IRP

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The Rt Hon Jeremy Hunt MP
Secretary of State for Health
Richmond House
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London SW1A 2NS

18 October 2017

Dear Secretary of State

REFERRAL TO SECRETARY OF STATE FOR HEALTH
Consultation on the *'My Care My Way - Home First'* proposals
Stoke-on-Trent City Council on behalf of the Adults and Neighbourhoods Overview and Scrutiny Committee

Thank you for forwarding copies of the referral letter and supporting documentation from Cllr Dave Conway, Leader, Stoke-on-Trent City Council on behalf of the Adults and Neighbourhoods Overview and Scrutiny Committee. NHS England provided initial assessment information. A list of all the documents received is at Appendix One.

The IRP has undertaken an initial assessment, in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services. In considering any proposal for a substantial development or variation to health services, the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require NHS bodies and local authorities to fulfil certain requirements before a report to the Secretary of State for Health may be made. The IRP provides the advice below on the basis that the Department of Health is satisfied the referral meets the requirements of the regulations.

The Panel considers each referral on its merits and concludes that **this referral is not suitable for full review because further action by the NHS with the Committee and Council can address the issues raised.**

Background
Stoke-on-Trent, together with the neighbouring town of Newcastle-under-Lyme and the more rural Staffordshire Moorlands to the north and east lie in North Staffordshire with a combined population of around 470,000. The area is largely coterminous with the responsibilities of two NHS clinical commissioning groups (CCG) – North Staffordshire and Stoke-on-Trent CCGs – which have a combined budget of around £670m to commission health services. Most of the acute and specialist hospital services for the population are provided at the Royal Stoke University Hospital (RSUH), part of the University Hospitals of North Midlands NHS Trust (UHNM). A range of NHS services, including inpatient beds,

day care and outpatients, are also provided from community hospitals across the area at Bradwell, Longton, Haywood, Cheadle and Leek Moorlands.

Historically, services in North Staffordshire have been based around beds with too many patients admitted into hospital when they could stay at home and be treated within the community. Clinical evidence suggested that there were better ways to provide care and deliver better outcomes for many people currently admitted to hospital and, as a result, from 2013 the CCGs invested some £12m over two years in a range of out of hospital services such as district nurses, intermediate care teams and specialist nursing teams.

In 2014, the CCGs developed and proposed a new model of care, *My Care My Way – Home First*. Under the model, RSUH would be responsible for a patient from the moment they are admitted to hospital through to their final assessment and discharge, including their recovery at home or, if necessary, in a community hospital bed. The plans involved RSUH taking on the management of the beds at Bradwell and Cheadle Hospitals and having the ability to discharge people home with community-based care and support in place, thus reducing the number of days a patient will need to stay in hospital. In addition, GPs would become more involved in co-ordinating care for their patients at home, working closely with district nurses and specialists to plan care for people who are frail or vulnerable. Further increasing the provision of more intensive care within people's homes would ensure that patients who can be treated within the community without the need for a hospital admission would be able to access high quality and timely care when required.

A first phase of engagement commenced in December 2014 and involved the sharing of a briefing, developed with support from Healthwatch, to targeted individuals including MPs, general practice, local authorities, voluntary and patient groups. An online survey and paper questionnaire were also available. A number of positive themes emerged from the feedback including that patients benefit from and prefer to be at home and that there was support in principle for the new model. However, respondents also sought assurance about capacity in community services, the future of community hospitals, support for carers, patient follow up in the community, careful implementation and the investment to support the changes to the model of care.

In response to the feedback, the CCGs continued to develop plans for capacity and workforce requirements to implement the new model. A communication and engagement group was formed to ensure access to the networks of a wide range of voluntary organisations, key stakeholders, providers and staff and to help to shape proposals in the second phase of the engagement process. From June 2015, engagement activities continued, including communicating a plan to conduct a three month consultation in the autumn of 2015.

On 9 July 2015, at a meeting of the Adult and Neighbourhoods Overview and Scrutiny Committee of Stoke-on-Trent City Council (the Committee), the CCGs provided briefing in response to concerns raised with committee members by the public, patients and carers. The

concerns related to bed closures at Longton Cottage Hospital, the lack of consultation and that the proposed 'step up step down' model of care was undeliverable. Although not opposed to the model in principle, the Committee agreed that:

- it did not consider there was sufficient reason to close Longton Cottage Hospital in August 2015 and was concerned that there was insufficient capacity within the community to address the shortfall in beds
- the new model of care was a substantial variation and that a three month public, staff and patient consultation should be carried out when there was sufficient detail to make the consultation meaningful and that there should be no reduction in community beds before that happened
- the CCG should come back to the Committee in September 2015 with more detail on the model and its consequences

On 9 September 2015, the Committee was informed by the CCGs that, after full implementation of *My Care My Way – Home First*, 110 beds would be required at Bradwell and Cheadle hospitals, and 113 at Leek and Haywood hospitals. 30 intermediate care beds previously commissioned at Hilltop Nursing Home would not be recommissioned and 37 beds at Longton Cottage Hospital would no longer be required. The latter would be the subject of a formal three month consultation commencing 14 September 2015. Responses would be reviewed by the CCGs before publication of the outputs by March 2016. At the same meeting, the Committee considered the impact of the new model of care on adult social care. It asked for a fuller assessment of the impact and agreed that it would be fully involved in, and respond to, the CCGs' consultation whilst disagreeing with the closure of beds at Longton Cottage Hospital prior to consultation, and expressing serious concerns about the decision making process.

On 14 October 2015, the Committee was informed by the CCGs that the consultation would be focussed on *My Care My Way – Home First* as a new model of care with three key questions:

- *"Is there anything further we should be considering with regards to the My Care My Way model of care?*
- *Are there further mitigations we should put in place/consider in proposing this change?*
- *Are there any question/issues that individuals would like to raise as part of this process?"*

The CCGs informed the Committee that they had been advised by NHS England that they could not consult on the closure of beds and so the future of the 37 beds at Longton Cottage Hospital had been removed. The beds at Longton Cottage Hospital would remain closed and all community beds would be considered as part of the wider *Staffordshire Provider Transformation* work to be carried out across Staffordshire once the current consultation had concluded.

On 1 December 2015, in line with part of the proposed new model of care, a 'step down' contract between the CCGs and UHNM was implemented through which the latter took responsibility for use of community beds at Bradwell and Cheadle hospitals.

The Committee responded to the consultation which ended on 17 January 2016. The NHS has confirmed to the IRP that no formal evaluation report of the responses to the consultation or outputs from it have been considered by the CCGs' governing bodies to inform their decisions about the new model of care.

On 29 July 2016, UHNM formally served three months' notice with regard to the 'step down' contract with the CCGs. They were unable to accept the CCGs' contract offer which resulted in the Cheadle bed base funding being withdrawn with effect from 1 October 2016. Without the proviso that all existing beds at Bradwell and Cheadle hospitals remained in the contract, UHNM said they had no option but to agree and accept the Commissioners proposal of a 3 month termination notice period. In response, the CCGs sought alternative providers and conducted an options appraisal.

In August 2016, a clinical audit was undertaken to identify whether the patients in the community hospital beds needed to be in hospital. This study, carried out across the adult intermediate and rehabilitation (AIRS) beds open across the five community hospitals, showed that the overwhelming majority of patients were receiving assessments or care that could be carried out at home or a care home or were waiting for another service. The AIRS beds existed to provide bed based intermediate care and, by exception, assessment where there was an ongoing medical or nursing need. However, only nine per cent of patients across the AIRS beds on the day of the audit met the criteria, with the other patients waiting to go home with a social care service, intermediate care or overnight service, waiting for a care home bed or undergoing an assessment.

On 4 October 2016, the CCG's Joint Governing Board considered a report that noted all patients at Cheadle Hospital had been discharged by 30 September 2016 and the beds closed to admissions. Work was ongoing to achieve a similar position at Bradwell Hospital by the end of October. Presented with four options, the Joint Governing Body decided to close Bradwell Hospital's 63 adult AIRS beds to admissions and commission alternative services elsewhere on the basis that this was the most cost effective option and would deliver better outcomes for patients.

On 11 October 2016, the CCGs attended the Committee's meeting to provide an update on the implementation of *My Care My Way – Home First*. The CCGs informed the Committee that, since they had last met, the proposals had been assured by NHS England, the Joint CCGs' Board had considered the proposals, public engagement was under way and would end on 9 December 2016 with a report of findings in January 2017 and full consultation on the future of community hospitals to be launched in February 2017. The Committee agreed that NHS England be invited to a future meeting of the Committee to discuss the *My Care*

My Way - Home First consultation and that the CCG be invited to a future meeting to provide details of phase 2 of the consultation.

On 1 November 2016, the Accounting Officer's report to the CCGs' Joint Governing Body confirmed the temporary closure to new admissions of the community beds at Cheadle Hospital, Bradwell Hospital and on Jackfield ward at Haywood Hospital. It proposed a further one month period of patient and public involvement commencing November 2016 and a plan to undertake further consultation on the future of community hospital beds and services, commencing in February 2017.

The CCGs engaged with local people via an online survey and community events between 1 November and 21 December 2016.

On 22 November 2015, the Chair of the Committee wrote to the CCGs advising them that whilst supporting in principle the new model of care, they had serious concerns about the perceived lack of capacity in the community to support people to recover at home, following discharge from acute services and the lack of proper consultation on the closure of community beds. Consequently, at a meeting on 20 October 2016, the City Council had made the following recommendations:

- "*This City Council notes the proposed closure of Community Beds at Longton Cottage, Cheadle and Bradwell Hospitals and the devastating effect this will have on the most vulnerable residents in this City.*
- *We call on the CCG to put a hold on these plans until meaningful consultation has taken place and a full impact assessment has been carried out."*

The Chair further advised that the Committee proposed to make a decision at its meeting on 30 November 2016 on whether to recommend that the *My Care My Way - Home First* consultation proposals be referred to the Secretary of State for Health.

On 30 November 2016, at the invitation of the Committee, representatives of the CCGs and NHS England attended to give a further update on the implementation of *My Care My Way – Home First.* NHS England advised that '*a comprehensive robust consultation exercise had been undertaken by the CCG last year*' and '*the decision taken to re-provide the service was the right decision for patients and a robust process had been followed*'. With regard to lack of consultation to date about community beds and hospitals, NHS England said '*the CCG had commissioned alternative services and, as this was not a significant change to care, they were not required to go out to consultation*'. The Committee agreed to refer the matter to the Secretary of State for Health. A letter of referral and supporting documentation was sent on 26 January 2017.

In January 2017, in parallel with the Committee's referral, an independently prepared report on the findings from the latest engagement was completed. Overall, it concluded that there was public support for the *My Care My Way - Home First* model of care, but expressed doubts about the model's deliverability and successful implementation raising concerns about safe and good health outcomes for patients.

On 7 February 2017, the CCGs decided to pause the planned consultation on the future of community hospitals until after the local elections in May 2017.

On the 8 February 2017, the CCGs wrote to the leader of Stoke-on-Trent City Council responding to the content of the referral to the Secretary of State.

In March 2017, the CCGs approached the West Midlands Clinical Senate for independent clinical advice. Representatives from the CCGs provided a presentation on the case for change to the Senate in May 2017 with the intention of obtaining early advice and support prior to a North Midlands NHS England Strategic Sense Check, due to take place in July 2017.

In June 2017, the Senate Council concluded that it supported the CCGs' proposals for a reduction in community hospital beds replaced by an increase in place based care. It identified areas where it believed further information and development work was needed to strengthen the plans:

- Further detail outlining the workforce that will deliver the new clinical model should be worked up in conjunction with Health Education England West Midlands
- Any further closure of beds should be staged to manage any risk and unforeseen consequences, mindful of seasonal variation and demand
- Plans for engaging with the public, staff and primary care colleagues should be clearly set out and implemented to support change. A clear vision should be articulated emphasising the benefit to the local health economy and fit with overall system changes and STPs. This should include:
    - The rationale why certain sites have been selected for closure and why others would remain open
    - Clarification about how the remaining community hospital beds will be used
    - Clarification about how the community hospital estate will be used post-closure
    - How GPs link into placed based care, any impact upon them clinically or otherwise and any unintended consequences need to be considered
    - The connections with and the provision of social care needs should be described in more detail and take into account any planned council reductions in care packages
    - A review of residential and nursing home bed capacity and utilisation should be considered
    - Consideration should be given to ensuring clinical responsibility is effectively managed for on-going prescribing for patients by prescribers within the model, rather than relying on community GPs. The original proposal risks obfuscating and undermining effective and clear lines of clinical responsibility, and resolving this was important

On 28 July 2017, as part of its assurance process for service change, NHS England undertook a strategic sense check of the CCGs proposals for community beds in North Staffordshire. In its letter of 14 August 2017, NHS England identified areas for further work

before a pre-consultation business case was complete, concluding that the four tests had been partially met so far.

In parallel with NHS England's assurance process, one ward at Leek Moorlands closed due to inadequate staffing levels in August 2017 and the remaining ward has closed to new admissions to achieve full closure by the end of October 2017.

Basis for referral
Stoke-on-Trent's letter of 26th January 2017 states:

"At a special meeting of the Adults and Neighbourhoods Overview and Scrutiny Committee held on 30 November 2016, the committee recommended to City Council that:

'After being consulted by a relevant NHS body on a proposed substantial development or variation to the provision of health service within Stoke-on-Trent, the Adults and Neighbourhoods Overview and Scrutiny Committee recommends to City Council that it:

1. ***refers the My care My Way: Home First proposal ("the proposal") as a new model of care provision within Stoke-on-Trent to the Secretary of State for Health for the following reasons:***

i) it is not satisfied that the consultation conducted on the proposal has been adequate in relation to the content. The consultation lacked any information about the closure of community beds which forms part of the new model of care or the impact such closures will have on the health service in Stoke-on-Trent;

ii) it is not satisfied that the reasons given for the lack of consultation on the closure of community beds ie. a directive from NHS England not to consult, is adequate.

iii) the closure of the community beds would not be in the best interests of the health service, given that capacity in the community is not there, there is a lack of GPs in the area, the instability of the domiciliary care market in the area is of concern and there is a significant backlog of people waiting for adaptations to their homes'

Consequently at the meeting of City Council on 26 January 2017, the following recommendation was approved:
'That, pursuant to Regulation 23(9) of the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, the City Council refers the My Care My Way: Home First consultation proposals to the Secretary of state for Health'*".*

IRP view
With regard to the referral by the Stoke-on Trent City Council, the Panel notes that:

- *My Care My Way - Home First* continues to attract support in principle
- Nearly three years after proposing the new model, the NHS has not yet demonstrated the case for change

- The NHS has failed so far to show the capabilities required properly to implement *My Care My Way - Home First*
- The NHS has to date undertaken periodic engagement activity, consulted with health scrutiny but not consulted with the public about the future of local services
- Although there has been extra investment in out-of-hospital services, the closure of community beds to date is associated with cost cutting rather than the implementation of better services with improved outcomes for patients
- The future of community beds in North Staffordshire is now the subject of NHS England's assurance process

Advice

The IRP offers its advice on a case-by-case basis taking account of the specific circumstances and issues of each referral. **The Panel does not consider that a full review would add any value. Further action by the NHS with the Committee and Council can address the issues raised.**

From the feedback to the initial engagement in late 2014 through to the review by the West Midlands Clinical Senate in June 2017, the broad proposition that it is better for services to be organised and delivered in a way that keeps patients out of hospital where appropriate has been positively received. In the context of North Staffordshire's health services, this proposition implies a need for change from the historical over-reliance on hospital bed based services to more services being provided in patients' homes. Since the main recipients of such care are likely to be older people, the proposition is of integral interest to carers, adult social care and a wide variety of voluntary groups. All have expressed their support in principle, as have the elected representatives of local residents in the form of the City Council.

Identifying an outdated pattern of care and garnering support in principle for a modern alternative from stakeholders are necessary steps but not sufficient to make the case for change. A case for change must also demonstrate how the proposition will be made to work, why the approach taken is the best one, what part will be played by organisations and individuals in delivering change, how risks during transition will be mitigated, and how progress will be measured and used to inform further implementation leading to evaluation of the change against its objectives.

Throughout all the work done so far - from the first engagement exercise through the subsequent interactions with the Committee and the current NHS England assurance process - legitimately interested parties have sought assurance about how the CCGs would make *My Care My Way - Home First* work in practice. The Panel considers that this consistent and reasonable holding to account has at no point yet been met with a proper and adequate response from the NHS.

Without a solid case for change, the NHS has not established a robust programme for change and experienced a number of false starts. The bed modelling presented to the

Committee in September 2015, has proved entirely incorrect and misleading. Many of the beds described as being used to deliver the fully implemented model have subsequently been closed and the contract with UHNM for 'step down' services was abandoned within 12 months as consequence of disagreement about the continued funding of bed capacity. The pattern demonstrated is that the CCGs present plans that they simply do not carry through and make decisions that do not turn out as intended. They seem to have been overtaken by events and demonstrated a lack of both capacity and capability to implement major change with their partners.

In contrast to the clarity of the Committee's referral, the NHS appears to have tied itself in knots about engagement and consultation. The initial engagement activity in late 2014 produced some clear themes and the CCG identified the need to do more with stakeholders to shape the future of services and address issues raised, including the future of community beds and hospitals. Since that point, the NHS has not delivered against its stated intentions. It has been confused about the differences between engagement activity and true engagement, between engagement and consultation and between consultation with scrutiny and wider consultation. As a consequence, it has undertaken what appears to be a series of reactive, incomplete and ill-focused activities. When approached, the Committee was clear that it considered the matter to be a substantial variation and wished to be consulted. The 2013 regulations do not define what constitutes a substantial development of variation. Well established good practice through protocols agreed locally between scrutiny committees and the NHS can help in this respect. While determining whether or not a proposal or action is substantial is a matter for joint agreement it is worth reflecting on the fact that, ultimately, it is local authorities that have been given the power of scrutiny. The IRP considers that the logical conclusion of this is that the local authority's view should prevail.

The circumstances of the NHS's original decision not to consult about the closure of the Longton Hospital beds are unclear. Advice from NHS England was cited by the CCGs and is recorded in the minutes of the Committee meeting on 14 October 2015. However, when asked by the IRP to supply details of that advice NHS England responded that "*unfortunately we do not have any other documentary evidence to support this statement due to changes in personnel"*. The Panel agrees with the Committee that such a directive is not an adequate reason under the regulations for not consulting with the Committee and has found no other reason that would meet the requirement of the regulations.

The CCGs decided to proceed with a consultation about *My Care My Way - Home First* that did not include any meaningful reference to the impact on community beds and hospitals. NHS England later told the Committee that it had provided assurance of a robust consultation. The evidence provided to the Panel only contradicts this statement. The "Case for Change" document, which the CCGs advised was the consultation document, contained little relevant content. At the time, the CCGs explicitly said implementation would continue during consultation. Further, the CCGs have been unable to evidence that they evaluated responses to consultation before deciding how to proceed. Given this evidence, the IRP does

not consider that true consultation took place in line with good practice and Gunning[1] principles. The Panel agrees with the Committee's concerns at the time that the consultation '*has not been carried out in a meaningful and transparent way. The new model of care has already been introduced which calls into question the validity of the consultation and the questions being asked are not about the new way of working, only mitigation. The Overview and Scrutiny Committee do not expect consultation to be carried out in this way*'.

The Committee and City Council demonstrated great patience with the NHS's changes of direction and confusion about engagement and consultation until their concerns about the future of community beds and hospitals were brought to a head by further closures. Because the CCGs have not responded effectively to the issues raised with them, have not made the case for change, and have not consulted about changes to services, those holding them to account, in particular NHS England, are open to criticism. The NHS has described the closures as 'temporary', repeatedly promising but not delivering consultation before final decisions are taken. This has continued since the Committee's referral last January, most recently with the closure of beds at Leek Moorlands Hospital reported this month. The myth of temporary closures is reinforced by the NHS confirming that they have no plans to reopen the beds and that their financial plans for the last two years rely on almost £10m of savings from the closures.

Three years after the CCGs gained widespread support in principle for *My Care My Way - Home First* and after investing significant resources in new out of hospital services, NHS England's own assurance process, as described in its letter to the CCGs of 14 August 2017, demonstrates that what is required to achieve successful change is not yet in place. The Panel agrees with the content of that letter and with the Clinical Senate's detailed recommendations in its report of June 2017. Regrettably for those patients and staff affected, many of the issues were identified early in the process and not acted upon.

The CCGs and NHS England must assure themselves and the Council that bed capacity and function are aligned to meet all the needs of local people, lessons are learned from the mistakes made and the capability put in place to move forward successfully. This must include:

- engaging properly the public and patients in the co-production of future services
- consulting in an open and meaningful way with the public and scrutiny
- in the context of the Better Care Fund, establishing the partnerships with providers and adult social care that are essential to deliver the proposed model of care
- identifying and supporting the clinical leadership that is needed to effect changes in care on the ground
- demonstrating how the new model will work and that it is delivering the better services, reduced use of hospital beds and better outcomes for patients and their carers that were promised
- applying explicitly the new patient care test for hospital bed closures

[1] http://www.nhsinvolvement.co.uk/connect-and-create/consultations/the-gunning-principles

This advice sets out the failures that have occurred in the past and what is required going forward. As work from now on proceeds, the lessons learned must be acted upon to ensure that previous errors are not repeated and that effective service change is implemented in the interests of local people.

Yours sincerely

Lord Ribeiro CBE
IRP Chair

APPENDIX ONE

LIST OF DOCUMENTS RECEIVED

Stoke-on-Trent City Council

1 Letter to Secretary of State for Health from Cllr Dave Conway, Council Leader, 26 January 2017
Attachments:
2 Briefing for Stoke on Trent City Council Adults Overview and Scrutiny Committee, 9 September 2015
3 Briefing for Stoke on Trent City Council Adults Overview and Scrutiny Committee, undated
4 Open report, Adults and Neighbourhoods Overview and Scrutiny Committee, 14 October 2015
5 My care My way – CCG consultation – Questions from the CCG website
6 Letter to North Staffordshire CCG from Chair of the Adults and Neighbourhoods Overview and Scrutiny Committee, 22 November 2016
7 Letter to Stoke-on-Trent City Council from Department of Health, 1 March 2017
8 Letter to Department of Health from Stoke-on-Trent City Council, 13 April 2017
9 Adults and Neighbourhoods Overview and Scrutiny Committee minutes of meeting, 9 July 2015
10 Adults and Neighbourhoods Overview and Scrutiny Committee minutes of meeting, 14 October 2015
11 Adults and Neighbourhoods Overview and Scrutiny Committee minutes of meeting, 11 October 2016
12 Adults and Neighbourhoods Overview and Scrutiny Committee minutes of meeting, 30 November 2016

NHS

1 IRP template for providing initial assessment information
Attachments:
2 Bed based capacity
3 Delivery Board update, 23 January 2017
4 Evidence base for step up step down, January 2016
5 Communications plan, March 2016
6 CCG engagement and consultation document, 15 September 2015
7 New model of care Phase 2 Engagement Working Group Terms of Reference
8 Ethnic minorities needs assessment for Stoke, January 2015
9 Profile of North Staffordshire CCG by the nine protected characteristics, January 2016
10 CCG paper for Health and Wellbeing Scrutiny meeting, July 2015
11 Briefing for Stoke on Trent City Council Adults Overview and Scrutiny Committee, 9 September 2015
12 My care My way – CCG consultation – Questions from the CCG website
13 New models of care: consultation response – Age UK North Staffordshire
14 Healthwatch frail and elderly discharge consultation response, March 2015

15 Pensioners' convention feedback, 12 February 2016
16 CCGs Phase 1 feedback, March 2016
17 Meeting with pensioners convention and retired unison members, 9 March 2016
18 Save Longton Cottage Hospital, 18 August 2015
19 CCG General Update to Staffordshire Moorlands Health Overview and Scrutiny Panel meeting, 9 March 2016
20 CCG Case for Change
21 CCG My Care My Way – Home First, Public Engagement Report, January 2017
22 CCG My Care My Way – Home First Implementation, engagement briefing
23 CCG Joint finance recovery group meeting, 27 September 2016
24 Staffordshire system resilience group meeting, 26 February 2015
25 Staffordshire system resilience group meeting, 10 December 2015
26 CCG Accountable Officers report to Governing Body, 4 October 2016
27 CCG Patient and public involvement report to Governing Body, 6 December 2016
28 CCG Chief Operating Officer report to Joint Governing Board, 1 November 2016
29 CCG Accountable Officer report to Joint Governing Board, 7 February 2017
30 CCG Accountable Officer report to Joint Governing Board, 4 October 2016
31 CCG Chief Operating Officer report to Joint Governing Board, 1 November 2016
32 West Staffordshire A&E Delivery Board meeting papers, 24 November 2016
33 Discharge to assess paper, 23 June 2016
34 Discharge to assess report to Staffordshire system resilience group, 23 June 2016
35 Letter to Stoke on Trent CCG from UHNM NHS Trust, 29 July 2016
36 Equality impact and risk assessment Stage 1 screening tool, 28 October 2016
37 List of stakeholder events, May 2015 – February 2017
38 CCG presentation on Step Up Step Down new model of care, July 2015
39 CCG presentation to Stoke Scrutiny, 9 September 2015
40 CCG presentation to Newcastle under Lyme Scrutiny, 30 September 2015
41 CCG presentation to Stoke Scrutiny, 14 October 2015
42 CCG General Update to Staffordshire Moorlands Health Overview and Scrutiny Panel meeting, 9 March 2016
43 My Care My Way phase 1 summary
44 My Care My Way presentation to Stoke Scrutiny
45 My Care My Way implementation engagement overview
46 My Care My Way evidence base
47 CCG meeting with Newcastle under Lyme Scrutiny, 8 July 2015
48 My care My way – CCG consultation – Questions from the CCG website
49 New models of care consultation response, Age UK North Staffordshire
50 Healthwatch frail and elderly discharge consultation response, March 2015
51 Pensioner convention feedback
52 Meeting with pensioners convention and retired unison members, 9 March 2016
53 My Care My Way first consultation event #5
54 Bentilee Neighbourhood Centre feedback
55 Cheadle Guild Hall feedback
56 Fenton Manor feedback

57 Moorlands District Council feedback
58 Longton CoRE feedback
59 Tunstall Market feedback
60 Community Hospitals outpatients – current delivery activity, October
61 CH utilisation
62 Newcastle under Lyme Stronger Safer Strategy
63 CQC community health inpatient services quality report, 19 March 2015
64 Clinical Senate feedback
65 Bradwell and Cheadle quality impact assessment, 6 April 2017
66 Longton Cottage quality impact assessment
67 CCG presentation to Stoke Scrutiny, May 2017
68 Discharge to assess, June 2017
69 Letter to Stoke-on-Trent City Council from CCGs, 8 February 2017
70 Letter to CCGs from NHS England, Strategic Sense Check, 14 August 2017
71 Supplementary information requested by IRP from NHS
72 Stoke Scrutiny minutes of meeting, 14 October 2016
73 Community reconfiguration question
74 Communications and engagement document
75 My Care My Way – Home first: additional questions and answers
76 CCG Public response to the new model of care proposals: provisional findings