2. Proposal and Issues

- 2.1 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 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. They are not, at this stage, setting out any recommendations for change.
- 2.2 Their work has been published as an 'Interim Case for Change', which is available to view at www.transformingservices.org.uk.

2.3 Key milestones:

- **9 July:** Interim Case for Change published. Engagement commences to gather feedback to help to inform the final Case for Change and help us determine priorities for the future. This includes events for all Barts Health staff, attendance at public events and a series of patient focus groups.
- **Autumn:** Publication of final Case for Change.
- **After publication of Case for Change:** Explore and agree joint priorities to improve local services. If we think change is required we will work with the public and clinicians to consider a range of potential options to help improve healthcare services.

3. Governance Arrangements

3.1 The governance arrangements for the programme have been established and include:

- A Programme Board – 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 ensure a clear link through to HWBBs. Additionally Waltham Forest, Tower Hamlets and Newham councils (the boroughs in which Barts Health hospitals are located) have been invited to sit on the Programme Board. Barking and Dagenham 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 – these reflect 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 = nominated clinicians and other front-line staff to join clinical working groups. Links are also being established with academic partners. The clinical working groups focus on:
 - unplanned care (urgent and emergency care, acute medicine, non-elective surgery)
 - long-term conditions
 - elective surgery
 - maternity and newborn care
 - children and young people, and;
 - clinical support services
- A Public and Patient Reference Group – this group meets on a regular basis to provide ideas and feedback to clinicians leading the TSCL programme and support and advise on public engagement activities. Representatives have been invited from three broad groups:
 - local branches of Healthwatch. Healthwatch Barking and Dagenham has received regular email updates.
 - patient representatives from the CCGs involved in the programme. An invitation was extended to the Barking and Dagenham CCG Patient Engagement Forum.
 - patient representatives from the providers involved in the programme.

4. Consultation

4.1 Although TSCL does not, at this stage, set out any recommendations for change, the programme recognises the importance of engaging local stakeholders in our work at an early stage.

4.2 This includes, but is not limited to:

- The formation of clinical working groups, made up of clinicians including GPs, doctors, nurses and therapists, who have developed the interim case for change.
- The formation of a public and patient reference (refer to page 3) to support the development of the interim case for change.
- Two large events in April and July for key stakeholders. Invitations to Health and Wellbeing Board Chairs, as well as other local authority members, such as Directors of Public Health, Directors or Social Care, Chairs of Overview and Scrutiny Committees etc
- Barking & Dagenham Healthwatch team has been invited to sit on the Transforming Services, Changing Lives Public and Patient Reference Group in order to help shape the Case for Change. They have acknowledged the invitation and have received ongoing, regular email updates about the programme.
- A series of large engagement events for Barts Health staff
- A range of public events, including attendance at the Barking and Dagenham CCG Patient Engagement Forum and stands at hospital sites
- A series of patient focus groups

4.3 The engagement period runs until 21 September, with feedback collected via online survey, post and at meetings and events. All feedback and requests for amendments to the final Case for Change are logged and reviewed for inclusion in the final document.

5. Mandatory Implications

5.1. Health and Wellbeing Strategy

The TSCL Case for Change will consider how services need to change to provide the best possible health and health care for Barking and Dagenham and other east London residents. It will establish the foundations for a longer term joint transformation programme, should partner organisations conclude 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. Given TSCL Case for Changes extensive public and patient engagement, the Health and Wellbeing Strategy refresh will take into consideration its findings to ensure the high level strategic support that inclusion in the Health and Wellbeing Strategy brings.

5.2. Joint Strategic Needs Assessment

The refresh of the Joint Strategic Needs Assessment (JSNA) includes information that needs to inform a number of the clinical working groups where appropriate, for example, long-term conditions, maternity and newborn care and children and young people. To ensure that TSCL Case for Change takes into account the needs of the population in Barking and Dagenham all elements of the workstream need to

incorporate the findings of the JSNA. Following the publication of the JSNA refresh, the Public Health Intelligence team should ensure that the Programme Board and clinical working groups are fully and appropriately briefed.

5.3. Integration

TSCCL is closely linked to all other change programmes that are under way in east London to ensure we are not 'reinventing the wheel'. This includes the Integrated Care Coalition.

The TSCCL programme strongly supports the development of integrated care. One of the key principles of the programme is: *"We will work collaboratively across providers, commissioners and different sites to ensure that overall healthcare system addresses our populations' needs now and in the future."* (Interim Case for Change page 8).

As outlined in Governance Arrangements (page 3), clinicians, patients, providers, commissioners and other non-NHS organisations are working together to develop the Case for Change.

5.4. Financial Implications

There are no financial implications arising from this report. Any costs associated with LB Barking and Dagenham representation on the TSCCL Programme Board are met through existing budgetary provision.

Implications completed by Neil Kennett-Brown, Programme Director.

5.5. Legal Implications

There are no legal implications arising from this report.

Implications completed by Neil Kennett-Brown, Programme Director.

6. List of Appendices:

Appendix 1: Transforming Services, Changing Lives, Interim Case for Change Summary

For the full Case for Change document, please visit:

<http://www.transformingservices.org.uk/interim-case-for-change.htm>