



**LEICESTERSHIRE, LEICESTER AND RUTLAND HEALTH
OVERVIEW AND SCRUTINY COMMITTEE – THURSDAY 15
OCTOBER 2020**

QUESTIONS SUBMITTED UNDER STANDING ORDER 34

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

1. Question by Sally Ruane

The Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee were told in January that there will be another 139 beds in the local acute hospitals under the current proposal for reorganisation and the PCBC also states there will be 139 more beds. However, the bed bridge data and accompanying narrative make it difficult to see how more than 41 new beds will be guaranteed since 28 appear to be a changed use of existing beds and the remaining 70 beds are described as contingent, they are not covered by the £450m investment and it is not clear where they will go – ie what space they will occupy. Are the CCGs able to confirm that all of these 139 beds will actually exist by 2024 and clarify this confusion?

Reply by the Chairman:

With regards to the 28 beds that are currently being used for the Hampton suite, University Hospitals of Leicester will repatriate these for acute activity. The 41 and 70 beds = 111 beds, which will be provided as additional beds plus the 28 repatriated beds, giving a total of 139 beds by 2024.

2. Question by Giuliana Foster:

I understand the consultation process on the proposal for re-organising hospital services will include focus groups and telephone interviews. If this is correct, are the questions being used in these focus groups and telephone interviews in the public domain? Can we find out what these questions are?

Reply by the Chairman:

The questions outlined in both the online and printed consultation questionnaire will be used in the focus groups. We would expect that, in these sessions, participants will concentrate on the open questions and discuss and exchange views. The discussion will be captured and contribute to the consultation in exactly the same way as the completed online and hard

copy questionnaire responses. Anyone arranging a telephone interview will also be taken through the same questionnaire.

3. Question by Giuliana Foster:

I understand the Midlands and Lancashire Commissioning Support Unit is being used to analysis consultation responses. Given that the CCG's already work with the Midlands and Lancashire Commissioning Support Unit in many ways, would contracting this work out to university-based academics not have been a better way to achieve real independence in the analysis of responses?

Reply by the Chairman:

The Clinical Commissioning Groups in Leicester, Leicestershire and Rutland undertook a competitive tendering process at the beginning of 2020 in order to procure a suitable supplier to undertake the evaluation, analysis and reporting of the consultation. A key requirement was prior experience of having previously evaluated consultations on a similar scale to the proposals to invest £450m in Leicester's hospitals. The process attracted a number of suppliers, from both the public and private sectors. Responses to the specification by each potential provider were assessed against set criteria, leading to the appointment of Midlands and Lancashire CSU based on their ability to meet the full requirements of the specification.

4. Question by Penny Campling.

What is the plan for specialist therapies for people with complex and emotional difficulties beginning in childhood, including sexual abuse, who need longer individual therapy and don't fit into other pathways?

Reply by the Chairman:

The current services in Leicester, Leicestershire and Rutland have provided various psychological interventions that have been used to support people with complex and emotional difficulties rooted in childhood trauma. However LPT have identified that there is a need for better co-ordination and coherence of the psychological therapy provision for individuals with such presenting need. Presently, due to the organisation of services, the offer of therapy to individuals is determined by referrals into specific services rather than based on a holistic view of their need. Due to current structures people are waiting, in some instances for very long periods of time for that therapy and many individuals with such needs are not getting access to therapy across our system. This is something LPT wants to change given the crucial importance of supporting people with trauma.

LPT's plans are to integrate and join up services better in the community to organise and support the offer of therapy and care based on service user need not service configuration. LPT wants to increase access to those that need therapy and give LPT the opportunity to offer that without the existing long waits. LPT clinicians are currently developing a complex trauma pathway based on the evidence. This is being designed alongside the other therapy related pathways so that it is as coherent as possible recognising that people's needs are often complex. Whilst the absolute detail will obviously be developed as part of the engagement with staff and service users the expected outcomes and overarching design will be ready for the consultation of the model.

5. Question by Penny Campling

Given national pressures on waiting lists and that some people have been waiting for psychotherapy for over a year, how does the trust intend to ensure that these who have been assessed, told which particular type of therapy is most appropriate for them but have been waiting a long time for that therapy to begin will have this agreement between the patient and the service honoured?

Reply by the Chairman:

The national pressures on waiting lists for therapy are seen to an even greater degree within the Leicester, Leicestershire and Rutland region with some people waiting up to 3 years. This has been the situation for some time. There are many people waiting a long time for specific therapeutic interventions. LPT continue to implement a rolling review of service users facing long waits and will discuss and jointly agree the best option for them including whether to continue to wait for the original therapy offer or to pursue alternative therapy options.

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