

Programme Director's Report

September 2016

1. INTRODUCTION

It was proposed that during the development of the detailed OBC, the programme team will report to the Programme Board and to each organisation's governing body on a monthly basis on progress of work to clarify the areas of concern outlined in the letter of support to the Strategic Outline Case (SOC), with escalation to each organisation's governing body for review, where assurance cannot be provided for:

- The viability of the proposed acute clinical model from the Clinical Senate.
- Reliability of assumptions about the anticipated demand and capacity levels; and anticipated activity shifts via the sensitivity analysis
- Reliability of assumptions that the proposed models for acute and community services are financially sustainable via sensitivity testing.

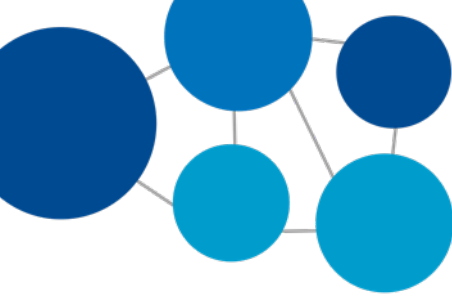
This report summarises the progress and ongoing work to address these issues.

2. THE ACUTE CLINICAL MODEL AND INTERNAL PATHWAYS

The emerging model is that whilst both hospital sites will continue to manage patients with Urgent Care needs, such as those with minor illness and minor injury, the single Emergency Centre is the portal of entry for all Emergency cases delivered by ambulances 999 calls, including all Acute Medical admissions. At the Emergency Centre patients will be able to access Specialist Consultant delivered care seven days a week.

When the emergency and acute medical condition has been managed the majority will be discharged from the Emergency Centre. If once the condition has stabilised and/or improved ongoing care and recuperation is required this will be continued at a site closest to home if appropriate.

Detailed workforce plans will be included in the Outline Business Case. Workforce changes fall into three categories: activity and pathway driven changes eg the move to a single Emergency Department and Critical Care unit with alignment and development of capacity to demand; productivity driven efficiencies eg in theatres the impact of the separation of emergency and planned care; IT enablers eg telehealth, paper-light, patient apps and self-check-in; and new roles eg Advanced Clinical Practitioners, Advanced Nurse Practitioners, Emergency Care Practitioners and the extension of Primary Care roles in the Trust.



This work will need to be aligned with the wider pathway work being progressed under the STP neighbourhoods work as this is developed further.

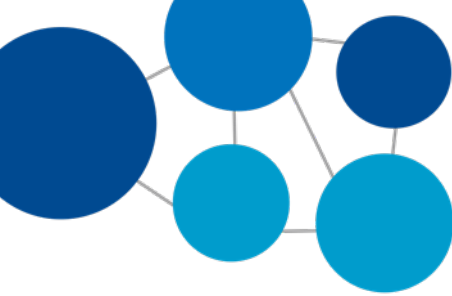
3. LONG TERM CONDITIONS PATHWAY DEVELOPMENT

Six condition specific pathway task and finish groups have been meeting during August and September to develop 'end to end' pathways from prevention through treatment to end of life (where appropriate) which define the community offer in support of the Acute Outline Business Case. The 6 agreed pathways are Respiratory (including Paediatric Asthma), Chronic Kidney Disease (CKD), Diabetes, Heart Failure, Preventing Falls and Fractures and Frailty. The Task & Finish Groups have 3 key tasks:-

- Develop and agree the high level end to end clinical pathway
- Must be sustainable in terms of both workforce and finance therefore:
 - Quantify the activity shift assumptions from the agreed pathway and confirm against acute activity assumptions in the SOC
 - Quantify the workforce requirements of the agreed pathway and quantify any gaps and resultant workforce development needs
- Ensure the pathways reflect the following guiding principles agreed by the Community fit Clinical Design Work stream:-
 - End to end from prevention to treatment
 - Do only what is needed, no more, no less; and do no harm
 - Professionals routinely providing only the service which requires their level of clinical ability or expertise
 - Put patients in control of their conditions, with a focus on preventing deterioration and complications, avoiding crisis and preventing referral to more acute services
 - “Home is best”
 - Maximise the opportunities for innovation through use of technology
 - Support partnership care arrangements and smooth transitions for patients between clinicians, settings and organisations
 - All clinical activity that does not absolutely need to be carried out in a hospital will take place in the community
 - Funding will follow the patient to ensure that resource is in the optimal delivery setting

All existing or previous related pathway work, whether through ongoing CCG service redesign programmes, Right Care or QIPP, is being taken into account in this programme of work, with the emphasis on consolidating it into high level pathways and adding to where there are gaps.

Four of the 6 pathways are now at first draft stage and out with members of the Task and Finish Groups for comment and feedback. Once agreed as final draft wider engagement with stakeholders to 'sense check' the proposed pathways will be undertaken.



4. STP NEIGHBOURHOODS DEVELOPMENT

The neighbourhood work streams for Shropshire, Telford and Powys are developing the integrated delivery models to maximise capacity in the community and develop community resilience to both better manage people in their own communities and prevent the onset of ill health. This is using the activity assumptions from phase one of Community Fit which has estimated the impact of demographic growth on community services over the next five years.

The Community fit and Rural Urgent Care Development work is continuing within the STP Neighbourhoods Transformation Programme. Prototyping of community service initiatives are in development as part of this neighbourhoods development work including urgent care in Bridgnorth focussing on frailty and same day urgent access to local assessment, diagnostics and treatment; urgent care in Ludlow through closer working between primary care and MIU; community hub development opportunities in Market Drayton; potential for virtual clinics between GPs and Community teams in Whitchurch to review patients and caseloads.

In parallel, work to quantify the impact of the shift of some care out of hospital into the community is underway, and will produce an estimate of activity shift and an estimation of the cost envelope required to resource this.

5. CLINICAL SENATE REVIEW

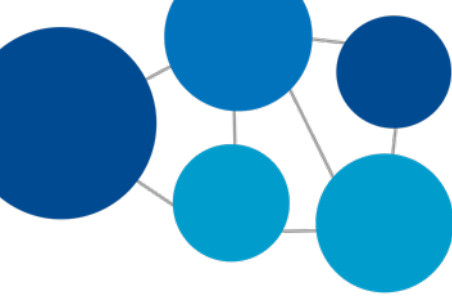
The programme team were invited to present to the Senate Council meeting on 20th July to provide an update on the programme's progress and initiate the formal clinical review. Preparing for the Senate review which has now been provisionally agreed for late October, has begun. Completion of a detailed checklist together with robust evidence in support is required which covers: the case for change; a description and quantification of benefits realised; the proposals for change and their impact on safety, effectiveness and patient experience; how best practice and other guidance aligns with proposals; the projected activity and capacity modelling reflecting the future patient pathways; evidence around sustainability of workforce and services; evidence of local clinical support; evidence linked to the Outcomes Framework and the NHS Constitution; and the link with wider system plans (STP) and the detailed impact assessments.

The provisional date for the start of the Senate Review is w/c 17th October.

This information will also form part of the Pre consultation Business Case (PCBC) submission to NHSE in November as part of the Stage 2 Assurance Process necessary prior to public consultation.

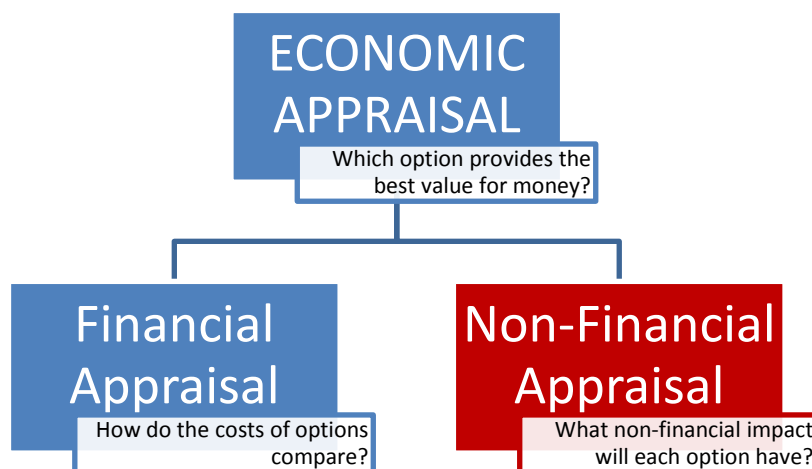
6. APPRAISAL OF OPTIONS

The non-financial appraisal of the options took place on 23rd September. The methodology used reflected the process that took place in 2015 with the criteria of accessibility, quality, workforce and deliverability providing the framework for this appraisal. Evidence packs for panel members were provided in advance for their consideration.



As part of the appraisal of options, the CCGs commissioned an independent external review of the C2 Option; this is the variant option where the single EC would be in Shrewsbury but Women and Children's would stay in its new Centre in Telford. This formed part of the evidence submitted into the non-financial option appraisal in September.

In terms of next steps, the economic and financial appraisal will be completed and a paper setting out both the non-financial and financial option appraisal presented to the Programme Board on 3rd October. The Programme Board will then consider a recommendation to the CCG Boards on a preferred option.



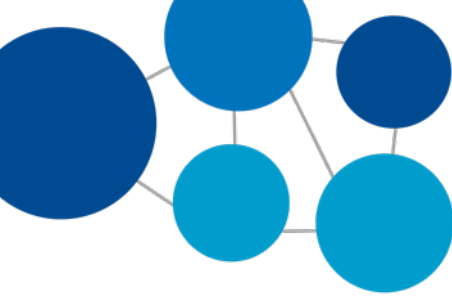
7. COMMUNICATIONS AND ENGAGEMENT

With an anticipated public consultation start date in December work continues to develop the consultation communications and engagement plan, as well as researching into different options for the consultation document.

A consultation workshop has been organised for 5 October to provide a refresher about the process and the risks surrounding ineffective consultation and best practice for good engagement. The workshop will be done in collaboration with the Consultation Institute. In addition media and messaging workshops are planned to help support the training of senior managers and clinicians on key Future Fit messages.

NHS Future Fit engagement and communication material is also being updated; this includes the community presentation and the website. In addition a new animated video describing the case for change has been launched and is available to view on the future fit website. Social media statistics and data evidence a positive impact via Facebook and twitter on the launch of the video.

To ensure ongoing engagement with the public to the consultation start date, further pop-up events have been identified and dates and venues are currently being confirmed. These will be promoted through local newspaper adverts and Healthwatch / CHC have pledged their



support to assist the delivery. Once logistics are confirmed, a list of clinicians and senior officers will be drawn to support this community activity.

A number of community presentations and visits are planned for September and these include engagement activity with PPGs, Council Forum, Carers Forum, SALC, Senior Citizens Forum etc.

A telephone survey was completed during April and May. A total of 2,460 residents were surveyed and as far as possible the sample was split equally across the five old districts of Shropshire, the three districts of Telford & Wrekin and the wards along the eastern boundary of Powys. The survey was representative by age, gender, and ethnicity. The surveyed asked questions on recent healthcare experiences and views on the latest proposals. The report formed part of the non-financial appraisal pack of evidence for consideration on 23rd September

8. GOVERNANCE ARRANGEMENTS

The proposed governance arrangements for delivering the STP have now been agreed by the Partnership Board. The work of Future Fit will in future report into the Acute and Specialist Services Board chaired by Dave Evans with Debbie Vogler as Executive Lead. Draft terms of reference and membership will be presented at the Future Fit Programme Board in October for discussion.

9. DECISION MAKING PROCESS

The two CCG Boards attended a joint workshop 7th September to support the process of decision making. The workshop covered legal duties; inputs to decision making and identifying their relative importance and considered decision making mechanisms. It has been agreed that a Joint Committee will be established to receive and consider the outcome of the option appraisal during October.

10. RECOMMENDATIONS

The Board is asked to receive this report.

Debbie Vogler

Programme Director Future Fit