

Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: 18th July 2013

Agenda No: 8.3 ATTACHMENT 11

Title of Document: Better Services Better Value (BSBV) – Programme Update	Purpose of Report: To Receive and Note
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Executive Summary:

The following paper provides an update on the BSBV programme, describing the reasons for delaying the final decision to go to public consultation, setting out the further work requested by NHS England, and what the anticipated impact will be on timelines for the programme.

Key sections for particular note (paragraph/page), areas of concern etc: Whole document

Recommendation(s):

The Merton Clinical Commissioning Group Governing Body is requested to: note the attached paper for information.

Committees which have previously discussed/agreed the report: None

Financial Implications: NA

Other Implications: (including patient and public involvement/Legal/Governance/Risk/ Diversity/ Staffing) NA

Equality Analysis: NA

Information Privacy Issues: NA

Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) NA



BSBV Programme Update

Report to the Governing Body of Merton CCG

The following paper provides an update on the BSBV programme, describing the reasons for delaying the final decision to go to public consultation and setting out what the anticipated impact will be on timelines for the programme.

Background

Clinicians in south west London and Surrey Downs are clear that local services need to change to give residents better care and to ensure that services are sustainable in the future. Members will already be familiar with the reconfiguration proposals put forward by the programme, further details of which are available on the website http://www.bsbv.swlondon.nhs.uk/. NHS England continues to support the case for change and clinical service proposals but has asked us to look once more at the finances to give absolute assurance before the programme progresses to the next stage.

This is part of a process to ensure that important decisions about the future of local health services are built on solid evidence and assumptions, and it is right that we check and double check all of the work done to date before we take our proposals to the public. We have also listened to the concerns of stakeholders and MPs that we should not consult with the public over the summer, when people are often away. We want to make sure that local people are able to take part in the consultation. Given the further work to be done, the Local Committee of CCGs is now expected to meet after the summer to plan the next steps.

NHS England Assurance Process

We are currently awaiting a report on the NHS England assurance process of the BSBV programme. This will provide further details on the areas of the programme that would benefit from some further attention. Although we wouldn't want to anticipate the contents of the final report, we envisage that a specific area of focus will be on the deficit at Croydon CCG. Croydon CCG has a challenging three year programme to improve its financial position and they have worked closely with NHS England to understand the opportunities available to them to make savings through efficiencies without compromising patient care. However, the current financial position of Croydon CCG means that it would not achieve financial balance even after the

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proposals had been implemented, although its position would improve. It is acknowledged as being a bigger issue than simply the assurance of the programme, and one which the BSBV team are working closely with NHSE and Croydon CCG to resolve.

Next steps

This decision is disappointing for the clinicians who are driving these changes. It also causes further uncertainty for NHS patients and staff. However, our recommendations will be all the stronger for the additional work suggested by NHS England. We will use the intervening time to continue developing and improving our plans for consultation, meeting with local residents to discuss the case for change and the proposed clinical models, and to work with NHS England and the CCG's to ensure that our proposals ensure long-term sustainability of local health services. Finally, we will be undertaking some further work to support CCGs in developing their 'out of hospital' plans, for example by providing better care in the community for older people and for patients with long term conditions.

Following completion of the NHS England assurance process, we will then hold a meeting in common of all seven CCGs and NHS England to make a decision on whether to proceed to public consultation. Should the issues described be resolved in sufficient time, this meeting would take place at the end of August/early September, with a 12 week consultation running until mid-December.

Charlotte Joll Programme Director- BSBV July 18th 2013