

Public Paper

Enclosure:

Report to	North Staffordshire and Stoke-on-Trent CCGs' Governing Bodies in Common				
Title	The Future of Local Health Services in Northern Staffordshire Conscientious consideration of the consultation feedback				
Meeting Date	Tuesday 25 th June 2019				
Sponsor Director	Marcus Warnes, Accountable Officer				
Action required	Decision	x	Discussion	For assurance/For Information	

Purpose of the paper, key issues, points and recommendations

The purpose of this paper is to present the findings of the feedback from the formal consultation on the viable options which were considered by the public and stakeholders for 14 weeks from the 10 December 2018 to 17 March 2019.

Introduction and Context

The enclosed report of findings on the public acceptability of the proposals for the future bed configuration and location of integrated care hubs, underpinned by the care model to deliver the transformation required, was outlined in the Case for Change and Pre-Consultation Business Case which was approved by the Governing Body to proceed to formal consultation on 4th December 2018.

The health and social care needs of the North Staffordshire and Stoke-on-Trent population are changing. People are living longer with increasing long-term conditions, requiring ongoing support and management. This is putting a significant strain on our services and the sustainability of the health system.

Given these pressures, we need to think differently about how we provide services closer to home, and in particular for adults with high clinical needs (such as multiple long-term conditions and/or significant frailty) who are at risk of unnecessary or inappropriate admission to acute hospitals. Our community hospitals provide both bed based services and wider non-based services including outpatient care, minor injuries, day case and, x-ray. Our focus is on ensuring the greatest health benefit from these resources which will allow patients to manage their own conditions and access care from home. We have engaged with the public and local stakeholders to develop the proposals in the PCBC to meet these aims, including what the future role of our community hospitals and associated services should be.

The model of care we have developed for our community services aims to meet the needs of the local population and deliver the right care in the right setting. This is consistent with the NHS Five Year Forward View, the GP Five Year Forward View and the Five Year Forward View for Mental Health. The overall aim is to achieve better outcomes for patients and provide more sustainable services.

Aims and Objectives

The aims of the proposals are to:

- Create a case for transforming the local community-based health services in the North of the

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Stoke-on-Trent and North Staffordshire.

- Staffordshire and Stoke-on-Trent footprint;
- Outline the future model of care and the development of our proposal;

The scope of the Consultation

The scope includes:

- The bed configuration for community services Adult Intermediate Rehabilitation Service Beds (AIRS beds); and
- Our proposals to integrate and expand existing wider community services into Integrated Care Hubs.
- Some specialist services provided at Leek Moorlands Community Hospital

The following services are out of scope:

- Children's services;
- Urgent care (which forms part of the wider STP consultation);
- Prevention (which forms part of the wider STP consultation);
- Any services commissioned by the Local Authority or Specialised Commissioning;
- Tier 3 services;
- Stroke beds x 23 at the Haywood
- Rheumatology beds x 20 at the Haywood

Governing Body members are requested to give conscientious consideration of the views gathered during the consultation as per Gunning Principle 4.

In line with the Public Sector Equality Duty, Governing Body members are asked to give due regard to the views of protected and minority groups who may be adversely affected by the proposals and develop mitigating actions when developing a Decision Making Business Case. These considerations must conform to the Bracking Principles (enclosed)

The two separate Governing Bodies are requested to determine which if any of the options and any additional options arising should proceed to inform a Decision Making Business Case for NHS England assurance.

Which other CCG committee and/or Group has considered this report

<u>Committee/Group</u>	<u>Other agreements</u>
<p>The proposals and updates throughout the process have been considered by:</p> <p>CCGs' Planning & Commissioning Committee in Common</p> <p>PCBC Steering Group</p> <p>Executive Management Team</p> <p>CCGs' Governing Body in Common</p>	<p>There has been significant engagement with external partners as documented in findings report.</p>

Summary of risks relating to the proposal

The risks and mitigations were outlined in section 6 of the PCBC.

Any statutory/ regulatory/legal /NHS constitutional/NHSE assurance / governance implications

The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006 and supports two legal duties, requiring CCGs and commissioners in NHS England to enable:

- Patients and carers to participate in planning, managing and making decisions about their care and treatment, through the services they commission;
- The effective participation of the public in the commissioning process itself, so that services provided reflect the needs of local people.

Under Section 242(1B) of the NHS Act (2006), we are required to ensure that the public and our patients are informed, involved and consulted in the following areas:

- In planning the provision of services
- In the development and consideration of proposals for change in the way services are provided
- In any decisions to be made affecting the operation of services

We will consult the Local Authority Health Overview & Scrutiny Committee when commissioners are considering any proposal for:

- A substantial development of the health service in the area, or
- A substantial variation in the provision of a service.

This is underpinned by S244 of the NHS Act 2006 (as amended), and explained further by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations.

The CCGs have a legal duty under the Equality Act (2010) to promote equality through the services we commission and establish processes to hear the voices of local people irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.

We will pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population and will make sure that people who lack capacity are supported and empowered to have their say.

We will meet our statutory duty to have due regard to the need to:

- Eliminate discrimination,
- Advance equality of opportunity
- Foster good relations

To 'have due regard' means that in making decisions and in its other day-to-day activities a body subject to the duty must consciously consider the need to do the things set out in the general equality duty.

NHS England Guidance: Planning, assuring and delivering service change for patients (March 2018). This guidance is designed to be used by those considering and involved in service change to navigate a clear path from inception to implementation of decision made. It supports commissioners and their partners to consider how to take forward their proposals, including effective public involvement, enabling them to reach robust decisions on change in the best interests of their patients. It sets out how new proposals for change are tested through independent review and assurance by NHS England, taking into account the framework of Procurement, Patient Choice and Competition Regulations. The guidance sets out some of the key considerations for commissioners and their partners in designing service change including reconfiguration.

Strategic objectives supported by this paper			
Our shared Goals:		Yes	No
1.	Empowered Staff	Y	
2.	Commissioning Health Outcomes	Y	
3.	Seamless Partnerships	Y	
4.	Responsible Use of Resources	Y	

Key Requirements:		Yes	No
1.	Has a Quality Impact Assessment been completed?	Y	
2.	Has an Equality Impact Assessment been completed?	Y	
3.	Has Engagement activity taken place with Stakeholders/Practice/Public and Patients	Y	

Acronyms
PCBC – Pre Consultation Business Case EIA – Equality Impact Assessment QIA – Quality Impact Assessment