

HEALTH OVERVIEW AND SCRUTINY COMMITTEE
13 SEPTEMBER 2023

QUESTIONS ASKED UNDER STANDING ORDER 34

Questions asked by Giuliana Foster

1. What assurances can be given that the proposed clinics will actually be instated at Feilding Palmer Community Hospital and not just 'pop up – temporary', given the extensive plans for outpatient clinics at Market Harborough and Hinckley?
2. If FPCH is to lose its beds, we must ensure that the proposals are adequate for the people of Lutterworth, so we need guarantees that these clinics will be reinstated. The residents of the Lutterworth area are being asked to lose 10 inpatient beds in exchange for what?
3. How often will each proposed clinic will be held? For example, 1 x month or 3 times a week.
4. The ICB have stated that the £5.3m is capital (presumably for all the refurbishment and installation of equipment) so where is the annual spending on services coming from?

Reply by the Chairman:

1. I have sought a response from the Integrated Care Board regarding the query raised and they have provided me with the following information:

The proposed plans for more community procedures and outpatient clinics at FPCH have been developed based on current evidence of need for the local population. The LLR ICB are committed to delivering additional clinics from Feilding Palmer on a permanent basis recognising the need for flexibility to meet changing demands in health needs.

2. The proposal is to permanently close the 10 inpatient beds to provide an enhanced procedure suite and 6 consultation rooms.

3. The Integrated Care Board has informed me as follows:

The proposal sets out a wide range of specialities and procedures that could be delivered from FPCH. We are currently working with UHL and wider providers to determine the exact procedures and clinics that will be provided recognising that there does need to be a degree of flexibility so that the offer

can adapt to meet the changing needs in demand. It is likely that the clinics will operate ranging from 2 to 6 sessions per week dependent upon demand.

4. The estimated capital for the refurbishment is £5.8m, the revenue costs will be funded through system finances.

Questions asked by Rachel Hall (Falcon Support Services):

With respect we would like to raise some concerns in relation to the homeless support service consultation and feel the information provided to cabinet has been inaccurate.

The Cabinet Report on 23rd June 2023 and Health Overview and Scrutiny Committee on 18th January 2023 assert that the Homelessness Contract does not fund the hostel itself and therefore the contact value would have no impact on the Falcon Centre, but this is incorrect.

We are disappointed to see Leicestershire County Council saying they have not contracted accommodation and would like to draw you to the current **Contract** that specifies there is a *“30 bed requirement throughout the contract”*. We would also like to draw you to **ITT Schedule Service Specification** that we tendered for the contract that requires the *“service to deliver emergency accommodation to support adults in times of housing-crisis”*. The service description clearly states on 1.1 *“The provision is for at least 30 units of accommodation in Leicestershire either through direct provision by the Service Provider or through partnership arrangements with a housing provider. The specific location and configuration of accommodation within the county is flexible in that a proportion of the units may be delivered as ‘move on’ or dispersed accommodation.”*

The **Aspect of the Service** details: *“The Service Provider should make available a minimum of 30 hostel-based beds for adults experiencing acute homelessness or housing-crisis and requiring emergency housing.”* And **Service Standards** state *“The hostel premises must be compliant with national and local building and housing regulations”*.

The recent **Audit** on the contract in January 2022 clearly states, *“The Falcon Centre are contracted to provide accommodation for those who are homeless and non-priority needs.”*

1. Is it accurate to say the current contract excludes accommodation?
2. Has an Impact Assessment been conducted?

The current contract for “provision of at least 30 units of accommodation” ends 31st March 2024 and has been re-commissioned repeatedly over the past 10 years. We believe that the focus of the consultation should be on decommissioning the homeless service, rather than improving First Contact Plus and Local Area Co-ordinators.

3. Is the consultation being targeted on the right thing?

4. Has the proposed model of First Contact Plus and Local Area Co-ordinators been evaluated for its impact on homelessness? Has its operational effectiveness, resource implications and capacity been scoped out?

We are concerned about the fairness and equality of the consultation process. Most people experiencing homelessness lack internet access, digital skills and literacy, including the ability to fill in surveys. Service users requested to submit written letters for staff to scan in and send to the consultation email, but this was declined in writing by Leicestershire County Council. The first half of the consultation period residents could not submit the online survey from the same computer a survey had already been submitted from, this was rectified but only left a shorter window for consultation.

During the online Information Session held for people who have or are currently using the service, including friends, relatives and carers of people facing homelessness the sessions were muted and left only with the Q&A chat function which did not work on some of the computers.

We requested face-to-face consultation meetings through the consultation email and/or focus groups for service users, as per previous consultations we have been through, but this was declined by Leicestershire County Council. We have been informed that service user consultation was completed in January 2022, over 18 months before the proposal and consultation were live, when Public Health completed at the Falcon Centre audit. One-to-one interviews were completed with service users about the current service and gaps in the current provision. Service users answered these questions with no knowledge funding was going to be withdrawn for their homeless support service and provided no consent for this data to be used as part of a consultation in relation to funding cuts. No face-to-face consultation or workshop sessions have been held with Service Users since the current proposal came out.

5. Did Leicestershire County Council fulfil their GDPR requirements as service users did not give consent for their data collected from one-to-one interviews in an audit 18 months ago, to be used in a different context than they had agreed?
6. Has an Equality Impact Assessment been completed on the impact of the decommissioning of the current service and proposed new model? If so, why wasn't this shared upon request?
7. Did Leicestershire County Council adhere to their Equalities Policy Statement in minimising disadvantages and advancing equality of opportunity? Was the format of the consultation format inclusive and accessible, ensuring the voices of those experiencing homelessness were heard?
8. Has the internal Transformation Team at Leicestershire County Council explored alternative savings to assist with the need for budget cuts?

Reply by the Chairman:

1. The service specification stipulates that in-reach (hostel based) support is linked to accommodation equivalent to 30 bed spaces across Leicestershire. In

order to provide support in a hostel setting, the provider is required to have access to this type of accommodation. This is not the same as saying that the funding should pay for the accommodation itself. Any Provider could have bid for this service without owning or running a hostel. The service is based in a hostel setting and the Provider could have access to the service users in any hostel or hostels in Leicestershire. (It is Falcon Support Services that are the Provider not the Falcon Centre)

2. A draft Equality Impact Assessment has been completed and the impact of a change in service model will be informed by the outcome of consultation and a final EIA will be produced. This will be presented to Cabinet in November. Initial findings based on the draft proposal indicate that the new offer will have a wider reach and be able to offer additional support. It is not standard practice to share a draft EIA. However, Falcon Support Services submitted an FOI requesting a copy of the draft EIA. This was completed on 30 August 2023. The FOI has been published and is available here: <https://leicestershire.disclosure-log.co.uk/results?month=8>

Also, within the survey that was available during the consultation, some questions were asked to ascertain impact of the proposal on those with protected characteristics and other relevant cohorts. Responses to these questions will inform the final EIA.

3. As referred to under point 1, the contract is for the provision of support services not the provision of units of accommodation. The consultation documentation is consistent with this and clearly states the following: *'The proposal is for the county council to cease funding a dedicated homeless support service, and instead to provide support via the council's existing public health services where a wider number of people are eligible for support'* This clearly sets out the Council's intentions while also ensuring the language is simple and easy to understand to support a successful public consultation.
4. The Homelessness Reduction Act 2017, places new duties on housing authorities to intervene earlier to prevent homelessness and to take reasonable steps to relieve homelessness for all eligible individuals, **not just those that have priority need**. Locally, and in line with the legislation referred to, this responsibility sits with district councils not the county council. As such, the proposed model is not centred around reducing homelessness. The focus is on improving the health and wellbeing of Leicestershire residents. The proposal may indirectly lead to a reduction in the risk of someone becoming homeless but the approach is that Local Area Coordinators can address the circumstances that cause people to experience chaotic lifestyles and

consequently struggle to cope rather than only dealing with the housing issue on its own.

It is also difficult to fully assess capacity, resource etc. until the final model is developed and approved, informed by the outcome of the consultation. This process will start now that the consultation has closed and will be presented to Cabinet in November 2023. If the proposal is approved by the Cabinet, further work will take place between December 2023 and March 2024 to implement the approved model. This will include a detailed assessment of resource and a communications and engagement plan to support the transition. The council will also work closely with the incumbent providers to ensure a robust exit strategy is in place if the decision is made to proceed with the proposed model.

5. The service commissioned by the county council is an externally commissioned service. As the contract was ending on 31st March 2024, it provided an opportunity to review the existing provision and consider options for the future. This included output from focus groups and 1-2-1s with staff and service users from all 3 incumbent providers without using any personally identifiable information. The Council is of the view that individuals participating in these events would have done so in the knowledge that information would be used by the council to shape future service provision. This is standard practice for all public health commissioned services to ensure services continue to meet local need and to ensure value for money. As part of the review of existing provision the public health department reviewed performance data, statistical information available through national and local data sources, and conducted some engagement work with professionals and service users. All of this information was utilised to develop a suite of options with a review of strengths, weaknesses, risks and financial implications of each option in order to put forward a recommended draft proposal. This draft proposal was presented to Cabinet for approval to consult. As such, at the time of reviewing the provision and conducting an engagement exercise, the options would not have been known.

The Council is satisfied that its usage of this information has been compliant with its GDPR obligations at all material times. In particular, the Council is satisfied that it has a lawful basis to process the personal information of service users. The Council believes that officers were explicit about the reasons for which the information was being collected (*i.e. to inform the undertaking of a review of homelessness services*) and the service users willingly consented to their views being recorded and used. Indeed, even without the consent of the Data Subjects, the Council is entitled to rely on the following grounds as a lawful basis for the ongoing processing of personal information: -

- (a) That processing is necessary for compliance with a legal obligation,¹ for example, to comply with the Council's Public Sector Equality Duty² and to understand the impact of the proposal on any persons who may have a protected characteristic.
- (b) That processing is necessary in order to protect the vital interests of the data subject³ for example, the Council accepts that understanding the views of service users and the possible impacts of any decisions is necessary to protect the vital interests of those data subjects.
- (c) That processing is necessary for the performance of a task in the public interest,⁴ for example, it is in the public interest that decisions which may affect homeless persons are made on an informed basis.
- (d) That processing is necessary for the purposes of the legitimate interests pursued by the controller,⁵ for example, the Council has a legitimate interest in making informed, evidence- based decisions.

The Council is satisfied that the continuing processing of personal information is lawful and in accordance with Data Protection principles. In particular, the Council is satisfied that:

- (a) information is being processed lawfully, fairly and in a transparent manner.⁶ It should be noted that the information was provided on a consensual basis and its usage helps decision makers to make informed decisions taking into account the views and needs of service users. The Council's decisions are transparent and open to scrutiny.
- (b) Information was collected for specified, explicit and legitimate purposes and not processed in a manner which is incompatible with those purposes.⁷ It should be noted that the Council collected the information to inform a review of homelessness (which is clearly a legitimate purpose) and the usage of information is linked to the review which was originally discussed with service users.
- (c) Personal information is being....kept in a form which permits identification of data subjects for no longer than is necessary.⁸ It should be noted that the

¹ Article 6(1)(c)

² S149 Equality Act 2010

³ Article 6(1)(d)

⁴ Article 6(1)(e)

⁵ Article 6(1)(f)

⁶ Article 5.1(a)

⁷ Article 5.1(B)

⁸ Article 5.1(e)

review of support services is under active consideration and the council will not retain such personally identifiable information that has been collected once the review and any related decisions have been taken.

6. Please see response to question 2 - **'Has an Impact Assessment been conducted?'**
7. Consultation was approved by Cabinet on 23 June 2023. The consultation launched on 28 June 2023 and ran for 10 weeks (closed on 3 September 2023) to seek feedback on the proposed model.

The survey was accessible online on the County Council's website and available as a hard copy on request with a freepost return option. Early analysis indicates the council has received 251 survey responses. Approximately 25% of responses were from service users, 24% were from staff working within the homeless sector and 5% were from a family member/carer of a service user. These figures do not take into consideration responses received through the information sessions and other channels. The last consultation exercise that took place for this service was in 2019 when the council received a total of 46 survey responses.

Supporting information to accompany the survey was accessible online. An easy read version of the supporting information was also available online and as a hard copy on request.

Face to face and online information sessions were held to talk through the proposal and provide information on how individuals could have their say. A total of 5 sessions were held during the consultation period (3 online sessions and 2 face to face sessions). These were spread out over July and August, on different days and at different times of the day. Over 130 participants attended these sessions. At the face to face sessions which took place at Loughborough library, hard copies of consultation packs were disseminated to participants. County council staff were also available to support completion of the survey on-site. Space was also made available at Loughborough library for participants to complete a survey.

Following communications received during the consultation period, the council produced some FAQs online and these were available as a hard copy on request.

In addition to the provision of an online survey, Falcon Support Services received 50 paper copies of the survey in the post. These were posted on 4th July (the consultation went live on 28th June and ran for 10 weeks). After Falcon Support Services flagged issues with submitting multiple responses from one computer, the Council contacted them with a resolution on 27th July. This resolution didn't appear to work and so a few days later the Council emailed Falcon with a list of other options to try and resolve the issues. One option provided was a separate inputter link which we had tested and was working. At this point there were still more than 5 weeks left of the consultation period.

Since providing the separate inputter link, the public health department received 2 consultation responses directly via this route. Falcon Support Services contacted public health again on 7th August to say that the word limit was restricting their ability to respond. The department responded on 8th August by removing the limit.

600 copies of the survey were printed and made available to Local Area Coordinators and Community Recovery Workers to disseminate to their service users.

Paper copies of the consultation pack were provided to the incumbent providers.

The public health department had a dedicated email for any queries and all queries were responded to in a timely manner. A phone number was also made available for any queries and the administrative team were on hand to complete any surveys over the phone if required.

As well as receiving responses to the survey, the public health department has received responses via the dedicated email address and via the information sessions which will be analysed alongside the survey responses.

Promotion of the consultation to stakeholder organisations and individuals took place through emails, letters, newsletters and social media posts. These were repeated throughout the consultation.

8. The transformation team have been involved in the MTFs proposal work and they continue to be involved in this work. The review of homeless support services was conducted as the contract was ending on 31st March 2024 and there was an opportunity to do things differently that better aligned with the duties of the council and local need. Financial benefits was an additional factor but not the sole nor the main factor.

Please be assured that the Committee will explore all these issues more fully during the later agenda item on the Review of Homeless Support Service (item 8) and will submit comments to Cabinet.



**HEALTH OVERVIEW AND SCRUTINY COMMITTEE –
WEDNESDAY 13 SEPTEMBER 2023**

**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.

Questions by Mrs. Rosita Page CC:

My questions relate to the proposals for Feilding Palmer Hospital in Lutterworth and the upcoming public consultation on the proposals. We are aware that a business case is to be submitted to Government to secure funding to enhance the services at Feilding Palmer Hospital.

We are aware and accept that the 10 beds in the Feilding Palmer Hospital will be removed but we always understood that the business case was going to be made to enhance the existing provisions provided to the community, being mindful that South Leicestershire has a large aging population and that the plans for the Lutterworth East Strategic Development Area (SDA) when implemented will have a further impact on the population of the area. It is therefore important to ensure the long-term sustainability of healthcare for Lutterworth residents.

We understood that the business case would build on existing clinics, to provide diagnostics so the need for lengthy travel to attend health appointments would be cut down not only for convenience but also to lower the carbon footprint. However, on closer scrutiny of the proposals it appears that the Lutterworth community will actually be short changed at the loss of approximately 9 clinics.

1. Please explain what the money will be used for, should the bid be successful?

Reply by the Chairman:

NHS Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) is undertaking a Pre-Consultation Business Case (PCBC) in regard to maximising access to services for the local community in Lutterworth. A PCBC provides an assessment of any proposals against the government's five tests of service change, and NHS England's best practice checks. If

following the discussion with the NHS England team, the LLR ICB can evidence they have sought and acted upon the feedback, they can progress to public presentation of the proposals.

The PCBC is not seeking capital funding of the proposals for Lutterworth. Depending on the decisions made in regard of the proposals after the public consultation the LLR ICB we will use LLR System capital to fund the scheme. The investment would fund the internal refurbishment of Feilding Palmer Hospital.

2. I understand that the NHS (within all 43 Trusts) is committed to reducing its carbon footprint – and they are having a big ‘push’ on this. Therefore, why is Corby Community Hospital referred to on the draft consultation document? It is 30.4 miles away from Lutterworth and totally inaccessible to those Lutterworth residents without their own transport as there are no bus routes.

Reply by the Chairman:

The LLR ICB have reassured me that they are committed to reducing the carbon footprint. The increase in the number of outpatient and diagnostic services at Feilding Palmer Hospital is estimated to reduce the number of miles travelled by patient by 377,492 per year. The draft consultation document, co-produced with the Lutterworth Public Consultation Task and Finish Group, does list a number of hospitals, clearly stating their proximity to Lutterworth in terms of miles and journey times. The purpose of listing them is to illustrate that the plans will reduce the burden of travel and provide more care closer to home, avoiding the need for people living in Lutterworth to travel a distance to receive some care.

3. With reference to the chart comparison for Outpatient/diagnostic clinics being proposed (see accompanying chart below), Lutterworth has actually lost 8 clinics over the years but it is stated in the business case they are being offered extra services.

I have already made the following request to the Integrated Care Board but I would like it formally on record that I have asked for this information. Please provide a basic chart setting out what services Feilding Palmer Hospital is providing now and what the enhanced /proposed future provisions are going to be.

Reply by the Chairman:

The Pre-Consultation Business Case (PCBC) has been drafted and has only been shared with NHS England. It will go into the public domain, along with other key documents, when LLR ICB has approval to commence a public consultation.

A draft consultation document has been co-designed with the Lutterworth Consultation Task and Finish Group. It lists the services provided from Feilding Palmer Hospital pre-pandemic and those currently provided. Under the proposals both the number of conditions treated would increase, as well as the number of appointments provided. Therefore, the consultation document also lists the services it is proposed to provide which include the provision of 17,000 outpatient and diagnostic appointments each year in over 25 branches of medicine.

The table below shows the current and proposed outpatient activity.

Service we are consulting on	How it is provided now	How we propose to provide it
<p>Increase the number of outpatient activity providing in Lutterworth</p>	<p>The following services are provided at Feilding Palmer Hospital or were provided pre-pandemic:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm screening • Attention Deficit Hyperactivity Disorder support • Dermatology • Dietary • Echocardiogram or ECHO • Heart Failure • Mental Health • Musculoskeletal or MSK Physio • Out of Hours • Paediatrics (children) • Parkinsons care • Psychiatrics • Psychiatric nurse • Pulmonary and Cardio Rehabilitation • Speech and Language Therapy - Adult and Children • Stoma • Walking aid clinic <p>Other diagnostic and outpatient services are provided outside of Lutterworth e.g. acute hospitals</p>	<p>We would expand the current services providing approximately 325 patient appointments per week at Feilding Palmer Hospital or at a location in Lutterworth. The services are:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm screening • Attention Deficit Hyperactivity Disorder support • Cardiology • Dermatology • Dietary • Echocardiogram or ECHO • General internal medicine • General surgery • Gynaecology • Heart Failure • Mental Health • Musculoskeletal or MSK Physio • Ophthalmology • Out of Hours • Paediatrics (children) • Parkinsons care • Psychiatrics • Psychiatric nurse • Pulmonary and Cardio Rehabilitation • Respiratory medicine • Rheumatology • Speech and Language Therapy - Adult and Children • Stoma • Trauma and orthopaedics • Urology • Walking aid clinic

4. Please clarify why and on what exactly are we having a costly and lengthy public consultation?

Reply by the Chairman:

The NHS has a duty to involve people in any change to the provision of NHS services which involves a shift in the way front line health services are delivered, usually involving a change to the range of services available and/or the geographical location from which services are delivered.

Using Cabinet Office principles for public consultation (updated January 2016) and NHS England guidance 'Planning, assuring and delivering service change for patients' (published in November 2015), the Lutterworth proposals have been assessed on their specific attributes and would require a public consultation to meet the NHS duties.

The range of legislation that relates to the LLR ICB decision making has also been taken into account including:

- Equality Act 2010;
- Public Sector Equality Duty Section 149 of the Equality Act 2010;
- Brown and Gunning Principles;
- Human Rights Act 1998;
- NHS Act 2006;
- NHS Constitution;
- Health and Social Care Act 2012;
- Communities Board Principles for Consultation.

The NHS would in any public consultation pay due regard and consciously consider the equality duty: eliminate discrimination, advance equality of opportunity and foster good relations.

Chart submitted by Mrs. Rosita Page CC as part of Question 3

**OUT-PATIENT CLINIC COMPARISON CHART FOR GILMORTON RD SITE
LUTTERWORTH**

CLINICS/DIAGNOSTICS	Proposed clinics for 2023 Consultatio n	Out - Patient Clinics FOI March 2023	Out -Patient Clinics FOI February 2020	Out - Patient Clinics FOI 2017
AAA Screening	x			
ADHD	x	x		
Cardiology	x			x
Dermatology	x		x	
Dietary	x	x		x
ECHD	x			
General Internal Medicine	x			
General Surgery	x			x
Gynaecology	x	x		x
Heart Failure	x	x	x	x
Mental Health	x	x	x	x
MSK Physiotherapy	x		x	x
Ophthalmology	x			
Out of Hours	x	x	x	
Paediatrics	x		x	x
Parkinson's Care	x	x		x
Psychiatrics	x			
Psychiatric Nurse	x			x
Pulmonary and Cardio Rehab	x	x		
Respiratory Medicine	x			
Rheumatology	x			
Speech and Language	x	x	x	x
Stoma	x			x
Trauma and Orthopaedics	x			
Urology	x			
Walking Aid Clinic	x	x		
Memory Clinic				x
Midwifery Clinic			x	
In Health Scans			x	x

Podiatry			x	
Upper Abdominal				x
Cytology				x
Physical Therapies			x	
Baby feeding/Parent group		x		
Total	26	11	11	16