

**ADDITIONAL AGENDA PAPERS**

**HEALTH AND ADULT SOCIAL CARE  
COMMITTEE**

**ITEM 5a**

**6 OCTOBER 2015**

**7.00 PM**

**COUNCIL CHAMBER, CIVIC OFFICES  
CENTRAL MILTON KEYNES**

**[www.milton-keynes.gov.uk/scrutiny](http://www.milton-keynes.gov.uk/scrutiny)**

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BEDFORDSHIRE & MILTON KEYNES

Healthcare

Review

Healthcare review update

Health and Adult Social Care Committee  
**6th October 2015**

Final Version





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## Last HASCC meeting

Recommendations from the Progress Report:

- **Develop plans** to offer more care closer to home
- **Carry out further** detailed work on the preferred options for the future provision of healthcare services delivered in hospitals
- Keep **clinical, public and patient engagement** at the heart of the Review, using the best practice tools

## Care closer to home

There are a number of initiatives already in progress that are supporting the shift towards delivering more **care closer to home**. This includes:

- **Better access to primary care** through longer opening hours and extended range of services eg. Prime Minister's Challenge Fund and Primary Care Outpatient Clinics
- **Proactive care** for the frail and elderly, and those living with long-term conditions – especially children with complex conditions eg. High Impact Team (HIT) into nursing homes and Multi-Disciplinary Teams (MDT) in primary care
- **Support** for living in their own homes eg. Age UK home to settle initiative
- Consistently **high quality care**

## Preferred options for acute services

The Review set out to generate options that:

- Offer the best overall **balance between strengthening clinical quality and sustainability**
- Better **meet the needs of a changing population and are financially affordable**

Two options emerged which could offer considerable benefits, although neither was wholly sustainable without further, more detailed work:

Bedford Hospital	Milton Keynes Hospital
Integrated care centre	Major emergency centre
Major emergency centre	Integrated care centre

During the refinement period, Bedfordshire Clinical Commissioning Group, Bedford Hospital and Bedford GPs developed an alternative model in line with NHS England's 5 year forward plan and that was tested.

## Overview of acute service models

Major emergency centre (Model 2b)	Integrated care centre (Model 4)	Bedfordshire integrated acute & community services (IACS) model
<ul style="list-style-type: none"> <li>• 24/7 consultant delivered A&amp;E</li> <li>• Emergency surgery and acute medicine</li> <li>• Level 3 Intensive Care Unit</li> <li>• Paediatric Assessment Unit and inpatient paediatrics</li> <li>• Obstetrics with low specialist Neonatal Intensive Care Unit</li> </ul>	<ul style="list-style-type: none"> <li>• 24/7 GP and A&amp;E consultant-led urgent care, incorporating out of hours GP services</li> <li>• Integrated outpatient, primary, community and social care</li> <li>• GP delivered long-term condition management</li> <li>• Specialist outpatient and day case activity, with diagnostics</li> <li>• Rehabilitation with step up/down beds and possibly with 48-hour assessment unit</li> </ul>	<ul style="list-style-type: none"> <li>• Streamlined urgent care across primary, community and acute care including integrated emergency 'hot floor'</li> <li>• Networked specialist services</li> <li>• Vertical integration of care, including:               <ul style="list-style-type: none"> <li>• Admission avoidance/ proactive discharge</li> <li>• Community beds</li> <li>• Complex case management</li> <li>• Community multi-disciplinary teams</li> <li>• Primary care risk stratification</li> </ul> </li> <li>• 7 day working delivered across the system</li> </ul>

## Preferred options for acute services

Milton Keynes and Bedfordshire healthcare colleagues continue to work together to find the right solution to fully address the current and future challenges across both healthcare systems. This process has been overseen by NHS England, Monitor and NHS TDA.

Activity undertaken in recent months has included:

- Further analysis of the detailed modelling that the CCGs have carried out to date, including a **clinical and financial review** of Bedfordshire's third option;
- further definition and **activity mapping of services** within the models;
- review and agreement of **financial viability** including revenue assumptions and capital costs;
- review of adherence to **quality and safety standards**; and
- a preliminary review of the **clinical viability and sustainability** of the models proposed by the East Midlands clinical senate.



## Ongoing stakeholder engagement

Listening to people in  
MK and North  
Buckinghamshire

Over **100** separate  
engagement opportunities  
since the programme began



- 6 **public participation forums** involving over 360 stakeholders
- 500+ stakeholders attended **neighbourhood meetings** and community events
- 300+ people at **community group** meetings including seldom heard groups

Limited activity during Purdah and through options refinement/technical modelling phase, however we continue to engage and update stakeholders:

- Healthwatch Public Participation Group (PPG) meetings to discuss care closer to home
- Met with hard to reach groups including MK youth at MySayMK to get their views on health
- Healthcare Review updates/newsletter focusing on progress on care closer to home

## Conclusion and Next steps

### Conclusion

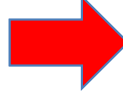
- **Continued development of the clinical and financial rationale** of the options is required
- The two CCGs to work together to **satisfy the NHSE assurance requirements**, prior to public consultation.

### Next steps

**Continue to rollout care closer to home** initiatives/embed support for people living in their own homes

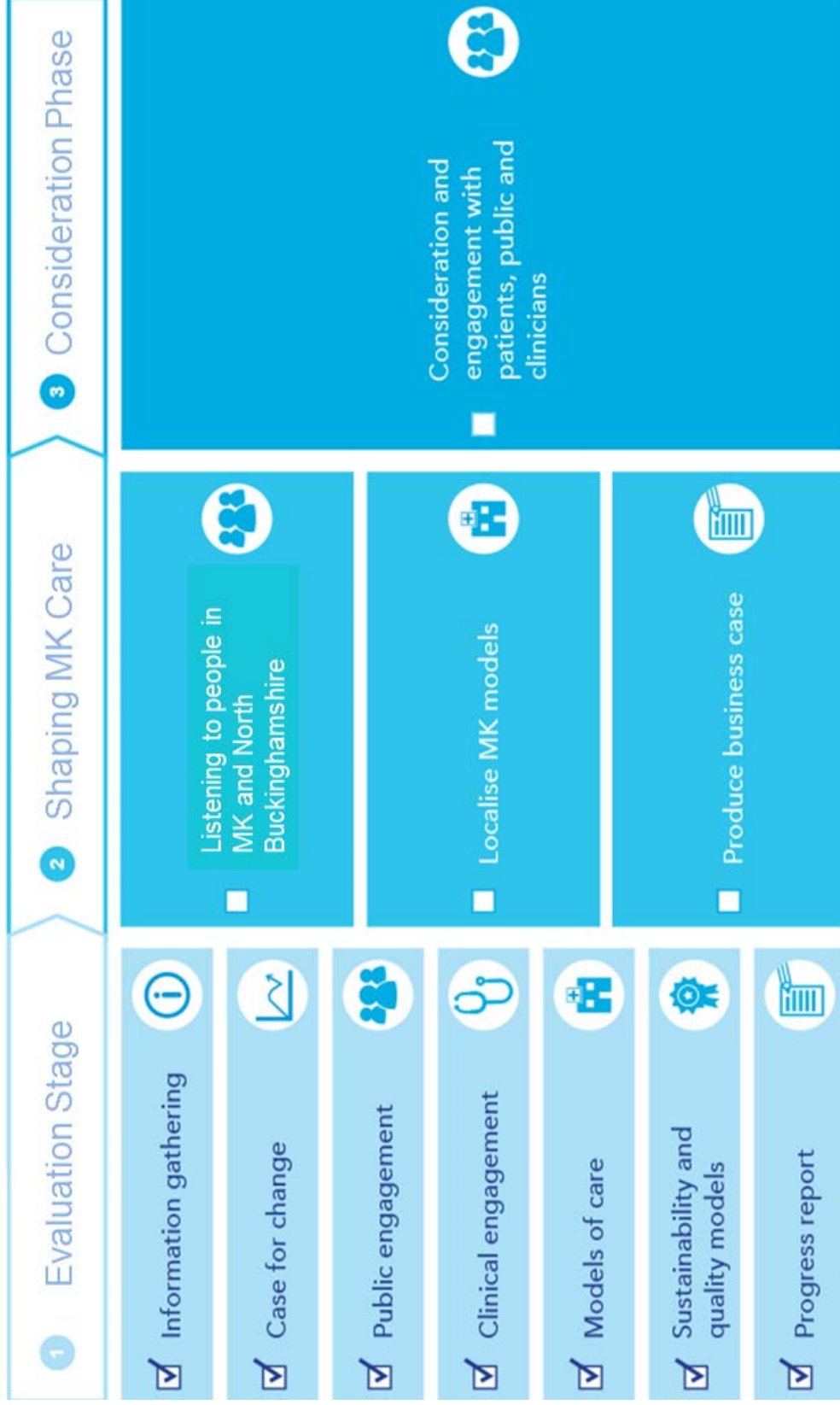
**Build on the outcomes from the Progress Report** with further work required to:

- understand and rationalise the capital investment required **and transition costs**
- **assess the possibility/impact of the IACS model in Milton Keynes**
- consider recommendations from the **Clinical Senate**
- understand the impact of proposed changes on local people to **help refine and eliminate options**
- **establish a Joint Overview and Scrutiny Committee** between the appropriate local authorities



Produce a pre-consultation business case

## Steps to formal consultation



A timetable outlining the **key milestones leading up to consultation in 2016 will be available by the middle of November 2015.**



# Questions?

