


<p style="text-align: center;">Health and Wellbeing Board 9th September 2014</p>	 <p style="text-align: right;">Tower Hamlets Health and Wellbeing Board</p>
<p>Report of: Transforming Services, Changing Lives programme team</p>	<p>Classification: Unrestricted</p>
<p style="text-align: center;">Transforming Services, Changing Lives</p>	

Contact for information	Zoe Hooper, TSCL Communications Manager
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Executive Summary

The Local Clinical Commissioning Groups (CCGs) of Tower Hamlets, Waltham Forest, Newham, Barking and Dagenham, and Redbridge; plus NHS England, Bart's Health and other local providers, have established a clinical transformation programme called Transforming Services, Changing Lives (TSCL). It 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.**

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.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. 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
2. Consider and confirm requirements and timings for future updates and presentations about the final Case for Change and any future work programmes

1. DETAILS OF REPORT

1.1 Background and Introduction

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.

Their work has been published as an 'Interim Case for Change', which is available to view at www.transformingservices.org.uk.

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1.2 Governance

The governance arrangements for the programme have been established as follows:

- 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. Deborah Cohen, London Borough of Tower Hamlets Service Head Commissioning and Strategy, is a member of the programme board and has been asked to nominate a replacement representative upon her departure.
- 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
 - patient representatives from the CCGs involved in the programme.
 - patient representatives from the providers involved in the programme.

Tower Hamlets Representation:

Programme Board

Jane Milligan, Tower Hamlets CCG Chief Officer

Sam Everington, Tower Hamlets CCG Chair

Deborah Cohen, LBTH Service Head: Commissioning & Health

Programme Executive

Jane Milligan, Tower Hamlets CCG Chief Officer

John Wardell, Tower Hamlets CCG Deputy Chief Officer

Sam Everington, Tower Hamlets CCG Chair

Clinical Reference Group

Sam Everington, Tower Hamlets CCG Chair

Katherine Gerrans, Tower Hamlets CCG

Clinical Working Groups

Sam Everington, Tower Hamlets CCG Chair

Katherine Gerrans, Tower Hamlets CCG

Victoria Tzortiou-Brown, Tower Hamlets CCG

Mike Fitchett, Tower Hamlets CCG

Neil Douglas, Tower Hamlets CCG

Martha Leigh, Tower Hamlets CCG

1.3 Engagement

Since the programme was launched in February 2014, extensive engagement has taken place with stakeholders across Tower Hamlets, Newham, Waltham Forest, Redbridge and Barking and Dagenham.

Tower Hamlets specific engagement activity includes, but is not limited to:

- Information about the launch of the programme sent in February to the CCG, key contacts at London Borough of Tower Hamlets, including the Chief Executive, Lead Member of Health and Adult Services Select Committee, Health and Wellbeing Board Chair, Council Leader, Corporate Director of Adult and Community Services and Corporate Director of Social Services, Healthwatch, local MPs and London Assembly Members
- Regular meetings of and updates to the TSCL Public and Patient Reference Group. Tower Hamlets members include David Burbidge (Healthwatch Tower Hamlets Co-Chair) and Andrew Wood (Royal London Hospital Patient Panel Chair)
- A series of large engagement events for Barts Health staff
- Key stakeholders from the Tower Hamlets community invited to attend large events about the programme which took place on 4 April and 6 June at Stratford Town Hall. Invitations issued to key contacts at London Borough of Tower Hamlets, Healthwatch, local MPs and Assembly Members.
- Informal briefing to the Inner North East London Joint Overview and Scrutiny Committee
- Press release about the interim case for change sent to wider senior ELFT staff, Council for Voluntary Services, Tower Hamlets Health Overview and Scrutiny Committee and Health and Wellbeing Board, Tower Hamlets College, Docklands and East London Advertiser, East End Life and East End Homes
- Presentation at the Tower Hamlets CCG Governing Body meeting, as well as a follow up discussion at a Governing Body seminar session
- Presentation and attendance at Tower Hamlets Healthwatch Community Event
- Presentation at the Tower Hamlets Locality Chairs Board

Further engagement across the area is planned in order to gather local people's feedback on the interim Case for Change.

- 9th September – Tower Hamlets Health and Wellbeing Board
- 11th September – Inner North East London Joint Overview and Scrutiny Committee
- 16th September – Health Scrutiny Committee
- Mid-September - a series of patient focus groups

1.4 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.

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. 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.

3. CONTACTS

For further information please contact:

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4. APPENDICES

- NONE