Programme Update Report

Report to:	**Joint Health Overview and Scrutiny Committee**
Subject:	**Programme Update Report**
Report by:	**Senior Responsible Officers – Caron Morton & David Evans**
Date:	**11th June 2014**

The purpose of this report is to provide the Joint HOSC with an update on recent Programme progress and on future plans.

Key supporting documents are appended to this report and are also publicly available on the Programme website: http://www.nhsfuturefit.co.uk/

1 OVERVIEW

The Programme has now entered its second phase.

In Phase 1 the programme's constitution was completed through the approval of its Programme Execution Plan (PEP) which sponsor organisations have since been ratifying, along with the Case for Change and the Principles for Joint Working. These documents were endorsed by HOSC at its meeting in March 2014. The programme also subjected itself to an external review by the Health Gateway Team in order to identify further improvements in its ways of working, and an action plan has been implemented in response.

The focus of Phase 2 to date has been the development of a full clinical model based on the high level vision set out in Phase 1. This resulted in an intense period of clinical activity involving over 200 local clinicians – supported by patient representatives and focus groups – working together to shape the model of future care for the people of Shropshire, Telford & Wrekin and northern Powys.

HOSC involvement has continued through observation of Programme Board meetings, through membership of the Assurance Workstream and through informal meetings and other contacts with Programme staff.

2 NHS ENGLAND ASSURANCE

NHS England (NHSE) has a key role in the assurance process for major service reconfigurations. The most significant of these comes prior to formal Public Consultation but an initial Sense Check was conducted in early May.

The Local Area Team reviewed a comprehensive evidence pack submitted prior to the Sense Check, and subsequently congratulated the Programme for the tremendous progress made to date, in particular the impressive clinical engagement throughout the process. NHSE recognised there is still a significant amount of work to do and acknowledged that a realistic timescales for getting to Public Consultation was now proposed.

A set of recommendations has been received and the Programme Team has developed an action plan in response.

3 PROGRAMME EXECUTION PLAN (PEP)

The PEP is scheduled to be refreshed by the Board for each new phase of the programme. Changes recently agreed include:

a) A process for reviewing sponsor and stakeholder plans which are outside the scope of the programme. This is so that the Board can ensure that other health economy plans are aligned with FutureFit plans and avoid prejudging Programme outcomes.

b) Clarifying the Board's ability to take all necessary decisions in the management of the Programme, alongside identifying which decisions need to be approved or received by other bodies including HOSC.

c) The formation of a Core Group made up of each of the five Programme Sponsors in order to make recommendations to the Board. Only in exceptional circumstances will the Core Group take urgent decisions on behalf of the Board, and will promptly report any such decisions to Board members.

d) The creation of two additional workstreams to

   i. Undertake a feasibility study of the single emergency care centre proposal; and

   ii. Ensure that appropriate Impact Assessments of programme proposals are planned and completed.

   As with all existing workstreams, patient representatives have been invited to join these new workstreams.

e) Revision of the programme budget amounting to c.£1.4m for 2014-15, largely to reflect the substantial increase in resource allocated to engagement and communication activities as well as the technical expertise required to develop and test detailed proposals during the next Phase.

f) The addition of a strategic context document, following feedback from the NHSE Sense Check meeting, to provide supporting evidence to the Case for Change embodied in the PEP.

In addition to these changes, the Board agreed a revised Programme timeline (**Attachment A**) which works towards formal Public Consultation on a Preferred Option as soon as possible after the 2015 General Election. This aligns with advice from NHS England which was concerned that a timetable for Public Consultation before the pre-election period would not be feasible. The timetable remains very tight, however, and assumes that some tasks are undertaken in parallel rather than sequentially. **HOSC is invited to note the revised timetable.**

4 ENGAGEMENT & COMMUNICATIONS PLANS

The Board approved a strategic plan for communication and engagement which has been co-produced with patients and reflects a "you said, we did" structure. There has been strong

feedback about using existing networks, ensuring the accessibility of materials through the use of patient readers, going where people are and monitoring who has been engaged in order to target any groups being missed.

A more detailed implementation plan based around key activities scheduled for coming months will be brought to Board at the end of June.

5 CLINICAL REPORT

In November 2013 the clinical community was set a clear task by the local people of Shropshire, Telford and Wrekin: not only to design a clinical model for locally sustainable acute and community hospital services for the next 20 years but also to lead the process of redesigning these services. This task was to take into account the health needs of all of the populations who receive acute services within Shropshire and Telford and Wrekin, including patients from Powys.

Our four clinical leads - Dr Bill Gowans, Dr Mike Innes, Dr Edwin Borman and Dr Alastair Neale – have, alongside the Clinical Reference Group of 90 local clinicians and in conjunction with the wider clinical community, developed first a vision for hospital based healthcare (published March 2014) and then outlined in their final report the detailed structure for the delivery of this care for our patients.

Throughout this work we have witnessed an unprecedented commitment by local clinicians to create a system that allows them to deliver the best possible outcomes for their patients. The ethos of the work has been reliant on the principles that patients should be cared for as close to home as is feasible; that clinicians be empowered through having access to the best equipment and support from colleagues co-located on single sites; that solutions be innovative and integrated; and that we free ourselves from the constant threat of loss of services by creating a sustainable system for Shropshire, Telford and Wrekin and parts of Powys.

The clinical models are based on three areas of care - acute and episodic illness, the management of long term conditions and frailty and the delivery of planned care - all underpinned and united by principles and working practices applied across the whole system.

The structural changes proposed describe the consolidation of specialist services to achieve ‘critical mass’ on the one hand, whilst, on the other hand, also addressing the need to improve quality and patient experience by delivering more care closer to home.

The principles and changes in working practices proposed in the report reflect the requirement for a sustainable health and social care system, but balance that requirement with the need to empower patients, clinicians and communities.

- The clinical model for acute and episodic care describes an urgent care network, within which one central emergency centre works closely with peripheral urgent care centres.

- For planned care, one central diagnostics and treatment centre will provide circa 80% of planned surgery whilst the majority of assessment, diagnosis and follow up will be performed closer to peoples' homes.

- The care of people with long term conditions will be seamless, responsive and lifelong.

The clinicians also strongly emphasise three additional challenges, beyond the reconfiguration of hospital services, which should be addressed:

- The need to integrate health and social care and to resolve the funding anomalies between them;

- The absolute requirement to create community capacity to manage the shift in care closer to home; and

- The need for local communities and society as a whole to tackle the prevention and wellbeing agenda.

The full report is published on the Programme website along with extensive appendices which set out the clinical evidence base and which record all the clinical conversations which contributed to the model. A summary presentation is appended to this report (**Attachment B**). **HOSC is invited to endorse the models proposed.**

6 DRAFT EVALUATION PROCESS & CRITERIA

The Board has approved proposals for how the Clinical Model will be converted into a long list of options, and for how criteria will be developed which will enable the long list options to be reduced to a short list (**Attachment C**).

A stakeholder panel has been formed with a single representative from each of the Board's 29 member organisations, including 5 patient representatives from Shropshire, Telford & Wrekin and Powys. The panel will hold 4 workshops (the first two in mid June and the other two in late September) to:

a) Generate ideas for options and identify parameters for reducing these ideas to a long list;

b) Propose a set of criteria against which options will later be assessed;

c) Agree weightings for the finalised criteria; and

d) Score the agreed long-list against the criteria to produce a short list.

This process embodies three key periods of wider public engagement:

- **From June to August** – extensive community and clinical engagement on a proposed long list of options and draft benefit criteria (coming out of the first two panel workshops). This, along with the results of the emergency centre feasibility study

(see below) and activity & capacity modelling of the new clinical model, will inform the Board's identification of the final long list and how this is reduced to a short-list;

- **From October to January** – further community and clinical engagement on the short listed options. This will contribute to the final appraisal of these; and
- **From June to January** - ongoing engagement on the implications of the clinical model.

HOSC is invited to endorse the proposed approach to the development of a short list.

Subsequent proposals will be developed in time for the September Board on the process for developing and appraising short-listed options.

7 EMERGENCY CENTRE FEASIBILITY STUDY

The Board has commissioned an additional piece of work to test the feasibility of the clinical proposal for a single Emergency Centre. This study will look at three options for the potential location of an Emergency Centre in order to determine whether any of these options are not feasible or are likely to be significantly more costly than others, prior to confirmation of the long list in September.

The three options to be examined are:

- The Emergency Centre being located on the Royal Shrewsbury Hospital (RSH) site;
- The Emergency Centre being located on the Princess Royal Hospital, Telford, site; and
- The Emergency Centre being located on an as yet to be defined New Site on the A5 corridor between Shrewsbury and Telford.

No assumptions will be made about the location of non-emergency services except for those which, for clinical reasons, are essentially co-located with Emergency Care facilities. The tasks of the study will be to:

- Setting out the high level physical requirements on each site for each Option;
- Developing plans for the Physical Solutions on each site for each Option (1:1,000 Site Plans and 1:500 Block Plans);
- Producing Capital Cost forecasts for each Option (plus direct revenue impact);
- Assessing the sensitivity of the results of the appraisal to changes in the assumptions used;
- Producing a Report for sign-off by the Programme Board in September to inform the final shortlisting of options proposed for October.

8 PROGRAMME RISKS

A draft list of risks identified by the Programme Team and the Assurance Workstream has been received by Board. This was as part of a process to enhance Programme risk management as recommended by the Health Gateway Review Team.

The list will be further revised, scored and mitigated, and it was agreed that the Board would in future receive regular reports on risks rated 'red' (before and/or after mitigating actions are taken).

David Evans & Caron Morton

Senior Responsible Officers

Attachment A
Programme Timeline

Overview of Phases 2-4

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		Date	Governance	Engagement	Feasibility	Technical	Clinical	Modelling	Evaluation	Impact
2014	May	05/05/2014		Develop Engagement Plan & Materials	Feasibility Brief	Develop Technical Team Brief	Clinical Model Revision		Evaluation Process	
		12/05/2014			Commission Study		Clinical Model Approval		Develop Long List & Benefit Criteria	
		19/05/2014	BOARD							
		26/05/2014								
	June	02/06/2014			Undertake Feasibility Study		External Clinical Assurance	Activity and Finance Modelling		Integrated Impact Assessment
		09/06/2014	BOARD							
		16/06/2014								
		23/06/2014	BOARD							
		30/06/2014		Public Engagement on Clinical Model, Long List & Benefit Criteria		Procure Technical Team				
	July	07/07/2014								
		14/07/2014								
		21/07/2014								
		28/07/2014								
	August	04/08/2014								
		11/08/2014								
		18/08/2014								
		25/08/2014								
	September	01/09/2014	GATEWAY	*Public Engagement on Clinical Model continues till January*					Confirm Long List/Criteria	
		08/09/2014								
		15/09/2014	BOARD						Shortlisting Workshops	
		22/09/2014								
		29/09/2014							Confirm Short List	
	October	06/10/2014								
		13/10/2014	BOARD			Develop Physical Solutions & Workforce Projections		Activity Modelling of Options		
		20/10/2014		Public Engagement on Short List						
		27/10/2014								
	November	03/11/2014								Integrated Impact Assessment
		10/11/2014								
		17/11/2014								
		24/11/2014								
	December	01/12/2014								
		08/12/2014								
		15/12/2014	BOARD							
		22/12/2014								
		29/12/2014								
2015	January	05/01/2015					External Clinical Assurance			
		12/01/2015								
		19/01/2015								
		26/01/2015								
	February	02/02/2015	BOARD			Financial & Economic Appraisal				Integrated Impact Assessment
		09/02/2015								
		16/02/2015								
		23/02/2015								
	March	02/03/2015							Non-financial Appraisal	
		09/03/2015								
		16/03/2015								
		23/03/2015								
		30/03/2015								
	April	06/04/2015								
		13/04/2015	BOARD							
		20/04/2015								
		27/04/2015								
	May	04/05/2015								
		11/05/2015								
		18/05/2015								
		25/05/2015	GATEWAY		Identify Preferred Option					
	June	01/06/2015		Preparation for Consultation	CCGs Decision & NHSE Assurance Process (tbc)					
		08/06/2015								
		15/06/2015								
		22/06/2015	BOARD							
		29/06/2015								
	July	06/07/2015								
		13/07/2015								
		20/07/2015								
		27/07/2015								

Attachment B
Clinical Models of Care

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Programme Board

10 June 2014

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NHS

System Principles

- Home is normal
- Empowered Patients
- Empowered Clinicians
- Empowered Communities
- Financial Sustainability
- Workforce Sustainability
- Service Sustainability
- Integrated Care
- Partnership Care
- Integrated IT to support integrated and partnership care


Call to Action
Clinical Reference Group Nov '13 & Jan '14
Workstream subgroups
Acute & Episodic
Long Term Conditions & Frailty
Planned Care
Interim Clinical Report March '14
Clinical Reference Group March '14
Cross Cutting Themes
Mental Health
Paediatrics
Social Care
Primary Care x 2
Secondary Care
IT
Therapeutics
Ambulance & Transport
Diagnostics
Women's Health
Workforce/7 day working
Cancer
Therapies
Community Hospitals x2
End of Life
Rural Health
Cross cutting themes feed into the design of all three workstream models
Patient focus groups also feed into the design of the three workstream models
3 x Patient focus groups on Acute & episodic model
3 x Patient focus groups on Long Term Conditions & Frailty model
3 x Patient focus groups on Planned Care model
Clinical Reference Group May '14
Merged Clinical Design & Activity and Capacity Modelling workstreams June & July '14
Clinical Reference Group July '14
Final Clinical Design Report Aug 2014

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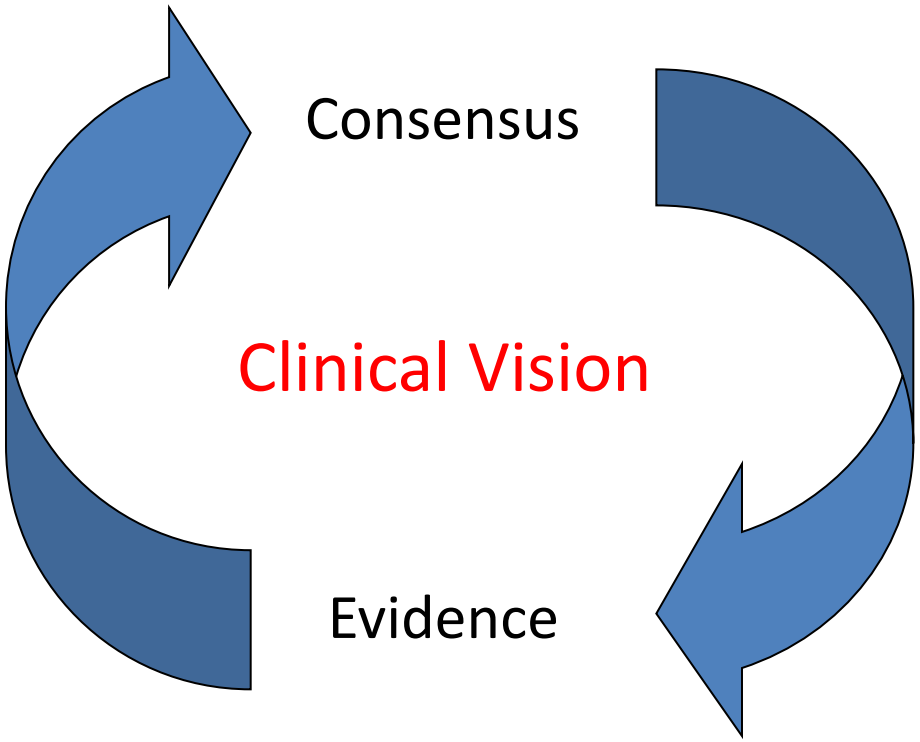

Reconciling
Sense checking
Modelling
Planning
Future proofing
Sustainability

Needs led
Experience based
Principles
Models of Care
'Common good'
Collective responsibility

Modelling
Options
Consultations
Reviews

Service description

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Emergency and Urgent Care

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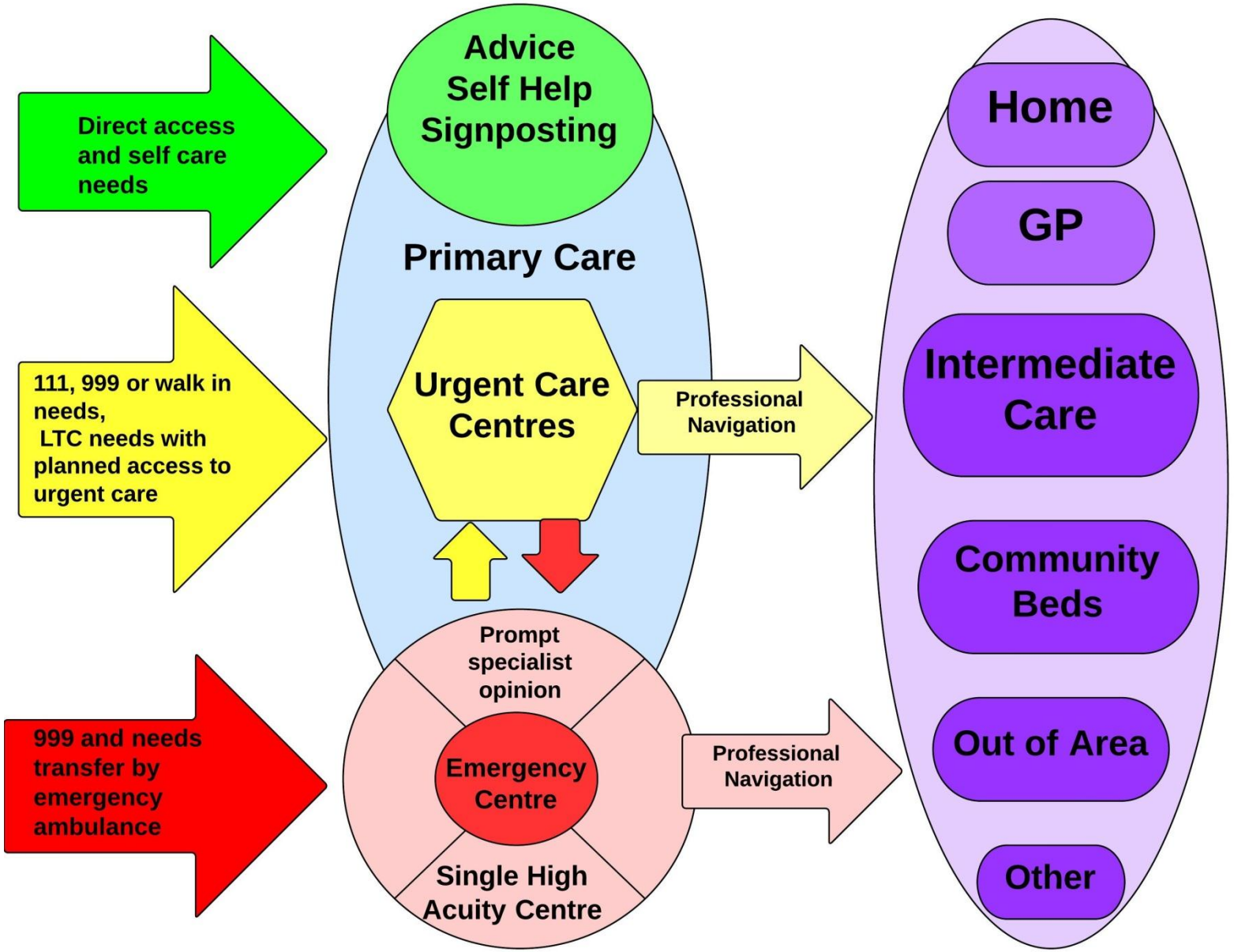

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Emergency and Urgent Care

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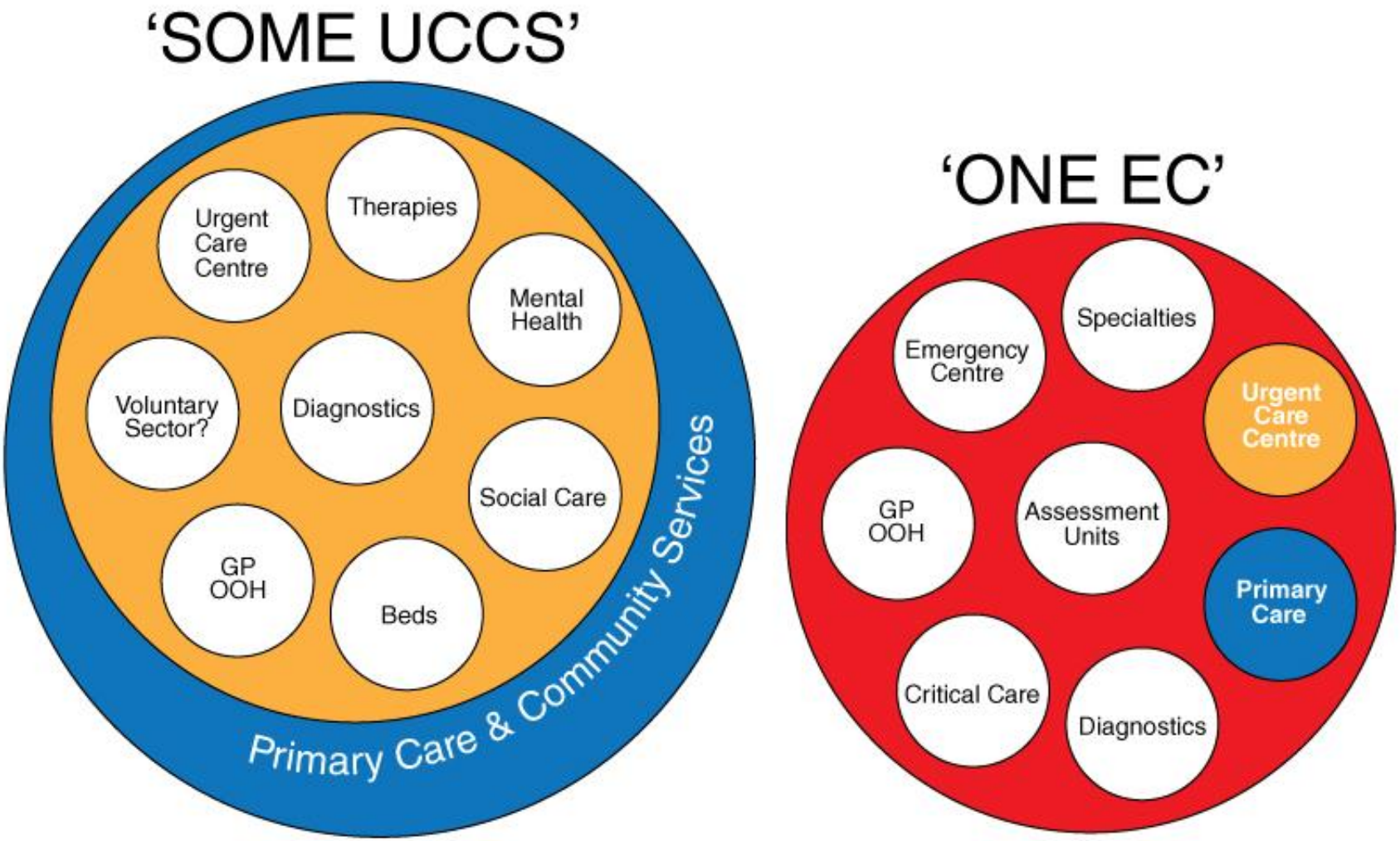
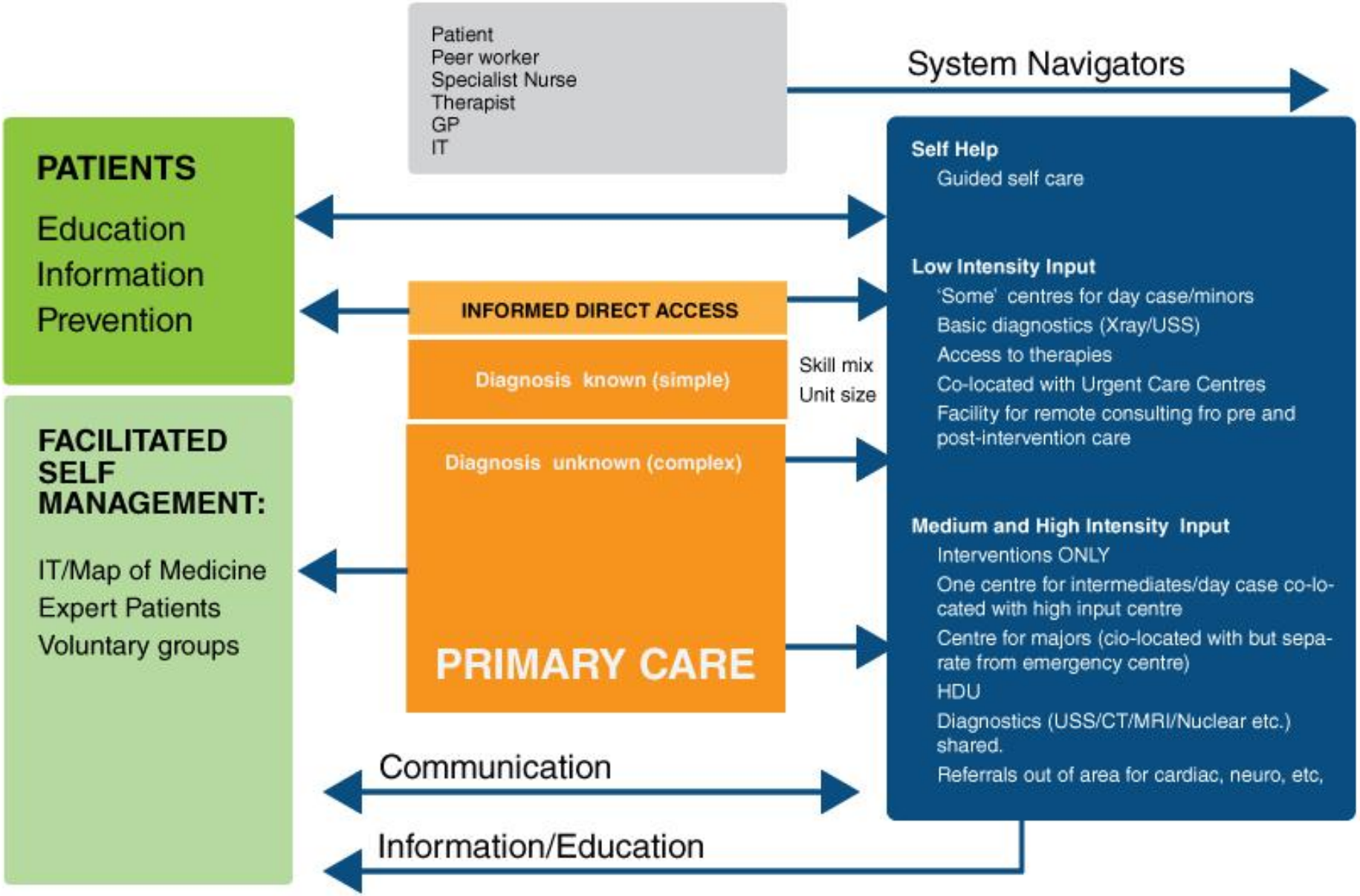


Planned Care



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Long Term Conditions

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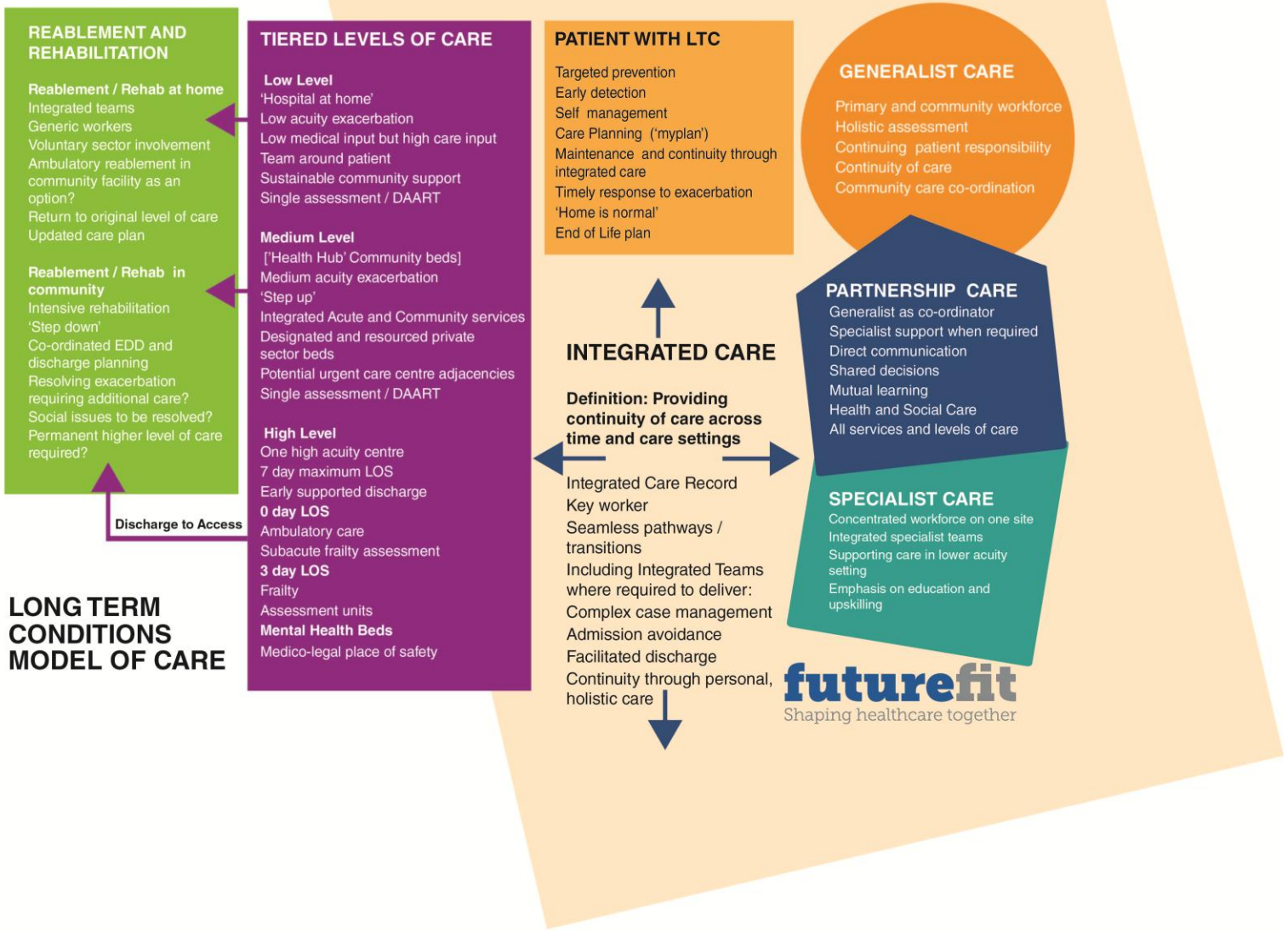

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Next steps

- Forms the bedrock for all FutureFit work
- Sets out a vision for future development of health and care system
- Platform for future activity and capacity planning
- Platform for developing facilities options
- Platform for wider system redesign e.g. IT and workforce
- Formation of clinical steering group (Senate)

Attachment C
Evaluation Process & Criteria

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Identification and Short-listing of Options

Report to:	**Programme Board**
Subject:	**Identification and Short-listing of Options**
Report by:	**Mike Sharon, Programme Director**
Date:	**21st May 2014**

1 Introduction

The work of the Clinical Design workstream to define the future model of care is due for completion by the end of May, with the detailed activity and capacity projections to reflect this model then due for completion by the end of August.

Concurrent with this work, there is a need to identify the short-list of options for detailed development and appraisal, alongside the criteria to be used in that appraisal, so that option-specific activity and capacity projections can then be developed, which will form the basis for the physical solution and resource impact for each option.

The Programme's Principles of Joint Working set out that it *will agree, in advance of its key decision–making on the selection of options, an objective set of criteria that will be employed, and these will also be signed-up to by individual constituent organisations at that stage.*

The relevant key milestones within the proposed programme plan are as follows:

Table 1 Key Milestones

	Key Milestone	Completion by	Programme Board sign-off
1	Clinical Model	28th May	10th June
2	Public Engagement	28th August	17th September
3	Activity Modelling	28th August	17th September
4	Emergency Care Feasibility Study	28th August	17th September
5	Determine short list of options	30th September	15th October

The purpose of this report is to set out the proposed process and timetable for identifying the range of options available and selecting the short-list of options for further development, subject to the Board's approval of the revised timeline. A subsequent paper will set out the proposed process for the evaluation of short-listed options once developed. Key components of the initial process are set out below.

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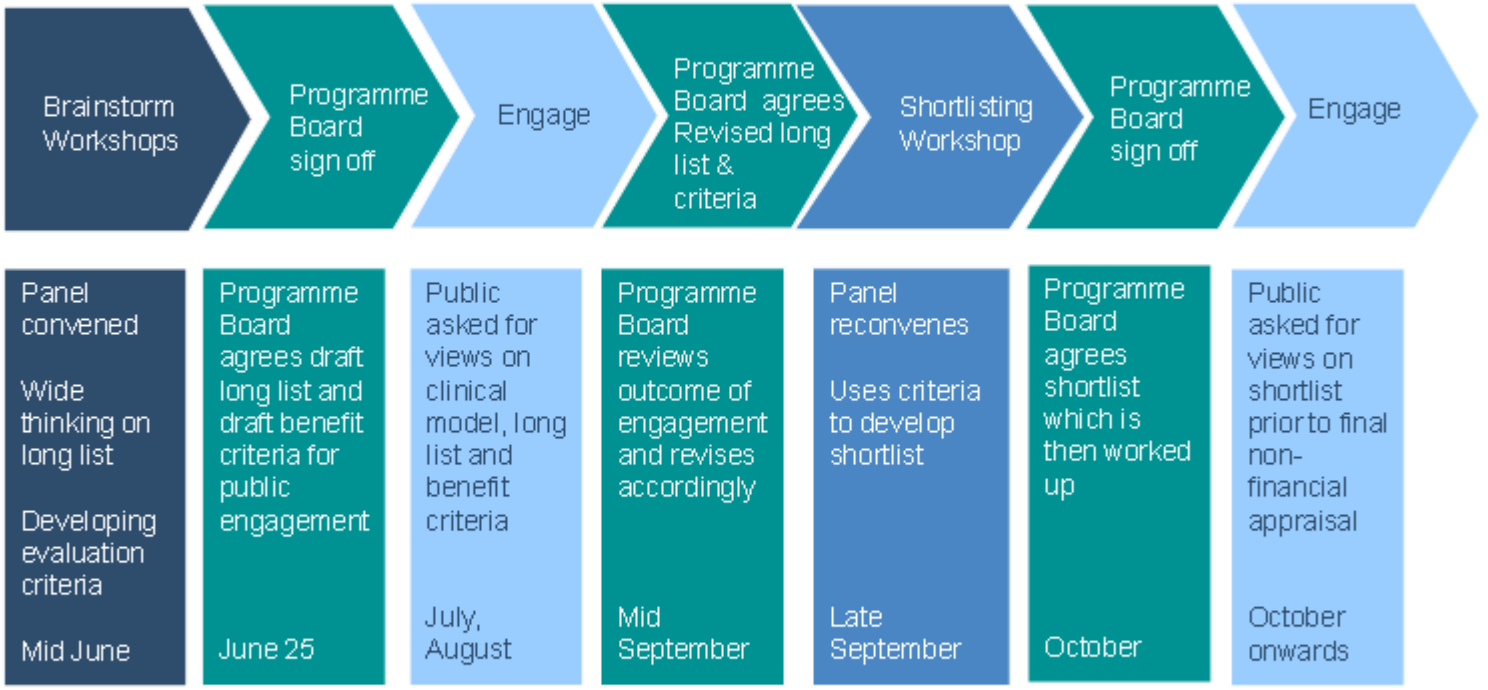
Getting to a Shortlist



2 Guidance and Best Practice

The processes adopted by the Programme need to align with a range of national guidance. This guidance is summarised below.

2.1 HM Treasury

Treasury guidance is contained in *The Green Book: Appraisal and Evaluation in Central Government* (2013). In relation to developing a shortlist of options (Section 5.3 – 5.7), HMT advises that:

For a major programme, a wide range should be considered before short-listing for detailed appraisal….. At the early stages, it is usually important to consult widely, either formally or informally, as this is often the best way of creating an appropriate set of options.

It also notes the need to include a 'do minimum' option in order to judge the reasons for more interventionist action.

2.2 NHS England

In its *Business Case Approvals Process* guide (2013) NHS England refers to the Department of Health's *Capital Investment Manual* (1994). This contains guidance on the generation of options. In particular it notes that:

The drawing up of a long list of possibilities will usually require consultation of a range of people… The generation of options provides an opportunity to be creative and innovative, to challenge constraints, and to revisit the objectives of the investment. (Section 2.12.1, p.28)

It also suggests that brain-storming sessions with an experienced panel are held to support this before each identified option is described (two or three paragraphs) and options are then reduced to a short list of between three and six options by excluding those options which are not feasible, are unaffordable or do not meet the programme's objectives.

2.3 NHS Trust Development Authority

NHS TDA has issued a Business Case Checklist as part of its guidance for NHS Trusts - *Capital Regime and Investment Business Case Approvals* (2013), Appendix 2. In relation to this early stage of the appraisal process it poses these questions:

- *Has a wide-ranging long-list of options (including a do-nothing or do-minimum) for achieving the investment objectives been drawn up? Does it reflect the views of all stakeholders?*
- *Are the criteria for the short listing of options clear? Do they derive clearly from the investment goals set out in the Strategic case, and have the reasons for their relative weightings been set out?*

3 Long List of Options

3.1 Development of a Long List of Options

The development of the Long List comprises three key tasks:

- Generating ideas;
- Engaging the Community and Clinicians, and;
- Describing the Long List.

a) Generating Ideas

This will involve setting out the multiple configuration options (i.e. various combinations of the number and location of clinical facilities and services) through which it may be possible to implement the elements of the approved Clinical Model which are within the Programme's scope.

In line with national guidance (see Section 2 above), ideas will be generated by an experienced panel formed of all Programme Board sponsor and stakeholder organisations, as follows:

Organisation
Shropshire Clinical Commissioning Group
Telford & Wrekin Clinical Commissioning Group
Powys Local Health Board
Shrewsbury and Telford Hospital NHS Trust
Shropshire Community Health NHS Trust
Shropshire Patient Group
Telford & Wrekin Health Round Table
Healthwatch Shropshire
Healthwatch Telford & Wrekin
Montgomeryshire Community Health Council
Shropshire Council
Telford and Wrekin Council
West Midlands Ambulance Service NHS FT
Welsh Ambulance Services NHS Trust
Robert Jones & Agnes Hunt Hospital NHS FT
South Staffs & Shropshire Healthcare NHS FT
G.P. providers
Shropshire Doctors' Cooperative Ltd
NHS England Shropshire & Staffordshire Area Team

These organisations will each be asked to nominate a single representative and will also be encouraged to brain-storm potential options within their organisations prior to the panel meeting (for which background information would be supplied). A single half-day workshop will be held for the panel at which it will be asked to recommend a long list of around 10-12 configuration options for approval by the Programme Board.

- **Workshop 1**

The workshop will include:

- Provision of information on-
  - Programme Objectives
  - The Clinical Model
  - Basic demographic data
  - Existing acute and community hospital sites (although new site options are also to be considered);
- Brain-storming of potential options which cover the following requirements –

Acute & Episodic Care	One Emergency Centre
	Some Urgent Care Centres
Planned Care	One Diagnosis & Treatment Centre
	Assessment, diagnostics and follow up closer to home
Long Term Conditions & Frailty	Health Hub/Community Beds

- Reduction of ideas to a provisional long list (through removal, by consensus, of ideas which are duplicated and/or judged by the panel not to be feasible).

b) Engaging the Community and Clinicians

In addition to the initial process whereby sponsor and stakeholder organisations can involve their staff/members in brainstorming ideas prior to the first workshop, the provisional long list which emerges from the workshop will then be subject to community and clinical engagement to test that no feasible options have been omitted.

c) Describing the Long List

Following public engagement the Programme Board will confirm the long list. It will then be necessary to prepare a brief description of each option to inform the subsequent short-listing process. A suggested template for these descriptions is attached as **Attachment A**. This work will be led by the Programme Team supported by its constituent workstreams, and will be reviewed for accuracy and completeness by the Programme Board's Core Group before entering the short-listing process.

4 Short-listing

4.1 Evaluation Criteria

It is proposed that the criteria to be used in evaluating the short-listed options should be determined in advance by the Programme Board. These criteria will need to reflect the programme's goals and objectives, as set out in the Programme Execution Plan:

a) Objective

To agree the best model of care for excellent and sustainable acute and community hospital services that meet the needs of the urban and rural communities in Shropshire, Telford and Wrekin, and Mid Wales.

b) Goals

The key benefits to be secured from the programme are:

- Highest quality of clinical services with acknowledged excellence in our patch;
- A service pattern that will attract the best staff and be sustainable clinically and economically for the foreseeable future;
- A coherent service pattern that delivers the right care in the right place at the right time, first time, coordinated across all care provision;
- A service which supports care closer to home and minimises the need to go to hospital;
- A service that meets the distinct needs of both our rural and urban populations across Shropshire, Telford & Wrekin and in Wales, and which anticipates changing needs over time;
- A service pattern which ensures a positive experience of care; and
- A service pattern which is developed in full dialogue with patients, public and staff and which feels owned locally.

In addition, the criteria should be informed by factors recommended by the DH which are commonly used in non-financial appraisals:

• Access to services	• Meeting Policy Imperatives
• Clinical Quality	• Training, Teaching, Research
• Environmental Quality	• Effective Use of Resources
• Development of new/existing services	• Ease of Delivery.
• Strategic Fit	

♦ **Workshop 2**

Prior to final determination of the short-listing criteria by the Board, a stakeholder workshop is proposed (to take place between May and late June Board meetings) so that a recommendation can be developed. This could be combined with the long-listing workshop described above, in order to utilise the same representative membership.

4.2 Process

The process for selecting the short-list of options for further development and appraisal needs to be robust, transparent and justifiable in the event of a challenge.

It is therefore proposed that a formal and structured non-financial appraisal of the long-listed options be undertaken, involving as wide a range of stakeholders as possible within the time available (see 4.3 below). The process will also need to include an explicit assessment of whether any options are clearly unaffordable (DH, 1994, Section 2.14.3) and the methodology for this will need to be set out by the Finance Workstream.

The non-financial appraisal will comprise two further half-day workshops, possibly taking place on the same day. Guidance suggests that *Objectivity is enhanced by separating the exercises of scoring the options from that of weighting the benefit criteria* (DH, 1994) although a single expert and representative panel is envisaged.

- **Workshop 3 - Criteria weighting**

  The panel determines the weighting of the criteria through a process of step-by-step pair-wise comparison, as set out in national guidance (DH, 1994, Section 2.21.1).

- **Workshop 4 – Presentation of the options and scoring**

  The description of each option developed by the Programme Team will be presented to the panel after which panel members will discuss each option before individually scoring them against each of the criteria. The resulting scores will be recorded and the agreed weightings applied in order to produce initial non-financial scores. These will then be reported back to the panel (individual scores will be held in confidence) to inform further discussion and individual re-scoring, if desired. Following the scoring workshop, a report will be produced which summarises the scores and analyses them by stakeholder type. The report will be presented to the Programme Board which will then need to reach a consensus, informed by the report, on which options should proceed to full appraisal.

4.3 Short-listing Panel

It is proposed that the panel to undertake the shortlisting should be constituted in the same way as the long-listing panel, with single representatives from each sponsor and stakeholder organisation (see 3.1). These representatives should ideally be the same individuals as for long-listing.

An alternative approach considered was to utilise the Programme Board membership, with the addition of any other key stakeholders whom the Programme Board considered should be involved. There are governance benefits, however, to Programme Board members not being actively involved in the process until they receive its output.

5 Timescale

As noted in Table 1 above, a provisional short-list of options needs to be identified in late September for sign-off by the Programme Board in October in order that work on developing the options can commence. The short-list will also then be subject to further community and clinical engagement which will inform the final non-financial appraisal of options.

The following timetable is therefore proposed:

Table 2 Short-listing Timetable

	Key Milestone	Work to be completed by	Programme Board sign-off	T&W CCG Board	Shropshire CCG Board	Powys LHB	SCHT Board	SaTH Board	JHOSC
1	**Approval of short-listing process**	15th May	**21st May**	10th June	11th June	19th June	22nd May	29th May	19th June
2	**Clinical Model finalised**	28th May	**10th June**	10th June	11th June	19th June	17th July	26th June	19th June
3	**Workshop 1: Generation of provisional long-list**	18th June	**25th June**	8th July	9th July	4th September	17th July	26th June	July (tbc)
4	**Workshop 2: Identification of provisional short-listing criteria**	18th June	**25th June**	8th July	9th July	4th September	17th July	26th June	July (tbc)
5	**Engagement on Clinical Model and Provisional Long List and Benefit Criteria**	End August	-	-	-	-	-	-	-
6	**Preparation of description of long-listed options**	Mid September	-	-	-	-	-	-	-
7	**Workshop 3: Criteria weighting**	End September	-	-	-	-	-	-	-
8	**Workshop 4: Option scoring**	End September	-	-	-	-	-	-	-
9	**Analysis of Results and identification of short-listed options**	8th October	**15th October**	11th November	12th November	16th October	20th November	30th October	October (tbc)
10	**Engagement on the short-listed options**	End January	-	-	-	-	-	-	-

The sponsor/stakeholder meeting dates in the table above are those already scheduled. In order for this timeline to be feasible, it may be necessary for extraordinary meetings to be held if those organisations are formally to consider Programme outputs before further work is undertaken. There would otherwise be considerable delay. Key community and clinical engagement opportunities are highlighted in green.

6 Actions Required

The Programme Board is asked to consider the following aspects:

- The proposed approach to establishing a long-list of options
- The proposed process and timetable for selecting a short-list of options
- The composition of the long-listing, short-listing and criteria setting panel.

Mike Sharon

Programme Director

ATTACHMENT A
OPTION DESCRIPTION

OPTION 1

ACUTE HOSPITALS	COMMUNITY HOSPITALS	IMPACT ON OTHER SERVICES*
SERVICE CHANGES	**SERVICE CHANGES**	**SERVICE CHANGES**
Acute Episodic Care Planned Care Long-term Conditions & Frailty	Acute Episodic Care Planned Care Long-term Conditions & Frailty	Acute Episodic Care Planned Care Long-term Conditions & Frailty
FACILITIES CHANGES	**FACILITIES CHANGES**	**FACILITIES CHANGES**
WORKFORCE IMPACT	**WORKFORCE IMPACT**	**WORKFORCE IMPACT**
IT IMPACT	**IT IMPACT**	**IT IMPACT**

* Including Primary Care, Community Health Services, Social Care, Ambulance Services, Care Homes, Community Pharmacies