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**Public Governing Body Meeting – 16 June 2015**

<b>Title:</b>	<b>Healthier Northamptonshire Programme Update</b>	<b>Author:</b>	<b>Angus Maitland Programme Director</b>
<b>Number:</b>	<b>PGB-15-62</b>	<b>Executive Director:</b>	<b>Stuart Rees, Interim Accountable Officer</b>
<b>Which of the risks on the Risk Register or Board Assurance Framework does this paper address?</b>		BAF024: Failure to develop a sustainable health economy for Northamptonshire	
<b>Which Committee has this paper been presented to previously?</b>		None, but the content has also been presented to 11 <sup>th</sup> June 2015 Health and Well Being Board	
<b>Governing Body Action Required</b>			
<input type="checkbox"/>	<b>For Approval / Decision</b>	<input type="checkbox"/>	<b>For Review</b>
<input type="checkbox"/>	<b>For Assurance</b>	<input checked="" type="checkbox"/>	<b>To Receive Update</b>

**Executive Summary**

The challenges surrounding urgent care pressures and a tough financial position across Northamptonshire’s health and social care economy were signalled at the last Governing Body meeting in April as leading to delays in implementation. Actions are being taken to accelerate the pace of the programme.

The six system partners have reviewed the vision and aims of Healthier Northamptonshire and have confirmed their collective agreement that this is the correct approach.

They have agreed to place urgent care system pressures as a key matter for resolution within the overall transformative approach being taken, and this will now be built into the Integrated Care Closer to Home approach.

They have agreed to streamline some of the ways in which the Programme is delivered so that the implementation of projects can be accelerated.

A series of actions are being agreed with partners for the next 0-6 months to help accelerate progress.

## **1. Introduction**

At the April 2015 CCG Governing Body meeting, members were updated on the difficult financial and contractual challenges facing the whole system. This was being compounded operationally by the severe Urgent Care pressures facing all parts of the system. Both of these challenges were affecting the scale and pace of the Healthier Northamptonshire Programme. System partners met with the 3 NHS regulators at the end of April to ensure that there was a shared view of the priorities moving forward.

At the time of writing a follow up meeting with regulators is being organised so that agreement can be reached on the right balance of change with the need for tight financial control and recovery in Urgent Care performance. The following represents the approach being proposed by system partners. This approach also reflects the benefit of learning from two recent events organised by Healthwatch and by the Health and Well Being Board.

## **2. Key Messages**

We are committed to Healthier Northamptonshire because it is the right approach to address our major challenges and to meet the needs of our customers/patients in social and/or health care.

We have a pressing collective need to sort our Urgent Care pressures both so that our service to patients improves but also to liberate system partners to focus on the joint work we can do on transformative work on more integrated services.

Following a protracted contractual negotiating round, there is now the financial clarity to move firmly forward with our plans and with implementation of them.

## **3. Our Strategy**

- Our Strategy remains true to the core aims of “Better Health Better Care Better Value”.
- This will be achieved through transformational change in the way that services are organised and delivered across the County.
- The closer integration of services across all 6 health and social care statutory partners in Northamptonshire is an integral and essential part of this.
- The 6 partners committed to work outside their organisational boundaries to improve the overall system and through this to address the £279m financial challenge identified. The value to be addressed through the three Healthier Northamptonshire programmes is £52m of the £279m.
- In terms of approach, and learning from the experience of previous system approaches, partners agreed that solutions need to be focused on what the system partners themselves can deliver, with identified support and resource.
- The 6 partners have agreed to adapt the Programme so that Urgent Care issues become an integral part of the Integrated Care Closer to Home change programme.

#### **4. Progress made so far**

The commitment to working closely together outside organisational boundaries is being carried through, both in the way in which the leaders work together but also in the clear tangible progress that has been made following work in the last 6 to 9 months. All of the following actions demonstrate the progress already made towards the 5 Year View and represent building blocks towards the delivery of sustainable services in a sustainable health economy.

- i. All partners have agreed a Plan for Integrated Care Closer to Home and CCGs have now committed c.£4m of investment towards this for 2015/16 on top of the agreed Better Care Fund of £59m.
- ii. KGH and NHFT have agreed an integrated care model between their two organisations which will improve the delivery of Integrated Care Closer to Home for the North of the County.
- iii. KGH and NGH have agreed a formal programme of clinical collaboration across their two organisations. The approach to the first phase of delivery has been signed off by all 6 partners in May and will be signed off as a formal delivery plan at the July Implementation Steering Group. This represents a big step forward in joint leadership between clinical and Trust leads in an area where there has previously been only limited progress.
- iv. Agreement has been reached to establish a Community Interest Company involving NCC/NHFT/CCGs/University which will deliver improved health and well being services and outcomes.
- v. We have strengthened the clinical and professional leadership in the system and of the Programme and have built this in to the way in which the Healthier Northamptonshire Programmes are both shaped and then delivered.

#### **5. Immediate and Short Term Priorities**

The system challenge covers a 5 year span, but in order to ensure that the system change is relevant to the resolution of immediate needs as well as the longer term challenge we have placed specific additional focus on Urgent Care solutions and have incorporated this with Integrated Care Closer to Home.

Now that we have sufficient clarity on the agreed, contracted, level of services in the local system, we are focusing particular attention on our immediate and short term (up to 6 months) actions and milestones. We are also working to make sure that there is an agreed set of outcomes expected for each area, whether as a programme area or an enabler, over that period. This acknowledges the delays we have had in progressing some areas and the need to accelerate delivery.

These actions will in turn drive the better definition of the programme from 2016 onwards, and will ensure we are all clearer on what we can expect, and by when.

## **6. Urgent Care and Integrated Care Closer to Home**

We are agreeing a series of actions and milestones which take us forward both for the short term and to deliver a sustainable solution. These involve:

- A 6 point system action plan to resolve specific short term pressures and system waits.
- Resolving how we deal with this financially across the system
- Agreeing the way in which this will be delivered and who will be accountable for each of the 6 points of the Plan.

We have also agreed a c.£4m Integrated Care Closer to Home Programme for which we have commenced implementation and which aligns to the Better Care Fund Plans:

- We have changed our delivery team for these plans to ensure that there are short and clear lines of accountability, and that the commissioning and delivery components are easier to identify.
- We have built in clear links between the delivery team and an expanded team of senior clinical and professional leads from all 6 partners.
- We have moved the programme from planning to assurance and performance management and are ensuring that all the plans have clear outcomes with a refocused Board chaired by a partner CEO.
- We have recruited some additional resource from ArdenGEM Commissioning Support Unit to help us improve and accelerate the plans.

## **7. Clinical Collaboration**

Good progress has been made in establishing strong clinical and professional relationships between the two hospital Trusts. This has been an essential precursor to closer working towards single service models for agreed clinical services, and is in line with expectations within the NHS 5 Year Forward View for the development of sustainable services.

The Trusts have agreed a draft plan for the implementation of 6 clinical specialties, which will be taken to a full plan by July. The way in which services and shaped will reflect a process of patient engagement which will be an integral part of the approach.

## **8. Collaborative Resource Management**

The Collaborative Resource Management work stream was established in support of delivery by the three Trusts of a stretch Cost Improvement Plan [CIP] target, increased by 1% per annum for each year of the planning period.

The 3 providers' CIP has exceeded the Proof of Concept target value in 2014/15 and is planned to deliver at or above this level in 2015/16.

The 3 provider CEOs have simplified the approach on CRM so that there remains clear

organisational accountability, rather than a presumed dependence on a central programme, and this will therefore come within the overall 'cost effectiveness' stream. There are 3 components:

- Working together on matters of common impact to achieve individual organisational benefit through sharing of best practice.
- Delivering a small number of specific task and finish objectives with very clear outcomes which require specific allocated support and/or leadership. This will be regularly refreshed as tasks get completed but we have a first phase of seven areas covering areas in Finance, Procurement, Energy and Workforce.
- We have agreed three more strategic areas for collaboration which will in some cases be wider than the three Trusts and require resourcing and a more formal programme structure. These will cover Estates, Workforce and IM&T/Integrated Patient Records.

### **9. Leadership and Organisational Development**

The 6 partners are all participating in a Leadership Development Programme which will help the leadership teams of the 6 organisations work together on complex system change. This is already well underway and this first programme should be complete by the end of the Summer. Following this there will be further programmes which will involve wider groups of senior clinical and professional leaders.

We are also revising and simplifying some of the delivery structures, while recognising that accountability rests with the six statutory organisations.

### **10. Resources**

Partners have invested in additional resource for the Programme, but have recognised that as the plans become clearer we will need to add in further staffing and skills if we are to build momentum and realise returns which can be reinvested in future phases of the Programme.

- We have invested in a small co-ordinating Programme Management Office, but have agreed that we will invest the bulk of any transformational resource directly into the change programmes.
- We have invested in some initial funding to help support Programmes as they get to implementation stage.
- We will build into our immediate and short term objectives the definition and allocation of the change resources required to implement the plans at pace.

### **Recommendations**

The Programme will be in a position to report on progress against its immediate and short term priorities at the next Public Governing Body. Board members are asked to note this report.