

**Better Health Programme
Joint Committee meeting**

Date: 23th June 2016

Agenda Item: 2

Title of paper	Finance and Modelling
Date of meeting	23 th June 2016
Author / Presenter	Ann Farrar
Executive Summary	<p>What are the key points to be raised?</p> <p>The Finance & Modelling Group are responsible for developing a robust baseline and modelling of all relevant data to inform and underpin the options appraisal process for the clinical model of care.</p> <p>This report sets out the process to be considered and adopted.</p>
Is a decision or recommendation required from BHP Joint Committee?	The BHP Joint Committee is requested to consider and approve the process to develop the modelling phase of the pre-consultation business case.
Additional information	None

Process to Develop the Modelling Approach to Appraise the Pre-Consultation Business Case

1. Introduction

The Finance & Modelling Group are responsible for *developing a robust baseline and modelling* of all relevant data to inform and underpin the options appraisal process for the clinical model of care.

The current state of progress is broadly in line with the project tasks, that is, production of a common and validated baseline for NHS Foundation Trusts. The next stage of development is to build the modelling system including a range of potential scenarios. The stage now being entered is to obtain the views of all stakeholders on the scenarios, which will be considered with the clinical and financial sustainability assessments. This will then allow the BHP Joint Committee to consider whether there are any implementation or other issues with the particular scenario. In doing so and whilst applying the hurdle criteria to get to a short list, then the BHP Joint Committee should be able to set out the reasons why some scenarios are not viable or feasible.

Developing the modelling approach is a highly complex undertaking and needs a reasonable period of lead in time, hence, the BHP Joint Committee are to note that a limited range of potential scenarios are to be developed following an agreed process by the Executive.

The communications and engagement group are responsible for a process to engage with the public including patient representatives, staff and key stakeholders. The process for undertaking this phase is addressed by the C&E report to the Board.

The Programme Director is accountable for the process. The process was to produce multiple scenarios by using key Board documents to produce the draft long list of scenarios, that is, the draft PID, draft clinical case for change and the principles of the draft clinical model recommended by the Clinical Leadership Group and approved by the Programme Board on 5th April 2016. A consensus from the Accountable Officers and Medical Directors has been sought and a summary of the limited range has been provided to the modelling company to develop the modelling approach. This is planned to be ready by July.

The BHP Joint Committee meetings will receive progress reports on the modelling of multiple scenarios. The process recommended is to:

- Feedback from the communications and engagement to the Executive on the range of scenarios considered or feedback received from the public engagement
- The Executive to consider and decide in conjunction with the CLG where appropriate, to run a potential scenario against the draft decision making criteria
- Recommend to the F&MG to run the potential scenario and report the findings to the Executive
- The outputs will be reported to the both the Programme Board and BHP Joint Committee. Because this is an iterative journey, it is expected that there will be more than one report to

both the Programme Board and BHP Joint Committee prior to the end of August when the pre-consultation business case requires to be ready for submission.

The BHP Joint Committee is also responsible for considering and approving this process and its first meeting is planned for Monday, 6th June.

2. Decision Making Criteria including Hurdle Criteria

An important part of the major transformation programme is the decision making criteria. We considered and approved the process as set out in my letter to Accountable Officers on 7th April 2016. This is attached as appendix one.

The decision making criteria has been developed in accordance with the agreed process and is now ready for consideration and approval by the Programme Board and the BHP Joint Committee. This is essential at this stage in order for the independent modelling company to complete the work on developing the highly complex modelling system. The decision making criteria takes into account the views from phase one and phase 2 engagements to date.

To test its appropriateness, an engagement process is planned. This is an iterative process and so changes can be made following continued engagement and consultation as approved by the Programme Board and the BHP Joint Committee.

The process for considering their findings is the same as that described above for the development of the long list of scenarios.

3. Recommendation

The BHP Joint Committee is requested to consider and approve the process to develop the modelling phase of the pre-consultation business case.

Ann Farrar

Better Health Programme Director

31st May 2016

Enclosure 1

Appendix One

Alan Foster, Chief Executive North Tees and Hartlepool NHS Foundation Trust
Ali Wilson, Better Health Programme Senior Responsible Officer
Siobhan McArdle, Chief Executive South Tees NHS Foundation Trust
Sue Jacques, Chief Executive County Durham and Darlington NHS Foundation Trust
Yvonne Ormston, Chief Executive, North East Ambulance Service
Nicola Bailey Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgefield CCG
Amanda Hume, Chief Officer, South Tees CCG
Dr Posmyk Boleslaw, Better Health Programme Clinical Lead
Janet Probert, Chief Officer, Hambleton, Richmondshire & Whitby CCG
Mr. Derek Cruickshank, Better Health Programme In-Hospital Clinical Chair
Dr Neil O'Brien, Better Health Programme, Not In Hospital Clinical Lead
Colin Martin, Chief Executive, Tees Esk Wear Valley, NHS Foundation Trust

7th April 2016

Dear Colleague,

Better Health Programme: Decision Making Criteria

An important part of the major transformation programme is the decision making criteria. We need to define and recommend a draft for approval by the Programme Board and the Joint CCG Committee in May. Following this we move swiftly to public engagement on the criteria and the long list of scenarios so we can take account of their views. This process will include confirmation of the hurdle criteria.

We need an open and transparent process and we need a relevant and simple process that will pass the test of detailed scrutiny and yet we need to balance this with a timetable that is moving at pace.

We are therefore very fortunate to have the support and advice of the Consultation Institute who have supported a number of whole system transformations that are highly complex and involve multiple organisations. The decision making criteria I shared at the Programme Board on the 5th April is the best example of such a process that has supported at least three recent major change transformations all met the test of independent challenge and won.

I need Executive Director Commitment to consider and adapt the enclosed example to our purpose. It needs to be a tight group of individuals balanced with Trust and CCG representation. Fuller engagement will come from the public engagement stage. This team would report to the Programme Executive to resolve any items. The suggested membership is as follows:

- One Medical Director from a NHS FT Trust
- One Director of Nursing from a NHS FT

- Clinical Lead for BHP
- In-hospital Clinical Lead BHP
- Not in hospital clinical lead BHP
- Director of strategy, NEAS
- Chief Finance Officer, STP
- Director of Finance, from a NHS FT
- Director of Estates from a NHS FT
- Chief Finance Lead, CCG
- Director of HR from a NHS FT
- Deputy MD/Associate Director for Research & Education from a NHS FT
- Programme Director, BHP

To meet the deadline I would suggest two meetings on the following dates and with the stated aim of:

- Week beginning 25th April: Consider and propose draft model content most relevant to BHP and sources of info and by when.
- Week beginning 9th May: Consider and propose rationale and rating system.
- Recommended decision making model would be sent to Board members no later than 19th May (one week before the Board) in preparation for amend/approval on 25th May.

This Group would continue to meet during June and July to receive the modelling outputs, consider and evaluate the long list of scenarios in order to recommend the outcome to the Board in July/August.

Can you please confirm agreement with this intended approach by Monday, 11th April and suggested nominations so I can start to make arrangements for the first meeting.

Yours sincerely



Ann Farrar

Programme Director, Better Health Programme