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

# LEICESTER CITY HEALTH AND WELLBEING SCRUTINY COMMISSION – WEDNESDAY 16 DECEMBER 2020

## *BUILDING BETTER HOSPITALS FOR THE FUTURE*

## REPORT OF THE CHIEF EXECUTIVE OFFICER OF THE CLINICAL COMMISSIONING GROUPS IN LEICESTER, LEICESTERSHIRE AND RUTLAND.

### Purpose of the Report

1. This report responds to questions raised by Leicester City Health and Wellbeing Scrutiny Commission 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.

   This is the second report to the Leicester City Scrutiny Commission during the period of public consultation, which ends on 21 December 2020. In addition there has been two more formal meetings with the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee and a further briefing on bed assumptions and planning.

### Policy Framework and Previous Decisions

2. The draft LLR CCGs' plan for Building Better Hospitals for the Future has been discussed with Leicester City Scrutiny, as well as other stakeholders, a number of times over recent years.

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

3. 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 and NHS England Specialised Commissioning.

## Background

4. The public consultation commenced on 28th September 2020. Full details on the public 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).

5. The public consultation provides a wide range of opportunities for interested persons to participate, including both online and offline. The purpose of 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.

## 6. CCG duty (s14Z2)

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

10. The public consultation 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

## Background Papers

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

## Consulting in a pandemic

8. 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'.

9. 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 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.

10. 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 use 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 have 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.

11. 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.

12. 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

13. 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.

14. 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.

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

16. 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.

17. 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.

18. 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.

19. 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;

20. 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.

21. 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.

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

23. 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.

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

25. 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.

26. 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.

27. 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.

28. 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.

## Maternity Services

29. 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 - delivering both equity of service and access.

30. 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.

31. 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.

32. 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.

33. 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.

34. 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.

35. 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.

36. 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.

37. 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.

38. 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).

39. 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.

40. 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.

41. 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.

42. 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.

43. 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.

44. 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.

45. 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.

46. 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.

47. If the consultation shows support for the Midwifery Led Unit at Leicester General Hospital and the proposal is implemented and the centre is open, a review body would be established comprising of midwifes, parents and other stakeholders who will co-produce the service with UHL.

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

49. 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.

50. 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.

<u>Clinical support of the plans</u>

51. 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.

52. 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.

53. 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 highlights the strength of argument for the change, particularly from a workforce and sustainability perspective.

## Bed numbers

54. Our plans for investing £450 million in modernising and improving Leicester's hospitals is about much more than simply creating additional beds. Had it not have been it is unlikely our bid for Government funding would have been successful.

Instead our proposals are about correcting decades of capital under-investment in our hospitals. They address some of the clinical adjacency and co-location issues that all too often hinder our ability to deliver the kind of care and experiences we want for our patients.

Simply put services are currently organised in a way that is a legacy of history rather than design, often in buildings and facilities that are outdated and not fit for the delivery of modern healthcare.

This often means that clinical services which should be operating side by side aren't, creating confusion and multiple journeys for patients. Other times, by providing the same services from multiple sites, our staff and resources are spread too thinly - stretching them to breaking point.

It's on this basis that we believe these changes are absolutely essential in order for us to improve clinical quality, make the most of a workforce that is already depleted due to national shortages, as well as improving the experiences and outcomes of our patients.

However, we understand the importance of getting our bed numbers right. We are continually reviewing bed numbers and our current assumption is that, if we do nothing, we will need 300 more acute hospital beds by 2024 in order to meet rising health need and population growth.

To help address this shortfall there are a number of things we are already doing and will continue to do going forward. This includes reducing length of stay beyond what is necessary. This is important because evidence is clear that staying in hospital longer than is needed leads to poorer outcomes. It is essential that people are discharged when they are medically fit in a timely many and not sent home before they are ready. We are also improving our internal processes to make sure that every minute of a patient's stay counts and that we minimise any delays for tests or treatment.

Based on improvements already made our conservative assessment is that 161 of the beds can be achieved in this way – simply by making better use of what we already have. We think the number could be higher than this, but have taken the decision to be cautious.

We are also planning to create 139 new acute hospital beds.

The pre-consultation business case described that 69 of these beds would be created up front, with 28 coming from the conversion of an existing non-acute rehab ward so that it is able to accept patients with a greater level of need. The other 70 were described as 'contingency' beds, which would be created in later years should they be necessary. In light of our experiences of responding to the Coronavirus pandemic our thinking has updated slightly. As a result, and as set out in our consultation document, we now plan to create all 139 new acute beds up front in order to provide additional flexibility and capacity should we need it. These will be funded from the £450 million government funding and the Trust's own capital allocation.

Whilst we believe that these additional beds will stand us in good stead beyond 2024 we will keep our bed planning under constant review. If absolutely necessary we maintain the flexibility to increase bed numbers within our planned estate.

## Long term planning if future developments are needed

55. As set out above, this development is about much more than beds.. However, if further capital developments are needed to meet growth in population or health need, then we do have flexibility in our existing estate. We retain 33 acres of developable land – the equivalent to approximately 22 football pitches. This is located at the Glenfield Hospital. More than 25 acres of this land is already empty space.

    If future developments are needed they would likely be funded from the Trust's own capital budgets and, working with local NHS and local government partners, through access to section 106 funding and community infrastructure levy to support services when housing growth puts pressure on them.

    We will also continue to maximise space at the Leicester Royal Infirmary, with appropriate planning consent if necessary. We appreciate that it is essential to consider travel, access and car park when considering what services are provided on this site.

## Community hub

56. Under our proposals Leicester General Hospital would no longer be an acute hospital. Instead we are proposing to create a community campus on the site which would serve people living in the east side of the city and county and beyond and would include:

    - Leicester diabetes centre of excellence – a dedicated building where it currently resides. This facility has been developed over recent years and provides dedicated services from newly refurbished estate
    - Dedicated GP access imaging hub – the current imaging facilities would be retained and reconfigured to provide an independent facility.

This would ease the increased footfall on the two acute sites, release space on the two acute sites for additional development and separate urgent inpatient imaging from GP imaging
- Stroke rehabilitation – stroke rehabilitation services with in-patient beds would continue to be provided from this site
- Midwifery-led unit – dependant on the outcome of public consultation, this would be provided within the existing Coleman Centre.

In addition, we have been exploring through this consultation the potential development of other services at this site. People have so far been very receptive in their feedback on a number of areas including:

- Primary care urgent treatment centre which would be GP-led, open at least 12 hours a day, every day, offering appointments that could be booked through NHS 111, a GP practice or referred from the ambulance service. There would also be a walk-in access option. It would be staffed by GPs, nurses and other clinicians and equipped to diagnose and deal with many of the most common ailments people attend the emergency department for. We believe that the centre would ease pressure on the emergency department and improve convenience as patients would no longer need to travel to Leicester Royal Infirmary in the city centre
- Observation facility located alongside the primary care urgent treatment centre for patients where admission is not necessary, but where they need to be cared for and monitored for up to eight hours by suitably trained staff. The patient would then be assessed and a decision made on whether an admission is necessary, or whether a safe discharge or referral to another service is more appropriate
- Community outpatients service providing additional care for people referred for treatment in the community. People would be treated as an outpatient or a day case for a range of conditions both physical and mental, avoiding the need to go to an acute hospital. The service would also offer follow-up appointments
- Additional primary care capacity to provide family health care to people living in the east of the city, which would help to meet the expected increase in residents over the next decade.

We are also keen to continue to hear the views of the public on other community-based services that could be provided from this location.

As the acute services move from Leicester General Hospital to the other two hospitals, the NHS buildings they are currently housed in would be vacated.

These buildings and the land they stand on would be freed up and sold for affordable housing developments which we would hope key workers would be attracted to. The money from the sale of the land and buildings would be reinvested into the hospitals.

## Recommendation

57. The Health Scrutiny Commission 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.