



**Briefing 1**  
**September 2006**

## **Fit for the Future**

This is the first in a series of regular updates on the Fit for the Future programme currently being undertaken by the hospital, mental health and primary care trusts in outer North East London<sup>1</sup>. These organisations are working together to consider the affordable reconfiguration of health services across the area.

The programme aims to improve the quality and suitability of local health services; address local health inequalities; respond to the White Paper on care outside hospitals; maximise the benefits from the new hospital at Oldchurch Park; and achieve sustainable financial balance across the whole health economy. The programme is being undertaken within the context of the London-wide review of health strategy being conducted by NHS London<sup>2</sup>.

The programme terms of reference have been agreed by the boards of all the relevant organisations. They are currently considering a short-list of options (see over for details), which has been developed in conjunction with local partners and a representative group of local clinicians.

Local people and stakeholders will have the opportunity to give their views and contribute to the development of options for the future shape of health services. For example, the first of three workshops – held on 14<sup>th</sup> September – brought representatives of local patient groups and voluntary organisations together with NHS clinicians and managers. Participants worked through a series of options for the strategic reconfiguration of local health services and agreed relative weightings for the following set of criteria against which they will be considered:

- improving the quality of health services;
- ease of access (minimising travel times, where appropriate);
- providing sufficient and flexible physical capacity;
- providing a high standard of facilities;
- supporting a developing and motivated workforce; and
- delivering any changes as quickly as possible.

The second and third workshops will score the options against the above weighted criteria, incorporating financial information, with the ultimate aim of reaching consensus on a proposed option (or series of options). Any such options will be considered in the context of best value for public money and will be subject to formal consultation.

A series of events, including focus groups – for example, on services to be provided out of hospital – will be held across North East London. Details as to when these will take place and how to get involved will be available shortly.

Local stakeholders, including MPs and Overview & Scrutiny Committees, receive regular briefings on progress, the timetable and upcoming events. Their contribution to the programme – for example, on the design of the formal consultation – is pivotal to its success, as is that of local people.

<sup>1</sup> Barking Havering and Redbridge Hospitals Trust; Whipps Cross University Hospital Trust; North East London mental Health Trust; Barking & Dagenham PCT; Havering PCT; Redbridge PCT; Waltham Forest PCT.

<sup>2</sup> The strategic health authority for London, established on 1 July 2006.

This process aims to present one or more preferred options for wider formal consultation, currently scheduled for the New Year, subject to approval by NHS London. At this point, no decisions have been taken as to the relative merits of the options.

The short-list of options is outlined below.

**For further information on the Fit for the Future programme and upcoming events, please contact Henrietta Joy, Director of Communications, on 020 7655 6792 or [Henrietta.joy@nelondon.nhs.uk](mailto:Henrietta.joy@nelondon.nhs.uk)**

#### **The short-list of options**

The options have been developed by focusing initially on the acute hospital services requirements and sub-options will be developed around mental health, out-of-hospital provision (including social care) and intermediate (bed-based) care. There are five options which the Clinical Reference Group has approved for inclusion on the short-list:

##### *Option 1*

Do minimum – Commission the new hospital at Oldchurch Park as planned, closing the existing Oldchurch and Harold Wood hospitals. This hospital will be a major acute hospital providing the full range of district general hospital services, plus tertiary services for cancer and neurosciences. Retain existing district general hospital services at King George Hospital (including the Independent Sector Treatment Centre [ISTC]) and Whipps Cross Hospital.

##### *Option 2*

Oldchurch Park as planned in Option 1. Whipps Cross Hospital becomes an emergency-focused hospital including A&E, maternity and paediatric services and a full range of ambulatory care services. King George Hospital becomes an elective-focused hospital with the ISTC, a midwife-led low-risk birthing centre, planned ambulatory services and a primary care-led urgent care centre for minor ailments and injuries.

##### *Option 3*

As for Option 2, but with the Whipps Cross Hospital and King George Hospital roles reversed and the ISTC remaining at King George.

##### *Option 4*

Oldchurch Park as planned in Option 1. Whipps Cross Hospital as a full district general hospital service (as currently) and King George Hospital as an ambulatory care centre (including outpatients, day care, diagnostics) with primary care-led urgent care centre for minor ailments and injuries, a midwife-led birthing centre, the ISTC and intermediate care provision.

##### *Option 5*

As for Option 4, but with the Whipps Cross Hospital and King George Hospital roles reversed and the ISTC remaining at King George.

The Clinical Reference Group has rejected options which:

- had full maternity and neonatal services on an elective-focused site - on the grounds that they would not be able meet the necessary clinical standards;
- required all births other than low risk ones (around 70% of the total) to be cared for in one unit at Oldchurch Park – on the grounds that the unit would be too large to ensure best clinical practice.

The option for a stand-alone women's and children's hospital on the King George Hospital site was rejected on the grounds that it would be too far away from the specialist and diagnostic back-up services.

To: Boards of NHS Trusts and Primary Care Trusts in the outer North East London health economy

From: Fit for the Future Steering Group

Subject: FIT FOR THE FUTURE: STRATEGIC SCENARIOS  
Project Objectives, Constraints and Benefits Criteria

Date: July-August 2006

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## 1 Purpose of the report

The purpose of this report is to inform the boards of NHS Trusts and Primary Care Trusts (PCTs) across Barking & Dagenham, Havering, Redbridge and Waltham Forest about the Fit for the Future programme (as detailed in Appendix One).

Boards are asked:

- to approve the programme;
- to agree the objectives, constraints and benefits criteria; and
- to delegate responsibility to chief executives to manage the programme.

## 2 Introduction

NHS Trusts and PCTs across Barking & Dagenham, Havering, Redbridge and Waltham Forest are working together on a programme of reconfiguration of health services and facilities, known as Fit for the Future. The programme is driven by the following strategic aims:

- Improving the quality and suitability of local health services to the populations of the four PCTs;
- Implementing models for health and social care service provision which respond to the national and local strategies of the NHS, in particular, *Our Health Our Care Our Say* (which focuses on care outside of hospitals) and address local health inequalities;
- Maximising the opportunities presented by the opening of new facilities at Oldchurch Park; and
- Ensuring that, in the context of the new NHS financial regimes, the whole health community achieves financial balance and sustainability. Currently, the outer North East London health economy faces a serious financial deficit overall, with half of the seven organisations facing a potential deficit in 2006/07.

The new hospital at Oldchurch Park represents an obvious opportunity to improve both the quality of services provided and the surroundings in which this takes place. The outer North East London health economy is committed – in the long-term – to a number of new health facilities across the area, including the new hospital at Oldchurch Park, the Independent sector treatment centre at King George's Hospital and a number of Local Improvement Finance Trust (LIFT) centres.

### 3 Reconfiguration options appraisal

Any reconfiguration of services is likely to mean changes to the role of existing healthcare facilities across outer North East London and a number of strategic scenarios are being prepared. A short list of options for reconfiguration and a preferred option will then be identified, using a formal options appraisal process consistent with NHS guidance and practice. This process will entail financial, economic and risk appraisal as well as benefits appraisal.

This paper focuses particularly on benefits appraisal and the process, which will require:

- **Project objectives** which all options for reconfiguration will be designed to address;
- **Project constraints** to be applied in order to rule out unacceptable options on the long list and produce a short list of options; and
- **Benefits criteria** which break down the project objectives into more specific and measurable forms so that short-listed options can be compared and scored against them.

In order to carry out a benefits appraisal, the strategic aims of the programme are broken down into specific objectives, which are, in turn, broken down into benefits criteria. Constraints are identified and applied to the long-listed options to rule out unacceptable options and create a short list. The various benefits criteria are weighted to reflect their relative importance. Each short-listed option is then appraised and scored against each criterion.

Draft objectives, constraints and benefits criteria have been considered and discussed by the Fit for the Future Steering Group and are outlined below.

### 4 Project objectives

The project objectives have been identified as follows:

- to improve the quality of health services;
- to minimise travelling time for patients;
- to provide sufficient physical capacity;
- to provide a high standard of facilities;
- to support a developing and motivated workforce; and
- to deliver changes as quickly as possible.

### 5 Project constraints

Constraints (all options must...)	Commentary
Be affordable within Primary Care Trust (PCT) funding levels.	One of the key requirements of the Fit for the Future programme is financial recovery and sustainability.
Ensure that both trusts and PCTs are operating at year-on-year financial balance or better.	Longer term financial sustainability.
Enable trusts or any other provider to provide services within the Payment by Results (PbR) tariff.	In order to repay historical overspend, options must result in acute trusts being able to generate a surplus under PbR.
Make best use of existing and committed new facilities, and identify any surplus estate for disposal.	All options are focused on existing facilities (including the new hospital at Oldchurch Park) and dependency on new capital investment should be limited.

6 Benefits criteria

Objective	Criteria (options to be compared on their ability to...)	Commentary
To improve the quality of health services.	Implement mental health, older people's and children's national service frameworks. Implement National Institute for Clinical Excellence and other service/clinical guidelines. Meet Healthcare Commission standards. Reflect national policy (e.g. <i>Our Health, Our Care, Our Say</i> ). Ensure clinical services are viable and sustainable.	Options will be compared as to how well they help trusts and commissioners deliver services to agreed standards.
To minimise travelling times for patients.	Ensure safe and appropriate patient travelling time: - in emergencies (blue light); - for elective inpatient care; - for day case treatment; and - for outpatient consultation, diagnosis or treatment. Ensure reasonable travel to health care facilities, by: - public transport; and - car.	Options will be compared in terms of patient and visitor travelling times and ease of travel.
To provide sufficient physical capacity.	Reduce waiting times. Respond to GLA population forecasts. Respond to patient choice.	Options will be compared in terms of their ability to meet increases in demand, if required within the defined parameters.
To provide a high standard of facilities.	Support integrated health and social care. Meet NHS quality standards. Satisfy local town planning requirements. Contribute to the quality and regeneration of the urban environment.	Options will be compared in terms of their ability to offer an efficient and high quality patient environment and a fit with wider economic/social needs.
To support a developing and motivated workforce.	Provide a critical mass of expertise in accordance with Royal College and other clinical standards. Provide training opportunities in a range of specialties and settings for health care professionals (taking account of evolving needs). Support the education of medical, nursing and other health care students. Provide a good working environment.	Options will be compared in terms of their ability to foster staff skills and motivation.
To deliver changes as quickly as possible.	Be implemented as quickly as possible.	Options will be compared in terms of timing.

## 7 Options long list

Possible options have been discussed by the Steering Group, the long list consists of permutations of the following:

### *Acute/specialist hospital services*

Use of the new hospital at Oldchurch Park and up to two more of the following hospital sites for acute and specialist hospital services:

- King George's Hospital
- Whipps Cross Hospital

### *Intermediate/ambulatory care, community/primary care services*

Use of one or more of the following sites for intermediate care (bedded or non-bedded), or ambulatory care, or community and primary care services or a combination of these services:

- St George's Hospital
- King George's Hospital
- Whipps Cross Hospital
- Harold Wood Hospital
- Gray's Court (20-year commitment in place)
- Barking Hospital
- Wanstead Hospital
- Newly-developed LIFT primary care sites in the four boroughs
- Ainslie Unit

### *Mental health services*

Use of one or more of the following sites for mental health services:

- Goodmayes/King George's Hospital sites
- Oldchurch Hospital site
- Whipps Cross Hospital
- Thorpe Coombe Hospital
- Nasebury Court
- South Forest Centre
- Hawkwell Court

## B Next steps

The long list will be further refined to ensure a clear understanding of each option and the service components (maternity, urgent care etc.) contained within each option. Constraints will then be applied to produce the short list.

Benefits appraisal of the short-listed options will take place alongside financial appraisal. The detailed process for financial appraisal is yet to be determined, but will consider questions of affordability, overall costs and economic value for money. Appraisal of the relative risks of the options will also be undertaken. These will be combined to produce an overall preferred option.

The timescale for the appraisal process starting with confirmation of options and concluding with the preferred option is planned to be July to October 2006. This would allow formal consultation to run during the Autumn/Winter of 2006/07.

**9 Governance**

Governance arrangements are set out in *Fit for the Future: Strategic Scenarios*.

**10 Recommendation**

Boards are asked to approve the Fit for the Future programme as outlined above and in *Fit for the Future: Strategic Scenarios*.

Boards are asked to agree the objectives, constraints and benefits criteria.

Boards are also asked to delegate to their chief executive, acting in partnership with the other organisations in the Steering Group, the power to manage the overall programme and the projects within it and to make recommendations to the board at key points.

# Fit for the Future: Strategic Scenarios

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## Introduction

The outer North East London health economy<sup>1</sup> is taking an ambitious whole system approach to the modernisation and improvement of health services across the area. This will be consistent with *Our Health, Our Care, Our Say*, ensuring that the whole health economy is brought back into financial balance and addressing local health inequalities.

A set of strategic scenarios are currently being developed which will be the subject of informal and formal public consultation. These will determine the shape and vision of a reconfigured health service, endorsed both by key stakeholders and the local community.

The programme – known as "Fit for the Future: Strategic Scenarios" – has adopted the Office of Government Commerce (OGC) standards for programme governance. This document is the Programme Initiation Document and Governance Framework.

## Context

The outer North East London health economy faces a serious financial deficit overall, with half of the seven organisations facing a potential deficit in 2006/07. This financial instability clearly jeopardises their ability to deliver clinically sustainable health services for the future. Preliminary analysis indicates that the current configuration of the local health system is a significant contributory factor to this financial position, with:

- Care and treatment provided too often in a hospital setting rather than in the community and closer to patients' homes, such as GP surgeries or community health centres; and/or
- Too many inpatient sites providing services in ways which are no longer clinically or financially viable.

The quality of local healthcare facilities is extremely variable, with a mixture of sites which are newly built or which require either extensive refurbishment or replacement. The new hospital at Oldchurch Park represents an obvious opportunity to improve both the quality of services provided and the surroundings in which this takes place. The outer North East London health economy is committed – in the long-term – to a number of new health facilities across the area, including the new hospital at Oldchurch Park and the independent sector treatment centre at King George's Hospital. Considerable work is underway across the primary care trust areas to improve the quality of facilities in which primary and community services are provided, including an ambitious Local Improvement Finance Trust (LIFT) investment programme, which is already underway.

At the same time, national policy and guidance, much of it grounded in the protection of patient safety and the provision of effective training and development, increases the need to consolidate some services on a smaller number of sites. Clinical teams delivering most services need to see and treat a specific number of patients in order to maintain their skills and expertise. This is more difficult to achieve in a service being provided from a range of sites.

<sup>1</sup> Barking & Dagenham PCT, Havering PCT, Redbridge PCT, Waltham Forest PCT, Barking, Havering & Redbridge Hospitals NHS Trust, Whipps Cross University Hospital NHS Trust and North East London Mental Health Trust

It has become apparent that:

- Internal operational service improvement savings – despite their ambitious nature – will not secure the scale of financial turnaround required;
- Work on strategic remodelling (carried out by the two sub-economies<sup>2</sup>) has demonstrated that even the most radical of those service changes considered to date would not deliver sufficient savings to ensure a secure financial future for all organisations; and
- Virtually any level of strategic service reconfiguration within each sub-economy would have significant consequences for neighbouring organisations.

In the wake of the above, the seven organisations have undertaken to work together to develop options for strategic service reconfiguration; options which are likely to result in far-reaching changes both to the delivery of services and the facilities from which they are delivered. Each organisation has committed to working under the umbrella of the programme to deliver changes which cannot be achieved by working alone. At the same time, each remains committed to delivering its own operational change and improvement agenda, retaining the freedom to do so.

It is important to be clear that the Fit for the Future programme does not replace the need for local statutory health trust governance and public and patient involvement.

Financial control and adherence to budgets are the responsibility of the finance directors of each of the partner organisations. Services changes with implications for only one of the partner organisations continue to be decided within the normal governance of that organisation. Decisions with implications for financial and/or service changes across the seven organisations require the additional endorsement of the Steering Group.

### **Aim of the Programme**

The programme aims to design service reforms which deliver safe, accessible and sustainable health services across outer North East London, in the context of both a qualified, motivated workforce and the available financial resource (revenue and capital).

Following the principles and benefits set out below, the programme will set out clear, measurable objectives and constraints and benefits criteria to enable the selection, definition and meaningful comparison of scenarios for future service delivery.

### **Principles for the Scenarios**

The following principles will apply in developing these scenarios:

- Scenarios should focus on patients and care, rather than institutions;
- Health care should be provided in an out-of-hospital setting, where clinically appropriate and providing best value for money;
- Models of care should minimise the inappropriate use of acute care facilities - in particular of A&E departments – and of unnecessary admissions and promote timely discharge, improved rehabilitation and the effective management of chronic conditions;

<sup>2</sup> These are the areas covered by Barking and Dagenham, Havering and Redbridge PCTs and the area covered by Waltham Forest PCT.

- Opportunities for greater local provision of care should be maximised – to include routine anaesthetic day surgery, diagnostics, rehabilitation, minor injuries, and outpatient clinics (including outreach clinics from secondary and tertiary providers);
- The management of acute facilities should ensure that only those patients whose care will best be delivered in an acute setting are treated there. Patients should stay in hospital for the minimum period set out under clinical criteria;
- Tertiary services have to see and treat a specific number of patients for both staff skills and patient safety to be maintained. Outreach services and clinical networks should ensure that these services are safe and accessible;
- All scenarios should be developed in the context of service delivery and configuration nationally and in the rest of London, giving particular emphasis to neighbouring health economies;
- Decisions about the provision of services should be made on grounds of suitability rather than partisanship;
- Plurality of provision should be encouraged in line with government policy;
- Healthcare should be delivered in collaboration and co-operation with other public sector organisations, so as to ensure a seamless service (across health and social care) for patients; and
- All scenarios should ensure equal access to health services, paying particular attention to the differing needs of the diverse communities in outer North East London.

### **Governance Structure**

#### **Programme Steering Group**

The Steering Group is the sponsor for the Fit for the Future programme. The group provides final endorsement for the rationale and objectives of the programme and the key decisions throughout its duration.

The Steering Group comprises the chief executives of the seven organisations, with delegated power to act – in partnership with other members of the group – to manage the programme and make recommendations to Trust Boards. As stakeholders in the process, senior representatives of the four local boroughs will be invited to meetings of the groups, as will a representative from Billericay, Brentwood and Wickford PCT (and, in due course, its successor organisation)

#### **Chair of the Programme Steering Group**

The Chair of the Steering Group has ultimate responsibility for the programme.

#### **Trust Boards**

Members of the Steering Group are responsible for regular communication with their own organisations, including their Trust Boards and clinical teams. The programme plan will identify key points at which formal Trust Board approval is required. Trust Boards will, therefore, need to discuss the programme and take decisions at their public Board meetings.

#### **Non-Executive Directors' Group**

A non-executive group will be convened in order to ensure effective engagement of Trust Boards in the programme. Each organisation will be invited to send a representative to this group. Members of the group will have the opportunity to review and scrutinise the process and content of the programme and its projects in more detail than is possible for Trust Boards. This will, in turn, enable members of the group to give assurance about the programme to their fellow Board members and ensure Board level commitment to the programme.

### Programme Director

The Programme Director is responsible for delivering the programme, including the co-ordination of specific projects within it.

### Programme Team

The programme team consists of:

- Gloria Friensener – administrative support;
- Henrietta Joy – communications/public affairs lead, working with Rowan Taylor;
- Suzanne Lawrence – stakeholder engagement;
- Alison Taylor – project planning.

Finnmore Management Consultants have been engaged to develop scenarios, model their service and financial consequences and demonstrate their individual costs and benefits.

### **Framework for Engagement**

Members of the Steering Group will commit to the following on behalf of each of the seven organisations:

- Senior level engagement in the programme, with regular attendance at meetings. Delegation should be on an exceptional basis and only to representatives who are both well-briefed and empowered to take decisions;
- Rapid decision-making to enable progress to be made against an agreed timetable;
- Members of the group who are unable to attend a meeting are expected to raise any issues before it takes place in order to ensure timely sign-up to group decisions; and
- An agreed timetable with clearly defined key milestones.

### **Programme Workstreams**

Annex One shows:

- The proposed structure of the programme;
- The outer North East London projects identified as part of the programme; and
- The relationship with existing strategic projects being undertaken across organisations in North East London.

Two projects spanning the outer North East London health economy have been identified within the programme.

### Development and Appraisal of Scenarios (Clinical Reference Group)

This workstream will build on the modelling work previously undertaken within the Barking & Dagenham, Havering and Redbridge health economy by the Strategy Working Group. The latter will be replaced by a clinical reference group, enlarged to include membership from Waltham Forest PCT and Whipps Cross University Hospital Trust to advise on clinical models of care. The assumptions (activity, clinical and financial) developed by the original group will inform the development of options across outer North East London.

This workstream will deliver a robust, systematic option appraisal to describe and compare strategic options for future health services in outer North East London. Further details are shown at Annex Two.

#### Communications and Stakeholder Engagement

This workstream will focus on the development of a coherent plan to ensure effective consultation, both informal and formal, with key stakeholders. Informal consultation is already underway. It is anticipated that a process of formal public consultation on some or all of the scenarios will be undertaken simultaneously across the four London Boroughs of Barking & Dagenham, Havering, Redbridge and Waltham Forest. A list of stakeholders already identified is attached at Annex Four.

This workstream will produce a communications strategy for the programme, with the explicit aim of producing documents and materials in a consistent style, ensuring the provision of clear and jargon-free information.

There are a number of other projects of significance to the programme that are being undertaken by one or more organisations in outer North East London:

#### Barking Havering and Redbridge Hospitals Trust In-hospital Working Group

This group leads the implementation of the operational service improvement programme in the Trust. This workstream has been part of the Barking & Dagenham, Havering and Redbridge sub-economy Fit for the Future programme and is therefore governed by the same aims and principles as the overall programme.

#### Out-of-Hospital Working Group

This group leads work on the out-of-hospital components of strategic scenarios in the Barking & Dagenham, Havering and Redbridge area. This project has also been part of the Barking & Dagenham, Havering and Redbridge sub-economy Fit for the Future programme and is also governed by the same aims and principles.

#### Whips Cross University Hospital Trust In-hospital Turnaround Programme

This programme has its own governance arrangements, but will provide information as required for development of the strategic scenarios.

#### Waltham Forest Referral Management Group

This group is the equivalent of the out-of-hospital group in Barking & Dagenham, Havering and Redbridge, and there would be merit in it merging with that group.

In order to work effectively, the Steering Group must be kept informed of key developments within these workstreams. The workstreams in the Barking & Dagenham, Havering and Redbridge area will continue to be managed within the Fit for the Future programme.

#### **Key Milestones**

It is anticipated that a final set of strategic options will be ready for initial stakeholder and public engagement by Autumn 2006. Public engagement will continue throughout the programme up until this time, led by the four PCTs across the London Boroughs of Havering, Barking & Dagenham, Redbridge and Waltham Forest.

The implementation of the infrastructure and service development components of the preferred scenario will take place between the end of consultation and the following three years, although the timescale will be dependent upon the operational components of the preferred option and the wider context of reconfiguration across London.

Further project and programme milestones will be identified as project and programme plans are finalised.

### Programme Resources

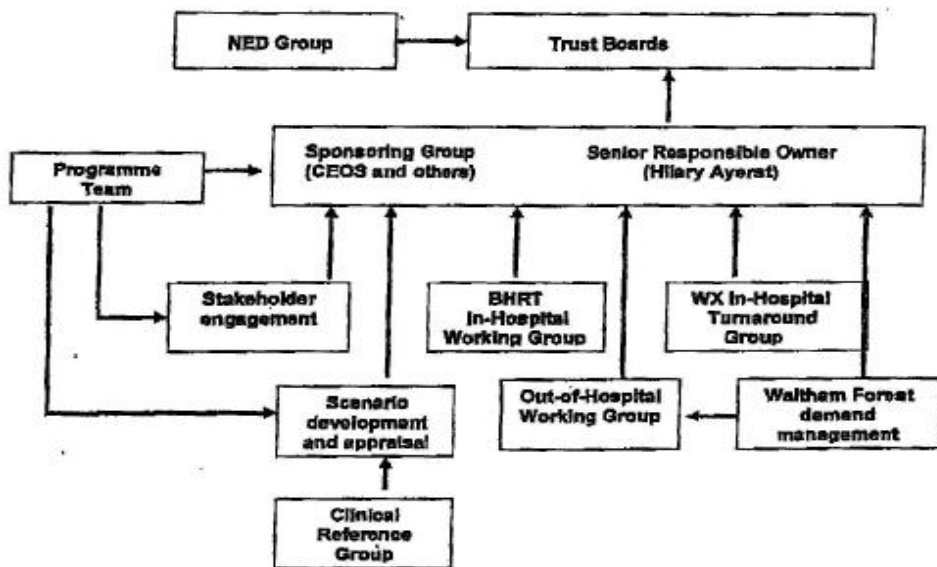
All organisations involved in the development of the Fit for the Future programme have committed to contribute to the programme resource, both in terms of staff time and financial cost.

The estimated financial cost for 2006/07 of the project described in this document is currently estimated at about £316,000 although this figure will need to be revisited on a regular basis as the programme and project plans are developed. The principles of equity and fairness of contribution (financial or otherwise) have been applied and the seven organisations agreed a split of these costs at £50,000 each, except for North East London Mental Health Trust (which will contribute £20,000) at the workshop on the 6<sup>th</sup> June, should other funds not be available.

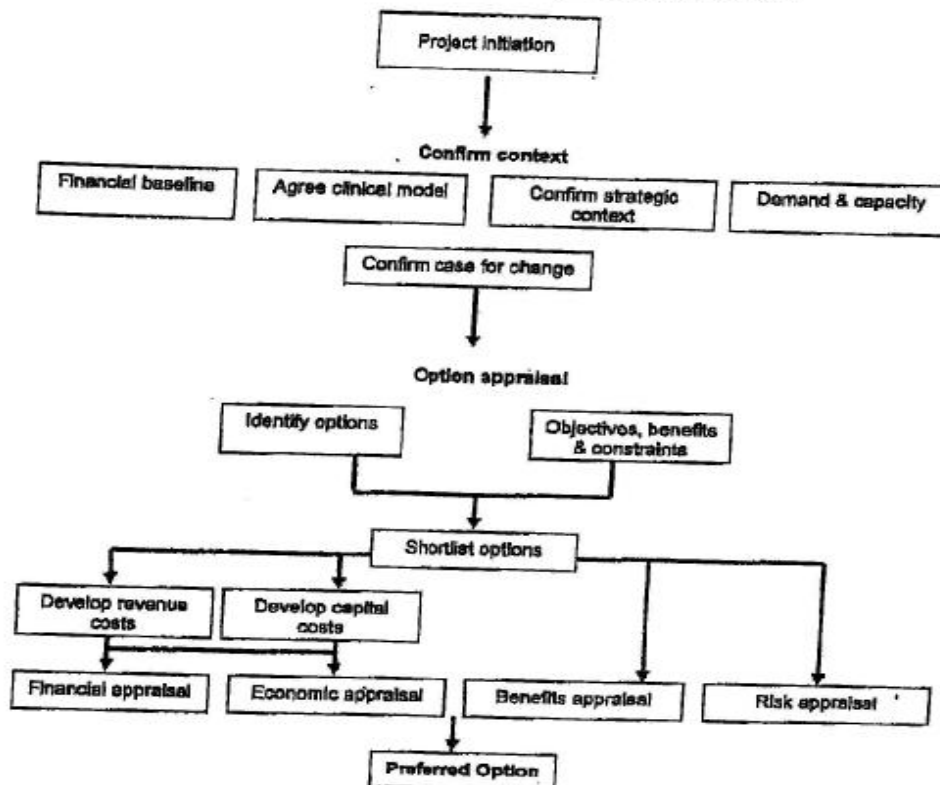
Further investment will be needed to ensure successful delivery of the preferred scenarios.

Programme Structure

The figure below shows the overall programme structure.



## Process for Scenario Development and Appraisal



The figure above shows the key stages of an option appraisal. For each option, there will be:

- A description of what services will be provided and how;
- A model of the required capacity in the health system required to deliver the future service configuration;
- A description of where services will be located;
- A description of what (if any) infrastructure development is needed;
- An assessment of the impact (if any) outside outer North East London;
- An assessment of the economic impact over time (i.e. which option has lowest net present value or equivalent annual cost (economic appraisal));
- An assessment of the affordability of each option, for each individual organization and for the health economy as a whole (financial appraisal);
- An assessment of how well the option delivers against the non-financial objectives of the programme (weighted scoring benefits appraisal);
- An risk appraisal of each option, for e.g., policy change, change in demand levels and so on (risk appraisal)



The technical option appraisal process will then typically generate one or more preferred options, through a staged process. The first stage aims to identify whether a preferred option emerges from a comparison of the outcomes of the:

- benefits appraisal (ability to achieve the non-financial objectives); and
- economic appraisal (value for money).

Where there is not a single clear preferred option, it will be necessary to take more than one option to the next stage.

The next test is an assessment of whether the preferred option(s) is/are affordable (financial appraisal), followed by an assessment of whether the preferred option(s) is/are sufficiently robust to risk.

The option appraisal process will therefore generate one or more preferred options. The final decision as to the way forward will need to be taken in the light of full formal public consultation on the options and their implications.

The technical option appraisal may, therefore, need to be revisited in light of the response to consultation, for example, if factors emerge that are agreed to be important, but are not appropriately reflected in the process.

## The Decision-making Process

### The Steering Group

The key decisions for the Steering Group are as follows:

- signing off this document to initiate the project;
- signing off the objectives, constraints and benefits criteria;
- longlisting and shortlisting of options – signing off the options shortlist;
- approval of and recommendation to boards of the consultation document;
- making the decision as to the preferred way forward, based on the outcome of the technical option appraisal and the outcome of the public consultation process (which may itself require the technical option appraisal to be revisited and revised).

While the objective will be to achieve consensus, decisions will be taken on a majority vote in the absence of unanimity, with the Chair holding the casting vote. Members of the steering group will then be bound by the majority vote.

### Trust Boards

The project governance arrangements set out above allow for communication and engagement with Boards by the Steering Group as follows:

- chief executive membership of the Steering Group
- The Non-Executive Directors' Group

The key decisions for the Boards will be:

- signing off this document to initiate the project;
- signing off the objectives constraints and benefits criteria;
- delegating powers to the Steering Group;
- considering and signing off the Steering Group's recommendations as to the preferred option or way forward (PCT boards).

It will be necessary for all the PCT boards to agree the proposals before either consultation can proceed or the preferred option is determined. Provider Trust boards will not have a power of veto at this stage. In the event that PCT boards cannot agree, the matter will be referred to NHS London.

### Key Stakeholders

The following key stakeholders have been identified:

- Patients, the public and representative groups;
- Members of Parliament;
- NHS staff across outer North East London;
- Trades Unions;
- Local Councils;
- Local Social Services departments;
- NHS London;
- Secretary of State for Health;
- Department of Health;
- Boards of local acute trusts and PCTs;
- Local mental health & ambulance Trusts;
- Other acute trusts and PCTs in London and Essex;
- Clinicians' representatives
- Royal Colleges and clinical academic/governing bodies;
- Clinical service boards and networks; and
- The media.

This list is not exhaustive and will be added to over the life of the programme.