futurefit
Shaping healthcare together

Programme Update Report

Report to:	**Joint Health Overview and Scrutiny Committee**
Subject:	**Programme Update Report**
Report by:	**Senior Responsible Officers – Caron Morton & David Evans**
Date:	**26th March 2014**

1 OVERALL

1.1 Programme Plan

1.1.1 Phase 1 - Programme Set-up & High-Level Vision

Phase 1 of the Programme has now been completed. Following the approval of the Programme Execution Plan (PEP) at the January 2014 Programme Board, the PEP has since been received by sponsor Boards as follows:

- Shrewsbury & Telford Hospital NHS Trust – approved 30th January 2014;
- Shropshire Community Health NHS Trust – Case for Change approved 23rd January 2014, PEP to be considered 20th March 2014;
- Shropshire CCG – approved 12th February 2014;
- Telford and Wrekin CCG –approved 11th March 2014, and;
- Powys LHB – to be considered on 16th April 2014.

In approving the PEP, the Programme Board initially deferred consideration of the question of Programme decision making processes. A proposal for these processes has since been developed and, at its meeting in March 2014, the Programme Board discussed these and asked the two SROs to consider them further outside the meeting with emphasis on the most appropriate mechanism by which the two CCGs could consider the Programme's final recommendation and deliver a collective agreement (new national guidance having clarified that it is CCGs that are the decision makers for reconfiguration)

Key elements of the PEP are the positive Case for Change (Appendix 1) and the Programme's Principles for Joint Working (Appendix 2). **The Committee is invited formally to endorse these key documents**.

The work of the Programme is overseen by a multi-stakeholder Board (containing the two local Directors of Adult Social Care and observed by a Joint HOSC Chair) and is managed by a Programme Team. In addition, a core group of Programme Sponsors is being formed to improve the speed and pace at which the Programme can operate.

As planned, a full-time and highly experienced Programme Director, Mike Sharon, takes up his post in early April as part of the support team from NHS Central Midlands Commissioning Support Unit. Peter Spilsbury, Director of the Strategy Unit at CMCSU, will continue to contribute senior advisor input as Assignment Director . Paul Elkin , who has supported the Programme on an interim basis since last autumn ends his commitment to us in April and was formally thanked at the Programme Board for his important contribution in the initial stages of Programme set-up.

Under the Programme Team the detailed work of the Programme is conducted by the following five workstreams:

- Clinical Design;
- Activity & Capacity;
- Engagement & Communications;
- Finance, and;
- Assurance (attended by HOSC Officers and a Joint HOSC Chair).

Updates on the activity of these workstreams are provided in Section 2 of this report, including the development of the high level clinical vision.

1.1.2 Phase 2 - Development of Models of Care

The key task in Phase 2 of the Programme is to further develop the high level clinical models and to build activity and capacity projections which reflect those models. This will then enable a range of options to be identified in Phase 3.

The clinical work completed in Phase 1 is far more ambitious and wide ranging than had been anticipated. It is greatly to the credit of local clinicians that they have devoted such time and energy to leading the design process. There have been major concerns that a clinical design that focuses simply on hospitals will not be radical enough to deliver a sustainable solution. Thus the notion of painting the full canvas has emerged, out of which the FutureFit Programme will take forward the elements within its scope and, in relation to elements outside of its scope, will define the critical dependencies to be taken forward in parallel by commissioners.

A report on the emerging clinical models is included as a separate item on the meeting agenda (Appendix B). Further work to test these models is planned for the coming months before the Programme Board is asked to approve an overall model of care. This work will include:

- Iterative testing of the model against specific patient/clinical scenarios and cross-cutting themes (e.g. Mental Health, Social Care, IT);
- Further defining the evidence base for the proposed model;
- Demonstrating alignment with JSNAs and Health and Wellbeing Board strategies;
- Increased patient and public engagement, and;
- External Clinical Assurance.

To do justice to the emerging models, and to maintain and extend the engagement we have had to date, will require several more months of work. Without this there is the risk of moving too quickly towards a decision that will not stand up to subsequent scrutiny and, indeed, will not finally deliver the radical change that local patients and clinicians believe to be necessary. It is extremely important that we get the process right. This is truly a once-in-a-generation opportunity.

As a result, the Programme Board has agreed a change to the initial Programme timetable, as set out below:

- The clinical design and activity & capacity projections phase is extended to the end of August (instead of April);
- There is an 8-week period for extended public engagement on the model of care during October and November, with the outcomes of this being signed-off by the Board in December, and;
- Preliminary work to develop a provisional short-list of options commences in October and is brought to the Board for formal approval in December alongside the outcome of the engagement process.

During the proposed extended period, further work would also be undertaken before the May 2014 Board meeting on:

- The overall financial framework;
- The Engagement & Communications Plan, and;
- The options evaluation process.

The Future Fit process is one of genuine discovery. Nothing has been predetermined so, in order to produce for our patients a clinical model that is fully owned and understood (and that we are confident can be delivered), it will be essential to work through the emerging models in detail and to test them through several iterations, facilitated by extensive engagement with the public and with clinicians. The new timeline still however allows a major extended public engagement in October /November in line with expectations and also in line with recommended best practice (the Consultation Institute) which emphasises the criticality of allowing sufficient time to engage thoroughly on the model of care.

1.1.3 Phase 3 - Option Development & Appraisal

The purpose of Phase 3 is to develop and appraise a range of options for how the clinical model could be delivered, leading to the identification of a preferred option. It is also proposed that the timetable for this phase is extended. The Programme Board at its meeting in March received a suggested revised timeline that would see formal consultation on the preferred option commencing in June 2015 (after the General Election). The Board in considering this asked the Core Sponsors Group to have further discussions to see if this could be brought forward. This was because of the perceived urgency of establishing a clear position on the future of the emergency services element in particular in order to create the conditions whereby key staff can be retained and recruited in the certain knowledge of future plans and any interim moves required to maintain safety can be aligned with that plan.

The Core Sponsors met on 14th March and have agreed to map out the implications of a timeline which allows the development of models of care to carry through to end August with extended engagement thereafter (as above) , but which aims to go to formal consultation straight after Christmas on the preferred option for emergency and high acuity care as a key component of that overall clinical model . This would allow the consultation to close prior to electoral 'purdah'. To be able to do this would require some significant work on possible site options etc to be undertaken in parallel, and therefore at risk. It will be vital to ensure that this is presented to the public and wider clinical body with great care and with maximum transparency if trust in the authenticity of a Programme 'without predetermination' (the key ask from Call to Action) is not to be undermined.

We would welcome a discussion with the Joint HOSC on this proposed approach and timeline for public engagement and consultation.

1.2 Risk Register

A Programme Risk Register has been developed and currently contains two red rated risks:

- Programme resources – this mostly relates to the significant resources now required for communication and engagement work and a plan is in place to secure this resource, and;
- Inability of stakeholder organisations to release key staff for the Programme – this has highlighted the need for those organisations to agree with key staff the time and capacity required.

The Programme Team is currently further developing the risk register and associated risk management procedures for the Programme in line with best practice.

1.3 Benefits Realisation Plan

A Benefits Realisation Plan for the Programme continues to be developed including with some extremely helpful input from the Clinical Reference Group. The emerging draft is included as a separate item on the meeting agenda (Appendix C), and will be further developed under the leadership of the Programme Team over the coming weeks, including input from patients.

1.4 Gateway 0 Review

The national Government Gateway Review process seeks to provide an assessment of confidence in the ability of the Programme to deliver its stated objectives. It seeks also to provide recommendations, where appropriate, to improve the likelihood of successful delivery. Gateway 0 reviews are intended to support projects with constructive feedback in the earliest stages.

A wide range of some 26 stakeholders were interviewed by the Review Team from 3rd to 5th March, including Joint HOSC Chairs.

The Gateway Team rated the Programme as Amber, which is in line with expectations at such an early stage. They made positive comment on the commitment and energy they witnessed and on the extent of agreement about the importance of the Programme and the case for change that it was seeking to address. They noted the high calibre of the personnel they interviewed and made a number of recommendations including the need to:

- Review the size of the programme Board to make it more manageable (see Section 1.1.1 above);
- Improve risk management processes (see Section 1.2 above), and;
- Increase the resources available for communications and engagement activities (see Section 2.3 below).

The final report is made in confidence to Programme SROs but will be made public for transparency and openness. Where recommendations are made, the Programme Team will develop and implement an appropriate action plan.

1.5 External Clinical Assurance

The Programme Board has approved a proposal for External Clinical Assurance through the National Clinical Advisory Team (NCAT). Since that time it has emerged that NCAT is to cease to exist and its functions to be taken over by regional Clinical Senates. The Programme is currently in discussion with the West Midlands Clinical Senate with a view to agreeing arrangements for both informal and formal engagement around the clinical model of care.

2 WORKSTREAM UPDATES

2.1 Clinical Design

The workstream continues to meet fortnightly to oversee the clinical design work. It has prepared and facilitated a second successful meeting of the Clinical Reference Group (CRG) which was attended by 40 clinicians and others. Draft clinical model frameworks were reviewed and further developed, and very helpful input into the Benefits Realisation Plan was received. The next CRG meeting is on March 26th.

The outputs of CRG meeting have been used by sub group leads to inform the development key clinical constraints and opportunities – 'system drivers' – which have subsequently been used as a basis for setting out high level models of care. This work has been undertaken by three sub groups: Acute & Episodic, Long Term Conditions & Frailty and Planned Care. Each group met twice during February. In addition, a series of patient focus groups have been held. A summary of this work is on the Programme Board agenda.

The sub groups now need to refine their models and to identify patient types at various points in their designs in order to enable activity and capacity modelling to be undertaken.

2.2 Activity & Capacity

Seven acute hospital workshops have been held to agree the clinical parameters on which activity and capacity modelling of the so-called 'do minimum' option should be based. The projected impact of these parameters has been reported back and discussed by the workstream.

Two community hospital workshops have also been held. The group agreed that the results reflected a radical shift in the utilization of community hospital beds in terms of (a) reducing length of stay (b) increasing the proportion of admissions/occupied bed days for 'step up' rather than 'step down'.

The outputs of the community workshops is published along with a summary report, and the acute output is due to be available shortly.

A key conclusion of these workshops is that marginal change within the current service models would not, of itself, be sufficient to meet the economic challenges faced in the medium term.

2.3 Engagement & Communications

An Engagement and Communications plan has been worked on but is now going to be developed through a co-production event with key stakeholders in order to respond to some of the concerns raised about this aspect of the Programmes activities. Activities to date include:

- Issuing of final branding templates;
- Work to develop a programme website;
- Publication of the first Programme Bulletin, and;
- Planning and delivery of 3 patient focus group events.

Urgent consideration is being given by the Sponsors to the resources required to support the proposed extended engagement activities (at the outset a budget was not established pending further development of the engagement plan)

2.4 Finance

The workstream has established a schedule of meetings and agreed an approach to, and structure of, a single financial model for the Programme. Additional external resource has been procured to support the development of the model. This is an important development as experience elsewhere shows that failure to jointly develop a single financial model can seriously hamper Programme success.

Work has also commenced to assess the likely future capital investment capacity of provider Trusts and the future recurring affordability envelope for Commissioners.

Finance leads have raised a concern about their ability to devote sufficient time to the Programme (see item 1.2 above).

2.5 Assurance

There have been three meetings of the Assurance Workstream:

- The first focused on a detailed review of the workstream responsibilities as set out in the Programme Execution Plan to ensure that each member had a common understanding of the nature, scope and extent of these responsibilities. There was an in-depth discussion on the development of the Assurance Plan which was circulated to all Workstream Members and all Workstream Leads for observation and comment.
- The second meeting focused on a line by line review of the Assurance Plan and areas for refinement and review. The Workstream also reviewed the arrangements for the OGC Gateway Review taking place over 3rd – 5th March 2014 and considered the first iterations of the Benefits Realisation Plan and Risk Register.

- At its third meeting the workstream agreed the final draft assurance plan for consideration by the Programme Board. A paper was also received setting out how the Programme might work productively with the Joint Health Overview and Scrutiny Committee.

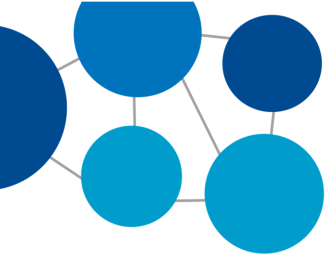
As part of developing the overall assurance plan, the workstream has prepared a matrix of key decisions required and will be clarifying the actions required by each sponsor Board:

Programme Execution Plan/ Case for Change
Clinical Model of Care
Benefits Realisation Plan
Evaluation Criteria & Process
Selection of short list of Options
Selection of Preferred Option
Consultation Document
Outline Business Case

The Programme invites the Joint Health Overview and Scrutiny Committee to advise which of these key decisions it would expect to consider formally.

Caron Morton & David Evans

Programme Senior Responsible Officers

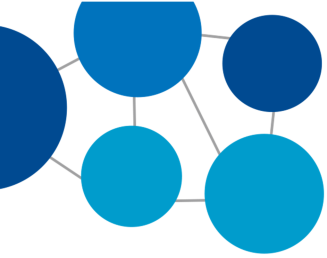


futurefit
Shaping healthcare together

Attachment A
Case for Change

futurefit
Shaping healthcare together

Attachment B
Principles for Joint Working



futurefit
Shaping healthcare together

Attachment C
Emerging Clinical Models of Care

futurefit
Shaping healthcare together

Attachment d
Draft Benefits Realisation Plan