



Subject:	Draft Evidence for Change report
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Submitted to:	NHS West Norfolk CCG Governing Body, Thursday 29 January 2015
Purpose of Paper:	For review and comment

Executive Summary

As part of the Monitor commissioned 'Contingency Planning Team' (CPT) programme intervention considering sustainability within the QEHKL and wider Local Health Economy, an early part of this programme has been to analyse the 'Evidence for Change'. It is intended that this 'Evidence for Change' sets out the key challenges and opportunities for the local health system that may prompt the need for change. This output is still in the early stages of the programme of CPT work; to follow will be consideration by the CPT team on potential solutions for the future looking at what things could look like in a sustainable service model. Following the outcome of the CPT programme, currently due to finish in March 2015, WNCCG will consider the recommendations of the CPT, and if any material changes are recommended undertake a full consultation exercise as appropriate.

Appended is the current working draft of the Evidence for Change report. This report builds on the work of WNCCG 18 months ago in developing a Case for Change. The content of the report has been drawn from the evidence gathered by the McKinsey CPT team.

This report is intended for Governing Body discussion in public, to shape the final version of the report which will be published in the next few weeks.

KEY RISKS

Failure to articulate a robust 'Case for Change' may not lead to consensus in why things may need to be done differently locally

Clinical: Failure to articulate a 'Case for Change' that highlights the clinical challenges and opportunities to do differently may mean that we don't take opportunities to improve clinical service delivery where needed

Finance and Performance: Failure to articulate a 'Case for Change' that highlights the financial and performance challenges faced in the health system may not create a compelling case to do differently

Impact Assessment (environmental and equalities):

Reputation: -

Legal: -

Patient focus (if appropriate): Failure to articulate a 'Case for Change' that reflects the challenges perceived and shared by patients and the public, may mean that as a CCG we do not deliver service improvements we, or the public and patients would want

Reference to relevant Governing Body Assurance Framework: 5.1 and 6.1

RECOMMENDATION:

Governing Body members are asked to review the attached draft, and to provide comment to support the development of a final version of this document for publication.