Agenda No 9

AGENDA MANAGEMENT SHEET

Name of Committee	**Health Overview and Scrutiny Committee**
Date of Committee	**28th September 2005**
Report Title	**"Creating a World Class Coventry and Warwickshire Health Economy"**
Summary	The Committee to receive details of a review of acute hospital services across Coventry and Warwickshire.
For further information please contact:	Phil Maull Senior Committee Administrator, Tel: 01926 412834 philmaull@warwickshire.gov.uk
Would the recommended decision be contrary to the Budget and Policy Framework?	No.
Background papers	None

Warwickshire County Council

Creating a World Class
Coventry and Warwickshire Health Economy

1. Background

West Midlands South Strategic Health Authority has requested a commissioner-led review of acute hospital services across Coventry and Warwickshire. The aim is to develop a pattern of services which are high quality, sustainable and affordable. Strengthening services across Coventry and Warwickshire is important given the emphasis on patient choice and the fact that our hospitals must be able to compete successfully with alternative providers in, for example, Birmingham and Leicester.

This paper describes how a review of acute services will be undertaken. Information has been obtained from the experience in undertaking a similar review in the Black Country and its Project Director was interviewed. There is some similarity of issues across the two health economies in that the PCTs had concerns regarding the long-term affordability of current services and felt that continued investment in the acute sector could not take place at the expense of the need to develop other service areas. This was particularly relevant given the high levels of deprivation.

New hospital developments had been agreed in each patch, Dudley, Walsall and Wolverhampton, with no assessment of their overall impact. The Trusts were concerned about sustainability of services. As a result of these issues there was a willingness from both PCTs and Acute Trusts in the Black Country for the review to occur.

2. Methodology of the Black Country Review

The Review was entitled “Health in the Black Country”. This emphasis is important. A Project Board was established with an independent chairman, the Vice Chancellor of Wolverhampton University. Other members included PCT CEOs, Local Authority Scrutiny members and a patient representative from each patch and some clinical leaders.

The aims of the review were as follows:

- *The primary basis of the review is to assess the overall health needs and requirements of the Black Country population and then from that assessment, the services that are required.*

- *To set out a long-term vision for the shape and standards of healthcare that the population of the Black Country need from their health service;*

- *To establish a process by which services can be redesigned to achieve that vision;*

- *To have set out, involving patients, staff and the public, some key challenges and standards that we would expect to be delivered in the long-term;*

- *To have demonstrated the effectiveness of that process by developing future models of service provision in materially significant areas that deliver the key challenges and standards that have been set*.

The methodology was to triangulate three components:

- A technical analysis which assessed economic sustainability of current patterns of provision and factored in changes which could be achieved through achieving 'best practice'.

- A population analysis assessing health needs and access to services. This was done by public health and information analysts. It generated an awareness that the hospital sector could not be looked at in isolation. What made sense for this population was the development of 5 – 8 "health provision units" serving populations of 100,000 – 175,000. These units would provide a wide range of acute devolved services and multi-agency services.

- Public consultation using general polling through MORI and open meetings in each patch conducted through existing PCT and Local Authority mechanisms. MORI polled people on issues such as factors determining choice and their priorities. The public meetings received presentations on the issues arising from the health needs and technical analysis and were asked to prioritise the issues and propose solutions.

The project then remitted a summary of the issues from the analysis to five service review groups:

- Older people and intermediate care
- Children's and maternity
- Planned care and diagnostics
- Emergency services
- Specialised services

Each group was given by the Board, a set of key questions to address. Each group was chaired by a PCT CEO with clinicians and patient involvement. Each presented their report to the Board who pulled together common themes to generate an over-arching service model. The final report had specific recommendations / milestones from each group.

3. Learning from the Project

There is learning from the project which should be applied to our local approach. Key issues included:

- PCT and Trust Boards were required to sign up to the aims and methodology. A commitment should have been gained to secure implementation.

- The output from the service groups was variable due to quality of chairmanship and the degree of parochial behaviour from Trust clinicians. The specialist services group probably wasn't necessary since the LSCG could have been used.

- A PEC Chair / Medical Director forum was established but under-used.

- The technical/economic analysis, public health and public consultation outcomes added value again and again, in providing evidence that the status quo could not be sustained.

- The public opinion feedback was used to challenge clinicians' views on pattern and location of services.

- The membership of the Board should not have a majority of managers.

- Part of the planning should have included arrangements for a straight handover from report production to implementation. It took twelve months to decide to recruit a Project Implementation Director.

- The value of a high calibre independent Chairman added value and independence to the Project.

- A further observation is that the report does not highlight any clinical governance issues.

The next section applies this learning and describes the proposed approach for Coventry and Warwickshire.

4. Proposed Methodology for Coventry and Warwickshire

4.1 Project Title

The project needs to be badged in a way that creates positive support and unity of purpose. The Project Board to address this at its inaugural meeting.

4.2 Independent Chairman

The Vice-Chancellor of Coventry University, Madeleine Adkins, has agreed to take on this role. A briefing session with her has been arranged for 14 July 2005.

4.3 Project Director

Mark Newbold, Managing Director of Rugby St Cross Hospital will take on the role of Project Director.

4.4 Project Aims

There are similarities between the health economies so the aims from the Black Country Review could be locally adopted subject to Board sign-off. In addition, given the subsequent move to Foundation, PBR, and strengthened commissioning, the outputs should include:

- Basis of service strategy for any Foundation applications to avoid parallel streams of work.

- A Coventry / Warwickshire commissioning vision which ensures equity of access and consistent service standards.

- A strengthened model for commissioning to achieve the vision taking account of practice based commissioning and which overcomes the problems currently of four commissioning organisations.

4.5 Project Scope

The project will focus on acute hospital services and their continuum along care pathways into community, primary and social care. Each service group will need to take account of national policy such as the Children's Act, Adult Social Care Reforms and the draft paper on non-hospital care due late July.

The SHA is leading a separate project on mental health and learning disability services. The aim is to secure an organisational model which maximises access to new opportunities and which enhances joint working with Local Authorities.

4.6 Board Membership

Suggested membership is as follows:

Independent Chairman
PCT CEO – Coventry
Lead PCT CEO – Warwickshire
Local Authority representative – Coventry
Local Authority representative – Warwickshire
Patient representative – Coventry
Patient representative – 1 from North Warwickshire, Rugby and South Warwickshire
PEC Chair – Coventry
PEC Chair - from one Warwickshire PCT
Project Director
Chief Executive from each Acute Trust

The independent chairman may benefit from an external clinical adviser who could be a Medical Director from an economy strong on system reform.

4.7 Technical Analysis

This has to be against the context of existing financial challenges, capitation position of PCTs, PBR and the financial regime for Foundation Trusts. Any service re-alignment will have to be assessed for qualitative benefit, overall cost reduction and impact upon organisations financial strategy.

4.8 Public Consultation

This added value in the Black Country, time and effort invested early on, potentially saved time and effort later. Use of MORI would reduce PCT burden. Details of the Black Country methodology will be obtained. Public consultation work will continue throughout the duration of the project.

4.9 Public Health

Mike Deakin has agreed to lead on this, to become briefed on the BBC methodology and assess capacity and capability to do this within the Coventry and Warwickshire public health network.

4.10 Service Groups

These would be established after the initial triangulated analysis. The chair and membership of each group would need careful consideration. Each group will be given by the Board a tight specification for their output. They would be required to address issues arising from the analysis including:

- Meeting health needs of local population
- Best practice / service models / productivity
- Clinical governance
- Addressing issues from public consultation

The service groups would be as follows:

- Emergency care
- Children and maternity
- Planned care
- Older people
- Clinical support

Each group would produce a report with options assessed against a set of criteria which the Board would determine. Each group would have input from the technical analysis team to test affordability/economic impact. Advice will also be sought from any appropriate clinical network, e.g. Arden.

4.11 PEC Chair / Medical Directors

This group would have, in addition, Directors of Nursing. It would receive work in progress from the service review groups. It would act as a clinical sounding board. It would comment on the final proposals from each group.

4.12 Project Team

The Director would gather a small team in order to drive the project to time. The Project team would crucially pool results from all the pieces of work to enable the review groups to work effectively. The team would distil information and produce reports to the Board.

4.13 Citizen's Jury

The Board should consider establishing a Citizen's Jury comprising key local members of the public. Emerging findings would be taken to this panel for early challenge/feedback.

4.14 Implementation

The work is commissioned from the PCTs by the SHA. The aims, outputs methodology must be approved by PCT and Trust Boards. In addition all organisations must commit to supporting resultant implementation. Failure to do so would bring into question the ability of the SHA and PCTs to support a Foundation application. Throughout the duration of the project no strategic capital should be spent in the health economy on service developments. Subsequent to the work, capital must be prioritised to support implementation.

4.15 Overview and Timescales

The approach is to set out diagrammatically at enclosure 1, with timescales.

5. Organisational Commitment

Each PCT Board and Trust Board is required to endorse the following recommendations.

5.1 To approve the aims of the project
5.2 To agree the methodology of the project
5.3 To commit to participation of managers and clinicians into the work of the project within the timescales.
5.4 To sign up to implementation of the project's recommendations.

Failure to support the above recommendations will result in no support being available from the SHA or the Commissioners, including access to funds such as strategic capital.

6. Conclusion

This is a long awaited opportunity to “get it right” for Coventry and Warwickshire, given our history we should invest five months in a product, which will be credible and thus deliver. This approach balances pragmatism with the use of external consultants and a high powered Project Team. It also brings rigour through demonstrable analysis of health needs, public opinion and affordability.

Catherine Griffiths
Chief Executive
South Warwickshire PCT
13.7.05

Appendix 1

Time Line

PROJECT BOARD

Outputs:

Meetings at key milestones

Signs off report by mid November

- **Affordable sustainable high quality service vision for acute services across Coventry and Warwickshire**
- **Foundation Trust(s) service strategy**
- **Commissioning methodology / model**
- **Issues report for formal consultation mid November**

PROJECT TEAM

Outputs:

Ongoing

Last 2 weeks in October

- **Continual iteration of analysis**
- **Ongoing public/patient consultation**
- **Production of final set of reports to Project Board**

CLINICAL LEADERS GROUP

- PEC Chairs
- Medical Directors
- Nurse Directors

SERVICE REVIEW GROUPS

September / October (6 weeks)

Older People | Children Maternity | Clinical Support | Emergency Care | Planned Care

Outputs: **Best practice affordable service model**

UNDERPINNING ANALYSIS

August

Public consultation (1st stage)
Public health analysis
Technological / financial assessment
Clinical governance

Outputs: Project Team to pull together to inform Board and Service Groups

SET UP AND BRIEFINGS

July

"Launch" of the Project

Outputs: **Board sign-up**
Recruit to Project Team and Board
Recruit to consultants
Brief Local Authority Overview and Scrutiny Committee to gain support for the process.