Nottinghamshire County Council

Report to Health and Wellbeing Board

17th April 2013

Agenda Item: 4

REPORT OF NEWARK AND SHERWOOD AND MANSFIELD AND ASHFIELD CLINICAL COMMISSIONING GROUPS

DEVELOPING VIABLE OPTIONS FOR SHERWOOD FOREST HOSPITALS AND SURROUNDING HEALTH ECONOMY THROUGH A PARTNERSHIP TRANSFORMATION APPROACH

Purpose of the Report

A presentation was provided to the November 2012 Health and Wellbeing Board from the Interim Chief Executive Officer of Sherwood Forest Hospitals setting out how the Foundation Trust is responding to the particular issues relating to financial viability and governance that gave rise to intervention by the Foundation Trust regulator (Monitor) in October 2012. A written report was provided to the January 2013 meeting of the Health and Well Being Board describing the "whole health economy" approach to transforming primary, secondary, community and social care services, which is being led through the engagement of senior leaders in the Mid-Nottinghamshire integrated Care Transformation Board. Further verbal updates have been provided. This report describes progress to date in ensuring the sustainability of the local health economy, and also the steps being followed by Sherwood Forest Hospitals to return to regulatory compliance.

Information and Advice

A. Update on the Transformation Work

1. Following extensive initial quantitative baselining work, the Mid Nottinghamshire Transformation Board has established a series of "Care Design Groups". These groups have been constituted to develop future models of health and social care under the broad headings of elective, urgent, frail elderly and long term conditions, and women's and children's services. The programme has engaged with clinicians and social care leaders to agree the scope of work in each of these areas and gather ideas for the development of future models of care. Patients, carers and other key stakeholders have also been involved to ensure that initial ideas are developed in to fuller, implementable options. It is anticipated that these groups will remain active throughout subsequent engagement about, and implementation of, the ideas generated by the transformation work.

2. Some potential design options arising from the work of the Care Design Groups will be included in an initial overview document that will be presented to the Integrated Care Transformation Board by the end of April 2013. Once the ideas have been formulated and collated, these will be subject to wide engagement and consultation.

3. Underpinning the development of these ideas have been some core design principles as follows;

- Prevent illness or crises wherever possible, and transfer resources (people, physical assets and finance) from reactive services to support this.

- Shift care closer to home, or to better value care settings where it can be demonstrated to provide improved outcomes

- Only provide services where there is the critical mass/volume for the services to be delivering best outcomes and be economical; but also to repatriate activity from out of area/private provision where this delivers better outcomes and is in line with patient choice.

- Optimise the use of fixed cost assets (buildings and equipment) but ensure that activity is provided locally where appropriate (acute, community, private and non-healthcare).

- Provide single points of access for patients, and integrated provision of services (aligning workforce as required)

- Use all of the above to enable the system to cope with growing demand within stable or reducing resource constraints.

4. The work is proceeding well with the full collaboration of commissioners and providers, and the engagement of patients and stakeholders at the design stage has been invaluable in shaping ideas. The work must, and will continue to, focus on meeting the needs of the local population. That notwithstanding the programme leaders are cognisant of the requirement to factor in the views of a wider range of stakeholders (both outside of the local geography and the public sector) to ensure that in securing future services for its population they have taken account of the requirements to ensure appropriate choice of services and also collaboration and competition with regard to the organisations established to do so.

B. Update on Sherwood Forest NHS Foundation Trust

1. Under the terms of the formal powers of intervention under section 52 of the National Health Services Act 2006, Monitor required the Foundation Trust to;

2. Commission reviews of quality and board governance and also a diagnostic review to assess the current financial position.

3. Report regularly on progress towards the delivery of key milestones to be stipulated by Monitor, and to meet Monitor on a regular basis until it is assured that the Foundation Trust has returned to full and sustainable compliance with its terms of Authorisation. Good progress has been made to date in each of these areas as follows;

- Quality governance; a key recommendation was that clinical governance was not given sufficient profile at Board level and across the organisation. A series of changes had been made, including the establishment of a committee of the Board to focus exclusively on clinical governance, quality and patient experience.

- Board governance; a number of key leadership changes have been made and recruitment is underway to ensure that the Board has experienced and appropriately skilled individuals. Furthermore, an action plan has been prepared and shared with Monitor and progress against the plan's milestones is considered at each monthly Board meeting.

- Financial governance; the action plan developed from the diagnostic review has been shared with Monitor and its performance is reviewed monthly at Trust Board meetings. A key focus is on creating a robust financial turnaround plan.

4. Furthermore, the Foundation Trust is participating in the review in to the quality of care of 14 hospital trusts in England. On 6th February 2013 the Prime Minister announced that he had asked Professor Sir Bruce Keogh to review the care and treatment provided by hospitals that had over a period been outliers (referenced as 2 years for either Hospital Standard Mortality Ratios – HSMR or Summary Hospital Level Mortality Indicator – SHMI). The reviews are being conducted in three phases;

- Gathering and analysing a wide range of information
- Review Team comprising clinicians, patients, managers and regulators to conduct an on-site review;
- The results will be brought together at a Risk Summit involving representatives across health organisations and partner organisations to review the results and consider any necessary actions.

5. The Trust was aware in October 2012 of the poor performance against the HSMR indicator whilst in SHMI, the Trust performed within acceptable parameters. A mortality review was commissioned from external experts who reported in December 2012 and set out a number of measures that should be taken in addition to those already implemented. The actions already taken have been publicly shared and the Trust will continue to review performance and the success of measures implemented at monthly Board meetings. The external review being developed by Sir Bruce Keogh is very much welcomed by the Trust to review progress to date and alert the Trust to any further measures it can take to improve treatment provided.

C. Next Steps

1. The initial baselineing, design and outline "blueprint" stage of the transformation work will conclude in late April 2013. In essence, the "blueprint" will comprise;

- Potential future options for the delivery of health and social care
- An assessment of all costs in relation to forecast available resources, taking account of estates, information technology and transition costs/ implications.

2. This will provide senior leaders and the health and social care community and service users with a description of viable options for services over the next five to ten years, and this will be in line with projected health and population needs.

3. They will then be used to create an engagement plan and document, in order to ensure that stakeholders can remain meaningfully involved in taking the ideas forward in to real plans for implementation. If appropriate, areas for statutory consultation will be clearly identified.

4. In parallel, Sherwood Forest Hospitals NHS foundation Trust will be concluding its refreshed strategy (the “Monitor Annual Plan”) for submission at the end of May 2013 and this will be informed by the “blueprint” outputs of the transformation work and the guiding principles therein.

5. Work will be ongoing throughout the summer of 2013 to ensure appropriate engagement and also alignment of future plans for commissioning and providing health and social care services across Mid Nottinghamshire

RECOMMENDATION/S

It is recommended that the Health and Wellbeing Board:

1. Advises the CCGs on how the Health and Wellbeing Board would like to be engaged in the development of plans for sustainable services across Mid-Nottinghamshire.

2. Notes the progress made to date in the programme of work underway to secure a vision for sustainable hospital and community based services in Mid-Nottinghamshire in the future.

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