

Open Report on behalf of Dr Tony Hill, Chairman of the Lincolnshire Health and Care Programme Board

Report to:	Health & Wellbeing Board
Date:	9 May 2014
Subject:	Lincolnshire Health & Care Programme
Decision Reference:	
Key decision?	No

Summary:

The Programme Vision is for: 'A sustainable and safe health and social care economy for Lincolnshire.'

An earlier presentation to the Board will have covered recent progress in the Lincolnshire Health & Care Programme (LHAC).

This paper looks to the immediate future and addresses:

- The process for developing the proposal for change and business case
- Assurance
- Formal decision making on the proposal and business case
- Formal consultation
- Responding to the formal consultation and agreeing the final proposal for change and business case.

A revised summary timeline for the programme is attached as Appendix A that will have been considered by the LHAC Programme Board on the morning of 9 May.

Recommendation(s):

Note the processes set out in the report that are focused on:

- developing robust proposals for a sustainable and safe health and social care economy for the future
- achieving external assurance on the proposal
- consulting widely on the proposal
- responding to feedback in the final proposal
- robust decision making throughout

Note the revised programme plan.

Agree an additional meeting on 29 July as part of decision making on the proposal and business case for consultation.

Agree a meeting at the end of January as part of decision making on the final proposal and business case.

Alternatives Considered:

1. Not applicable

Reasons for Recommendation:

Recommendations will promote achievement of the Lincolnshire Health & Care Programme vision

1. Background

Process for developing the proposal for change and business case

A high level blueprint including 22 'big ideas' was developed in LHAC Phase 1 and approved at HW Board in late 2013, having also been approved by all the governing bodies of LHAC partners.

The early stages of Phase 2 have developed the blueprint and ideas further. This has been done through three meetings of the four Care Design Groups set up for Phase 1, culminating in a Care Summit on 8 May.

Care Design work has been informed by external facilitation and technical input from Pricewaterhouse Coopers LLP and input from informal engagement with a wide range of stakeholders across the county including Health Watch.

Similar work is also underway to develop the scope and deployment of Neighbourhood Teams. These Teams are not an end in themselves but a means of delivering a more proactive approach in Lincolnshire.

In addition to Care Design, work has been done to establish the current state of several enablers; Workforce, Transport, Information Management & Technology, Estates and Contracting.

Over the next 6 weeks, modelling of the interaction between these, including costs of change and re-provisioning services, will continue and will produce a proposal for change and business case. This will, of course, be revisited following formal consultation.

This stage will include impact assessments and options appraisals for filtering down from a long list to those robust enough for consultation.

Assurance

Assurance of the proposal will involve internal and external mechanisms.

Internal assurance of clinical options has come through engagement of senior clinicians in Care Design.

Internal assurance of financial issues is through the LCC / NHS Finance Officers Group.

LHAC is identifying significant changes to services and so will be subject to mandatory external assurance from the NHS Area Team. There is no mandatory external assurance for social care changes. LHAC is the first programme to go through the new assurance process in East Midlands.

NHS Assurance requirements for major change and reconfiguration are set out in Planning & Delivering Service Changes for Patients (December 2013).

They are focused on providing assurance that the four tests set out in the 2014/15 Mandate from the Government to NHS England are evidenced:

- strong public and patient engagement;
- consistency with current and prospective need for patient choice;
- a clear clinical evidence base; and
- support for proposals from clinical commissioners.

In addition, proposals for change must be supported by a business case that takes account not only of the four tests but also clinical sustainability within available resources and underpinned by robust economic and financial evidence.

It is important to note that failure to satisfy NHS assurance will stop the proposal from progressing to formal consultation.

Assurance mechanisms are:

1. NHS England external assurance
2. Health Gateway reviews
3. Clinical Senate

Health Gateway and Clinical Senate are seen as providing independent advice to assist the NHS England external assurance. However, of the three mechanisms only NHS Gateway (based on OGC Gateway) is well established with extensive published information. LHAC is the first programme to go through this process in the region.

NHS England external assurance operates in two stages; a strategic sense check followed by, if necessary, an assurance checkpoint. Assurance will be proportional but a minimum is external assurance before a proposal goes to formal public consultation.

CCG Chairs and Officers, Programme Office and PwC attended a strategic sense check on 30 April.

We gained very useful information about how the assurance process will work in practice. They welcomed the fact that the draft revised programme plan we shared with them made specific provision for formal assurance prior to and after formal consultation and we agreed to liaise regularly throughout the next few months.

Their overall verbal feedback was that they were 'very impressed' with the programme and with the way that we had managed to keep our 'organisationally agnostic' focus. Formal written feedback will follow.

Various helpful suggestions were made that are being addressed through the programme.

Health Gateway Reviews are well established and based on the Office for Government Commerce Gateway process. They aim to provide free and independent confidential peer review support. For more detailed information please see <http://healthgatewayreviews.org.uk>

LHAC hosted a Health Gateway 0 review on 8-10 April 2014.

Whilst some outcomes of the peer review feedback were disappointing, there were no big surprises. It is clear that partners expressed concerns about the pace of activity whilst recognising that we need to keep up momentum.

Partners and the Gateway Team also recommended that public consultation could be more effective if delayed until September; thus providing more time for development and ownership of the Proposal and the consultation process.

That is being implemented as demonstrated by the revised programme plan.

Some recommendations were also made about the PMO operation.

The same team has been requested to revisit as part of formal assurance of the Proposal after it has been to this Programme Board but before formal decision by Commissioners. The draft revised programme plan sets this in early July. It is possible that Gateway will also carry out an 'assurance of action plan' for the April review earlier.

Full details of the Health Gateway review and action plan have been shared with LHAC Programme Board.

Clinical Senate

Dialogue is ongoing with colleagues from the Clinical Senate.

Originally it was planned to undertake a formal review of the CDGs on 12 and 13 May 2014. Following feedback from NHS Gateway and the CDGs so far, it has

been agreed to undertake a desktop exercise of the outputs of the CDGs following the Care Summit

Some members of the Senate have attended the CDGs. Discussions have taken place to provide extra support to the urgent Care Group.

A formal review will then be timed by the clinical senate once the final outputs of CDGs has been agreed to fit in also with the timings of the Assurance process. Terms of reference are being developed by the Senate for agreement with us.

Formal decision making on the proposal and business case

CCGs as the health Commissioners are required to satisfy themselves that proposals meet the NHS mandate and other requirements.

LHAC proposals are also likely to involve a Key Decision for the County Council.

Provision has been made for the proposal and business case to go to the following for decision by Commissioners in late July:

- Health Scrutiny Committee
- 4 CCG Governing Bodies
- LCC Adults and Children's Scrutiny Committees
- LCC Executive
- Health & Wellbeing Board (see recommendations)

Papers will be in the public domain from 16 July (5 working days before the first meeting).

Parallel to Commissioners' decision making, Providers will have the opportunity to debate the same information at their governing bodies.

Formal consultation

Formal consultation mechanisms will be developed alongside the proposal and business case.

A third party will be procured to operate the consultation and analyse feedback. Specialist external legal advice is in place.

It is planned that the format for formal consultation will be approved by LHAC Programme Board on 6 August. The period from then until consultation starts will be taken up by final amendments, printing, distribution, web site etc.

Formal consultation is programmed to run for 12 weeks from 3 September. Feedback will be analysed throughout and emerging findings reported to LHAC Programme Board on 3 December.

Responding to the formal consultation and agreeing the final proposal for change and business case

We anticipate that feedback from the formal consultation and continuing financial modeling will initiate some modifications to the proposal and business case.

This will proceed through a similar process to the proposal for formal consultation, scheduled to start with LHAC Programme Board on 7 January, updated NHS assurance by mid January with formal decision making by 30 January including HW Board (see recommendations).

The programme will then have completed design and will move to implementation. The nature of that implementation and governance will depend on the final proposal for change and business case, but a report will be brought to HW Board about those arrangements.

2. Conclusion

Actions set out in the report will promote achievement of the programme's vision.

3. Legal Comments:

Not applicable at this stage

4. Resource Comments:

Not applicable at this stage

5. Consultation

a) Has Local Member Been Consulted?

n/a

b) Has Executive Councillor Been Consulted?

n/a

c) Scrutiny Comments

This report includes information on how formal decision making will take place. These have been discussed with relevant portfolio holders.

d) Policy Proofing Actions Required

The report sets out that impact assessments will take place.

6. Appendices

These are listed below and attached at the back of the report	
Appendix A	Draft Revised Programme Plan

7. Background Papers

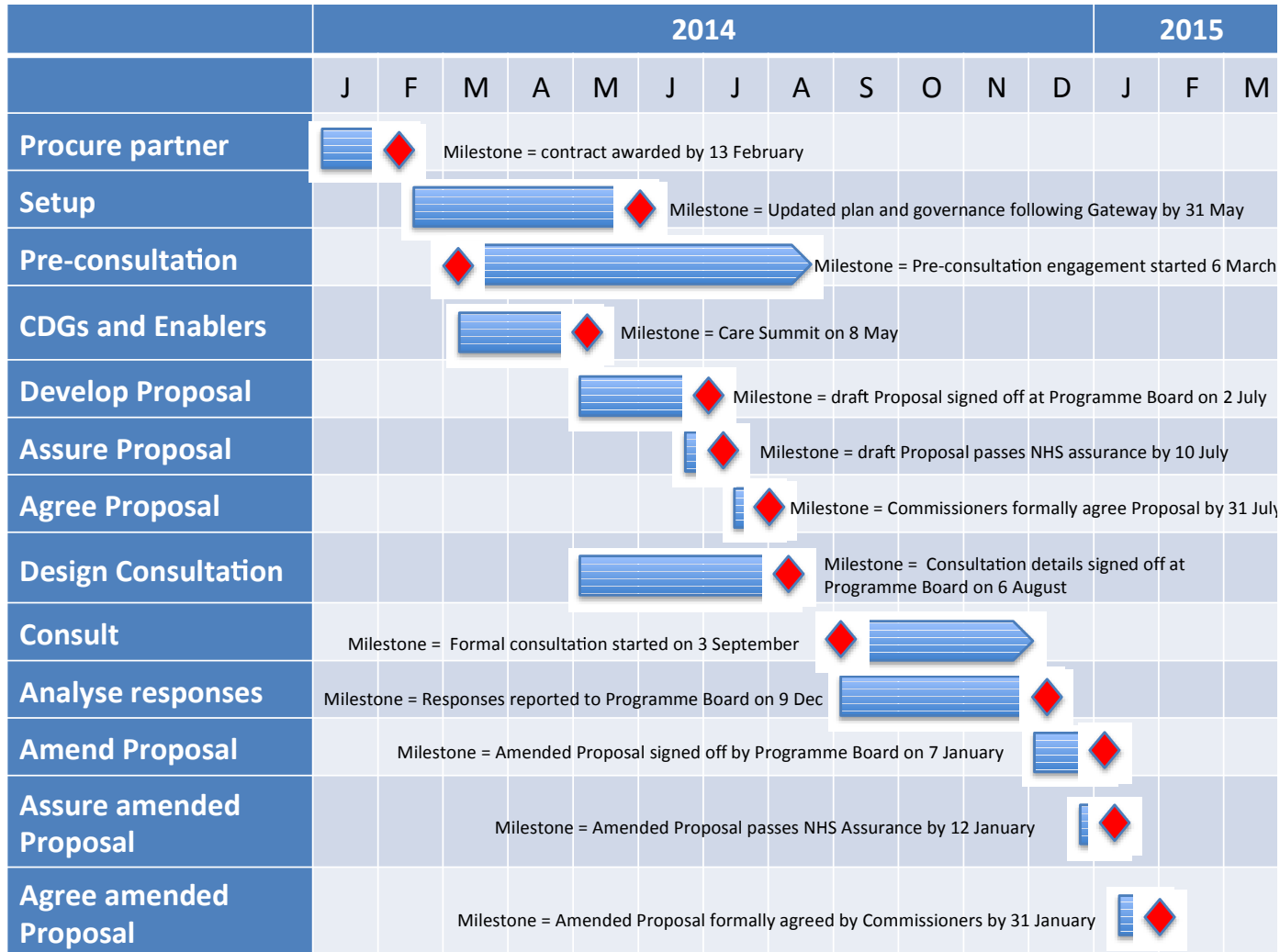
The following background papers as defined in the Local Government Act 1972 were relied upon in the writing of this report.

Document title	Where the document can be viewed
Lincolnshire Health & Care Programme Working Papers	County Offices, Lincoln

This report was written by David O'Connor, who can be contacted on or lhac@lincolnshire.gov.uk.

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Appendix A – Draft Revised Programme Plan



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