



HEALTH AND WELLBEING BOARD: 24 SEPTEMBER 2020

REPORT OF LEICESTER, LEICESTER AND RUTLAND (LLR) CLINICAL COMMISSIONING GROUPS (CCGS)

PROCESS FOR CONSULTATION ON THE ACUTE AND MATERNITY RECONFIGURATION AT LEICESTER'S HOSPITALS

Purpose of report

1. The purpose of this report is to outline to the Health and Wellbeing Board the planned consultation process for the Acute and Maternity Reconfiguration which will commence on 28 September and end on 21 December 2020.

Link to the local Health and Care System

2. The Acute and Maternity Reconfiguration is an integral part of the Sustainability and Transformation Partnership in Leicester, Leicestershire and Rutland. It aims to transform the delivery of services at the three hospitals in Leicester to ensure that we are providing care that achieves the best possible outcomes for patients and services users.

Recommendation

3. The Health and Wellbeing Board are asked to discuss the planned consultation process.

Policy Framework and Previous Decisions

4. 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

Background

5. The NHS has been in discussion with stakeholders and local people about changes to the three hospitals in Leicester for many years. At the end of 2019 and the beginning of 2020 the CCGs undertook, what was envisaged at the time, to be final discussions with key organisations relating to the approach to the consultation. This was done prior to approving the final documentation that would have enabled us to commence the Acute and Maternity Reconfiguration consultation in April 2020. Given that we then went into lock-down in March 2020 and have been coping with the impact of a Covid-19 pandemic, the start of the consultation was postponed.
6. Although we know that we will be living with increased uncertainty for a long time, as a result of our experiences of coping with Covid-19 we believe that there is an even a stronger case for change to the hospitals in Leicester. Especially now when we consider all that has been learnt in planning for and dealing with the impact and consequences of the pandemic. Therefore after careful consideration the consultation will now commence on 28 September 2020 and will run for a 12 week period closing on 21 December 2020. The consultation has gone through all the necessary approvals at a national and local level.
7. In preparation our Communications and Engagement Plan has been revised and acknowledges that the consultation will be carried out during a period of significant change in the NHS. People are all learning to live in a world where Covid-19 is impacting on our day-to-day lives and as such our plan identifies activities showing less reliance on face-to-face communications and looks at more innovative methods to engage using our partnerships and digital capabilities.
8. In reaching the decision on the techniques and activities for involvement we sought advice from our external legal team – Brown Jacobson. We also sought advice from our external Equality and Diversity Team through Midlands and Lancashire Commissioning Support Unit (CSU), who reviewed the plan and strengthened our approach to address inequalities in our involvement. The plan has also been reviewed by the Regional Communications and Engagement Team at NHS England.

Proposals/Options

9. Full details of our proposal to improve services at the hospitals in Leicester are outlined in a detailed consultation document available on the CCGs website (see Background papers – details below). We are asking the public to have their say on the proposals and particularly want to:
 - Understand the views of patients, staff, carers and the public on the proposed solutions to improve services at Leicester Royal Infirmary and Glenfield Hospital, including the impact of any changes
 - Understand views on different options for creating new services at Leicester General Hospital including extra primary care services
 - Understand views on the relocation of the standalone maternity unit from St Mary's Hospital in Melton Mowbray to Leicester General Hospital
 - Understand views on alternative options for the provision of a hydrotherapy pool currently located at Leicester General Hospital

- Understand if there are any alternative proposals people think we should consider.

Consultation/Patient and Public Involvement

10. The purpose of the 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 all 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

11. The consultation activities will ensure that the proposal is widely publicised to maximise awareness and that our legal duty to 'make arrangements' to involve people is met, although it is for an individual to determine whether they want to be involved or not.

12. In our recent preparation for the consultation we have considered carefully all the circumstances, not only the impact of Covid-19, but also the greater use of digital technology by the general public over the last few months.

13. What has become apparent is that there are now multiple mediums which we can use to communicate and engage that do not require physical meetings or physical contact with people. Although we have to be very mindful and make provision for people and communities that are not digitally enabled or perhaps comfortable with using online resources. However, on balance we do feel able to put in place arrangements that allow us to obtain views from a much wider group of the public that may not have previously happened through face-to-face events such as public meetings. Although face-to-face outreach, with social distancing measures in place may still have a role in the process, they will no longer be the focal point of the engagement. Especially when we consider that we can place all information online for people to access at their convenience and they can respond 24/7.

14. In our approach we have updated our profiling of our population which now includes recognition of digital capabilities.

15. The consultation will still 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 on and off line.

- Online focus groups with existing patient groups and the voluntary and community sector, allowing in depth conversations to gain qualitative feedback on the proposals. During Covid-19 we have obtained significant knowledge about our approach to different communities. We now have stronger working relationships and are engaging with more communities' particularly ethnic minority groups and other disadvantaged groups. Video content in a range of languages and scripts enabling these groups to collate their own video content and Whatsapp communications have successfully brought important messages to people about Covid-19. We have experienced far more impact of messaging where trusted community leaders have been supported to talk to their communities, rather than NHS spokespeople. We will continue to adopt these new methods of engagement during the Acute and Maternity consultation.
- Virtual public events with presentations and question and answers sessions allowing people to share their views and respond to the consultation questions. In our original plans we had factored in the hosting of 13 public events. Using online capabilities we feel that this number can significantly increase, without the constraints of setting up venues requiring long lead in times. A number of the events will be directed at specific audiences using a segmented approach. In addition to socio-demographic factors we will target a number of events at people depending on their interest in and the impact of the proposals on them e.g. maternity and children's services. We will use partnership working through schools, children's centres to support this targeting.
- Virtual outreach talking to different communities, particularly established groups and the voluntary sector to have in depth conversations will be undertaken. We have offered grant funding to a wide range of voluntary groups who will reach out to their communities to promote the consultation. We will produce a toolkit of collateral to support communications. We hosted a video workshop in August with the voluntary sector to discuss the mutual support needed. We will provide continual support to them and monitor the feedback to ensure we have equity of involvement across all groups.
- Displays, where possible, in NHS and public venues allowing staff and the public to view information and take away information about the consultation encouraging people to participate.
- Online briefings – including with local authorities, councillors (county, city, district and parish), MPs, GPs and Primary Care Networks.
- 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.
- Mail drop to all households across Leicester, Leicestershire and Rutland creating awareness and providing information about the consultation and how to get involved both on and off-line.

- Distribution of a summary document and questionnaire to enable people who are not digitally enabled to access paper copies.
 - Email communications to networks and contacts – including CCGs and UHL’s memberships, Citizens’ Panel 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. To support this we have engaged an external digital specialist - Evolution to support our digital engagement. We will implement a variety of digital techniques to raise awareness of the consultation including:
 - Search engine optimisation to ensure the website is visible to existing and new content
 - Awareness and prospecting campaign using Facebook, Instagram, You Tube, Google Display Ads
 - Broadcast media including digital radio and TV including Sky Adsmart
 - Paid social media advertising
 - Paid search and display campaign using Google and Bing
 - SMS text messaging via GP practices
 - Offline advertising to profile to people the consultation, the proposal and ways to get involved including community radio.
 - Engagement of broadcast media including newspapers, TV and radio to ensure they profile the consultation and raise awareness, and 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 may be implemented during the consultation if numbers of participants are low or specific communities not being reached.
16. In addition, we know that good internal communications has always been critical to the success of this consultation. We will engage staff at different levels – as employees of the NHS, as patients and as people who have direct contact every day with patients and could highlight the consultation, but also have the potential to champion the transformation.
17. With the support of the UHL Communications Team we will implement a dedicated internal communications plan to reach out to all staff working in UHL, Leicestershire Partnership Trust, CCGs and in local authorities. Our activities will ensure they understand the proposed changes and encourage and enable them to personally participate in the consultation and also promote the opportunity of involvement through their family, friends, patients and service users.
18. Prior to the consultation we consulted with the Joint Health Overview and Scrutiny Committee and the Committee will be asked to comment on the proposals during the consultation.

19. We will monitor and evaluate the consultation responses consistently to ensure that all activities are meeting the requirements of a robust consultation. Midlands and Lancashire Commissioning Support Unit (CSU) are coordinating the evaluation and analysis independently. On a 24/7 basis we will have access to the responses coming in. This will enable us to know what communities we are penetrating and those that we need to do more to reach. We will also be able to assess the views coming through and tailor our messages if issues arise from the feedback we receive.
20. During the consultation, on a weekly basis a small team from the CSU, CCG and UHL will review the responses coming in along with the equality data. This will ensure that any changes needed to improve the number of responses to the consultation ensuring they are representative of the LLR population are instigated immediately. We will also undertake a mid-consultation review to assess whether we are reaching all communities. A report will be received from the CSU, which will be assessed by the Deliver Group and Steering Group. If gaps are found then we adjust this plan to ensure that we are inviting feedback from all communities.
21. The CSU will produce a final report post-consultation which will be presented to the CCG to influence the final decision of the Governing Body in 2021.

Background papers

Draft Consultation Document

<https://www.westleicestershireccg.nhs.uk/publications/your-ccg/west-leicestershire-ccg-board/board-meetings-and-board-papers/board-papers-2020/8-september-2020-meeting-papers/2059-appendix-ad-consultation-document-280820/file>

Communications and Engagement Plan

<https://www.westleicestershireccg.nhs.uk/publications/your-ccg/west-leicestershire-ccg-board/board-meetings-and-board-papers/board-papers-2020/8-september-2020-meeting-papers/2058-appendix-ac-consultation-plan-august-2020/file>

Officer to Contact

Sue Venables, Head of Engagement and Insights, LLR CCGs

Tel: 0771 780 8536

Email: susan.venables@westleicestershireccg.nhs.uk

Relevant Impact Assessments

Equality and Human Rights Implications

22. The consultation document and the communications and engagement activities take into account 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

Partnership Working and associated issues

23. The Acute and Maternity Reconfiguration is an integral part of the Sustainability and Transformation Partnership in Leicester, Leicestershire and Rutland.

This page is intentionally left blank