

Joint CCG Specialist Dementia Committee



Produced by Staffordshire and Lancashire CSU
20th August 2013

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1 Introduction

This report has been produced as a record of the process and outcome of the Options Appraisal carried out by the Joint CCG Specialist Dementia Committee (JCSDC) in the period May 2013 to August 2013.

The appraisal took place to deliver the action required following the decision made by NHS Lancashire in response to the consultation carried out early in 2013 – for further consideration of the location for the single specialist dementia inpatient facility.

The Joint CCG Specialist Dementia Committee was established to provide the mechanism necessary for CCGs to work in collaboration with each other and with the local authorities and key stakeholder representatives to carry out this appraisal.

The Methodology for the appraisal was designed by the Staffordshire and Lancashire CSU (SLCSU) and was presented and ratified by the Committee at their inaugural meeting in May 2013.

The Committee membership made up the membership of the appraisal panel. It was agreed as part of the methodology that there would be two categories of membership:

- Statutory Commissioners – 8 CCGs and 3 Local Authorities
- Advisory parties – voluntary and community sector/ patient representatives
- In addition, Lancashire Care Foundation Trust (LCFT) were invited to attend to provide evidence as advisory partners.

2 Methodology

A separate detailed paper was produced for the May meeting of the Committee which contains the full description of the methodology and rationale for the process used.

This option appraisal was a stakeholder based exercise – this is a specific form of appraisal that enables inclusive and equitable participation and generates an evidence base for and improved ownership of the decision making process. Each commissioning organisation has one ‘vote’ – ie. has their own individual scoring. In addition, there are advisory scores from organisations providing the third sector/ patient and carer perspective.

The process was developed to be consistent with the original Technical Appraisal for the overarching Adult Mental Health Reconfiguration and in line with ‘industry standard’ public sector approaches¹.

In summary, the key steps in this process consisted of:

- Consideration Long List of options – submitted to the Committee by LCFT in May 2013 with detailed account of the site selection criteria. Unanimously accepted as complete and accurate long list with no amendments or additions.

¹ HM Treasury (Updated 2011) The Green Book; NICE Guide to the Method of Technology Appraisal; OGC Gateway Guidance; DCLG (2009) Multi Criteria Analysis Manual; ESSU (2007) Options Appraisal Criteria and Matrix; Desk review of comparator public sector site based appraisals (Carried out by Lancashire CSU)

- Selection of the Short List to form the basis of the Appraisal – proposal submitted to the Committee in May 2013 by LCFT and unanimously agreed.
- Methodology for the Appraisal of the short list presented to the Committee May 2013 including criteria for and relative weighting. Considered and agreed with minor amendments to ensure categories prioritised taking into account consultation findings and consequent agreement to build in 'acid test' thresholds.
- Options Appraisal of the Short List – Workshop session held June 2013 to consider evidence / allocate scoring, facilitated by SLCSU with evidence submitted by LCFT. Further scoring session held using the same format July 2013 for those members of the Committee unable to attend the first session.
- Analysis of the scoring results identifying the commissioner scoring totals and the advisory scoring separately, to identify the emergent option – presented to the Committee July 2013.
- Implementation Assurance Check on emergent – initial consideration carried out by the Committee July 2013
- Submission of further detailed evidence on the emergent option submitted to the Committee August 2013 and considered in more detail. Recommendations made by the Committee at the conclusion of the session to be taken to CCG Network and individual commissioning organisations as appropriate.
- Recommendations to be taken to CCG Network September 2013 (this report) and individual CCGs/Local Authorities to take the recommendations onto individual bodes.

Communications and engagement planning and activity took place throughout the course of the exercise, with the final updated Communications Plan considered and agreed by the Committee in August 2013 to assist with the process of communicating the recommendations in a coherent and co-ordinated way.

3 Long List Generation and Agreement

The sites under the long list were generated following a search by commercial agents Eckersleys. The criteria for assessment of all sites follow typical site procurement processes and the selection process used following the 2006 public consultation for mental health services in Lancashire. These generally fall into two categories, Technical criteria supported by specialist advisors and Service criteria following workshops comprising service users, carers and clinical staff:

Technical Criteria	Service Criteria
<ul style="list-style-type: none"> ○ Potential for the Trust to secure control of the site ○ Potential for the Trust to manage abnormals on the site ○ Potential to gain planning permission ○ Affordability and value for money ○ Potential for the site to meet size criteria 	<ul style="list-style-type: none"> ○ Accessibility to other NHS services ○ Accessibility to local services (shops etc.) ○ Good public transport ○ Travel distance to other LCFT / health services ○ Site with enough outdoor space ○ Not in a high crime area ○ Future expansion space

This generated a long list of sites as below:

- 1 The Harbour, Blackpool
- 2 Ribbleton Hospital
- 3 Royal Blackburn Hospital
- 4 Ormskirk DGH site
- 5 Guild Park, Whittingham
- 6 Site in Leyland (Not detailed in this report for commercial reasons)
- 7 Site in Bamber Bridge (Not detailed in this report for commercial reasons)
- 8 Site in Leyland (Not detailed in this report for commercial reasons)

The Committee were given the names for the last three sites however they are not named here as they are all commercial sites. These three sites represented the option of introducing a 'new' site location option and therefore can be combined as representing a single Proxy Site. The Committee agreed to use the single "Proxy site" description in the Options Appraisal.

4 Short List Generation and Agreement

The proposal to reach the short list involved a detailed account of each site in the long list, provided by LCFT in the form of a presentation and question & answer session at the May meeting.

This concluded with the exclusion of options 4 and 5 as these did not demonstrate adequate deliverability or risk control to go forward.

As noted above, it was also agreed to combine 6,7 and 8 as noted above into one proxy site. Therefore the Short List was unanimously agreed as:

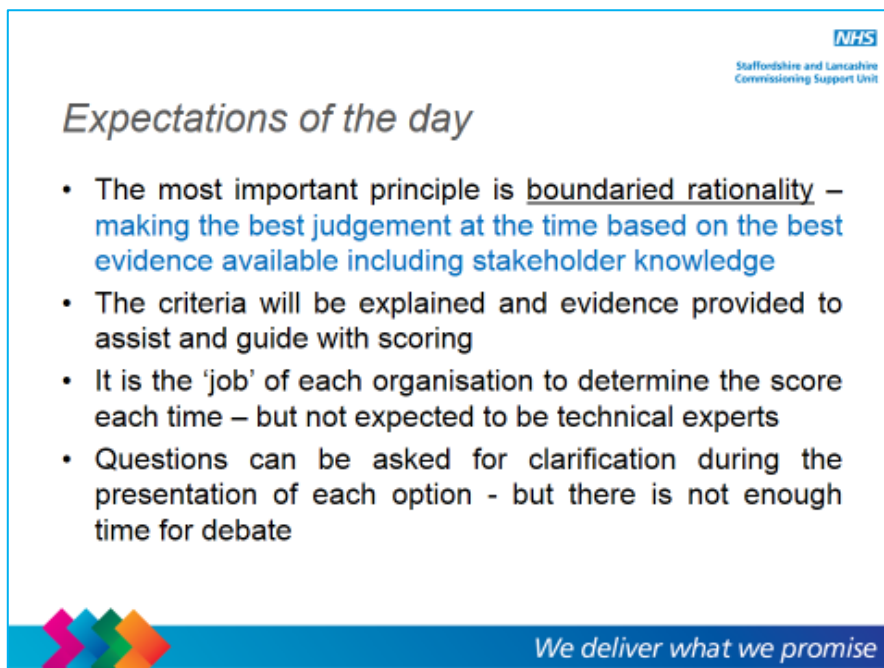
- 1 The Harbour, Blackpool
- 2 Ribbleton Hospital
- 3 Royal Blackburn Hospital
- 4 Proxy 'New' Site

Following this agreement, further detailed evidence was prepared for presentation by LCFT on these four options for the Appraisal workshop session.

5 Options Appraisal of the Short List

The Appraisal was carried out at a Workshop session of the Committee held in June 2013, with facilitation and guidance provided by SLCSU.


A presentation at the start of the workshop provided the background to the methodology, the expectations and guidance on the criteria and scoring:

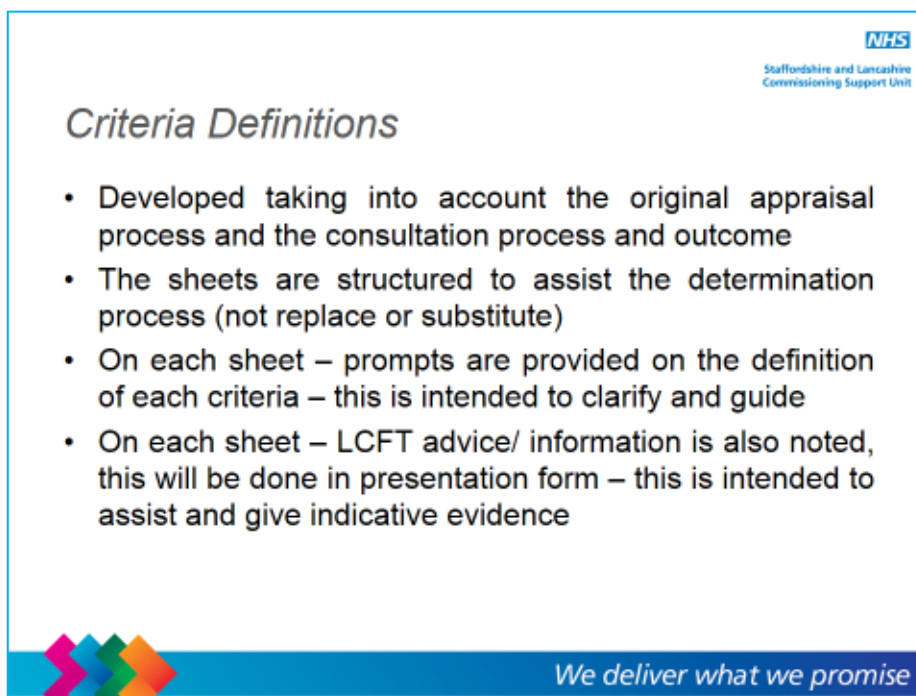


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Expectations of the day

- The most important principle is bounded rationality – making the best judgement at the time based on the best evidence available including stakeholder knowledge
- The criteria will be explained and evidence provided to assist and guide with scoring
- It is the 'job' of each organisation to determine the score each time – but not expected to be technical experts
- Questions can be asked for clarification during the presentation of each option - but there is not enough time for debate


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Criteria Definitions

- Developed taking into account the original appraisal process and the consultation process and outcome
- The sheets are structured to assist the determination process (not replace or substitute)
- On each sheet – prompts are provided on the definition of each criteria – this is intended to clarify and guide
- On each sheet – LCFT advice/ information is also noted, this will be done in presentation form – this is intended to assist and give indicative evidence

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Further technical guidance was provided at each step and on request. The Scoring Sheets also provided decision-aiding guidance.

6 The Scoring Criteria

The Appraisal criteria were introduced and described at length:

- **Timing and Deliverability**
- **Integration**
- **Access**
- **Clinical Quality**
- **Patient Experience & Safety**

The Scoring Sheets were designed as visual aids in themselves – with one criteria per scoring sheet presented in tabular format with the criteria definition and key components and evidence checkpoints. These were collated into a workbook for each scorer for each of use and to minimise any risk of loss of paperwork and ensure only one copy of a score sheet existed so that scores could not be duplicated or missed.

Example of Scoring Sheet:

Option 1		
Appraisal Criteria	Definition	Supporting Evidence
Timing and Deliverability	<p>Ability to deliver to a timescale suitable for the overall model of care implementation (ie. 2016/17)</p> <p>Extent to which the site is within reasonable control:</p> <ul style="list-style-type: none"> - Ability to secure site ownership/ tenure - Reasonableness of 'abnormals' - Adequacy of planning control factors – ie. ability to secure necessary permissions <p>Extent to which the option can be delivered within the available resources (given control factors)</p> <p>Ability to attract, recruit and retain skilled workforce in local economy</p>	<p><i>This has been agreed as an acid test category therefore scoring less than 5 indicates unacceptability.</i></p> <p>LCFT to provide supporting evidence on deliverability</p>

Scoring Guidance: Scores are out of ten

0 = Failure to meet the criteria in any way
10 = Ideal scenario, meets all of the criteria in an ideal way

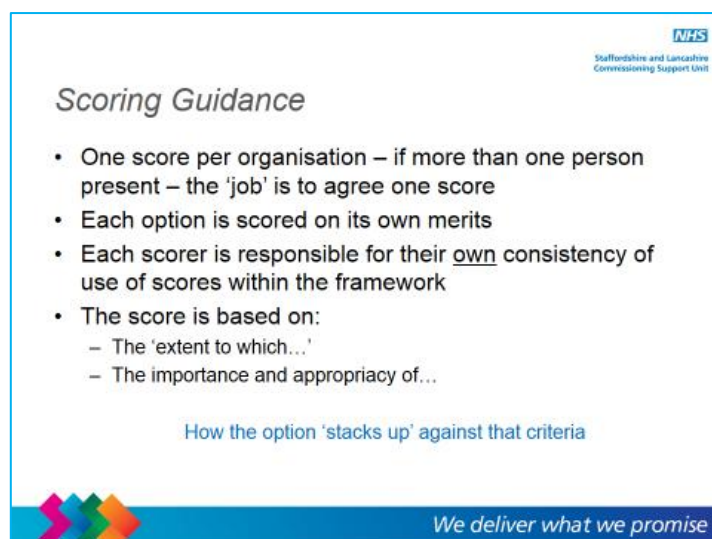
The mid way point of 5 provides an 'acid test':

Less than 5 = does not meet the criteria satisfactorily / adequately or appropriately (with 1 to 5 noting the extent)
More than 5 = meets the criteria satisfactorily / adequately or appropriately (with 6 to 10 noting the extent)

Score: 0 -10

7 Scoring Guidance

Guidance was provided at the start, during the process and on the scoring sheets:



The slide is titled 'Scoring Guidance' and features the NHS logo in the top right corner. It lists four bullet points: 'One score per organisation – if more than one person present – the 'job' is to agree one score', 'Each option is scored on its own merits', 'Each scorer is responsible for their own consistency of use of scores within the framework', and 'The score is based on:'. The last point has two sub-bullets: 'The 'extent to which...'' and 'The importance and appropriacy of...'. Below the list, it says 'How the option 'stacks up' against that criteria'. The slide has a blue footer with the text 'We deliver what we promise' and a colorful geometric logo on the left.

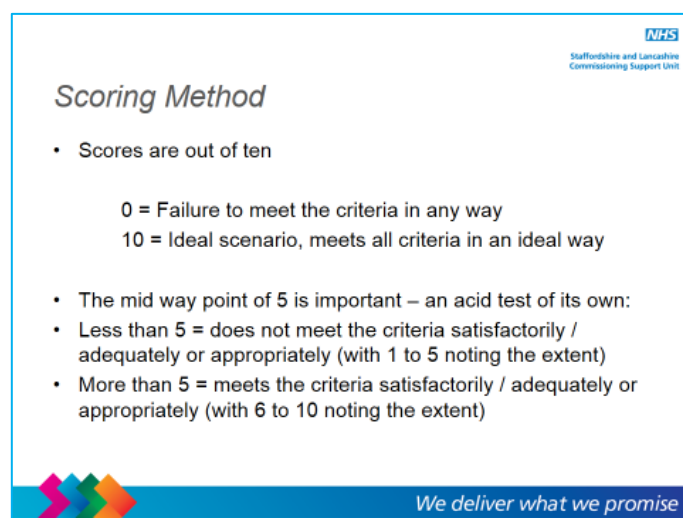
Scoring Guidance

- One score per organisation – if more than one person present – the 'job' is to agree one score
- Each option is scored on its own merits
- Each scorer is responsible for their own consistency of use of scores within the framework
- The score is based on:
 - The 'extent to which...'
 - The importance and appropriacy of...

How the option 'stacks up' against that criteria

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Assessment was based upon a 0-10 scale and guidance provided as below:



The slide is titled 'Scoring Method' and features the NHS logo in the top right corner. It lists a bullet point: 'Scores are out of ten'. Below this, it defines '0 = Failure to meet the criteria in any way' and '10 = Ideal scenario, meets all criteria in an ideal way'. It then lists three more bullet points: 'The mid way point of 5 is important – an acid test of its own:', 'Less than 5 = does not meet the criteria satisfactorily / adequately or appropriately (with 1 to 5 noting the extent)', and 'More than 5 = meets the criteria satisfactorily / adequately or appropriately (with 6 to 10 noting the extent)'. The slide has a blue footer with the text 'We deliver what we promise' and a colorful geometric logo on the left.

Scoring Method

- Scores are out of ten

0 = Failure to meet the criteria in any way
10 = Ideal scenario, meets all criteria in an ideal way

- The mid way point of 5 is important – an acid test of its own:
- Less than 5 = does not meet the criteria satisfactorily / adequately or appropriately (with 1 to 5 noting the extent)
- More than 5 = meets the criteria satisfactorily / adequately or appropriately (with 6 to 10 noting the extent)

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8 Scoring Weighting

Weighting was applied during the analysis stage – as agreed by the Committee using standard weighting points below:

Criteria	Weighting Range %	Midpoint
Access	10 – 20%	15%
Integration	10 – 20%	15%
Clinical Quality	20 – 30%	25%
Patient Experience & Safety	20 – 30%	25%
Timing	15 – 25%	20%

9 Appraisal Scoring Results

The analysis of the scoring results are shown below, as presented to the Committee July 2013.

Voters1 are the statutory commissioner scores. Voter2 are the advisory scores.
The boxes highlighted in yellow show acid test flags – scores less than 5.

9.1 Option 1 The Harbour

Voter Type	1Timing & Deliverability 20%	1Integration 15%	1Access 15%	1Clinical Quality 25%	1Patient Experience 25%
1	8	9	5	10	10
1	10	9	10	9	9
1	9	9	7	9	9
1	9	7	7	7	9
1	9	7	3	8	9
1	7	6	3	7	7
1	9	8	7	8	8
1	9	6	5	9	7
1	10	9	8	9	9
1	10	9	8	9	9
1	10	10	6	10	10
2	7	7	5	7	6
2	9	8	6	9	8
2	7	6	4	6	8
2	8	6	6	6	6
2	8	7	6	6	7
2	8	8	6	9	8

9.2 Option 2 Ribbleton DGH

Voter Type	2Timing & Deliverability 20%	2Integration 15%	2Access 15%	2Clinical Quality 25%	2Patient Experience 25%
1	6	6	5	8	8
1	8	7	7	7	7
1	8	7	7	7	8
1	7	6	8	6	9
1	8	6	4	6	7
1	6	5	5	5	5
1	6	5	5	4	6
1	8	8	8	5	8
1	7	7	8	7	9
1	7	7	8	7	9
1	8	7	8	7	10
2	7	7	7	6	6
2	8	6	8	7	7
2	5	3	6	3	6
2	6	5	8	5	5
2	7	5	8	5	6
2	7	6	9	6	7

9.3 Option 3 Proxy Site – Central Lancashire

Voter Type	3Timing & Deliverability 20%	3Integration 15%	3Access 15%	3Clinical Quality 25%	3Patient Experience 25%
1	4	6	5	8	10
1	6	7	6	7	7
1	5	7	7	7	8
1	4	5	7	6	8
1	5	6	2	6	7
1	3	3	5	4	5
1	4	5	5	4	6
1	4	8	7	5	8
1	4	7	8	7	9
1	4	7	8	7	9
1	6	7	8	7	10
2	5	7	8	6	7
2	7	6	8	7	8
2	3	3	6	3	6
2	7	5	7	4	4
2	5	5	7	5	6
2	5	6	9	6	7

9.4 Option 4 Blackburn DGH

Voter Type	4Timing & Deliverability 20%	4Integration 15%	4Access 15%	4Clinical Quality 25%	4Patient Experience 25%
1	6	10	5	10	7
1	6	8	5	7	8
1	6	8	6	8	8
1	8	7	8	7	9
1	6	7	3	7	8
1	6	7	8	7	7
1	3	6	4	7	7
1	3	5	4	5	8
1	3	7	7	7	9
1	3	7	7	7	9
1	8	8	8	9	10
2	4	7	5	7	6
2	7	7	7	8	8
2	6	8	5	8	8
2	6	6	7	7	6
2	4	7	6	7	6
2	5	8	9	9	8

9.5 Acid Tests

The presentation to the Committee also highlighted the Acid Tests – scores of less than 5 – across all voters, criteria and options. This demonstrated that all options had at least one result of less than 5 in Access and two options had negative acid tests in deliverability.

Acid Tests – Access & Deliverability

Voter Type	1 Deliverability	1 Access	2 Deliverability	2 Access	3 Deliverability	3 Access	4 Deliverability	4 Access
1	8	5	6	5	4	5	6	5
1	10	10	8	7	6	6	6	5
1	9	7	8	7	5	7	6	6
1	9	7	7	8	4	7	8	8
1	9	3	8	4	5	2	6	3
1	7	3	6	5	3	5	6	8
1	9	7	6	5	4	5	3	4
1	9	5	8	8	4	7	3	4
1	10	8	7	8	4	8	3	7
1	10	8	7	8	4	8	3	7
1	10	6	8	8	6	8	8	8
2	7	5	7	7	5	8	4	5
2	9	6	8	8	7	8	7	7
2	7	4	5	6	3	6	6	5
2	8	6	6	8	7	7	6	7
2	8	6	7	8	5	7	4	6
2	8	6	7	9	5	9	5	9

- Option 1 – The Harbour, Blackpool
- Option 2 – Ribbleson DGH
- Option 3 - Proxy site – Central Lancs
- Option 4 – Blackburn DGH

9.6 Final Totals – Weighted and Ranked Scores

	Unweighted					Weighted
	Timing & Deliverability	Integration	Access	Clinical Quality	Patient Experience	Ranked Voters1
						n=11
Option1	100	89	69	95	96	91.45
Option2	79	71	73	69	86	76.15
Option4	58	80	65	81	90	76.1
Option3	49	68	68	68	87	68.95
						Ranked Voters2
						n=6
Option1	47	42	33	43	43	42.15
Option4	32	43	39	46	42	40.7
Option2	40	32	46	32	37	36.95
Option3	32	32	45	31	38	35.2
						Ranked 1 & 2
						N=17
Option1	147	131	102	138	139	133.6
Option4	90	123	104	127	132	116.8
Option2	119	103	119	101	123	113.1
Option3	81	100	113	99	125	104.15

- Option 1 – The Harbour, Blackpool
- Option 2 – Ribbleson DGH
- Option 3 - Proxy site – Central Lancs
- Option 4 – Blackburn DGH

10. Outcome and Recommendation

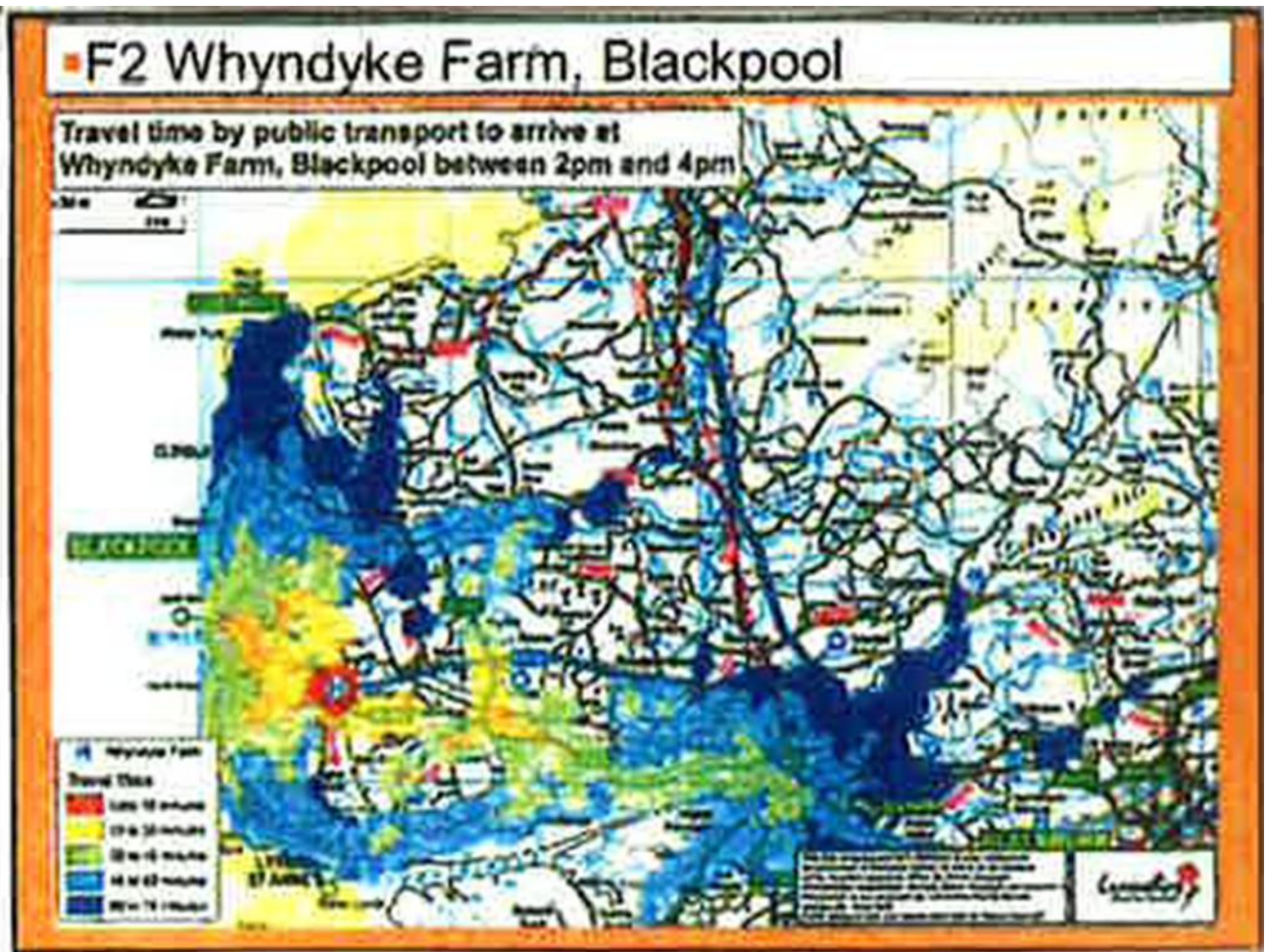
Option 1 – The Harbour – ranked the highest as per the above table. It ranked highest for both commissioning scorers and advisory scorers. It ranked highest when both scores were combined.

Therefore the emergent option was identifiable as an outcome of the appraisal as Option 1.

This is therefore recommended as the option to be progressed subject to the implementation assurance check and monitoring.

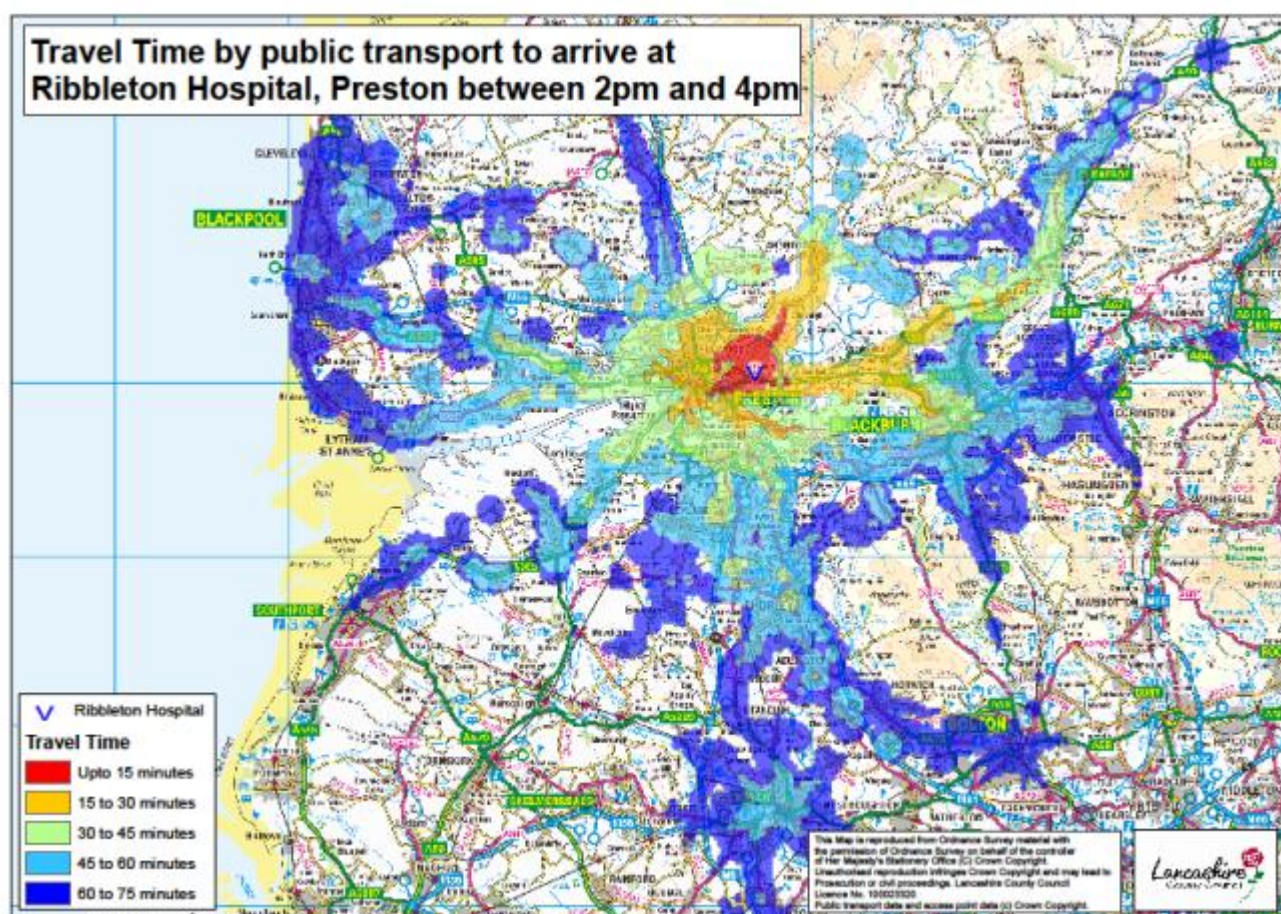
Appendix 1 LCFT Presentation of Short List Options to the Appraisal Committee

Option 1 – The Harbour – the “do nothing” option



Co-located with	<ul style="list-style-type: none"> Advanced Care 2 x 18 male and female single gender wards all single bed en suite Functional adult mental health – 4 x 18 male and female single gender wards all single bed en suite 2 x 8 bed PICU male and female single gender wards all single bed en suite
External space – Good	<ul style="list-style-type: none"> All wards have their own secure gardens Dementia ward gardens designed specifically for dementia patients
Tenure	Owned by LCFT
Strategic Expansion Space	No unless purchasing adjacent land
Delivery	Opens February 2015
Costs	All costs known and planned for
Has planning permission	Yes

Options 2 - Ribbleson – Central Lancs



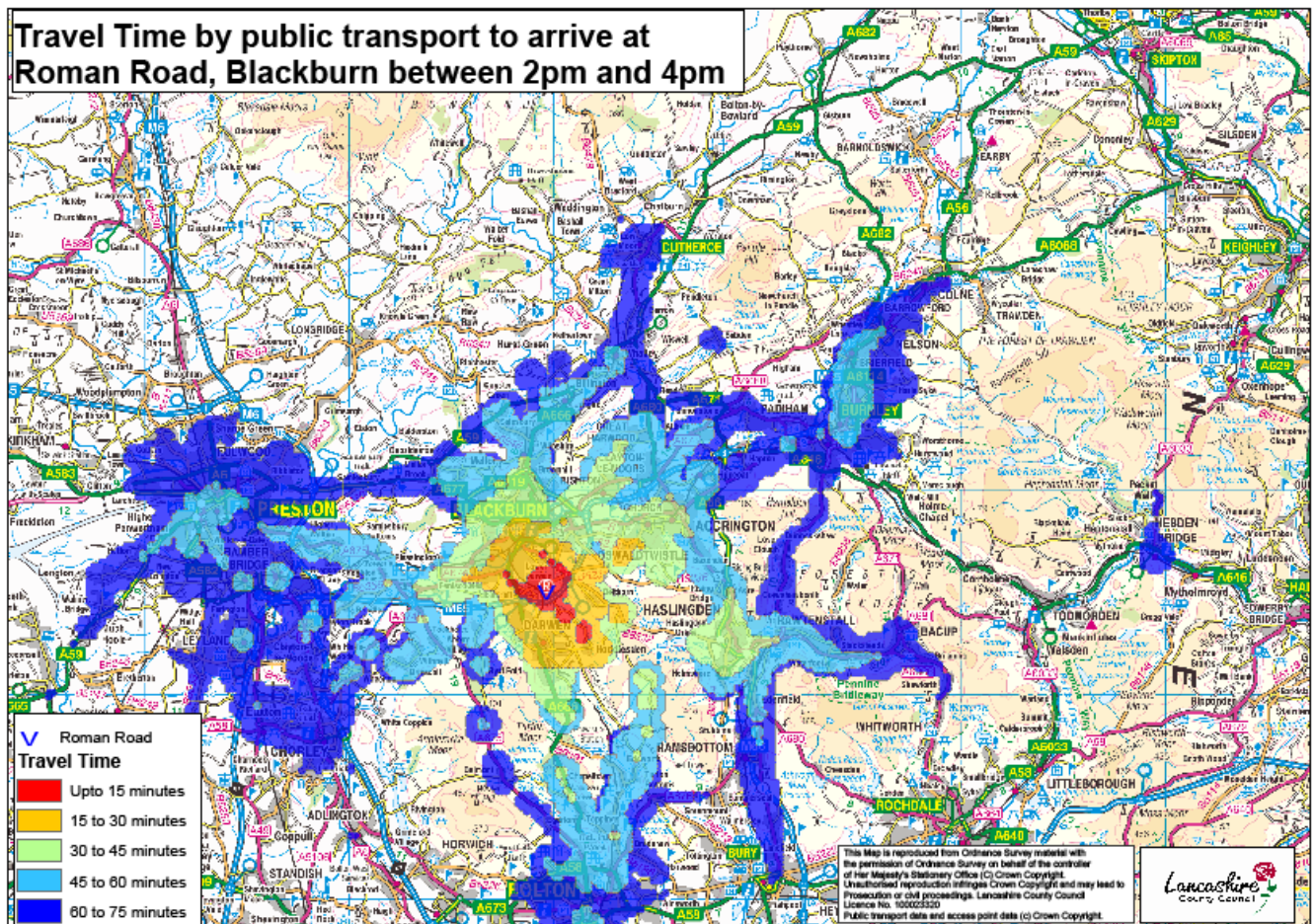
Co-located with	18 beds functional male/female, all single bed en suite
External space – Good	All wards will have their own secure gardens Dementia ward gardens will be designed specifically for dementia patients
Tenure	Owned by LCFT
Strategic Expansion Space	Yes, site is larger than current mental health plans
Delivery	Mid to late 2016 (subject to decision date)
Costs	Unknown (more details by economic appraisal)
Has planning permission	Existing use consent

Option 3 - Proxy site – Central Lancs

Location – No isochronal map – comparable with Ribbleson

Co-located with	18 beds functional male/female, all single bed en suite
External space – Good	<ul style="list-style-type: none">• All wards will have their own secure gardens• Dementia ward gardens will be designed specifically for dementia patients
Tenure	Owned by LCFT
Strategic Expansion Space	Yes, site would be planned to be larger than current mental health plans (circa 1 acre +)
Delivery	Late 2016 / early 2017 (subject to decision date)
Costs	Unknown (more details by economic appraisal)
Has planning permission	unknown

Option 4 – Blackburn



Co-located with	Advanced Care 2 x 18 male and female single gender wards all single bed en suite Functional adult mental health – 2 x 18 male and female single gender wards all single bed en suite
External space – Good	<ul style="list-style-type: none"> All wards will have their own secure gardens Dementia ward gardens will be designed specifically for dementia patients
Tenure	Owned by East Lancashire NHS Trust
Strategic Expansion Space	Uncertain at this time (dependant on ELHT site and development plans)
Delivery	2017 + (depends on ELHT development plans)
Costs	Unknown (more details by economic appraisal)
Has planning permission	Existing use consent

