



Sent via email to:-

Cllr Peter Britcliffe  
Chair, Lancashire County Council Health Scrutiny Committee  
County Hall  
Preston  
PR1 8RL

**27 January 2020**

Dear Cllr Britcliffe

**Re: Our Health Our Care Update to the Committee on 4 February 2020**

As SRO for the Our Health Our Care (OHOC) programme, it has been suggested to me by the Senior Democratic Services Officer (Overview and Scrutiny) that a letter should be sent to you in your capacity as Chair of the Committee, accompanying the written update paper that has been provided, initially on Thursday 23 January 2020. This letter refers to your Committee's Resolution of 24 September 2019.

This suggestion to send a letter has been shared with us as being a more helpful way of describing a number of the recommendations we intended to make to the Committee, aiding discussions which we will have on 4 February 2020. We are, of course, happy to oblige. We are also happy for the information in this letter to be shared in any way you feel appropriate.

**2013 Regulations - Notification Requirements:**

Please accept this letter, in my capacity as Chief Accountable Officer, from the Clinical Commissioning Groups representing Chorley and South Ribble and Greater Preston respectively, that notice under paragraph 1 of Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 is being given to the Committee. In particular, the update paper includes plans for substantial variation of health services which are under active consideration - however no decision to proceed with the proposals has yet been taken.

These proposals include acute hospital services currently provided at Chorley and South Ribble Hospital and the Royal Preston Hospital, under the management of Lancashire Teaching Hospitals NHS Foundation Trust. These also include other acute hospital services commissioned by the Chorley and South Ribble and Greater Preston CCGs at third-party providers within central Lancashire. These services are commonly described as the acute sustainability workstream within the Our Health Our Care programme.

**Joint Committee/NHS England Process:**

At the point where the Joint Committee of the Clinical Commissioning Groups (referred to as the OHOC Joint Committee) approves a Pre-Consultation Business Case around the proposals, then we will then approach the Regulator, NHS England, for permission to launch a Public Consultation on the proposals. This reflects the process/rules which we have to follow.

We intend to do this prior to the start of the Regulated Period for the Local Government elections, allowing the CCG to follow the principles of Purdah. Should our timeline be delayed, then we will of course respect these provisions.

The CCGs decision to consult reflects the duties incumbent upon our organisation linked to s14z2 of the NHS Act 2006, as amended by the Health and Social Care Act 2012, and associated legislation. Also, an acceptance that paragraph 2 of the 2013 Regulations cannot be deemed to apply to the current proposals in the Our Health Our Care programme i.e. based on the options, we must consult the public.

#### **Timelines for Requesting Comments:**

As you will be aware, the Regulations require us to specify a timeline for receiving comments on the proposals. In terms of timelines, subject to the Regulator approving a Public Consultation taking place in the Summer (June to September), we would invite formal comments on the proposals by **30 November 2020**. The CCG will then respond to your comments within 28 days, as per the Regulations. We welcome the observations of the Committee in terms of how you would prefer to conduct the Health Scrutiny process. We are keen to work with you to follow an approach which meets the Committee's expectations.

We appreciate fully that how the process takes place is for the Committee and not the CCG to determine. However, our suggested approach would be to develop a discrete consultation period, across October and November, which will allow us to provide the Committee with details of initial public consultation outputs, so as to support your considerations and comments to us.

We would be happy to supply details of relevant witnesses/organisations that you may wish to hear evidence from and support you logistically in any way that you are happy for us to do so. We would also like to emphasise that the CCG will, at all stages, do all that it can to support your Committee's considerations of these proposals and request the same from its partners.

We recognise that you may wish to proceed sooner than October this year. From any point where the Regulator gives approval to proceed with a public consultation and after Purdah, we would also be able to support any earlier process that the Committee prefers. However, we will only know the full outputs of a public consultation, when this activity has been completed. This means that the information we can supply will be limited to what we know at the relevant time about the public / other stakeholder responses.

#### **Timeline for deciding if we are to proceed with the proposals:**

The Regulations also require us to specify the point where we would intend to decide whether or not to proceed with the proposals.

Linked to the NHS England process (which we must have regard to), the CCG will be required to develop a Decision-Making Business Case. This can only happen when we have completed a public consultation, considered and responded to any recommendations from the Committee, and undertaken a substantial analysis activity linked to all comments received. The earliest date where this could happen is the end of the next financial year.

In our view, this point, i.e. the Decision-Making Business Case being approved, is where we see the programme proceeding from having proposals for consideration, to having proposals for implementation, assuming that we do decide to proceed with the proposals in either their current, or some amended form.

**Amendments to Timelines:**

The Regulations require us to advise you if our timelines for receiving comments change.

We hope to maintain the programme outlined above. However, these timelines may vary (backwards) based on any deferral of the decision by the Joint Committee to approve a PCBC; any decision by the Regulator to refuse / defer approval to launch a Public Consultation; any further advice that we may receive around extending the consultation period; linked to advice from bodies such as the Consultation Institute. Other factors, such as the provision of capital investment could also occur, should any opportunities materialise which are not currently available. If any of these apply, then I will write to you at the earliest opportunity.

I trust that the above information is helpful. However, please do not hesitate to contact me if I can be of further assistance.

Yours sincerely



**Denis Gizzi**  
**Chief Accountable Officer**  
**Chorley and South Ribble & Greater Preston Clinical Commissioning Groups**

*cc. Mr Gary Halsall, Senior Democratic Services Officer, LCC (email)*