



HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 8th June 2016

REPORT OF BETTER CARE TOGETHER

PLANNING FOR PUBLIC CONSULTATION

Purpose of report

1. To inform the Health Overview and Scrutiny Committee of the progress of the Better Care Together (BCT) programme towards public consultation on a number of the proposed changes that will impact the residents of Leicestershire, and to highlight the consultation plan.

Policy Framework and Previous Decisions

2. Progress in developing the BCT Programme was reported to the Health Overview and Scrutiny Committee on 9 September 2015. There was also an all Member Briefing on 22 July 2015 which provided a general update on the Programme.

Background

3. The BCT programme is a major health and social care change programme that aims to improve both the quality and sustainability of health and social care services across Leicestershire, Leicester and Rutland (LLR). The programme is run via a partnership of all three Clinical Commissioning Groups (CCG's), the three main healthcare providers and the three local authorities. Via the programme Leicester, Leicestershire and Rutland (LLR) has already implemented a number of service changes and will continue to do so throughout the year.
4. A number of changes proposed as a result of the BCT programme require public consultation prior to being implemented. The plan is to consult the public of LLR once NHS England have agreed that the system has passed the Department of Health's tests for proceeding to service reconfiguration. The programme has been reviewed by NHS England's reconfiguration panel and a number of the tests have been partially met with a few outstanding questions.
5. Two tests are however more challenging and since the business case was agreed by the LLR health and social care system at the beginning of the year it has become evident that due to learning from experience some of the assumptions in the present business case need to be updated, and this needs to be done before some of NHS England's requests for additional information can be met.

6. Additionally the NHS England national team have asked that the LLR system submits a Sustainability and Transformation Plan (STP) prior to moving into a consultation process. The STP process is a national requirement to all health organisations in England to provide five year plans that demonstrate how their area will improve the health and wellbeing of residents, improve the quality of services and be financially sustainable. As a result the planned timeline for consultation is presently not clear but targeted to be as soon as feasible following the submission of the STP at the end of June.
7. This paper provides an update to the HOSC on the present situation and a summary of the planned approach to consultation once NHS England approval to proceed has been given.

Consultation

8. Based on the existing business case and without factoring in any potential changes due to developing knowledge at this stage the following proposed changes to services are presently expected to undergo public consultation:
 - a. The reconfiguration of community hospital in-patient services including the potential removal of inpatient beds from some community hospitals, plus increasing the provision of day case and outpatient appointments in these hospitals and therefore generally providing services closer to peoples' homes
 - b. The reconfiguration of services delivered in Hinckley and Bosworth including increasing day case and outpatient services and modernising diagnostics with the potential decommissioning of the old Victorian Hospital on the Mount road site (presently 50% of space is already not used for clinical purposes.)
 - c. The reconfiguration of UHL acute services which will include building a new women's hospital at the Leicester Royal Infirmary (LRI) site, and new planned care treatment centre at the Glenfield site. Many (but not all) services will move off the Leicester General site (LGH).
 - d. The reconfiguration of maternity birth services so that all women's services are moved to the new women's hospital and women will be able to choose to give birth at the women's hospital at the LRI, either a midwife led or an obstetrics (doctor led) unit, at home, or if consultation indicates it to be valued at a midwifery led unit at the LGH site.
9. In order to prepare the proposals for overall change and consultation presently being assured by NHS England the BCT programme has carried out significant engagement activity (over 500 events).
10. In appendix 1 the feedback from the events related to the consultation topics is described as are the actions taken as a result. This feedback has been used to inform both the proposed plans for change and the proposed consultation process.
11. The consultation will take place over 12 to 14 weeks (the additional two weeks being available if consulting over a significant holiday period), and will involve consulting the 1.1m residents of LLR by face to face contact, via brochures in key locations attended by the public and patients, and on line.

12. To make sure the programme is visible to all residents of LLR the programme plans to ensure that every household has some type of material directly posted through their door.
13. Many channels will be used, including:
 - Public meetings
 - Communication via Partner organisations existing routes
 - Items in the News media
 - Engagement with Social networks
 - Regular updates to the BCT Website
 - Distribution of Printed materials
 - Face to face engagement with groups
 - Briefings for specific stakeholders
 - News bulletins
 - PPI events
 - Paid for advertising
 - Targeted direct distribution of materials (including alternative formats)
 - Links with existing health campaigns (flu etc.)
14. Additional effort will be made to connect with hard to reach groups and the programme will sponsor a number of voluntary agencies to connect with the groups they support and collate feedback so that people have someone they feel they can trust to discuss the topics with.
15. The goal is to receive over 10,000 responses.

Resource Implications

16. None to note

Conclusions

17. The plan to consult the public of LLR on major structural changes to health services is progressing through national governance and the proposals are presently being updated and used as part of the input to the STP process which will create national five year strategies to support improved health and wellbeing, quality and sustainability.
18. Permission from NHS England is required to initiate a consultation process and this has been linked to the achievement of an STP.
19. Once permission is given a robust consultation process will take place using a number of channels and with the goal to get 10,000 responses.

Background papers

Report to Health Overview and Scrutiny Committee on 9 September 2015 can be found at the following link:

<http://politics.leics.gov.uk/documents/s111508/Better%20Care%20Together%20Update.pdf>

Circulation under the Local Issues Alert Procedure

None.

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List of Appendices

Appendix 1: Summary of engagement on key consultation topics, feedback and how proposals have been impacted

Relevant Impact Assessments

Equality and Human Rights Implications

20. Changes will have equality impacts and these are being assessed throughout the process.

Crime and Disorder Implications

21. None identified.

Environmental Implications

22. None identified.

Partnership Working and associated issues

23. BCT is a partnership of all three LLR local authorities, the three NHS providers and the three CCGs