The Commissioner Working Together Programme

Barnsley Overview and Scrutiny Committee Meeting

September 2015

1. Purpose

The purpose of this paper is to:

- Brief the Committee on the progress of Commissioner Working Together, a collaborative partnership between NHS commissioners to lead a transformational change programme across mid and south Yorkshire, north Derbyshire and north Nottinghamshire with a focus on hospital services.

2. Key messages

- A big challenge for the NHS today is improving care at the same time as more and more people are using its services.
- People are living longer, technology and how care is delivered is improving. We know that for some services, there won't be enough trained and experienced doctors, nurses and healthcare staff in the future and overall, the NHS costs more than there is money to run it.
- All these factors mean the NHS of the future has to be different.
- Working together across mid and south Yorkshire, north Derbyshire and north Nottinghamshire is one of the ways we are making sure your local NHS stays safe, available and close to you.
- NHS organisations across the region have agreed to work together to make sure that hospital services continue to provide high quality services to our residents within the funding available.
- Eight Clinical Commissioning Groups (CCGs) and NHS England have established a collaborative partnership of commissioners called Working Together, to collectively plan and manage change to improve services.
- A similar partnership has also been established comprising the seven acute hospital providers across the same geographical area.

- We have set up inclusive ways of engaging with clinicians, patients, carers, service users and citizens.
- The programme is underpinned by strong clinical engagement and a programme management approach.
- The programme is also working with a range of stakeholders including the strategic clinical Networks and clinical senate.
- The outcome of this work will lead to improvements in quality and sustainability of services and may result in changes to access to services.

3. Background

A big challenge for the NHS today is improving care at the same time as more and more people are using its services.

People are living longer, technology and how care is delivered is improving. We know that for some services, there won't be enough trained and experienced doctors, nurses and healthcare staff in the future and overall, the NHS costs more than there is money to run it.

All these factors mean the NHS of the future has to be different.

Working together across mid and south Yorkshire, north Derbyshire and north Nottinghamshire is one of the ways of making sure the local NHS stays safe, available and close to where people live. Working Together is the place where NHS commissioning comes together and is made up of eight local commissioning groups and the local part of NHS England. Together, its job is to improve care for local people, no matter where they live.

Last year, they set up and started a strategic programme of work which is responding to the significant challenges facing the delivery of services across this geographical area.

Following an external report, a shortlist of clinical priorities were recommended to each of the clinical commissioning group partners' governing bodies to be taken forward as part of the Commissioner Working Together Programme. In April 2014 the partnership between the CCGs and NHS England was established – Commissioners Working Together.

The purpose of the programme is to enable the partners to commission transformational and sustainable changes to their services which would not have been possible on an individual commissioner basis.

Its main aim is to make improvements to care which create benefits, in quality and or financial terms, to each CCG area and the region as a whole. Commissioners are working together and learning from each other to achieve the following benefits:

- Keeping local NHS services safe, available and close
- Coherent and consistent service planning and commissioning across the patch, including alignment on quality and safety, ensuring that quality standards are met
- Ensuring specialised services locally meet nationally specified critical mass and detailed service specifications, while understanding and proactively planning for wider-reaching impact
- Sharing limited resources and effort

Through a process of prioritisation, a number of clinical services were identified for the first phase of work. They were selected because there were:

- Significant variations in standards, leading to challenges in service quality,
- Challenges in the current and future workforce, which could be tackled through taking a coordinated and collaborative approach.

The four areas are:

Workstream	**Focus**	**Issues**	**Desired outcome**
Children's services	Paediatric surgery & anaesthesia	• Variation in compliance with national standards • Shrinking workforce • Unsustainable services	
	Urgent care	• Sustainability • Variability of services • Lack of co-ordination	

			Compliant, safe and sustainable services
Cardiovascular disease	Acute cardiology	• Variation in compliance with national and local standards	
	Stroke	• Workforce sustainability • Variation in outcomes and standards	
Smaller specialties	Ophthalmology	• Unsustainable services • Small patient numbers across multiple sites • Heavy reliance on locum cover	
	Oral and Maxillofacial Surgery		
	Ear, Nose and Throat		
Out of hospital (urgent care)	Urgent care response Accident and Emergency (A&E) Scoping exercise against national urgent care review	• Variation in compliance with standards • Workforce challenges • Unsustainable services	

4. Approach

A programme approach and programme office was set up, working with a governance framework within the established joint commissioning arrangements. This way of working supports central engagement of the CCG and area team commissioners, clinical communities, patients, carers, service users and citizens across a population of approximately 2.2 million.

To ensure the work of the programme is connected clinically and with patients, carers and service users, there is both a Clinical Reference Group - which draws membership from across all partner commissioning organisations – and a Patients and Public Advisory Forum – which draws its membership from each local Healthwatch. The clinical reference group is led by a GP clinical commissioner and its main purpose is clinical assurance and ensuring that the work remains connected to supporting clinical objectives within each of the CCGs.

The advisory forum enables the programme to share its work at an early stage with patients and the public and offers an opportunity for advice on how to engage further at locality level. The Forum is complemented by an extensive communications and engagement network of experienced professionals across the organisations involved in the programme.

At a regional stakeholder event in December 2014, stakeholders heard about the work so far of the programme and their feedback is helping to shape the next stages of the programme.

Each of the four clinical work-streams is being taken forward by a core leadership group, led by a clinical chair and CCG accountable officer and supported by clinical working groups. The groups have established a consensus of understanding of the drivers for change and held clinically focused events, where they have confirmed and challenged assumptions and started to develop clinical options for new ways of delivering services, which meet commissioning standards and are fit for the future.

Outline summary of activities of Phase 1 – developing the case for change

Phase 1 – 2014/15			
Dates		Activities	Outputs
March-June	Scoping/ Clinical standards/ Baselines	Refining scope and case for change	Agreed scope Agreed Clinical Standards Agreed Baselines
June – October	Issues Consensus	Resilience meetings with Trusts Confirm and Challenge Events	Shared understanding of Issues

October – December	Developing new clinical models	Clinical Design Events	Development of Clinical Options
January - March	Consolidating outputs from Phase One		Strategic Case for Change

The focus to date has concentrated on:

- Getting clarity and developing an understanding of the issues by reviewing each service, including assessing providers against core service standards
- Getting consensus of the issues with clinical colleagues
- Identifying clinical models which could respond to key challenges facing the services
- Engagement with key stakeholders on any potential change

5. What does this mean for Barnsley?

It is still very early days in terms of what future services might look like in each of the areas and the implications for Barnsley people are still being worked through.

Each workstream is progressing at varying speed and cases for change have been developed for critical care for stroke patients and children's surgery and anaesthesia. Both these cases have involved talking with doctors, nurses and health care staff across hospitals, NHS staff who commission hospital and GP services, and data and clinical experts about what the future for critical care for stroke patients and children's surgery and anaesthesia might look like in our region.

Specifically, we:

- Asked hospitals to look at the national core standards for providing critical stroke care for patients and assess how they were doing
- Gathered data on the numbers of people needing the service and the numbers and type of staff working in them
- Met with hospitals to assess and agree all the information and their current challenges
- Held a series of workshops with staff and stakeholders to look at and agree the issues
- Worked with clinical experts to agree possible high level options for the future

For critical care for stroke patients, we learned that:

- We need more stroke doctors and nurses to run the services - but there aren't enough locally or nationally
- Not all stroke patients are seen by a stroke doctor or admitted onto a stroke unit as quickly as they should be
- There is a shortage of speech and language and occupational therapists who help rehabilitate people who have had a stroke
- How fast tests are done, to help diagnose patients, varies from hospital to hospital
- The quality of the service isn't the same everywhere

For children's surgery and anaesthesia, we learned that:

- Doctors, nurses and healthcare staff all agree that the way children's surgery is provided across the region won't meet their high standards in the future
- Services vary in smaller hospitals, which means different referral processes to bigger hospitals
- Changes to the numbers of hours that doctors can work means that cover is a mixture of permanent and temporary staff and this affects continuity of care
- Doctors working in smaller hospitals do not see as many cases as the bigger hospitals, which can mean varying expertise and experience
- There are fewer numbers of trained children's doctors expected to qualify in the next few years
- The quality of the service isn't the same everywhere

As a result of this work, the Commissioner Working Together executive group, agreed to progress to the next stage, which includes:

- Starting the pre-consultation conversations with:
    - patients, carers, service users, advocacy groups, citizens
    - staff who work in the services
    - staff, members, governing bodies and boards in commissioning organisations
    - health and wellbeing boards and politicians

- Work with Yorkshire and Humber commissioners who are looking at the findings from all areas in the region for critical care for stroke patients
- Finish the work with health experts to look at the future health and care needs for children's surgery
- Keep working with clinical experts to identify how children will be seen and treated, especially when their needs are more complicated

After this has been done, it is expected more detailed conversations with everyone about what the options will look like will begin. For the stroke and children's workstreams, this is anticipated to be in Autumn 2015.

Regarding the specialty collaborative workstream, a range of clinical options have been identified which would lead to an improvement in the quality of provision and these have been considered by the Yorkshire and Humber Clinical Senate. The implementation of these will lead to some travel for Barnsley people to a central clinic out of hours, but the numbers would be low, less than one a week. Providing the service across a wider area would mean less locum staff and more specialist consultants – increasing the quality and consistency of the service.

New models of care are being considered and worked up for the cardiovascular workstream and urgent care is awaiting national guidance and holding a network event in July to take the work to the next stage.

In addition to continuing the work started in the areas outlined in this paper Phase Two of Working Together will be underpinned by a wider strategic review of health and care across the Working Together Partnership. The outcome of this review will inform the development of commissioner's strategic plans and the response of providers to those plans.

As the programme is now starting to consider service changes we have established a Joint Health Overview & Scrutiny Committee. The first meeting of this will take place Monday 12 October at Oak house in Rotherham. It is anticipated that discussion will take place around the configuration of Hyper Acute Stroke Units. The programme has established the case for change (i.e. the clinical, quality, patient safety and financial grounds for change) and would like to share this with Overview & Scrutiny before we proceed to formulate, engage and consult on options for future service configuration.

7. Recommendation

The Committee is asked to:

- Provide comments and receive further updates as the work progresses.

Lesley Smith

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Barnsley CCG

September 2015