NHS
South Tees
Clinical Commissioning Group

IMProVE – Integrated Management and Proactive Care for the Vulnerable and Elderly

Evaluation against the Four Tests

Introduction

NHS England has provided a framework to support organisations when developing plans for major service change (Planning and delivering service changes for patients, December 2013). This guidance outlines how NHS commissioners should work together with communities, providers and local authorities, to ensure that proposals and plans have effective preparation, robust evidence and are based on extensive engagement with staff, patients and the public. It states 'major service changes should be evidence-based, and informed by how organisations can best meet the health and care needs of local populations within available resources'. In 2010, the Government introduced four clear tests for reconfigurations which schemes should be able to clearly demonstrate:

1) Support from GP commissioners;

2) Strengthened public and patient engagement;

3) Clarity on the clinical evidence base, and;

4) Consistency with current and prospective patient choice.

South Tees Clinical Commissioning Group (CCG) has been working collaboratively with key partners in health and social care over a period of two years to consider and address the challenges faced in meeting the needs of a growing population of older people with long-term conditions and other health and social care requirements. We have also gained the views of our patients and public in order to shape and develop a proposal for service change which culminated in a 13 week formal public consultation from April to July 2014.

This paper expands upon our existing IMProVE Outline Business Case, demonstrating and providing evidence of how our IMProVE proposal meets the four national tests outlined above. The paper is supplemented by an Evidence Log (EL), appendix 1. Individual items of evidence are stored at: I:\Collaborative Working\Improve Project\Four Tests

Test 1 – Support from GP Commissioners

South Tees CCG is made up of 49 general practices serving a population of around 280,000 people. The practices are represented by a CCG Governing Body which is made up of 8 elected clinicians, 6 of whom are elected from the member practices as well as a Chief Officer, a Chief Finance Officer and 2 lay members.

The CCG constitutes 3 'localities', Eston, Langbaurgh and Middlesbrough and each locality have an appointed Locality Lead. The Locality Clinical Councils (LCC) meet 10 times a year and the Clinical Council of Members (CCOM) which is made up of a clinical representative from all practices, meets 4 times a year with a remit to hold the CCG Governing Body to account.

We have established 6 workstreams to support the development and delivery of CCG commissioning plans and priorities. Seen as a key component to ensure commissioning is clinically led, workstream membership is predominantly made up of GPs and supporting clinicians from primary care. The IMProVE workstream meets on a monthly basis and is overseen by an Executive Clinical Sponsor from the CCG with a GP lead. Sitting underneath the IMProVE workstream is an operational sub-

group which meets fortnightly. This group also invites participation from the wider GP membership, clinicians from provider organisations (Hospital Consultants and nursing and therapists from the community) as well as relevant local authority and voluntary sector colleagues. Workstream leads are responsible for ensuring the CCG locality councils are involved and kept informed of the work being taken forward through the workstreams. All CCG workstreams are intrinsically linked; in particular the IMProVE programme ensures that it is aligned to projects and strategies developed by the Urgent Care Workstream.

The CCG Urgent Care Workstream has further evolved into a South Tees system resilience group to comply with national guidance around the need to involve all relevant stakeholders in collectively developing and overseeing local recovery/sustainability plans. The workstream's membership was therefore extended to include representatives from both Local Authorities (including public health), North East Ambulance Service, South Tees Foundation Trust, Voluntary agencies, NHS England and the Local Medical Committee. As well as recovery planning the main focus of the group is to develop and implement a local urgent care strategy which is fit for the future. (E1)

As part of reviewing existing community estate against our proposed model of care, there was a need to consider other services delivered from community sites. In particular, future arrangements for minor injury services based at Guisborough and East Cleveland community hospitals needed to be taken into account, ensuring that our IMProVE proposals are linked to our future urgent care strategy.

The CCG's Clear and Credible Plan 2012 – 2017 (E2) developed by commissioners with input from the public, clearly describes the confusion caused by having multiple urgent care access points and how this has led to duplication across the whole system. The plan therefore advocates a streamlining of access points. Review of the minor injury services in Guisborough and Brotton has found both services to be poorly utilised with variable opening times and limited access to diagnostics. Our draft urgent care strategy currently being developed by the South Tees resilience group, (E3) outlines proposals to develop and commission Urgent Care Centres. Accessible through 111, it is proposed that these Centres would provide minor injury and ailment services to meet the urgent and immediate care needs of the South Tees population. The intention would be to commission a consolidated Urgent Care Centre in Redcar by April, 2015 in line with our IMProVE proposal and a second Urgent Care Centre to be co-located at James Cook at a later stage. Redcar Urgent Care Centre would be available 8.00 a.m. to midnight seven days a week progressing from the current nurse-led service to one delivered by doctors supported by an advanced nursing team. During opening times the centre would also offer an x-ray and point of blood testing, providing patients with a seamless 'one stop' service for care and treatment.

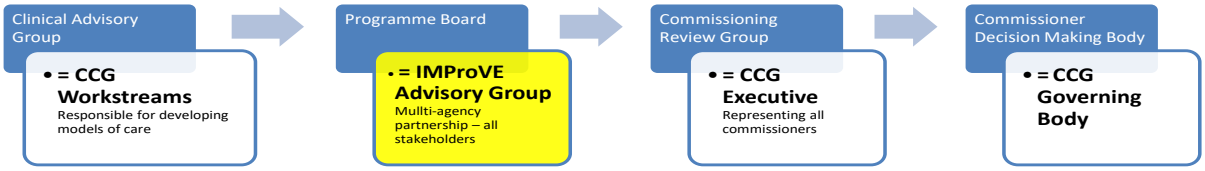
The Urgent Care Centres would be available at times when they are most needed with the ability to treat a broader range of conditions than the current Minor Injury Units are able to do. This, in turn will help towards reducing demand for Accident and Emergency. It is envisaged that any patient seen, treated and discharged from the Urgent Care Centre with non-ambulant issues will be able to receive transport from the patient transport service.

In line with the above proposals, it was therefore agreed that consultation around the transfer of Guisborough and East Cleveland Minor Injury Services to Redcar Primary Care Hospital would be included as part of the IMProVE proposals and timescales.

In April 2013 NHS South Tees CCG established the Integrated Management and Proactive Care for the Vulnerable and Elderly (IMProVE) Advisory Group, a strategic multi-agency partnership comprising (EL4):

- NHS South Tees Clinical Commissioning Group
- South Tees Hospital NHS Foundation Trust
- Tees Esk and Wear Valleys NHS Foundation Trust
- Middlesbrough Borough Council
- Redcar and Cleveland Borough Council
- Durham, Darlington and Tees Area Team (NHS England)
- Healthwatch (Middlesbrough and Redcar)

The diagram below illustrates how the IMProVE Advisory Group fits into nationally recommended governance for determining evidence and proposals for major service change:



The group's focus has been to address challenges outlined within our Joint Strategic Needs Analysis and Health and Wellbeing Strategies around our increasing elderly population, high disease prevalence and variation in outcomes. Collectively the group has sought to learn and build on areas of good practice from other areas in the UK, where fully integrated services for elderly patients and those with long term conditions have been successfully rolled out, creating economic and quality improvements across the whole system. In July, 2013 South Tees Foundation Trust hosted a half-day event, bringing clinicians and local authority commissioners together to discuss good practice (EL5). Clinical involvement in this group has driven a shared vision of moving away from the reactive care models that have developed over time, to models of care that are proactive in enabling a range of interventions to prevent deterioration in a person's condition and an avoidable hospital admission. For example, clinicians recognised the need to identify early those patients at risk of future admission so that they could be supported to avoid their long term condition deteriorating; working with them and their carers or family to maintain their independence. As a result the CCG has successfully implemented a predictive risk tool and transformed the work of community teams in order to provide targeted supportive management.

Whilst clinical CCG Executive members have had the responsibility for reviewing the IMProVE programme, (EL6), we can clearly demonstrate involvement and support gained from our wider GP membership. The work and challenges of the IMProVE programme have been shared with member practices on regular occasions, both at locality meetings and the CCG's Council of Members meetings, providing opportunities for practices to input and shape future services. Individual practice visits by senior members of the CCG team, including our CCG chair have also included IMProVE as an agenda item for discussion. (EL7) A fortnightly CCG bulletin is circulated to the entire membership summarising Executive and informal Operational meetings and our website features the IMProVE Programme.

There is a newly formed Clinical Professional Forum which included on its agenda on the 30th of January, 2014 an opportunity to discuss the IMProVE programme and there was very good support for our plans and vision. (EL8)

All of the above groups have played an active role in shaping future plans, evolving over time in response to clinical feedback.

Julie Stevens
Commissioning and Delivery Manager

Future Service Model – Option Development

Stage 1 – Development of quality criteria

In order to progress our vision and future service model, at scale and pace, it was recognised that reconfiguration of services and community estate across South Tees would be required. Clinicians and the public were asked to consider and agree criteria by which to appraise our current and future ability to deliver our proposed new model of care. Criteria were to be based upon delivering:

- A quality service which meets local and national standards
- A model of care which was sustainable into the future
- A model of care which was efficient and made best use of resources

Development of criteria was a main agenda item at the CCG's CCOM meeting on the 16th of January, 2014 and repeated at two further meetings involving clinicians:

- an evening event at James Cook Hospital with representation from GPs and Acute and Community Clinicians from South Tees Trust on the 20th of January, 2014, and;
- a half day stakeholder event with clinical representation (GPs, consultants and other health professions) and representation from voluntary sector and local authority organisations on the 28th of January, 2014. (EL9)

The CCG Clinical Council of Members and the Trust meeting at James Cook followed a similar format. Our IMProVE sponsor, Dr Ali Tahmassebi presented the results and key messages from the recent public engagement programme around our vision for future services to support the vulnerable and elderly. He further described how our proposed model of care might impact upon service reconfiguration which included the requirement to centralise stroke rehabilitation, reduce beds and potentially close community hospitals. Attendees were asked to provide input into the development of quality criteria which could be used to appraise whether or not our current services and existing community estate could deliver our model of care. Clinicians were asked to weight the quality criteria as high, medium or low priority. During this exercise it became clear that clinicians preferred to categorise the criteria as essential or desirable which was duly adopted. Clinicians were also invited to give comments by e-mail on the criteria, a number of responses were received.

- *At the Clinical Council of Members meeting on the 16th of January* one of the GPs who is based in a practice in Guisborough expressed concern that patients should be fully consulted about any potential closure of Guisborough Hospital. Dr Ali Thamassebi, the lead sponsor for IMProVE re-iterated the need to formally consult and outlined the proposed time-table for this. He stated that all of the community hospitals needed to be reviewed and options would be developed once the agreed criteria had been applied. He also offered Guisborough and other practices an opportunity to discuss this further at individual practice meetings. (EL10)

- *At the meeting at James Cook Hospital* on the 20th of January, 2014, information was well received with clinicians taking an active part in the round table discussions and giving valuable input into the quality criteria. (EL11)

- *The stakeholder event held on 28th of January, 2014* was mostly attended by the public but also had a clinical presence. The details of this meeting are discussed in the next section

- *An e-mail received from a GP in Middlesbrough* (EL12) asked us to ensure that Consultant 7 day working be factored in to any reconfiguration along with potential workforce requirements. To address this, the CCG is currently working with strategic partners through

the Better Care Fund and South Tees Unit of Planning to develop plans around 7 day working and potential workforce requirements and has recently commenced work to develop a Primary Care Strategy.

Stage 2 – Agreement on final quality criteria

Following collation and analysis of all feedback on the quality criteria, meetings were set up with the GP locality Councils to further present the case for change and the consensus view on the quality criteria. An additional stakeholder event was also held in James Cook Hospital where again, GPs, hospital and community clinicians were invited to attend. (EL13)

- *Eston locality group (18th February 2014)* were in agreement that things needed to change if we were to manage our elderly population and comments were received around why things hadn't changed sooner. The group expressed concern at the amount of money void space and maintenance of buildings was costing.
- *The Middlesbrough locality group (24th February, 2014)* similarly acknowledged the need for change and to do something different. One GP expressed concern around provision in Middlesbrough if Carter Bequest Hospital was to close and to ensure that the same level of service was offered to patients across South Tees. This is being addressed by ensuring that plans are South Tees wide rather than locality based.
- In *Langbaurgh locality group (20th February, 2014)* questions were raised around bed occupancy in Guisborough and the fact that GPs were often told that beds were not available and that is why GPs are not using them. A discussion ensued around how there were often problems with staffing and maintenance of the building. It was suggested that it would be good to explore the use of nursing homes for palliative patients. The IMProVE proposal advocates the need to invest in community teams, in particular ensuring that palliative care teams are able to deliver as much care in patient's homes but future proposals would accommodate patients who wanted to die in a hospital setting. A couple of GPs re-iterated that the Rapid Response Service needs to improve and that often they were not able to use service as criteria states that the patient needs to be safe overnight. It was agreed that the IMProVE programme would explore the potential to commission night sitting services.
- At the *stakeholder event (27th February, 2014)* there was general consensus around the presentation of the agreed quality criteria.

Stage 3 – Agreement on option for consultation

Before agreeing the formal consultation option, all GP practices were given the opportunity to input and provide feedback: (EL14)

- An engagement event held on the 31st of March, 2014 (consultant and community clinicians were also invited to this meeting)
- A Clinical Council of Members held on the 10th of April, 2014
- E-mail exchange or through an individual practice meeting

Engagement Event 31st March, 2014)

- Good support for plans with comments around why we were not doing this sooner with concerns around our ability to retain staff whilst we progress. One of the Guisborough GPs who had expressed concerns previously at the locality council, brought up the difficulty of knowing how many step-up beds were potentially required for Guisborough patients given difficulties with staff shortages and maintenance of buildings. Whist it was acknowledged that staff may move on during the transition process, there was recognition that it was

important to have community services in place before proceeding to reducing beds as had been highlighted by the public.

Clinical Council of Members 10th April, 2014

- Good support. No questions or reservations were received from the floor.

E mail exchange

Only one e mail was received from the practice located at Carter Bequest, stating their anxieties around what will happen to their practice in the future. They also asked for clarification around the need for x-ray equipment for stroke patients. This was duly actioned and consensus with clinicians reached that if we were to ensure patient's received the best possible stroke pathway, x-ray equipment would be required for patients requiring naso-gastric tube insertion without the need for further transfer to another site.

Individual Practice Meetings facilitated by a governing body GP and a CCG manager

Five individual meetings were requested, some of which were attended by more than one practice.

- East Cleveland – Very supportive of plans and wanted to be involved in service development for East Cleveland Primary Care Hospital. There were comments around the closure of minor injuries units stating that this may cause some concern with their population, however, the GPs agreed that this was the right thing to do and that low activity rates meant that this service was unsustainable.
- Cambridge Road (attached to Carter Bequest Hospital) – Very supportive of model of care. They are working with the Area Team on the future of their practice
- Woodlands Surgery – This practice supports South Tees NHS Foundation Trust in looking after transferred patients in Carters Bequest. Practice very in favour of plans
- Hemlington, Park End and Skelton – Very supportive of proposals.
- Guisborough (Springwood and Garth) – GPs keen to still have access to palliative care beds and be involved in end of life care. Feel there is a requirement for intermediate care beds with some medical cover and we should perhaps explore nursing homes for this. The CCG will continue to involve GPs in taking forward the palliative care provision across East Cleveland.

The IMProVE programme continued to be supported through GP locality and clinical council of member meetings, encouraging practices to get involved and to input to the actual consultation and final decision making process. (EL15)

CCG Governing Body members also meet regularly with lead consultants from South Tees NHS Foundation Trust via a Chiefs of Service Meeting. The proposed option was discussed at this meeting on the 2nd of April, 2014. (EL16) Questions were raised about a phased approach and the length of time it would take to implement the proposals, it was felt that this might not be quick enough but it was explained that it was important to be reassured that the necessary community services were in place to support the whole of the programme. It was also felt important that we concentrate on rehabilitation as a whole and not just focus on patients who have had stroke. To reassure the group that this would happen, the IMProVE work programme will include development of an enhanced therapy strategy across health and social care. There was definite support for transferring more treatments and out-patients from James Cook into the community, especially in relation to cancer therapies. Rapid access to diagnostics was also raised and will be addressed as part of the development of an assessment hub.

In Summary

The redesigning of pathways and service model for IMProVE has been a priority for the CCG and its members for the last two years. Involvement in workstreams and communications and feedback on redesign of patient pathways, particularly through GP locality meetings, has provided opportunities for our GP members to shape and agree our future model of care, ensuring they were an integral part of commissioning plans.

Wider GP members have developed quality criteria alongside consultant colleagues in order to support the development of a proposal for service change which has been well considered in various meetings and suggestions for improvement taken into consideration as plans evolved.

There is recognition that it is not always possible to gain unanimous support from all member practices. However, overall, the consultation option has received substantial support from clinical members of the CCGs whose patients are affected by the changes, both in their capacity as commissioners and as providers of GP services. Only small 'pockets' of reservation has been received around our consultation proposal, particularly around the location of beds rather than the model of care. This reservation was mostly expressed by GPs in the Guisborough area.

Test 2 – Strengthened public and patient engagement

South Tees CCG is committed to involving local people in setting healthcare priorities and making decisions about healthcare services. We have developed a range of ways in which the public can get involved in the work of the CCG and really make a difference to the health of local people. These include:

- Our website, in particular 'My NHS' section where people can sign-up as a member in order to be kept up to date about health services locally and opportunities to get involved in decision making.
- Public Events – The CCG, despite being a relatively new organisation has held a number of public events to gain the views of our public on what it is important to them and to share our future plans.
- Public Consultation – Before we make major changes to health services, we gather feedback from the public through various engagement opportunities, including public events and questionnaires.
- Patient participation groups – Most GP practices now have their own practice participation group.
- Healthwatch provides a way for local people to communicate, challenge and shape the decisions of commissioners and service providers in health and social care.

In order to ensure we fully engaged with our public around the IMProVE agenda, we carried out a number of engagement activities.

<u>Call to Action Event</u>

NHS England's 'Call to Action' Programme launched in 2013 invited the public and staff to join in a discussion about the future of the NHS so it can plan how best to deliver services, now and in the years ahead. Call for action focuses on a number of challenges but specifically an ageing population and a rise in the number of people with long term conditions. The CCG sought views around these national and local challenges in a number of ways but in particular it held a 'Call to Action' event on the 11th of December, 2013. At the event, each table was asked to consider the following question: "Older people account for the majority of heath care contacts. The proportion and numbers of older

people will grow in the coming decades. What should the NHS do to support older people to live with a better quality of life and reduce the need for a stay in hospital?" (EL17) Responses from the event were used to shape our proposals for the IMProVE programme. A number of themes emerged:

- More care at home - more equipment available, 24/7 services
- Carers - More support, education and information
- Discharge – safe discharge process with early discharge step down care
- Better information - hospitals/ professionals to give better information – this would include letters of discharge and out patient's appointments.
- Integration - There were comments about community projects and the need for practical support and to see more integration between groups.
- Mental health - There was a general call for the need to improve social isolation and loneliness. Palliative care - Concerns were expressed that dignity needs to be a fundamental part of services and Care for the Dying.
- Self-management – The need to facilitate self-management in the community
- More care and services in the community - from all of the health, local authority and voluntary sector.
- Stroke services – people who are discharged from these services need more support in the community once discharged.
- More use of voluntary sector organisations
- Redcar Primary Care Hospital – Concerns about under-use

IMProVE Pre-Engagement Consultation

We also carried out a formal pre-engagement consultation from the 23rd of September to the 22nd of November 2013 with the specific aim of engaging a range of stakeholders, services users, carers and providers and the general public in a discussion around our vision for services for the vulnerable and elderly prior to our formal consultation in April, 2014. This was carried out with our partner organisations including representatives of Middlesbrough and Redcar and Cleveland Council and South Tees NHS Foundation Trust who were involved in developing the consultation document and associated questionnaire.

Questionnaires were further supported by an in-depth survey of patients and their carers carried out by the independent voluntary organisation Carers Together, particularly targeting the elderly and vulnerable. Five public drop-in events across South Tees were also held as part of the consultation designed to offer interested individuals, stakeholders, service users and carers the opportunity to contribute their views and opinions. We received around 100 replies to questionnaires with limited attendance at the drop in events (around 30 attendances). However, the in-depth survey gave us a wealth of information with over 400 respondents. (Full report E18) There was positivity around current services but a number of key themes emerged with suggestions for improvement:

- Co-ordination of services – The need for better collaboration and co-ordination between health and social care and different services
- GP access – Sometimes poor access to appointments, continuity of care and more home visits
- Access to information – Consistency and the importance of carers and families understanding information
- Care closer to home -There was considerable support for the suggestion that more care should be provided in the home or in a community setting. Respondents felt that this could aid recovery, prolong independence and keep hospital beds free for the seriously ill.

However, many commented that for this vision to become a reality, community-based care would need to improve significantly.

- Quality of community provision -The quality and extent of community-based services was a recurring theme. Respondents identified a number of areas for improvement including more frequent and longer home visits from both health professionals and home care providers, more rapid assessment of need and access to services and equipment, more practical support in the home, and on-call support available on weekends and in the evenings. There were a number of comments about hospital discharges being delayed because of lack of provision.
- Hospital beds - There was some confusion about the difference between community and acute beds with a number commenting that beds were needed in case of a flu epidemic or major incident. Opinions differed on the impact of closing community beds with some reflecting that it would take pressure off the hospital system and others claiming it would increase demand for acute beds. Around half supported the idea of closing beds and providing greater care in the community. Amongst other things, respondents felt that this would aid recuperation and promote independence. Many qualified their support for the closure of beds with the need to improve community health and social care services first. Some questioned whether there was sufficient budget/staff to develop and improve community services in line with the CCG's vision.
- Physiotherapy and Occupational Therapy services - There were a number of comments about the length of time taken for assessments/access to services. Some commented that this was impacting upon recovery and hospital discharge.
- Dementia services - The need for improvement in services was mentioned by a number of people. This ranged from better information for patients and their carers through to the extent of the services available locally.

The results of this pre-engagement report and future actions were discussed and debated at a stakeholder event held on the 29th of January, 2104. This event had representation from a number of voluntary sector organisations as well as members of local councils and clinicians. In total, 52 people attended. The aim of the meeting was to give feedback on the pre-engagement consultation, engage with them around future consultation and their views on what makes a good consultation and to gain their input into the development of quality criteria to be used to appraise the delivery of our proposed model of care. (EL19) Similar to the clinician meetings, those who attended were invited to add/amend the criteria and state what was absolutely essential and desirable. There was general agreement amongst the clinicians in the room and the public on what was desirable and what was essential. Of particular note was that access to estate within 30 minutes' drive and adequate parking was felt to be a desirable rather than an essential factor. Comments and concerns raised around patients with dementia have been taken forward as part of 2014/15 commissioning intentions and our Better Care Fund Plans with investment into dementia workshops aimed at identifying and implementing areas for improvement. (EL20)

Issues, concerns and suggestions for improvement from the public were taken into account in the development of our new model of care and option for formal consultation option around service reconfiguration. Changes to stroke services, working with partners to improve discharge through the development of a Single Point of Access and the requirement to improve community provision, particularly therapies, are all evidenced in our proposed changes. We have also noted public concerns about ensuring we have the necessary community services in place before we reduce the bed base significantly and this is reflected in our plan to introduce changes in a phased approach. Other issues, such as the need to improve carers and dementia services form part of our joint health and social care 'Better Care Fund' plan. (EL21)

Julie Stevens
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Patient Participation Groups

GP practices, as part of our IMProVE pre-engagement work were encouraged to use IMProVE as an agenda item on their patient participation groups and encourage their groups to complete a questionnaire. As part of the formal IMProVE consultation, a joint patient participation group met to discuss the IMProVE programme as part of the consultation process on the 4th of June (EL22). GPs led the groups and gave further clarification to questions.

Healthwatch Engagement

The CCG has actively engaged with Healthwatch around the redesign and commissioning of services which included IMProVE and urgent care. On the 27th of January, 2014 Healthwatch members from Redcar & Cleveland and Middlesbrough were invited to a consultation event around the CCG's commissioning intentions. The event led by Healthwatch aimed to provide members with the opportunity to contribute to and influence the way in which health services are developed. 34 members of Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland attended the event along with 4 members of staff from South Tees Clinical Commissioning Group who supported the event in order to answer questions and provide a wider context to the commissioning intentions. (EL23)

Healthwatch has also supported in the CCG in an on-going advisory/critical friend capacity throughout the IMProVE pre-engagement and formal consultation process. They are also represented on the IMProVE Advisory Group and also an IMProVE Process Reference Group as detailed below. They have provided valuable input to production of consultation documents and circulation of materials. At a meeting on the 12th of June, 2014, they also gave useful further mid-stage feedback on further engagement activities and how we could improve 'consultation language' to further aid understanding. (EL24). This was duly adopted in further public communications.

IMProVE Programme Reference Group

As part of development of the IMProVE option for consultation and progression through the process, the CCG set up an IMProVE reference group. The purpose of this small group, with representation from Healthwatch, the Voluntary Sector and the Acute Trust, was to act as a critical friend or advisor on our processes and engagement plans. (EL25)

Engagement with Strategic Partners

An essential element of the IMProVE programme is the collective understanding that if we are to improve the outcomes for the people of South Tees we need to work together as a health community, providing integrated services which are co-ordinated and meet the holistic needs of the individual. Therefore our long-established multi-agency group, (IMProVE Advisory Group) has met frequently over the last 18 months to take forward our integrated agenda. This has been further enhanced by the nationally driven development of plans to commission and promote joint health and social care commissioning known as the Better Care Fund. This system wide group acts as a supportive forum to ensure the delivery of safe and effective services and also provides oversight for monitoring the progress of the IMProVE formal consultation process. (EL4)

Throughout the development of the IMProVE pre-engagement and formal consultations, the CCG Chief Officer has frequently met with Chief Officers and Leaders from both Local Authorities, both Acute Trusts (South Tees Foundation Trust and Tees and Esk and Wear Valley Foundation Trust), Health and Wellbeing Boards and its sub-groups to appraise and seek views on our IMProVE programme. (EL26)

Engagement with local Members of Parliament (MPs)

As IMProVE plans evolved, the CCG chief officer and some of our executive GPs have met with local MPs to appraise them on our need for change and the results of public pre-engagement around the vision for IMProVE. (EL27)

Overview and Scrutiny Committee

As part of our statutory public sector duties, the CCG have worked with South Tees Joint Health Overview and Scrutiny Committee, around our public IMProVE pre-engagement consultation and progression to the formal IMPRoVE consultation which began on the 30th of April, 2014. OSC have been invaluable with their advice and support around the process, particularly in suggesting ways in which we could better engage with the public. Their suggestions were built in to our communication and engagement plans, particularly with regard to engaging BME communities. The Chair of the Scrutiny meeting did comment that we had presented a 'compelling case for change' at our meeting on the 27th of February, 2014 prior to our formal consultation process. In the same month the CCG presented the IMProVe programme to North Yorkshire Joint Scrutiny Committee OSC; they were satisfied that the consultation process would receive appropriate consideration and simply asked to be kept informed. (EL28)

Engagement with the Voluntary Sector

The CCG has endeavoured to involve voluntary sector organisations in future plans. As previously demonstrated they were involved in our pre-engagement work around IMProVE and clinical members of the CCG governing body have also engaged with voluntary groups to keep them abreast of plans. (EL29)

Formal Consultation

The NHS Act 2006 (as amended by the Health and Social Care Act 2012) places legal duties on CCGs to make arrangements to involve service users in the development and consideration of proposals for change in commissioning arrangements where this will impact on how services are delivered or the range of service that will be available. Following development and agreement of our proposal for service change, we developed robust communication and engagement plans in order to formally engage with our public.

These plans were further informed by learning from our previous IMProVE pre-engagement consultation, guidance from the Joint Overview and Scrutiny Committee, Healthwatch and our feedback from our stakeholder meeting held on the 29th of January.

A formal equality impact assessment was carried out on the consultation process, resulting in a significant amount of effort to target some of the more vulnerable groups, eg older people's groups, stroke groups and those 'hard to reach' groups, such as the BME community. The Foundation Trust made sure staff were engaged in the process by allowing opportunities for them to talk to our executive GP members. (EL30) A list of service user groups engaged as part of this programme is as follows:

30th May	Step out for Stroke – partnership event with service users
6th June	Lifestore Middlesbrough MELA – engagement with general public
13th June	Lifestore Middlesbrough – partnership work to engage with the general public around IMProVE to capture their responses to the Q & document
16th June	Aapna (BME Communities) Organisation – engagement of service users including those with physical and learning disabilities to ensure they fully understood IMProVE and to support them in capturing their responses to the Q & A document

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Commissioning and Delivery Manager

2nd July	Grangetown Library – Over 50's club - Service User Event
3rd July	Redcar Library – public engagement
4th July	Lifestore Middlesbrough – James Cook Hospital public and staff engagement around IMProVE
7th July	Positive about Stroke – Service User Event
8th July	Central Library – public engagement
9 & 10 July	Action for Blind People/Teesside Blind Society – Service User Events
11th July	Ormesby Library – Service User Event
14th July	Dormanstown Library – public engagement
15th July	Roseberry Library – service user event
22nd July	James Cook Hospital – AGM public and staff engagement
23rd July	Guisborough Library – Service User Event

The consultation was extensively promoted and included:

- Copies of the consultation were sent to Care Homes, Libraries, Pharmacies, Opticians, Dentists, GP Practices
- An Event Flyer was distributed in Eston, Brotton, Guisborough, Middlesbrough and Redcar and public venues and businesses within these areas.
- Website copy to promote engagement and monitoring usage
- Full 'rolling' advert schedule placed within the Evening Gazette
- CCG promotion columns, Dr Henry Waters, within Evening Gazette
- In-house mail-outs promoting events to stakeholders, NHS Trusts, Hospitals, Local Authorities and Key Advisory Groups
- Managing and promotion of online questionnaire via the web
- Social Media – promotion via Twitter & Facebook
- Carers Together distributed 1,000 questionnaires to service users
- Everyday Language Solutions distributed 500 questionnaires

National learning around the format of public meetings was applied i.e. flexible market-style drop-in events were held in accessible community venues in each locality. Each of the event held took place outside of normal working hours (5.30-7.00pm) to support the general public's attendance. Events were facilitated by NHS clinicians and managers along with colleagues from the Local Authorities. This provided the public with an opportunity to find out more about our vision, learn about our future plans and engage with members of the CCG, GPs, LA and hospital clinicians. Dedicated discussion tables were hosted by the team so that the public could give their views and have their questions answered. All feedback was captured by scribers that were present at each event. The events were held in Eston (4th June), Brotton (11th June), Guisborough (18th June), Middlesbrough (2nd July) and Redcar (9th July). 176 people attended these events and provided us with valuable feedback.

Additional events aimed at Councillors took place in Middlesbrough on the 3rd June and in Redcar and Cleveland on the 18th of June. Personal invitations were issued to all councillors resulting in 4 attending the Redcar and Cleveland event at Community Heart and 6 attending the Middlesbrough event at the Town Hall Crypt. In addition a presentation was delivered to the Redcar and Cleveland Health Overview and Scrutiny Committee on Tuesday 1st July. At the committee member were able to provide comment and raise questions which the CCG and its partners answered. We sought guidance from Healthwatch on the development of materials and information to try and ensure messages were clear and straightforward, developing a video to support this further. A project group which met weekly was in place before, during and after the formal consultation which was overseen by the IMProVE Advisory Group. The purpose of this group was to ensure the programme was on 'track' and that any highlighted issues were acted upon quickly.

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On the 30th of April, 2014 a formal 13 week public consultation was launched 'Better care for the vulnerable and elderly in South Tees: a public consultation on proposed changes to community services'. The engagement plan and final consultation report is included within our evidence log. (EL31)

Test 3 – Clarity on the clinical evidence base

The CCG has clearly set out its clinical case for change, aligning it to the best available evidence and ensuring it has considered improvements that could deliver further benefits for patients. This is clearly outlined in our Case for Change Document, 2014 and our Outline Business Case (EL32).

Overseen by clinicians within the CCG Executive, the IMProVE case for change has been developed by and shared with wider GP members and clinicians within South Tees Foundation Trust. We have ensured that front-line clinicians affected by the proposals have been fully engaged, evidenced previously in Test 1.

Local Challenges & Local Strategies

South Tees ranks higher than the England average for almost all disease prevalence and is a national outlier for the number of unplanned admissions. Locally GPs and hospital clinicians are concerned that intermediate care and support services in the community that help people to remain well, manage crises and recover from acute episodes is hugely variable. Compared to other peer populations, South Tees has a heavy reliance on hospital based services with high levels of emergency admissions. Older people stay in hospital longer and are likely to experience more delays in transfer of care with a subsequent higher risk of deterioration. Local audits have shown that patients in community hospitals no longer have a need to be in a hospital bed and could be supported at home or in the community. (EL33) An intermediate care review, commissioned by the IMProVE Advisory Group which included interviews with local clinicians revealed; concern about the variation and support patients receive within intermediate care settings, variation in levels of therapy and community hospitals being used for hospital transfers rather that step-up. (EL34) We also have high numbers of people admitted to residential care. According to the National Adult Social Care Intelligence Service 2011-12 in Redcar and Cleveland there are 24 per cent more admissions of people over the age of 65 to residential care than authorities with similar populations and 59 per cent more than the England average.

Stroke rehabilitation services and rehabilitation services in general are also a major concern for our South Tees population. GPs have expressed concern that patients do not receive the same level of rehabilitation in community hospitals as they do in an acute setting which can lead to poorer outcomes. NICE stroke rehabilitation guidance recommends an early supported discharge team in order to achieve better outcomes and lower levels of disability and The National Clinical Guidelines for Stroke (Royal College of Physicians, fourth edition, 2012), a dedicated stroke unit. One of the North of England's Coronary Heart Disease Network's priorities is to reduce unnecessary variation in models of care (www.nescn.nhs.uk/networks/cardiovascular-network/). South Tees currently has no early supported discharge team and has in-patient stroke rehabilitation delivered from a number of different sites.

In 2013, there was a national review of emergency and urgent care in England. Sir Bruce Keogh managed this review alongside NHS England. The review suggested that current service provision is fragmented and confusing. Following the guidance and recommendations from this report, South Tees CCG reviewed its current urgent care provision in December 2013. Similar to Sir Bruce Keogh's

report we found that services in South Tees are complex and difficult to navigate, with multiple points of access for patients. These access points are often confusing and care is duplicated across services. Listed below are the many points of access to urgent care, both in hours and out of hours that provide face to face contact with clinicians:

- Walk in Centres
- GP led Health Centres
- Minor injury Units
- A&E – Major Trauma centre
- General Practice
- GP out of Hours service
- District Nursing service.

Patients can also access urgent care services through a non-face to face contact to receive advice and signposting and when required, access to clinical services e.g. home visits or paramedics; these are:

- Out of Hours
- GP
- 999
- 111

These points of access are not exhaustive and are not integrated with social care. Importantly many patients visit or contact one point of contact only to be told they need to go somewhere else. For example, 12% of patients attending the Urgent Care Centre at Redcar or one of the Minor Injury Units at Brotton and Guisbrough are sent to A&E at James Cook University Hospital.

One of the impacts of having multiple access points is that urgent care services are provided by a range of providers with different costs and contractual frameworks that don't always integrate with each other; this can cause confusion and the need to access alternative NHS resources as opposed to a one stop attendance.

Nationally there is a drive for patients to be seen in the right place at the right time. The Minor Injury facilities do not allow for this. Services are delivered by experienced Nurse Practitioners working within agreed protocols with restricted access to diagnostics. This in turn limits the type of conditions that can be seen and treated at the Units and can result in patients being seen then referred to other NHS providers causing a delay in treatment, multiple attendance and higher costs to the health economy. The training needs and professional development of practitioners within Minor Injury Units is imperative and is dependent upon the resources from centralised NHS services. The demand for continuous professional development to be delivered at multiple points causes pressure on centralised resources. Within a centralised service this can be managed more proactively by a multi-disciplinary team, maximising the training and development of all practitioners.

Below shows the current access to Walk in Centres and Minor Injury Units, as can be seen there are many services with significant variation in availability of diagnostic facilities and times of opening.

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Name	Eston Grange Walk in Centre	Langbaurgh Walk in Centre	Resolution Walk in Centre	East Cleveland Minor injuries Unit	Guisborough Minor injuries Unit	Redcar Minor injuries Unit
Operating times	8am-8pm 7days a week	8am-7pm Monday to Friday 1:15pm-5pm weekends	8am-8pm 7days a week	9-5 Monday to Friday 8am-8pm weekends	9-5 Monday to Friday 8am-8pm weekends	24/7
Services provided	Pharmacy Opening times: 9am-10pm Mon-Sat 9am-9pm Sun	Does not have access to x-ray/blood testing or pharmacy	Pharmacy: Opening times: 9am-10pm Mon-Sat 9am-9pm Sun	X-ray: Opening times: 9am-1pm Mon-Fir (Wed 9am-5pm) Blood test: In opening time (Bloods sent to James Cook)	X-ray: Opening times: 9am-5pm Mon-Fri Blood test: Opening times: 9am-5pm Mon-Fri (bloods sent to James Cook)	Pharmacy: Opening times: 8am-10pm Mon-Fri X-ray: Opening times: 9am-5pm Mon-Fri Blood test: Opening times: 24/7 (Blood goes to James Cook)
Foot fall	Year 12/13 23,227 Average per day 63.6	Year 12/13 1,341 Average per day 3.7	Year 12/13 43,775 Average per day 119.9	Year 12/13 2,965 Average per day 8.1	Year 12/13 2,451 Average per day 6.7	Year 12/13 20,802 Average per day 57

Quotes from Local Clinicians

'*Many of my patients were transferred from James Cook University Hospital to a community hospital, not because they had further medical need but because there was not the appropriate care and support available within the community to support them in their own home. Patients want to be in hospital when this is clinically appropriate, but want to be home when they are well. We must make the changes which are already in place in many other parts of the country and support our patients in their own home as much as possible rather than move them from hospital bed to hospital bed.' Dr Ali Tahmassebi, GP, Redcar & Cleveland.*

'*I applaud and fully support the endeavour of the CCG to transform community services within the IMProVE programme service model. Central to this work is the provision of an improved coordinated Rehabilitation service in the community where the patient's needs for that stage in their recovery of*

function and independence are best met, and the unit has the appropriate skills and facilities to manage them. I firmly believe that a stronger Rehabilitation Service can only be a force for good in supporting the patient and their family and carers to achieve their maximum potential for recovery of function, and quality of life.' Colonel Michael Stewart CBE, Clinical Director in Orthopaedics, South Tees NHS Trust.

'*It is imperative that we continually improve urgent care services, maintain clinical safety and make the best use of our nursing staff. If we merge the resources of the three minor injury units to create one urgent care service in Redcar, we would be able to provide a more comprehensive service for our patients 7 days a week. This would achieve a much improved service for those patients residing in Redcar and Cleveland, facilitate further training of clinical staff and support the development of Redcar Primary Care Hospital*.' *Dr Mike Milner, GP, Redcar and Cleveland.*

Our proposal for change is clearly linked to our local joint strategic needs assessment addressing key priority areas, cardiovascular disease (including stroke), cancer, smoking related illness such as chronic obstructive airways disease and of course health inequalities which are exacerbating the situation outlined above. Both local authority strategies advocate supporting people to maximise their independence, remain safe in their own home and be part of the local community for as long as possible.

Partners have worked with us to contribute to our case for change, recognising that effective strategic commissioning can drive transformation in health outcomes. A suite of key performance indicators have been developed and agreed with the Health and Wellbeing Board in order to measure the success of our planned initiatives on the whole system. These indicators are included within our Case for Change Document (appendix C).

National Evidence & Strategies

We have aligned our proposals to national policy and with relevant national guidance and quality standards. NHS England's planning guidance, 'Everyone counts: Planning for patients 2014/15 to 2018/19' calls for CCGs, working with key partners to lead the development and implementation of a 'modern' integrated model of care. The announcement of Integrated Care Funding in July 2013, now known as the 'Better Care Fund' aims to assist this integrated transformation, with a single pooled budget to support health and social care services to work more closely together in local areas. The five year planning guidance advocates a number of key ambitions which include:

- Improving the health related quality of life of the 15 million+ people with one or more long-term condition, including mental health conditions
- Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital
- Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community.

This guidance also asks commissioners to consider six characteristics of major service change:

- A completely new approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care.
- Wider primary care, provided at scale.
- A modern model of integrated care.
- Access to the highest quality urgent and emergency care.
- A step-change in the productivity of elective care.
- Specialised services concentrated in centres of excellence.

In November 2013 NHS England's national medical director, Sir Bruce Keogh, published the first stage of his review of urgent and emergency care in England. This was developed after an extensive engagement exercise and it proposed a new blueprint for local services across the country that aims to make services more responsive and personal for patients, as well as deliver even better clinical outcomes and enhanced safety.

He said the current system is under 'intense, growing and unsustainable pressure'. This is driven by rising demand from a population that is getting older, a confusing and inconsistent array of services outside hospital, and high public trust in the A&E brand. For those people with urgent but non-life threatening needs there must be highly responsive, effective and personalised services outside of hospital. We believe our urgent care strategy is aligned to national thinking with the proposed consolidation and development of urgent care centres.

Since the production of our 'Case for Change' document, other national reports advocating the need to better support older people have been produced; Kings Fund 'Making our health and care systems fit for an ageing population', Kings Fund, 2014 and Delottie Centre for Health Solutions, 'Better care for frail older people: Working differently to improve care, both provide a further clinical evidence base for improving services for older people. A NHS England update report (August 2014) to the Bruce Keogh paper on Transforming urgent and emergency care in England further describes the need to provide highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E. (EL35)

Summary

Our vision for improving the way we deliver care for our vulnerable and elderly with supportive community urgent care services is aligned to our local and national strategies.

Our vision responds to the need to improve the lives of those people living with a long term condition and indeed our programme has already taken steps to do this by introducing a risk stratification tool with the development of an integrated community care team to support more patients to self-manage. Our proposals recognise the need to adopt a more modern, integrated way of delivering care, enabling people to receive care and support in their own homes or in the community, reducing the amount of time people spend in hospital which could be avoided. We want to improve our step-up and step-down processes by introducing a community wide health and social care single point of contact to help facilitate this. The proposal to centralise stroke rehabilitation into a centre of excellence fits with national guidance and the introduction of a community stroke team will enable us to meet NICE standards for stroke rehabilitation. We also want patients to receive the highest quality urgent and emergency care and by relocating under-used minor injury centres to a centre with enhanced urgent care cover will fulfil that need. We recognise that by developing a more enhanced urgent care service in the community, more patients can be treated effectively outside of The James Cook University Hospital.

Test 4 – Consistency with current and prospective patient choice

The Department of Health 2014/15 Choice Framework (EL36) provides a guide on the choices people have for NHS care and treatment. There are two particular elements of the choice framework which are pertinent to the IMProVE change programme:

- which organisation you can go to for your first appointment as an outpatient for physical or mental health conditions
- services provided in the community

The NHS Constitution states: “If your GP refers you to see a consultant you may have a choice of a number of hospitals. You might want to choose a hospital that has better results for your treatment, or one near your place of work.” This will not change with our new proposals. In fact it is expected that with plans to deliver more out-patient clinics and diagnostic services out in the community, the choice of localities available to patients will increase.

The Choice Framework states that choice of community services will depend upon where people live and will depend on what local clinical commissioning groups, GP practices and patients think are priorities for the community. It describes community services as services such as physical therapy, physiotherapy; adult hearing assessment services; psychological therapies, such as, counselling; or podiatry services. The person responsible for offering that choice is the GP or health professional who referred you to the service. Under our new proposals it is expected that choice of services such as rehabilitation therapies, day treatments, diagnostics and out-patients available in the community will increase.

Currently patients discharged to community hospitals are not guaranteed a choice of hospital site as beds are allocated on a needs basis. This is in line with legal requirements. This arrangement will continue under new proposals with a focus on patient need but with choice of site where capacity allows.

Changes to minor injuries units will mean that patients will have less choice of where they might attend across the South Tees community but they will have access to improved minor injury services. The proposed enhancement of services in Redcar, increasing diagnostic capacity and increasing the skills of staff working in those units, will hopefully improve the patient experience and potential outcome, enabling a broader range of conditions to be treated in minor injury units without the need for transfer to the A & E department at The James Cook University Hospital.

It should be noted that the NHS Constitution also points out that it is important that patients are involved in decisions about their treatment and are given information to help choose the right treatment. This will still be available to patients under the new arrangements.

It is also important to consider whether our IMProVE proposals also meet national regulations around choice and competition. The Principles and Rules of Cooperation and Competition (PRCC) issued by the Department of Health, form part of the NHS Operating Framework in establishing the system rules governing cooperation and competition in the commissioning and provision of NHS services in England. (EL37) It cites 10 principles for co-operation and competition:

1. Commissioners must commission services from the providers who are best placed to deliver the needs of their patients and populations.
2. Commissioning and procurement must be transparent and non-discriminatory and follow the Procurement Guide issued in July 2010.
3. Payment regimes and financial intervention in the system must be transparent and fair.
4. Commissioners and providers must cooperate to improve services and deliver seamless and sustainable care to patients.
5. Commissioners and providers should promote patient choice, including – where appropriate – choice of any willing provider, and ensure that patients have accurate and reliable information to exercise more choice and control over their healthcare.
6. Commissioners and providers should not reach agreements which restrict commissioner or patient choice against patients’ and taxpayers’ interests.
7. Providers must not refuse to accept services or to supply essential services to commissioners where this restricts commissioner or patient choice against patients’ and taxpayers’ interests.

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8. Commissioners and providers must not discriminate unduly between patients and must promote equality.
9. Appropriate promotional activity is encouraged as long as it remains consistent with patients' best interests and the brand and reputation of the NHS.
10. Mergers, including vertical integration, between providers are permissible when there remains sufficient choice and competition or where they are otherwise in patients' and taxpayers' interests, for example because they will deliver significant improvements in the quality of care.

It is important to state that our IMProVE proposals do not include any change to existing providers. We believe that we are currently commissioning services from providers who are best placed to deliver the needs of their patients and populations. We work collaboratively with our providers in order to try and deliver seamless and sustainable care to patients and are assured of their quality and their adherence to the patient choice agenda.

Commissioners are being encouraged to drive much more integrated care for patients and therefore there will be more emphasis on the future need for more collaboration amongst providers (Choice and Competition Delivering Real Choice: A report from the NHS Future Forum, 2011). We can therefore foresee that in the future we could potentially encourage collaboration amongst providers when it is in the best interests of patients, however, this will always be done in a transparent way, adhering to procurement regulations. Our model advocates the need to provide more home-based services and therefore there may be opportunities to increase choice through multiple providers, again this would be driven by what is in the best interests of our population and in accordance with procurement guidance.

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Item	Document	Comments
Test 1 – Documents demonstrating engagement with CCG commissioners		
EL1	Terms of Reference for System Resilience Group	Demonstrates how wider stakeholders are now involved in the development of the urgent care strategy
EL2	South Tees CCG Clear & Credible Plan	Demonstrates strategic direction for urgent care and delivering care closer to home
EL3	Urgent Care Workstream (Latest Draft)	Demonstrates development of the urgent care strategy and future direction of travel
EL4	Terms of Reference for IMProVE Advisory Group List of meeting dates Minutes of meetings	Demonstrates roles, remit, responsibilities and partnership working around the IMProVE project
EL5	Care of the Frail Elderly Person Event – July 2013 Themes and Goals from Event	Demonstrates partnership working in examining best practice and new models of care
EL6	Notes of Executive meetings & Governing Body meetings relevant to IMProVE Programme	Demonstrates how the CCG Exec and Governing Body led the IMProVE Programme and the fact that this was a regular agenda item.
EL7	Notes from clinical council meetings and individual practice meetings IMProVE Workstream Action Notes	Demonstrates discussion around the IMProVE programme/workstream at Clinical Council and individual practice meetings.
EL8	Notes from Clinical Professional Forum – 30th January, 2014	Demonstrates wider clinical discussion
EL9	Attendance list for: • CCG's Council of Members meeting on the 16th of January, 2014. • Stakeholder Event at James Cook Hospital on 20th January, 2014 • Stakeholder Event at Riverside Stadium on the 28th January, 2014	Demonstrates good attendance at meetings to discuss the development of future service development and configuration
EL10	Notes & Presentation from Clinical Council of Members meeting on the 16th of January	Demonstrates how clinicians were asked to be involved in the development of quality criteria to

	E mail correspondence	inform a future option for service configuration
EL11	Notes & Presentation from the Stakeholder Event at James Cook Hospital on the 20th of January, 2014	Demonstrates wider engagement with Consultants, GPs and Lead Community Staff
EL12	Locality group notes and presentations from: • Eston - 13th February 2014 • Middlesbrough – 13th February, 2014 • Langbaurgh - 20th February, 2014	Demonstrates how clinicians received more information around the case for change and the finalised quality criteria
EL13	Notes and presentation from: Engagement event held on the 31st of March Clinical Council of Members -10 April 2014 E-mail exchange Individual practice meeting	Demonstrates how clinicians were asked for their input and support for the proposed option and any comments received
EL14	GP locality notes during and after consultation period: Eston – 1st May, 11 Sep, 2014 Middlesbrough – 8th May, 11 Sep, 2014 Langbaurgh 15th May, 11 Sep, 2014	Demonstrates continued involvement of clinicians in the consultation and decision making process
EL15	Chiefs of Service Meeting 2nd April, 2014	Demonstrates commitment from GPs and consultants with regard to option and further ideas for improvement
EL16	Urgent Care Workstream minutes	
Test 2 – Documents demonstrating strengthened engagement with public and patients		
EL17	Report of Call to Action Event held on the 11th December, 2013	Demonstrates engagement with the public around the national and local NHS agenda – in particular questions around our vulnerable and elderly populations.
EL18	Report on pre-engagement consultation for IMProVE	Demonstrates engagement with the public on the IMProVE agenda illustrating support, key themes and concerns
EL19	Report from 29th January, 2014 stakeholder event & Slides	Demonstrates feedback from the pre-engagement consultation – you said, we did, input on future

		consultation and engagement around case for change, new model and quality criteria
EL20	14/15 commissioning intentions (dementia collaborative Better Care Fund Plans	Demonstrates CCGs commitment to improving Carers and Dementia services
EL21	Patient Participating Group Redcar and Cleveland 4th June, 2014.	Demonstrates engagement with GP participating groups
EL22	Notes from Healthwatch meeting held on the 27th January, 2014	Demonstrates engagement with the public around commissioning intentions – includes IMProVE and urgent care
EL23	Notes from Healthwatch meeting on IMProVE consultation 12th June, 2014	Demonstrates positive feedback and advice around further improvements to consultation process
EL24	Notes from IMProVE Reference Group	Demonstrates wider engagement around the process for developing an option for consultation
EL25	List of meetings with Chief Officers Notes/presentations from relevant Health and Wellbeing Boards/Executives/Partnerships	Demonstrates involvement with strategic partners in the development of vision, model and option for consultation
EL26	List of meeting dates with MPs Letters to MPs	Demonstrates engagement with members of parliament
EL27	OSC Minutes for IMProVE	Demonstrates our legal duty to engage with local authority health scrutiny bodies and how we have actively sought their advice.
EL28	Presentation to Middlesbrough Voluntary Agency on IMProVE	Demonstrates engagement and awareness of plans with voluntary sector
EL29	List of Dates when CCG engaged with staff - minutes	Demonstrates communication and engagement staff activities as part of the formal consultation
EL30	Communications Engagement Plan	Demonstrates good communication and engagement with relevant stakeholders as part of the formal consultation process

Test 3 – Documents demonstrating how the clinical evidence base has informed the programme and been tested by clinicians		
EL31	IMProVE Case for Change IMProVE Outline Business Case	Demonstrates consideration of clinical evidence for change
EL32	Medworxx Study	Demonstrates percentage of patients in community beds without a health need
EL33	South Tees Intermediate Care Review	Demonstrates clinical concerns about levels of therapy in community hospitals
EL34	Minor Injuries Case for Change	Demonstrates low activity levels for minor injuries
EL35	'Making our health and care systems fit for an ageing population', Kings Fund, 2014. Better Care for frail older people: Working differently to improve care. A NHS England update report to the Bruce Keogh paper on Transforming urgent and emergency care in England (August, 2014)	Demonstrate our alignment to national priorities and best practice
Test 4 – Documents demonstrating consideration of patient choice		
EL36	Department of Health 2014/15 Choice Framework	Demonstrates latest guidance around choice
EL37	Department of Health – Principles and Rules of Co-operation and Competition	Demonstrates latest guidance around competition and co-operation.