Appendix 1

1.We recommend that the programme seeks the rapid provision of assurances around the proposed funding solution for the programme, including the mix of sources if PDC is considered unlikely to be sufficient. This should be included within the Consultation Plan. (KPMG)

The full consultation document explains the assurance processes we have followed to date and references the financial and non-financial appraisal of the options. The funding solution is not part of the formal public consultation and therefore is not included in the full consultation document. However assurances have been received from NHS Improvement that subject to passing NHS England assurance tests, the changes proposed through the Future Fit programme will be considered for funding. NHS England will assure whether this letter of assurance is sufficient to move to consultation. Affordability of the scheme as a whole including capital source and cost will be covered post-consultation in the Decision Making Business Case, by which time parallel applications for capital will have been completed and the source and cost of capital explicit.

2. We recommend that proposals for reconfiguration of community care, and specifically those elements directly impacting on local acute care flows, be rapidly described and costed and included within the Consultation Plan. (KPMG)

.Following on from the last HOSC meeting in September, more information about the models of community and out of hospital care have been more explicitly articulated in the latest submission to NHS England as part of the formal assurance process. The NHS England assurance process will assure that the proposed schemes are viable and evidenced. Any future reconfiguration of community services is however not covered by this formal consultation and this is clear in the consultation document. The full consultation document does reference the work being done within the wider Sustainability and Transformation Partnership to develop these models. These models are being developed together by the local authorities and the CCGs and members of the public, patients, their carer's and families and the community and voluntary sectors are involved. As these models develop, we will have a clearer indication of where we may be proposing any significant changes. Where we are proposing any significant change we will follow the appropriate assurance processes and scrutiny procedures and may need to conduct further public consultations in the future.

3. We recommend that the assumption within the PCBC that a 50% reduction in delayed transfers of care (DTOC) equating to a reduction in bed capacity of 97 beds is properly spelt out in the Consultation Plan and endorsed by local authority partners. (KMPG)

Significant work has been undertaken this year to ensure robust plans are in place to reduce Delayed Transfers of Care to the national target of 3.5% or below in all provider organisations. This system wide approach is proving successful with the latest figures for the SaTH DTOC rate running at 3.3% for July. In response to guidance issued by NHS England, a local A&E Delivery Board was established in September 2016. Every statutory body has a seat on the Board which has a role in working with the Sustainability and Transformation Partnership leaders on the longer term strategic plans for urgent and emergency care.

Further to the last HOSC meeting, additional content has been added into the consultation document to refer to the discharge of patients as part of the out of hospital care. The consultation document refers readers to the NHS Future Fit website, which is currently

being prepared for a refresh prior to the start of a public consultation. The website will contain documents that provide more information on DTOC and other areas, for those who are interested in reading more detailed reports. These include the PCBC. As we progress closer towards the Decision Making Business Case, we will take into account the significant ongoing work towards reduction.

4. We recommend that the consultation documentation:

a. clearly explains the different options which are being consulted on in a way that any member of the public would be able to understand to make informed decisions about their responses.

We believe this is clearly articulated in the full consultation and summary documents. These documents have been produced in conjunction with a reading group of patients from Shropshire, Telford & Wrekin and mid Wales and with both Healthwatch organisations. As part of the QA process, we have also taken advice and guidance on the documents from the Consultation Institute.

b. clearly explains how the weightings applied to the options were arrived at and how they have been used in a way that any member of the public would be able to understand to make informed decisions about their responses.

The consultation document explains the journey we took from an initial 40+ options to two options with a preferred option. It also explains the process that was followed at the Options Appraisal Workshop in September 2016 to decide on the weightings for the four non-financial criteria.

The following text is taken from the full consultation document:

Non-financial appraisal

This appraisal looked at the non-financial impact each option would have on four key criteria:

1. Accessibility – this looked at travel time for people accessing planned, emergency and urgent care

2. Quality – this was about examining quality, safety and patient experience, including critical journey times for life-threatening conditions

3. Workforce – this examined staff shortages and our ability to recruit doctors, nurses and other healthcare staff

4. Deliverability – this looked in detail at the estates work needed to deliver the new buildings and the timescales required.

Panel members were asked to decide on the relative importance of each criteria and give them a weighting out of a hundred. Quality (incorporating safety and patient experience) was ranked the highest, followed by Workforce, Accessibility and Deliverability. This order of rating supported the results of a telephone survey.

Each member of the panel was given a range of information and evidence for each criteria before being asked to score each option. As you can see from the table below, Option C1 (now known as Option 1) and Option B (now known as Option 2) received the highest scores on all four criteria:

Non-financial appraisal scoring

Criteria	Agreed weighting	Total weighted scores			
		Option A	Option B*	Option C1*	Option C2
Accessibility	**25.1% (3)**	59.8	45.2	65.1	47.7
Quality	**31.2% (1)**	39.0	65.0	91.5	24.7
Workforce	**27.3% (2)**	26.0	67.0	76.8	26.2
Deliverability	**16.3% (4)**	19.6	40.5	42.4	22.2
	100%	**144.4**	**217.6**	**275.8**	**120.8**
	Rank	**3**	**2**	**1**	**4**

* Option B is now known as Option 2 **Option C1 is now known as Option 1 and is the preferred option

In addition, the consultation document refers readers to the www.nhsfuturefit.org website where we will have uploaded all the relevant documentation for those individuals who wish to understand this in more detail.

c. provides greater transparency about the balance between the benefits and dis-benefits of the different options being consulted on and any proposed mitigation, in particular on geographic communities, vulnerable groups, and those with limited transport options.

We believe that the consultation documents clearly articulate where people from Shropshire, Telford & Wrekin and mid Wales may experience changes to where they would receive their treatment under both options. We welcome local people's feedback and suggestions throughout the 14 week public consultation. We are committed to ensuring all members of our populations have the opportunity to have their say, including seldom heard groups and rural communities. The Consultation Institute will undertake a mid-point review during the consultation, which will help us to understand if we need to re-focus our engagement activities for the remainder of the consultation. We expect the consultation responses to inform proposed mitigations.