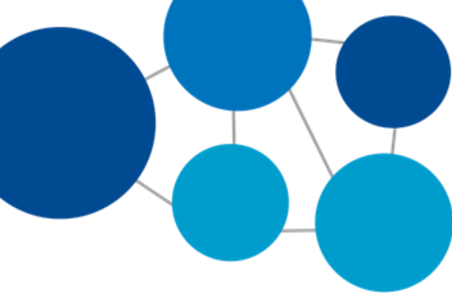

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Programme Update Report
June 2014

The purpose of this report is to provide an update on recent Programme progress and on future plans. Key documents referenced in the report are on the Board's agenda and are publicly available on the Programme website: http://www.nhsfuturefit.co.uk/

1 OVERVIEW

The Programme is now making good progress through its second phase.

The prime focus of Phase 2 to date had been the development of a full Clinical Model based on the high level vision set out in Phase 1, and this was approved by Board at its Extraordinary meeting on 10th June. Sponsor Boards have formally been requested to approve the model in line with the expectations of the Programme Execution Plan.

The focus of the programme now shifts towards working through the consequences of that model. These include:

a) Activity Modelling;

b) Financial Modelling;

c) The Feasibility of a Single Emergency Centre;

d) The development and evaluation of options for how the Clinical Model might best be implemented;

e) The development of plans for assessing the likely impact of the Clinical Model; and

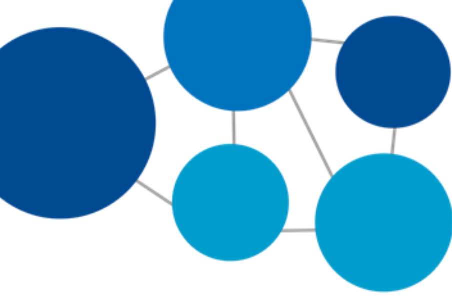
f) Public Engagement on the Clinical Model and on the emerging long list of options and evaluation criteria.

2 NHS ENGLAND ASSURANCE

NHS England (NHSE) has a key role in the assurance process for major service reconfigurations. The most significant of these comes prior to formal Public Consultation but an initial Sense Check was conducted in early May.

The Local Area Team reviewed a comprehensive evidence pack submitted prior to the Sense Check, and subsequently congratulated the Programme for the tremendous progress made to date, in particular the impressive clinical engagement throughout the process. NHSE recognised there is still a significant amount of work to do and acknowledged that a realistic timescales for getting to Public Consultation was now proposed.

A set of recommendations has been received and the Programme Team has developed an action plan in response. NHS England's next formal involvement in the Programme will be to complete a further Assurance Checkpoint prior to Public Consultation.



As a further element of Programme Assurance another Health Gateway Review is due later this year. This was proposed for August/September but, following discussion with the Gateway Team their suggestion is that they come again in late October once the short list has been identified. This would enable them to form a view on the robustness of how we reached a short list and how we propose to develop and evaluate the shortlisted options.

3 ACTIVITY AND CAPACITY MODELLING

An activity baseline was established earlier this year which assumed no radical system change but factored in a range of efficiency strategies and key elements of demographic change.

Work has now begun to assess the activity and capacity impact of the new Clinical Model. This is being undertaken through a number of workshops in June and July involving the membership of both the Clinical Design and Activity & Capacity Workstreams, with input from other clinicians as required. The work is being facilitated by the Midlands & Lancashire Commissioning Support Unit which will produce a final report by the end of August.

This modelling will contribute towards the identification of the long list of options, and there will also be a further period of modelling once a short list is identified in order to assess the impact of each option.

4 FINANCIAL MODELLING

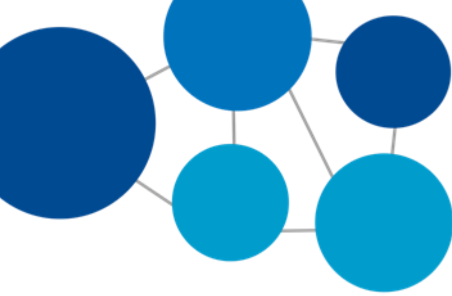
The Finance Workstream continues to develop an overarching financial model and to populate it with baseline information from both providers and commissioners. Additional technical resource is being identified to support this work.

The Workstream is also developing a definition of ‘unaffordability’ to inform the long listing process.

5 EMERGENCY CENTRE FEASIBILITY STUDY

The Board has commissioned an additional piece of work to test the feasibility of the Clinical Model’s proposal for a single Emergency Centre. This study is looking at three options for the potential location of an Emergency Centre in order to determine whether any of these options are not feasible or are likely to be significantly more costly than others, prior to confirmation of the long list in September.

A new Workstream has been created to lead this work, and two meetings have been held to date.



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6 EVALUATION PROCESS & CRITERIA

In May the Board approved proposals for how the Clinical Model will be converted into a long list of options, and for how criteria will be developed which will enable the long list options to be reduced to a short list. A stakeholder panel has been formed with a single representative from each of the Board's sponsor and stakeholder organisations.

The evaluation panel held its first two workshops on 17th June when it began to generate potential options for inclusion on a long list and also considered what might be the key criteria for evaluating options (including how these criteria might be measured). This work was reported to Programme Board on 25th June. The panel agreed that the programme office should undertake further work on the outputs of these workshops prior to the panel re-convening to agree recommendations in advance of the September Board. Further workshops are scheduled for late September to:

a) Agree weightings for the finalised criteria; and

b) Score the agreed long-list against the criteria to produce a short list.

This process embodies three key periods of wider public engagement:

- **From June to September** – community and clinical engagement on the development of a long list of options and evaluation criteria. This, along with the results of the emergency centre feasibility study (see below) and activity & capacity modelling of the new clinical model, will inform the Board's identification of the final long list and how this is reduced to a short-list;

- **From October to January** – further community and clinical engagement on the short listed options. This will contribute to the final appraisal of these; and

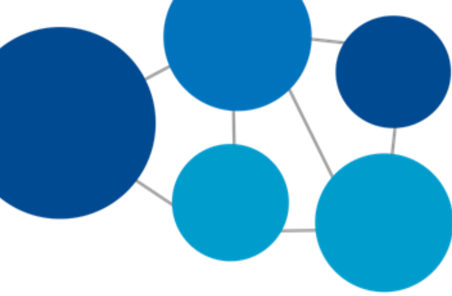
- **From June to January** - ongoing engagement on the implications of the clinical model.

7 IMPACT ASSESSMENT

It will be necessary to assess the likely impact of the Clinical Model in a range of areas (including those subject to statutory requirements). This will also need to include the short listed options once identified.

An initial meeting has been held to explore the potential scope of this work which will, in turn, inform the Board's view about the appropriate membership of the new Workstream.

The Board agreed an approach to Impact Assessment which includes the following key features:



a) The integration of IA with standard business case evaluation processes (financial and non-financial) required by Treasury guidance;

b) The definition of the range of impacts to be considered (following review of the IA toolkit questions alongside input on evaluation criteria both by the Programme's evaluation panel and through public engagement) – subject to confirmation by the Board (or the Core Group under delegated authority);

c) The development of plans for how assessments should be undertaken including, where necessary, the development of costed proposals to Board for the use of expert technical advisors in identifying and measuring impacts;

d) The undertaking of a baseline assessment of the impacts of the current service configuration (which could also be used to provide further supporting evidence for the Case for Change) – this should be completed prior to shortlisting in September/October;

e) The undertaking of detailed assessment of shortlisted options as an iterative process from October to May which

    i. Identifies where an option may beneficially or adversely change the impact of current service configuration;

    ii. Considers ways to further develop an option, where there is an adverse impact, which could mitigate that impact; and

    iii. Creates outputs which can be fed into the both the financial and non-financial evaluation processes required for the development of business cases and into a Public Consultation document.

A workstream will now be convened to lead this work.

8 ENGAGEMENT & COMMUNICATIONS PLANS

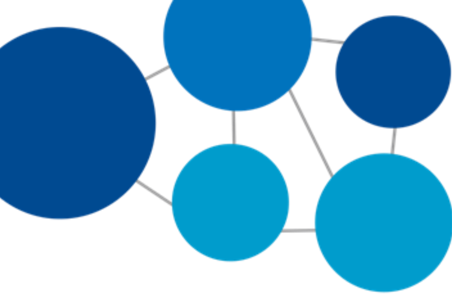
In May the Board approved a strategic plan for communication and engagement which has been co-produced with patients and reflects a "you said, we did" structure. There had been strong feedback about using existing networks, ensuring the accessibility of materials through the use of patient readers, going where people are and monitoring who has been engaged in order to target any groups being missed.

A more detailed implementation plan based around key activities scheduled for coming months has now been developed and was approved at the June Board. At the heart of this is an extensive phase of public engagement from now until September focusing on:

a) The Clinical Model

b) The emerging Long List of Options

c) The emerging Evaluation Criteria.



Engagement on the Clinical Model will continue after this and, after the October Board, the options shortlisted for further development and evaluation will also be subject to extensive public engagement.

9 SEPTEMBER BOARD

The September meeting of the Programme Board is due to receive a number of key outputs from the areas of work described above, all of which respond to the clinical vision set out in the approved Clinical Model.

At that meeting the Board will be asked to determine the long list of options and the criteria against which they will be assessed for inclusion on a short list. To inform this, the Board will be invited to consider the outputs of the following pieces of work:

a) Activity Modelling;

b) Financial Modelling;

c) The Feasibility of a Single Emergency Centre; and

d) Public Engagement on the Clinical Model and on the emerging long list of options and evaluation criteria.

David Evans & Caron Morton

Senior Responsible Officers