

# Humber Acute Services Programme Update

November 2022

## Purpose

The purpose of this report is to provide committee members with an update on the progress of the Humber Acute Services programme and set out the timetable and planned next steps for public consultation.

## Background

The Humber Acute Services (HAS) Programme is designing hospital services for the future across the Humber region to deliver better and more accessible health and care for the population. It is a collaborative programme involving the two acute trusts in the Humber – Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Hull University Teaching Hospitals NHS Trust (HUTH) – and the NHS Humber and North Yorkshire Integrated Care Board (ICB).

The Programme's vision is that: everyone across the Humber will have access to the best possible healthcare and opportunities to help them live healthy, happy lives. All partners across the health and care system in the Humber have an important role to play in the short, medium and longer-term to deliver this vision, which is much wider than the acute hospital sector alone.

## Progress and timeline for public consultation

The NHS Humber and North Yorkshire Integrated Care Board (HNY ICB) was formally established on 1<sup>st</sup> July 2022. Upon establishment, legal responsibility for consultation on service change transferred from the Clinical Commissioning Groups to the Integrated Care Board.

The existing programme team, working with the new ICB reviewed the work to date and plans for public consultation. To ensure that all partners are in the best possible position to take the options forward for public consultation, we agreed to work towards launching public consultation after the local elections have taken place in May next year.

A number of important factors were considered in making this decision, including:

- Recent changes to the political and policy environment, such as the new Prime Minister, the new Secretary of State and the settling in of the new Integrated Care Boards.
- Continued uncertainty around what capital will be available to us to make changes and improvements to our buildings and infrastructure.
- The ability of the local community and staff to take part in a meaningful consultation process in what is expected to be a challenging winter for everyone.
- Making sure we give enough time to third parties, like NHS England, to complete their technical and legal requirements.

Over the next few months, we will continue to talk to staff, citizens and representative groups and ensure we are exploring all possible ideas to fully understand the impacts any potential changes might have. This will put us in the best position to undertake meaningful public consultation next year.

## Evaluation process – update on progress

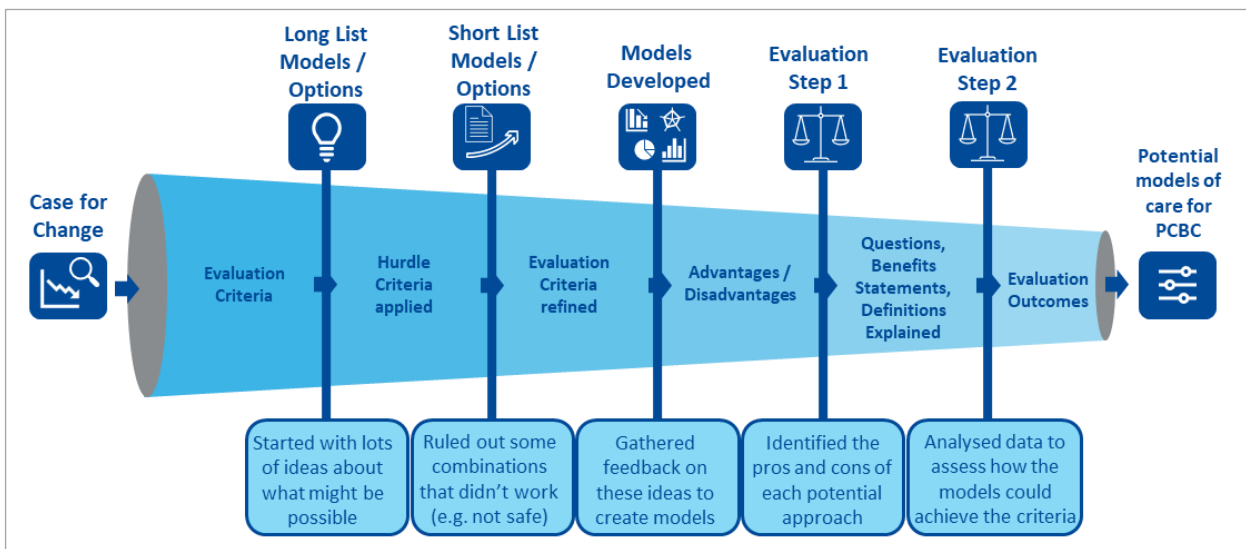
Since the last update to Overview and Scrutiny Committees (OSCs), the programme has focused on evaluating the potential models of care and completing the Pre-Consultation Business Case (PCBC) to enable us to move forward to public consultation on potential options for the future shape of core hospital services. As this work has been undertaken, it has been supported by ongoing engagement with staff, patients, the public and representatives to ensure a range of stakeholders have been involved at all stages.

The evaluation framework was built through an extensive process of listening to and involving stakeholders. This included ongoing engagement with patients, the public and staff on what matters most to them (see Appendix A for a summary of engagement and key themes). Some of the key themes that helped to inform the evaluation framework include:

- **Safety matters** (especially for people using maternity services and parents of children needing care)
- Addressing **waiting times** is a key public priority
- Getting the **right workforce** is important to staff and patients alike
- **Travel and accessibility** issues are of concern to a wide range of stakeholders and the impact of any potential changes in relation to travel and accessibility needs to be considered

The initial work undertaken by clinical teams to develop potential models of care resulted in a range of proposals for changes to existing pathways across the Humber and a total of 120 different potential models of care and variations when applied to the different hospital sites across the Humber.

The evaluation process has been iterative, adopting **a multi-step, multi-faceted approach**, to gradually narrow down the possible solutions to the options that are most able to address the issues identified within our Case for Change and provide the best possible solutions for our population.



This iterative process enabled the 120 potential models and variations to be reduced to 15 potential models and variations, which were then subject to further engagement and evaluation throughout 2022. A wide range of stakeholders have been involved in applying the evaluation framework to the different potential models of care, with nearly 250 participants taking part across 10 different workshops. A comprehensive feedback report from all the workshops was published in September 2022 and is provided in the background papers.

Detailed modelling and analyses have also been undertaken across a range of key areas, based on feedback provided by stakeholders throughout the programme, to enable a fuller understanding of the impacts of each of the potential models and variations to help develop them into viable proposals for change to be able to take through to public consultation. The areas considered include:

- Safety of maternity models (Ockenden review)
- Travel and accessibility
- Displacement (impact on neighbouring health economies)
- Economic and social impact
- Workforce modelling
- Financial analysis / costing

When completed, the outputs of these analyses will be combined with the outputs from the workshops to produce a final evaluation of the potential models of care within the Pre-Consultation Business Case.

Financial modelling will be undertaken throughout November and December. This will also include a review of the capital funding requirements to deliver the different potential models of care. Both elements of the financial analysis (revenue and capital costs) are due to be completed by the end of January. Following this, the Pre-Consultation Business Case will be required to go through the NHS England and Improvement assurance process before a decision can be taken on whether or not to proceed to public consultation.

### **Current priorities and next steps**

In addition to the capital planning and financial modelling detailed above, the programme team will be focusing on following key priorities over the winter months:

- Staff and public engagement to review and update the Integrated Impact Assessment (IIA)
- Alignment with the Humber Out of Hospital programme
- Planning for public consultation

### ***Integrated Impact Assessment***

The Integrated Impact Assessment is a tool to help us understand how different changes could impact different people and different groups of people, both positively and negatively.

Our assessment looks at six different areas, including:

- Patient experience
- Patient safety
- Effectiveness
- Equality
- Workforce
- Sustainability

Bringing all the evidence we have gathered together in this way helps decision-makers to see how different options could affect different groups. The Equalities Impact Assessment considers how changes could impact on people with protected characteristics under the Equality Act – such as race, religion or sexual orientation – and also looks more broadly at people who face additional barriers to accessing healthcare for all sorts of reasons, such as poverty or rural isolation.

To allow us to update our IIA we are collecting feedback from communities and groups of people who already face barriers and disadvantages to ensure they are not more adversely impacted by any future changes. We have held a number of engagement events over recent months, including a Citizen's Panel IIA

workshop. To ensure as many equality groups as possible had an opportunity to provide feedback, we invited individuals and representatives with a wide range of backgrounds and experiences, including our Citizen's Panel. In addition, 1-to-1 sessions were offered for those unable to attend the workshop to increase participation and ensure all identified stakeholders had an opportunity to be heard.

We are also undertaking a series of engagement opportunities with women living in the Lincolnshire area who use maternity services within the Humber hospitals. In early October we attended a maternity roadshow event in Skegness. Throughout November and December 2022, we will visit children's centres in Louth and Binbrook and a midwifery clinic in Mablethorpe to continue our conversations with Lincolnshire families to better understand the potential impact of any changes for them.

In addition, we are undertaking an extensive programme of staff engagement throughout November to January to support completion of the Integrated Impact Assessment (IIA). This will include hosting drop-in sessions for staff on wards and a series of targeted focus groups, to ensure relevant groups of staff have multiple opportunities to share their views on how potential changes to services could impact upon them and their working lives and share their ideas about what could be improved for the future.

### ***Working with the Out of Hospital Programme***

Making changes to the acute hospital elements of health care provision is only part of the story and will only be successful if aligned to changes within the other parts of the health and care system. Services provided out of hospital are essential to the successful delivery of care close to people's homes. Throughout the programme, we have worked closely with the Humber Out of Hospital programme and developed our work in parallel to the development of out of hospital strategies and plans.

The aim of the Out of Hospital programme, working closely with the Humber Acute Services programme, is to develop and scale-up successful pilot projects, implementing changes across the Humber to ensure the benefits are delivered across the whole region. We have worked collaboratively with colleagues working on out of hospital projects throughout the development of potential models of care, holding monthly meetings to map interdependencies, identify any gaps or areas of duplication and ensure alignment of plans and proposals.

Recognising these strong interdependencies, we have developed an integrated programme management office (PMO) to maintain oversight and ensure delivery of the key out of hospital enabling projects. The integrated PMO will initially focus on five priority projects, adding new projects on a rolling basis to ensure out of hospital developments will be in place within the necessary timeframe to support potential changes in acute services. The first five projects are:

- Frailty
- Enhanced care in care homes
- Falls prevention
- Community Diagnostic Centres
- The community ill child programme (Hospital at Home)

The role of the integrated PMO will be to coordinate the projects within the out of hospital programme and provide assurance that they will deliver the outcomes required to facilitate the changes in acute hospital services described in this business case. The integrated PMO will support by ensuring a consistent approach to data analysis is utilised and that there is alignment across all workstreams.

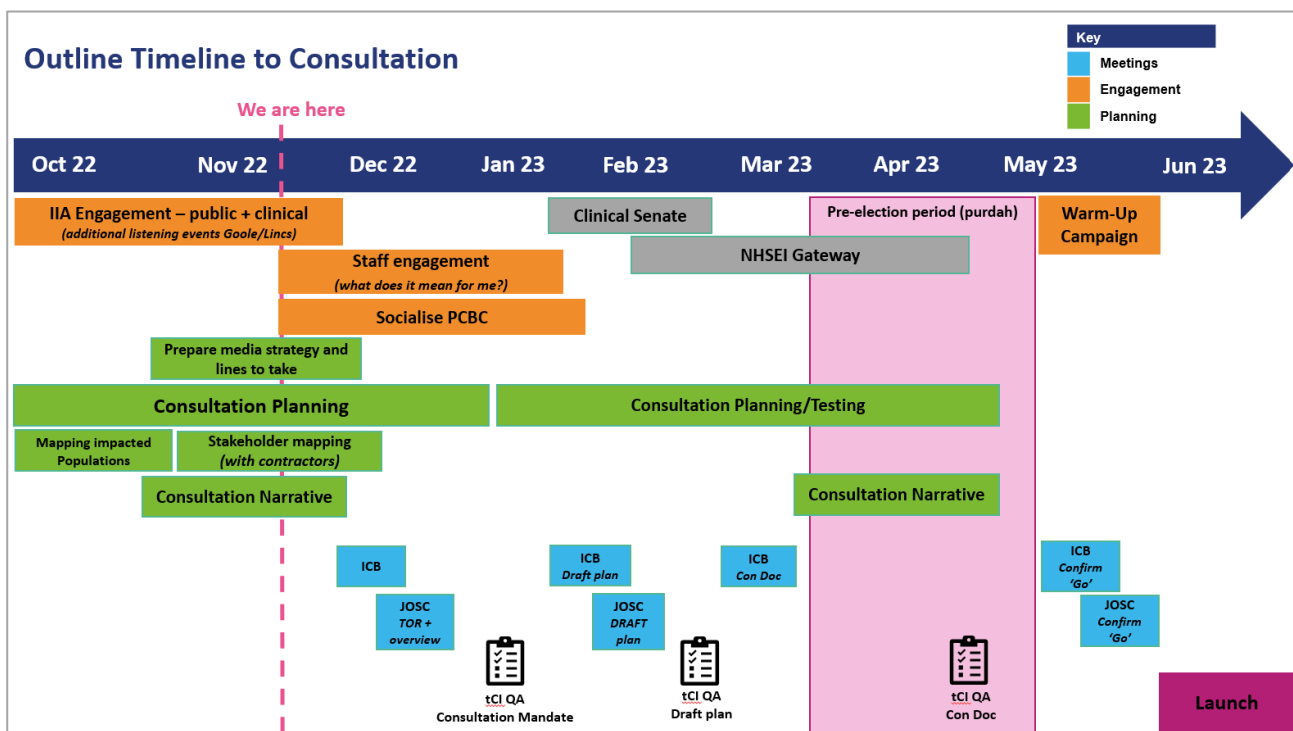
Building on strong collaborative relationships between health and care organisations in our region will ensure we provide the best possible access to care and services for conditions and treatments that do not need to be provided within a hospital.

## Planning for Consultation

Over the coming months we will be developing plans for public consultation, with the expectation of launching consultation after the local elections in 2023 (subject to successful completion of NHS England Assurance and decision-making by the Integrated Care Board). To ensure our consultation approach meets best practice guidelines, we are working with specialist agencies, including the Consultation Institute, to provide independent advice and support.

Our current planning activity is focused on identifying potentially impacted populations and mapping relevant stakeholders across those populations. Using this information, we will co-produce a plan for engagement with colleagues from across our partner organisations. In addition, we will be seeking input from Healthwatch (who are represented on our consultation task and finish group), our Citizen’s Panel and elected members across the Humber and Lincolnshire. It is anticipated that this engagement with elected members will be undertaken through the Joint Health Overview and Scrutiny Committee (JHOSC) when established, to enable members to comment on and help shape our plans for public consultation.

We expect to develop a draft plan by the end of February, to enable further dialogue with the JHOSC and other key partners as we continue to shape the plans for delivery. An outline timeline to consultation is set out in the diagram below.



## Health scrutiny arrangements

Under current legislation (as amended by the Health and Care Act 2022), NHS bodies must consult with the appropriate local authorities where there are any proposed substantial developments or variations in the provisions of health services (substantial service reconfiguration) in the area(s) of a local authority under consideration. Details are set out in the Local Authority (Public health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (the Regulations).<sup>1</sup> The latest government guidance available states that the Regulations will continue to apply although the formal statutory route for local authorities to report to

<sup>1</sup> The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 [available here](#)

the Secretary of State will be removed when the new reconfiguration provisions in the Health and Care Act 2022 take effect.<sup>2</sup>

The Regulations also make provision for the establishment of mandatory joint health overview and scrutiny committees (JHOSC) where NHS bodies plan to consult more than one local authority in relation to any specific proposed substantial service reconfiguration.

Where the need for a mandatory JHOSC has been identified, the identified local authorities must appoint a JHOSC for the purposes of that consultation and it is only the established JHOSC that may:

- a) Make formal comments on the proposal(s) under consideration – i.e. submit a formal consultation response.
- b) Require the provision of information about the proposal(s) under consideration; or
- c) Require a member or employee of the relevant NHS body to attend before it to answer questions in connection with the consultation and the proposal(s) under consideration.

The programme team wrote to local authority chief executives in May 2022 to inform that work was underway to complete a pre-Consultation Business Case for the Humber Acute Services Programme and that it was likely that we would bring forward consultation on options for substantial service change across the Humber. It is anticipated that potential changes could impact on the services and populations within the boundaries of the following top-tier local authority areas:

- East Riding of Yorkshire Council
- Hull City Council
- Lincolnshire County Council
- North East Lincolnshire Council
- North Lincolnshire Council

The five local authorities involved have now put in place the required mechanisms to enable the Joint HOSC to be formed, either by making the necessary provisions through full Council or using existing delegated authority. A draft Terms of Reference has been developed and will be ratified at the first meeting of the committee.

### **Conclusions and next steps**

Over the coming months, the programme team will be putting together a draft plan for public consultation. We expect to develop an outline plan for consultation by the end of February, to enable us to engage with elected members and other key partners and amend our plans accordingly. It is anticipated that a meeting of the Joint Health Overview and Scrutiny Committee (JHOSC) will be required around this time to facilitate the involvement of elected members in scrutinising the plan for consultation.

### **Recommendations**

Members are asked to:

- Consider and note the update provided in this report and appendices, including the refreshed timeline, summary of engagement to date and proposed next steps.
- Note the intention to complete a Pre-Consultation Business Case in early 2023, with the aim of formally consulting with the public and other stakeholders on potential changes to hospital services in summer 2023.
- Consider the request to convene a meeting of the Joint HOSC in late February/early March 2023 to consider and provide feedback on the draft plan for consultation.

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<sup>2</sup> Guidance: Health overview and scrutiny committee principles (July 2022) [available here](#)

- Identify any specific aspects where further and/or more detailed information may be required.

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### **Background Papers and further reading**

[Evaluation Workshops Feedback Report \(September 2022\)](#)  
[The Yorkshire and Humber Clinical Senate review \(September 2022\)](#)  
[The Yorkshire and Humber Clinical Senate report \(November 2020\)](#)  
[Humber Acute Services Review: Case for Change \(November 2019\)](#)

### **Engagement Reports**

- [What Matters to You](#)
- [What Matters to You – Children and Young People](#)
- [What Matters to You – Parents, Carers and Guardians](#)
- [Your Birthing Choices](#)
- [A&E Survey](#)
- [Healthwatch Emergency Department Report](#)

## Appendix A – Overview of what we have heard

Through surveys, focus groups and workshops we have listened to over **10,000** patients, service-users, staff, and other stakeholders to influence the design and evaluation of potential models of care.



Here is an overview of what people have told us:

**What Matters to You** – We wanted to know what was most important to people when accessing hospital services.

Overall, people said:

**Being seen and treated as quickly as possible was their top priority.**

It was also very important to people that:

**They were kept safe and well looked after.**

**There were enough staff with the right skills.**

The [full feedback report](#) and [summary report](#) are both available on our website.







**Your Birthing Choices** – We wanted to know what influences women and birthing people’s decisions when choosing where to give birth.

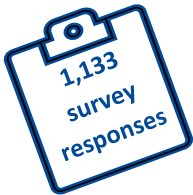
**Alongside Midwifery-Led Units were the most popular option**

**Home births and Standalone Midwifery-Led units were the least popular options.**

**Safety** was comparatively more important to women and birthing people than other stakeholder groups.

The availability of neonatal care was also very important to women and birthing people.

The [full feedback report](#) and [summary report](#) are both available on our website.



**Children and Young People** – We actively sought views from children and young people about what worried them about coming into hospital, what was ok and what they would change. Overall, they said:

**Being kept safe and well looked after was most important**

**Nice food, cuddles with their parents, and technology (e.g. iPads) would help them to feel better quickly.**

**The worst things about being in hospital was not being able to see the trees, having blood tests and not being able to leave their room to interact with nature.**

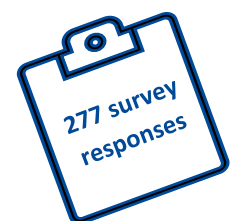
The [full feedback report](#) and [summary report](#) are both available on our website.

In addition, we asked parents, carers, and guardians to share their experiences. **277** responses were received.

**Being kept safe and well looked after was most important**

**Being seen and treated as quickly a possible was also important**

The [full feedback](#) report and [summary report](#) are both available on our website.



**Urgent and Emergency Care** – We wanted to better understand what motivates people to go to an Emergency Department, their knowledge of alternative urgent care services and what the barriers are to using these alternatives. Overall, people told us:



**They mostly attended an Emergency Department because someone advised them to (e.g., NHS 111 or their GP).**

**Levels of awareness of alternative provision are greater in Hull and East Riding of Yorkshire than in North and North East Lincolnshire.**

**Overall, people are willing to use alternative provision *if they are confident* that it is appropriate for their needs.**

The findings are available to read in full [here](#).



**Staff and teams – What Matters to you?** – To enable us to better understand what really matters to our workforce we actively sought views from staff through a number of surveys. Overall, staff told us things most important to them are:



**A healthy work-life balance.**

**Making a difference to patients.**

**Feeling appreciated for the work they do.**

**Everyone being treated respectfully and as equals.**

**Staff also said that staffing levels need to be increased to reduce stress and workloads.**



We have also engaged with over **1000 staff members** through focus groups, workshops, Q&A sessions, and virtual briefings.



