

North Yorkshire County Council
Shadow Health and Wellbeing Board

Wednesday 28 March 2012

NORTH YORKSHIRE & YORK REVIEW IMPLEMENTATION PROGRAMME

Jayne Brown
Report of the Chief Executive – North Yorkshire & York PCT Cluster



North Yorkshire and York

**SUMMARY IMPLEMENTATION PLAN AND AGREED
WORKSTREAMS FOR NYY REVIEW IMPLEMENTATION PROGRAMME**

Purpose of Report

The report provides an update and sets out the work streams and broad timelines for the NYY Review Implementation Programme.

1 Introduction

Following discussion on the possible work streams and priorities for the NYY Review implementation, it is clear that the 44 recommendations from the Review fall into a number of broad themes which can be used moving forward.

Some of the recommendations are down solely to individual organisations or even individuals and will be pursued but do not necessarily need any coordination or facilitation from this programme. Other recommendations can only be taken forward strategically by the whole health and social care economy working together. Due to the complexity of the Health and social care system, in reality all the themes overlap and progress in one also contributes to the others.

2 Work Streams

It has been agreed that there should be 5 major strategic work streams (acknowledging overlap and interdependencies). These are:

1. The development of integrated models of care and their impact on existing hospital sites.
2. Reviewing the bed base as a result of making improvements to the care and treatment of patients with long term conditions and urgent care.
3. Reducing commissioning demand of elective care activity.
4. Reducing and rationalising the health and social care estate
5. Reviewing the transport implications (both 999 blue light and patient transport).

In addition, the Review highlights actions and recommendations in relation to primary care, mental health services, and public health. These will be taken forward by named and responsible individuals / organisations under this programme of work, but the programme is more light touch monitoring and support rather than direct intervention, management and control.

In addition there are three cross cutting work streams.

1. Financial modelling of scenarios
2. The Development of a communications, and patient engagement strategy
3. Workforce implications for each organisation.

3 Work stream 1 - Development of Integrated Models of Care and their impact on existing hospital sites

The objective of this work stream is to:

1. Ensure that a vision is created for the potential integration of services across health and social care in each CCG locality of North Yorkshire (acknowledging that this will be partially different for each).
2. Work with the respective organisations to help translate the vision into a specific set of proposals for service change (across health and social care) including consideration about the impact of these changes on existing hospital sites.

4 Work stream 2 – Reviewing the number of beds required from improved urgent care services and patients with Long Term Conditions

The objective of this work stream is to:

1. Ensure there are plans developed to improve the care of patients with Long term Conditions and those who require urgent care or who have early signs of dementia and to review the impact of these improvements on the necessary bed base across all settings.
2. Facilitate and support the development of specific plans for implementing the levels of care project across all localities.
3. Facilitate and support the further development of telehealth, telemedicine and telecare across the system to support this objective.
4. Ensure that all the elements of existing plans on this topic are brought together to provide an overall costed picture of what is being planned for and to highlight the ultimate end point of these plans.

5 Work stream 3 - Demand Management

There is already much work underway under this theme. From the work undertaken to date, there appears to be no immediate need for significant input from the central

project team to support this work. What is needed more is to develop an overview of what is happening, and to introduce more project discipline to ensure that plans are delivered in a timely manner and tracked through to completion. In addition, given actions to manage demand will impact on the planning of bed requirements and the future of the community hospitals, plans need to be quantified wherever possible and fed into work stream 1.

The proposed objectives of this work stream are therefore:

1. To collect and evaluate the current proposals being developed in each CCG to manage elective demand.
2. To review the plans, and where necessary, clarify timescales, milestones and delivery outcomes,
3. Where necessary, to assist in quantifying the impact of the proposed actions on bed numbers and ensure that these are fed where appropriate into work stream one.
4. Work with the key PCT /CCG staff to review threshold levels and pathways to identify the potential for further initiatives and ideas to manage demand.

6 Work stream 4 - Review of Estate Rationalisation.

Consideration of the estate in relation to existing community hospitals will be picked up as a consequence of work stream 1. This work stream is focused on other estate held by the PCT, together with estate owned by the Local Authorities and / or the FT/NHS trusts. The Review has a very strong theme about reviewing and rationalising the estate. This appears in 8 of the 44 recommendations. The PCT has already commissioned a desk top review of its current premises (around 100 properties) which amongst other things will identify short, medium and long term uses and alternative use potential. This work will also indicate the potential disposal options and values of freehold and leasehold properties. The proposed objective of this work stream is to:

1. Ensure that this work is taken forward actively and in conjunction with an assessment of potential local authority opportunities, to ensure that surplus property is disposed of as quickly as possible and ideally before April 2013 to ensure the financial benefits are attributable to the North Yorkshire system.
2. Ensure that a strategy is developed for each of the retained estate which will ideally facilitate public sector integration and co-location, and the identification of financial savings and the possible identification of further surplus properties.

7 Work stream 5 – Reviewing the Transport Implications

Although not specifically mentioned in the NYY Review report, there are clearly transport implications arising from all of the potential service changes and estate reviews signalled by current thinking. There are two key aspects to this:

- 999/ urgent transport implications of taking patients into an acute facility.
- Patient transport services.

The proposed objectives of this work stream are:

1. To ensure that the implications of service changes and estate rationalisation on the 999/urgent transport services provided by the Yorkshire Ambulance Service (YAS) and North East Ambulance Service FT are properly considered and evaluated as a whole .

2. To review the current pattern of patient transport services across the system with a view to both improving services to patients and families and reducing costs in the context of any changes emerging from this programme of work.

8 Other Areas of Work

Taking forward the other areas of work from the NYY Review will be led by named lead organisations/individuals. It is not proposed that there would be any significant input into this work from the project team.

Review Recommendations	Proposed Responsibility
Review Mental Health beds and integrates services	The two mental Health FTs (LPFT and TEWV).
Strengthen liaison Psychiatry	CCGs
Examine Continuing care cost alignment	PCT
Develop new approach to substance misuse	LPFT and TEWV
Commission new community projects and schemes (in conjunction with the visions in workstream 1).	CCGs and LAs
Ensure evidence based investment for prevention	LAs and Public Health
Ensure PH services are integrated	LAs and Public Health
Develop formulary across primary and secondary care	PCT
Review number and distribution of GPs	PCT (with National Commissioning Board)
Develop code of practice for primary care	PCT and LMC
Review high level of (GP) exception reporting	PCT and CCGs
Provide clear information to patients	CCGs/GPs through CCGs

9 Timescales

The programme team are currently developing a very detailed plan of milestones, timescales and responsibilities. This is partially complete at this stage.

The following is a summary of the key milestones and timescales which form the basis of the work programme.

Theme 1 - Vision for Integrated Models of Care:

For each locality:

1. Develop potential vision for integrated model of care and impact on each hospital site in locality. Patient engagement and discussion of potential visions and development of firm proposals summer 2012.

2. Formal public engagement (if and where necessary) Autumn 2012 onwards.

Theme 2 - Bed Review from Improved Services Programme

For each locality /DGH

1. Stocktake of existing plans and thinking for next 3 years spring 2012.

2. Confirm, challenge and finalise plans summer 2012.

Theme 3 - Demand Management

1. Stock take of existing CCG plans and thinking for next 3 years spring 2012.

2. Confirm and challenge of existing plan and agree impact of plan on bed numbers and services summer 2012.

Theme 4 - Estates rationalisation

1. Complete desktop review spring 2012.

2. Complete target disposals to realise target savings end March 2013.

3. Review remaining properties and assess service needs autumn 2012.

Theme 5 - Review Transport Implications

Still being assessed and agreed.

10. Next steps

The detailed programme of work is currently being developed into a full and detailed project plan. However, all work streams are making good progress and are broadly on track to meet the timelines summarised above. It is envisaged that a clearer vision of the implications of this work and the emerging options for the way forward will be available for wider discussion with Health and Well Being Boards and the wider public by early summer.

Jayne Brown
Chief Executive – NYY PCT Cluster

Co-author: Alan Wittrick, Programme Director

23 March 2012