

NHS Cumbria CCG Governing Body	Agenda Item
17 April 2014	10

**A New Clinical Strategy for Health Services in Morecambe Bay
- Better Care Together**

Exec Summary/Purpose of report:
This paper describes the current status of the better care together (BCT) programme and provides a progress update on the key elements of work.
Key Issues & Recommendations:
The Governing Body is asked to note the current updated progress and position of the better care together (BCT) programme.
Actions required by members:
To note and support the current updated progress and position of the better care together (BCT) programme.

Management Sponsor	Anthony Gardner, Network Director
Clinical Sponsor	Hugh Reeve, Clinical Chair
Presented By	Geoff Jolliffe, Lead GP South
Contact Officer	anthony.gardner@cumbriaccg.nhs.uk



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Better Care Together: A new clinical strategy for health services in Morecambe Bay

Update to Governing Body – April 2014



1. Introduction

- 1.1 This paper describes the current status of the [Better Care Together](#) (BCT) programme and provides a progress update on the key elements of work. The paper covers:
 - a. Programme Support - PricewaterhouseCoopers (PwC)
 - b. Care Design process
 - c. Maternity services – “Stability Partner” update
 - d. Current Engagement programme
 - e. Gateway Review
 - f. Wider Cumbria Strategic fite
 - g. Next steps

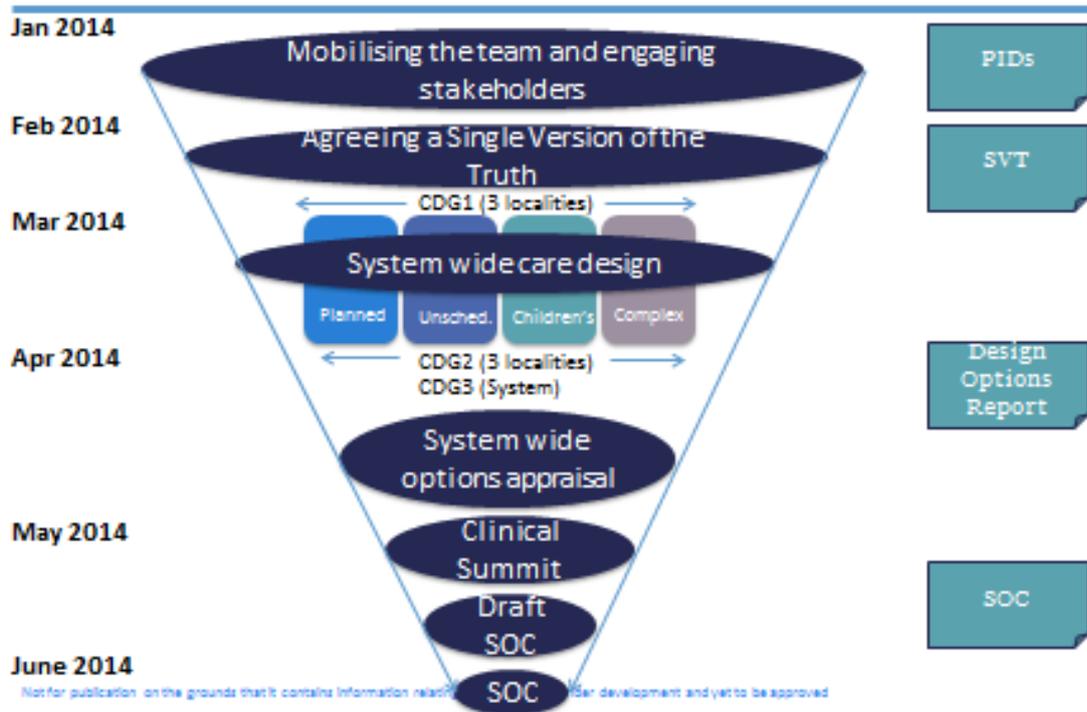
2. Programme Support – Pricewaterhouse Coopers

- 2.1 A team from Price Waterhouse Coopers (PwC) has begun intensive work from January onwards to provide additional support and capacity to the BCT programme.
- 2.2 PwC has been commissioned to:
 - a. Provide an analytical assessment that covers a baseline of population health needs, finance, service quality, and workforce and performance issues. This assessment will be used to provide insights into the key opportunities for service change and provide the baseline position from which to evaluate options;
 - b. Facilitate a care design and option development process including all stakeholders across the three main localities in Morecambe Bay (Lancashire North, South Lakes and Furness). This will be concluded with a proposed Clinical Summit on 29th April 2014;
 - c. Develop a Strategic Outline Case – setting out the preferred options for change in the short term (1-2 years) and medium term (3-5 years).
- 2.3 PwC are currently preparing the baseline assessment which is nearing completion. In addition, PwC have now begun a series of care design workshops that will take place from late February through to early April. A review of the previous work undertaken on the clinical models has also been undertaken as part of the care design work programme.

3. Care Design process

- 3.1 PwC are supporting a care design process that will facilitate all our stakeholders through a whole system option development process. The overall approach is outlined below:-

Care Design Process



3.2. The care design process is being organised to include all three localities and all the respective providers in the Morecambe Bay footprint. This CDG (Care Design Group) approach is a three step process to develop and refine possible strategic service models which will aim to improve the quality of healthcare in the Morecambe Bay area whilst also creating financial savings. The role of each workshop is as follows:

- a. CDG 1 (1 session in each of the 3 localities): Options identification and design - This workshop considered the future 'Out of Hospital' local service delivery model in each locality that optimises the delivery of general health care services as close to home as possible within the resources expected to be available in future;
- b. CDG 2 (1 session in each of the 3 localities): Options refining - This workshop refined the 'Out of Hospital' model in order to fully explore the scope for service integration and consolidation of services to provide the majority of future healthcare interventions. It also identified the scale of specialist services required and the possible service delivery models that promote the best clinical outcomes within the resources expected to be available in future;
- c. CDG 3 (system wide): System wide integration- This workshop will bring together the options developed in each of the localities with the secondary care options for

specialist services to create a long list of options for services across the Bay. It will be this long list which will then be refined during the options appraisal process.

- 3.3 It is vital to emphasise that there have been public engagement activities throughout the Care Design process. More information on this is set out in section 5 below. The outputs of these sessions will be developed into more detailed service change proposal options between workshops and reviewed by the programme governance groups and the various technical working groups.
- 3.4 These models and options will be reviewed in a Clinical Summit event to be held at the end of April and attended by clinicians working in general practice, community and hospital-based services.
- 3.5 This will then lead to the development of a Strategic Outline Case by the end of June. As part of this, and given the urgency to reduce the health economy financial gap, the 2 CCGs and the Trust (UHMBFT) will be working together to identify short term plans to deliver savings in areas which are not on a scale to require formal public consultation. Any options which do require significant change would of course be subject to formal consultation.
- 3.6 Within the Planned Care workstream, the BCT Programme Team is in the process of collating current and planned schemes across the 3 localities that contribute to improvements in planned care delivery (e.g. Advice and Guidance scheme implementation: for consultants to provide advice and guidance to primary care clinicians in a more effective way in order to reduce unnecessary outpatient appointments).
- 3.7 Within the Unscheduled Care workstream, further development of the clinical model will take place as part of the clinical design group process. The BCT Programme Team is in the process of collating current and planned schemes across the 3 localities that contribute to improvements in unscheduled care delivery (e.g. plans to expand services in the community which can help earlier hospital discharges: such as STINT+ in South Lakes; and the integrated Single Point of Access in Furness).
- 3.8 Work continues on the Children and Young People's clinical model, in South Cumbria through collaboration on the Cumbria-wide children's strategy, and in North Lancashire through discussion on the development of a Children's Community Nursing Team. Activity modelling is also being undertaken to ascertain the resources required for children's high dependency services and short-stay assessment beds.

4. Maternity services – “Stability Partner” update

- 4.1. Cumbria CCG has clearly stated its commissioning intentions to retain consultant led maternity services at Furness General Hospital. Recognising this, work is ongoing to ensure a continued model of maternity care which is safe, resilient and sustainable. This work clearly links with maternity work in north Cumbria. It will be supported by a

Cumbria-wide joint review led by the Royal College Obstetricians, with the Royal College of Paediatrics and Child Health and the Royal College of Anaesthetists with senior Midwifery input.

- 4.2. Cumbria CCG and Lancashire North CCG working jointly with UHMBFT have also commissioned a project to assess the feasibility of a “stability partner” model to assist the resilience of maternity services across the Bay. The BCT team is assisting the partners to assess the contribution and benefits to be gained from such an arrangement – these could, for example, address issues of workforce recruitment, shared governance and standards as well as day to day service delivery.
- 4.3. The plan is to take forward the project into a possible appraisal and selection of a stability service partner(s) depending upon the value of their proposed support offering.

5. Current Engagement Programme

- 5.1. Engagement activities undertaken across the Bay recently have included:
 - a. Stakeholder briefing issued to a wide range of audiences;
 - b. Workshop with both Overview and Scrutiny Committees in understanding the key health issues and engagement plans. On 20th January, a workshop event was undertaken for the Joint Lancashire and Cumbria Overview and Scrutiny Committee which will help shape our future engagement and provided us with valuable information. Similarly the Public Reference Group met to discuss this topic and provided us with insight and advice which the programme will use going forward
 - c. An updated briefing document for members of the public is now available on the Better Care Together website;
 - d. Responses to media interest;
 - e. Planning for future deliberative events.
- 5.2. A comprehensive communications and engagement action plan has been designed to align with the proposed PWC care design and option development process during the period February to April 2014. This will provide staff, the public and stakeholders with the opportunity to learn more about the programme and proactively shape the criteria options being considered that will be used to refine future system and resource scenarios into tangible options for health care service change.

5.3 The engagement plan comprises of the following:

- a. **Staff Engagement - 24th February to 14th March.** An intensive programme of engagement including a better care together information point, manager briefings, staff briefings, UHMBFT monthly briefings, corridor conversations, stakeholder briefings and e-communications.
- b. **Patient and Public Engagement – 15th March to 22nd March.** Public “drop-in” events at Lancaster, Morecambe, Kendal, Ulverston, Barrow and Millom have been organised. Patients and public can visit the drop-in centre, find out more about the out of hospital subgroup areas, pick up information, talk through queries and concerns and complete feedback, e.g. questionnaires, comment cards, design criteria etc.;
- c. **Stakeholder engagement – w/c 24th March.** In addition to continued engagement with key stakeholders e.g. OSC, Health & Wellbeing boards, councillors and MPs, the out of hospital engagement needs to reach other stakeholders who represent patient, public and service users. Deliberative events will be held in Lancaster, Barrow and Kendal in the week beginning March 24th 2014 following the public drop in events. These will be run by TNS who previously carried out some research for the programme last year.

5.4. The outcomes of the extensive programme engagement undertaken to date will be used to inform the proposed Clinical Design Group sessions. The system outputs of the three CDG sessions proposed are then, in turn, expected to inform the patient and public engagement programme. The public engagement programme feedback will be captured and reviewed as part of the clinical design workshops (CDG2) and CDG3 (whole system option development event) and the proposed clinical summit.

6. Gateway review

6.1. The programme has also been reviewed again under the Office of Government Commerce Gateway process in early March. This is an important stage in relation to the external assurance of the programme, providing an assessment of the revised programme arrangements in light of best practice models in use for large scale change programmes across the public sector. An earlier review in July 2013 raised concerns about programme governance and made a number of recommendations.

6.2. The latest review has acknowledged that significant progress has been made since July and that a number of changes have been made as a result of the earlier recommendations. In so doing, the review recommendations have focused on the important issues facing the programme over the next 3-12 months and include an emphasis on effective decision making, implementation planning and assurance.

- 6.3. The outcomes of the review have been presented to the BCT Programme Board and an action plan is now being developed.

7. Wider Cumbria Strategic Fit

- 7.1 Work is also taking place in North Cumbria to establish an up to date clinical strategy for the north of the County. This work will also be supported by PWC as part of the 'distressed economies' support. This will mean there is congruence with the process for Better Care Together in the South of the County, whilst accepting that development of some elements of the clinical models is already at an advanced stage (e.g. urgent care arrangements at Cumberland Infirmary).
- 7.2 There is also sufficient sharing of clinical developments (both ways) to ensure the models of care (e.g. primary communities) are consistent north and south. This will allow for the production of an overall Cumbria Strategy bringing together the north and south work, agreed by the Cumbria Health and Care Alliance, to underpin the CCG's 5 year plan in late June.

8. Next Steps

- 8.1 Overall, the programme will continue to gather momentum over the next 3 months, with significant work across all the major workstreams and continued wide-ranging engagement of patients, the public and staff. As the process of writing the Strategic Outline Case continues, the Governing Body will receive further information about the major options for service change which have been identified together with an appraisal of the challenges which will undoubtedly be faced by the Morecambe Bay health community during the period of implementation.

9. Recommendation

- 9.1 The Governing Body is asked to note the current updated progress and position of the better care together (BCT) programme.

Paul Wood
System Director [bettercaretogether](#)

Anthony Gardner
Network Director South Cumbria

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For more information contact:

Management Sponsor	Anthony Gardner anthony.gardner@cumbriaccg.nhs.uk 01539 797878
Clinical Sponsor	Hugh Reeve Hugh.Reeve@cumbriaccg.nhs.uk 01768 245574
BCT Contact Details	Paul wood paul.wood@mbht.nhs.uk Tel 01524 519387