

Working Together Programme Update

Item 13f

Governing Body meeting

2 October 2014

Author(s)	Will Cleary-Gray, Programme Director
Sponsor	Ian Atkinson, Accountable Officer
Is your report for Approval / Consideration / Noting	
For noting	
Are there any Resource Implications (including Financial, Staffing etc)?	
None at this stage. Governing Body will be updated as the Working Together Programme progresses	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i>	
1.3 System wide or specific provider capacity problems emerge to prevent delivery of NHS Constitution and/or NHS E required pledges (Domain 3)	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i>	
Not required at this stage	
<i>If not, why not?</i>	
No specific issues to address in this report	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i>	
None required at this stage.	
Recommendations	
Governing Body is asked to:	
<ul style="list-style-type: none"> Note the progress that has been made in establishing the programme. Receive the outputs from the clinical work-streams at the end of phase 1 	

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1. Purpose

The purpose of this paper is to:

- Provide an update for Governing Body on progress made establishing a programme approach to Working Together.
- Outline progress made in moving forward key clinical priorities for change and development of the supporting cases for change.
- Outline the timetable for next steps to deliver the programmes objectives.

2. Key messages

- Good progress has been made establishing the Working Together Programme and driving forward three of the clinical work-streams.
- 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 governance ensuring that decision making for change rests with Clinical Commissioning Group Governing Bodies.
- A joint working approach has been developed with the provider Working Together Programme.
- A working relationship has been agreed with Strategic clinical networks to secure wider clinical perspective and engagement via a memorandum of understanding.
- Commissioner work-streams will deliver outline case for change to Governing Bodies for consideration by the end of the year.

3. Background

Eight CCGs, and the seven acute Trusts across Mid Yorkshire, South Yorkshire and Bassetlaw and North Derbyshire and Hardwick have initiated a programme of work to collaborate on key priorities; areas where there are likely to be significant resilience risks in the system in the future or that have the potential to impact on the quality of patient services locally in the short and medium term.

Strategic enablers for change have been prioritised and are currently being taken forward in the provider collaboration work-streams outlined below:

- Workforce
- Enabling better use of innovations and technology
- Sharing information, skills and experience, and
- Back office functions and procurement

Some of the benefits of these work-streams have already been realised for example:

- Tier 2 Information Sharing Agreement by Trusts for ICE OpenNet.
- Significant saving from joint purchasing of consumables via e-auction

In addition a number of clinical services were identified as priority areas for change on the basis of significant variation against commissioner standards or where there was evidence of realisable efficiency benefits of doing things in a more coordinated way.

In February 2014 a number of clinical priorities were recommended to CCG Governing Bodies to take forward as part of the Commissioner Working Together Programme and in April 2014 a programme approach was established.

Four key clinical priorities are being taken forward by commissioners as part of the Commissioner Working Together programme.

Summary of Work-streams

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

4. Progress

4.1 Approach

A programme approach together with programme office has been established with an agreed governance framework which places 'Working Together' 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.

A Memorandum of Understanding (MoU) between the Working Together Programme and the Strategic Clinical Networks has been agreed. This MoU seeks to secure commissioning advice and support from the SCN to support delivery of the programme's objectives.

Both commissioners and providers have each developed collaborations which are distinct with their own governance and accountability frameworks. A joint governance framework has been co-produced with a set of guiding principles for joint working which takes account of:

- Rules around choice and competition
- NHSE best practice for change
- Recognises statutory functions of CCGs etc., e.g. consulting with the public on service change
- Recognising lines of accountability through our respective Boards and Governing Bodies

A joint approach to communications and engagement has been agreed with providers to ensure that there is consistency in both information and approach where necessary. A regional informing event will be taking place in December aimed at Key Stakeholders.

4.2 Clinical work-streams

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 to build the outline case for change. 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 options for new way of delivering services which meeting standards set by commissioners and which are sustainable.

Outline timetable for Phase 1 – Case for change

Phase 1 – 2014/15			
Dates	Activities		Outputs
March – June	Scoping / Clinical Standards / Baselines	<ul style="list-style-type: none"> Refining scope and case for change 	Agreed Scope
			Agreed Clinical Standards
			Agreed Baselines
June – October	Issues Consensus	<ul style="list-style-type: none"> Resilience meetings with Trusts Confirm and Challenge Events 	Shared understanding of Issues
October – December	Developing new models new models for change	<ul style="list-style-type: none"> Clinical Design Events 	Development of clinical Options
			Outline Business Case for Change

5. Potential impact 2015/16 and beyond

Governing Bodies will be asked to review and consider the outputs and recommendations from each of the clinical work-streams on completion of phase 1. The impact on commissioning intentions and contracts in 2015/16 will be limited. The likely consideration for 2015/16 will be a result of the work from the Specialty Collaborative work-stream with a focus on ophthalmology out of hours and OMFS services.

Potential opportunities to achieve the programmes objectives of safe and sustainable services that require transformational service change will be presented to Governing Bodies as an outline case for change following the end of phase 1.

6. Recommendation

Governing Body is asked to:

- Note the progress that has been made in establishing the programme.
- Receive the outputs from the clinical work-streams at the end of phase 1

Will Cleary-Gray
 Programme Director
 23 September 2014