


<p style="text-align: center;">Health and Wellbeing Board 7.3.2014</p>	 <p style="text-align: right;">Tower Hamlets Health and Wellbeing Board</p>
<p>Report of: Tower Hamlets CCG</p>	<p>Classification: Unrestricted</p>
<p style="text-align: center;">Transforming services, changing lives in east London</p>	

Contact	Jane Milligan, Chief Officer Tower Hamlets CCG
----------------	--

Executive Summary

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 Health, Changing Lives in east London, which will bring together the existing CCG Integrated Care Programmes with a new ‘sister “Improving Hospital Care” work-stream.

The work, which was launched in February 2014 and is expected to run until July 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. Key outputs from this work are:

- a detailed ‘case for change’, delivered through a clinically led, comprehensive clinical engagement process
- 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.

The launch of the programme has been broadly welcomed.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. note the date of the case for change stakeholder event (4 April)
2. consider a suitable date for a discussion on the HWBB agenda regarding the case for change.

1. Introduction

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.

Local CCGs (Tower Hamlets CCG, Newham CCG, Barking and Dagenham CCG, Waltham Forest CCG, and Redbridge CCG), NHS England, Barts Health and other local providers have established a clinical transformation programme called *Transforming Health, Changing Lives* in east London, which would bring together the existing CCG Integrated Care Programmes with a new 'sister "Improving Hospital Care" work-stream.

The work, which was launched in February 2014 and is expected to run until July 2014, will develop a baseline assessment of the drivers for change in the local health economy and support further discussions. Key outputs from this first phase of work are:

- a detailed 'case for change', delivered through a clinically led, comprehensive clinical engagement process
- 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.

Tower Hamlets CCG, together with the other partnership organisations will be engaging with key stakeholders such as local councils, Health and Well Being Boards and other local providers to develop and test ideas.

Once completed, the case for change will be shared widely and subject to far reaching engagement, preferably with an accompanying scope and plans for any further work.

Governance and engagement

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.
- a Clinical Reference Group and clinical working groups reflecting the key clinical leadership role in exploring and shaping a 'Case for Change'.
- a communications and engagement work stream that recognises the importance of engaging local stakeholders in our work at an early stage. Whilst the programme is expected to coordinate this work, CCGs will lead local engagement with Health and Wellbeing Boards and Healthwatch – primarily through existing governance links. Programme members have met with Healthwatch representatives to discuss this approach and how they would like to participate. We have agreed that we will facilitate Healthwatch to produce a report from the public/patient perspective.

The intention is to invite other key stakeholders such as local authorities to become involved through a number of workshops – the first of which is on 4 April.

Clinical engagement

Invitations have recently been sent to participating CCGs, Barts Health and the Homerton Hospital inviting nominations for clinicians and other front line staff to join clinical working groups. Community and mental health service providers and the London Ambulance service are also being asked to nominate representatives and we are establishing links 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)
- Clinical support services
- Planned care (surgery)
- Paediatrics
- Maternity and neonatal care.

GPs, CCG and Barts Health staff have been informed to provide them with an understanding of the work and to enable them to engage with the nominated clinicians – so that the programme can elicit views from a much broader body of health professionals than those directly associated with the groups.

Case for change

Local clinicians will use their own knowledge of national and international best practice to review current health and social care services. This work will be written up in a 'Case for Change', anticipated to be published in July 2014. The case for change will:

- review the key drivers for change for example population projections, recommended best practice and existing capacity constraints
- identify the key challenges that will need to be addressed over the next decade and also the scope, scale and pace of change required
- consider why, and in what specialties, local clinicians think change is needed to ensure we can provide the very best care for local residents.

The case for change will not set out recommendations for change.

Working in partnership, and pooling our resources to look at what is best for our patients will ensure we have a joined up approach that crosses geographical and organisational boundaries.

Why have we taken this step?

The five CCGs have a duty to promote a comprehensive health service for their population of around 1.3 million people. Barts Health is the largest NHS Trust in England. The Trust has a turnover of £1.2 billion and a workforce of 15,000, so the Trust's contribution to the local economy is vital to the population of east London and the local economy.

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.

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.

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.

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. We know in order to improve the health of our local population, that hospital trusts and commissioners can no longer work in silos. 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.

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.

The publication of Sir Bruce Keogh's review of urgent and emergency care proposed emergency care being delivered in two types of centres, both with the right care and expertise in place and with senior clinicians present 24/7. He described these as: Emergency Centres – capable of assessing and initiating treatment for all patients before transferring them where necessary and; Major Emergency Centres – much larger units providing a range of highly specialist services. Phase two of this review includes a delivery group responsible for reviewing and commenting upon the viability of the proposed clinical system and contributing to the detailed design of the new system and the tools and guidance. Local CCGs and providers will need to consider and respond to this review.

In addition to this national review, the publication of the Care Quality Commission's (CQC) investigation of Barts Health NHS Trust services in Jan 2014 included 15 compliance actions and said that staffing levels were variable; equipment wasn't always readily available; some parts of the hospital environment compromise patients' privacy and dignity (especially at Whipps Cross) and there were problems with patient flow, bed occupancy and discharge planning. The Trust is currently developing an action plan to address this and the Transforming services, changing lives programme will help inform this.

Our commitments

In order to guide clinicians in their discussions, and to provide reassurance to key stakeholders regarding the aims of the programme, the Transforming Services, Changing Lives partnership has agreed the following commitments to guide the work of the programme:

- The safety of our residents, people who work or visit the area, our patients and the quality of our care is our priority.
- We are working in partnership to develop services and ensure they are integrated as part of a broad system of care focused on each individual.
- Commissioners aim to commission the best quality care, drive better clinical outcomes for patients and improve the performance of our providers in an open, transparent and fully accountable way. We are improving the health of our community and reducing health inequalities by using our resources in the best possible way for patients.
- Providers are committed to providing excellent care for our local population, including specialist care to rival the best in the world.

- Emergency care will continue to be provided at The Royal London, Whipps Cross and Newham hospitals. We believe that all three hospitals should provide a safe haven for local residents – whatever their condition. We expect staff to be available 24 hours a day, seven days a week to provide care to seriously ill and injured patients, whether they need resuscitation, treatment or a rapid diagnosis and transfer to a centre with more specialist staff.

However we know that existing emergency care can improve further, and we want to develop different ways of working that use the skills that we have to deliver better care. We will be carefully looking at the best models of emergency care, recognising the importance of local access and making sure we make the most of having a world class specialist centre at The Royal London.

- Women will continue to be able to have their babies at The Royal London, Newham, Whipps Cross, our birthing centres, or at home. We will continue to improve the care and experience offered to all mothers and their babies sharing best practice and expertise.
- By enhancing community and primary care services we anticipate that more care will be provided closer to people's homes and the need for hospital care will be reduced.
- We expect Barts Health to continue to develop its existing estate, including at Whipps Cross and Newham. This will ensure care is provided in more high-quality buildings that are safer and better for patients and will reduce our dependency on out-of-date facilities.
- To meet the continuously changing challenges to the NHS, clinicians might agree that some services should be changed to improve patient experience and clinical outcomes, and to ensure all services meet new quality standards. We will always take into account the views of local doctors and nurses, and those of our patients and communities.

Next Steps

1. We are inviting directors of public health, directors of social care, OSC chairs, HWBB chairs, Healthwatch chairs and local MPs to the event on 4 April (as well as clinicians, members of the partner organisations, associated organisations e.g. academic partners). The HWBB is asked to consider whether there are other invitees that we should consider.
2. We expect most members of the HWBB to be invited to contribute to the development of the case for change in some way or another going forward but we will also provide regular updates on progress to the HWBB as this work progresses. However the HWBB is asked to consider planning an agenda item at a future meeting to discuss the case for change.