

Item Number: 7

**NHS NORTH YORKSHIRE AND YORK
CLUSTER**



North Yorkshire and York

BOARD MEETING

Meeting Date: 22 January 2013

Report's Sponsoring Director:

Chris Long
Chief Executive

Report Author:

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Communications and Engagement
Programme Director, North Yorkshire

1. Title of Paper: North Yorkshire and York Clinical Services Review Report

2. Strategic Objectives supported by this paper:

Goal 1, 5 and 6: To support and receive assurance from the North Yorkshire and York Clinical Commissioning Groups in commissioning high quality, safe, effective patient care, seeking to improve the quality of care wherever possible

Goal 4: To support and receive assurance from the NYY CCGs in delivering a clinically and financially sustainable healthcare system through delivery of the Quality, Innovation, Productivity and Prevention Programme (QIPP) and North Yorkshire Review Programme to meet the needs of the people of North Yorkshire and York

3. Executive Summary

In 2011, an independent review of North Yorkshire and York was published. As the next phase of this work, in July 2012, the North Yorkshire health community (NHS North Yorkshire and York, the five North Yorkshire CCGs, Harrogate and District NHS Foundation Trust, York Teaching Hospital NHS Foundation Trust, Airedale NHS Foundation Trust, South Tees Hospitals NHS Foundation Trust, Yorkshire Ambulance Service NHS Trust) tendered for support to take the 2011 North Yorkshire Review, to the next level of analysis.

The health community worked together to examine the current pattern and cost of services and to identify opportunities to restructure services across the system to maintain or ideally improve the service offering, but at lower overall cost to the system. KPMG have been supporting the health community in this work.

The review ensured views from across the healthcare system have been captured, including over 150 clinicians and managers, and the system leaders. Potential options were considered against a framework of stages. Key enablers to ensure delivery were identified.

The report which will be presented to the Board on 22 January provides further detail around the emerging themes from the review to be taken forward in further phases.

4. Risks relating to proposals in this paper

Failure to take forward the next steps and critical path outlined in the report would lead to significant financial and quality failures in the duty to provide safe and effective healthcare for North Yorkshire residents.

5. Summary of any finance / resource implications

All financial implications in relation to items mentioned in this report are being actively managed and monitored by the appropriate department/group.

6. Any statutory / regulatory / legal / NHS Constitution implications

In line with statutory processes.

7. Equality Impact Assessment

Documentation made available in additional formats on request.

8. Any related work with stakeholders or communications plan

Paper is available on the internet and is shared with stakeholders. Further work will be required to develop a communications and engagement strategy.

9. Recommendations / Action Required

The Board is asked to:

- Note the process outlined in this paper to deliver this phase of the North Yorkshire and York Clinical Services Review.
- Approve the North Yorkshire and York Clinical Services Review report.

10. Assurance

The Board will be provided with a regular updates and from 1 April updates will be made through the CCG governing bodies in conjunction with the NHS CB Local Area Team.

For further information please contact 01423 859616

NHS NORTH YORKSHIRE AND YORK CLUSTER

Board Meeting: 22 January 2013

North Yorkshire and York Clinical Services Review

1. Introduction

- 1.1 The purpose of this paper is to inform the Board about the process that has been undertaken to deliver the North Yorkshire and York (NYY) Clinical Services Review, the next phase in a series of the North Yorkshire and York independent review.
- 1.2 The full report outlining the context around the case for change and the high level strategy, plus the next steps and critical path to be taken forward in further phases of the review, will be presented at the Board meeting on 22 January.

2. Background

- 2.1 In August 2011, an independent review of North Yorkshire and York, chaired by Professor Hugo Mascie-Taylor was published. This made several recommendations regarding the shifting of care to community settings and the reduction of 200 or more inpatient beds as well as the introduction of strategic planning for integration between the different elements of the care sector.
- 2.2 In July 2012, the NYY health community (NHS North Yorkshire and York, the five North Yorkshire CCGs, Harrogate and District NHS Foundation Trust, York Teaching Hospital NHS Foundation Trust, Airedale NHS Foundation Trust, South Tees Hospitals NHS Foundation Trust, Yorkshire Ambulance Service NHS Trust) tendered for support to take the 2011 North Yorkshire Review, to the next level of analysis. Specifically this next stage of the review sought to understand NYY's forecast financial position by 2016/17, the size of the potential deficit based on the current pattern of provision and the increased demand as well as to identify new models of care that could potentially meet these significant challenges.
- 2.3 The NYY health community worked together from September to December 2012 to examine the current pattern and cost of services and to identify opportunities to restructure services across the system to maintain or ideally improve the service offering, but at lower overall cost to the system. KPMG have been supporting the health community in this work.

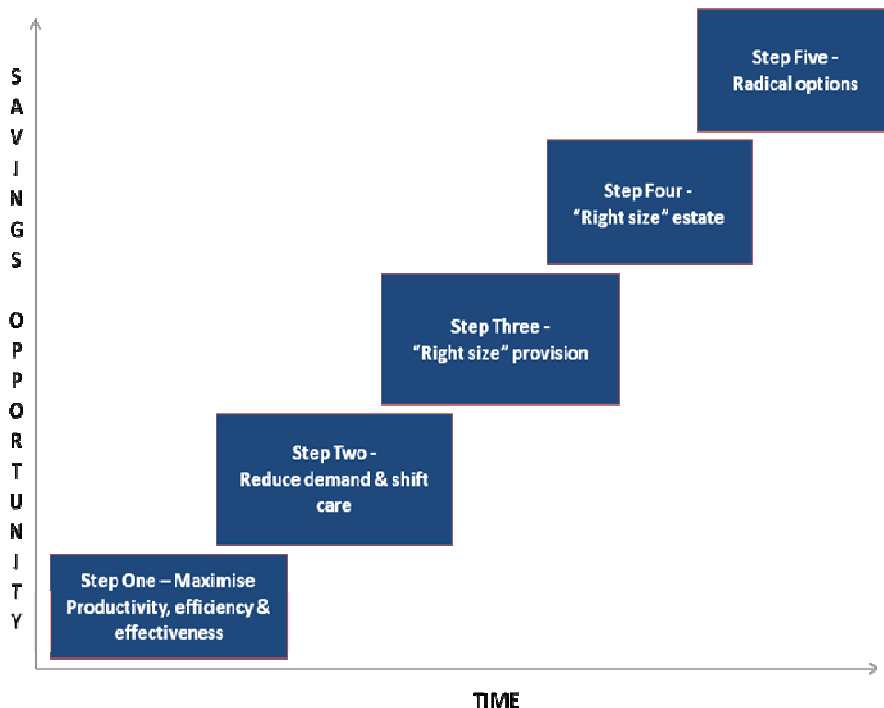
3. Approach and methodology for the review

Background to the Approach

- 3.1 The approach was facilitated by KPMG, who supported the clinicians and managers to develop a series of potential high level options that could maintain or improve the quality of services within the level of resources available.
- 3.2 The approach was both “bottom up” – working with the clinicians in the locality clinical working groups – and “top down” – with a panel of experts facilitated by KPMG to provide examples from elsewhere to bring further challenge to the system leaders. This approach ensured that the views across the healthcare system have been captured and enabled over 150 clinicians and managers across all sectors with the opportunity to contribute

Framework to consider options

- 3.3 A five stage or ‘staircase’ of stages provided the framework for potential options to be considered. The five steps are shown in the diagram below and then each of them is explained subsequently in more detail:



Step One - Maximise productivity, efficiency and effectiveness

- Examined size of the opportunity if the providers move to the top 25% performing providers in the country (upper quartile) and/or the top 10% performing providers (upper decile) across a range of productivity and efficiency indicators

- Examined potential size of opportunity generated through centralising and/or outsourcing back office and/or clinical support services
- Examined economies of scale generated through joint commissioning with the local authority

Step Two - Reduce demand and shift care

- Considered and quantified opportunities to shift care to a lower level of acuity (for instance, from a hospital setting into the community or primary care)
- Examined different options to reduce elective demand and also move more care into primary and/ or community care utilising enablers such as assistive technology where appropriate

Step Three - “Right size” provision

- Considered how care can be reconfigured across acute sites and across community hospital sites to “right size” hospital care
- Examined opportunities for potential centralisation of services across a range of specialities

Step Four - “Right size” estate

- Considered where there were opportunities to reconfigure or rationalise estate, based on exploration of steps one - three. Estate requirements are driven by the clinical strategy and service provision model and once services are centralised or demand reduced, then estate requirements change in line with the new requirements
- Examined the community hospital infrastructure and the role of the community hospitals within a pathway of care

Step Five - Radical options

- Considered any further more radical options that could be undertaken

Methodology

- 3.4 A number of workshops were held with a wide range of stakeholders, to shape the high level strategy and emerging strategic themes. For instance, to ensure strong frontline clinical input, a number of clinical working groups were run in each of the CCG locality areas. These generated options which broadly fell into the categories for steps 1 -3 in the majority of cases.
- 3.5 To generate more radical thinking, a challenge session with the system leadership was held, facilitated by KPMG, to develop ideas for steps four and five.
- 3.6 From these sessions, a number of enablers for change to support delivery of the strategy were also identified; for instance, increased use of assistive technology and local tariff.

- 3.7 The report which will be presented to the Board on 22 January provides further detail around the emerging themes to be taken forward in further phases of the review.

4. Recommendations

The Board is asked to:

- 4.1 Note the process outlined in this paper to deliver this phase of the North Yorkshire and York Clinical Services Review.
- 4.2 Approve the North Yorkshire and York Clinical Services Review report.