Humber and North Yorkshire
Health and Care Partnership

Humber Acute Services

Moving to Consultation

Integrated Care Board

July 2023

The proposed programme of consultation has been designed to ensure the ICB meets its Statutory Duties in respect of service change (as set out in the NHS Act (2006) and subsequent legislation)

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NHS Integrated Care Boards (ICBs) and NHS England have duties to involve the public in commissioning of healthcare services. ICBs assumed the responsibilities previously carried out by Clinical Commissioning Groups from 1st July 2022.

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
b) in the development and consideration of proposals 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 affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

and comply with the Public Sector Equality Duty

Public authorities are required, in carrying out their functions, to have due regard to:

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Humber Acute Services Programme aims to address a number of long-standing system challenges

Across Humber and North Yorkshire, the health and care system is under significant pressure.

There are a number of key challenges impacting all system partners, including acute hospital services across the Humber, reinforcing the Case for Change.

The Humber Acute Services Pre-Consultation Business Case (PCBC) sets out proposals for pathway changes in urgent and emergency care (UEC), and paediatrics across the Humber and presents options for reconfiguration of these services across Northern Lincolnshire.

If taken forward, these proposals will deliver…

Challenges		Solutions	
☒ **Health inequalities**	Increase in **complex** A&E **high intensity users** – driven by deprivation	**Proposals for change**	☑ A reduction in health inequalities through **improved pathways** — Plans are being put in place to mitigate the impact of travel on health inequalities
☒ **Financial pressure**	HUTH / NLaG **deficit** *(6.7% and 7% efficiency targets)*		☑ **Estimated c.£9 revenue savings (gross)** — The capital investment required is affordable from internal resources £25.5m
☒ **Poor performance**	**A&E 4hr wait performance** was 43.4% in HUTH and 55.8% in NLaG in Feb 23 *(target = 95%)*		☑ **Clinically sustainable services**, ability to meet **standards** — The Clinical Senate have provided assurance on the options for consultation
☒ **Workforce challenge**	**Vacancy rates** across HUTH/NLaG >30% in some services. **Agency and locum spend** c£55m plus £45m bank		☑ Improved **recruitment and retention** and reduced agency spend — Training to support new workforce models is in development with education partners.
☒ **Poor infrastructure**	87% of Scunthorpe Hospital's **critical infrastructure** is at risk of failure within 5 years		Parallel work to secure additional infrastructure investment is ongoing

Benefits

The Humber Acute Services Review has been now reached a critical stage and is seeking ICB Approval to Progress to Consultation in September 2023

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A **"Preferred Option"** has been identified following extensive engagement – 12,000 people over two years – and NHSE/ICB assurance

The **"Preferred Option"** will focus on UEC and paediatrics – maternity and neonatal have been decoupled

The **Options Evaluation** approach has been rigorous and focussed on quality, safety, workforce, travel, impact and financial sustainability

The **Clinical Senate** have assessed the options and provided their Highest Level of Assurance **"Reasonable"** on all questions asked – highlighting that our current services models are "**Not Sustainable**"

The Consultation Institute have not identified any pre-engagement risk and complimented the scope, scale and range of the work undertaken

NHSE are undertaking their final assurance review of our Plans to Consult in parallel with ICB Board approval to proceed

The **"Preferred Option"** delivers revenue savings and can be afforded from within internal capital resources

The **"Preferred Option"** maximises the investment we have received for our ED/AAU schemes in both Grimsby and Scunthorpe

The **"Preferred Option"** has the least impact on access and patient flow

The programme was undertaken to address challenges within hospital services across the Humber.

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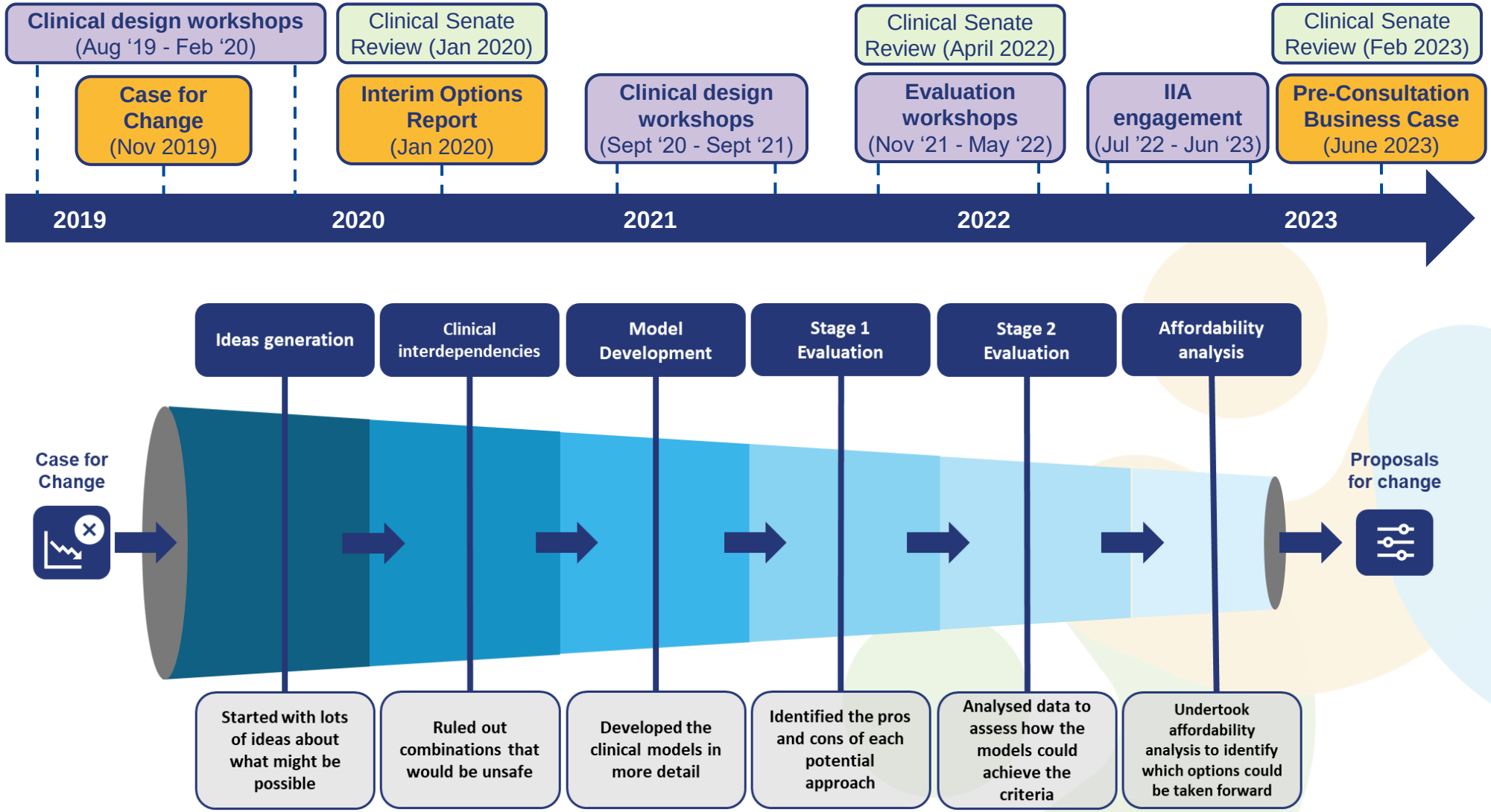
- The programme commenced in 2018 to address challenges within hospital services across the Humber and design potential models of care that will be fit for the future.
- The process looked at hospital services across the region and considered a wide range of possible solutions, ranging from building a brand new urgent and emergency care hospital in the middle of the Humber to a range of potential changes to the existing hospitals and range of services provided in each.
- The process we went through identified the approach we needed to take in each area – configuration of services is not the driving issue on the north bank.

The proposals within the Pre-Consultation Business Case include two main areas of change:

What would change	Where	What is the benefit
improved pathways	Humber-wide	Pathway changes will improve outcomes for patients through better, more joined-up care. They also create opportunities for the development of staff and new roles, working across sectors, to improve recruitment and retention and reduce agency spend.
changes to the configuration of services (where and how they are delivered)	focus on Grimsby and Scunthorpe	The proposed configuration changes would enable us to make better use of our highly skilled staff, reduce double-running and provide services that meet key clinical and constitutional targets and that are clinically sustainable in the long-term.

We have adopted a comprehensive and iterative approach to options evaluation



Challenges → **Solutions** → **Benefits**

Our approach to public and patient engagement during our pre consultation engagement has been recognised as an exemplar of good practice by NHSE

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Surveys

more than **10,000** responses

Citizen's Panel

'Enter and View' visits

healthwatch

Independent Clinical Expert Reviews

Workshops and focus groups

more than **2,000** engagements

The development of proposals for the future of hospital services across the Humber has been clinically-led, evidence-based and influenced by the involvement of a wide range of stakeholders.

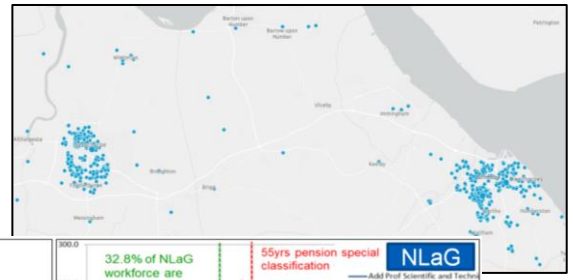
The Consultation Institute (tCI) has reviewed our pre-consultation engagement and concluded:

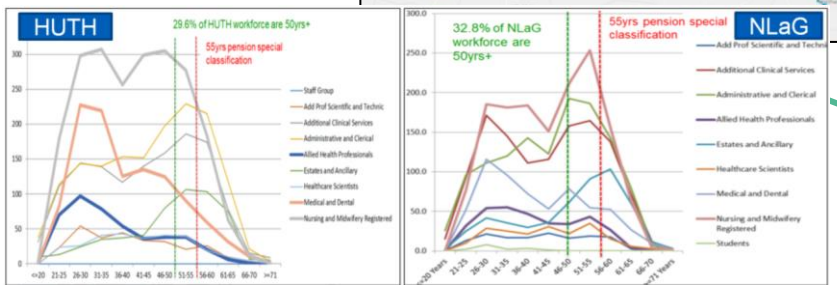
"the Humber Acute Services Programme team has **delivered an effective pre-engagement exercise**, and this is to the credit of the programme team."

Some of the things we have heard are:

Our options evaluation has been based upon a strong clinical evidence base and data analysis

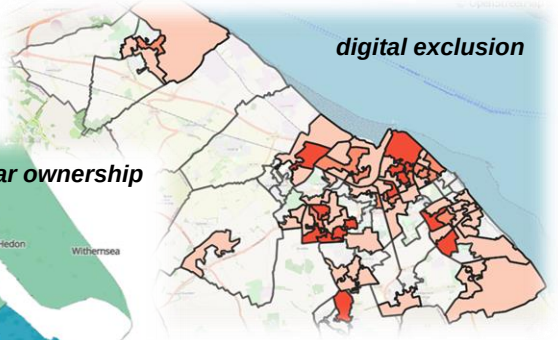
Workforce analysis was undertaken to confirm staffing requirements and impacts of change.





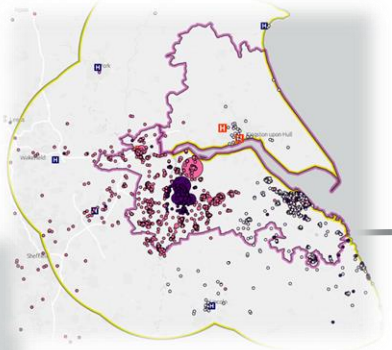
Independent clinical reviews were undertaken to ensure models are clinically safe, comply with latest guidance, and will improve outcomes.

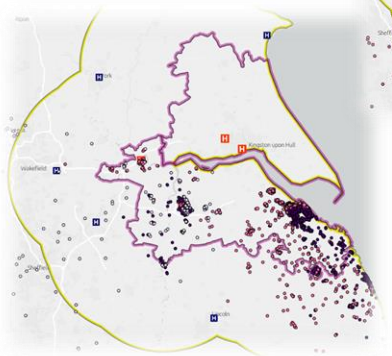
- Constitutional Standards
- Clinical Standards
- Workforce
- Clinical Outcomes
- Health (in)Equalities
- Sustainability
- Travel & Transport
- Estates & Infrastructure
- Finance



Ongoing engagement with local communities informed our **Integrated Impact Assessment** which shows how the models help to tackle **Health inequalities** and plans to mitigate any negative impacts on inequalities.

Travel impact (GIS) mapping was undertaken to confirm travel impact for staff, patients and family.





Impact on blue light ambulances and requirements for secondary transfers were also modelled.

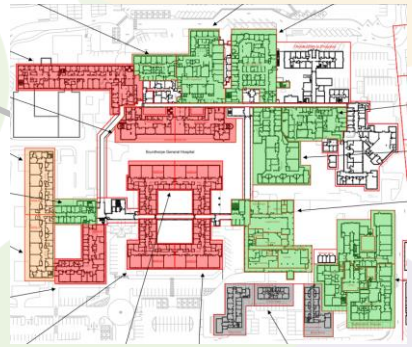
Activity modelling shows where patients could be displaced to and the potential impact on each hospital (including out of area providers).

Admission ratio / Length of Stay / bed occupancy scenarios were discussed with neighbouring trusts.

DPoW as the Acute site

Number of patients forecasted to be impacted or a Transfer Condition
red = displaced from their orginal hospital
blue = nearest alternative hospital to access based on post code or transfer condition

DPoW	SGH	HRI	DRI	LCH	PHB	YTH
375	-788	413	0	0	0	0
0	0	0	0	0	0	0
668	-713	125	0	0	0	0
1,062	-1,069	38	0	0	0	0
610	-666	165	0	0	0	0
2,433	-2,444	27	0	0	0	0
20	-20	0	0	0	0	0
553	-611	64	0	0	0	0
92	-93	4	0	0	0	0
4,770	-4,903	298	0	0	0	0
5,438	-5,616	423	0	0	0	0
91	-1,521	338	1,013	81	0	2
19	-521	72	415	11	0	4
51	-231	19	152	12	0	0
0	0	0	0	0	0	0
935	-935	0	0	0	0	0



Bed modelling and high level site surveys were conducted to determine infrastructure requirements.

Financial analysis was undertaken based on workforce modelling to determine revenue implications.

We believe that our approach has enabled us to meet our Statutory duties under s242/244/13z2 and 14Q of the NHS Act and follows the relevant NHS Reconfiguration Guidance

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Four Tests	How we are meeting them	Evidence of approach
Strong public and patient engagement.	• Extensive engagement of patients, the public, staff and other stakeholders in design of proposals. • Ongoing involvement of public representatives and OSCs.	• c12,000 people engaged in pre-consultation engagement and evaluation. • NHSE/OSC assurance. • Consultation Institute assurance.
Consistency with current and prospective need for patient choice.	• Extensive clinical and public engagement in design, reflects understanding of communities and impact of any changes on choice. • Detailed population health analysis underpins modelling and engagement.	• CCG/Place/VCSE/Community Rep Group engagement/MVP engagement • Evidence base on engagement substantive if cited in any future challenge for SoS/IRP or JR
Clear, clinical evidence base.	• Extensive clinical involvement in design and evaluation of proposals. • Models of care reviewed by Clinical and Professional Leaders Group, Clinical Senate, ODN and other independent clinical experts.	• Clinical Senate provided reasonable assurance on evidence base along with options. • Reports and supporting actions from all reviews.
Support for proposals from clinical commissioners.	• CCG (clinical and managerial) involvement in development and evaluation of proposals • ICB approval required to go to consultation	• Executive Oversight Group and programme governance. • Working Groups/Place Directors/ Place Boards/ICB briefings etc.

The approach we have adopted has resulted in us identifying a "Preferred Option" for Consultation for UEC and Paediatrics – with a focus on Grimsby and Scunthorpe

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Focus: UEC + Paediatrics	Key points to note	
Diana Princess of Wales Hospital, Grimsby Scunthorpe General Hospital	**Clinical**	Clinical Senate Review confirmed **current models of care are unsustainable** and proposed options would improve quality and sustainability
		Extensive clinical engagement in the programme to date
		Plans in place to deliver **out of hospital** dependencies – these will reduce the impact numbers currently estimated when in place
	Finance – meeting the Gateway requirements	**Capital is affordable within existing internal resources** *(c.£25m to deliver the proposed changes)*
		Proposed changes would release **c.£9m revenue savings gross (estimated)**
	Political / reputational	UEC proposals **retain and maximise the £58m in delivering improved 24/7 A&E** on existing sites
	Legal (process)	tCI review did not identify any significant areas of risk
		Extensive engagement process – meets **four tests for service change**

Why has Maternity/Neonatal been decoupled	• *Maternity and Neonatal have been "decoupled" - this is as a result of significant challenges in maternity services with our neighbouring Trusts* • *The Maternity and Neonatal options need to be considered at a wider Humber or ICB level* • *The ODN review of L3 care also needs to be revisited in light of the current system challenges*
Why was Planned Care removed	• *Six specialties were included in the Case for Change – these were removed as both HUTH and NLaG designed the Interim Clinical Plan and as wider system changes took place with a focus on Elective Recovery and the CIB and CAP Framework for Planned Care*

The approach we have adopted has resulted in us identifying a “Preferred Option” for Consultation for UEC and Paediatrics

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Focus: UEC + Paediatrics	What remains the same	What is the benefit
Diana Princess of Wales Hospital, Grimsby	• **24x7 Emergency Department with Co Located Urgent Care Service**	Maximises investment and reduces demand in EDs by c 328 patients per day
	• **Acute Assessment Unit and Same Day Emergency Care < 72 hours**	Reduces long stay admissions, improves flow and reduces Length of Stay
	• **Paediatric Assessment Units**	Ensures the safety of our children and reduces time in hospital environment
	• **General Medicine Inpatients**	Keeps services local where appropriate
	• **Care of the Elderly Inpatients**	Keeps services local where appropriate
Scunthorpe General Hospital	• **Critical Care/Anaesthetics**	Ensures services available across sites
	• **Paediatric Short Stay < 24 hours**	Keeps services local for least unwell children
	• **Emergency and Planned Care Day Surgery**	Maximises service access locally
	• **Obstetric Led Unit**	Keeps services local – promoting choice
	• **Outpatients**	Potential to move services to community investment

Services at Hull Royal Infirmary (HRI), Castle Hill Hospital (CHH) and Goole and District Hospital (GDH) would also continue as is.

The approach we have adopted has resulted in us identifying a "Preferred Option" for Consultation for UEC and Paediatrics

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Focus: UEC + Paediatrics	Diana Princess of Wales Hospital – Only – will provide	What is the benefit	What is the impact
Diana Princess of Wales Hospital, Grimsby	• **Trauma Services**	Enable us to provide access to more specialty skills 24/7, more rapid patient intervention reduced length of stay and improved experience.	Potentially impacts up to 2 patients per day – transport mapped and protocols defined.
	• **Speciality Medical Inpatients > 72 hours – Gastro/Respiratory and Cardiology** • ***Up to < 72 hour in-reach SGH maintained***	Enable us to provide specialist dedicated 7-day care and promotes reduced length of stay and improved experience.	This could impact up to 3 patients per day who would require transfer for specialist care.
	• **Acute Surgery Inpatients > 24 hour or inpatient stay required**	Promotes improved care through compliance with national guidance (e.g. CEPOD).	This could impact up to 6 patients per day. A proportion of these patients could be seen and treated on a day case basis.
	• **Paediatric Inpatients > 24 hours**	Would improve training and development opportunities and support the future sustainability of the workforce.	Impacts up to 3 patients per day but likely to be less as community pathways support keeping children at home

The proposals would result in the following key changes for patients and staff across Northern Lincolnshire

Humber and North Yorkshire Health and Care Partnership

	Current situation	Proposal	What will be different
Urgent Care	High volumes of patients attending Emergency Departments for **urgent care** needs. **Poor performance** on A&E waiting times (~43-56%, target = 95%)	**Co-located Urgent Care Service** in all three Emergency Departments (Hull, Grimsby and Scunthorpe) to see and treat non-life-threatening illnesses and injuries	Up to **120,000 patients (328 per day)**that attend our Emergency Departments every year can be seen and treated more quickly in an Urgent Care Service (co-located within the Emergency Department).
Specialty Medicine	**Speciality inpatient services** currently provided from both Grimsby and Scunthorpe Hospitals. Current services provide senior review for patients approx. 3 to 4 days a week only, leading to delays and longer length of stay. Current services **do not meet clinical standards**.	**Speciality inpatient services** (*Gastroenterology, Cardiology and Respiratory*) would be provided at Grimsby Hospital for patients who require admission after 72 hours or require a higher level of specialist clinical input. Care would be provided at Scunthorpe with specialist in-reach into the assessment, short stay wards and general medical/care of the elderly inpatient admissions.	Consolidation of specialty inpatient services would enable specialist 7-day service to be provided, improve quality of care through reduced length of stay with combined specialist workforce and Consultant of the Week. This would enable daily senior review and support future sustainability of workforce. Patients who require admission post-72 hours would transfer from SGH to DPoW site supported by timely inter-hospital transfer solutions. This would impact approximately **3 patients** per day. (Based on current numbers and no pathway change)

Example – Cardiology procedures

Patients who require angiography following a heart attack (NSTEMI) or because they are at increased risk should be treated within 72 hours, according to national guidance.

Currently such patients are admitted and monitored (often for several days), because 7-day consultant cover is not available on either site. Under the proposed model, 7-day services would be provided and patients could be treated within the 72-hour window and return home.

Challenges → **Solutions** → **Benefits**

The proposals would result in the following key changes for patients and staff across Northern Lincolnshire

Humber and North Yorkshire Health and Care Partnership

	Current situation	Proposal	What will be different
Trauma	Major Trauma Centre (adult) in Hull and **Trauma Units** located in both Grimsby and Scunthorpe Hospitals.	Single **Trauma Unit** for the south bank at the Grimsby Hospital. Major Trauma Centre (adult) continue to be provided at Hull Royal	Working closely with Ambulance services, patients requiring trauma services would be conveyed direct to the nearest Major Trauma Centre or Trauma Unit where specialist teams and skills will be dedicated to deal with trauma emergencies. This would affect a maximum of **2 patients** per day that previously attended the Scunthorpe Trauma Unit (Based on current activity numbers)
Surgery	**Emergency Surgery** is currently provided from both Grimsby and Scunthorpe Hospitals (and Hull Royal). **Workforce challenges** impacting on surgical teams across the Humber.	**Emergency Surgery** for patients requiring an admission would be consolidated to the Grimsby Hospital. Emergency surgery that is appropriate to be dealt with as a day case would be provided from Scunthorpe Hospital	Consolidation of emergency surgery 24/7 teams including surgeons, theatre teams, nursing staff would **reduce** out of hours on-call and support future sustainability of workforce. This could impact up to **7 patients** per day that currently are admitted to Scunthorpe Hospital for surgical inpatient care – a proportion of these patients could be seen and treated in Scunthorpe Hospital where emergency day surgery will continue to provided [e.g. fractured hip pathway]. Thereby reducing that number through different clinical pathways. (Based on current activity numbers and no pathway changes)

Example – frail patient with hip fracture

Patients with fractured hip (and no other trauma) could still be cared for in Scunthorpe Hospital under this model. They would have their operation performed by a surgeon and be looked after by ortho-geriatricians with support by therapy for enhanced post operative care and discharge.

Challenges → **Solutions** → **Benefits**

The proposals would result in the following key changes for patients and staff across Northern Lincolnshire

Humber and North Yorkshire Health and Care Partnership

	Current situation	Proposal	What will be different
Paediatrics	**Paediatric inpatients** services currently provided from both Grimsby and Scunthorpe Hospitals.	**Paediatric Assessment Units** would continue to be provided at both Grimsby Hospital and Scunthorpe Hospital, providing care 24/7 including short stay admissions (<24hr). Those requiring a longer stay admission or more specialist care would be admitted to the paediatric ward at Grimsby Hospital.	Consolidation of pediatric inpatient services supports the future sustainability of workforce. It would help support the delivery of hospital at home services in the community. Children who require admission post-24 hours would transfer from Scunthorpe to the Grimsby site supported by a dedicated team to ensure safe transfers. This would impact up to **3 patients** per day. (Based upon current activity levels and no pathway changes)

Example – Hospital at Home

Hospital at Home provides nurse-led acute care within the patient's own home enabling quicker discharge from hospital and/or avoidance of a hospital visit. This would enable more children to have a short stay in the PAU and be transferred home with support from H@H team rather than having to be transferred to Grimsby Hospital

Challenges → **Solutions** → **Benefits**

The Clinical Senate have reviewed and provided assurance on the Clinical Models and underpinning assumptions and provided their highest level of assurance on questions asked

Humber and North Yorkshire Health and Care Partnership

The Clinical Senate provided the top level of assurance (reasonable assurance) against all three questions asked.

The Clinical Senate provided their highest level of Assurance on all Questions asked

- ✓ To provide assurance, from a clinical perspective that the evaluation process has resulted in **clinically viable proposals** that ensure services are:
  - More sustainable
  - Provide good quality of care for the future
  - Support the improvement of health inequalities

→ • **Reasonable Assurance** ☑

- ✓ To provide assurance that the **assumptions have been fully considered** in relation to:
  - Demand for services
  - Patient flow
  - Travel and access for patients and staff
  - Impact on neighbouring providers of secondary care
  - Impact on interdependent/related services (e.g. ambulance/community/primary care)

→ • **Reasonable Assurance** ☑

- ✓ To provide assurance that the clinical models have taken account of the **relevant clinical interdependencies** and whether there is anything that has not been included in the proposed clinical models, within the current ability of the system to enact, that should be considered.

→ • **Reasonable Assurance** ☑

The Clinical Senate have reviewed and provided assurance on the Clinical Models and underpinning assumptions and provided their highest level of assurance on questions asked

Humber and North Yorkshire Health and Care Partnership

The Clinical Senate provided the top level of assurance (reasonable assurance) against all three questions asked.

- ✓ The options for the future models of care have been designed to address the challenges …They have been developed and refined through a robust process including in depth clinical input discussions with Clinical Design Groups, specialty project groups, a citizens panel, focus groups and workshops with elected members, representative groups and other stakeholders

- ✓ The senate supports the development of an Acute Hospital and Local Emergency Model with consolidation of Trauma on the Acute site. An Acute Hospital and Local Emergency Hospital affords the opportunity to consolidate specialised skills and expertise on one site

The Clinical Senate highlighted several areas for further consideration.

Urgent and Emergency Care

"The Senate was reasonably assured that models of care are clinically coherent, more sustainable and would provide quality care."

"It remains concerned about the sustainability of two critical care units from a workforce perspective. Guidance from the Critical Care Network is advised."

Maternity, Neonatal Care and Paediatrics

"The Senate's findings on plans for neonatal and paediatric services provided it with reasonable assurance that models of care are clinically coherent, more sustainable and would provide quality care.

"With respect to maternity services, the Senate remains concerned about the deliverability and sustainability of two obstetric led units due to workforce concerns."

Key actions/considerations:

- ❑ Engage with Yorkshire Critical Care Network to ensure that it is supportive of plans to maintain a level two critical care service on the LEH site.
- ❑ Consider the Senate's recommendations regarding the option for two Obstetric-Led Units.
- ❑ Continue to engage with neighbouring systems regarding impact on their services.

We have commissioned an additional assurance review of our approach to Pre Consultation engagement from The Consultation Institute …

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The Consultation Institute have provided assurance that there are no significant risks in the work to date.

The Consultation Institute was commissioned to carry out a risk review of the programme to identify issues and challenges that compromise best practice and create grounds for challenge early enough to minimise them.

A desktop review of documentation has been undertaken (Dec 2022), supplemented by interviews with key stakeholders (Feb 2023). The review will lead into formal quality assurance of the consultation.

The review concluded that, whilst there are areas in which further work could be undertaken

✓ **"The HASP team has delivered an effective pre-consultation engagement exercise, with significant engagement having taken place over a number of years in preparation for public consultation."**

✓ **The pre-consultation business case (PCBC) is robust and contains a clear summary of the work undertaken to date and there is evidence of influence within this from the public engagement undertaken.**

The Consultation Institute highlighted several areas for further consideration.

Timeline and potential risk of further delay

- "The delay agreed in September 2022 has been challenging in terms of keeping momentum, a further significant delay may damage momentum even further…"

Stakeholders

- Identification and management of key stakeholders (esp. political)

Impact Assessments and making programme documentation easy to follow

- "…investigate whether there can be some consolidation, prior to the IIA of the different analyses; a more co-ordinated document would be helpful in terms of presentation."

Engagement participants

- potential digital exclusion risk

Financial analysis and capital funding

- "Stakeholders have heard about plans for new hospital buildings and the programme needs to be honest about the financial position and what is realistic."

Key actions/considerations:

- ❑ Consider timeline for consultation launch
- ❑ Ensure detailed information is as easy to navigate as possible and made available to the public as part of consultation.
- ❑ Continue to actively manage relationships with key political stakeholders.

We have undertaken significant work on how we will work with five out of hospital programmes to maximise the benefits we can deliver as we design and implement the change – these focus on improved pathways of care that either avoid hospital attendance/admission or support early discharge

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Priority Projects	Link to Humber Acute Services proposals	What is the impact/benefit
Frailty	Supports proposals for **integrated urgent and emergency care** within HAS pre-consultation business case (PCBC) Key enabler to reduce ED attendances and hospital admissions	Collectively, these interventions are expected to reduce **emergency inpatient admissions** by around 8% **(up to 5 per day).** **Elective inpatient admissions** are expected to reduce by 8% through change to day case and shift to out of hospital **(up to 32 patients per day)** More **outpatient appointments** will be undertaken in local clinics, remotely or be avoided altogether through more proactive approaches to care **(up to 200 patients per day)**
Falls prevention		
Enhanced care in care homes		
Community ill child programme	Supports **paediatrics by** reducing ED attendances and hospital admissions and mitigate impact of potential consolidation of inpatient paediatrics	
Community Diagnostic Centres	Supports bringing **planned care** closer to home – key enabler to reduce outpatient attendances at hospital sites	

We have developed a comprehensive consultation and engagement plan to support our work during the consultation period – this builds upon the exemplary work undertaken on pre-consultation engagement

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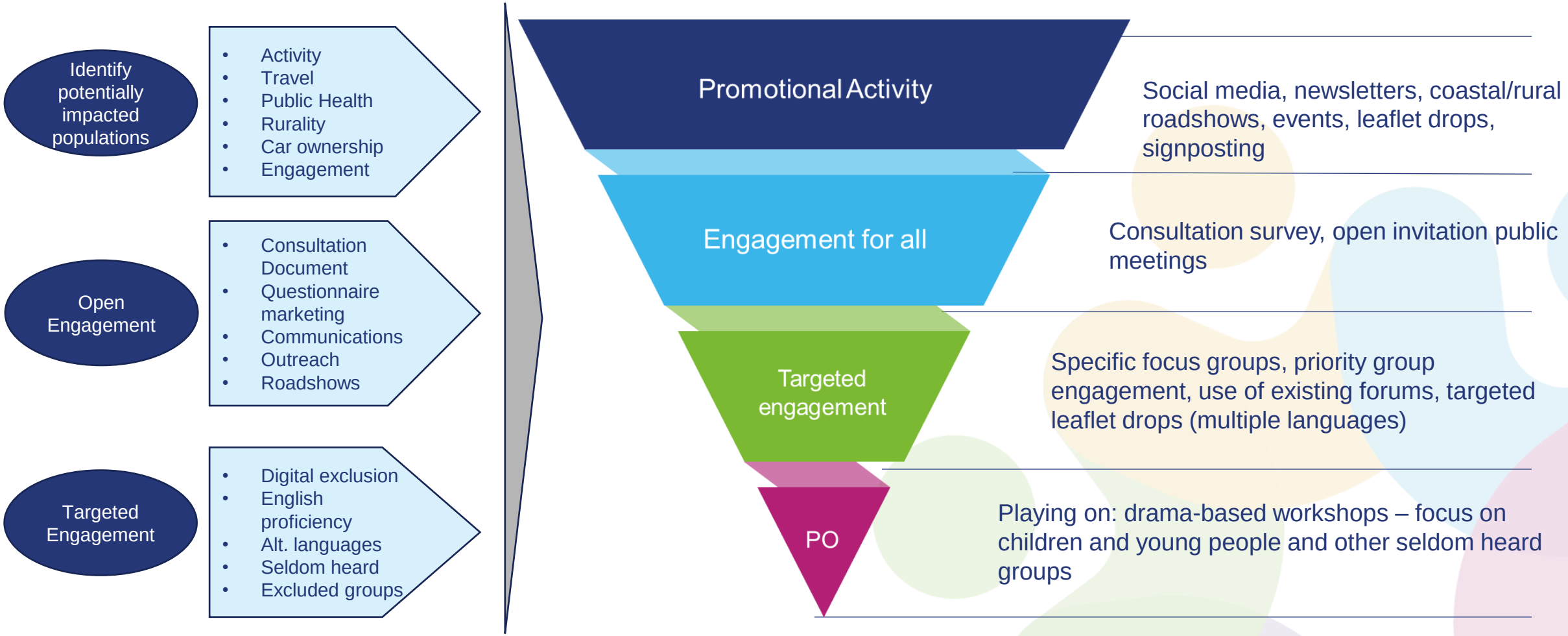

We have developed a comprehensive consultation and engagement plan – the key elements are either complete or in development

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Key actions / areas to consider		Milestone	Status
Implementation responsibilities		Jun-23	Agreed
Scoping/mandate of the consultation		Jun-23	Agreed
Resource and requirements analysis		Jun-23	Agreed
Stakeholder identification and analysis		Jul-23	Partially complete
Risk Analysis		Jul-23	Partially complete
Controversy Plan		Jul-23	In progress
Consultation Plan	Detailed timeline	Jul-23	Draft complete
	Engagement Plan (incl. equalities analysis and internal engagement plan)	Jul-23	Draft complete
	Communications Plan	Jul-23	Draft complete
	Website	Jul-23	In place
	Creative (animation/videos/posters etc.)	Sep-23	Partially complete
	Narrative	Jul-23	Draft complete
	Consultation Document	Sep-23	Draft complete
	Consultation Questionnaire	Sep-23	Draft complete
Communications, Media and PR	Media strategy	Jul-23	Complete
	Spokesperson training and briefing programme	Aug-23	Approach agreed
	Stakeholder engagement plan	Jul-23	Approach agreed
Mid-Point Review		Nov-23	Not started
Closing Review		Dec-23	Not started
Evaluation/Analysis Plan		Sep-23	In progress
Influencing Plan		Sep-23	Not started
Final Report		Jan-24	Not started

The consultation will involve a mixture of widespread promotion and targeted engagement and take place over a period of 12 weeks.

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Launch (wk 1)

- Social media campaign
- Letters to key stakeholders
- Media promotion
- Questionnaire
- Consultation information in public buildings
- Telephone helpline

Public Events (wk 2-5)

- Public exhibition events
- Deliberative meeting(s) – F2F
- Rural/coastal roadshows
- Staff exhibitions

Midpoint Review (wk 6)

- Review feedback and engagement so far
- Amend approach as required

Roadshows and Events (wk 6-11)

- Deliberative meeting(s) – online
- Rural/coastal roadshows *(as required following midpoint review)*

Close (wk 12)

Targeted engagement (wk 1-6)

- Leaflet drop in alternative languages
- Children/young people's version of questionnaire
- Work with VCSE partners to gather insight from key target groups
- Focus Groups – independently facilitated with key target groups

Targeted engagement (wk 6-12)

- Playing ON – drama-based engagement with children and young people
- Staff equality networks – focus groups and ongoing engagement
- Focus Groups – independently facilitated with key target groups
- 1:1 interviews *(scope shaped by midpoint review)*

We have a number of key actions, decisions before we can progress to Consultation in September 2023

Humber and North Yorkshire Health and Care Partnership

1. ICB Board: Public
2. NHSE Gateway Review
3. ICB Board
4. JHOSC
5. Consultation Begins

Potential Risks

- Delay to ICB decision making
- Delay NHSE Gateway Process
- Mis-alignment of ICB decision-making and Gateway process
- Potential requirement for temporary service change (reputational damage and impact on consultation process)
- Training and Recruitment (delay to putting in place programmes)
- Potential political challenge
- Potential representative group challenge
- Potential delay to post General Election if Early Challenge
- Potential to lose support of Clinical Teams who are waiting on consultation – loss of Goodwill and Engagement
- Potential need to re do options evaluation if significant time delay pre consultation
- Potential for delayed delivery to forecast benefits – revenue savings, workforce change, patient access, clinical quality and safety

We are seeking ICB Board approval to proceed to consultation on the “Preferred Option” highlighted above for UEC and Paediatrics

Humber and North Yorkshire Health and Care Partnership

We are asking the ICB Board as Lead Commissioner to approve moving forward to Consultation in September 2023, in line with National Service Change Guidance and NHS Act requirements, subject to completion of the NHS England Gateway process.

Noting:

- **The Assurance provided from the Clinical Senate and The Consultation Institute**
- **That the forecast Capital Costs are affordable from internal resources – £25.5m**
- **That the revenue cost savings are estimated as c£9m (gross)**
- **That the Programme still requires:**
  - **NHSE Gateway Approval**
  - **Joint Health Overview and Scrutiny Approval**