

## Commissioners Working Together Programme Update

### Sheffield Healthier Communities and Adult Social Care Overview and Scrutiny Committee Meeting

25<sup>th</sup> February 2015

#### 1. Purpose

The purpose of this paper is to:

- Brief the Committee on the establishment of the Collaborative Partnership between NHS commissioners to lead a Transformational Change Programme across South Yorkshire and Bassetlaw, North Derbyshire and Wakefield with a focus on hospital services.

#### 2. Key messages

- Both health and care services face unprecedented challenges as a result of, aging population, rising demand, increasing expectations, clinical workforce challenges and budget constraints
- 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 and NHS England have established a collaborative partnership of commissioners under the auspices of *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.
- Both mechanisms for clinical engagement and engaging with patients and the public have been established via the Working Together Programme Clinical Reference Group and Patient and the Public Advisory Forum
- The programme is underpinned by strong clinical engagement and 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

The NHS is facing unprecedented challenges as a result of rising demand, due to an ageing population and the increasing burden of chronic diseases. At the same time there is an increasing expectation and need to improve the quality of our services in line with national standards. In addition, providers are approaching the fifth year of a seven-year austerity programme. Many of the straightforward savings have already been made, yet this challenge is unlikely to disappear after 2014/15 with cost pressures projected to grow

at around 4% a year up to 2021/22 and the predicted funding gap facing the NHS nationally is predicted to be in the region £30 billion. The current estimate for South Yorkshire alone is a £750 million gap over the next 5 years if services continue to be provided as they are currently which is not sustainable.

The NHS in England must therefore make sustained increases in productivity to avoid significant impact on services and a decline in the quality of care to patients. It is, however, unlikely that achieving significant levels of productivity gains and improvements will be possible unless there is a fundamental shift in the way NHS responds to these challenges. The scale and pace of this response will need to support and deliver fundamental changes to the way services are currently commissioned and delivered. The recently published NHS Five Year Forward View<sup>1</sup> sets out the case for change across the NHS with a radical rethink. There is also an acceptance that to achieve this scale of change will not be possible by organisations working in isolation at an individual level.

To start the debate on how this can be achieved, NHS England launched “A Call To Action” in July 2013; a sustained programme of engagement with NHS users, staff and the public to debate the big issues and give everyone who works in or uses the NHS an opportunity for a say in its future.

Locally the Eight CCGs, NHS England and the seven Acute Trusts across South Yorkshire and Bassetlaw, North Derbyshire and Wakefield agree they need to work together and take collective action on these challenges.

They have initiated a strategic programme of work to respond to significant challenges facing the delivery of services across a wide geographical area.

In February 2014 clinical priorities were recommended to CCG Governing Bodies to be taken forward as part of the Commissioner Working Together Programme and in April 2014 a partnership between the CCGs and NHSE was established – Commissioners Working Together.

The purpose of the Working Together Programme is to enable the participating commissioning organisations to commission transformational and sustainable changes to their services which would not have been possible on an individual commissioner basis.

The overarching aim of the Programme is to make demonstrable improvements to care which drive net benefits (either in quality and or financial terms) to the individual CCG areas and the region as a whole. Commissioners will work together and learn from each other to achieve the following benefits:

- Coherent and consistent service planning and commissioning across the patch, including alignment on quality and safety, ensuring that quality standards are met
- Provision of ‘local’ services in CCG communities

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<sup>1</sup>NHS Five Year Forward View, October 2014

- 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

A number of clinical services have been identified to be considered in the first phase of work though a process of prioritisation. These services were identified on the basis of there being challenges to the quality of provision on the basis of significant variation against commissioner standards, challenges in the current and future workforce and where there was evidence of realisable efficiency benefits taking a coordinated and collaborative approach.

The four key clinical priorities being taken forward by commissioners as part of the Commissioner Working Together programme are outlined below:

### Summary of Phase One Work-streams

Work-stream	Focus	Problem	Desired Outcome
Children's Services	Paediatric Surgery and Anaesthesia	<ul style="list-style-type: none"> <li>• Variation in compliance with National standards</li> <li>• Shrinking workforce</li> <li>• Unsustainable services</li> </ul>	Compliant safe and sustainable services
	Urgent care	<ul style="list-style-type: none"> <li>• Sustainability</li> <li>• Variability of services</li> <li>• Lack of coordination</li> </ul>	
Cardiovascular Disease	Acute Cardiology	<ul style="list-style-type: none"> <li>• Variation in compliance with National/locally agreed standards</li> </ul>	
	Stroke	<ul style="list-style-type: none"> <li>• Workforce sustainability issues</li> <li>• Variation in outcomes and standards</li> </ul>	
Smaller specialties	Ophthalmology	<ul style="list-style-type: none"> <li>• Unsustainable services</li> <li>• Small patient numbers across multiple sites</li> <li>• Heavy reliance on locum cover</li> </ul>	
	OMFS		
	ENT		
Out of Hospital (Urgent care)	Urgent care response A+E Scoping exercise against national Urgent Care Review	<ul style="list-style-type: none"> <li>• Variation in Compliance with standards</li> <li>• Workforce challenges</li> <li>• Unsustainable services</li> </ul>	

#### 4 Approach

A programme approach together with programme office has been established with an agreed governance framework within the established joint commissioning arrangements. It supports central engagement of CCG clinical commissioners and Area Team

commissioners, clinical communities and Patients and the Public across a patient population of approximately 2.2 million.

The programme has established a Clinical Reference Group which draws membership from across all partner commissioning organisation. It 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.

To ensure that patients and the public are supported and engaged in this work as early as possible, a Patient and Public Advisory Forum has been established. Its membership is drawn from each partner locality Healthwatch organisations. This enables the programme to start to share its work at a very early stage with patients and the public and offers an opportunity for advice on how to engage further at locality level.

The programme provided a regional stakeholder event in December 2014 to share more information about the work. The event was attended by a wide group of stakeholders and useful feedback was received which will help shape further stages of the programme.

Each clinical work-stream is being taken forward by a core leadership groups led by a Clinical Chair and CCG Accountable Officer and supported by clinical working groups. The clinical working groups have been establishing a consensus of understanding of the drivers for change and have established a programme of clinically focused events to confirm and challenge assumptions and start to develop clinical options for new way of delivering services which meeting standards set by commissioners and which are sustainable 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	<ul style="list-style-type: none"> <li>Refining scope and case for change</li> </ul>	Agreed Scope
			Agreed Clinical Standards
			Agreed Baselines
June – October	Issues Consensus	<ul style="list-style-type: none"> <li>Resilience meetings with Trusts</li> <li>Confirm and Challenge Events</li> </ul>	Shared understanding of Issues
October – December	Developing new clinical models	<ul style="list-style-type: none"> <li>Clinical Design Events</li> </ul>	Development of Clinical Options
January - March	Consolidating outputs from Phase One		Strategic Case for Change

## **5. Potential impact 2015/16 and beyond**

The work is at an early stage and the focus to date has concentrated on:

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

The impact of any changes on patients is currently being worked through across the 4 clinical areas. The likely consideration for 2015/16 will be a result of the work from the Specialty Collaborative work-stream with a focus on Ophthalmology, Ear Nose and Throat out of hours and Oral Maxillofacial Services.

To achieve the improvement in quality and sustainability for patients in these three services patients may have to travel to a central clinical for out of hours services. The early indications are that the numbers of patient who are affected are very low across all of the smaller specialty services being reviewed in this first phase and there will be minimal impact on Sheffield residents.

## **6. Next steps**

The next phase will focus on sharing the outputs of the work from the first phase and building on the high level clinical options to develop new service models. Engaging further with patients and the public and wider groups will be a key part of this next phase.

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 that review will inform the development of commissioner's strategic plans and the response of providers to those plans.

## **6. Recommendation**

The committee is asked to:

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

**Will Cleary-Gray**  
**Working Together Director**  
**11February 2015**

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