



Report to:	Humber and North Yorkshire Integrated Care Board (ICB)
Date of Meeting:	12/07/2023
Subject:	Humber Acute Services
Director Sponsor:	Anja Hazebroek
Author:	Ivan McConnell / Alex Seale

STATUS OF THE REPORT: *(Please click on the appropriate box)*

Approve Discuss Assurance Information A Regulatory Requirement

SUMMARY OF REPORT: *(A short summary of the key points set out within the report)*

- Humber Acute Services has reached a critical stage in its development and is ready to go to consultation subject to ICB, NHSE and JHOSC approvals.
- The “preferred option” for consultation has been developed following extensive engagement with over 12,000 people over the past two years and extensive travel, patient flow and staff modelling.
- The approach taken to developing the Pre-Consultation Business Case has received positive feedback from the Clinical Senate and The Consultation Institute
- The Clinical Senate have provided their highest level of assurance, (reasonable) on the three questions asked – clinical viability of options / assumptions made / clinical evidence base.
- The Consultation Institute have not identified any pre-engagement risk and complimented the scope, scale and range of the work undertaken.

The report pack contains:

- Overview paper / summary consultation narrative
- Pre-Consultation Business Case (Final, subject to NHSE Assurance)
- Consultation Document (Draft)
- Consultation Questionnaire (Draft)
- Engagement Plan (Draft)
- tCI Risk Report (Final)
- Clinical Senate Report (Final)

RECOMMENDATIONS: *(Specify the recommendation(s) being asked of the meeting - use additional points as appropriate):*

Members are asked to:

- Approve the “Preferred Option” within the Pre-Consultation Business Case to progress to a Statutory Consultation subject to:
 - NHSE Gateway approval
 - Joint Health Overview and Scrutiny approval of the Consultation document and approach
- Approve the Consultation Document Approach



- Approve the outline Consultation and Engagement Approach

The Consultation will focus on Urgent and Emergency Care and Paediatric Services, primarily in Diana Princess of Wales Hospital, Grimsby and Scunthorpe General Hospital.

The Humber and North Yorkshire Integrated Care Board has the statutory responsibility for approving the consultation and for leading the consultation exercise, supported by Place and provider teams.

ICB STRATEGIC OBJECTIVE *(please click on the boxes of the relevant strategic objective(s))*

Realising our vision	<input checked="" type="checkbox"/>
Improving outcomes in population health and healthcare	<input checked="" type="checkbox"/>
Supporting broader social and economic development	<input checked="" type="checkbox"/>
Tackling inequalities in outcomes experience and access	<input checked="" type="checkbox"/>
Delivering our operational plan 2022/23	<input type="checkbox"/>
Developing our ICS	<input type="checkbox"/>

IMPLICATIONS *(Please state N/A against any domain where none are identified)*

Finance	Proposals for change would deliver an estimated c.£9m revenue savings (gross) per year. The capital requirements for the preferred option (c.£25m) can be delivered through internal trust capital (see PCBC pp. 162-165).
Quality	Proposals for change would deliver significant improvements to quality of healthcare services across the Humber (see PCBC pp.136-142 and 150-166).
HR	N/A – no direct implications on ICB employees.
Legal / Regulatory	The ICB is required to meet its statutory duties under s242/244/13z2 and 14Q of the NHS Act – to involve people in the development of proposals for service change (see PCBC pp.81-100 and 306-354).
Data Protection / IG	N/A – implications for data sharing/IG will be managed by providers in planning for implementation.
Health inequality / equality	Proposals for change would deliver significant improvements in access and help to tackle health inequalities through improved pathways of care. The proposals for change would have the potential to increase health inequalities through increased travel



	times for some patients – a comprehensive IIA has been undertaken and proposed mitigations have been developed (see PCBC pp.29-44, 87-89 and 286-287).
Conflict of Interest Aspects	N/A
Sustainability	Proposals for change (wider pathway changes) contribute to an overall reduction in patient journeys to hospital (through increased use of remote monitoring, virtual wards etc.) (see PCBC pp. 170-190)

ASSESSED RISK: *(Please summarise the key risks and their mitigations)*

The main areas of risk and key mitigations are summarised below.

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 <i>(meeting the Gateway requirements)</i>	Capital is affordable within existing internal resources (c.£25.5m to deliver the proposed changes)
	Proposed changes would release estimated c.£9m revenue savings gross
Political and reputational	UEC proposals retain and maximise the £58m in delivering improved 24/7 A&E on existing sites
Legal <i>(process requirements)</i>	tCI review did not identify any significant areas of risk
	Extensive engagement process – meets four tests for service change

The approach to mitigation is detailed in the Consultation Institute risk review, which sets out residual risk areas and proposed mitigations, whilst acknowledging that “some areas of risk within public consultation cannot always be fully mitigated.”

Key to this approach is documenting how the process that has been followed meets all the ICB’s statutory requirements to involve at each stage, ensuring the process is able to withstand scrutiny and potential challenge.

MONITORING AND ASSURANCE: *(Please summarise how implementation of the recommendations will be monitored and the assurances that can be taken from the report)*

Risk Mitigation

ENGAGEMENT: *(Please provide details of any clinical, professional or public involvement work undertaken or planned. Summarise feedback from engagement and explain how this has influenced your report. If you have not yet engaged with stakeholders include a summary of your plans.)*



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. More than 12,000 people have been involved in the programme through surveys, focus groups, workshops and a range of other methods to shape and inform the proposals within the Pre-Consultation Business Case (PCBC).

The key themes and trends of what people are telling us through the engagement are set out on pp. 148-149 of the PCBC (see pp.81-100 and 306-354 for fuller details of the process followed and links to the engagement reports and findings).

The Consultation Institute (tCI) has reviewed the pre-consultation engagement and concluded: “the Humber Acute Services Programme 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.**”

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes

If yes, please detail the specific grounds for exemption