

<b>Title of paper:</b>	Better Services, Better Value
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<b>Date:</b>	9 <sup>th</sup> May 2013
<b>Locality:</b>	All
<b>Meeting:</b>	Surrey Downs Governing Body 17 <sup>th</sup> May 2013
<b>Agenda item:</b>	9
<b>For:</b>	Decision
<p><b>Brief summary:</b></p> <p>This paper asks the Governing Body to consider the proposal to launch public consultation on the Better Services Better Value proposals outlined in the Pre Consultation Business Case.</p> <p>The CCG Governing Body note that the Better Services Better Value (BSBV) Programme, in which the CCG has been actively participating since the end of 2012, has recommended options for health service improvement, including configuration of acute hospital services, in South West London (SWL) and Surrey Downs.</p> <p>In order for CCGs to make a decision on whether to progress to public consultation on the proposals put forward by the BSBV programme, and in accordance with joint decision making under the new commissioning arrangements that came into place on April 1st 2013, all CCGs must reach a common consensus.</p> <p><b>Decision:</b></p> <p>The Governing Body is asked to agree, as set out in the attached paper, whether it wishes to go out to consultation on the basis of the pre-consultation business case.</p>	

**Quality and patient safety issues:**

From this clinically led process the PCBC is driving acute quality and safety standards through ensuring compliance with Royal College and London Quality standards. Over 100 clinicians have reviewed clinical evidence to recommend a set of clinical standards which determine the proposed clinical models of care.

In addition to the BSBV work with SWL the CCG Head of Clinical Quality is involved in the contract review meetings for Surrey and Sussex NHS Hospital Trust and has close liaison with the quality commissioning leads for Ashford and St Peters Foundation Trust and Royal Surrey Foundation Trust. The CCG expect to work in partnership with the lead Surrey CCGs to drive quality standards for all hospitals and the BSBV clinical proposals will be brought into these discussions. If the clinical model is supported following a public consultation then the quality and contracting team would expect to drive Surrey standards in conjunction with the funds transferring with activity shifts.

**Financial issues:**

The proposals in the PCBC are modelled using Surrey Downs CCG financial assumptions and anticipated activity shifts. They represent an improved financial position compared to the “no change” scenario.

The assumptions assume £51m capital is required outside of the four BSBV Trusts; the source of this is not as yet identified. Ashford St Peters and Royal Surrey as Foundation Trusts will be able to make their own business case to secure capital and have confirmed support for the activity flows. Surrey and Sussex Hospital Trust have equally supported the transfer of activity assuming associated funding increases from activity payments to support the step change in service and capital need. The preferred models have been selected with consideration of ability to access capital as a factor and the return on capital investment is demonstrated.

**Workforce issues:**

The current shortfalls in workforce are discussed in chapter 2 of the PCBC. Future models are explored in chapters 3 and 4. Workforce requirements to deliver the proposed clinical standards have helped shape the proposed clinical models. The degree of work undertaken to date is commensurate with ensuring viable options for a public consultation exercise. Models would still continue to be explored and discussed through any consultation period. A business case would be presented to the CCG prior to any decision on future service models (anticipated early 2014) and this would include workforce. If a decision is subsequently made then the implementation plans will include workforce plans in greater detail.

**Statutory compliance:**

The PCBC paper proposes that a substantial development is required to improve the quality of care offered. If supported then we would have an **extensive consultation with the local authority Overview and Scrutiny Committees (OSC)** and the general public for a period of 3 months. The consultation plan has been agreed with the Joint OSC. Consultation provision was contained in Section 244 of the National Health Service Act 2006.

Legal advice has been sought to help inform the appropriate level of engagement and consultation. Also to ensure all processes to date, and proposed, are sound and minimise any risk of process concerns which could lead to Judicial review.

An **integrated impact assessment** has been undertaken as a pre consultation scoping and will be further developed during consultation. The report has highlighted those groups most likely to be affected by changes by service area and some of the potential impact.

The preliminary analysis describes potential for positive impacts from improved quality. It also highlights potential negative impacts of travel, unfamiliarity with changed services and journey times. Also potential for demand pressures on London ambulance services and the South East Coast Ambulance Service and provider resilience. The groups identified as most likely to be affected are those with disabilities, older people, Black, Asian and minority ethnic (BAME), children and deprived communities. For Surrey Downs the Gypsy, Roma and Traveller community in Surrey is the fourth largest in Britain and will need consideration.

Potential impacts and mitigations will be further understood in phase 2, the mid consultation phase which offers the work in greatest depth and then phase 3 of the impact assessment.

**Conflicts of interest:** The CCG maintains a register of interests of both Members of the group and Governing Body members. This is a matter of public record and is available at each Board meeting.

Mark Hamilton is a secondary care clinician working at St George's Hospital, which forms a part of these proposals. This interest is therefore specifically relevant to the discussion on BSBV.

**Risk and assurance:**

The Risk Register references risks on:

Impediments to achieving the highest clinical standards. The BSBV proposals seek to deliver quality services addressing this risk. The CCG will work with Surrey CCG partners to drive similar quality improvements across Surrey providers. The integrated impact assessment will be used to assess improvements against any negative impact – so for example increased travel time for Surrey residents against the gain in quality achieved.

Any consultation process and subsequent decision is subject to a **potential challenge** through judicial review or possibly referral by the OSC to the Secretary of State. These outcomes would add time delay, cost and reputational risks. The process has been undertaken in a robust manner to minimise such risks.

Any further risks relate to the implementation of proposals and are explored within each option in summary in the presentation or in full in the PCBC. At this stage no decision is made on the options.

### **Committees which have previously been involved:**

In December the Surrey Downs Membership Council discussed, and supported, the need to join the BSBV programme and agreed the delegation of decision-making to the Governing Body.

At the Membership Council on 1 May there was support for the clinical standards we are trying to achieve and acknowledgment the process had been thorough and offered more opportunity for Surrey Downs to influence the outcome. There were also a number of concerns raised. These were particularly around travel times, the impact on other Surrey providers and the ambulance service, children's/paediatric care, workforce issues, primary and community care capacity and concerns about population increases.

Assurance was offered that as a Governing Body it will be necessary to have insight and resolution on these issues. Any consultation process will need to deepen the CCG's understanding or highlight further areas for consideration. It was agreed to undertake further work during consultation to respond to the issues raised. This will be achieved before any final decisions can be made on service change.

### **Accompanying papers**

- Summary of Pre-consultation business case

Additional resources which Governing Body Members may wish to consult:

Pre-consultation business case

<http://www.bsbv.swlondon.nhs.uk/document-library/>

**ATTACHMENT 7**

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