



Partners in improving local health



North of England
Commissioning Support

Report on outcome of IMProVE public consultation

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Introduction

The purpose of this report is to provide feedback to NHS South Tees Clinical Commissioning Group (CCG) following a public consultation from 30th April to 31st July 2014 on proposed changes and improvements to local community services as part of the Integrated Management and Proactive Care for the Vulnerable and Elderly (IMProVE) programme.

In terms of governance and accountability, North of England Commissioning Support (NECS) supported the engagement and consultation process for NHS South Tees CCG, and is providing this report.

NECS commissioned independent specialist consultants (Explain Research) to receive and independently analyse consultation responses from the consultation survey. Respondents to the consultation survey fed back by email, freepost address, telephone or via the website.

This report covers:

- stakeholders who have been consulted
- what information was provided to those stakeholders
- what matters those stakeholders were consulted about
- the result of the consultation, including a summary of the differences expressed by those consulted

This report aims to inform decisions or changes made by NHS South Tees CCG following the consultation who will account for the influence the results of the consultation have had on those decisions or changes.

Background

NHS South Tees Clinical Commissioning Group recognises the challenges it faces in meeting the needs of a growing population of older people. The CCG wants to improve health services for local people who are elderly, vulnerable or living with a long-term condition and other health and social care requirements. This includes those with diabetes, heart disease or chronic obstructive pulmonary disease (COPD) as well as people who have suffered strokes or heart failure.

For two years the CCG have been working with local GPs, hospital clinicians, nurses, service managers and local authority partners to consider the challenges. They have involved the public, service users and carers at each stage to make sure they understand their experiences and expectations of existing services, what they think of the CCG vision for future development, and can take those views into account in their planning and decision making.

NHS South Tees CCG have undertaken a comprehensive programme of engagement to involve the public, service users and carers, elected representatives, and other stakeholders and partners.

In January 2014, a public event was held to feed back what the CCG had learned to their partners and stakeholders, and to elicit their further input and views.

The information gathered during the engagement programme has been used to shape the CCG's final proposal for service change. This proposal was presented to the public and stakeholders during a three-month period of formal consultation. This document is the report on the outcome of that consultation.

What is IMProVE?

NHS South Tees Clinical Commissioning Group (CCG) is working in partnership with South Tees Hospitals NHS Foundation Trust, Tees, Esk and Wear Valleys NHS Foundation Trust and with Middlesbrough and Redcar and Cleveland local authorities to improve services for the vulnerable, elderly and those with long-term conditions in the area.

This improvement programme is referred to as the Integrated Management and proactive Care for the Vulnerable and Elderly (IMProVE). NHS South Tees CCG are now proposing to make some changes and improvements to local community services, including changes to the minor injury services provided from a number of these locations.

This is one of a number of planned areas of work which will lead to improvements in local services for the whole population. The changes made through the IMProVE programme will also help NHS South Tees CCG to invest in services which will benefit not only the elderly and vulnerable but the whole of the South Tees population by reducing reliance on hospital based services.

A formal public consultation to seek views on the proposals began on Wednesday 30th April 2014 and closed on Thursday 31st July 2014.

Consultation scope

The formal consultation document presented the detailed case for change and outlined the background to the proposals.

The changes proposed in the formal consultation document were to:

- Centralise all stroke rehabilitation and supporting services
- Invest in a community stroke team to help patients return to their home more quickly following a stroke

- Provide community beds in two locations
- Provide a more comprehensive minor injury service at a single location with enhanced medical and diagnostic cover
- Increase community nursing and support services by reducing the amount spent on maintaining ageing buildings.
- Deliver more care in the community closer to where people live

A full description of the options proposed is included in the consultation document in Appendix 2 at the end of this report.

Aims and objectives of the consultation

- To raise awareness and understanding of why it is important that the NHS has a plan to deliver sustainable and viable services for the next three to five years.
- To ensure that appropriate mechanisms are in place so that the public, key stakeholders and partners feel engaged and informed throughout the process.
- To contribute to shaping public, and health services' staff, expectations of NHS services in Middlesbrough, Redcar and East Cleveland.
- To maintain credibility by being open, honest and transparent throughout the process.
- To monitor and gauge public and stakeholder perception throughout the process and respond appropriately.
- To be clear about what people can and cannot influence throughout the consultation phase.
- To achieve engagement that is meaningful and proportionate, building on existing intelligence and feedback such as previous engagement/consultation activities, complaints, compliments etc.
- To provide information and context about the proposals in clear and appropriate formats which are accessible and relevant to the target audiences.
- To give opportunities to respond through the formal consultation process.
- To maintain trust between the NHS and the public that action is being taken to ensure high quality NHS services in their local area.
- To demonstrate the NHS is planning for the future.

Overview of the approach to engagement and consultation: 'Right people, right methods, right feedback, right questions, right time'.

NHS South Tees CCG followed good communications and engagement practice, and aimed to ensure that pre-consultation engagement and the formal consultation were as fair, robust and inclusive as possible. Adherence to Public Sector Equality Duties is also demonstrated.

The approach took into account the need for reconfiguration proposals to meet the four Tests for reconfiguration proposals in order to demonstrate:

- support from commissioners
- strengthened public and patient engagement
- clarity on the clinical evidence base
- consistency with current and prospective patient choice.

Good practice criteria applied included 'right people, right methods, right feedback, right questions, right time'.

The broad stages of consultation being followed are:

- pre-consultation
- consultation dialogue
- post consultation influencing

Section 244 of the consolidated NHS Act 2006 (became Section 23 of the NHS Act 2012) requires NHS organisations to consult relevant Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The approach supported the right to information and transparency as a cornerstone of involvement and the principles of the NHS Constitution which commits the NHS

“to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned” and “be involved, directly or through representatives, in the planning of services commissioned by NHS bodies”.

NHS South Tees CCG took account of NHS England good practice guidance - Transforming Participation in Health and Care - 'The NHS Belongs To Us All' by:

- Engaging communities with influence and control e.g. working with CVS and HealthWatch
- Engaging the public in the planning and delivery of service change e.g. engage early and build on insights

- Providing good quality information
- Providing a range of opportunities for participation
- Working with patients and the public from the initial planning stages

NHS South Tees CCG requested the Department of Health to undertake a 'healthcheck' of the Improve Programme in order to gain assurance with regard to the consultation process and legal requirements during August 2014. The healthcheck report indicated:

'During this period the CCG has made significant efforts to involve patients, the public and representative bodies in ensuring that the new integrated health and social care models are appropriate and in the best interests of patients. It was clear to the Review Team that the CCG had used the information gained from this pre-consultation period to inform the preferred option outlined in the Consultation Document.'

'The public consultation period closed on 31st July 2014 and the consultation report is now being produced for the CCG. The Review Team was impressed with the determination that the CCG showed to ensure that the consultation involved as many stakeholders as possible and that the process was in line with the guidance provided by NHS England and legal advice.'

Healthcheck ID: DH803, Department of Health

Pre-consultation engagement

Throughout the development of the IMProVE pre-engagement and formal consultation, NHS South Tees CCG met frequently with Middlesbrough Council, Redcar & Cleveland Council, South Tees NHS Foundation Trust and Tees and Esk and Wear NHS Valley Foundation Trust, Health and Wellbeing Boards for Middlesbrough and Redcar and Cleveland to discuss and seek views on the IMProVE programme.

Representatives from local HealthWatch organisations and the voluntary sector, and South Tees Joint Health Overview and Scrutiny Committee were engaged on an ongoing basis.

Local HealthWatch organisations contributed to this consultation by representing the interests of patients and the public and contributed to the consultation approach.

(See Stakeholders involved in the pre-engagement and development leading to the formal consultation.)

A range of formal pre-consultation engagement activities were undertaken in order to generate dialogue, gather feedback and views, and understand the themes emerging from these. This intelligence was used to scope the proposals for consultation, and to clarify key

messages around the context to the IMProVE programme. This provided valuable context and built understanding.

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 to Action focuses on a number of challenges but specifically an ageing population and a rise in the number of people with long term conditions. As part of their 'Call to Action' engagement strategy, NHS South Tees CCG sought the views of local people; patients, carers and stakeholders about how to address these issues in their area.

A 'Call to Action' event on 11 December 2013 provided an opportunity to widen the dialogue around the IMProVE programme, further enhanced by a range of other engagement activities. Responses from this were used to shape proposals for the IMProVE programme.

At the event stakeholders (including representative local groups) were asked to consider the following question: "Older people account for the majority of health 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?"

The following 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

Formal pre-engagement

Between 23 September 2013 and 22 November 2013, NHS South Tees CCG engaged formally with a range of stakeholders including partner organisations, services users, carers, providers and the general public to discuss the vision for services. Representatives of Middlesbrough Council, Redcar and Cleveland Council and South Tees NHS Foundation Trust were involved in developing the consultation document and the scope of the associated questions. Representatives of respective local HealthWatch organisations were also involved.

Survey of elderly and vulnerable groups

An in-depth survey of patients and their carers was undertaken by Carers Together, an independent charity providing support to patients and carers in Redcar. Carers Together worked proactively with other organisations in the area to ensure elderly and vulnerable groups, such as the housebound, had access and support to complete the survey. These groups are less likely to give their views by attending events and public meetings.

The aim was to get 250-500 questionnaires completed by people aged 65+ across the areas of Redcar, Eston, Brotton, Middlesbrough and Guisborough. Joint analysis of the findings (below) was undertaken between Carers Together and NHS South Tees CCG.

The full findings are available at Appendix 5.

There were 348 completed surveys from which some strongly consistent themes emerged:

- Appointments could be improved, including access and waiting times.
- Many people with arthritis and mobility problems find it difficult to either give or receive information and worry about whether it is accurate, and whether they are listened to.
- More information and communication
- Integration between services and more visits and continuity from the people who come to their home
- More carer involvement.
- There were a number of services suggested that people felt they either wanted more of, or wanted delivered in the home.
- There was support for a mix of services venues and for more services in the home, but acknowledgement that this requires more staff, networks and information.
- Lack of public transport.
- Very elderly carers receive a variable level of support from health and social services in the community. Some advised they had no information, out of date information or did not know where to go, although the GP usually was a 'first port of call'.

Patient participation groups

GP member practices were encouraged to include IMProVE as an agenda item for their patient participation group meetings, and to encourage their groups' members to respond to the formal consultation.

Drop in events

Five public drop-in events across the South Tees area were held, designed to offer interested individuals, stakeholders, service users and carers an opportunity to contribute their views and opinions face to face. Around 30 people attended the drop-in sessions.

Summary of feedback from formal pre-engagement

There were many positive comments which supported the IMProVE vision. However 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.

January 2014 stakeholder event

A stakeholder event held on 29 January 2014 was attended by 52 representatives of voluntary sector organisations, local councillors and clinicians.

The aim of the meeting was to feed back on the pre-engagement outcomes, engage with stakeholders around the future consultation approach and to gain their input into the development of quality criteria to be used to appraise the proposed model of care. This included assessment against standards relating to clinical quality, sustainability/flexibility, equity of access, efficiency, workforce, functional suitability, acceptability.

Similar to the separate meetings with clinicians, those who attended were invited to add to or amend the quality criteria and state what they felt were essential and desirable. There was general consensus between the group of clinicians in the room and other stakeholders on what was desirable and what was essential. In particular, access to estate within 30 minutes' drive and adequate parking was felt to be a desirable rather than an essential factor.

There were also comments and concerns raised about:

- Services for patients with dementia and support for carers – addressed as part of 2014/15 commissioning intentions.
- Making sure the necessary community services are in place before reducing beds. This was taken account of in options proposed in the formal consultation.
- Proposed 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.

These issues, concerns and suggestions for improvement from the public during both the formal pre-engagement period and from the January 2014 stakeholder event were used to further shape the new model of care and service reconfiguration as part of the formal consultation.

Stakeholders involved in the pre-engagement and development leading to the formal consultation

Local HealthWatch

NHS South Tees CCG have actively engaged with local HealthWatch organisations about the redesign and commissioning of health service. HealthWatch members from Redcar & Cleveland and from Middlesbrough were invited to an event to discuss their commissioning intentions on 27 January 2014. The event was led by HealthWatch. The aim was to provide members with the opportunity to contribute to and influence the way in which health services are developed in South Tees.

A total of 34 members from both HealthWatch organisations attended this event. Four CCG representatives provided support to answer questions and provide a wider context to the commissioning intentions.

HealthWatch representatives have also supported NHS South Tees 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 Programme Reference Group as detailed below.

IMProVE Programme Reference Group

This group, with representation from HealthWatch, the voluntary sector and South Tees NHS Foundation Trust, acted as a critical friend on processes and plans for engagement and consultation.

The IMProVE Advisory Group

The multi-agency IMProVE Advisory Group has taken forward the integrated agenda as a health community. This system wide group has provided oversight for monitoring the progress of the IMProVE formal consultation process.

Overview and Scrutiny Committee

NHS South Tees CCG has liaised with the South Tees Joint Health Overview and Scrutiny Committee around both pre-engagement consultation and the progression to the formal IMProVE consultation.

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 services that will be available.

Following development and agreement of the IMProVE proposals, NHS South Tees CCG developed robust plans to deliver engagement and formal consultation, and to communicate the scope of the consultation and case for change effectively to patients, the public, political and wider stakeholders and the media. A range of communications and consultation mechanisms were utilised to ensure sufficient information and involvement opportunities are available to identified stakeholders.

These plans were informed by learning from IMProVE pre-engagement, guidance from the Joint Overview and Scrutiny Committee, local HealthWatch organisations and feedback from the stakeholder meeting held on 29 January 2014.

The formal public consultation on the proposals ran from 1st May 2014 to 31st July 2014.

The timing of the consultation period took account of the period leading up to local and European elections taking place during May 2014. A key consideration was to ensure that key messages and options were not confused with wider debates about the NHS. NHS South Tees CCG aimed to ensure that informed views were received from patients, the public and all other stakeholders on the consultation proposals.

NHS South Tees CCG responded to ongoing requests for information throughout the consultation period.

Equality Impact Assessment

A formal equality impact assessment was carried out on the consultation process, resulting in a significant targeting of some of the more vulnerable and 'easily overlooked' groups, such as older people's groups, stroke condition groups and the Black Minority Ethnic (BME) community both before and during the formal consultation. NHS South Tees CCG worked closely with South Tees NHS Foundation Trust to engage their staff in the process, allowing opportunities for them to talk to CCG executive GP members.

Responses to the formal consultation survey were received from different groups and individuals. The support of partner community and voluntary sector organisations working with protected groups, as defined by the Equality Act 2010, is evidenced through the survey response rates, including Black Minority Ethnic groups (Everyday Language Solutions) and the elderly and carers (Carers Together).

Consultation Process

The consultation process included:

- 24 public, community and councillor meetings.
- Opportunity to provide questionnaire feedback by post or electronically.
- Presentation at formal Scrutiny Forums/Committees.
- Individual letters and e-mails etc.
- Independent analysis of questions.
- Triangulation of public and clinical meeting responses.

As part of the consultation process people were asked for their views on the vision for improving services and ensuring that more elderly and vulnerable patients with long-term conditions are able to remain independent for longer. In particular, people were asked:

1. Do you think we should centralise stroke rehabilitation services in a single specialist unit in line with best practice?
2. Do you think we should provide community beds in two locations within the South Tees area in order to be able to invest in more community services for elderly and vulnerable people?
3. Do you agree with our proposal to provide a more comprehensive minor injury service at a single location (Redcar Primary Care Hospital) with enhanced medical and diagnostic cover?
4. Do you agree with our proposal to spend more of our money on increasing community nursing and therapy services rather than on maintaining ageing buildings which are not able to support the delivery of our model of care?
5. How else do you think we could increase and improve community based services for people who are elderly, vulnerable or who have long-term conditions? This would include, for example, occupational therapy and physiotherapy services.
6. Do you agree with our vision to improve prevention and deliver more care in the community, closer to where people live, i.e., more consultant out-patient clinics, diagnostics and treatments in the community?
7. For views on our proposed plans for change and understand any concerns you may have about these proposed changes to services, and how they would be implemented.
8. How do you think our plans could have an impact on specific groups or individuals within our community? For example people from black and ethnic minority backgrounds, males/females, those with disabilities, carers.

Consultation document and questionnaire

The formal consultation document presented the case for change and outlined the background to the proposals. This document included a questionnaire distributed within a consultation booklet and was also hosted on the NHS South Tees CCG website. An accessible summary document was also produced. Consultation documents and questionnaires were delivered to all GP practices, community based health facilities and libraries in South Tees. The questionnaire was also available as an online survey.

Supporting information made available on the NHS South Tees CCG website included the IMProVE Case for Change and the Outline Business Case. This supporting data was provided in order to enable as much informed engagement in the consultation process as possible.

Consultation events

A number of formal public meetings, drop-in sessions and engagement with individual groups were being held at a variety of locations and times which were selected to ensure equitable opportunities across South Tees. Venues were selected based on accessibility.

A total of 24 events were held across the South Tees area; five of these were formal consultation meetings.

The format of the formal consultation events was an open forum 'market place' style session with dedicated discussion tables for those attending who wished to participate. The aim was to enable understanding of the proposals and issues so that responses would be more informed.

Each of the events held took place outside of normal working hours (5.30-7.00pm) to support the general public's attendance.

A core team of clinicians, managers from the acute trust and local authorities and CCG GPs and commissioners were present to facilitate each event and to address and manage concerns, particularly from people attending with specific concerns about their own experiences.

This format was chosen as an alternative to a presentation and Q&A session with representatives on a top table as it provided an opportunity for discussion and dialogue which supported more informed responses to the questionnaire. Those who attended were keen to speak to clinicians.

A number of supporting staff from North of England Commissioning Support (NECS) were also present to capture themes from the discussions.

To ensure opportunities for face to face discussion were as wide-ranging as possible, local groups and public events were organised throughout the consultation period.

A full list of events is below:

30 May	Step out for Stroke – partnership event with service users
4 June	Eston formal public meeting
6 June	Lifestore Middlesbrough MELA – engagement with general public
11 June	Brotton formal public meeting
13 June	Lifestore Middlesbrough – partnership work to engage with the general public around IMProVE to capture their responses to the Q & document
16 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
18 June	Guisborough formal public meeting
1 July	Redcar & Cleveland Overview & Scrutiny Committee
2 July	Grangetown Library – Over 50's club - Service User Event
2 July	Middlesbrough formal public meeting
3 July	Redcar Library – public engagement
4 July	Lifestore Middlesbrough – James Cook Hospital public and staff engagement around IMProVE
7 July	Positive about Stroke – Service User Event
8 July	Central Library – public engagement
9 July	Redcar formal public meeting
9 & 10 July	Action for Blind People/Teesside Blind Society – Service User Events
11 July	Ormesby Library – Service User Event
14 July	Dormanstown Library – public engagement
15 July	Roseberry Library – service user event
22 July	James Cook Hospital – AGM public and staff engagement
23 July	Guisborough Library – Service User Event

Two drop in events for local councillors were held in Middlesbrough on 3 June 2014 and in Redcar and Cleveland on 18 June.

A total of 176 people attended the **formal public meetings**.

Awareness raising activity

The consultation and response mechanisms were promoted through a range of mechanisms to give local people and organisations the opportunity to comment. This included the following:

- Widespread distribution of the full consultation document to local organisations and interested parties which included questions seeking views on the implementation of the proposals e.g. care homes, libraries, GP Practices, pharmacies, opticians and dental practices

- An event flyer distributed to community venues and businesses in Eston, Brotton, Guisborough and Middlesbrough
- Information about the consultation and an online survey on the NHS South Tees CCG website
- A full 'rolling' advert schedule in the Evening Gazette
- CCG promotion columns were used, using Dr Henry Waters' Waters' (Chairperson for South Tees CCG) regular update on health matters , in the Evening Gazette
- In-house mail-outs promoting events to stakeholders, NHS Trusts, Hospitals, Local Authorities and Key Advisory Groups
- Social media, Twitter and Facebook, promotion of the consultation
- Carers Together distributed 1,000 questionnaires to service users and carers
- Everyday Language Solutions distributed 500 questionnaires to BME communities
- A video was developed to support the materials and messages for the consultation with input from stakeholders
- Personal invitations issued to elected representatives, i.e. all councillors and MPs to attend the events.

Media

The consultation was extensively covered by the local media throughout the formal consultation period. Overall, media coverage was balanced and key messages about the consultation in the media were reinforced throughout this time.

Early interest in the local media about the future of the community hospitals meant that a wide audience was reached across the area at the beginning of the consultation (potentially over 80,000 people).

Tailored press releases were produced to publicise the public engagement events that were arranged in May, June, and July.

A total of 37 media items were published through the course of the consultation. All of the public events were well publicised in the local press and on the news section of the CCG website.

Mid-stage review - HealthWatch

Local HealthWatch representatives attended a mid-stage review meeting on 12 June 2014. They provided valuable mid-stage feedback on further engagement activities which would enhance the consultation process, and contributed suggestions for improving public facing 'language' to increase understanding which were adopted in further public facing communications.

Outcome of the public consultation

Overview

An independent research company, Explain Research, was asked to analyse responses to surveys that were completed as part of the consultation process. Observations and concerns drawn from comments made at from the events are summarised for additional context to the survey responses. A summary of responses from key stakeholders is also included in this section.

Survey results

Headlines from the survey responses are summarised in Table 1. The full survey report from Explain Research is at Appendix 4. A breakdown of the proportion of responses received through the different mechanisms is also given in Appendix 3. The total number of responses was 586.

Key findings from the survey

The majority of respondents agreed with the key proposals for better care for the vulnerable and elderly in South Tees.

Table 1 – Summary of survey responses

Proposed centralisation of the stroke rehabilitation centre 568 responses	84% agreed Most common reason for those agreeing was enhanced expertise/quality of care. Most common reason for those disagreeing was need for more than one location
Provide community beds in two locations in order invest in more community services for elderly and vulnerable people 522 responses	87% agreed Most common reason for those agreeing was care should be provided closer to home. Most common reason for those disagreeing was that there should be more than two.
Provide a more comprehensive minor injury service at a single location (Redcar Primary Care Hospital) with enhanced medical and diagnostic cover 561 responses	68% agreed Most common reason for those agreeing was reducing burden on other places. Most common reason for those disagreeing was problems with access/locality

<p>Spend more money on increasing community nursing and therapy services rather than on maintaining ageing buildings which are not able to support the delivery of the model of care</p> <p>548 responses</p>	<p>89% agreed</p> <p>Most common reason for those agreeing was money should be spent on healthcare. Of those disagreeing, the most common theme was that buildings are important to delivering care</p>
<p>How best to improve community services</p> <p>385 responses</p>	<p>Range of responses but most common (13%) was more / longer home visits and home care.</p>
<p>Improve prevention and deliver more care in the community, closer to where people live</p> <p>559 responses</p>	<p>96% agreed</p> <p>Most common reason for those agreeing was simply a general agreement. Most common reason for those disagreeing was that it would not make any difference.</p>
<p>General views</p> <p>338 responses</p>	<p>Those more likely to need these services in the short term were more likely to agree with the proposals, i.e. older respondents, respondents who were carers and those who had a disability.</p>
<p>How people think our plans could have an impact on specific groups or individuals within our community?</p>	<p>Most respondents thought everyone would be affected the same regardless of their demographic profile.</p>

Responses by question and themes identified are included in Appendix 4.

Responses by question and themes identified

The following information details the percentage responses to the questions in the survey and common themes arising from the comments from people who submitted responses.

Do you think we should centralise stroke rehabilitation services in a single specialist unit in line with best practice? 568 responses

Overall, 84% of respondents agreed that stroke rehabilitation services should be centralised in a single specialist unit. In general, a higher proportion of those who were likely to need these services in the short term agreed with the proposed centralisation of the stroke rehabilitation services, such as older respondents compared to younger respondents and carers compared to non-carers. A higher proportion of White respondents agreed with this proposal than non-White respondents.

Of those who agreed with the proposal, the most common reasons were:

- Enhance expertise/quality of care (104)
- General agreement (40)
- Convenience/ accessibility (24)
- Comfort/familiarity (22)
- Best practice (19)
- Cost benefits (11)
- Saves travel (8)
- Saves time (7)

Of those who didn't agree with the centralisation of the stroke rehabilitation services, the reasons given were:

- Need more than one location (42)
- Accessibility/travel (31)
- General disagreement (4)
- Quality of care (3)

Do you think we should provide community beds in two locations within the South Tees area in order to be able to invest in more community services for elderly and vulnerable people? 522 responses

Overall, 87% agreed with the proposal to provide community beds in two locations within the South Tees area in order to be able to invest in more community services for elderly and vulnerable people. Similar to opinions on stroke rehabilitation services, older respondents and carers were more likely to agree with this proposal. Also a higher proportion of respondents with a disability than without a disability agreed with this proposal (89% and 83% respectively).

Of those who agreed with the proposal for community beds in two locations within the South Tees area, the main reasons given were:

- Care would be provided closer to home (79)
- Two or more would be sufficient (44)
- Better care (36)
- Will relieve pressures on hospitals (36)
- Elderly/vulnerable people should be prioritised (14)
- Should be in particular area (15)
- Good idea (4)

Of those who disagreed with the proposal, the reasons given were:

- There should be more than two (16)
- Travel issues/more local services (15)

- Should be one centre of excellence (4)
- General disagreement (4)

Do you agree with our proposal to provide a more comprehensive minor injury service at a single location (Redcar Primary Care Hospital) with enhanced medical and diagnostic cover? 561 responses

Overall, 68% of respondents agreed with the proposal to provide a more comprehensive minor injury service at a single location (Redcar Primary Care Hospital) with enhanced medical and diagnostic cover. Again, the older the respondent, the more likely they were to agree with this proposal. A higher proportion of carers (76%) than non-carers (60%) agreed with the proposal and a higher proportion of respondents with a disability (70%) than without a disability (65%) agreed. White respondents were more likely to agree with the proposal (71%) than Asian/Asian British (67%) and other ethnic groups (55%).

Of those that stated they agreed with the proposal to provide a more comprehensive minor injury service at a single location, reasons for this opinion included:

- Reduces burden on other places (34)
- Better service/quality (32)
- Easier for transport (30)
- General agreement (28)
- Local services still needed (18)
- Easier access (17)
- Facility currently underused (14)
- Good to have one recognised place (10)
- Save money (4)

Of those who didn't agree with this proposal, further comments provided included:

- Problems with access/locality (43)
- Travel/transport might be an issue (31)
- Need more than one location (28)
- Cost (8)
- Overcrowding (8)
- People will just go to A&E (7)

Do you agree with our proposal to spend more of our money on increasing community nursing and therapy services rather than on maintaining ageing buildings which are not able to support the delivery of our model of care? 548 responses

Overall, 89% of respondents agreed with the proposal to spend more money on increasing community nursing and therapy services rather than on maintaining ageing buildings which are not able to support the delivery of the model of care. Those aged 75 and over were most likely to agree with this proposal (93%), and those aged under 26 least likely (75%). A higher proportion of respondents who were carers (92%) and those with a disability (92%) agreed with the proposal compared to non-carers (86%) and those without a disability (86%).

Of those who agreed with the proposal to spend more money on community nursing, the main reasons were:

- Money should be spent on healthcare (125)
- Community/Home care should be utilised more/ best form of care (58)
- As long as services are maintained (23)
- Maintaining buildings would be inefficient (23)
- General agreement with the proposal (17)

Of those who didn't agree with this proposal, the most common theme was that buildings are important to delivering care (12).

How else do you think we could increase and improve community based services for people who are elderly, vulnerable or who have long-term conditions? This would include, for example, occupational therapy and physiotherapy services. 385 responses

The most common responses were more/longer home visits/home care (13%), more local facilities (11%) and more occupational and physiotherapy (8%).

Do you agree with our vision to improve prevention and deliver more care in the community, closer to where people live, i.e. More consultant out-patient clinics, diagnostics and treatments in the community? 559 responses

Overall, 96% of respondents agreed with the vision to improve prevention and deliver more care in the community closer to where people live. There was very little difference between the demographic groups for this question, although again those aged over 75 and respondents who were carers were the most likely to agree with this proposal (99% and 98% respectively).

Respondents were then asked if they had any comments regarding this section of the proposal. Of those who said they agreed the main comments given fell into the following themes:

- General agreement (69)
- Less travel (33)
- Better to be more local (26)

- In favour of a move away from central location (22)
- Prevention is good (22)
- Makes it easier (18)
- Quicker access (16)
- Less stress (6)

Of the respondents who disagreed with the vision to improve prevention and deliver more care in the community closer to where people live, the most common themes in response were:

- It wouldn't make any difference (7)
- It wouldn't be any closer (4)

Respondents were asked about any concerns they had about the proposed changes and literal responses have been themed. Almost a third responded to this question by saying they didn't have any concerns or that the change will be beneficial. Of those who did have concerns, they were mainly general worries about changes to services and also transport issues.

We want to get your views on our proposed plans for change and understand any concerns you may have about these proposed changes to services, and how they would be implemented. 338 responses

Finally, respondents were asked how the proposals could have an impact on specific groups or individuals within the community. The largest proportion of respondents thought everyone would be affected the same regardless of their demographic profile.

Key themes from the events

The sections below highlight key themes gathered from discussions at the councillor, public and community events, and as well non survey comments by post, online and by email.

Where observations and concerns drawn from comments made at the events can be linked to survey questions, this is indicated.

More general comments are also indicated as key observations. It should be noted that many comments and questions were addressed and resolved directly at the events by CCG GP members, commissioners and representatives from partner organisations. Some were relevant to the scope of the consultation; others were outwith this.

Comments linked to survey questions

Do you think we should centralise stroke rehabilitation services in a single specialist unit in line with best practice?

There was general support; the main concern was transport to Redcar Primary Care Hospital for both patients and visitors, and ensuring a simple solution to ensure ambulance services are not overstretched. This was an issue for people in Middlesbrough, Brotton, Eston and Guisborough, due to poor public transport.

Other observations:

- Support for the change but some felt patients prefer to access their local community hospitals
- A minority questioned the Redcar location
- Some questioned single room provision
- Training for home nurses
- Equipment needed in patient's own homes is a potential barrier to care

Do you think we should provide community beds in two locations within the South Tees area in order to be able to invest in more community services for elderly and vulnerable people?

There was mixed support and some concerns over overcrowding, waiting times and the number of hospital beds available.

Do you agree with our proposal to provide a more comprehensive minor injury service at a single location (Redcar Primary Care Hospital) with enhanced medical and diagnostic cover?

There was mixed support and some concerns people would not be able to access treatment due to lack of transport links.

Do you agree with our proposal to spend more of our money on increasing community nursing and therapy services rather than on maintaining ageing buildings which are not able to support the delivery of our model of care?

There was positive support for this proposal.

How else do you think we could increase and improve community based services for people who are elderly, vulnerable or who have long-term conditions? This would include, for example, occupational therapy and physiotherapy services.

Suggestions were increased night sitting, and robust care plans with a social services / district nursing interface.

Do you agree with our vision to improve prevention and deliver more care in the community, closer to where people live, i.e. More consultant out-patient clinics, diagnostics and treatments in the community?

There was positive support for the vision and questions about how community care will work in practice. These focussed on having robust care plans, trained professionals and effective recruitment and organisation of community staff.

Key observations

Respondents in attendance of both councillor and also community groups were the most positive about the plans to centralise services and focus on care in the community, but did have some questions and concerns as to how this may work in practice. Key recurring themes have been identified from all three groups, resulting in the following observations.

Travel was a serious consideration for all three groups, and many respondents felt that by moving away from local community hospitals, their ability to access these services would be more difficult. Respondents highlighted the lack of public transport in place to Redcar, especially for residents in Brotton, Eston and Guisborough in terms of the limited availability of routes but also timetables.

Although the vast majority of respondents were positive about the move to care for patients in a community setting or in their own homes, all respondent groups questioned how this may work in practice. Areas for improvement identified stemmed from the initial discharge from hospital to link up to community services and respondents felt that improved communication and a robust care plan from the outset were essential to ensure that this process runs smoothly. Once out of hospital, public respondents required reassurance that nurses would be specially trained to deal with stroke patients and there were concerns about carers in the home in terms of the level of care provided compared to that in hospital. Key interfaces for care were felt to comprise of social services and district nursing teams and respondents emphasised the importance of a lead nurse for each patient.

To alleviate these concerns, information about building a care plan, including links to community services and the provision of trained nurses may be beneficial with an emphasis on improved levels of communication. Information around the recruitment and organisation of community staff may also be useful, to alleviate concerns about there being adequate staffing to meet demand.

Other areas in which respondents required more information were the rapid response service and also night sitting. Many respondents were interested to find out more detailed information about the services and also the specific criteria to receive them and councillors in particular felt it would be beneficial to communicate how patients could be referred. Simple access to rapid care was felt to be important, especially during the night to prevent patients falling back on emergency services, but again respondents required more detail as to how this would work in practice. One area in which public respondents were interested to know more was the financial impact of sending healthcare professionals out to patients during the night as opposed to admitting them to stay in hospital, and reassurance that this was the most financially viable option would be preferred.

In addition to concerns about patient provisions under the new plans, both community and public respondents raised concerns about the plans for staff currently positioned at each community hospital. There were questions over redundancies or de-skilling staff in the move and some suggested that the stress placed on staff could work to demotivate which would then impact on patient care. Respondents in the community groups in particular confirmed that there was uncertainty amongst staff in Middlesbrough and that effective communication was key to keep them in the loop and ensure a strong sell to counteract the challenges of change. In this way, more information about staff restructuring and relocation in both internal and external forums could be beneficial to provide reassurance on this issue.

Summary

Support for the plans appeared largely positive with some mixed responses; however the key concerns requiring attention going forward were:

- Transport to Redcar Primary Care Hospital for both patients and visitors and ensuring a simple solution to ensure ambulance services are not overstretched
- How community care will work in practice, including robust care plans with trained professionals and the recruitment and organisation of community staff
- Service offering and eligibility for rapid response and night sitting services and whether they are financially viable
- Concerns over plans for staff stationed at community hospitals including more information about restructuring to tackle uncertainty

Examples of stakeholder responses

Below is a sample of the direct comments taken from a range of events.

Public perception

“Taking a leap of faith to make decisions; people don’t like change – similar situation with libraries in Redcar – once changes are made for the better people will see how things improve and will trust the decision.” IMProVE Councillors Drop in Event

“No use complaining - over 80 on scrapheap.” Teesside Blind Society engagement event

“Does anyone take any notice of these meetings?” Grangetown Library over 50s Club

“Don’t believe a word you’re saying.” Guisborough Methodist Church Brotton engagement event

“Nobody has been listening to what the NHS is saying but now they are; you are giving us confidence.” Middlesbrough, Acklam Green engagement event

“Read beneath the headlines – Stevens – fits with this debate, focus is on services and not buildings.” Freebrough Enterprise Centre, Brotton engagement event

Care at home

“Don’t want to be in hospital, would rather be at home.” Teesside Blind Society engagement event

“Not a good standard – Cousin (80s) looked after at home – Carers come in, don’t know how to shave patient. Don’t know how to – not had training! Can complain to social worker. Not the same person each day – important.” Redcar – Sacred Heart School engagement event

“Some people cannot get the care they need in hospital, community care is better.” Ormesby Library, Knitting Group/Mother and Toddlers

“Honestly there is no ideal, hospital beds are taken up by people who have no one to care for them at home.” Ormesby Library, Knitting Group/Mother and Toddlers

“Personal assistants need to be better paid. They need to have more interaction with patients.” Dormanstown Library, Redcar engagement event

“What is a community matron? My husband was referred and we’ve been waiting for one to come for months.” Dormanstown Library, Redcar engagement event

“We need to keep people out of hospital – to be able to do this we need to keep people in own homes with appropriate staff.” Guisborough Methodist Church Brotton engagement event

“Sometimes it takes weeks & months to get equipment in.” Positive About Stroke- Service User Group Engagement, Ormesby

Money

“Think when we get to 70 they will shoot us. They can’t afford us. It’s frightening and it all comes down to money.” Roseberry Library Redcar – Craft Group

“Agree with putting money into staff rather than buildings.” Redcar Library engagement event.

“I don’t think there is enough money to care for everyone at home 24/7.” Positive About Stroke- Service User Group Engagement, Ormesby

Communication

“Clearer ways to communicate - Know who to talk to when you need to complain. Same people each time. Organisations talk to each other, they need to communicate more effectively.” Redcar – Sacred Heart School engagement event

“People don’t know what services are available, it should be made clearer.” Freebrough Enterprise Centre, Brotton engagement event

Transport and location

“If you haven’t got a car Brotton and Redcar are almost impossible to get to.” Guisborough Library engagement event

“I want a hospital where I am.” Guisborough Library engagement event

Formal responses

Local HealthWatch organisations

Redcar and Cleveland HealthWatch consulted with their membership and the wider public and have confirmed support is given to the proposals for the development of community services in the area:

“We particularly support the proposals including development of services from East Cleveland and Redcar Primary Care Hospitals, the latter being perceived by members of the community as an underutilised but potentially valuable healthcare asset. Engagement with local people has emphasised the underuse of current services provided at Redcar Primary Care Hospital including audiology, endoscopy and x-ray, causing patients to travel further to

James Cook University Hospital (JCUH) to receive treatment. While accepting that ‘high tech’ investigations and treatment need to be carried out in centres of excellence such as JCUH, many more basic investigations, treatments and follow up could be carried out at our two above named primary care hospitals to the benefit of our local population. This would also have the potential to reduce traffic congestion in the South Tees area with resultant health and economic benefits for the population as a whole.

“The further development of Redcar Primary Care Hospital as an urgent care centre is also an initiative which this HealthWatch would strongly support, providing that supporting services such as radiography are also made available and that the hours of service provision are extended to enable it to be recognised by the community as a viable alternative to JCUH for minor injuries. We do, however, have concerns about the proposal to close minor injuries services at East Cleveland Primary Care Hospital, predominantly due to the removal of the GP service/ walk-in centre in Skelton. Although underutilised at present, this service has the potential to provide for a socially disadvantaged community, many of whom, for example single parent families and pensioners, are not car owners and must rely on indifferent public transport provision. This is likely to impede the access of such people to the minor injuries service at Redcar Primary Care Hospital (or A & E at JCUH). Should it be necessary to close the minor injuries service at East Cleveland Primary Care Hospital, could it not be provided from some other permanent site by an alternative agency within East Cleveland to enable it to be recognised as a minor injuries service by the local community?”

Dr Ian Holtby - Chair of HealthWatch Redcar and Cleveland

Response from MPs

MP for Middlesbrough Andy McDonald and MP for Redcar Ian Swales both expressed support for the proposals in the media. There was ongoing dialogue between these MPs and the CCG.

There were also responses outside of the analysis of the formal public that will be fully acknowledged and taken account of by NHS South Tees CCG. A petition of 1,759 signatures submitted to NHS South Tees CCG by MP for Middlesbrough South and East Cleveland Tom Blenkinsopp. This urged the CCG not to close the minor injuries units at Guisborough and East Cleveland. No other commentary on the vision and options within the formal consultation was given through the petition.

Middlesbrough Council

Middlesbrough Council expressed concern about the closure of two facilities to be provisioned in one site could place additional pressure on social care residential care services as a consequence of demand exceeding supply. They asked for reassurance that there will not be a reduction in places being provided given rising demand. The council

committed to working with NHS South Tees CCG to ensure that community stroke provision provides sufficient level of support and care and acts as an alternative to stroke within residential care.

The council

- did support early intervention and community based services as these provide improved outcomes for those who use them, are more cost effective; they consider this is what local people say that they want
- were also supportive of an effective service which release funding for other services
- agreed with the proposal to spend more of money on increasing community nursing and therapy services rather than on maintaining ageing buildings which are not able to support the delivery of the existing model of care.

Middlesbrough Council said they wished to support the NHS South Tees CCG's ambition through improved low level support for long-term conditions to improve compliance with medication and to reduce unplanned admissions.

“We are keen to develop community hubs as a way to co-develop and deliver such services, commissioning VCS organisations to deliver such a service based on the Wigan community model.”

They also agreed with the vision to improve prevention and deliver more care in the community, closer to where people live.

The council confirmed they do not consider that any specific groups would be disadvantaged by reconfiguring services away from inpatient and acute services to community based services.

(Richenda Broad, Executive Director of Well-Being, Care and Learning, Middlesbrough Council)

Durham, Darlington and Tees NHS England Area team

The Area Team is supportive of the aims of IMPROVE and welcomed the plans to deliver more integrated care, closer to the homes of some of the most vulnerable people in local communities. They are keen to see these plans brought to fruition with minimal impact on the two primary care services impacted by the proposed changes, as outlined below. They were, however, partially supportive on some aspects relating to clinical sustainability and workforce, dependent upon further work and assurance on plans. Their response and a summary of key points is included in Appendix 6.

South Tees Hospital NHS Foundation Trust

“The trust is pleased to be a partner with you (NHS South Tees CCG) in work that we consider to be of value to the population of South Tees enhancing the quality of care

patients receive and developing a more integrated approach to health and social care that we believe will improve the experience for patients and their carers.

“We share your vision for healthcare in the South Tees area and will be happy to work with you to implement the proposed changes.

“After considering the options being presented there is one area where we believe additional consideration should be given. This relates to the proposed centralisation of stroke beds. While we accept the clinical arguments in favour of centralising this facility we believe that there may be an alternative to the proposed location at Redcar Primary Care Hospital.

“You are aware of the Gateway development in Middlesbrough run by the Keiro Group. We have been in discussion with this service and believe the facilities they offer to be of a high physical standard with the potential to scope staffing and support services to the specification required by you as commissioners. We are still evaluating the financial impact of this approach but early indications suggest this would be an economically viable approach based on current tariff and other payment structures and would suggest this is given due consideration in your review of the consultation findings. Our clinical staff have indicated that they would also find this an acceptable approach.

“We will continue to work with you over the next few months to ensure that all of the agreed changes are delivered in a way that supports patient care but is also responsive to the needs of our staff who will also be affected by this strategic approach.”

Professor Trisha Hart, Chief Executive, South Tees NHS Foundation Trust

Overview and scrutiny committees

South Tees Joint Health Scrutiny Committee

Local health overview and scrutiny committees have been continually consulted throughout the development of ideas, pre-engagement and formal consultation process. On 22 July 2014, a formal joint meeting of the South Tees Joint Health Scrutiny Committee was held to discuss the options in the consultation. A presentation was given, followed by discussion of the issues.

In general the committee were supportive of the process that had been undertaken by the CCG. Members had the opportunity to input in to the questionnaire and suggest people/organisations the CCG should include in their consultation.

Members did have some concerns regarding transport, including the current difficulties concerning local transport services with particular regard to Redcar and East Cleveland and also getting from Middlesbrough to Redcar using public transport.

The committee wanted to receive the results of the public consultation exercise before making any comment on the proposals themselves.

The committee had highlighted that in terms of meeting future demands and determining what services needed to be in place that references should be made to the influences of the Joint Strategic Needs Assessment and recognition that there are some differing needs between Redcar and Cleveland and Middlesbrough.

The committee welcomed the proposed community development and re-investment which would take place between April 2014 and March 2016 which included the recruitment of additional staff and ongoing appropriate training of current staff.

The committee welcomed the opportunity to be involved in any future stages which would involve regular updates to Members any implementation of the phased approach.

Redcar and Cleveland People Services Scrutiny and Improvement Committee

NHS South Tees Clinical Commissioning Group (CCG) presented to the Committee on 1 July 2014.

Member's comments included:

- need to identify people who were at risk and put the support in place required.
- a shift to care being community and home based needed the correct resources.
- patients were on long waiting lists for assessments; these plans could expedite assessments and impact positively on quality of life.
- the importance of having a named GP. Members were advised that patients over the age of 75 would have a named GP.
- important that the changes were driven by clinicians and there should be more accountability through the democratic process.
- although there was a small number of people using the East Cleveland and Guisborough minor injuries service, these areas had a smaller number of residents.
- sometimes ill health was due to social reasons and elderly people not going out of their homes. Members were advised that there was an Ageing well group in Redcar and this had been discussed with them.

Neighbouring Clinical Commissioning Groups

Hambleton, Richmondshire and Whitby CCG

A response was received from Dr Charles Parker, GP, of Hambleton Richmondshire and Whitby (HRW) CCG. He expressed their concerns that the vision will affect the care of patients within their CCG area.

They asked NHS South Tees CCG to consider this smaller group of patients in their pathway development and ensure that their care moves closer to home as speedily as possible. NHS South Tees CCG provided assurance that the pathway for these patients would remain as commissioned, without patients being diverted to services further away from their homes.

Summary

The surveys

Conclusions from the survey

The majority of respondents agreed with the key proposals for better care for the vulnerable and elderly in South Tees. Those who were more likely to need services for the vulnerable and elderly in the short term were more likely to agree with the proposals, i.e. older respondents, respondents who were carers and those who had a disability.

- 84% agreed with the proposed centralisation of stroke rehabilitation services, and the majority of those who agreed did so because they thought it would enhance the expertise and quality of care. Those who didn't agree with centralising stroke rehabilitation services thought more than one location was needed and travel and accessibility would be an issue.
- 87% thought the CCG should provide community beds in two locations within the South Tees area in order to be able to invest in more community services for elderly and vulnerable people. Care being provided closer to home was the main reason for this response. A minority, however, did think this service should be provided in more than two locations.
- 68% agreed with the proposal to provide a more comprehensive minor injury service at a single location (Redcar Primary Care Hospital) with enhanced medical and diagnostic cover. Of those who agreed with this proposal, the reasons for this included reducing the burden on other places, better service/quality and that it would be easier for transport. Respondents who disagreed did so because of problems with accessibility and transport or that they thought more than one location is needed.
- 89% agreed with the proposal to spend more money on increasing community nursing and therapy services rather than on maintaining ageing buildings which are not able to support the delivery of the model of care. Those who agreed with this proposal did so because they thought money should be spent on health care. A minority did think that maintaining buildings is important in delivering care.
- Home care/home visits and more local facilities were suggested ways of improving community based services for people who are elderly, vulnerable or who have long-term conditions.
- 96% agreed with the vision to improve prevention and deliver more care in the community, closer to where people live. Respondents thought being local with less travel needed was a positive thing, however concerns about the proposal centred around travel issues as well as general concerns about change.

Final commentary from the independent analysis on the survey results

The independent analysis shows that, out of the five changes proposed in the consultation, four achieved majority agreement of over 80% and clear, very strong public support for the following changes to go ahead:

- 84% agreed with the proposed centralisation of the stroke rehabilitation centre
- 87% thought the CCG should provide community beds in two locations within the South Tees area in order to be able to invest in more community services for elderly and vulnerable people
- 89% agreed with the proposal to spend more money on increasing community nursing and therapy services rather than on maintaining ageing buildings which are not able to support the delivery of the model of care
- 96% agreed with the vision to improve prevention and deliver more care in the community, closer to where people live

The area with the lowest level of agreement was the provision of a minor injury service at a single location and although this proposal also achieved majority support (68%), nearly a third of respondents disagreed. The key concern of those who disagreed was ease of access in terms of distance from the respondents' home and ability to travel, which will be important to address.

In addition, although agreement was high across all other areas of the proposals, transport and accessibility was a recurring theme and something to consider.

Finally the concept of 'Care Closer to Home' was clearly very well supported and something to continue to consider to improve care for the vulnerable and elderly across the board.

Final conclusions

The process of pre-engagement and formal consultation was comprehensive and provided numerous opportunities for members of the public to find out more about the proposals and to make their views known. It is clear that there has been considerable local discussion about these proposals.

As the local commissioner of health services leading this consultation, NHS South Tees CCG has welcomed the opportunity to discuss these proposals with local people and organisations across South Tees in order to gather as wide a range of views as possible. NHS South Tees CCG has followed best practice in aiming to ensure that the consultation process has been transparent and open in presenting the clinical evidence and views which support the IMProVE programme proposals.

Appendices

- Appendix 1: IMProVE Consultation plan
- Appendix 2: Consultation Document
- Appendix 3 Response Statistics
- Appendix 4. IMProVE public consultation survey analysis – Explain Market Research
- Appendix 5. Carers Together Vulnerable Groups Survey
- Appendix 6. Response from Durham, Darlington and Tees NHS England Area Team

Appendix 1: Consultation Plan

IMProVE Consultation Implementation Plan 2014

Task	Details	Responsible	Timescale
Planning and preparation			
Stakeholder contacts	Update/agree stakeholder contact list to include N Yorks community/voluntary groups and GPs	NECS/CCG	Dec/Jan 2013/2014
	Agree selected stakeholders to participate in January event	NECS/CCG	Dec/Jan 2013/2014
Option discussion with GPs	Informal operation group	CCG	11 Dec 2013
Liase with Area Team		NECS/CCG	On-going
Other meetings	Identify targeted meetings/voluntary and third sector groups to approach for input and plan attendance	NECS	Dec 2013
Prepare presentation and briefing	To include feedback from engagement activity and outline communications plan. Also options?	NECS/CCG	Dec/Jan 2013/2014
HealthWatch	Meeting held with Healthwatch re input/support available. Discussions on-going	NECS	27 Jan 2014

Task	Details	Responsible	Timescale
GP events	Clinical Council of Members (CCOM) Meetings	CCOM/CCG	16 Jan 2014 10 Apr 2014
	Eston Locality Council	CCG	13 th February 1 st May
	Middlesbrough Locality Council		13 th February 8 th May
	Langbaurgh Locality Council		20 th February 15 th May
Member GP Practice visits	Meet with practices by request to update on IMProVE: Brotton & Woodside Cambridge Medical Woodlands Surgery Hemlington, Park End & Skelton Garth & Springwood	CCG/NECS	31 Mar 2014 9 Apr 2014 15 Apr 2014 24 Apr 2014 13 May 2014
FT Clinical Engagement	Meetings at James Cook University Hospital	CCG/GP/STHFT	20 Jan 2014 27 Feb 2014
	Consult on Option		31 Mar 2014
Stakeholder event	Presentation of engagement report findings and further	NECS/CCG	29 Jan 2014

Task	Details	Responsible	Timescale
	feedback sought on criteria and feedback		
South Tees Joint Overview and Scrutiny Meetings	Attendance as appropriate/requested	NECS/CCG	27 Jan 2014
		NECS/CCG	27 Feb 2014
		NECS/CCG	7 April 2014
CCG Governing Body Meeting	Case for Change/IMProVE Progress	CCG	26 Mar 2014
CCG Governing Body Extraordinary Meeting	Sign off IMProVE Option	CCG	23 Apr 2014
North Yorkshire Overview and Scrutiny Committee	OSC mid-cycle meeting. Briefing prepared.	NECS/CCG	21 Feb 2014
Middlesbrough Health and Wellbeing Board	Presentation of engagement report and next steps discussion. Update on IMProVE Option & Consultation	CCG	12 Feb 2014
			12 Mar 2014
		CCG	28 Apr 2014

Task	Details	Responsible	Timescale
Redcar and Cleveland Health and Wellbeing Board	Attendance as appropriate/requested Update on IMProVE Options and Consultation	CCG	29 Jan 2014 12 Mar 2014 29 Apr 2014 14 May 2014
MP meetings	Tom Blenkinsopp (M'bro South and E Cleveland) Ian Swales (Redcar) Andy McDonald (M'bro)	CCG	31 Jan 2014 27 May 2014 7 Feb 2014 24 Apr 2014 14 Mar 2014 9 Apr 2014 25 Apr 2014
Local Medical Committee (LMC)	Discussion with LMC	CCG	On-going
Communicate with provider staff	Plan to be developed	South Tees NHS FT	Feb 2014
Draft engagement document	Agree questions/options Agree feedback mechanisms For final approval and to print by w/c 24 February	NECS	14 Feb
Draft fact sheets	For use throughout consultation	NECS	Apr 2014

Task	Details	Responsible	Timescale
Book public events	Eston Brotton Guisborough Middlesbrough Redcar <ul style="list-style-type: none"> • Set dates • Book venues • Confirm format of events • Confirm dates for attending representatives • Plan advertising • Prepare poster/flyer and distribute to households and other outlet • Plan advertising • Prepare presentation • Prepare facilitators' recording materials • Draft and issue press release with contact details 	NECS	4 June 2014 11 June 2014 18 June 2014 2 July 2014 9 July 2014
Consultation video	Video prepared for use on CCG website and at events	STFT/NECS	Apr 2014
Media training	Organise media training for identified leads	NECS	Apr 2014
Website	Information for CCG website drafted and agreed	NECS	By end April

Task	Details	Responsible	Timescale
Media	Draft media release/s Prepare Q&As for reactive work Prepare key message for CCG leads/spokespeople	NECS	By end April
Patient Reference Group (PRG) toolkit	Prepare discussion material for distribution to PRGs	NECS	By end February
Social media	Establish Facebook and Twitter channels	NECS	Mar/Apr 2014
Community/voluntary sector engagement/liaison	Work with 3 rd sector to establish series of meetings/presentations and take advice on further actions necessary to ensure adequate involvement. Particularly in relation to BME community	NECS	Mar/Apr
Carers Together	Engage agency to facilitate completion of formal consultation questionnaires	NECS	Mar/Apr 2014
Everyday Language Solutions	Engage to facilitate completion of formal consultation questionnaires	NECS	Apr 2014
Community Service User Groups	Identify service users groups to host engagement with and facilitate completion of formal consultation questionnaire	NECS	Mar 2014
Councillor events for elected representatives:	OSC chair offered to stage event.	NECS/CCG	Planned:

Task	Details	Responsible	Timescale
* Middlesbrough Council * Redcar and Cleveland Council	Discussion/planning/promotion		3/6/14 18/6/14
FOI/PALS	Advise staff of engagement activity	NECS	By end April
Evidence log	Prepare log and agree recording protocol	FT/CCG/NECS	On-going
Reporting process	Agree reporting process and commission external support where required	FT/CCG NECS	On-going
Implementation w/c 28 April 2014 – w/e 31 July 2014 (Including 6 week break for European elections)			
Briefing to GP practices in S Tees and North Yorks	Information on consultation, plus electronic resources	NECS	w/c 28 Apr 2014
Website content inc Social Media	Live on CCG site with links to/from FT/Partners	NECS	w/c 28 Apr 2014
Disseminate public facing document	Prepare letters and mail/email with appropriate documents to: Stakeholder list My NHS Patient reference groups Practice managers across South Tees and North Yorks FT membership TEWV membership Healthwatch PALS	NECS	w/c 28 Apr 2014

Task	Details	Responsible	Timescale
	GP practices MPs LMC		
Leaflet Drops	Local Shops Households in key areas	NECS	w/c 28 Apr 2014
Media relations	Brief editors Issue via usual channels in support of consultation and public events On-going media handling	NECS	w/c 28 Apr 2014
PRG toolkit	Disseminate to PRGs	NECS	w/c 28 Apr 2014
Communications with staff and member practices	FT plan implemented NHS S Tees practice bulletin also see GP locality events	FT/CCG/ NECS	10 April 2014 14 April 2014 9 June 2014 14 July 2014
Event Briefings	Issue event briefs to all staff hosting at public/councillor events	NECS	w/c 26 May 2014
Public Drop-in events	Organise and manage consultation meetings Record attendance/ discussions Arrange interpreting services if necessary	NECS	Wed 4 Jun 2014 Wed 11 Jun 2014 Wed 18 Jun 2014 Wed 2 Jul 2014 Wed 9 Jul 2014
Information dissemination	Checks on distribution/display of consultation information at key venues including libraries and	NECS	From w/c 28 April 2014

Task	Details	Responsible	Timescale
	hospital and health centres		
Community and voluntary sector liaison/engagement	Manage and record outcomes from targeted engagement events/voluntary and third sector groups:	NECS	May-Jul 2014
Public/service user engagement events : PE – Public Engagement SUE – Service User engagement	Host discussions, engage and facilitate completion of consultation questionnaires	NECS/CCG	May-Jul 2014
Collate requests for alternative format materials and distribute	Requests and distribution completed	NECS	3 July 2014
Council event with elected representatives/staff/providers	Event management /attendance and collection of responses	NECS/CCG/LA	3 Jun 2014 18 Jun 2014
On-going liaison with OSC, Healthwatch, LMC, GP locality groups	Healthwatch	CCG/NECS	24 Jun 2014
	Joint OSC Committee	CCG/NECS	22 Jul 2014
	Clinical Council of Members	CCG/NECS	3 Jul 2014
	MP – Tom Blenkinsop	CCG	28 Jul 2014

Task	Details	Responsible	Timescale
Meeting with HRW CCG	Discussion of plans	CCG	8 Jul 2014
Post –engagement			
Collation of consultation feedback and Q&A responses	Manage ongoing handling of postal and online responses	NECS	End July - mid Aug 2014
	Log, collect and collate responses from events. meetings (meeting summaries and notes).	NECS	End July – mid Aug 2014
	Summarise and provide analysis of responses received	NECS	Aug 2014
Reporting	Prepare consultation report	NECS	w/e 15 Aug 2014
CCG Executive Meeting	Guidance to Governing body on decision making process and format of report	NECS/CCG	13 Aug 2014
Independent Health Check/Gateway Review	Receive recommendations on decision making process	NECS/CCG	21 & 22 Aug 2014
Final Consultation Report Information Circulation	Report completed and issued to CCG Governing Body members	CCG	27 Aug 2014
Meeting with Redcar Health and Wellbeing Board	Present timetable summary and decision making process	NECS/CCG	Papers 1/9/14 Mtg 3/9/14
Meeting with Middlesbrough Health and Wellbeing Board	Present timetable summary and decision making process	NECS/CCG	TBC
CCG Executive Governing Body Meeting	Present consultation report –	NECS/CCG	10 Sep 2014

Task	Details	Responsible	Timescale
	obtain feedback. Agree website publication		
Website publication	Publish consultation report on website	NECS	TBC 1 10/11 Sep 2014
Social Media	Publish links to consultation report via social media streams	NECS	TBC 10/11 Sep 2014
IMProVE Advisory Group Meeting	Present consultation report capture feedback/issues for Governing Body members	NECS/CCG	10 Sep 2014
IMProVE Reference Group Meeting	Capture comments of process from reference group	NECS	10 Sep 2014
CCG Locality Groups	Present consultation report capture feedback/issues for Governing Body members	CCG	11 Sep 2014
Joint OSC Committee Meeting	Present consultation report capture feedback/issues for Governing Body members	NECS/CCG	17 Sep 2014
Chief Officer to Chief Officer/Exec Meeting	Present consultation report capture feedback/issues	CCG/Chief Officers	TBC 10 Sep 2014 – 24 Sep 2014
CCG Executive Meeting	Receive all comments/issues, make recommendations for final decision	CCG	17 Sep 2014
Book advertising to promote Governing Body Meeting and Extra-ordinary Governing Body Meeting	Adverts booked into press schedule to inform public of meetings	NECS	Booked in pending CCG approval
CCG Governing Body Meeting	Receive recommendations made by Exec – make recommendations on final	CCG	24 Sep 2014

Task	Details	Responsible	Timescale
	decision		
Communications Training	Training on how to respond to public questions/concerns	NECS/CCG	1 Oct 2014
Gateway Review	Interviews of members of Governing Body to support review report	CCG	2 Oct 2014 – 3 Oct 2014
CCG Governing Body Extra-ordinary Meeting	Present final decision on IMProVE	CCG	15 Oct 2014
Feedback to stakeholders, service users and carers	Agree mechanism feedback following decision by governing body. To include briefing to key groups, stakeholder bulletin, local media.	NECS	TBC
On-going liaison with stakeholders, service users and carers	Develop plan for keeping key groups and individuals involved in/informed of progress	NECS/CCG/STFT	TBC
Website content inc Social Media	Continue to promote consultation progress/next steps via web/social media	NECS/CCG	On-going

Appendix 2: Consultation Document

Appendix 3: Response statistics

Responses by postcode

Postcode	Total
TS1	17
TS10	86
TS11	36
TS12	56
TS13	33
TS14	92
TS15	3
TS16	1
TS17	9
TS18	10
TS19	2
TS20	1
TS21	1
TS22	2
TS23	1
TS3	16
TS4	10
TS5	43
TS6	43
TS7	28
TS8	11
Unknown	3
Grand Total	504

Survey responses

A total of 586 responses were received to the survey.

People attending the public events

The following table shows the numbers of people attending the public drop in events held during the consultation period:

- Note that staff include CCG GP members and commissioners, and NECS staff providing support.

Date	Event		Public	Staff*	Total
4 June	Eston	Civic & Learning Centre	12	11	23

11 June	Brotton	Freebrough Enterprise Centre	33	13	46
18 June	Guisborough	Methodist Church	63	17	80
2 July	Middlesbrough	Acklam Green Centre	44	18	62
9 July	Redcar	Sacred Heart	29	14	43
	Sub Total		181	73	254
	Middlesbrough	Crypt (Councillors)	6	2	8
	Redcar	Leisure Community Heart (Councillors)	4	10	14
	Total		191	85	276

There were 11 requests for copies of the consultation documents including one asking for a braille copy of the documents.

Completed responses using the questionnaire

Received by post (responses entered onto Online portal) 52

Completed at events

(responses entered onto Online portal)

Middlesbrough Councillors Drop-In	2
Redcar Councillors Drop-In	1
Eston Public Drop-In	3
Brotton Public Drop-in	11
Guisborough Public Drop-in	16
Middlesbrough Public Drop-in	8
Redcar Public Drop-in	5
Public Engagement/Service User Events:	
Grangetown Library	6
Redcar Library	3
Ormesby Library	5
Dormanstown Library	2
Central Library	1
Guisborough Library	3
Roseberry Library	7
AAPNA (BME) (Learning Disabilities/Physical Disabilities SU)	13
AAPNA (BME service users)	21
Ormesby Positive Stroke Group	5

Action for Blind People/Teesside Society for the Blind 9/7/14	20
Action for Blind People/Teesside Society for the Blind 9/7/14	14
James Cook Public/Staff engagement	4

Completed with the help of partner organisations

(responses entered onto Online portal)

Everyday Language Solutions – BME Engagement	124
Arabic/Afgan/Iranian/Ethopian/ Eritean/Iraqi	
Carers Together	243

Responses direct through the online portal 17

Total number of responses to the survey questions 586

Queries during the consultation period

Enquiries by email	4
Total	4

Telephone enquiries

Member of public – requesting details of events	2
Request for copy of document	7
Braille copy requests	5
Total	14

Appendix 4. IMProVE public consultation survey analysis – Explain Market Research

Appendix 5. Carers Together Vulnerable Groups Survey

Appendix 6. Response from Durham, Darlington and Tees NHS England Area Team

Impact of proposed changes on Area Team-commissioned services

“Your proposed closure of Carters Bequest Community Hospital clearly impacts on Cambridge Road Medical Practice, which, as you know, is housed within the hospital building. We are clear that there remains a commissioning need for a practice of such a size to continue to be based in this area and appreciate the work that the CCG has undertaken with NHS Property Services to understand the feasibility of retaining the practice in situ.

“We understand from structural survey work completed that Carters Bequest Community Hospital can be demolished with the GP practice building retained, should the CCG proposals be approved and implemented. While further detail around the practicalities of this and whether or not the practice would need to temporarily relocate, are still awaited, we are sufficiently assured that your proposals pose no threat to the sustainability to the practice and that there is unlikely to be a need for any consultation over and above than local-level communications with registered patients.

“As you will be aware, your proposed partial closure of Guisborough Primary Care Hospital, affects North Tees and Hartlepool NHS Foundation Trust’s Community Dental Services (CDS) which operates out of the hospital’s Priory building. We are clear that there remains a commissioning need for this service to continue to be provided in this area and would seek assurances that suitable, accessible premises are available to accommodate this service locally.

“While the Area Team is supportive of the IMProVE proposals overall, further discussions are clearly required with NHS Property Services to fully understand the options for both of our affected providers, CDS specifically, if the planned changes go ahead. We therefore welcome your phased implementation plan for the proposed changes and acknowledge that this allows time for the further detail, options and discussions to be pursued. We would like to see the implementation plan aligned to any timescales that will ensure any changes for both Cambridge and CDS patients are negotiated, agreed and implemented in a planned and co-ordinated way, accommodating the need for any further consultation and/or needs that may arise in relation to changes to the services we commission.

“The primary care commissioning team remains keen to work with the CCG, our providers and NHS Property Services to fully understand any associated cost implications to the Area Team, be this in relation to rental costs, temporary relocations and/or or communications and engagement resources. While we are fully prepared to review any costs incurred in the context of other potential local changes – such as those proposed in Eston - we will, understandably, be looking to minimise any financial impact on ourselves and our providers overall and will not be expecting to pick up any estate related costs.

“Our primary goal remains to ensure that disruption to patients is minimised throughout the implementation and we would seek assurances that our directly commissioned services are included in any planned communications and engagement as you bring your plans to life. This is particularly important given the specific, complex needs of CDS service users who include vulnerable groups such as people with learning disabilities. We would be happy to work with you and our providers to ensure sufficient support and information is made available if and as your proposals progress.

Assurance of proposed service changes

“As you are aware, the Area Team has undertaken two assessments of your proposed service changes throughout 2013/14-2014/15; the Strategic Sense Check in April 2013 and the Assurance Checkpoint in March 2014 to confirm fulfilment of assurance criteria in line with NHS England guidance.

“As you will be aware through our ongoing feedback at the IMProVE Project Group meetings, the majority assurance that remained outstanding at the assurance checkpoint in March, have now been fulfilled. We have been satisfied – through your business case, consultation documentation and outline outcome measures – that the clinical quality and patient experience benefits are clear, that your plans strategically align to broader urgent care and primary care strategy and that you have wide-ranging clinical sign up to the proposals.

“The outstanding elements of assurance, as depicted in the enclosed reconfiguration assurance grid, are reliant on further financial and workforce detail, to a) assure of sufficient and competent staff to support the shift away from a bed-based to home-based model of care and b) to outline financial costs, including staffing and transitional costs, beyond the estates redevelopment costs that your business case outlines. We fully acknowledge that such detail needs to be aligned to a final delivery model and therefore is expected to be incorporated into your

implementation planning, following your final decision. We therefore look forward to reviewing this at a later date as we continue to support you in taking the proposals forward.”

Ben Clark, Assistant Director of Clinical Strategy, NHS England

Criteria	Assurance required	Fully/partially/ not assured	Further assurance required	Supplementary comments
Clear clinical evidence base	<ul style="list-style-type: none"> • Clear and convincing case for change including external clinical drivers and risk analysis of status quo • Proposals in line with clinical best practice nationally, regionally and/or locally • Projected and quantifiable clinical quality outcomes clearly articulated • Improvements to patient experience clearly articulated • Impact on patient safety clearly considered and actions in place to ensure safety 	Fully		Business case articulates broad benefits and objectives. Outline outcome measures have been made available
Clinical support	<ul style="list-style-type: none"> • Support from GP commissioners and wider GP community • Wide-ranging clinical sign-up to proposed service model(s), across patient pathway 	Fully		<p>Significant GP engagement undertaken at each stage of options appraisal and little opposition to date</p> <p>Broad support for case for change across wider clinical community evident – with expected anxiety from</p>

				community hospital staff around individual jobs - and acute trust commitment to consultation further evidence of support
Strategic alignment	<ul style="list-style-type: none"> • Full impact analysis on CCG / NHS England/ LA commissioned services and shared sign up of all parties to analysis • Clinical case fits with national best practice • Alignment to JSNA and fit with local health and wellbeing strategies and commissioning plans • Options appraisal (inc. consideration of a network approach, cooperation and collaboration with other sites and/or organisations) 	Fully		Business case and consultation documentation includes strategic context for minor injury changes, with a specific minor injury case for change document and joint working with Area Team regarding impact on general practice
Clinical sustainability	<ul style="list-style-type: none"> • Fully modelled patient flows, activity and bed numbers with clear and reasonable assumptions and impact analysis on other sites, services and organisations • Clear link between reconfiguration aims and activity and capacity modelling • Alignment of activity and capacity modelling 	Partially	Final workforce and finance plans expected post-decision as part of implementation plans and tailored to approved option	Interim workforce plan in place and bed modelling undertaken. Finance information focused on estates

	with workforce and financial plans			
Safe workforce	<ul style="list-style-type: none"> • Coherent workforce plan aligned with finance and activity plans • Sufficient staff engagement at all stages of reconfiguration proposal across all relevant professions likely to be affected by change • Safe staffing levels embedded in proposed service models • Current and future workforce implications assessed and recruitment, training and development plans in place, as required 	Partially	Final workforce and finance plans expected post-decision as part of implementation plans and tailored to approved option	
Accessibility of services	<ul style="list-style-type: none"> • Comprehensive travel/transport plan in place, including public transport, travel times, community transport, PTS provision and availability and affordability of car parking clear • Clear impact assessment on relevant affected populations, analysis of clinical outcomes versus any adverse travel impact and proportionate actions to address issues 	Fully		<p>Independent transport plan produced and survey work undertaken to clearly establish most used means of transport to community hospitals</p> <p>Thorough review of preferred option and impact on patient choice undertaken by CCG as</p>

	<ul style="list-style-type: none"> • Full assessment of impact of proposed service models on patient choice and attempts through reconfiguration proposal(s) to develop and support patient choice 			part of work to satisfy four tests
Communication engagement and consultation plans	<ul style="list-style-type: none"> • Comprehensive communications and consultation plans in place to support effective formal consultation and statutory compliance with engagement legislation • Sufficient engagement with stakeholders to inform development of all proposal(s) at all stages of project development • Sound understanding of stakeholders and likely impact and interest, including corporate, patient and public and providers • Draft consultation documentation in place 	Fully		Consultation document and underpinning plans in place with a flexible, responsive approach apparent throughout consultation.
Equality analysis undertaken	<ul style="list-style-type: none"> • Equality analysis completed for proposed option(s) and action identified to address any potential negative impact on population sectors, particularly on those groups with 	Fully		Single equity analysis completed and evidence through project meetings of consideration of public sector duty in delivery of

	<p>protected characteristics</p> <ul style="list-style-type: none"> Equality analysis completed for planned communications and consultation activity with action identified to address any potential negative impact on population sectors, particularly on those groups with protected characteristics 			consultation
Procurement	<ul style="list-style-type: none"> Development of proposals are consistent with rules for cooperation and competition 	Fully		Evidence through project meetings and four tests' evidence that choice has been thoroughly considered, specifically in relation to potential future service providers
Criteria	Assurance required	Fully/partially/ not assured	Further assurance required	Supplementary comments
Clear clinical evidence base	<ul style="list-style-type: none"> Clear and convincing case for change including external clinical drivers and risk analysis of status quo Proposals in line with clinical best practice 	Fully		Business case articulates broad benefits and objectives. Outline outcome measures have been made available

	<p>nationally, regionally and/or locally</p> <ul style="list-style-type: none"> • Projected and quantifiable clinical quality outcomes clearly articulated • Improvements to patient experience clearly articulated • Impact on patient safety clearly considered and actions in place to ensure safety 			
Clinical support	<ul style="list-style-type: none"> • Support from GP commissioners and wider GP community • Wide-ranging clinical sign-up to proposed service model(s), across patient pathway 	Fully		<p>Significant GP engagement undertaken at each stage of options appraisal and little opposition to date</p> <p>Broad support for case for change across wider clinical community evident – with expected anxiety from community hospital staff around individual jobs - and acute trust commitment to consultation further evidence of support</p>

Strategic alignment	<ul style="list-style-type: none"> • Full impact analysis on CCG / NHS England/ LA commissioned services and shared sign up of all parties to analysis • Clinical case fits with national best practice • Alignment to JSNA and fit with local health and wellbeing strategies and commissioning plans • Options appraisal (inc. consideration of a network approach, cooperation and collaboration with other sites and/or organisations) 	Fully		Business case and consultation documentation includes strategic context for minor injury changes, with a specific minor injury case for change document and joint working with Area Team regarding impact on general practice
Clinical sustainability	<ul style="list-style-type: none"> • Fully modelled patient flows, activity and bed numbers with clear and reasonable assumptions and impact analysis on other sites, services and organisations • Clear link between reconfiguration aims and activity and capacity modelling • Alignment of activity and capacity modelling with workforce and financial plans 	Partially	Final workforce and finance plans expected post-decision as part of implementation plans and tailored to approved option	Interim workforce plan in place and bed modelling undertaken. Finance information focused on estates

Safe workforce	<ul style="list-style-type: none"> • Coherent workforce plan aligned with finance and activity plans • Sufficient staff engagement at all stages of reconfiguration proposal across all relevant professions likely to be affected by change • Safe staffing levels embedded in proposed service models • Current and future workforce implications assessed and recruitment, training and development plans in place, as required 	Partially	Final workforce and finance plans expected post-decision as part of implementation plans and tailored to approved option	
Accessibility of services	<ul style="list-style-type: none"> • Comprehensive travel/transport plan in place, including public transport, travel times, community transport, PTS provision and availability and affordability of car parking clear • Clear impact assessment on relevant affected populations, analysis of clinical outcomes versus any adverse travel impact and proportionate actions to address issues • Full assessment of impact of proposed service models on patient choice and attempts through reconfiguration proposal(s) to develop and support patient choice 	Fully		<p>Independent transport plan produced and survey work undertaken to clearly establish most used means of transport to community hospitals</p> <p>Thorough review of preferred option and impact on patient choice undertaken by CCG as part of work to satisfy four tests</p>

Communication engagement and consultation plans	<ul style="list-style-type: none"> • Comprehensive communications and consultation plans in place to support effective formal consultation and statutory compliance with engagement legislation • Sufficient engagement with stakeholders to inform development of all proposal(s) at all stages of project development • Sound understanding of stakeholders and likely impact and interest, including corporate, patient and public and providers • Draft consultation documentation in place 	Fully		Consultation document and underpinning plans in placed with a flexible, responsive approach apparent throughout consultation.
Equality analysis undertaken	<ul style="list-style-type: none"> • Equality analysis completed for proposed option(s) and action identified to address any potential negative impact on population sectors, particularly on those groups with protected characteristics • Equality analysis completed for planned communications and consultation activity with action identified to address any potential negative impact on population sectors, 	Fully		Single equity analysis completed and evidence through project meetings of consideration of public sector duty in delivery of consultation

	particularly on those groups with protected characteristics			
Procurement	<ul style="list-style-type: none"> Development of proposals are consistent with rules for cooperation and competition 	Fully		Evidence through project meetings and four tests' evidence that choice has been thoroughly considered, specifically in relation to potential future service providers