



TO: Members of the Health Scrutiny Joint Committee

Durham County Council: Councillors L Pounder, W Stelling and R Todd
Hartlepool Borough Council: Councillors J Ainslie, S Akers-Belcher and K Fisher
Stockton-on-Tees Borough Council: Councillors M Javed, N Wilburn and M Womphrey

Dear Councillor

Health Scrutiny Joint Committee – 11 July 2013

Please find enclosed information to be considered at the meeting of the Health Scrutiny Joint Committee on 11 July 2013.

Please place this with your papers for the above meeting previously circulated.

Yours faithfully

A handwritten signature in black ink that reads 'Laura Stones'.

Laura Stones
Scrutiny Support Officer
Hartlepool Borough Council

HEALTH SCRUTINY JOINT COMMITTEE

RESPONSE TO KEY ISSUES RAISED WITH REGARD TO CONSULTATION ON THE PROPOSED CHANGES TO EMERGENCY MEDICAL AND CRITICAL CARE SERVICES IN HARTLEPOOL.

IMPACT ON DURHAM, HARTLEPOOL AND STOCKTON RESIDENTS:

The following table summarises the numbers of admissions to the University Hospital Hartlepool (based on the activity for 2012/13), and the likely impact of the proposed changes. Activity for the Hartlepool and Stockton CCG is split according to the previous PCT catchments to identify the impact appropriately.

Admission to UHH by CCG

AdmissionType	CCG Name	Total	Assumed impacted by proposals
Elective	NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG	509	36
	NHS HARTLEPOOL PCT	700	49
	NHS STOCKTON-ON-TEES TEACHING PCT	817	57
	NHS SOUTH TEES CCG	78	5
	NHS DARLINGTON CCG	17	1
	NHS NORTH DURHAM CCG	8	1
	OUT OF AREA TREATMENTS	23	2
Elective Total		2152	151
Emergency	NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG	2924	2778
	NHS HARTLEPOOL PCT	4873	4629
	NHS STOCKTON-ON-TEES TEACHING PCT	238	238
	NHS SOUTH TEES CCG	23	22
	NHS DARLINGTON CCG	4	4
	NHS NORTH DURHAM CCG	10	10
	OUT OF AREA TREATMENTS	100	95
Emergency Total		8172	7775
Ambulatory	NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG	1027	1027
	NHS HARTLEPOOL PCT	1791	1791
	NHS STOCKTON-ON-TEES TEACHING PCT	46	46
	NHS SOUTH TEES CCG	10	10
	NHS DARLINGTON CCG	2	2
	NHS NORTH DURHAM CCG	4	4
Ambulatory Total		2880	2880
Grand Total		13204	10806

	Total	
All Admissions	NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG	4460
	NHS HARTLEPOOL PCT	7364
	NHS STOCKTON-ON-TEES TEACHING PCT	1101
	NHS SOUTH TEES CCG	111
	NHS DARLINGTON CCG	23
	NHS NORTH DURHAM CCG	22
	OUT OF AREA TREATMENTS	123
		13204
		10806

Assumptions

Assumptions adopted in predicting the impact are as follows:

Elective activity:

7% of admissions admitted to the University Hospital of North Tees (UHNT) instead of the University Hospital of Hartlepool, (UHH) irrespective of home address as these decisions are based on clinical condition.

Emergency activity:

95% of Durham Dales, Easington and Sedgefield patients admitted to the UHNT instead of UHH. 5% likely to be admitted to other providers

95% of Hartlepool patients admitted to UHNT instead of UHH. 5% likely to be admitted to other providers.

100% of Stockton patients to be admitted to UHNT

95% of other patients admitted to UHNT. 5% likely to be admitted to other providers.

Ambulatory care:

100% of patients admitted to UHNT.

The impact on individual patients may be summarised as:

- The patient will not have to do anything different once these changes are put into place.
- The patient will still visit or call their GP, call 111 if they feel unwell or call 999 in an emergency as they do now.
- 97% of patient contacts with healthcare services provided by the Trust will remain in Hartlepool

The current bed numbers across both hospitals and the numbers following implementation of the proposals are summarised below :

In-patient Bed numbers (does not include day case beds and pre-assessment beds)	Current bed numbers	After proposed changes
University Hospital of Hartlepool	190	55
University Hospital of North Tees	408	530
Trust total	598	585

Quality and Safety

These proposals offer a response to national and local policy requirements which dictate the need for change to improve the quality and clinical safety of the services provided. These are welcomed by the Trust as they support its objective to improve clinical outcomes for its patients. The Trust will continue to seek and respond to such guidance.

The Trust at all times considers quality and safety a priority and works with the CCG to optimise opportunities to develop services to meet the healthcare needs of the population. The trust's undertaking to sustain and improve quality and safety must be balanced with operational efficiency and financial performance.

Hartlepool and Stockton-on-Tees CCG are also part of the Securing Health Quality in Health Services project (SeQHIS). The overall aim of the project is to reach a consensus on the clinical quality standards in acute services we want to achieve, using levels of national best practice as a starting point and to identify opportunities for meeting these standards and assess the financial environment and workforce constraints in which such improvements may take place. The five service areas covered by the project are:

1. Acute Paediatrics, Maternity and Neonatology
2. Acute Medicine, Surgery and Intensive Care
3. Long Term Conditions
4. End of Life
5. Planned Care

NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) and the Trust also note the suggested review (Hartlepool Audit and Governance Committee work plan) to be undertaken in relation to qualitative clinical outcomes and the exploration of alternative choices for the population of Hartlepool. The CCG and the Trust is committed to securing health services that are provided in a way that promote the NHS Constitution.

The CCG has commissioned a number of providers to ensure that patients have the opportunity to access high quality care that is safe, effective and focused on patient experience and ensuring that the Commissioning Group acts with a view to enabling patients to make choices in respect of aspects of health services provided to them.

The CCG commissions all providers utilising the NHS Standard contract, this sets out the national expectations required in relation to quality and NHS constitutional requirements that all Providers are commissioned and expected to deliver.

Financial Considerations

These changes are set against a demanding financial backdrop. The Trust will face another challenging year in 2013/14; the efficiency challenge facing the NHS is unprecedented especially with the continued application of a deflationary tariff. This coupled with zero or marginal growth in the economic and financial environment and an increasingly ageing population puts further pressure on the ability to maintain a healthy financial position whilst continuing to deliver high quality safe and caring services to our patient.

The Trust with its local commissioners have agreed plans to ensure the needs of the local population can be met however the ever increasing demand for hospital and community services means that the local health economy and the Trust are facing a period of real terms reductions in funding in 2013/14.

To deliver the requirements as set out in the 'Everyone Counts – Planning for Patients guidance 2013/14', 'The Outcomes Framework', the 'Annual Operating Plan' agreed with Clinical Commissioning Groups and internal service developments the Trust is required to deliver a £13.9m cost efficiency target. The size of the efficiency target presents another extremely challenging year ahead for the Trust, by planning in advance, however, a number of initiatives are already progressing improving the likelihood of delivering the efficiencies required.

Following an external review of the trust's cost efficiency opportunities and internal governance arrangements, detailed plans have been agreed with directorates, Quality Impact Assessments will be completed for all significant change programmes across the Trust and a rigorous performance management framework has been put in place to ensure plans are delivered.

For 2013/14 the Trust plans to deliver an income and expenditure surplus margin of circa £3.47m, which recognises the need to reverse the downward trend of recent years in the EBITDA margin percentage and maintain a financial risk rating of 3.

The Trust's medium term financial strategy, linked to the development of the new hospital, continues to drive clinical and operational efficiency, utilising lean management principles and service line management. The Trust will continue to deliver on-going estate rationalisation with associated recurrent savings and non-recurrent savings from land sale proceeds where appropriate. The Trust will pursue savings from back office shared services efficiencies and management cost reductions; enabling the effective and flexible use of the workforce.

Transformational change is required to enable the Trust to continue to deliver high quality, safe and affordable services. A significant programme of change will be delivered in 2013/14 streamlining services and pathways of care across both sites with the emphasis on delivering clinical pathway improvements across acute and community enabling patients to be treated closer to home. The Trust will strive to deliver the challenging financial agenda and will maintain or improve upon the quality, patient experience and service performance in the difficult years ahead.

The Trust continues to have a strong cash and liquidity base upon which to face this difficult period.

To conclude, the Trust exceeded its planned financial performance targets in 2012/13 despite significant increased activity pressures on emergency care. The challenge to continually deliver efficiencies over the next three will be extremely challenging, but is no different to that facing the majority of Trusts. With sound financial control and management, the Trust is well placed to continue to deliver incremental improvements in the quality of services delivered to our patients and deliver the financial performance targets agreed.

Following the outcome of the recent spending review the CCG is assessing the impact of the proposed changes to financial allocations on future commissioning plans. The CCG recognises that this will require strong partnership working with the Local Authority in relation to statutory duties, shared priorities and planned expenditure.

This is set against a backdrop of a significant current QIPP challenge of a £7m allocative target (i.e. additional to technical QIPP targets set for the Trust).

WIDER IMPACT OF THE PROPOSALS:

The proposals do not provide the optimal solution to the needs of local residents, as these will best be met through the building of the new hospital and continued development of community based services where possible. They do however provide a solution to the clinical concerns raised concerning critical and acute medical services across the Trust.

University Hospital of North Tees (UHNT)

The main impact on the UHNT site may be summarised as follows:

The principle scheme of works has been to re-establish four existing in-patient wards on the North Tees site which had previously been utilised for non in-patient activity, thus enabling re-establishment of 100 beds. The area had previously been utilised for out-patient services such as Neuro Physio which has now moved to new community facilities in Billingham and an Elderly Care day hospital facility which has now been re-established in a newly created facility integrated with Rheumatology services. The Bone Densometry service was also relocated into the Radiology department. including significant investment in replacement diagnostic equipment. A large proportion of the area had been un-used.

Other works include the creation of 2 level two and 2 level 3 Critical Care beds within the main Critical Care department at North Tees. New visitor facilities and consultant staff facilities have been created to enable the establishment of the increased critical care capacity and to improve visitor and staff experience.

Modifications within the Emergency Assessment Unit (EAU) have been planned to increase capacity within the unit from 34 beds to 42. Adjacent to the EAU an increased ambulatory care facility has been created which increases capacity from 8 to 20 spaces. Alongside this work the refurbishment and improvement of various wards has taken place including the creation of an additional 12 level 1 beds.

A programme of works has been planned within the Radiology department; these include the creation of a second CT Flash Cardiac scanner and associated patient recovery area, increased and redesigned reception area and improved patient flows through the department. A replacement Fluoroscopy diagnostic unit has been ordered along with numerous structural alterations to increase capacity and versatility of the service. Two plain film x-ray machine rooms have had their equipment replaced and enhanced facilities to improve processing capacity.

Transport

Much concern has been raised over transport for patients and visitors.

Two 17-seater shuttle vehicles have been ordered and are due for delivery during August 2013, they shall operate a minimum of 08.00 – 20.00, seven days per week and where demand requires at a frequency of every 20 minutes. The shuttles will be available to both the public and staff, members of the public can book a seat on the shuttle on the day of requirement or in advance, a set number of seats will be reserved for public use only. This service will operate free of charge to the public.

The Trust has recruited and continues to recruit a cohort of volunteer drivers. Training is planned for July with implementation in August. Prospective patients who's medical condition does not warrant an ambulance but who do require assistance with transport may call upon this service. Volunteer drivers will collect patients from their home and they will be escorted to their ward or department of care, where appropriate the same service will then return the patient to their home. This service will be provided free of charge to users of the service.

The capacity of the University Hospital of North Tees to accommodate these services is proven and clear and credible plans have been produced, these plans shall also allow the Trust to retain its decant and resilience arrangements at both North Tees and at Hartlepool Hospitals in line with control of infection requirements and adequate and appropriate response to seasonal surge challenges. The consequences of the Transition plans at Hartlepool will instigate a further series of estates measures to consolidate the remaining occupied estate into its central core. The site is currently utilising 40,000m² of space, the anticipated conclusion of the estates review shall identify a potential 10,000m² reduction in space requirements.

It is essential that Local Authorities work in partnership with the CCGs (Hartlepool and Stockton-on-Tees and Durham Dales, Easington and Sedgefield) and the Trust to look at solutions to public concern with regard to transport links to health care. A great deal of work is on-going around transport solutions through partnership working between the Trust and Hartlepool Council and it is hoped that this work will continue with the participation of

Durham Council to ensure transport solutions are put into place to allay public concerns; in addition to the established transport solutions already being put into place to assist patients, the public and staff with regard to journey assistance to the University Hospital of North Tees.

Staff Ratios

The Trust has recently implemented a revised nursing workforce tool for bed holding areas. Historical workforce tools have all too easily classified patients according to acuity and not enabled sensitivity to other variables. The proposed Trust Workforce Tool emphasises other factors, such as volume, lengths of stay, the judgment of nurse managers, staff competencies, unit geography, the skill mix of staff and financial considerations, which should also be part of the staffing equation.

The only crude measure which is used and compared nationally is the nurse to bed ratio. It has to be acknowledged that ratios do not tell the whole story and more data is required to effectively manage staffing resources.

The Trust has used the GRASP workforce tool over many years as the workforce model of choice. The tool focuses on three driving elements; quality, cost effectiveness and effectively managing staffing resources, therefore fits nicely into the principles and operating model of choice in the organisation; Service Line Management. It is based upon direct and indirect care measurements, which contribute to total patient care. The direct care element is calculated using care and process timings required to deliver care to a patient and the currency is hours per patient per day or HPPD.

Used robustly the HPPDs for direct care calculations are supported by throughput, occupancy, skill mix and professional judgement inputs.

The Trust workforce tool will be the tool on which current and future workforce modelling will be underpinned. The tool has been customised following the roll out of core principles and is sensitive to those variables which could have a significant impact upon nursing care delivery i.e. throughput, occupancy, sickness, maternity leave, training, etc. Policy provision instigation and management will ensure quality control to ensure a consistent approach to professional judgement, quality outputs and safety standards' measures (Safer Nursing Care Tool).

This tool will be administered consistently and closely governed and owned with a transparent accountability structure in place, supported by revalidation and Trust policy.

Impact on Staff

The impact on staff is being mitigated in the following ways:

Engagement and communication events have been undertaken during June and July for all staff to ensure that everyone understands the changes, the reasons for them and how they may, or may not, be directly affected.

The Trust through its consultative process has held meetings with its recognised trade unions to brief them on the proposals and the plans for consultation with staff. The Trust will move into formal consultation with all affected staff and this is planned for mid-late July onwards. Partnership working will ensure the full involvement of staff and trade union representatives in the consultation process.

Consultation documents are being developed which will be shared with all affected staff, which will identify the proposed changes and the impact on their area of work.

The consultation process will provide an opportunity for collective meetings with staff and trade unions, and will also enable 1:1 meetings to be held, as required, in order to understand individual concerns and to obtain feedback as part of the process.

Throughout the consultation process, regular meetings will be held with the trade unions to work through any concerns or issues that are raised and to facilitate discussion around implementation of the proposals.

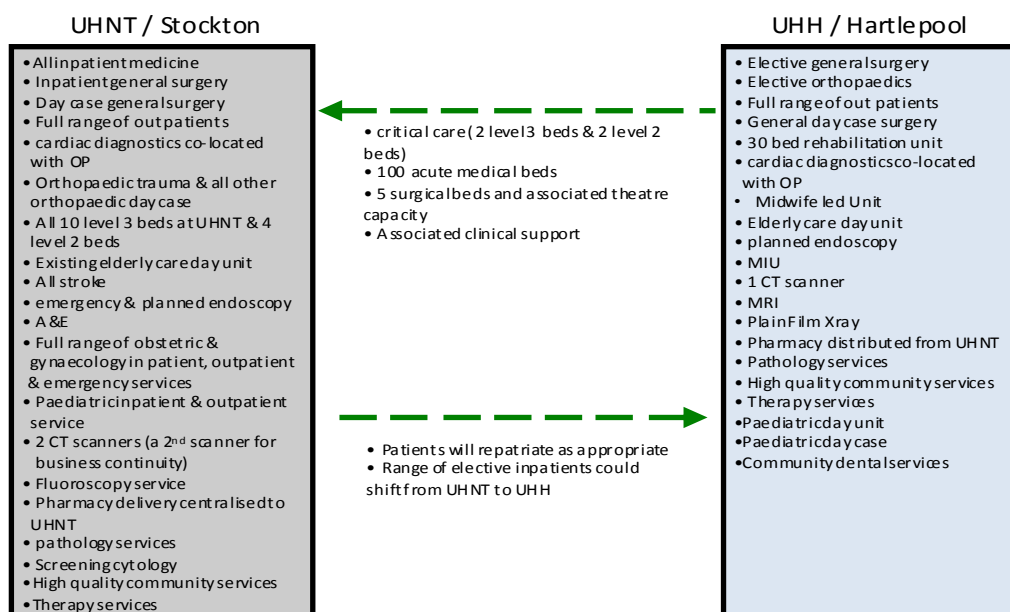
This process will ensure as wide a cascade of information as possible.

To-date in the region of 200 staff from the Medical Directorate have been identified as having a transfer of base from UHH to UHNT. Shift patterns and rotas are being mapped to ensure the shuttle provision for staff and the timing of its operation shall meet the full staff demand for all staff affected. This provision will not impinge upon the capacity set aside for the public. A scheme for car sharing shall be introduced for staff in August. Means to increase capacity on the North Tees car parks are also being explored.

DEVELOPMENT OF SERVICES IN HARTLEPOOL AREA LEADING UP TO THE OPENING OF THE NEW HOSPITAL:

The following diagram illustrates the recommendations that have resulted from the options appraisal undertaken.

Proposal resulting from options appraisal



After these changes have been implemented, the following table summarises the services that will continue to be provided from the University Hospital of Hartlepool:

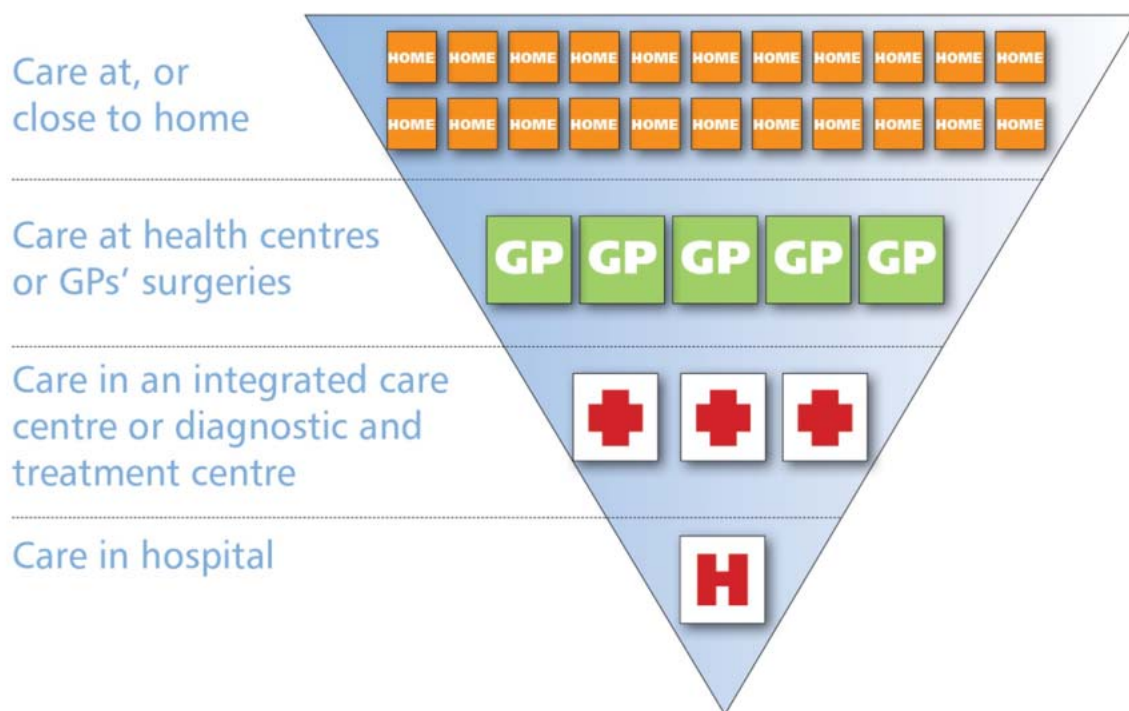
Services provided in Hartlepool Hospital post proposed change

	Supported by
<ul style="list-style-type: none"> • Inpatient elective orthopaedic surgery • Inpatient elective general surgery (low risk) • 30 bed rehabilitation unit • General surgery day case • Gynaecology day case • Paediatric day case surgery • Orthopaedic day case • Paediatric day unit • Midwife led unit • Planned endoscopy • Cardiac investigations unit • Chemotherapy day unit (non complex) • Rheumatology day unit • Elderly care day unit • MIU from One Life Hartlepool 	<ul style="list-style-type: none"> • CT • MRI • Ultrasound scanning • Pharmacy • Pathology • Nuclear medicine • Plain film Xray

Note: (This is not an exhaustive list)

Future Developments

The long term strategy for service provision can be summarised in the following diagram:



The Trust has developed a Clinical Services Strategy to drive the objectives of the Momentum programme and which is in alignment with the Clear and Credible Plans developed by the CCGs and this is pictured above. The overriding philosophy is to ensure care is provided closer to home where possible and is of a high quality and safe standard with the aim to improve health outcomes for patients; as a result of which the 97% of patient contacts with healthcare services provided by the Trust which remain in Hartlepool will continue to expand, with acute hospital care provision being for the sickest patients who require the expertise contained within.

Following the implementation of the proposed changes, the following additional service developments are planned to take place in the Hartlepool area:

Long Term Conditions:

- Facilitate patient empowerment through development of personal care plans working with the patient, with improved co-ordination of services based on the patient's preferences, enabling them to become experts in managing their own health conditions.
- Maximise the contribution of state of the art technology to the management of long term conditions.
- Consultant led teams focussed on long term conditions providing a comprehensive outreach and in-reach service based on patient needs.

Planned Care:

- Work with the patient to agree a mutually acceptable and transparent pathway.
- Utilise innovative technology and proven best practice.
- Provide services in an appropriate location and by the appropriate healthcare professional(s) to achieve the best quality outcomes this could include alternative facilities in Hartlepool.

Women's and Children's Care:

- To market services provided to encourage patient, midwife and GP choice.
- To meet aspirations around quality outcomes (to exceed national requirements and so to achieve local expectations) with regard to Midwifery (and Obstetric) led care.
- Implementation of team midwifery concept ensuring that teams of midwives centre care around women.

Clinical Support Services:

- To utilise developments in technology and telemedicine to provide services as close to the patient's home as practicable, minimising the need for patients to attend clinic and hospital appointments
- To provide services as a "one stop shop" whenever possible
- To implement services organised on a "hub and spoke" model

Rehabilitation Services:

- To develop and deliver a service which is part of a holistic, integrated, cross-sector care model
- To ensure the model is used for appropriate patients (i.e. those with the highest potential for recovery/reablement)
- To facilitate safe, timely discharge

Screening:

- As the Tees Bowel Screening provider the Trust will expand screening services locally, particularly in the area of the Bowel Scope programme

Community Services:

The Trust and CCG have been working together to deliver a new model for community care in the area. There are three main key areas to the model to commence in 2014.

- Single Point of Access (SPA) - A dedicated team responsible for dealing with all new referrals and patient queries. A single point of access based at Mandale house which operates 24 hours per day with a dedicated telephone number. New referrals received are logged and assigned within 30 minutes with feedback to the referrer delivered within 24 hours.
- Teams around Practices (TAPs) - Community nursing teams formed around and covering more than one practice. There are 7 teams in Stockton and 2 teams in Hartlepool. New posts within the service include a clinical care co-ordinator and a safe care lead. This team also operates 24 hours a day, 7 days a week with standardised ways of working.
- Community Integrated Assessment Team (CIAT) - A team comprising of therapy and nursing staff who work within community but also provide an in-reach service supporting a safe and timely discharge and supporting the patient to reach maximum independence. Discharge Liaison, Intermediate Care, Rapid Response, Falls Service and the Emergency Care Therapy Team are brought together as one team (CIAT) delivering a 7 day service

There are also plans to move outpatient services into the One Life Centre to improve access for patients. Specialties expected to move are Respiratory, Rheumatology, Diabetes, Pain Management and Anticoagulation.

NB. This document should be read in conjunction with the NHS Hartlepool and Stockton-on-Tees CCG Commissioning Plans document, included in this pack.

**Hartlepool and Stockton-on-Tees CCG
Commissioning Plans**

The CCG has developed strategic plans 2012-2017 which are set out within our Clear and Credible Plan (CCP). We have a duty each financial year to prepare a commissioning plan which addresses our strategic objectives and has regard to guidance published by the Board. The CCG have shared and published our plan with key partners and stakeholders for 2013/14.

Whilst Joint Scrutiny requested information in relation to the development of services at Hartlepool hospital leading up to the development of the new hospital we have taken the opportunity to describe and provide an overview of our CCG plans within the following narrative.

NHS Hartlepool and Stockton-on-Tees CCG is committed to working with partners and the public to achieve our long term strategic vision that were detailed and set out in our Clear and Credible Plan 2012-17. Whilst this sets out our high level intentions, we on an annual basis are required to produce an annual plan detailed within the CCG Assurance Framework published May 2013 for this year.

Whilst therefore detailed commissioning intentions for the next 5 years are not yet complete, themes for the next year are set to deliver our priorities and to develop the community services and infrastructure critical to the delivery of the Momentum programme. These are set out in the narrative below :

A key driver for change is our ageing population and the numbers of people with long term conditions ensuring we are securing health services that are provided for all in a way that promotes the NHS Constitution.

The CCG has commissioned a number of providers to ensure that patients have the opportunity to access high quality care that is safe, effective and focused on patient experience and ensuring that we act with a view to enabling patients to make choices in respect of aspects of health services provided to them and location of service delivery. The CCG commissions all providers utilising the NHS Standard contract, this sets out the national expectations required in relation to quality and NHS constitutional requirements that all Providers are commissioned and expected to deliver.

The CCG aims to ensure patients are only treated in a hospital setting if clinically appropriate these changes will be driven and improved by working closely with our local authority partners, Trusts, Independent sector providers and patients from planning through to delivery.

We need to redirect our focus from the current emphasis on acute and episodic care in hospitals towards prevention, self-care and proactive management utilising and where appropriate integrating all relevant resources across the health and social care community.

There are a number of key areas of work being undertaken to meet our strategic outcomes and priorities, all projects identified will be further developed in relation to ensuring we are able to deliver our strategic outcomes set out in the CCP 5 year plan. Our work is therefore being progressed to determine short/medium and long term objectives to be delivered for the priority areas including but not limited to;

Dementia – Work is being undertaken with our commissioned partners and member practices to ensure we are able to identify all resident patients of Hartlepool and Stockton-on-Tees with dementia ensuring robust and accurate registers are maintained to ensure individuals are able to receive earlier diagnosis and improve future service delivery.

We are working with partners to improvements in the quality of services to ensure delivery of the national dementia strategy, working across health and social care to ensure people are able to remain independent as long as possible.

Urgent Care - Our draft vision for urgent care is *'to commission a simple, accessible high quality service managing patients at the point they present in a robust and resilient way'*, to take this vision forward and develop an urgent care strategy we have established an urgent care project group. This group includes a number of stakeholders including but not limited to providers of OOH/WIC/Acute & Community Services/Local Authorities/NEAS/Public Health services/MH/Healthwatch.

To further support our vision and strategy we are working to redesign urgent care to ensure services are easier to navigate for patients. We are reviewing existing contract arrangements across a number of providers with a vision to provide care at locations which make it seamless for patient access and to better integrate services.

We have commissioned and will monitor usage and delivery of the 111 service to ensure patients are able to better navigate accessing the right services first time to make it easier for them to look after themselves and have the necessary education and information to support this as a choice.

Care Homes - The CCG is working with neighbouring commissioning groups/Area Team/Acute and community services and Social Care to identify best practice in care home management and develop an approach that:

- Reduces inappropriate unplanned admissions and use of A&E
- Reduces the number of people admitted and then dying shortly afterwards
- Improves the health care and safeguarding of care home residents
- Improves educational support and training for staff working within care homes
- Establishes more integrated working across partner organisations

We have recently carried out a review of a pilot project undertaken in primary care to develop Health Care Plans (HCP) for those individuals within a nursing home to prevent emergency admissions. The initial review of the pilot has shown to be effective and is expected to be rolled out further across nursing and care homes. A Care Home project

group is now under development to progress the approach and to further develop evidence of the effectiveness of this. It is expected the project will develop to be delivered as it progresses with focussed task and finish groups, it is expected this project will continue over a number of years due to the scale of the project and dependant on the outcomes as we progress the actions therefore timescales are yet to be defined. The project group membership is also yet to be determined but is expected to include Acute & Community Services/Local Authorities/Healthwatch/Hospices/Care Home representatives.

Reablement - We have been working with our health and social care partners to agree better plans for people leaving hospital to prevent avoidable admissions and readmissions ensuring that services are commissioned which focus on prevention, early intervention and reablement. We have aligned reablement and social care support to ensure we are able to work in partnership effectively. Some examples of the projects we have supported are; the expansion of bed capacity within community settings for rehabilitation, telecare support to enhance and extend community alarm networks, to provide focussed support for carers and patients to enable people to stay at home. We have supported the extension of the Care Navigation and SAILS programme enabling individuals to navigate and appropriately access local services providing low level interventions that support people to retain their independence. All reablement services will be reviewed in partnership with our partners in order to inform intent for future years and further develop reablement services in the future.

Community Services - We have re-organised the way in which district nurses and community matrons work so they form teams around practices, working with GPs to ensure that people with long term conditions are better managed and are specially catered for to ensure better health outcomes. A review of the new model of care is currently being undertaken across all stakeholder and patients in order to inform the future development of the model of care commissioned.

We are also working with our member practices and community services to identify those patients who are most at risk and are likely to need urgent care in the future to make sure they receive high quality and appropriate care in the community, with the aim of keeping them well to prevent them having to be admitted to hospital and to improve patient experience and clinical outcomes.

Health & Wellbeing – we have been working with our Health & Wellbeing partners to align our strategic intent and work plans. This will ensure that local issues and solutions can be found where possible. Developing our strategies in conjunction with and alongside the JHWS is a key part of our first years' work and is continuing to be developed with our local authority partners.

As the CCG leads the commissioning process we will ensure that we undertake consultation for the services we commission and in relation to our future plans.

Securing Health Quality in Health Services – Further to the aforementioned; we are also part of the Securing Health Quality in Health Services project (SeQHIS). The overall aim of the project is to reach a consensus on the clinical quality standards in acute services we want to achieve, using levels of national best practice as a starting point and to identify opportunities for meeting these standards and assess the financial environment and

workforce constraints in which such improvements may take place. The five service areas covered by the project are:

1. Acute Paediatrics, Maternity and Neonatology
2. Acute Medicine, Surgery and Intensive Care
3. Long Term Conditions
4. End of Life
5. Planned Care

In Summary – On an annual basis we will be discussing with stakeholders and public representatives our commissioning priorities. Clearly, as a result of the recent spending review the CCG will need to consider whether plans will need to be modified in light of the new financial challenges. This paper provides an overview of our key themes being progressed this year and an indication of the areas for further development in future years.

Update on Consultation Plan - July 2013 v1

Re configuration proposals for emergency medical and critical care services in Hartlepool and North Tees

Introduction

The formal consultation period is running for a 12 week period from 20th May 2013 until 11th August 2013. This report provides an update on activity against the Consultation Plan from 20th May 2013 until 30th June 2013.

The Consultation Plan is jointly led by NHS Hartlepool and Stockton on Tees CCG and NHS Durham Dales, Easington and Sedgefield (DDES) CCG (the commissioners) and North Tees and Hartlepool NHS Foundation Trust (NTHFT).

The Consultation Plan was developed to ensure that the formal consultation process is as fair, robust and inclusive as possible in its planning, delivery and follow-up. The plan has received input from Hartlepool HealthWatch, Stockton HealthWatch and Durham HealthWatch who attend a Steering Group meeting which meets fortnightly with CCG and NTHFT representatives to take forward and monitor the consultation plan.

Consultation document and supporting information

The formal consultation document presents the detailed case for change and outlines the background to the proposals. It is available on the NHS Hartlepool and Stockton on Tees CCG website. Consultation documents and questionnaires were delivered to all GP practices, community based health facilities and libraries in Hartlepool, Stockton on Tees and East Durham.

Supporting information made available on the NHS Hartlepool and Stockton on Tees CCG website includes the National Clinical Advisory Team Report, clinical evidence and previous related reviews and consultations providing relevant background in the interests of transparency.

This supporting data is provided in order to enable as much informed engagement in the consultation process as possible.

Activity and mechanisms

A schedule of consultation opportunities and feedback mechanisms is being publicised through local networks and advertised in local media.

Consultation events

A number of public consultation events are being held at a variety of locations and times which are selected to ensure equitable opportunities across Hartlepool, Stockton on Tees and East Durham. Venues have been selected based on accessibility.

To date there have been a total of four events held across Hartlepool, Stockton on Tees and East Durham as follows:

- Wednesday 12th June, Hartlepool's Maritime Experience -48 people
- Wednesday 19th June, Norton Education Centre, Stockton-on-Tees,
- Wednesday 3rd July, Shotton Hall, Peterlee, County Durham,
- Tuesday 9th July, Sedgefield Parish Hall, Sedgefield, County Durham,

The content of the events included a rolling presentation based on key messages and 'market place' style sessions for discussion for those attending who wish to participate. This includes open forum question and answer sessions. A core team of clinicians, NTHFT managers and CCG commissioners are present at each event.

NB. An updated consultation plan is provided to include the meetings and engagement activity so far.

Access to information and response mechanisms

People can download relevant information, including the consultation document and a questionnaire. People without internet access are able to write to NHS Hartlepool and Stockton-on-Tees CCG to have their views noted via a freepost address and can also telephone via a dedicated line.

Media

A series of press releases giving details of the consultation and event dates has been issued to print and broadcast media. The consultation and details of the event in Hartlepool were publicised in Hartlepool Borough Council's Hartbeat magazine which goes to all households in Hartlepool.

A feature in the Hartlepool Mail on 12th June included an open letter from NTHFT's chairman to Hartlepool Mail readers; there was further coverage on 14th June. The consultation was also covered in the CCG Chair's regular column in the Hartlepool Mail. Dr Paul Williams gave an interview with BBC Radio Tees on 6th June.

Briefing and general awareness raising

Fliers publicising events were also sent to GP practices in Hartlepool, Stockton and East Durham, and paid adverts were placed in relevant local press.

A dedicated e-briefing has been sent to approximately 600 stakeholders including MPs, ward councillors, HealthWatch, Directors of Public Health, council leaders, Scrutiny functions, and voluntary sector organisations.

A further letter was sent to hard to reach groups about with information about the consultation and the offer of a meeting. A follow up phone call has been made to ask whether further information is required or face to face meetings would be helpful. To date the Hartlepool LD Partnership and the Over 50's Forum have requested attendance at meetings.

Attendance at formal meetings

Representatives from NHS Hartlepool and Stockton on Tees CCG and NHS Durham Dales, Easington and Sedgefield (DDES) CCG North Tees and Hartlepool NHS Foundation Trust (NTHFT) attended the Hartlepool Audit and Governance Committee on 31st May, after the Tees Valley Joint Scrutiny Forum on 17th June. Information has also been provided to the relevant Health and Wellbeing Boards.

Other

CCG, NTHFT and North East Commissioning Support staff were briefed at the start of the consultation through internal communications mechanisms. A number of staff forums are taking place for those affected specifically by the change.

Display banners and information have been placed in both main hospital sites and in the One Life Centre in Hartlepool and the main library. Asda supermarket has also agreed to space for a stall in the Hartlepool supermarket for a one day period.

An Equality Impact Assessment is commencing on the proposed changes.

Ongoing activity

During the next two weeks a further communication will be made with MyNHS members, hard to reach groups, voluntary organisations, charities, and the Citizens Advice Bureau. NTHFT's Nursing Director is also writing to key stakeholders offering dedicated meetings. Supermarket and town centre stalls are also being planned.

It has also been agreed to explore the possibility of household leaflet drops as discussed with respective Healthwatch's.

Representatives will attend the first formal joint scrutiny meeting to discuss the proposals for change on 11th July.

Attendance has also been agreed at the following during July:

- Stockton Over 50s Assembly – 8th July
- Hartlepool - Stockton Road Residents Event - 2nd July
- Hartlepool Learning and Disabilities Partnership Forum – 12th July

Both CCGs and NTHFT aim to be responsive to ongoing requests for information, presentations, and consultation sessions throughout the consultation.

Re configuration proposals for emergency medical and critical care services in Hartlepool and North Tees

Draft Consultation Plan – 18th June 2013 v5

'Providing safe and high quality emergency medical and critical care.'

Introduction

This document outlines the plan for a consultation by NHS Hartlepool and Stockton on Tees (HAST) Clinical Commissioning Group (CCG), Durham Dales, Easington and Sedgefield (DDES) CCG (the commissioners) and North Tees and Hartlepool NHS Foundation Trust on how best to ensure people have access to the safe, high quality emergency medical and critical care they need.

Emergency medical services and critical care services work together closely to support patients who become critically ill.

The consultation will ask for views on our proposal to move emergency medical and critical care services from the University Hospital of Hartlepool to the University Hospital of North Tees and seek to understand concerns about the proposed changes so as to inform next steps.

Durham Dales, Easington and Sedgefield (DDES) CCG will be involved as a partner commissioner as their population will also be affected by these proposals.

This plan follows good communications and engagement practice and focuses on what will be meaningful to stakeholders. High quality communications and engagement must underpin any formal consultation to ensure it is as fair, robust and inclusive as possible. Adherence to Public Sector Equality Duties must also be demonstrated.

The approach will take into account the need for reconfiguration proposals to meet the four Tests for reconfiguration proposals to demonstrate:

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

Section 244 of the consolidated NHS Act 2006 (which replaced Section 7 of the Health and Social Care Act 2001) 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.

A substantial variation is not defined in Regulations – Section 244 applies to any proposal where there is a major change to services experienced by patients.

It is important to understand the new legal framework for making service changes and the obligations both in statute and guidance over consultation. That is because the previous statutory obligations under s.242 of the Act will continue to apply to FTs and other NHS bodies, even though for commissioners they have changed to some degree, see below.

Obligations under the NHS Act 2006 (as amended) for CCGs and FTs

The duty placed on CCGs to promote public involvement and consultation is set out in section 14Z2, which states:

14Z2 Public involvement and consultation by clinical commissioning groups

- (1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).
- (2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—
 - (a) in the planning of the commissioning arrangements by the group,
 - (b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
 - (c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.
- (3) The clinical commissioning group must include in its constitution—
 - (a) a description of the arrangements made by it under subsection (2), and
 - (b) a statement of the principles which it will follow in implementing those arrangements.
- (4) The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.
- (5) A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).
- (6) The reference in subsection (2)(b) to the delivery of services is a reference to their delivery at the point when they are received by users.

Context

North Tees and Hartlepool NHS Foundation Trust raised concerns with NHS HAST CCG that they could not sustain required quality and safety standards of emergency medical and critical care services at the University Hospital of Hartlepool, in either the medium or long term. The trust put forward proposals to move emergency medical and critical care services from the University Hospital of Hartlepool to the University Hospital of North Tees.

NHS HAST CCG requested a review from the National Clinical Advisory Team (NCAT) in order to test the case for change and to provide clinical assurance for proposals. A review visit was undertaken on 29th January 2013 and the formal report launched on 15th May 2013.

The independent report from NCAT supported the trust's proposals and agreed with their concerns regarding sustainability and safety. Whilst NCAT are not recommending an emergency closure in their report, they acknowledge that the changes should be made as quickly as possible to ensure that local services are safe and of the required standard.

North Tees and Hartlepool NHS Foundation Trust have appraised potential options and concluded that the proposals to move these services to the North Tees site are the only viable option. The safety issues include isolation of working and access to appropriately trained staff, and therefore cannot be resolved through a financial solution.

Therefore, the scope of the formal consultation will ask for views and concerns about the proposal and how the impact of the proposed changes could be managed and implemented. It will be critical to explain the reasons for this option, and to make available supporting information which outlines how all options were appraised and evaluated. It will also be important to explain that the point of access for patients would not change as a result of these changes.

It should be noted that that approach and methodology for the consultation is proportionate to this scope. (See Appendix 1 – Communications and Engagement Implementation Plan.)

This proposal is set against the backdrop of the momentum: pathways to healthcare programme which was established in 2008 by North Tees and Hartlepool NHS Foundation Trust and the former PCT commissioners to transform the local healthcare system. (See Appendix 3)

A significant element of this programme is the capital project to build a new hospital to serve the people of Hartlepool, Stockton and parts of Easington and Sedgefield. Whilst some interim changes to services across the two existing sites are planned via the Momentum programme, this proposed change is not one of these as it has arisen due to concerns over quality and safety which are outwith the scope of Momentum.

Formal consultation

The formal consultation period will run for a 12 week period, beginning on Monday 20th May 2013.

In terms of governance and accountability, North of England Commissioning Support (NECS) will lead the formal consultation for the commissioners and North Tees and Hartlepool NHS Foundation Trust, and is therefore responsible for its successful delivery.

Support from the provider North Tees and Hartlepool NHS Foundation Trust will be essential in ensuring that the knowledgeable clinicians on the subject are able to both support and participate in the consultation process.

NHS Hartlepool and Stockton on Tees CCG and NHS Durham Dales, Easington and Sedgfield (DDES) CCG (the commissioners) and North Tees and Hartlepool NHS Foundation Trust (the provider) will jointly lead this plan.

Affected NHS provider organisations will take responsibility for consulting with their own staff.

A Task and Finish Group will be set up to plan and monitor the delivery of the consultation process.

The commissioners and Hartlepool NHS Foundation Trust will be accountable to Health Scrutiny Committees for Stockton-on-Tees, Hartlepool and County Durham on the consultation process. Local HealthWatch organisations will contribute to this consultation by representing the interests of patients and the public and will advise on consultation materials and contribute to discussion on the consultation proposals.

Key messages have been developed 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 will be utilised to ensure sufficient information and involvement opportunities are available to identified stakeholders.

Mapping of and planned engagement with hard to reach and protected groups is also underway as part of the commissioners' ongoing engagement plans.

NECS will commission independent specialist consultants to receive and independently analyse the responses. Respondents to the consultation will be able to feed back by email, freepost address, telephone or via the website.

NECS will produce a report on the consultation which will cover:

- 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; and

- details of the decisions or changes made following the consultation and the influence the results of the consultation had on that decision / change.

A Communications and Engagement Implementation Plan has been developed. (Appendix1).

Stakeholders

A list of stakeholders is attached at Appendix2.

Objectives

A programme of activity will:

- Encourage responses to and involvement in the formal consultation
- Promote the consultation via all appropriate communications channels.
- Effectively manage and co-ordinate stakeholder engagement

Channels

The following communications channels will be utilised:

- A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request.
- Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences.
- Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc.
- Staff briefings and meetings as required.
- Information in prime community and health settings.
- The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites.
- Media – press release and paid-for advertorials and adverts.

- Posters in a range of community venues throughout the health economy including health settings, libraries etc.
- Information distributed and shared through public partners' publications and information points.
- Feedback forms and questionnaires.
- Local foundation trust members.
- Social media will be an important part of the process but there will need to be clear and robust mechanisms for monitoring, recording and responding to messages sent via social media.
- Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses.
- Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups.
- Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats.
- Third party distribution will be used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines.
- Consultations documents will meet accessibility guidelines.
- Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet accessibility guidelines.

Key messages

- Proposals to move emergency medical and critical care services from the University Hospital of Hartlepool to the University Hospital of North Tees have been validated for by national clinical advisors and are fully supported by the commissioners.
- The point of access for patients will not change i.e. people will not have to do anything different once the changes are put into place because the initial call will still be to 999 or the GP.

- The proposed changes are necessary and appropriate to support improvements in clinical quality and safety. An independent report has provided independent clinical assurance that these changes will result in better services for local people.
- Transferring services from the University Hospital of Hartlepool (UHH) to the University Hospital of North Tees (UHNT) is hoped to be an interim solution. In the longer term, both hospitals will close and until the new purpose-built hospital development receives final approvals.
- Investment has already been made in community services and intermediate care and towards reducing emergency admissions, and that this remains a priority.
- Commissioners and the trust are still all committed to moving to the new hospital because this will mean we can provide services in a more convenient geographical location. However, we need to take this interim step now to preserve and improve quality and safety.
- Acknowledging any short-term recommendations made and that proposals will be agreed across the health economy to address these and key stakeholders, including Overview and Scrutiny Committees, will be fully involved in this.
- As a result of the changes, 97 per cent of healthcare contacts will remain in Hartlepool. In the lead up to the opening of a new Hospital at Wynyard Business Park in 2017, the University Hospital of Hartlepool will become a centre for diagnostic tests, daycase and low risk operations. There will also be an increase in the number of medical rehabilitation beds at the hospital.

Managing issues and risks

A rolling handling plan will be established at the start of the consultation and maintained by the NECS Communications and Engagement Team. This will include key lines and actions, and provide a core script with key messages, process detail, organisations' corporate lines and rebuttal messages to support all actions outlined.

It is vital that all the major partners are highly visible through this process, including clinicians from the trust. It will be important to provide adequate notice of meetings for clinicians in particular.

Appendix 1.1

Communications and engagement Implementation Plan

Area	Task	Who's responsible	Timescale
Stage 1 - consultation planning			
Task and Finish Group	Establish membership, agree scope and schedule meetings	MB/CY	By 3 rd May
Finalise key messages and question areas	Develop: <ul style="list-style-type: none"> Briefing paper Presentation Key messages and question areas 		
Plan access to existing communications mechanisms	<ul style="list-style-type: none"> Ensure/schedule upload to CCG and FT websites Gather all supporting documentation e.g. <ul style="list-style-type: none"> ➤ Consultation document ➤ Relevant background information e.g. Momentum, Tees Review ➤ Options appraisal evidence Prepare briefing via My NHS Distribution of information to GPs, pharmacists Prepare information – based on above – for communications teams within neighbouring NHS Trusts, local authorities, key relevant charities and groups 	SJ/CY	By 10th May
Implement communications via mechanisms	<ul style="list-style-type: none"> All consultation materials and supporting information available on CCG and FT websites Briefings and distribution above 	SJ/CY	15th May
Brief FT PALS team	<ul style="list-style-type: none"> Provide information and timetable 	CY	By 17th May By 10th May
Communications with staff	<ul style="list-style-type: none"> FT mechanisms NHS HAST CCG bulletin NECS 	CY SJ MB	By 10th May
Plan attendance at existing	Agree schedule and attendance	T&F Group	By 10th May

meetings and events			
Consultation planning	<ul style="list-style-type: none"> • Agree consultation timelines for: <ul style="list-style-type: none"> - Planning - Response mechanisms and handling - Questionnaire and document design and print - Advertising - Full handling of consultation meetings - Response handling, analysis and reporting 	T&F Group	By 10th May
Prepare and finalise consultation document for agreement	<ul style="list-style-type: none"> • Ensure this meets four reconfiguration tests • Source case studies 	CY – lead T&F Group	By 17th May
Agree final consultation document	<ul style="list-style-type: none"> • Agree via extraordinary NHS HAST CCG Governing Body meeting 	AW	16th May
Further consultation materials	<ul style="list-style-type: none"> • Agree range of materials based on main consultation document • Draft and agree materials • Produce materials • Agree distribution 	T&F Group	By 17th May
Map/schedule all meetings with key stakeholders	<ul style="list-style-type: none"> • Health and Wellbeing Boards • Scrutiny meetings – formal and informal 		
Public meetings - preparation	<ul style="list-style-type: none"> • Set dates • Book venues • Confirm dates for attending representatives – well in advance for clinicians • Confirm lead/chair for each • Plan advertising • Plan media i.e. ongoing releases • Prepare presentation using available resources • Prepare facilitators' recording materials • Draft and issue press release with contact details 	T&F Group	By 17 th May

Prepare access and response mechanisms	<ul style="list-style-type: none"> • Source supplier of analysis • Freepost • Addresses 	T&F Group	By 17th May
Liaison with Scrutiny	<ul style="list-style-type: none"> • Informal discussion with officers to determine formal presentation of plans • Determine presentation of Consultation Plan 	SJ/CY	By 17th May
Media	<ul style="list-style-type: none"> • Arrange meetings with Hartlepool Mail and Evening Gazette (re NCAT report) • Issue NCAT media release to include consultation dates • Draft, agree and issue consultation launch release 	SJ/CY	For 15 th May 16 th May By 17 th May
Advertising	Schedule and organise paid advertisements in local print and broadcast media	SJ	By 17th May
Stage 2 - 12 week formal consultation – from Monday 20th May to Friday 16th August 2013			
Materials	<ul style="list-style-type: none"> • Commissioning production of consultation materials in alternative formats as required 	T&F Group	Ongoing – as required
Consultation document available	<ul style="list-style-type: none"> • Upload document to CCG and NTHFT websites 	SJ/CY	For 9am Monday 20 th May
Send out consultation document to key stakeholders	<ul style="list-style-type: none"> • Prepare covering letter and response form • Identify list of stakeholders as key consultees • Indicate deadline for responses • Provide full list of consultees, stakeholders and contacts 	T&F Group	By 24 th May
Distribution	<ul style="list-style-type: none"> • Co-ordinate distribution of consultation materials e.g. to independent contractors and community based health locations 	T&F Group	From 20th May
Media handling	<ul style="list-style-type: none"> • Production and distribution of press releases • Set up and maintain media handling plan 	T&F Group	From 20 th May
Public meetings	<ul style="list-style-type: none"> • Organise and manage consultation meetings, 	SJ	By 17 th May

	<ul style="list-style-type: none"> Commission recording and transcribing Arrange BSL interpreting services 	T&F Group	h sufficient time h sufficient time
Other meetings	<ul style="list-style-type: none"> Manage and record outcomes from targeted meetings/focus groups with key stakeholder groups with a vested interest in consultation 	T&F Group	Ongoing
Analysis, response handling and reporting	<ul style="list-style-type: none"> Arrange and manage ongoing handling of postal responses Log, collect and collate responses from web, mail, email letter and meetings (meeting summaries and notes) including a breakdown to show organisational and public responses. Summarise and provide analysis of all of the responses received Prepare final report - presentations, printed report in hard copy 	T&F Group / external supplier	By 17 th May
Post consultation – from 16th August 2013			
Collation of responses	• Liaison with supplier re completion of report	T&F Group	19th August
Reporting	<ul style="list-style-type: none"> Make report available on CCG website Identify stakeholders who should receive a copy of the report directly 	T&F Group	By 30 th August
Awareness-raising of the consultation outcomes through local media	<ul style="list-style-type: none"> Issue press release reporting on outcomes and when final report will be available 	T&F Group	By 30 th August
Communications with staff	<ul style="list-style-type: none"> NECS CCG NHFT 	MB AW CY	By 30 th August
Feedback to stakeholders	<ul style="list-style-type: none"> Provide feedback on outcomes of consultation and related involvement and how these have been used to inform the decision 	MB – lead T&F Group	By 30 th August
Decision making	<ul style="list-style-type: none"> Prepare full paper (with report) for Board / Governing Body Prepare messages re implementation 	AW/MB/CY	By 30 th August

Monitoring and evaluation

The evaluation process should ensure sufficient feedback is received to:

- Help steer the content of future communications by capturing the needs of the internal and external audiences
- Ensure that information being communicated is understood by the intended audience/s
- Gauge any misunderstanding or confusion about the project.

Events/Discussions/Information Distribution

Date	Meeting
May 2013	
30/04/13	NCAT Report discussion - D Emerton/Dr Pos myk/Ali Wilson
15/05/13	NCAT Report launch
15/05/13	NCAT Report staff consultation – HaST CCG Staff
16/05/13	Extra Ordinary Board Meeting
16/05/13	NCAT Press release
20/05/13	Centralising Care consultation press release
22/05/13	NCAT Next Steps Meeting – Ali Wilson/Mary Bew ley/Siobhan Jones/Lesley Hudson
24/05/13	Consultation Press Release
21/05/13	Dr Pos myks column – Hartlepool Mail
22/05/13	Email to stakeholders regarding consultation
24/05/13	Background information uploaded onto w ebsites
31/05/13	Attendance at Hartlepool Audit & Governance meeting
June 2013	
03/06/13	Consultation document and questionnaire delivered to GP Practices/Libraries
05/06/13	NCAT/Consultation Steering Group
06/06/13	Radio Interview – BBC Radio Tees
06/06/13	Email to stakeholders/hard to reach/MY NHS members
07/06/13	Email and consultation event poster sent to GP practices
12/06/13	Article in Hartlepool Mail
12/06/13	Hartlepool Public Consultation Event
13/06/13	Consultation documents/questionnaires to Westfield Advice Centre
14/06/13	Press release sent out
14/06/13	Email/post to stakeholders regarding consultation
19/06/13	Consultation Plan/Questionnaire issued in Billingham Health Centre Public w aiting area
19/06/13	Stockton Public Consultation Event
20/06/13	Easington Clinical Commissioning Board – NCAT Update
21/06/13	Telephone Discussion with Cllr K Daw kins
21/06/13	NCAT/Consultation Steering Group
24/06/13	Flyers sent to stakeholders & GP Practices re DDES Events
24/06/13	BHC public Open evening/Consultation Information available
25/06/13	Stockton – Hardw ick Residents Association
27/06/13	Adverts re Peterlee/Sedgefield events published
July 2013	
02/07/13	Confirmation by phone with Evelyn Leck of Stockton Road residents

	Group
02/07/13	Durham Scrutiny Committee
02/07/13	Hartlepool - Stockton Road Residents Group
02/07/13	Letter going out to Hard to Reach group
03/07/13	Peterlee Public Consultation Event
05/07/13	NCA/T/Consultation Steering Group
08/07/13	Stockton Over 50's Assembly
09/07/13	Sedgefield Public Consultation Event
11/07/13	Joint Health Scrutiny Committee Meeting
12/07/13	Learning Disabilities Partnership Board
23/07/13	Durham Scrutiny Committee additional meeting

Appendix 1.2

Appendix A: Draft Stakeholder Map

Stakeholder Group	Stakeholder	Stakeholder Prioritisation Category	Communication Method(s)	Lead contact/s pokes people
Internal	Boards – North Tees and Hartlepool NHS Foundation Trust, South Tees Acute NHS Foundation Trust, North East Ambulance NHS Foundation Trust	Key Player	Face to face meetings	
Internal	Heads of Clinical Service	Key Player	Face to face meetings and briefings	
Internal	Senior clinical staff	Key Player	Face to face meetings and briefings	
Internal	Staff-side representatives	Active Engagement and Consultation	Face to face meetings/briefings	
Internal	Medical Staffing Committee	Active Engagement and Consultation	Meetings/briefings	
Internal	Staff affected by changes	Active Engagement and Consultation	Team and individual briefings/meetings with line managers/ Q&As/ existing internal comms tools	
Internal	All staff (including hospital volunteers)	Active Engagement and Consultation	Open staff meetings/Q&As/ existing internal comms tools	
Internal	NTH Governors			

Patients & Public (charities)	Charitable organisations and highly interested groups	Active Engagement and Consultation	Face to face meetings and briefings/engagement events and activities	
Patients & Public	General Public	Keep Informed and Consult	Public Meetings/ Media Releases/ Website/information stands/ posters/info distributed at prime settings/consultation documents	
Patients & Public	Affected Service User Groups	Active Engagement and Consultation	Meetings with identified service user groups/ Engagement events/ Focus groups/ Consultation events	
Patients & Public	GP Patient Participation Groups	Keep Informed and engaged via practices	Meetings/briefings	
Patients & Public	HealthWatch	Active Engagement and Consultation	Meetings and presentations/ongoing briefings and updates/ Consultation documents	
Patients & Public	Protected groups, voluntary and community groups, hard to reach groups, third sector	Active Engagement and Consultation	Meetings with identified groups/ Engagement events/ Focus groups/ Consultation events	
Patients & Public	Foundation Trust members	Keep Informed and Consult	Briefings	
Patients & Public	MY NHS members	Keep Informed and Consult	Briefings	

Political Audiences	Ministers	Keep Informed	Briefings through Ministerial Briefing Unit (via SHA)	NHS England
Political Audiences	Local MPs	Key Player	Regular briefings/letters/ meetings / phone calls on urgent issues/ Consultation Documents	
Political Audiences	Area Committees	Active Engagement and Consultation	Meetings & presentations/ regular briefings	
Political Audiences	Local Councillors	Active Engagement and Consultation	Regular correspondence updating on progress /rep to attend meeting if necessary/ Consultation Documents	
Political Audiences	Overview and Scrutiny Panels and Joint Health Scrutiny Committee	Key Player	Meetings & presentations/ regular briefings	
Media	Local and regional media	Keep Informed	Pro-active and re-active press releases and statements/ interviews / briefings/ paid-for advertorials and supplements	
Partners	Clinical Commissioning Groups	Key Player	Meetings/ Regular briefings/ Consultation Documents/ Website	
Partners	Local Medical Committee	Active Engagement and Consultation	Meetings & presentations/ regular briefings	

GPs	GPs	Active Engagement and Consultation	Meetings & presentations/ regular briefings	
Partners	Surrounding trusts -	Keep Informed/ Active engagement where necessary	Briefings as required/ Consultation Documents	
Partners	Health Education England	Keep Informed and Consult	Briefing when required	
Partners	PFI partners	Keep Informed	Briefing when required/consultation document	
Partners	LHWP Boards	Keep Informed		
Governance & regulators	Department of Health	Keep Informed	Briefings via NHS England (reconfiguration grid)	
Governance & regulators	NHS England	Key Player	Meeting	
Governance & regulators	Care Quality Commission	Keep Informed	Regular Briefings/ Consultation Documents	
Governance & regulators	NCAT	Key Player	Visit	
Governance & regulators	National Reconfiguration Team	Keep Informed	Briefings	
Governance & regulators	Health Gateway Team	Key Player	Meetings/briefings	
Governance & regulators	Local health and Wellbeing Boards	Key Player	Meetings/briefings	

Appendix 1.3

momentum: pathways to healthcare

The programme was established by North Tees and Hartlepool NHS Foundation Trust and the former commissioners Stockton Teaching Primary Care Trust and Hartlepool Primary Care Trust.

The *momentum* programme has three elements:

Element one Transforming services – came as a result of the White Paper *our health, our care, our say*

Element two Primary and community care capital planning project designed to create a network of enhanced and improved community facilities to support the above changes

Element three The hospital capital planning project – building a new hospital to serve the people of Hartlepool, Stockton and parts of Easington and Sedgefield.

A condition of the outline planning permission granted by Hartlepool Borough Council was that the community facilities and services had to be in place by the time the new hospital opens. This is to ensure that all three elements of the programme fit together and are right for the future needs of the changing population while also allowing for advances in medical and surgical care. It follows that services would be moving and transforming into the lead up to the new hospital opening to enable this condition to be met.

The hospital programme is also supported by a £10.5m transport plan to ensure the hospital is accessible to patients, visitors and staff. An accessible transport system – a section 106 agreement - was also a condition of the outline planning permission for the new hospital.

However the hospital programme has been delayed until 2017 due to the withdrawal of capital project funding approval in 2010.