



Date: Friday, 23 October 2015

Time: 9.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,
SY2 6ND

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HEALTH AND WELLBEING BOARD

TO FOLLOW REPORT (S)

8 FUTURE FIT & COMMUNITY FIT (Pages 1 - 6)

A report will follow.

Contact Paul Tulley, Chief Operating Officer, Shropshire CCG, Tel 01743 277500.

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Health and Wellbeing Board Meeting Date

NHS FUTURE FIT – PROGRAMME REPORT

Responsible Officer

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1. Summary

The purpose of this report is to provide a summary for the Health and Wellbeing Board of the current status of the NHS Future Fit Programme following a meeting of the Programme Board on 1st October.

2. Recommendations

The Board is asked to note the report.

REPORT

3. Workforce Case for Change

Programme Board reviewed a document which sets out to provide more detail in support of the workforce element of the case for change. This will be required as a component of a Pre Consultation Business Case. The draft had been considered by both the Workforce and Assurance Workstreams, and had been sent to NHS England for comment. Feedback from NHS England recognises that the case for change is strong, and also suggested further information that might be added. Programme Board asked for the scope of the document to be broadened beyond hospital staff, and for an update to be given at its November meeting.

4. Rural Urgent Care Centres

An initial report was received from the Rural Urgent Care sub-group, and this has been published on the Programme website. Shropshire and Telford & Wrekin CCGs are now proposing that:

- a) The potential for rural urgent care provision is fully developed with local communities across Shropshire and Telford;
- b) The scope and scale of the two proposed urban urgent care centres is reviewed following an accelerated process, to report prior to Public Consultation, and;
- c) This work should be led by commissioners and with a revised membership and terms of reference. It should continue reporting into the Programme Board.

The following areas will need to be explored, and fully understood, to ensure that a sustainable local model is created:

- d) Drawing on the local expertise of all stakeholders, including patients, GPs and representatives of all the other affected workforce groups, to determine whether their

population will be best served by a UCC or a different investment in current community services;

- e) Creating a clear understanding of how local clinicians and others will use this service and how it will align with their current service provision;
- f) Understanding what role local GPs will have within a UCC whether this be directly offering services or having a supportive /advisory role, and;
- g) Ensuring all providers of health, care and associated services are able to understand what impact a local UCC could have on their business both in relation to benefits and risks.

This work will also build on all the outputs from the current sub-group work, review the experience of current prototypes at RSH and PRH, and gather evidence of good practice from comparable rural areas. Board asked for a further report to be brought to its February meeting.

5. 'Community Fit'

Board received a report that the first phase of this work, involving the innovative combination of service data from across health and social care providers, is making very good progress. After initial delays in accessing data from partner organisations across health and social care, all data is expected to be received this month enabling workshops to take place in November. The first phase is now expected to conclude in February 2016. Community Fit is outside the scope of the Future Fit programme but is reported to Board as an interdependency.

6. The Appraisal of Shortlisted Acute Hospital Options

Following the Programme Board agreement of a reduced shortlist in August, and subsequent approvals as required in the Programme Execution Plan, the appraisal of remaining options was concluded and reported to Programme Board.

The outcomes of the non-financial appraisal and of the parallel financial appraisal have been brought together into an overall economic appraisal as required by Treasury guidance. This has now been published on the Future Fit website.

Board recorded its thanks to all those who had been involved in the appraisal process.

7. Strategic Outline Case (SOC) Development

The SOC has been approved by the SaTH Board and has been sent to the NHS Trust Development Authority and NHS England.

Although no written response has yet been received, the Programme has received informal feedback which indicates that:

- a) There is support for the general approach and direction of travel set out in the SOC;
- b) To secure final approval any business case will need to indicate how the underlying deficit in the local health economy is to be addressed beyond the contribution which the remaining options could make (up to £3.6m annual surplus).

8. Next Steps

Given the circumstances set out above, the Programme Board agreed the following recommendations:

- c) To note the outcomes of the process for appraising shortlisted options;
- d) To defer reaching any conclusion about recommending a 'preferred option' to Sponsor Boards, until the Board is assured that there is an approvable case for investment;

- e) To ask for an update at its November meeting on how commissioners and providers plan to take forward parallel discussions on dealing with the remaining financial deficit;
- f) To ask SaTH to bring forward proposals for an interim solution to its workforce challenges that will ensure the ongoing safety of clinical services, and;
- g) To ask its Core Group of Sponsor Chief Officers to urgently agree, and communicate to Board members, the implications of the current position for each of the Programme's workstreams and the overall Programme timetable.

This inevitably means that the Programme's current 'compressed' timetable cannot now be delivered, and Public Consultation on Programme proposals will not be able to commence in late December.

Following the meeting of the Board a statement was issued by Senior Responsible Officers, and this is attached as Appendix One.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder)
Local Member
Appendices Public Statement from Senior Responsible Officers

NHS FUTURE FIT TO CONTINUE TO WORK TO MEET CHALLENGES FOR LOCAL PATIENTS

The Programme Board of NHS Future Fit today committed that the programme will continue as it offers the best solution to challenges facing the local NHS.

They have however agreed to defer a decision on naming a preferred option for transforming NHS services for patients in Telford, Shropshire and Mid Wales.

The deferral will allow more detailed work to be carried out into financial and staffing challenges.

David Evans and Brigid Stacey, senior responsible officers for Telford and Wrekin and Shropshire Clinical Commissioning Groups said: "Representatives from across the area have decided there is no preferred option and there will be no consultation this year.

"The NHS Future Fit Programme to-date has involved an immense amount of hard work and told us clearly why services need to change and why 'no change' is not an option.

"It has engaged clinicians and the public in outlining a compelling clinical model for the future, including for our patients in Mid Wales. This includes a network of urgent care centres supported by a single emergency centre.

"We have engaged patients and communities so we can better understand their needs, hopes and concerns."

Work will be carried out developing Outline Business Cases based on both Princess Royal Hospital and Royal Shrewsbury Hospital as the single Emergency Centre.

David and Brigid said: "We still have an opportunity to create something that will deliver for several decades to come. We plan to be able to say something further within the next month."

[More information from NHS Future Fit](#)

What have we heard?

Hospital Clinicians are telling us that we're not moving quickly enough to address the critical workforce challenges facing their services and patients.

Community clinicians and GPs are telling us that we're not being ambitious enough in designing a new and fully integrated system that supports the growing number of us living with long term conditions.

Patients and communities are telling us that we need to do more to work with them to define a compelling vision of what health care services will look like in future in each of our localities.

While patients and clinical safety come first we do also have to acknowledge financial realities. The financial climate for the NHS has changed dramatically in the last year. The money we receive enables us to invest in the future health of our communities. We must live within our means and not bankrupt future

generations. Current options help but there are wider financial issues in the local NHS that also need to be tackled. We can't identify a preferred option to discuss with the public until these wider issues are addressed.

NHS Future Fit has done very valuable work

It has told us clearly why services need to change – not least the immense fragility of key hospital services on which we all rely ... emergency care, acute medicine, critical care to name but a few. This means that "no change" is not a realistic option.

It has engaged clinicians in outlining a compelling clinical model for the future of health care delivery in Shropshire and Telford & Wrekin, including for our patients in mid Wales. This includes a network of urgent care centres supported by a single Emergency Centre.

It has engaged patients and communities so we can better understand their needs and hopes and concerns.

It has set out what we expect the future to look like in terms of the number of operations, appointments, procedures and how we can provide more care closer to home.

What do we need to do now?

We are asking SATH and hospital clinicians to work with patients and wider stakeholders to develop solutions to the immediate challenges their services face. This includes immediate business continuity as well as developing Outline Business Cases based on both Princess Royal Hospital and Royal Shrewsbury Hospital as the single Emergency Centre. These should be developed by next summer for public consultation in 2016.

As local commissioners, we will work with service providers to look again at a whole system plan that best meets the needs of our communities within the financial framework in which we all have to operate.

Before the end of October the Programme's Core Group will set out, at a high level, how this work will be undertaken and the timescales for it. We expect to share more detail later this month.

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