



**HEALTH OVERVIEW AND SCRUTINY COMMITTEE –
WEDNESDAY 3 JUNE 2020**

**QUESTIONS SUBMITTED UNDER STANDING ORDER 7(3) and
(5)**

The following questions are to be put to the Chairman of the Health Overview and Scrutiny Committee.

1. Question by Mrs Rosita Page CC:

What communication protocols are in place for the NHS to keep residents, ward members and all stakeholders informed and engaged before major service changes are made?

Reply by the Chairman:

In terms of service changes the NHS in Leicester, Leicestershire and Rutland (LLR) follows the requirements as set out in the NHS Duty to Involve service users in discussions about changes to services. On a service by service basis the NHS will involve current users and potential users of services and of course local people. The approach will often be tailored and designed for the service change rather than a single approach. As part of Better Care Together, the System Transformation Partnership for LLR, there was an extensive round of face-to-face public engagement sessions with local communities as part of the Community Services Redesign just over a year ago, with the first phase of the redesign being implemented in December. One of those was in Lutterworth.

There are good, constructive relationships between the NHS and the Democratic Services team at Leicestershire County Council and meetings are held to forward plan agendas and ensure service changes and developments are flagged in advance. This communication takes place as proposals are being developed and before any formal consultation on changes take place. The Democratic Services team makes sure the appropriate local members are informed.

Any service changes will also be highlighted through the usual channels used by the NHS. All LLR NHS organisations have their own channels and processes in place to keep local people informed. Up to date information is provided in the news sections of websites and all organisations regularly use social media to highlight news about services and direct people to more information. These are routine communications channels which are pro-actively used to provide information to the public.

As part of ongoing engagement work with local people there are forums through which each organisation can inform local people about service developments and receive feedback about services. Leicestershire Partnership NHS Trust also produces a stakeholder bulletin please see <https://www.leicspart.nhs.uk/partners/news/>

The Clinical Commissioning Groups (CCGs) also have groups through which they regularly communicate and involve, such as Patient Participation Groups attached to GP practices. More recently an Online Citizen's Panel has been established. The CCGs have been promoting the panel and encouraging as many people as possible to sign-up. Anyone can sign up and members will receive a regular newsletter with information about health and social care and be asked for their views on health topics. To find out more about the Citizens' Panel and join visit <https://bettercaretogetherllr.questionpro.eu/a/panel.do>

The NHS has also been issuing a regular stakeholder bulletin currently focussed on Covid-19 which has highlighted temporary service changes in relation to the outbreak and the bulletin will be publicising any further changes and restoration of services over the coming weeks.

The NHS also hold regular updates with Healthwatch Leicester and Leicestershire and Healthwatch Rutland including attendance at meetings. Healthwatch representatives are also on CCG Governing Bodies.

2. Question by Mrs Rosita Page CC:

With regards to the recent temporary closure of Feilding Palmer hospital a briefing note was issued after the hospital had been closed but was any consideration given to communicating with the public and ward members before the decision to close the hospital had been taken?

Reply by the Chairman:

I have sought information from Leicestershire Partnership NHS Trust (LPT) on the question and received the following response from LPT:

“Temporary changes to services can be made under regulation 23(2) of the s.244 Regulations on the basis of a risk to safety or welfare of patients or staff. Such changes can only be temporary and are often made following a risk summit/assessment relating to the issues that are seen to be forcing the need for a temporary change on safety grounds.

In the case of Feilding Palmer hospital, a comprehensive risk assessment was completed on 12 May 2020 after staff expressed concern about patient and staff safety on the ward in light of Covid-19 infection, prevention and control guidance. The outcome of risk assessment clearly demonstrates that it is not possible to deliver in-patient services in line with national Covid-19 guidelines because the Trust cannot mitigate the risk of patients or a member of staff catching COVID-19. Particular challenges include the lack of isolation facilities in

the ward, and the estate infrastructure - there is less than the 2m recommended distance between beds and offices, and the main access corridor on the ward is less than 2m wide, which does not support adherence to social distancing guidelines.

As a consequence the Trust made the difficult decision to temporarily suspend admissions to the ward at Feilding Palmer hospital, on the grounds of an immediate risk to patient and staff safety. The Trust will lift this suspension as soon it is safe to do so. This decision will be taken based on any new national guidance in relation to Covid-19, including infection prevention and control measures and social distancing requirements.

It is important to note that Feilding Palmer hospital has not closed, and some outpatient services have, and continue to operate from the site during the pandemic. In addition, this temporary measure will allow partner organisations to safely resume some outpatient services in the town. This may include cardiology, minor surgery and gynaecology outpatient services.

The Trust recognises that communication with some stakeholders was not as timely as we would want and regret that our stakeholder briefing did not reach all intended recipients on the day that admissions were temporarily suspended. As I am sure you can appreciate, we are having to respond rapidly to developments in Covid -19 and in these circumstances communications may not be as timely or extensive as we would like, but we will do our best to keep people informed. The matter was raised through the multi-agency LLR Health Economy Tactical and Strategic Coordination Group as soon as it became apparent, however the Trust will take steps to ensure that the learning from this event is captured through our Incident Control Centre and future improvements are made in this respect.

LPT and the CCGs are fully committed to engaging with local people about the future of Feilding Palmer and of course are aware of the legal requirements on making substantial changes to services under the Local Authority Regulations 2013 and involvement duties placed on CCGs, Trusts and Foundation Trusts by the NHS Act 2006 (as amended by the Health and Social Care Act 2012). The national guide to the legal duties and assurance processes for service reconfiguration is set out in "Planning, assuring and delivering service changes for patients" published by NHS England in March 2018."

3. Question by Mrs Rosita Page CC:

In light of the complicated circumstances and longstanding uncertainties surrounding the future of Feilding Palmer Hospital in Lutterworth could I ask the Health Overview and Scrutiny Committee to ascertain from the NHS what the future plans for the hospital are, including how we can utilise this resource to enhance future patient care for all of the residents in Lutterworth and the

wider surrounding community, taking into account the housing development proposed for the area and the possibility of claiming financial contributions from housing developers under Section 106 of the Town and Country Planning Act 1990.

Reply by the Chairman:

As detailed in the answer to question 2 above, LPT has responded to the immediate issue of patient and staff safety on the ward. Future plans for Lutterworth are being developed through a wider system workstream, which the CCGs are leading in close partnership with the Trust and stakeholders.

I am reassured that the CCGs and LPT remain fully committed to working with the people of Lutterworth – as well as the local authority, District and Town councils, Healthwatch and other stakeholders - to understand what matters to them before any long-term changes are proposed to NHS services in the town. This includes exploring any opportunities to utilise new and existing section 106 monies.

This involvement will be a natural continuation of the collaborative work that was well underway as part of the Better Care Together programme, prior to the Coronavirus pandemic. The Community Service Redesign workstream is developing plans for the future of community services right the way across Leicester, Leicestershire and Rutland. Understandably this work has had to pause, but will resume as soon as practical.

The Health Overview and Scrutiny Committee will give further consideration to the issues raised by this question as part of agenda items at future meetings on the Better Care Together programme, the Primary Care Estates Strategy, and Section 106 developer contributions.