



Agenda Item No:

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| Report to: | ICB Board |
| Date of Meeting: | 13 th September 2023 |
| Subject: | Humber Acute Services Update |
| 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:

The Humber Acute Services Programme has reached a critical stage and is planning to progress to consultation at the end of September/early October 2023. The current planned start date is Monday 25th September. The consultation will run for 12 weeks.

The programme has been through multiple assurance reviews including Overview and Scrutiny Engagement, NHS England (NHSE) Assurance and Gateway Reviews, Clinical Senate Reviews and external scrutiny by The Consultation Institute.

The ICB Board approved the programme progressing to Consultation at its Public Meeting on 12th July, subject to the successful completion of the NHSE Gateway Review.

This paper sets out a summary response to key questions asked by the ICB Board and highlights some key changes in programme assumptions following the decoupling of Maternity and Neonatal services requested by NHSE/ICB and the NHSE Gateway Review Process. These primarily relate to reductions in the revenue cost saving forecasts and also the capital costs attributed to the implementation of the changes proposed.

The revenue and capital costs will be finalised in the Decision-Making Business Case presented to the ICB Board following consultation.

A Joint Health Overview and Scrutiny Committee will also be set up to review the consultation process and decision arising from consultation. The first meeting is planned for early October 2023.

To enable the Consultation to achieve the proposed Go Live Date of 25th September the following requirements need to be met:

- ICB Board approval of the current status
- NHSE Gateway approval (completion of process scheduled for w/c 11th September)

RECOMMENDATIONS:

The Board is asked to note:

- The assurance that has been provided on the work undertaken to date.
- The forecast capital costs and revenue savings pre consultation and finalisation of the preferred option in the Decision-Making Business Case.
- The approach that will be undertaken for the delivery of a Joint Health Overview and Scrutiny Committee.

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

| | |
|--|-------------------------------------|
| Managing Today | <input type="checkbox"/> |
| Managing Tomorrow | <input checked="" type="checkbox"/> |
| Enabling the Effective Operation of the Organisation | <input type="checkbox"/> |

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

| | |
|------------------------------|---|
| Finance | Forecast revenue savings and capital costs to be finalised in Decision Making Business Case |
| Quality | Impact to be finalised in Decision Making Business Case |
| HR | Impact on workforce to be finalised in Decision Making Business Case |
| Legal / Regulatory | Statutory Duties for Substantive Change met to Date and assured – Joint Health Overview and Scrutiny Committee timings agreed. |
| Data Protection / IG | N/A |
| Health inequality / equality | IIA complete and will be finalised in Decision Making Business Case |
| Conflict of Interest Aspects | N/A |
| Sustainability | N/A |

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

A key area of risk is the potential for challenge, including referral to the Secretary of State or a Judicial Review.

Mitigations:

- Overview and Scrutiny Committees engaged in programme to date.
- Joint Health Overview and Scrutiny Committee to be in place for consultation.

- NHSE Assurance process ongoing.
- Independent Assurance processes in place.
- The Consultation Institute review of engagement and consultation approaches.

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

Ongoing reporting of feedback from consultation to ICB Board as the Decision-Making Business Case is developed.

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.)*

Over 12,000 people engaged in development of clinical models in Pre-Consultation Business Case

Statutory Consultation Process planned for 12 weeks from end of September / early October 2023

Assurance processes in place: The Consultation Institute, JHOSC, NHSE

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes

If yes, please detail the specific grounds for exemption.

Humber Acute Services Programme

The ICB has asked the Humber Acute Services Programme team to provide the Board with an update on:

- Assurance undertaken to date
- Capital and revenue cost estimates
- NHSE Gateway Assurance and Joint Health Overview and Scrutiny Committee Status

This paper provides the ICB Board with a summary update on progress of the Humber Acute Services Programme following approval on 12th July to proceed to consultation, subject to the successful completion of an NHSE Gateway Review.

The paper sets out a summary of some key changes in programme assumptions following the decoupling of Maternity and Neonatal services requested by NHSE/ICB and the NHSE Gateway Review Process.

The Programme is now reaching a critical stage and is aiming to progress to Statutory Consultation at the end of September/beginning of October 2023. The current planned start date is Monday 25th September. The consultation will run for 12 weeks.

Assurance undertaken to date

Clinical Senate/Consultation Institute Feedback

The Clinical Senate reviewed the pre-Consultation Business Case in February 2023 and provided the Programme with their highest level of assurance “reasonable” on three key questions:

- ✓ 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
- ✓ 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)
- ✓ 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.

In their report the Clinical Senate highlighted:

- ✓ 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 Consultation Institute Assurance Review Feedback

The Consultation Institute are an independent body who provide training, consultancy and external assurance reviews of planned NHS Service reconfigurations.

The Consultation Institute was commissioned to carry out a risk and assurance review of the engagement activities and workplan pre-consultation.

The review concluded that:

- ✓ “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 concluded in their report that there are no significant risks in the work undertaken to date.

Capital and Revenue Cost Estimates

The Pre-Consultation Business Case (PCBC) sets out the potential options to be considered during the Consultation period. The costs set out within the Pre-Consultation Business Case are therefore estimates that will be confirmed and finalised once the Consultation is complete and implementation plans are set out in the Decision-Making Business Case.

As part of the Pre-Consultation approach cost estimates/savings were identified and set out in the Pre-Consultation Business Case.

Following publication of the case and the decoupling of maternity and neonatal and the NHSE Gateway review further work has been done to refine the cost/savings estimates.

Forecast Capital Costs

The forecast capital costs set out in the Pre-Consultation Business Case were set out as £25m. A further review of the capital estimates, contingencies and plans has been undertaken which has reduced the capital spend forecast to approximately £16m. This continues to be affordable from within internal capital funding resources.

This will be further refined during the consultation process to reflect build and refurbishment costs arising from the final agreed option.

Capital cost estimates are currently highly volatile due to the sensitivity of interest rates, supply, manufacturing and logistics costs.

Forecast Revenue Savings

The forecast revenue savings set out in the Pre-Consultation Business Case were set out as £9m. A further review of the savings estimates has been undertaken following NHSE Gateway challenge and further finance review. The savings forecast has been revised from £9m to £7.5m. This has resulted from a further, more detailed review of the dependencies and the impact of decoupling potential proposals for maternity and neonatal services and assumptions that were made on assumed growth funding.

The revenue impact of the potential changes will be further refined during the consultation process to reflect detailed job and rota planning during the consultation process.

NHSE Gateway Assurance and Next Steps

Two elements of external scrutiny that must be undertaken as part of the Consultation process still need to be completed.

NHSE Gateway Approval

NHSE has undertaken a comprehensive assurance process of the Pre-Consultation process and Business Case. As part of that process additional assurance has been undertaken of financial plans and the proposed consultation document and approach.

NHSE has highlighted a number of areas for their review that they would like to be considered during the Consultation process. For example, an in-depth assessment of potential inequalities impact (which will be informed by the consultation process) and consideration of the timing and phasing of implementation planning and delivery.

The outcome of the NHSE Gateway process was still pending at the time of writing, however, it is due to complete w/c 11th September 2023.

Joint Health Overview and Scrutiny Committee Approval

The changes proposed in the Pre-Consultation Business Case are classified as “significant” and require engagement with Local Authorities through their Overview and Scrutiny Committees. NHS and Local Authority guidance sets out a requirement to hold a Joint Health Overview and Scrutiny Committee where multiple local authority areas are impacted by a proposed change.

To date, the Programme team have engaged with the five Local Authority Overview and Scrutiny Committees on proposed plans, engagement work undertaken to date and proposed approach to consultation and engagement. No substantive issues have arisen from the session undertaken to date.

Local authority scrutiny officers have been engaged in this process to date. Local authorities have identified that in accordance with Regulation 23, The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and other guidance, that they will set up a Joint Health Overview and Scrutiny Committee after the consultation is ‘live’ and provide comment on the proposals and approach following the consultation launch.

Individual Local Authorities have also asked that both before and during consultation that individual briefings are undertaken for Committees on request. Informal briefing sessions for members have been arranged (taking place between 6th and 13th September) and an initial meeting of the Joint Overview and Scrutiny Committee is being convened in early October.

Conclusions/next steps

To enable the Consultation to achieve the proposed Go Live Date of 25th September the following requirements need to be met:

- ICB Board approval of the current status
- NHSE Gateway approval (completion of process scheduled for w/c 11th September)

The Board is asked to note:

- **The assurance that has been provided on the work undertaken to date**

- **The forecast capital costs and revenue savings pre consultation and finalisation of the preferred option in the Decision-Making Business Case The approach that will be undertaken for the delivery of a Joint Health Overview and Scrutiny Committee**

Supporting documents attached:

- **Consultation Document**
- **Summary Consultation Document**
- **Questionnaire**