



Joint Health Overview and Scrutiny Committee

20 October 2014

Subject Heading:

Update on the Transforming Services Together programme

Report Author and contact details:

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Policy context:

Transforming Services Together aims to create safe, sustainable and high-quality health and care services to residents in east London

Financial summary:

Investment case will follow

1. Summary

The last presentation to the ONEL Health Scrutiny Committee related to this programme was on 22 July 2014. At this meeting, Neil Kennett-Brown provided an update on the Transforming Services, Changing Lives (TSCL) programme and shared the interim Case for Change document.

Engagement on the interim Case for Change took place during July to September 2014. An engagement report was produced, and the feedback received was used to develop a final Case for Change document. This was published in December 2014. The Case for Change document detailed a range of ambitions across the six clinical areas¹, but it did not set out any specific service changes.

The purpose of this report is to provide members with an:

- Update on activity and progress since the last meeting
- Introduction to and update on the Transforming Services Together programme

Members are asked to note that the Transforming Services Together programme is commissioned by Newham, Tower Hamlets and Waltham Forest CCGs, working in partnership with Barts Health NHS Trust. The reason for reporting to this committee is because some residents in the outer north east London boroughs use Barts Health services (in particular at Whipps Cross University Hospital.)

2. Recommendations

Members are asked to consider and comment on the information contained in this report.

3. Report detail

3.1 The Case for Change

What did the Case for Change say?

- Our population is growing and the local NHS needs to respond to increased demand, for example in maternity and children's services
- We need better care for the increasing number of people with long term conditions
- We and our partners need to work together more closely to strengthen our prevention approaches, supporting people to live healthier lives and improving physical and mental wellbeing
- The local NHS needs to invest time and effort in tackling inefficiencies. Estates, IT systems and care pathways sometimes do not work for the greatest benefit of patients or staff
- We need to fix our urgent care system, ensuring patients are seen in the right care setting for their needs
- We need a transformed workforce for 21st century care – with different skills and roles, working in different settings
- Changes will need to be made to local services if they are to be safe and sustainable. More services need to be provided in the community, closer to home

¹ Children and Young People; Maternity and Newborn Care; Unplanned Care; Planned Care: Long-Term Conditions; Planned Care: Elective Surgery; Clinical Support Services

- The local NHS and its partners will need to work together to secure high quality and financially sustainable services in east London

Engagement on Case for Change

We tested our ideas and analysed feedback from 90 meetings, events and focus groups, involving around 2,800 people. 64 questionnaires were completed, and we had over 1,300 visitors to the website

Engagement on Case for Change – outer north east London (ONEL) boroughs

Meetings involving ONEL, July – September 2014:

- Outer North East London Joint Overview and Scrutiny Committee
- Redbridge Health and Wellbeing Board
- London Borough of Redbridge Adult Social Care Board
- Redbridge CCG Patient Engagement Forum
- Redbridge CCG Practice Learning event (GPs and practice nurses)
- Barking, Havering and Redbridge CCG Joint Executive Team
- Barking and Dagenham CCG Patient Engagement Forum
- Barking and Havering Local Medical Committee
- Barking and Dagenham Health and Wellbeing board
- NHS England NE London strategic plan review meeting
- Barking, Havering and Redbridge CCG Joint Executive Team
- Barking and Dagenham Health and Adult Services Select Committee
- NELFT senior management and clinical leads
- NELFT heads of clinical services and managers
- Pharmacy focus group (attendance by representatives from North East London Local Pharmaceutical Committee)
- Mental health focus group (attendance by representatives from North East London NHS Foundation Trust)

Involvement of ONEL representatives on:

- TSCL board / programme executive:
 - Conor Burke (BHR Chief Accountable Officer)
 - Louise Mitchell (Redbridge CCG Chief Operating Officer)
- TSCL clinical working groups:
 - Dr Parvathy Nair, Redbridge CCG (Children and young people)
 - Dr Sarah Heyes, Redbridge CCG (Maternity and Newborn Care)
- TSCL patient and public reference group
 - Mike New (Healthwatch Redbridge)
 - Lorraine Silver (Redbridge CCG patient representative)
- Healthwatch Redbridge helped to organise event at Whipps Cross Hospital
 - Around 100 patients and members of public attended

Links:

Engagement report:

http://www.transformingservices.org.uk/downloads/reports/TSCL_Engagement_report_v1.0.pdf

Final Case for Change document

<http://www.transformingservices.org.uk/downloads/caseforchange/TSCL%20case%20for%20change%20FINAL%20web.pdf>

3.2. Transforming Services Together

Introduction

The TSCL programme mentioned above focussed on hospital services. Transforming Services Together was established in September 2014 to deliver the five-year strategic plan for Newham, Tower Hamlets and Waltham Forest CCGs. It is much broader than TSCL and covers most aspects of the NHS in east London. It seeks to create high-quality, safe and sustainable health and care services.

The ambitions outlined in the TSCL Case for Change are being taken forward through the Transforming Services Together (TST) programme, which proposes whole-system change.

Context

See 3.1. 'The Case for Change.' In addition:

- Barts Health NHS Trust was placed in special measures in March 2015, following the publication of a Care Quality Commission (CQC) report into Whipps Cross University Hospital, which rated the hospital as inadequate. Improvement work was already in progress at Whipps Cross at the time of the inspection, and since then further actions have been taken to strengthen the delivery of safe, effective and compassionate care for patients. Later inspections at The Royal London and Newham University hospitals resulted in an inadequate rating for both. Barts Health NHS Trust is now developing a Quality Improvement Plan. Whilst all three reports highlighted where improvements needed to be made, they also outlined areas of good practice.
- We have major capacity challenges across the system we need to address. Bed occupancy at Barts is already at capacity, with regular breaches of statutory wait list times. If we do nothing we will need 700 more beds in 10 years.

Rather than addressing the challenges detailed above as individual organisations, we need whole-system transformational change

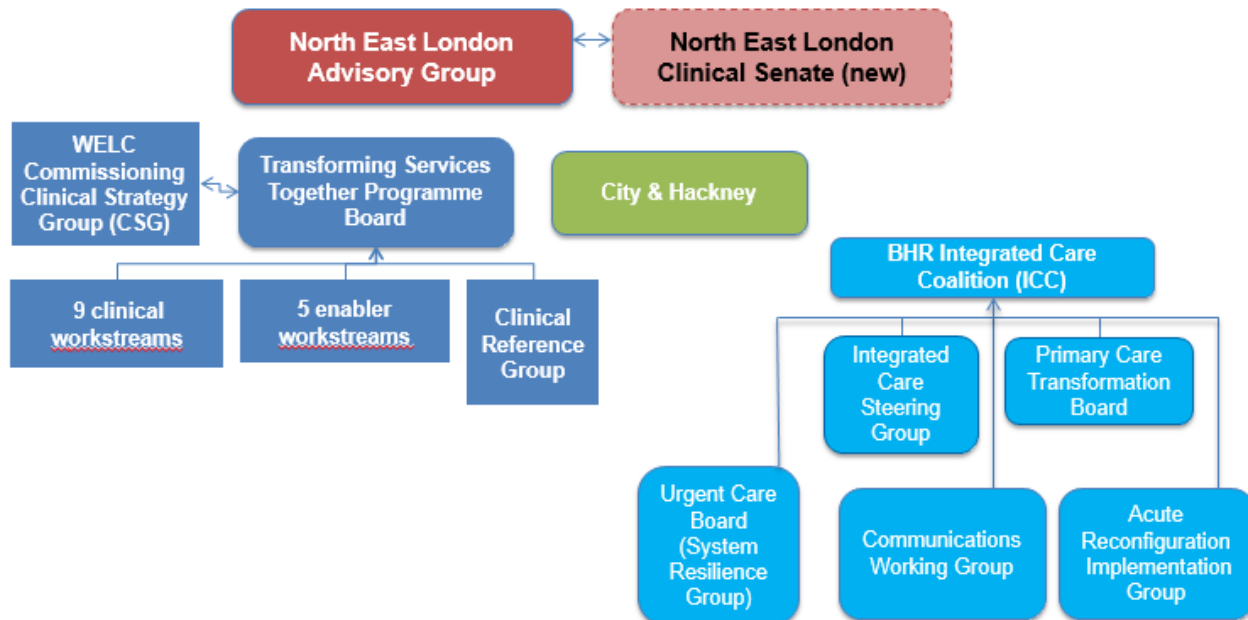
Workstreams

The TST programme has 15 workstreams: ten clinical and five enabler (which support all the clinical workstreams):

Clinical workstreams	Enabler workstreams
<ul style="list-style-type: none">• Clinical support services• Children and young people• End of life care• Integrated care• Maternity and newborn• Mental health• Pathway redesign• Primary care• Urgent and emergency care coordination• Surgery	<ul style="list-style-type: none">• Population health informatics• Workforce• Organisational development/clinical leadership• Estates• Long-term financial management

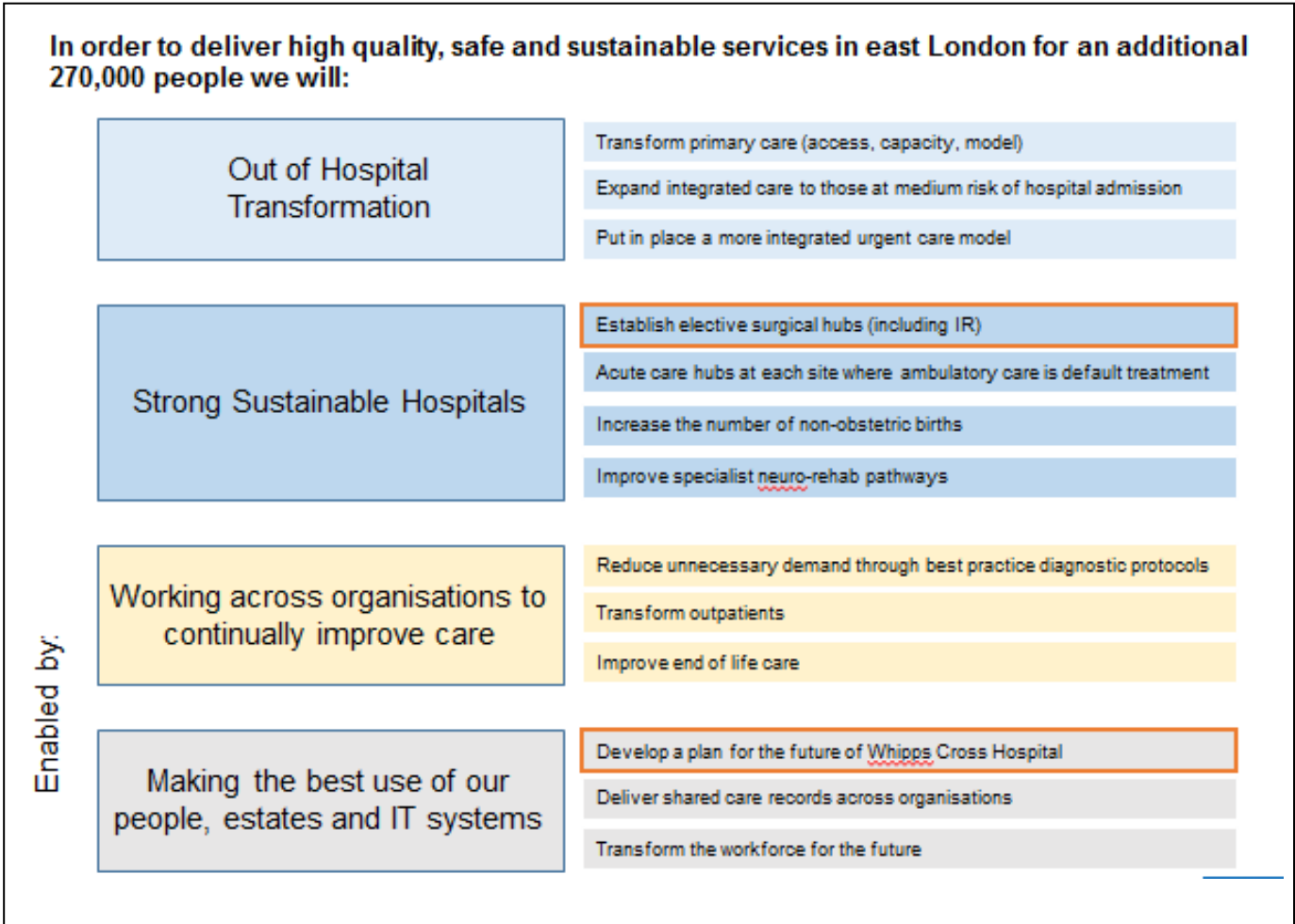
Governance

Governance arrangements across north east London:



What kinds of changes does TST propose?

The changes described below relate mostly to the commissioning CCGs (Newham, Tower Hamlets and Waltham Forest) and their main acute provider Barts Health NHS Trust. However this is whole system change – a range of other health and care organisations are involved as appropriate (see below, page 7.)



Formal consultation potential

Progress to date - general

- Each workstream has drafted a strategy which sets out potential new model(s) of care and what the changes could achieve in relation to quality, sustainability, workforce and estates
 - With a focus on health and care services in Newham, Tower Hamlets, Waltham Forest CCG areas and at Barts Health NHS Trust.
- Project managers have developed these strategies in conjunction with clinical leads, and with input from managerial, finance, activity and modelling leads. A clinical reference group (CRG) has overseen the development of these strategies.
- An overall draft strategy was written in July, which summarised each of the workstream strategies. Early timescales indicated that this draft strategy would be ready for sharing with patients, the public and stakeholders over summer 2015. However, more detailed work needs to be done in relation to workforce, finance

and estates and clinical engagement before the strategy is ready to share more widely. We do not want to raise expectation in terms of what can be delivered. We expect to be able to share the draft strategy later this year.

- Prioritisation exercise has taken place to determine what will fall under the scope of Transforming Services Together, and what will be taken forward by e.g. Barts Health Improvement Plan, existing service improvements, existing QIPP schemes etc.
- Whilst there is some more work to do to develop the longer-term vision, there are some things can (and should) be done now:
 - An example is ambulatory care. Ambulatory care models are for people who require care or assessment by specialist medics, but where admission to a hospital bed isn't necessary or can be prevented through swift intervention and specially arranged follow-up. People can be treated in an ambulatory care setting having gone to the A&E, or by being directly referred by their GP. Whipps Cross Hospital is continuing to develop its ambulatory care service and have plans to extend it to a seven day a week service, which will help the hospital and system in general to cope with some of the increased pressures that the winter inevitably brings.

Progress to date – Whipps Cross Hospital (WXH)

We are starting to think about developing a strategy for the future of the WXH site:

- WXH is a very old site with c70% of it over 40 years old; almost half pre-dates the NHS
- Historic lack of funding for maintenance has resulted in back-log of c.£80m that must be spent
- CQC identified a number of significant issues, many associated with the estate that require immediate attention
- The layout of the site does not support delivery of efficient 21st century patient care
- Local campaign groups are vocal and demand action
- Previous redevelopments have been attempted but failed, which has hit staff morale
- The Trust has only a limited ability to meet the short-term capital requirements and to progress the work to develop a robust strategy for the future
- There is recognition amongst partner organisations, clinicians and officers / managers that the situation needs to change and that the site requires a robust strategy to define its future direction

Barts Health, Waltham Forest CCG, London Borough of Waltham Forest and NELFT have begun discussions to understand:

- The level of effort that will be required to complete a Strategic Outline Case (SOC), subsequent business case phases and the potential total cost of construction
- The approach and plan to deliver the first phase
- The resources and programme structure
- The intended governance to oversee the programme
- Funding for the SOC phase is being identified, and aided by success (at the first stage) of an application to the 'One Public Estate' programme
 - Work to recruit the Programme Director post has begun
 - A joint comms plan and approach is in development, together with a Case for Change and other programme initiation documentation

Involvement and engagement

More than 350 people have been involved so far, including clinicians, nurses, social care and public health staff. More specifically:

Organisations involved

The three commissioning CCGs (Newham, Tower Hamlets and Waltham Forest) are working in partnership with their main acute provider, Barts Health NHS Trust. Also involved are:

- Neighbouring CCGs - in particular, City and Hackney and Redbridge
- Homerton University Hospital NHS Trust
- East London NHS Foundation Trust
- North East London NHS Foundation Trust
- NEL Commissioning Support Unit
- Local authorities and public health teams

Clinical involvement

Clinicians have been involved in the clinical workstreams from the outset. Specific to the ONEL audience, members of the TST team have held a series of meetings with clinicians at Whipps Cross Hospital, and with officers and members of Waltham Forest Council. This is to ensure the challenges around improving the Whipps Cross Hospital site are understood, and to enable us to work together to find the best and most sustainable solution for the patients who use services at Whipps Cross Hospital.

ONEL involvement

Conor Burke (BHR Chief Accountable Officer) is the Redbridge representative on the TST board.

Neil Kennett-Brown has briefed members of the senior team at West Essex CCG, and recently presented at their away day.

Other ONEL involvement is mostly related to Redbridge and is detailed below:

- Redbridge CCG representatives in TST workstreams:
 - *Integrated Care*: Louise Mitchell (Redbridge CCG Chief Officer); Christina De-Heer (London Borough of Redbridge, Social Work Service); Simon Froud (London Borough of Redbridge, Chief Officer Adult Social Care)
 - *Maternity and newborn care*: The TST programme works in partnership with the NEL maternity network, but the following are part of the workstream. Sarah Heyes (Redbridge CCG, Clinical Director); Wendy Matthews (BHRUT, Interim Chief Nurse)
 - *Urgent and emergency care*: The urgent and emergency care proposals have been shared with Redbridge CCG representatives.
- London Borough of Redbridge attendance at TST quarterly meetings with officers and members:
 - Vicky Hobart / Gladys Xavier (Director/Deputy Director of Public Health)
 - Cllr Stuart Bellwood (Vice-Chair of Health Scrutiny Committee)
 - Mark Santos (Cabinet Member for Health and Social Care)

- Redbridge CCG and Council will be invited to join the proposed Whipps Cross Development Group and communications sub-group.
- TST patient and public reference group (see below):
 - Mike New (Healthwatch Redbridge)
 - Lorraine Silver (Redbridge CCG patient representative)
- In addition
 - TST reports monthly to the Commissioning Strategy Group for WELC, which Sarah Hayes (clinical director) attends for Redbridge. This has a sub-committee, Joint Management Team, which Conor Burke attends every few months and ensures join up (from BHR and WEL)
 - There is also the Monthly Collaborative Commissioning Committee which is a Barts Health focused meeting, including all associate commissioners (i.e. including Redbridge CCG).

Patient and public involvement

Building on the engagement undertaken for TSCL described above in section 1, for TST:

- Patient and public reference group (PPRG) established April 2015
 - Representatives invited from across north east London and west Essex, from CCGs, providers and Healthwatch
 - Six meetings held. Strategies for maternity, IT, surgery, children & young people and urgent care shared and discussed
- Patient engagement in some workstreams:
 - Children and young people: 4 young people with type 1 diabetes appointed in Newham to joint-commission diabetes services.
 - Integrated care: patients involved in series of workshops
 - IT: patients invited to workshops in May and June on consent and information sharing
 - Maternity and newborn: service users invited to all workshops. Workshop for new mothers and pregnant women held in June
 - Surgery: patients invited to February workshop
 - Urgent care: focus groups held in Newham and Tower Hamlets. Event held in Waltham Forest for voluntary and community organisations.

Timeline and next steps

The current timeline is:

October: continued clinical engagement on the workstream strategies, and more detailed work in relation to finance, estates and workforce

End November: produce final draft strategy and first draft of an investment strategy

From December: engage with patients and public on draft strategy, finalise investment strategy

From early 2016: implementation and public consultation where appropriate.

4. Implications and risks

4.1. Financial implications and risks:

There are serious financial challenges facing both providers and commissioners in east London, which will need to be addressed collectively. This is part of the reason the Transforming Services Together programme was established. We are also working with local authority colleagues in social services to consider the impact on council services.

An investment case is being developed currently, which will outline the investment needed and potential savings

4.2. Legal implications and risks:

N/A

4.3. Human Resources implications and risks:

Some of the proposals emerging from the Transforming Services Together programme involve new roles and people working differently. We are also working with local authority colleagues to consider health and social care roles and how these might be structured differently. This will be subject to staff consultation where appropriate.

4.4. Equalities implications and risks:

Reducing health inequalities is a key theme of the Transforming Services Together programme. Any future service changes arising from the programme will be subject to Equality Impact Assessments

Ends