

REPORT FROM FUTURE FIT PROGRAMME BOARD TO THE JOINT DECISION MAKING COMMITTEE OF THE CCG BOARDS 12TH DECEMBER 2016

OUTCOME OF OPTIONS APPRAISAL AND RECOMMENDATION ON PREFERRED OPTION

1. Introduction

The purpose of this report is to set out the recommendations made by the Future Fit Programme Board on the 30th November 2016 to the Joint Committee of the CCGs in terms of the outcome of the Options appraisal.

The Programme Board on 30th November 2016 was asked to discuss the non-financial and financial appraisal process that has been followed and consider which options it could recommend to the Joint Committee of the CCGs that remain deliverable and therefore form part of the public consultation process and in doing so whether it was also able to recommend a preferred option to form part of that consultation process.

This report references and summarises the relevant documents that were received by the Programme Board in concluding its recommendation and other information that was considered in the discussions.

The following documents are attached to this report as appendices:

Appendix 1: Joint Committee Terms of reference

Appendix 2: Non-financial Evidence Pack

Appendix 3: Option Appraisal Report

Appendix 4: Integrated Impact Assessment

Appendix 5: Women and Children's Variant Option (C2); Paper received by the Programme Board

Appendix 6: The Clinical Senate Review

The Clinical Senate report, whilst not available to the Programme Board on 30th September, a verbal report was presented by the Programme Director. The final report was received on 2nd December and will be circulated to the Joint Committee Members prior to the Joint Committee meeting, once mutual agreement with the Senate is made on the release date, in line with the Senate Reviews Terms of Reference.

Appendix 7: Report on T&W Challenges and the Future Fit Programme response. (Prepared for the Joint HOSC based on the correspondence with T&W Council)

The following report sets out the recommendations made from the Future Fit Programme Board to the Joint Committee and also summarises the outcome of the discussions held and concerns raised in doing so.

2. Joint Committee Terms of Reference

In September 2016, both CCG Boards agreed to establish a joint decision making committee to receive the outcome of the options appraisal, the supporting recommendations from the Future Fit Programme Board and to determine a decision on a preferred option. The terms of reference for the committee are attached as Appendix 1.

The Joint Committee is asked:

☐ To receive the recommendation from the Future Fit Programme Board on the outcome of the option appraisal process for the reconfiguration of Acute Hospital Services.

☐ To confirm which options the CCGs believe at this stage remain deliverable and will therefore form part of the NHSE Stage 2 Assurance Process and the CCGs' public engagement including formal public consultation.

☐ To identify a preferred option or options and to present options to i) the NHSE Stage 2 Assurance Process and ii) to engage with the public and involve the public in the CCGs' decision-making, including formal consultation where appropriate.

3. Evidence Considered by the Programme Board in forming its Recommendations

The Future Fit Programme Board met on 30th November 2016 and considered the evidence available to it as set out in the Appendices attached to this report. All referenced reports below are attached in full.

3.1 Non-Financial Evidence Pack (September 2016) The Non-Financial Appraisal was undertaken on 23rd September 2016 with a multi-stakeholder panel of 50 members. The Programme produced an evidence pack to support panel members in appraising the 4 options and this was circulated to panel members electronically and by post one week in advance of the appraisal workshop date. The evidence pack provides analysis and other information on the 4 agreed appraisal criteria of accessibility, quality, workforce and deliverability for each of the 4 options. At the Programme Board meeting a preface to the original pack was included that identified a number of amendments made to the pack post the panel meeting on 23rd September. (Appendix 2)

3.2 Options Appraisal Report The purpose of this report was to present the results of the process to appraise the remaining shortlisted options for acute hospital services. The results summary received by the Programme Board on 30th November is set out below, but the process and results together with a sensitivity analysis are included in detail in the attached appraisal report itself. (Appendix 3)

☒ In the non-financial analysis, Option C1 ranked 1st over Option B by a margin of 21.1%. The analysis demonstrates that, although various changes to the weighting and/or scoring of options could reduce that margin, no single analysis undertaken prompts a switch in ranking;

☒ In the financial analysis conversely, Option B ranked 1st over Option C1 by a margin of 0.8%;

☒ In the overall economic analysis which combines the result of the financial and non- financial analysis, it was found that Options B and C1 score significantly higher than Options A and C2. Depending on the methodology used, Option C1 out-performs Option B by a margin of either 10.2% (50:50 weighting of combined scores) or 25.7% (cost per benefit point).

On the basis of these analyses, therefore, Option C1 appears to be the option that offers the greatest value for money, including in respect of the 'no change' option (Option A).

3.3 Integrated Impact Assessment The Integrated Impact Assessment report (IIA) presents the findings of an Integrated Impact Assessment (IIA) of the Future Fit programme options for reconfiguration (Appendix 4). The report has been produced jointly by ICF and the Strategy Unit, Midlands and Lancashire Commissioning Support Unit. The aim of the IIA has been to assess all potentially significant health, access, economic, social and environmental impacts and equality effects of the Future Fit options; and provide recommendations for how any negative impacts and effects could be mitigated and positive impacts and effects maximised. It is important to note that the purpose of impact assessments is not to determine the decision about which option would be selected; rather they act to assist decision-makers by giving them better information on how best they can promote and protect the well-being of the local communities that they serve. The focus of the IIA was on impacts arising from the proposed changes to acute hospital services under the preferred options. The IIA considers both the whole of the affected area and the different localities within it. Potential changes to Woman & Children care were not directly in scope of the IIA and would merit consideration in further assessment.

The scope of the IIA was restricted to assessing the impacts of the changes to acute hospital care. There are elements of the Future Fit programme that have implications for other types of care such as women and children's, and some stakeholders felt that the potential impacts of these also needed to be assessed – if not through this IIA then through additional work undertaken before the selection of a final preferred option. The IIA was presented to the Future Fit Programme Board at its October meeting. There were some requests for changes to the document received during the discussion, and some useful constructive recommendations for further changes subsequently received by email. A summary of the changes made to the IIA were received by the Future Fit Programme Board on 30th November.

The IIA is a live resource that is intended to provide the basis for further assessment as the programme progresses. This includes the mitigation strategies provided in the final chapter, which will continue to be refined during subsequent consultation. The Programme Board agreed on 30th November that further analysis on the impact of women and children's services should be completed as soon as possible.

3.4 Women and Children's variant Option C2 Option C2 is a variant option of C1 with the Emergency Centre at Royal Shrewsbury Hospital but with Women and Children's remaining sited on the Planned Care site at Princess Royal Hospital. As part of developing a clinical evidence base on which to appraise the 4 shortlisted options and determine a preferred option, the Future Fit Programme has specifically for the C2 option sought to obtain both an internal and external clinical view of its deliverability. These are included in full within the contained within non financial appraisal evidence pack. (Appendix 2)

In light of the internal and external review reports on C2 and subject to the Senate Report concluding the same, the Programme Board was asked to consider making a recommendation to the CCGs Joint Committee that C2 is not clinically deliverable and is therefore is not taken forward into formal public consultation as a deliverable option. (Appendix 5)

The Senate Report finding in relation to C2 was read out at the Programme Board by the Programme Director supported this recommendation. The Senate report is now available in full.

3.5 West Midlands Clinical Senate Stage 2 Review Report (December 2016) In October 2016 the West Midlands Clinical Senate undertook a review to provide independent clinical advice on the Future Fit preferred options for reconfiguring acute hospital services. The Senate reviewed documentation and evidence in order to consider, assess and confirm the clinical quality, safety and sustainability of the Future Fit Programmes preferred models of options B, C1 and C2 for reconfiguring acute hospital services in Shropshire and Telford & Wrekin prior to public consultation and then make recommendations on whether to support the models to the West Midlands Clinical Senate and thereafter to sponsoring organisations and the Future Fit programme board.

The final report of the Senate Review was received by the Programme on 2nd December 2016.

"The Panel was of the view that a clear and compelling case for change was made, based on sound evidence presented to it on current performance, improvements seen in other regions by reconfiguration of services with multi-site Trusts, the potential long-term benefits, and alignment with national NHS strategy.

The full Senate report has been made available to the Joint Committee (Appendix 6)

In addition to the Senate Review of C2, the programme requested a formal view on the issue of trauma unit status from The North West Midlands and North Wales Regional Trauma Network. A letter of response has been received and has been forwarded to the SRO and Clinical Chairs. The following extract from the letter was used to brief the Programme Board:

The matter was discussed at the North West Midlands and North Wales Trauma Network's Governance Meeting on 10 November 2016. The view of the Network is that the preferred site for the Trauma Unit should be Shrewsbury. This reflects its geographical location and the Board agreed with Sir Keith's view that there is an increased risk for the group of patients from Powys if it was sited at Telford.

Wherever the Unit is sited it would need to comply with the National Standards for Trauma Units. Shrewsbury is already accredited. Telford would have to undergo a formal accreditation process to become a Trauma Unit.

3.6 Report on T&W Challenges and the Future Fit Programme response Following the Non-Financial Appraisal Workshop in September, the Programme received a number of challenges and concerns raised in correspondence from T&W Council relating to the Option Appraisal process.

The areas of concern raised by the T&W Council relate to: • The composition of the Panel undertaking the assessment of the non-financial appraisal; • The evaluation and scoring process;

- The accuracy and sufficiency of the information supporting the non-financial and financial appraisal

The programme Board received copies of the letters and the responses. The Joint Committee are provided with a summary of the challenges and concerns raised within those letters the Programme's responses to-date that was prepared for the Joint HOSC meeting on 2nd December 2016. (Appendix 7)

The Programme has continued to state since the initial challenge by T&W Council that its processes are robust and will stand up to scrutiny. Programme Board paper dated 8th April 2015: Option Appraisal Processes and Programme Board paper dated 18th April 2016: Preparing for Appraising the Revised Delivery Solutions for Future Fit Options set out those processes which were developed, agreed and signed off by all Programme Sponsors and Stakeholders and then progressed in good faith by the Programme Team.

4. Summary of Discussions at Programme Board relating to Concerns During the presentation of the evidence and the discussions at the Programme Board, a number of concerns were raised by the Telford & Wrekin CCG and Telford & Wrekin Council representatives. For the record these included: ☐ Concerns around lack of clarity on capital availability. The NHSE Stage 2 Assurance process should confirm or otherwise whether this issue remains a concern. ☐ The financial risks to the CCGs and the worsening position of Shropshire CCG and whether there was sufficient clarity on affordability. This will form part of the NHSE Stage 2 Assurance process. ☐ Concerns remaining around the non-financial appraisal process. It has been agreed to carry out an independent review of T&W Council concerns set out in their report: Analysis of Future Fit Appraisal of Options. ☐ The lack of detailed impact assessment on Women and Children in Telford within the IIA. It was agreed to commission further work to address this point over the coming weeks.

5. Summary of Programme Board Recommendations The Programme Board agreed at its meeting on 30th November to make a number of recommendations to the Joint Committee of the CCG: 5.1 Whilst 'do nothing' is not seen as a deliverable option, it needs to remain in business cases as the baseline. The narrative during consultation will explain why it has been discounted.

5.2 Option C2 is not clinically deliverable and is therefore is not taken forward into formal public consultation as a deliverable option.

5.3 Both Options B and C1 are deemed financially and clinically deliverable and will therefore form part of the public consultation process.

5.4 Option C1 is taken into the consultation process as the preferred Option

Recommendations 5.1, 5.2 and 5.3 were unanimously supported by all 5 sponsor organisations. For 5.4, this was supported by consensus vote of 4 to 1 of the Sponsor Programme Board members.

6. Recommendations The Joint Committee is asked: • To receive and approve the recommendations set out in section 5 above, from the Future Fit Programme Board on the outcome of the option appraisal process for the reconfiguration of Acute Hospital Services.

- To confirm which options the CCGs believe at this stage remain deliverable and will therefore form part of the NHSE Stage 2 Assurance Process and the CCGs' public engagement including formal public consultation.
- To identify a preferred option or options and to present options to i) the NHSE Stage 2 Assurance Process and ii) to engage with the public and involve the public in the CCGs' decision making , including formal consultation where appropriate.