



Leicester, Leicestershire  
and Rutland  
Integrated Care Board

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## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**13 SEPTEMBER 2023**

### **REPORT OF THE CHIEF STRATEGY OFFICER, NHS LEICESTER, LEICESTERSHIRE AND RUTLAND INTEGRATED CARE BOARD**

### **PUBLIC CONSULTATION – PROPOSED CHANGES TO MAXIMISE ACCESS TO HEALTH SERVICES FOR THE LOCAL COMMUNITY IN LUTTERWORTH**

#### **Purpose of the Report**

1. The purpose of this report is to consult, as required by law, with the Health Overview and Scrutiny Committee on the plans to make changes to the usage of Feilding Palmer Hospital in Lutterworth to maximise access to health services for the local community.

#### **Policy Framework and Previous Decisions**

2. We propose that a public consultation will commence for a 12-week period commencing on 23 October 2023 and will run until 14 January 2024. This is subject to final approval by NHS England and NHS Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB).
3. The LLR ICB has a legal duty to consult on the plan for Lutterworth, as set out in the National Health Service Act 2006 and are leading the process in partnership with Leicestershire Partnership NHS Trust (LPT).
4. The public 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).
5. The consultation provides a wide range of opportunities for interested persons to participate, including both online and offline. 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.

### **ICB duty (s14Z2)**

6. In undertaking a public consultation, the Integrated Care Board is fulfilling a duty to involve the public. In looking specifically at the duty which statute has placed on Integrated Care Board, the s.14Z2 of the NHS Act 2006 (as amended) states:

Public involvement and consultation by Integrated Care Boards:

- (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 Integrated Care Board 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 board,
  - (b) in the development and consideration of proposals by the board 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 board affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

### **Background**

7. The NHS of the future will be fundamentally different from the NHS of today. This is partly due to the huge and existing possibilities for continuing advancement in medical treatments and better care outcomes for people.
8. It will also be due to the NHS response to the challenges we face. For example, people are currently waiting longer for a diagnosis and treatment. Access to services is sometimes difficult and the NHS is trying to ensure it can cover the cost of providing high quality services with a well-trained workforce.

9. In addition, the NHS is planning for population growth while making sure that people have equal access to services. This situation is very relevant to Lutterworth, as it is expected that the population will significantly increase in the near future.
10. We therefore need plans to tackle these current and future challenges. In response the NHS proposes to increase the number of health services available to people in Lutterworth and join care up to improve patient experiences and improve the health and wellbeing of the local population.
11. We started conversations pre-pandemic with people in Lutterworth about physical and mental health services and this has continued into 2023. We have listened to what people have told us about their experiences of services and what matters to them.

People told us:

- *“I need staff to understand me and my family and friends and to focus on my care needs.”*
  - *“I want to live the best life I can, achieve my goals and live independently.”*
  - *I need staff to work together to help me achieve my goals and meet my needs.”*
  - *“I want services to be easy to access and to understand how I can receive more information, so I am confident to care for myself.”*
  - *“I would like as much care as possible to be provided near to where I live and be organised around my needs and the needs of my local community.”*
  - *“As a carer, I need support to care for my loved one and not have to tell my story a number of times.”*
12. A range of health services are currently delivered in Lutterworth, from a variety of locations and by several different providers.
  13. Lutterworth Medical Centre is on Gilmorton Road. There are two GP practices within the medical centre: Wycliffe Medical Practice and The Masharani Practice. The two Lutterworth practices serve just over 17,000 registered patients. Both practices work with other GP practices through a Network called the South Blaby and Lutterworth Primary Care Network. There are 5 GP practices in the Network.
  14. Community Health Services cover a wide range of care for people from their birth to end of life. Community health teams play an important role in supporting people with complex health needs to live independently in their own home for as long as possible. Many services involve staff working in partnership across health and social care teams. These partnerships are made up of lots of professionals

including community nurses, district nurses, therapists and social care workers.

15. Many Community Health Services are provided at several locations in Lutterworth including in peoples' homes, care homes and at the GP practices. They are also provided at Feilding Palmer Hospital, which is owned by Leicestershire Partnership NHS Trust. The services delivered out of the hospital are provided by staff from both Leicestershire Partnership NHS Trust and University Hospitals of Leicester.
16. Prior to the pandemic the following services were provided in Feilding Palmer Hospital, however, there was a limited number of sessions held. For example, cardiology services were only provided monthly and general surgery was provided twice a month:
  - Abdominal aortic aneurism screening;
  - Dermatology;
  - Dietary;
  - ECHO;
  - Gynaecology;
  - Heart Failure;
  - Mental Health;
  - MSK Physiotherapy;
  - Out of Hours;
  - Paediatrics;
  - Parkinsons care;
  - Psychiatry;
  - Psychiatric Nurse service;
  - Speech and Language Therapy (adults and children);
  - Stoma.
17. The pandemic meant we had to dramatically change services to stop the virus from spreading, so many services ceased. However, many services are running again. Currently provided in Feilding Palmer Hospital either on monthly or bi-monthly basis are:
  - Abdominal aortic aneurism screening;
  - ADHD (attention deficit hyperactivity disorder);
  - Dermatology;
  - Dietary;
  - General Surgery;
  - ECHO (Echocardiogram);
  - Heart Failure;
  - Mental Health;
  - MSK Physio;
  - Out of Hours;
  - Paediatrics;

- Parkinsons care;
  - Psychiatrics;
  - Psychiatric nurse;
  - Pulmonary and Cardio Rehabilitation;
  - Speech and Language Therapy (adults and children);
  - Stoma;
  - Walking aid clinic.
18. There were also beds for overnight stays provided at Feilding Palmer Hospital called Inpatient beds. They were provided in one ward which had 10 beds. One of the beds was in a suite and was used for caring for terminally ill patients, known as palliative care. These beds have remained closed as the building no longer meets Infection, Prevention Control Inpatient standards which help prevent infections and harm to patients.
19. There are several providers of social care services which provide personal care and practical assistance to meet the needs of people in Lutterworth. These services are provided by four care homes. There are also four organisations providing services in peoples' homes.
20. People are also receiving care from other social care providers outside of Lutterworth including in the wider districts of Harborough and Blaby.
21. Leicestershire County Council also provide services in Lutterworth and surrounding areas. They include:
- Home Assessment and Reablement Team (HART) service which is a short-term domiciliary care service supporting someone in their own home. It is designed to help people develop the confidence and skills they need to live as independently as they can. It supports people to do social care tasks for themselves, rather than doing it for them, including personal care (washing and dressing) and preparing food and drink. This service is available for people to prevent them being admitted to hospital as well as those who are being discharged from hospital.
  - Crisis Response Service is a short-term service which supports people who are experiencing a health or social care crisis within their own home and without help, they may be admitted to hospital or a care home. The service is available 24 hours, 7 days a week helping people to remain independent and living at home. The service is short term and is only available for a maximum of 3 days.

### **Reasons for making improvements to services in Lutterworth**

22. There are a number of key reasons why services need to change and improve:

23. **The population's health and care needs are changing.** Overall, people are living longer and there are fewer people dying from conditions such as cancer and heart disease. However, the number of people living with more than one health condition has increased and this puts pressure on health and social care services.
24. **The population in Lutterworth is growing.** There will be a significant growth in the population of Lutterworth in the next few years, with an estimated 2,750 homes being built. A younger population of families are expected to move to the area. They will require outpatient (an appointment in a hospital or clinic, but you do not stay overnight), diagnostic (a test or procedure to identify a disease or condition a person maybe suffering from) and GP services, rather than intensive treatment and rehabilitation provided in an inpatient bed, often required by older people.
25. **Feilding Palmer is no longer fit for the 21st Century.** Feilding Palmer Hospital is poorly laid out, with no single sex wards and shared bathrooms for males and females. Disability access is restricted in some areas and the building is not suitable for inpatient care (overnight stays). There is no privacy and dignity for patients, and corridors are narrow and unsuitable for trolleys and bed movements. The building does not meet the required infection prevention and control standards. There is also inadequate ventilation and internal damage to the roof.
26. **More services are being provided at home or in the place people call home.** Since the pandemic, more care has been provided at home or in a residential home. This is helping people regain some of their independence and avoiding the decline in physical abilities that can happen in hospital. Palliative care (end of life care) is also provided at home, in a care home or in a LOROS hospice. We would continue this service as it has allowed people to stay where they feel most comfortable - surrounded by memories and the people they love, rather than in hospital.
27. **Lower numbers of people from Lutterworth and immediate surrounding areas were using inpatient beds at Feilding Palmer Hospital.** Inpatient beds were closed temporarily during the pandemic. They have not reopened as they do not meet Infection Prevention Control standards. The number of people using Feilding Palmer Hospital for overnight stays pre-pandemic had declined year on year since 2019. More residents of Lutterworth and South Blaby chose other community hospitals rather than Feilding Palmer. A higher number of people are also choosing to receive care at home.
28. **There are long waits for diagnosis and treatment.** We have longer waiting lists and people living in and around Lutterworth are travelling out of the area to receive a diagnosis and treatment. This could be done locally by changing the way we use Feilding Palmer Hospital.

This would reduce the traumatic burden of travelling, reduce the carbon footprint and shorten waiting times.

29. **Our community services are not joined up.** People tell us that communications and relationships between services need to improve, particularly when people transfer from one service to another. More services at Feilding Palmer, which is next door to two GP practices and a pharmacist, would help with some of the communications problems that exist.
30. **Inpatient care was expensive.** Even with only 10 inpatient beds in Feilding Palmer Hospital, minimum staffing requirement must be met. This means the nurse-to-patient ratio at the hospital was similar to that of an Intensive Treatment Unit, which is a special ward providing intensive care for people who are critically ill.

### The proposed improvements

31. To respond to the changing needs of people, we propose to significantly expand the number of health services available in Feilding Palmer Hospital by using the space in the hospital differently. We would permanently take out the inpatient beds and provide this care at home, in a care home, or another community hospital.
32. We would use the vacant space to:
  - **Increase the number of appointments for diagnosis or treatment of many conditions.** This means approximately 17,000 outpatient and diagnostic appointments would be provided each year in a refurbished Feilding Palmer Hospital. This would reduce the burden of people travelling a long way into places like Leicester and car parking would be easier. It is estimated that the number of miles travelled by people would reduce by 200,000 per year.

Over 25 branches of medicine covering a whole range of conditions would be diagnosed and treated locally. This includes conditions associated with skin, hearing, balance, eyes, mental health, reproduction, breathing, lungs and many more;

- |                              |                    |
|------------------------------|--------------------|
| • AAA screening;             | • General surgery; |
| • ADHD;                      | • Gynaecology;     |
| • Cardiology;                | • Heart Failure;   |
| • Dermatology;               | • Mental Health;   |
| • Dietary;                   | • MSK Physio;      |
| • ECHO;                      | • Ophthalmology;   |
| • General internal medicine; | • Out of Hours;    |
|                              | • Paediatrics;     |

- Parkinsons care;
- Psychiatric nurse;
- Pulmonary and Cardio Rehabilitation;
- Respiratory medicine;
- Rheumatology;
- Speech and Language Therapy - Adult and Children;
- Stoma;
- Trauma and orthopaedics;
- Urology;
- Walking aid clinic.

In addition, as many of the services as possible would be provided as a 'one-stop-shop', reducing the number of times a patient needs to attend appointments.

33. We would provide inpatient services in a better way:

- **More inpatient care (overnight stays) would be provided at home or in the place people call home.** The residents of Lutterworth would be assessed at home by health professionals so they avoid illness or a deterioration in their health. People living with a long-term condition would be supported to manage their own care and avoid an urgent hospital admission.

When there is a requirement for an urgent and immediate response this will be delivered by skilled specialists either at home or in a community location.

Where there is a need for a hospital stay, people will be returned home where possible or into a community facility where they will be rehabilitated to give them every chance of recovery and getting back to living independently.

People who are, sadly, at the end of life would be supported at home, in a hospice or in a care home.

34. We would provide more care from your GP practice:

- Work is already underway to expand and transform GP practice services that support the proposals. Groups of GPs work through a network called the Primary Care Network which has a wider team of health professionals that have become involved in patients' care. This includes clinical pharmacists, physiotherapists, physician associates, community paramedics and social prescribing link workers, who look after patients day-to-day. GP practices have also increased their opening hours and provide services from 6.30pm until 8pm Monday to Friday and 9am until 5pm on a Saturday. Practice staff also work with other health, social care and the voluntary sector professionals to plan the care patients need and prevent ill-health.



35. Overtime, the healthcare improvements being made in Lutterworth would result in the creation of a Lutterworth Health Campus. This means more services would be provided on the site on Gilmorton Road. Health and care teams from GP practices, social care, mental health teams, community teams will be working in very close proximity with each other. This will improve relationships and communications and join services up, which will benefit patients and services users.

### **Consultation Activities**

33. The ICB has continually enhanced mechanism for involving people in order to fulfil our duty and to continue to exercise our functions.
34. In outlining the activities for involving people, we have paid due regard and consciously considered the equality duty: eliminate discrimination, advance equality of opportunity and foster good relations.
35. Early proposals for Lutterworth were developed as far back as 2016 and were part of the Sustainability and Transformation Partnership. These plans have been updated and refined, particularly in the light of the pandemic.
36. Patient and public engagement has taken place over a number of years. Public and patient participation has been refined over time with the NHS doing more work to understand the needs of local population and share the insights, learning and business intelligence to inform design and delivery of care. Ultimately to improve the lives of local people, improving their health and wellbeing.
34. Leadership of the programme has been through the Lutterworth Plan Steering Group, founded in June 2021. The group comprises of key stakeholders and was formed to work in partnership to develop a plan for Lutterworth to meet the future needs driven by the significant housing growth expected in the area.
35. The group has co-designed the plan for Lutterworth and has grown over time and comprises of representatives from:
- Local primary care;
  - Lutterworth Town Council;
  - Harborough District Council;
  - Leicester Partnership Trust;
  - Mary Guppy Group (Patient/Public representatives);
  - MPs office;
  - Leicestershire County Council.
36. The plan has the full support of local clinicians including those from local GP practices and from Leicestershire Partnership NHS Trust.

37. The plan has also been reviewed by the East Midlands Clinical Senate, comprising of independent clinicians and subject specialists. They have provided their assurance of the plan.
38. In order to stimulate further engagement and co-design the public consultation and engagement, a Task and Finish Group was established in February 2023. The group comprises of representatives from:
- Lutterworth Hospital Campaign Group x 3 members;
  - Lutterworth Town Council x 5 members;
  - Masharani Practice Patient Partnership Group x 1 member;
  - Wycliffe Practice Patient Partnership Group x 1 member;
  - Leicestershire County Councillor x 1 member;
  - Harborough District Councillor x 2 member;
  - Rural Community Council (voluntary and community sector) x 2;
  - MPs office x 1 member;
  - Leicester Partnership NHS Trust x 1 member;
  - U3A (voluntary and community sector) x 1 member.
37. In the context of the Lutterworth public consultation, we would use a multi-channel approach in exercising our statutory functions:
- Undertake face-to-face communications and engagement activities to reach people who may not be digitally enabled or active. This includes attending events, hosting focus groups and conducting one-to-one interviews.
  - Produce information on-line and in hard-copy format including a leaflets and booklet including the questionnaire. We would also produce an Easyread booklet and questionnaire and video content.
  - Commission 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).
  - Host drop-in event weekly to help people complete a questionnaire.
  - Media coverage in local print and broadcast media.
  - Advertorials in a number of community magazines and newsletters across Lutterworth and Harborough District e.g. Swift Flash.
  - Widespread utilisation of social media, including local NHS-owned platforms, Spotted and community target users of Facebook and Twitter. Activity and reach across all main social media platforms for organic promotion.
  - Drop-in events hosted for the public, as well as events for specific communities/organisations including Parish Councils, Patient Participation Groups, GPs and other stakeholders.
  - Attend hosted by voluntary and community groups (online and offline) including public events in community spaces such as churches, libraries and community centres, as well as targeted groups.
  - Staff events (online and offline).

- Children and young people focused engagement activities.
  - Working with Lutterworth Town Council and Harborough District Council to share key messages throughout the campaign with residents via their own email lists and social media.
  - Briefings MP and councillors providing information about the proposals, the consultation, and asking for any support in dissemination within their community.
  - Email marketing throughout the consultation to voluntary and community sector groups, schools and key business.
  - Posters and information provided across the area including local community venues including libraries, churches, community centres, local shops and businesses, GP surgeries and pharmacies.
38. To ensure that we are reaching out to all communities we would undertake a mid-point review during the consultation. If required, we adjust activities.
34. The consultation responses from the various online and offline responses will be logged, analysed, and evaluated independently. A report of the evaluation and analysis will be produced and submitted to the ICB Board in public to support a final decision to be reached. This decision will be shared widely, including with the Health Overview and Scrutiny Committee for Leicestershire.

### **Equalities and Human Rights Implications**

35. The consultation takes account of the range of legislation that relates to ICB 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

### **Recommendation**

39. To discuss and provide feedback on the plans to make changes to the usage of Feilding Palmer Hospital in Lutterworth to maximise access to health services for the local community.

### **Officer to contact**

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