

**Overview and Scrutiny
December 2011**



Fylde Coast Health Economy Strategy

Task Group Report

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Fylde Coast Health Economy Strategy – Pre consultation Task Group

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Background to the Review

The Health Scrutiny Committee requested a report and attendance from Blackpool Teaching Hospitals NHS Foundation Trust for its meeting on 22 February 2011. The Trust were asked to explain their actions following the transfer of all services from Wesham Hospital to Clifton Hospital which took place at the end of January without any prior consultation with Overview & Scrutiny.

The response from the Trust stated that although they were going to carry out a public consultation later in the year to look at the five year health strategy for the Fylde Coast, including a review of the NHS estate, they were of the view that they needed to focus on how to make best use of their estate in order to provide best value for money at the present time.

They stated that large areas of Clifton Hospital were empty and these areas were expensive to keep open. It was therefore decided in the short-term to consolidate their bed stock by transferring services currently provided at Wesham Hospital to two empty wards at Clifton Hospital. This move took place on 25th and 26th January 2011, all clinical staff transferred with the service.

The Trust argued that the interim transfer of services from Wesham Hospital to Clifton Hospital was separate to the public consultation that would be held later in the year. Their actions were based on their view that they needed to consolidate the Trusts community bed stock in the short term, until such time as the future of all the NHS estate on the Fylde Coast was determined. They stated that this would be via the public consultation and would actively seek the views of patients, staff and Health and Social Care Partners.

The committee however were not satisfied that consultation on the proposal had been adequate in relation to content and time allowed, and it was not in the interests of the health service in the area and agreed that the relocation of services from Wesham hospital be referred to the Secretary of State for Health, for independent review.

A reply was received from Andrew Lansley, Secretary of State for Health on 11 May 2011. His response stated

" I am reassured proposals for change affecting Wesham hospital will be included as part of the wider public consultation exercise for the 'Fylde Strategy', planned for later this year. I believe that given the circumstances, the best course of action now should be for this consultation to proceed in due course"

This issue had already been the subject of debate by Blackpool Health Scrutiny Committee and informal discussions had taken place between Blackpool and Lancashire Health Scrutiny Committee Chairs to determine a way forward. It was therefore suggested, that prior to the public consultation taking place later this year, a joint working group be formed between the two Committees to consider the content and process of that consultation exercise. The Committee agreed to the formation of a joint working group with Blackpool Health Scrutiny Committee to consider the planned consultation process.

The Scrutiny Committee approved the request for a task group at its meeting on 16 September 2011

Membership of the task group

The Task group was made up of the following County Councillors:-

- Paul Rigby (Chair)
- Geoff Roper
- Mike Devaney
- Clive Grunshaw
- Carl Crompton
- Bill Winlow

Two members from Blackpool Council were also invited to join the task group:-

- Cllr Martin Mitchell
- Cllr David O'Hara

Scope of the Scrutiny exercise

To review the consultation process and proposals of the Fylde Coast Health Economy Strategy

- To determine the consultation process to be undertaken
- To consider the proposed options put forward for consultation

The task group will ensure that a comprehensive and fully inclusive consultation exercise is planned and delivered and that the feedback from stakeholders is taken into consideration when a preferred option is taken forward.

As this strategy will also impact on Blackpool residents the Committee agreed it would be beneficial to form a joint task group with Blackpool scrutiny members

Methodology

Witnesses

The Task Group carried out a series of information and evidence gathering sessions. Discussions took place with a number of witnesses.

NHS Blackpool

- Ian Treasure - Deputy Director of Partnerships
- Helen Skerritt - Director of Nursing & Quality

NHS North Lancashire

- Sophy Stewart - Head of Communications

Blackpool Teaching Hospitals NHS Foundation Trust

- Pat Oliver - Director of Operations
- Caroline Hastie - Head of Communications

Lancashire LINK

- Michael Swarbrick

Blackpool LINK

- Norma Rogers
- Helen Kay

County Councillors

- Liz Oades
- Vivien Taylor

Documents –

The task group considered a range of documentary evidence including:

- Fylde Coast Consultation Delivery Plan – Original version
- Fylde Coast Consultation Delivery Plan – Revised version
- Care Closer to Home Vision & Strategy
- Consultation Plan executive summary
- Draft consultation questions
- Improving Patient Care – 2006 consultation
- Review of crisis, rapid response, intermediate care rehabilitation and reablement for older adults in North Lancashire – University of Cumbria
- Data analysis report on 2006 consultation – UCLAN

Findings

To ensure that all aspects of the consultation plan were fully scrutinised members decided to break their investigations down into the following questions:-

Why is the consultation taking place?

The public consultation will look at the future five year strategy for health services across the Fylde Coast; it builds on the previous consultation work undertaken in 2006.

Greater focus will be on providing more care out of hospital, in the community and closer to people's homes, whilst ensuring hospital based care is available for those who need it.

The consultation will be led by NHS Blackpool as lead commissioner, and NHS North Lancashire (both part of the NHS Lancashire Cluster) in partnership with Blackpool Teaching Hospitals NHS Foundation Trust.

The purpose of the consultation is to develop a plan for the Fylde Coast that achieves the provision of better care closer to people's homes and will outline proposed changes for future healthcare provision. The priority is looking at new care pathways/models and making sure that they engage the right people.

Many of the patients within hospital require social care, residential nursing etc and don't always have a medical need – however the Hospital Trust are very clear that no beds will be reduced until there is a robust and capable alternative in place with social care.

To ensure there is a clinical evidence base underpinning the proposals and that they have the support of GP commissioners, the 3 local Clinical Commissioning Groups (CCGs) representing the Fylde coast have been involved in the development of the clinical case for change and proposal options, which will form the consultation document.

Who will be consulted?

The Task Group were provided with the following list of stakeholders who would be engaged with on a variety of different levels

- Hospital Trust Membership Scheme
- Age UK
- Advocacy Service
- Council for Voluntary Service (CVS)
- Senior Voice Forum
- Equalities Forum (and disability partnership)
- Faith Forum
- Area Forums
- Patients and their Representatives
 - Patients of Blackpool, Wyre and Fylde

- Carers of Patients of Blackpool, Wyre and Fylde
- Blackpool LINK
- Lancashire LINK
- Health Scrutiny Committee (Lancashire)
- Health Committee (Blackpool)
- Elected Members Blackpool
- Elected Members Wyre
- Elected Members Fylde
- Local MP's, MEP's
- Community Groups
 - Blackpool (and Fylde) Disability Partnership
 - Blackpool Senior Voice Forum
 - Age UK (Fylde Coast)
 - N-Vision (Fylde Coast)
 - Equalities Forum (Blackpool Council)
 - Communities of Interest and Place
 - Blackpool Area Forums and Area Panels
 - Blackpool Business Leaders Group
 - Council for Voluntary Service (Fylde Coast)
 - Advocacy Service (Fylde Coast)
 - Hospital Trust Affiliates (Fylde Coast)
- Professional and Business Groups
 - Blackpool Clinical Commissioning Group
 - Wylde Clinical Commissioning Group
 - Fleetwood Clinical Commissioning Group
 - Blackpool, Fylde and Wyre GP's
 - Blackpool Teaching Hospitals Foundation Trust Board / staff
 - Fylde Coast Local Medical Committee, Local Pharmaceutical Committee,
 - Local Ophthalmic Committee
- Statutory Partners
 - Local Authority Social Services (Blackpool and Lancashire)
 - Police
 - Lancashire Fire Rescue
- Other Interested Parties
 - Local Media
 - Care Homes
 - Other Residential Homes
- Staff Unions

The North West Ambulance Service are also part of the consultation process in particular the patient transport service rather than the 999 response.

How will the public be informed?

Community Events –

The venues for the public consultation events will be carefully selected to ensure good public transport links, car parking and offer a range of accessible times. The original consultation delivery plan identified 3 community events in Fleetwood, Blackpool and Lytham. Following comments from members that just 3 community events was inadequate an updated list of venues to host the community based meetings had been included within a revised consultation delivery plan. These new additional venues were Over Wyre, Garstang, Poulton-le-Fylde, Kirkham and an extra event in Blackpool bringing the total to 8 events.

Acknowledgement needs to be given to the more rural communities as often people don't want to travel too far

Awareness Raising in Key Locations -

A series of drop in sessions giving information about the consultation to people on a 1 to 1 basis in smaller venues would be delivered – it is proposed to use accessible venues such as community hospitals and primary care centres across the Fylde coast. Pre-paid envelopes will be provided to enable people to provide responses at a later date.

Engagement through Established Groups -

Information to be provided to community groups and engagement forums identified within the list of stakeholders

On-Line Feedback Format -

Development of an on line resource, advertising dates of meetings and on line consultation feedback forms to allow people to access all the information available at the consultation events, and send feedback directly electronically. This approach is felt as an appropriate alternative to attending an event, particularly if bad weather and dark nights dissuade members of the public from going out.

Media Channels -

Commercial radio stations for advertising, invite local BBC radio to run features on the subject. Proactively issue press releases to local newspapers, and other published circulars to reach the wider population of the Fylde coast. Members felt that if Radio Lancashire is aware of a story it will share it with Look North West. Use of council newspapers, Blackpool and the Districts and members requested that posters be provided to parish council clerks to put in local notice boards

To ensure that the audience was representative and not just people with vested interests it was noted that using the 'market place' approach would enable people to ask questions on a more individual basis and stop a very vocal viewpoint monopolising an event

What information will be provided?

During the investigations of the Task Group one area that they were unable to fully scrutinise was the actual detailed consultation proposals that would be shared with stakeholders and the public. This was because the clinical evidence base documentation was being developed separately. The GP commissioners will determine and agree what proposals will actually go out to consultation as they require the full support of each Clinical Commissioning Group (CCG). Travel plans have been shared with the CCGs when asking them to finalise the consultation proposals.

The actual consultation document will focus on patient pathways and not be estate driven however all the current estate will be included within the consultation.

Members felt very strongly that the future of existing services and facilities such as the Rapid Response nursing service and Fleetwood Hospital should be clearly explained within the proposal options and that a financial aspect needs to be included to enable the public to make an informed decision.

In addition to the proposed options the consultation documentation will also include a brief questionnaire.

When is the consultation exercise going to take place?

The Strategic Health Authority would need to 'sign off' the consultation delivery plan prior to any activity taking place followed by an independent review by the National Clinical Advisory Team who would consider whether the plan satisfies the four NHS tests (Lansley Tests) set out in the Revised Operating Framework (2010 – 2011).

The Four tests are;

1. That there must be clarity about the clinical evidence base underpinning the proposals.
2. That there must be the support of the GP commissioners involved.
3. To genuinely promote choice for their patients.
4. The process must have genuinely engaged the public, patients and local authorities

The Strategic Health Authority will not endorse the plan until the Trust has demonstrated that they have the support of the local Health Scrutiny Committees.

Once the consultation delivery plan has been approved and reviewed the actual consultation is due to begin on 22 January 2012 and last for 90 days ending on 30 April 2012.

The actual consultation proposals will be presented for full consideration and comment to the individual Health Scrutiny Committees during this 90 day period.

Then what will happen?

An independent external organisation will be contracted to carry out a thorough analysis of all the feedback and comments received during the consultation period and produce a report on their findings.

The report will provide a comprehensive record of how the project stakeholders and the local community were engaged in the consultation and a summary of their views, opinions, and concerns. It will form the basis for demonstrating acceptance of the recommendations, and the final plan and report will be presented for approval to the newly formed NHS Lancashire Cluster Board

The timescale planned for this exercise is 2 weeks however members felt that this was insufficient time to enable a meaningful and accurate report to be produced that would truly reflect the views of the stakeholders consulted. Officers were confident that this would be achievable as the data collection and analysis will begin on day one of the consultation period and continue until it closed at the end of April.

Conclusions

The members understood and acknowledged the rationale behind the need to have a strategic review of health provision on the Fylde Coast and supported in principle the consultation delivery plan. After reviewing the documentation and receiving input from a number of witnesses the task group made the following conclusions:

- The list of stakeholders needed to include Parish and Town Councils as well as the relevant County Councillors who represented that area. Caution was expressed that not all Parish and Town Councils were a member of LALC (Lancashire Association of Local Councils) and that contacting individual District Councils instead would enable the Trust to obtain a comprehensive list of contact information
- When consulting with staff it was important to remember that this should also include staff at Lancashire County Council and Blackpool Council and not just NHS staff.

- Members wanted the Trust to be aware of, and consider, that there are often significant socio-economic differences of the population even within small geographical areas.
- There is significant investment going into primary and community care and this should be explained fully at the community based engagement events.
- As the consultation is based on a 5 year strategy, the outcomes will take place over that time period and not all at once and again this needs to be made very clear to the public.
- The consultation proposals need to take account of the other specialist services available across the county.
- Disappointment was expressed that there is very little mention of integration with social care services and although officers gave assurances that this issue was a priority it did not come across as clearly as it should within the documentation.
- Members need to be satisfied that the process is all fair and open.
- Concerns were expressed about how the public will engage with the information. Members agreed that a balance needed to be struck between providing enough detail for the public to understand the background of the consultation without overloading them with information.
- There were strong feelings that the consultation documentation and process needs to contain all the facts to make a decision and this should include the financial implications of the proposals

- It was felt that the draft questions that would accompany the consultation proposals were quite leading and full of jargon and therefore many members of the public may not engage fully with the process.
- There are concerns that clinical decisions in terms of the proposal options may not take into account the accessibility of services to residents, which may result in the loss of a locality based service that could end up being delivered from a different location further away.
- There were also concerns that decisions that have already happened may be difficult to reverse – Wesham rehabilitation unit was a prime example, and there are fears that the NHS has lost credibility in terms of carrying out an open and transparent consultation.
- The task group were cautious that facilities are not "badged" as additional in the consultation proposals if they weren't new services but the relocation of existing services.
- Whilst social media is a good way of reaching younger people, caution should be expressed in terms of meaningful engagement. – it was felt that it should be used to raise awareness and signpost rather than be relied upon to capture concerns and feedback
- The feedback analysis can't be based on the comments of "he who shouts loudest" – the preferred option must be based on need and best evidence.
- It is essential to make sure that the sample population is significantly representative
- The 2006 consultation demonstrated the evidence of clinical improvement and it was important that lessons learned and developments made, should feed into this consultation process.

- It was acknowledged that the Trust was not going to get all the GPs to agree to one/the same solution.
- The NHS need to demonstrate that they have listened to the views of stakeholders and evidence that they have considered their opinions prior to producing a 'preferred option' to be taken forward.

Recommendations

The Task Group therefore recommended that:

The consultation delivery plan is approved in principle subject to the following recommendations:-

1. Additional community events are held in Over Wyre, Garstang and Kirkham – this recommendation has already been accepted and these additional events plus others have been included within a revised consultation delivery plan as a direct result of discussions with the task group.
2. The engagement with the public is both representative and reflective of the local population
3. The organisation tasked with producing the consultation analysis and report be asked to re-write the questions that will accompany the consultation proposals to ensure they are jargon free and unbiased in their context. Members also want the response to the questions to be rated in a graded response system (1-5)
4. Adequate numbers of NHS staff need to be available at the public events to help and encourage people with any additional questions or queries they may have

5. A full list of all the dates and times of the consultation events is to be provided to local elected members at the outset so they are aware of what is being planned in their ward or division to enable them to make any necessary arrangements and inform as many people as possible.
6. DDA compliance of all the community based events must be taken account of.
7. NHS officers to contact Fylde and Wyre Borough Councils to obtain contact details of the Parish and Town Councils in those areas to ensure they are included on the list of stakeholders.
8. NHS officers need to include a 'backup plan' within the consultation delivery plan to consider how they will engage with the public if bad weather prevents or dissuades them from attending the public events.
9. The post-consultation independent analysis report needs to provide data on the different geographical areas. – This will then identify the differing views of rural areas and areas of disadvantage.
10. NHS officers are asked to contact local housing associations who could help with access to the more disadvantaged members of the local population as it was acknowledged that the more disadvantaged often make greater use of NHS services
11. The consultation documentation and process need to contain all the facts to make a decision. Clear explanation is needed as to why the consultation is taking place.
12. Task group members are provided with a copy of the post-consultation analysis report as soon as it is available.
13. A one-off post consultation process meeting is held to consider the success of the consultation exercise and lessons learnt for the future.

Acknowledgements

The task group would like to thank all those who gave their time and help to this investigation.