

Programme Interdependencies

The Programme Execution Plan (PEP) sets out the defined scope of the programme and, in addition, the key interdependencies requiring close coordination with the Programme.

The recent Gateway Review (March 2015) confirmed the need for such clarity on the governance and management arrangements to manage the interdependencies between major change programmes.

The purpose of this paper is to:

- a) Set out the arrangements which currently exist;
- b) Clarify the alignment of key outputs from interdependent programmes; and
- c) Identify where changes may be needed to current arrangements.

Current Governance Arrangements

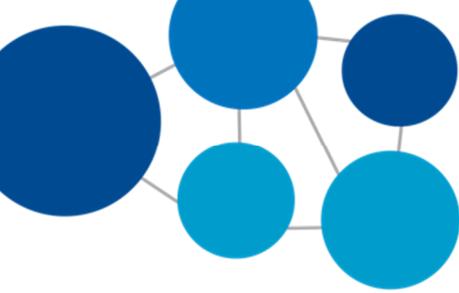
The PEP defines the following as key interdependencies:

- Primary Care Services
- Re-design of Community Health Services
- Preparation of plan for sustaining A&E services in short to medium-term
- Development of CCG Commissioning Strategies
- Better Care Fund.

In order to ensure the robust coordination of plans across the local health economy, the Programme Board will seek periodic formal reports from sponsor organisations as follows:

- Plans being developed outside of the Programme by sponsor/stakeholder organisations to develop, change and/or sustain existing services (including emergency care services). It is expected that these will be brought to Programme Board for discussion ahead of any decision so that the Board can be assured that plans take account of the Programme; and
- Plans to develop or change services in response to the Programme's identification of its expected impact on services outside its scope, to assure the Board that the required changes are being implemented.

The nature of the reports to be provided will be determined by sponsor/stakeholder organisations and will first be reviewed by the Assurance Workstream which will highlight



any issues arising to the Programme Board.

As the formal responsibility for determining the configuration of services belongs to commissioners, the programmes of work for taking forward plans outside the scope of FutureFit are to be determined by commissioners in consultation with the relevant providers.

Alignment of Key Outputs from Interdependent Programmes

The Programme is now at a stage where there is a need to understand and to manage the key touch points between related programmes.

The following sections summarise both those interdependencies identified in the Programme Execution Plan plus other programmes which also impact on Future Fit, directly or indirectly.

1. Primary Care Services

Phase One of what is now called 'Community Fit' will

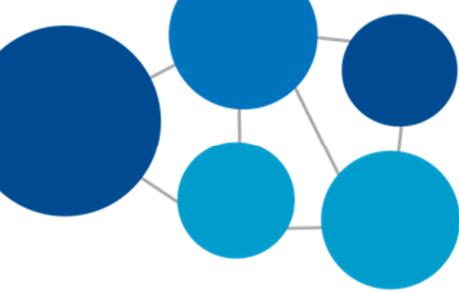
- Describe patient oriented activity in primary care and estimate how this might change as a result of changes in demography.
- Use a full range of available data sources to identify patient's wider community health and social care usage and classify patients based on utilisation patterns.

The longer term aim is to answer the question 'How do community based services, including primary care, social care and community mental health and nursing services, in Shropshire, Telford and Wrekin need to develop?'

As a starting point, however, there is a need to understand better the current levels of activity in those services, the pressures they are under and what might be the impact of changes to hospital services.

The outputs of Phase One will include all of the following:

- a) A baseline description of what each of the data sets are showing us. For primary care this will use robust methods developed and agreed with GPs in the pilot phase to describe the patient-oriented activity in primary care across all practices.
- b) An estimate of the impact of demographic change on activity levels
- c) A view of patient level primary care data linked with acute, community, social care and mental health data to understand the patterns of service provision that patients receive across the mains forms of health and social care.
- d) A system, developed with providers via the Provider Forum, of classifying /clustering patients based on the nature and level of healthcare use



- e) A description of the activity that it is assumed will be transferred from acute to community settings under Future Fit

2. Re-design of Community Health Services

As above.

3. Preparation of plan for sustaining A&E services in short to medium-term

The Future Fit programme has registered the risk of adverse impact on the programme should SaTH need to implement interim plans for sustaining A&E services in advance of a preferred option being identified.

Partners have agreed to engage the Programme Board on decisions which may impact on the remit of Programme, and a communications and engagement plan would be provided to all key stakeholders on necessary actions should interim plans need to be initiated. The programme understands that an ED business continuity plan has been supplied to commissioners and NHS TDA, and that actions to mitigate current A&E risks are being implemented. SaTH's A&E risk is also replicated in the Future Fit risk register.

4. Development of CCG Commissioning Strategies

The implications of Future Fit modelling (Phase 2) have been reconciled with CCG five year plan assumptions

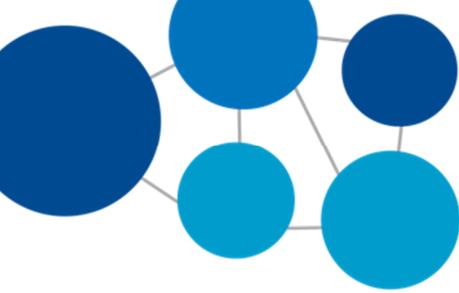
5. Better Care Fund

The implications of this work are captured in CCG five year plans above.

6. Information Technology Developments

The Local Health Economy IT Forum was formed in June 2014 and comprises representatives from:

- Shropshire CCG (including patient representative)
- Telford and Wrekin CCG
- Midlands and Lancashire CSU
- Shrewsbury and Telford Hospital NHS Trust (SaTH)
- Royal Jones and Agnes Hunt Orthopaedic Hospital NHS Trust (RJAH)
- Shropshire Community Health NHS Trust
- South Staffordshire and Shropshire Healthcare NHS Trust (SSSFT)
- Shropshire Council



- Telford and Wrekin Council
- Shropdoc

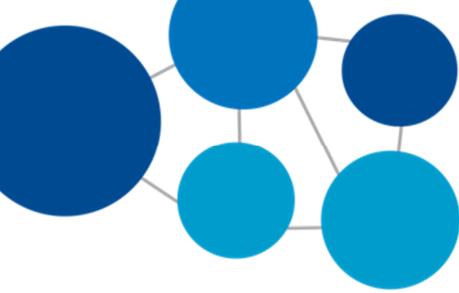
The objective of this group is to provide a forum to share information regarding individual IM&T strategies and projects, and to discuss initiatives and ideas to ensure there are co-ordinated, consistent and informed IM&T developments across the local health economy.

Whilst providing expertise and knowledge sharing, the Forum does not currently have responsibility or authority from its constituent organisations to lead the development and implementation of an Integrated Care Record.

The Future Fit Core Group has been asked to identify appropriate governance arrangements for an integrated patient care record project to provide a catalyst to drive forward the initiative, and ensure organisational buy-in at the most senior level, including identifying appropriate resources to support this (clinical, technical and financial).

7. Powys teaching Health Board is currently designing a **Strategic Delivery Model Programme (SDM)** which it aims to launch after the General Election. This is expected to run from 2015-17. It will include demand and capacity work, building on initial modelling. There is potential for this programme to impact the Future Fit Phase 2 modelling since there is an ambition to undertake significant repatriation of activity (although it may be assuming some of the same activity changes). Initial meetings between programmes have been held, and information shared. It is expected that there will be an initial period of engagement from January 2016 followed by clinical design work from April 2016.
8. As a recommendation of the Mid Wales Healthcare Study, an independent report commissioned by the Welsh Government from the Welsh Institute of Health and Social Care, a **Mid-Wales Collaborative** is being established. This is a study rather than a review. Independent chairs have been appointed and work is due to be launched at a conference in March. The precise scope and timeline of its work are not yet clear.

The Mid and West Wales Health and Social Care Collaborative has been established with the aim of 'providing a strategic framework for coordinating and delivering a range of health and social care programmes across the region, maximising resources available, reducing duplication, achieving consistency and bringing about service improvement and transformational change in how we jointly commission and procure high quality services at a better price, improving outcomes for citizens in the region'. As such the Collaborative is the key driver within the Mid and West Wales region for the implementation of Sustainable Social Services and local delivery of new requirements placed on Local Government and its partners by the forthcoming Social Services and Wellbeing (Wales) Bill. Partners within the Collaborative are Carmarthenshire County Council, Ceredigion County Council, Pembrokeshire County Council, Powys County Council, Hywel Dda Health Board and Powys Teaching Health Board.



9. Betsi Cadwaladr University Health Board has its own change programme in place that may influence FutureFit at the margins. Consultation is already complete on **Healthcare in North Wales is Changing**. It addresses –

- a. Primary and Community Services
- b. Maternity and Child Health services
- c. General Surgical Services
- d. Orthopaedics.

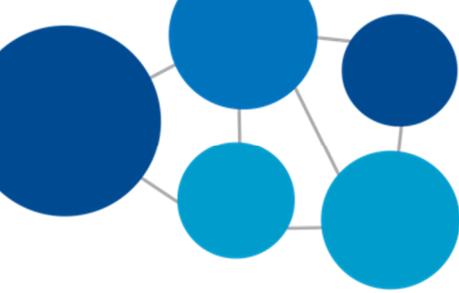
10. Herefordshire CCG with its partners has established a Transformation Programme to act as a catalyst and driver for change. At the centre of this work is the **Systems Transformation Programme for Herefordshire**. This focuses on delivering a new operating model for health and social care commissioning and provision in Herefordshire, and has four workstreams:

- a. Supportive Communities
- b. Community Collaboration
- c. Acute Care
- d. Urgent Care

The transformation programme has six aims:

- i. Supportive Communities – developing a new relationship with individuals and communities.
- ii. A GP population-based model of integrated primary and community health and social care pathways for all ages including mental health and learning disability.
- iii. A new model of sub-acute, bed-based care utilising a broader range of providers.
- iv. An outcomes based approach to urgent care in Herefordshire.
- v. An optimal set of arrangements for providing high-quality, safe and accessible acute hospital care in Herefordshire.
- vi. Transformation through technology directly supporting care delivery and linking services and teams.

11. Powys is also influenced by the **South Wales Programme**, looking at the future of consultant-led maternity services, neonatal care, inpatient children's service and

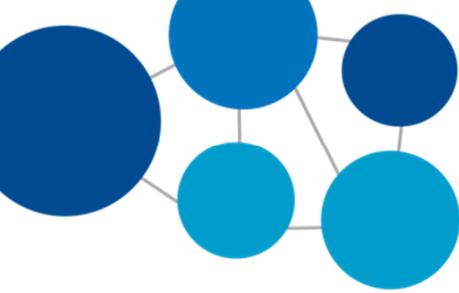


emergency medicine (A&E) at hospitals in South Wales. This has passed through consultation and is now in the implementation phase.

12. The Hywel Dda University Health Board also has a change programme in the implementation phase – **Our Health, Our Future**. This involves developing future sustainable service models, particularly unscheduled care but also paediatrics, obstetrics, emergency surgery etc. In this and the South Wales Programme, a key driver has also been the quality and sustainability of the training models and rotas from the Welsh Deanery. Service models have the potential to diverge to reflect the needs of urban and rural populations.

The following table represents the high-level timetables of the programmes most closely related to Future Fit – i.e. Community Fit, IT Developments and Powys Strategic Delivery Model.

	Future Fit	Community Fit	IT Developments	Powys SDM
May-15	Acute SOC	Initial modelling of Future Fit Impact	Project governance tbc	Planning phase (initial ambitions defined)
Jun-15	Rural Urgent Care Offer			
Jul-15	Pre Consultation			
Aug-15	Business Case			
Sep-15	Preparation for consultation/IIA			
Oct-15	Approvals			
Nov-15	Consultation Processes	Further work tbc	Further work tbc	Initial Engagement
Dec-15				
Jan-16				
Feb-16				
Mar-16				
Apr-16				
May-16	Business Case Development	Further work tbc	Further work tbc	Clinical Design
Jun-16	Final Decision Making			
Jul-16	Full Business Cases			
Aug-16				
Sep-16				
Oct-16				
Nov-16				
Dec-16				



Identify where changes may be needed to current arrangements

1. The Community Fit work responds to the Future Fit modelling. For the Future Fit model to be delivered, appropriate out of hospital services will need to be in place and to have adequate capacity. Whilst there is not yet a timetable for subsequent phases of the Community Fit work, current work on Future Fit options indicates that implementation would not be completed before 2020 at the earliest. The Community Fit steering group reports via its members to Boards of relevant stakeholder organisations and will also provide reports to the Future Fit Programme Board (as an interdependency).

No changes are recommended. In due course, the Board will need to seek assurance about plans for delivering the required services.

2. In terms of IT, the availability of an Integrated Care Record is key to the delivery of the Clinical Model. Facilities and competencies for remote consultation will also be required. However, the same timetable considerations apply, as for Community Fit.

Governance arrangements need to be defined, including the relationship to the Future Fit Programme Board. In due course, the Board will need to seek assurance about plans for delivering the required services.

3. The Powys SDM Programme is currently in a planning phase. Governance arrangements are a matter for Powys Teaching Health Board. However, reports will be requested for the Future Fit Programme Board and the two Programme Management Offices will remain in close contact. A key area of shared work is likely to be the ongoing development of plans to provide hospital services closer to home (including rural urgent care, local planned care and other primary and community services which impact on acute hospital activity).

The Programme Board is asked to AGREE whether the Powys SDM Programme should be considered as an interdependency.