

**LEICESTERSHIRE, LEICESTER AND RUTLAND HEALTH OVERVIEW AND
SCRUTINY COMMITTEE**

24 JANUARY 2020

**REPORT OF THREE CLINICAL COMMISSIONING GROUPS IN LEICESTER,
LEICESTERSHIRE AND RUTLAND AND
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**PROPOSED APPROACH TO CONSULTATION
ON £450 MILLION INVESTMENT IN LEICESTER'S HOSPITALS**

1. INTRODUCTION

This briefing provides a summary of the suggested proposed 12-week public consultation for proposed investment and changes to the acute and maternity services provided by the University of Hospitals of Leicester NHS Trust (UHL) for patients living in Leicester, Leicestershire and Rutland.

This paper is focused exclusively on the planned consultation process. It is being presented in order to seek views and input from the Joint Health Overview and Scrutiny Committee at this formative stage on our Draft Communications and Engagement Plan and our Draft Consultation Document (appended to this paper).

NHS partners will return to the Committee during the consultation process. This is in line with CCGs' legal duty to formally consult the Committee on the proposals being put forward. We will also return to the Committee again after the public consultation has ended and a decision regarding the proposals for acute and maternity services has been reached.

2. BACKGROUND

The NHS has been in discussion with stakeholders and local people about changes to the three hospitals in Leicester for many years.

As members of the committee will be aware, the proposal in summary is to reconfigure the three hospitals in Leicester so that acute clinical services would be located at Leicester Royal Infirmary and Glenfield Hospital, while retaining some non-acute services at Leicester General Hospital. Plans also include the closure of the St Mary's birthing unit in Melton Mowbray, with the service potentially being relocated to the Leicester General Hospital.

Reaching the current proposal has been a long and active journey, with the views of patients and the public and other stakeholders key in developing and refining the final plans that will be the subject of consultation. Most notably this has included using feedback to revisit proposed in-patient bed numbers and plans to consult on a possible midwifery-led birthing unit on the Leicester General Hospital site.

These proposals, which address historical legacy issues, require major investment in order to correct decades of capital under-investment in Leicester's hospitals. In late 2019 we

received a commitment from Government for the £450 million funding needed to help us to turn the proposals into a reality, subject to the outcome of statutory public consultation.

UHL, in partnership with the three local CCGs, are currently in the process of updating and finalising the pre-consultation business case, with this expected to go through various national and local governance processes over the course of the next 8 weeks.

Once all necessary approvals have been obtained we anticipate that the pre-consultation business case will be published during March, with the formal consultation expected to commence at the end of that month or during April.

3. PURPOSE OF CONSULTATION

The CCGs have a legal duty to consult, as set out in the National Health Service Act 2006, and will lead the process in partnership with UHL and NHS England Specialised Commissioning.

The proposed consultation is in line with the 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).

It also takes account of the range of legislation that relates to CCG decision making 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 purpose of consultation is to:

- give people a voice and opportunity to influence final decisions
- inform people how the proposal has been developed
- describe and explain the proposal
- seek people's views and understand the impact of the proposal on them
- ensure that a range of voices are heard which reflect the diverse communities involved in the consultation
- understand the responses made in reply to proposals and take them into account in decision-making.

Our core objectives for consultation are to:

- Have meaningful public, staff and stakeholder involvement achieved through a range of activities enabling people to influence transformation and facilitate effective decision making
- Hear from a wide range of voices, reflecting the diverse communities of Leicester, Leicestershire and Rutland
- Ensure a safe, legally compliant process - enabling transformation to happen swiftly

4. CONSULTATION ACTIVITIES

The consultation activities outlined in more detail in the Draft Communications and Engagement Plan appended to this paper will ensure that the proposals are widely publicised to maximise awareness.

In preparing for the consultation we have undertaken work to understand our local communities.

We have profiled our population in detail, including by:

- Age
- Gender
- Disability
- Ethnicity
- Parents/ non-parents
- Usage of NHS services
- Health conditions
- Working well
- Seldom heard

The consultation will be for a minimum of 12 weeks in duration and will include but will not be limited to the following activities which will promote the consultation, inform people of the proposal and how to get involved. It will also sign-post them to further more detailed, information.

- Focus groups with existing patient groups and the voluntary and community sector, allowing in depth conversations to gain qualitative feedback on the proposals.
- Public events across Leicester, Leicestershire and Rutland with presentations and question and answers sessions allowing people to share their views and respond to the consultation questions.
- Outreach visiting different communities, particularly established groups and the voluntary sector to have in depth conversations.
- Public and internal roadshows allowing staff and the public to view displays and take away information and the questionnaire encouraging participation in the consultation process.
- Briefings – including with local authorities, MPs, staff, GPs, consultants etc.
- Articles in e-newsletters, magazines and community newsletters to promote the consultation and encourage participation, and to continually provide a forum to update people during the consultation process.
- Advertising to profile to people the consultation, the proposal and ways to get involved.
- Mail drop to households across Leicester, Leicestershire and Rutland creating awareness and providing information about the consultation and how to get involved both on and off-line.
- Through networks and contacts – including CCGs and UHL's memberships and patient partners and patient participation groups
- Digital including social media (e.g. Facebook, Twitter, You Tube) and websites particularly looking at broadening the reach across different communities and socio-demographic groups raising awareness.

- Broadcast media including newspapers, TV and radio to raise awareness, inform and discuss the proposal. Also to provide continuous updates throughout the process of consultation.
- Telephone interviews targeting specific communities who may not be reached through other media.
- Bespoke outreach to individual communities, particularly those representing people with protected characteristics to allow people to discuss the proposal in relevance to their particular circumstances.

During the consultation we will consult with Joint Health Overview and Scrutiny and the feedback will be taken into account along with all other feedback at the end of the consultation, before the CCG Governing Bodies make a final decision with regard to the proposals.

In addition to ongoing assessment, we will undertake a mid-point consultation review to ensure that we are involving all communities appropriately and make adjustments to our plans and activities if we identify that certain communities are underrepresented.

5. CONTENT OF THE CONSULTATION DOCUMENT

We will ensure that the content in the Draft Consultation Document appended to this paper and which will be available in a range of accessible formats, outlines:

- The consultation – the context and strong case for change
- The consultation mandate – why we are consulting
- The proposed changes and perceived benefits of the proposals
- How the proposals were developed, including how feedback from stakeholders and the public has influenced our final proposals
- Details of how people can get involved in the consultation and make their voice heard
- Details of how final decisions will be made by the Clinical Commissioning Groups.

It is important to note the draft nature of the document and that the content may change in line with ongoing work in relation to pre-consultation business case.

6. WHAT WE WILL BE CONSULTING ON

The consultation document provides the full detail of the consultation. It has been developed building on the learning of other consultations undertaken across England and helps us to continue the conversations that we have had with local people since 2014 and before. This work provided strong business intelligence which has informed our final proposal. As part of the formal consultation we will ask people for feedback on:

- The proposed move to two acute hospital sites in Leicester – Leicester Royal Infirmary and Glenfield Hospital
- Opportunities for developing non-acute services at the Leicester General Hospital site, including the potential for a primary care/community hub with more primary care capacity
- Creating an elective (planned) care treatment centre at Glenfield Hospital, ensuring it is the right size to meet the needs of our patients
- Creating a new maternity hospital and new children's hospital at Leicester Royal infirmary
- Proposals regarding the choice of birthplace that provides more equality of access for expectant mothers across Leicester, Leicestershire and Rutland

- The impact on individuals and communities of proposed changes on travel, transport and access.

Interested parties will be able to contribute to the consultation in a range of ways. This will include through an online survey, post, email and attendance at a wide range of face-to-face events during which their views will be captured.

7. POST CONSULTATION

After the close of consultation all of the responses received will be collated and analysed by an independent third party.

A report of the evaluation and analysis will be produced and submitted to the Governing Bodies of the three CCGs in public to support a final decision to be reached. This decision will be shared widely, including with the Joint Overview and Scrutiny Committee for Leicester, Leicestershire and Rutland.

8. RECOMMENDATION

The Joint Health Scrutiny Committee is asked to provide feedback on the proposed approach to consultation to inform the final consultation document and plan.

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