Agenda Item 7

Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

NHS

LEICESTER, LEICESTERSHIRE AND RUTLAND HEALTH OVERVIEW AND SCRUTINY COMMITTEE – MONDAY 14 DECEMBER 2020

BUILDING BETTER HOSPITALS FOR THE FUTURE

REPORT OF THE CHIEF EXECUTIVE OFFICER OF THE CLINICAL COMMISSIONING GROUPS IN LEICESTER, LEICESTERSHIRE AND RUTLAND AND THE ACTING CHIEF EXECUTIVE OF UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Purpose of the Report

1. The purpose of this report is to consult, as required by law, with the Joint Health Overview and Scrutiny Committee on the plans to reconfigure Leicester's hospitals in order to build better hospitals for the future for the population of Leicester, Leicestershire and Rutland (LLR).

2. This is the second report to the Joint Health Overview and Scrutiny Committee during the period of the public consultation as well as a separate meeting to discuss planned bed growth for our hospitals.

3. We have been asked by members that this report particularly focuses on plans for improving maternity services as well as outline activities undertaken throughout the public consultation, which ends on 21 December 2020.

Policy Framework and Previous Decisions

4. The draft LLR Clinical Commissioning Groups' (CCGs) plan for Building Better Hospitals for the Future has been discussed with Health Overview and Scrutiny Committees, as well as other stakeholders, many times over recent years. The Committee was consulted on the proposals at their meeting on Thursday 15 October 2020. A separate discussion on bed numbers proposed as part of the plan took place on 28th October.

5. The formal 12 week public consultation for the Acute and Maternity Reconfiguration commenced on 28th September and will run until 21st December 2020.

6. The CCGs have a legal duty to involve and consult the public on the reconfiguration of Leicester's hospitals, as set out in the National Health Service Act 2006, and are leading the process in partnership with University Hospitals of Leicester NHS trust and NHS England Specialised Commissioning.

Consultation process

Background

7. The public consultation commenced on 28th September 2020. Full details on the consultation are available on the website www.betterhospitalsleicester.nhs.uk. The 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).

8. The public consultation provides a wide range of opportunities for interested persons to participate, including both online and offline. The purpose of the public 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 public consultation;
   - Understand the responses made in reply to proposals and contentiously take them into account in decision-making.

CCG duty (s14Z2)

9. In undertaking a public consultation the clinical commissioning groups are fulfilling a duty to involve the public. In looking specifically at the duty which statute has placed on clinical commissioning groups, s.14Z2 of the NHS Act 2006 (as amended) states:

   Public involvement and consultation by clinical commissioning groups:

   (1)This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions ("commissioning arrangements")
   2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):

   (a) in the planning of the commissioning arrangements by the group,

(b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
(c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

Equalities and Human Rights Implications

11. The consultation takes account of the range of legal matters, including legislation and common law principles that relate 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

Background Papers

12. The full Pre-Consultation Business Case is available to view at the consultation website: www.betterhospitalsleicester.nhs.uk.

13. The direct link to the full consultation document is available here: https://www.bettercareleicester.nhs.uk/EasysiteWeb/getresource.axd?AssetID=80320&type=full&servicetype=Inline

Consulting in a pandemic

14. We have been asked by some members of the public whether it is appropriate for the CCGs to consult on our proposals for Leicester's hospitals during the current pandemic. The answer, we believe, is an unequivocal 'yes'.

15. This is because every single day of delay is another of spreading our staff too thinly, and patients being denied changes which will improve their experiences and outcomes of care. It is also another day of not addressing the lessons learned from dealing with this pandemic to ensure we are in the best possible place to respond to another in the future.

16. It is clear that public bodies need to exercise their functions for the benefit of those they serve and that the NHS needs to adapt and move forward even as it responds to the pandemic. The mechanisms we have put in place for the public consultation are allowing us to engage a more diverse

range of people than may have happened in the past through a town hall meeting approach. In so doing we have used the technology the majority uses on a day-to-day basis to reach a wider range of people. In fact, it is apparent that using these routes to involve and consult the public allows us to operate more effectively, efficiently and economically. It also means that we are not making temporary decisions or delaying decisions which has been complained about in some parts of the country. Instead, we are making decisions which will have a positive impact on patient outcomes and accessibility to an improved range of services. Equally as important, we are publicly consulting on our proposals in a safe and responsible manner, so we can improve the health services our communities receive now and not wait until some unknown date in the future when services have further deteriorated.

17. Taking this into account we have developed a consultation plan that allows us to deliver what is required of us legally, but more importantly it has enabled us to consult meaningfully with as many people as possible from right across Leicester, Leicestershire and Rutland.

18. Technology has played an important role in this, particularly in overcoming the limitations placed on meetings in public due to ongoing coronavirus restrictions.

Consultation Activities

19. The pandemic has shown us how technology can be used to involve and engage the public on a range of issues, including how the pandemic is tackled. In the context of health service reconfiguration, we adapted and adopted new ways of working to exercise our statutory functions.

20. The use of technology to hold meetings, share information and recordings of meetings, and enable a wider reach across communities has provided additional methods and opportunities to consult or provide information to individuals to whom the services are being or may be provided.

21. This is in addition to off-line communications and engagement activities in order to reach people who may not be digitally enabled or active.

22. The only restricting factor experienced during the consultation has been the inability to undertake public face-to face events and public outreach. However, the public face-to-face events have been replaced by many more virtual online events than would have been practically possible using off-line mechanisms.

23. In order to support people who may not be digitally enabled or active to take part the majority of meetings have included the functionality for people to dial-in via telephone should they so wish. This has been important from an accessibility perspective.

24. Several thousand people have, at the time of writing, provided their views as part of the consultation to date. Whilst many of these have opted to do so online the option has been retained for people to request consultation materials by post and to either also complete the survey by this method or by telephone.

25. As the consultation approaches the closing date we are continuing to use a variety of both online and offline tools and techniques to communicate with the people of Leicester, Leicestershire and Rutland. These include, but are not limited to, the following activities:

- Commissioning 18 voluntary and community organisations to reach out to seldom heard and often overlooked communities to encourage and support them to participate (with a focus on protected characteristics of age, race, disability, pregnancy/maternity, sexual orientation);

- Proactive partnership with the Council of Faiths to disseminate messages across the area's many diverse communities through respected faith leaders. This builds upon activity undertaken during the summer's extended local lockdown in response to Covid-19, and specific learning about the way in which some of these communities receive and interact with 'official' messaging;

- Extensive media coverage in county-wide and locality specific media including the Leicester Mercury, BBC Radio Leicester and BBC East Midlands Today as well as local weekly newspapers;

- Three full page advertorials across local newspapers with a combined readership of 173,148 people, including:
    - Leicester Mercury
    - Loughborough Echo
    - Hinckley Times
    - Coalville Times
    - Rutland Times
    - Harborough Mail
    - Melton Times.

- Full page advertorials in a number of community magazines and newsletters across Leicester, Leicestershire and Rutland with a circulation of circa 100,000 people. These include:
    - Swift Flash
    - Hinckley Roundabout
    - Groby Spotlight
    - Ashby, Coalville and Swadlincote Times
    - The Herald
    - MaHa Magazine
    - Age UK magazine.

- Commissioning of extensive six-week radio advertising across cultural and community specific radio stations with a combined listenership of

approximately 210,000 people. Adverts supported by numerous in-depth feature discussions on the proposals, lasting up to one hour. Stations include:
    - Sabras Sound
    - EAVA
    - Kohinoor
    - Sanskar
    - Seer.

- Commissioning of extensive four-week radio advertising across local commercial and community radio stations with a combined listenership of 290,900 people. These include:
    - Capital FM
    - Fosseway
    - 103 The Eye
    - Hermitage FM
    - HFM
    - GHR Stamford and Rutland
    - Three Counties Radio.

- Targeted TV advertising, using smart technology, of residents aged 55 and above and those less likely to be digitally enabled or regular users of social media. This activity has reached an anticipated 79,000 households across Leicester, Leicestershire and Rutland;

- Widespread utilisation of social media, including local NHS-owned platforms and paid for advertising to target Facebook, Instagram, Snapchat and Twitter users in Leicester, Leicestershire and Rutland. Activity and reach across main social media platforms for both paid and organic content, and other online advertising, is at least 500,000 users;

- Placement of content on approaching 100 local community websites covering areas, towns and villages across the city and two counties with a combined reach of 348,657 people;

- 26 online events have been held including public workshops and Question and Answers Panels, as well as events for specific communities/organisations including Parish Councils, Patient Participation Groups, GPs and users of mental health services;

- Facebook Live event with over 500 real-time participants, whilst 20,000 more watched it back post event. More of these events are planned before the end of the consultation process;

- Sharing of key messages with residents by local authorities via their own email lists e.g., Your Leicester with a reach of circa 83,000 people;

- Briefing and/or letter to all MPs and councillors (city, county, district and parish) providing information about the proposals, the consultation, and asking for any support in dissemination within their community;

- Email marketing to voluntary and community sector groups, schools and key business across in Leicester, Leicestershire and Rutland;

- Staff briefings and written communications shared with staff across LLR – including CCGs, UHL and LPT reaching circa 25,000 staff;

- Posters and information provided to approximately 200 supermarkets, local shops and community venues throughout Leicester, Leicestershire and Rutland;

26. In addition, a solus door drop of an information leaflet to 440,000 residential properties across Leicester, Leicestershire and Rutland was undertaken in October, with a secondary delivery in November. This activity has taken place in partnership with a specialist nationwide leaflet delivery company with many years' experience in this field. Some rural communities in Rutland received the leaflet via Royal Mail as solus was not an option due to geography.

27. It is important to recognise that the leaflet distribution is only one part of our overall activity to raise awareness of the consultation and encourage people to take part should they wish, as set out above.

28. This is important because solus delivery of leaflets is often an inexact science with many factors that impact their effectiveness.

29. This includes the attitude of recipients to unsolicited deliveries, with some people simply disposing of leaflets immediately upon receipt. Other issues include the volume of marketing material being received by households, which can reduce the impact and recall of specific items, as well as the exposure of different people within the household to the material following delivery.

30. Whilst many people have told us that they have received this leaflet, we are also aware that others believe they have not.

31. We have raised this with our delivery partners who have provided GPS tracking data for their agents to provide evidence of the routes they have taken. An independent third party organisation have also been used to 'back check' delivery. This involves a number of telephone calls to randomly selected properties within each delivery zone to ascertain if they can recall receiving the item.

32. Industry standards suggest that a recall rate of 40-60% indicates a successful delivery within any given postcode. Data provided to us so far suggests a recall rate for the majority of postcodes well within this range, with the majority at the higher end.

33. Overall we are confident that our activities to date and the approach we have taken has allowed us to meet both our statutory and common law duties.

34. 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 Leicester, Leicestershire and Rutland Joint Health Overview and Scrutiny Committee.

Maternity Services

35. The proposals we are making to improve maternity services represent the culmination of extensive work over a number of years across many national, regional and local stakeholders. We believe they represent the most sustainable configuration of maternity service for the entire population of Leicester, Leicestershire and Rutland (LLR) - delivering both equity of service and access.

36. Our priority for women and families across Leicester, Leicestershire and Rutland is to provide maximum choice of 'place of birth'. This includes options such as a home birth as well as shared care arrangements between an obstetric-led unit (co-located with neonatal services) alongside a midwifery-led unit at the Leicester Royal Infirmary. In addition, the option of a birth in a standalone midwifery-led unit is also proposed.

37. Our proposals include creating a new dedicated maternity hospital to be located at the Leicester Royal Infirmary. It would provide a safe and sustainable environment for maternity and neonatal services with more personalised care provided by a named midwife. This would allow obstetric-led births (specialist care of women during pregnancy, labour and after birth) and a co-located midwife-led unit to be with neonatal services (care for premature or ill babies) all in the same building. This means that women could choose a less 'medical' delivery, but be close to the staff and equipment that can support them if circumstances make this necessary. It also means that skilled staff and expensive equipment are in one place resulting in a less fragile service when demand is high.

38. The clinical complexity of maternity care is influenced by a range of clinical factors noted in various parts of Leicester, Leicestershire and Rutland. These include:

- Complex health needs across the Local Maternity System, with pockets of high level of need focused in the city;
- High rates of low birth weight babies;
- High rates of infant mortality which may be linked to the population profile;
- High rates of teenage pregnancy;
- Projected increase in number of complex births;

- Leicester City being one of the 20% most deprived areas in England;
- High proportion of the population from BME groups and mothers whose first language is not English.

40. These complexities influence outcomes across maternity care, often negatively. This was noted in NHS RightCare data for Leicester, Leicestershire and Rutland. Although outcomes in our early years pathway are promising, the trends for maternity show that there is considerable room for improvement.

41. One of the key drivers of reconfiguration of the maternity model of care is to enable these clinical factors to be managed in the most effective way possible. For example, increasing the presence of consultant obstetricians in delivery suites has been shown to reduce caesarean section rates and complications of deliveries. Unfortunately UHL struggle to deliver this on the current multiple site model but would be able to if it was to move to the proposed reconfigured state.

42. With continuous oversight and scrutiny from our LLR Local Maternity and Neonatal System, the current Maternity Transformation Programme (Better Births) has seen significant work undertaken locally in relation to improving and maintaining quality to ensure a safe and sustainable maternity service. This has resulted in investment in midwifery, neonatal and obstetric services. However, services still face demographic challenges, especially in Leicester City, in relation to the capacity of services to cope with increasing complexity. The current split-site working has caused difficulties for both neonatal and obstetric services and we know that this is unsustainable.

43. In addition, clinical safety issues potentially could arise as a consequence of multiple site provision as seen in various neonatal services where service reviews over time have highlighted that there remains a significant risk that a baby will come to harm should consultant presence be required simultaneously on both units. This risk is compounded by significant rota gaps in junior doctor rotas, highlighted by both the East Midlands Operational Delivery Neonatal Network and the Care Quality Commission (CQC).

44. Inefficiencies are also reported in specialities such as Gynaecology as a consequence of split site working. Geography adds further to these clinical challenges. Currently there is an inefficient configuration of Gynaecology services e.g. day case activity is undertaken in main theatres, geographically separated from the ward base. There is also a conflict between Gynaecology emergency theatre use and the elective Obstetric pathway.

45. The maternity facilities in UHL were designed to cater for approximately 8,500 deliveries per year but deliveries now total approximately 9,895 (revised 2019). The local health community agreed as far back as 2010, through the Next Stage Review, that the solution would be to have a single

site maternity and neonatal service based at the LRI site, with the option of community birthing facilities. However, due to financial constraints at that time, an interim solution was adopted. The interim solution has been successful at maintaining the current provision, but progression to the single site option is imperative to sustain the safety of maternity services.

39. Reviews of maternity services have identified that the standalone birthing centre at St Mary's Hospital in Melton Mowbray is not accessible for the majority of women in Leicester, Leicestershire and Rutland. It is also under-used with just one birth taking place approximately every three days, despite attempts to increase this number. This means the unit is unsustainable, both clinically and financially.

40. We believe underutilisation of the unit may, at least in part, be due to concerns over the length of journey from Melton Mowbray to Leicester should mum or baby experience complications during the birth, as well as its relative inaccessibility to the majority.

46. Our proposal would see the relocation of the midwifery-led unit at St Mary's Hospital to Leicester General Hospital, subject to the outcome of the consultation. While we are proposing to move the midwifery-led unit, we would maintain community maternity services in Melton Mowbray. We would ensure that there is support for home births and care before and after the baby is born in the local community. If someone has a complicated pregnancy, antenatal care would be provided in an outpatient service located at Leicester Royal Infirmary or in remote/virtual clinics.

47. If the consultation shows support for a standalone midwifery-led unit run entirely by midwives, it would need to be located in a place that would be chosen by enough women as a preferred place of birth and ensures fair access for all women regardless of where they live in Leicester, Leicestershire and Rutland. It would also need to be sufficiently close to more medical and specialist services should the need arise. This is important since it will provide more reassurance to women who may need to be transferred to an acute setting during or after birth. Transfer rates in labour and immediately after birth, according to the Birth Place Study, is currently 45% for first time mums and 10% for 2nd, 3rd or 4th babies.

41. The consultation document describes the proposed unit as running as a pilot for 12 months to test public appetite for this service with an indicative target of 500 births per year. To be clear, this is not a hard target that must be achieved in year one. Instead we are looking for evidence that a clear trajectory for 500 births in subsequent years has been achieved.

42. The proposals also aim to improve community based services with antenatal, postnatal and breastfeeding support all made available closer to home.

43. In developing these proposals clinical quality, safety, configuration and choice of place of birth were all key criteria. This is combined with ensuring

equality of access for all women to a range of birthing options, as well as the efficient and effective use of resources. In addition the quality of a patient environment that maximises the provision of high quality services along with the maintenance and enhancement of education, training and research, along with the long-term viability of services from a financial perspective, were all considered as part of a three stage options appraisal.

44. At the final stages of this systematic process the proposal outlined in the consultation were reached for the following reasons:

- Single site LRI solution scored highest in the qualitative options appraisal process and is therefore the preferred clinical option on the grounds of quality, safety, configuration and choice; efficiency and service effectiveness flexibility.

- Single site LRI solution is the least expensive, recognising further work required to reduce costs to within budget.

- Single site LRI solution is likely to achieve the greatest revenue savings with efficiencies relating to consolidation of services.

Clinical support of the plans

45. In addition to conversations with the public, extensive work has been undertaken with clinicians, such as doctors, midwives, nurses and other health and care professionals, to gain clinical assurance of the proposal.

48. Our local system Clinical Leadership Group and the regional East Midlands Clinical Senate have both scrutinised the plans. These groups, comprising of clinical professionals and subject specialists, have advised on the quality and appropriateness of the plans.

49. The East Midlands Clinical Senate confirmed their support for the fact that services needed to change in line with the proposal to ensure that they are sustainable and equitable across Leicester, Leicestershire and Rutland. The panel were absolutely in support of the proposed reconfiguration and recommended that the health system proceed. They felt that our proposal hiighlights the strength of argument for the change, particularly from a workforce and sustainability perspective.

Recommendation

46. The Committee is asked discuss and provide feedback on the plans to reconfigure Leicester's hospitals in order to build better hospitals for the future for the population in Leicester, Leicestershire and Rutland.

Officers to Contact

Andy Williams,
Chief Executive, LLR CCGs
Email: andy.williams12@nhs.net

Richard Morris
Director of Operations and Corporate Affairs, Leicester City CCG
Email: richard.morris@leicestercityccg.nhs.uk