Summary:

The Local Clinical Commissioning Groups (CCGs) of Redbridge, Barking and Dagenham, 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). It 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.**

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.

The work of the programme, which was launched in February 2014, and is expected to run until autumn 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 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.

1. **Introduction and Background**

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.

1.5 We also need to make sure that any changes in the future happen safely and effectively.

1.6 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](http://www.transformingservices.org.uk).

2.1 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. **Options Appraisal**

3.1 The TSCL programme does not, at this stage, outline any recommendations for change. Following the publication of the final Case for Change we will 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.

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.
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 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.
- Presentations at the August Barking & Dagenham Local Medical Committee, September Health and Wellbeing Board and Joint Executive Committee meetings.
- A series of patient focus groups.

4.2 In order to analyse the feedback and report back to the commissioners, and to be fair to respondents, we had to provide a date by which people should respond. Official engagement on the interim Case for Change ends on Sunday 21st September.

4.3 However, we will incorporate into the final report any feedback received up until Friday 26th September 2014.

4.4 We are keen to continue talking to stakeholders about the TSCL programme. After this date if we are able to incorporate feedback into the final report we will do so, or we can update commissioners verbally.

4.5 We see this as a continuing dialogue and so welcome comments at any time.

5. Implications

There are no financial implications arising from this report. Any costs associated with London Borough of Barking and Dagenham representation on the TSCL Programme Board are met through existing budgetary provision. There are no legal implications arising from this report.

Background Papers Used in the Preparation of the Report: