

Health Scrutiny Committee

Meeting to be held on Tuesday, 23 March 2021

Electoral Division affected:
(All Divisions);

New Hospitals Programme

(Appendix A refers)

Contact for further information:

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Executive Summary

The Lancashire & South Cumbria Integrated Care System (ICS) New Hospitals programme is leading our response to the Governments initiative to build 40 new hospitals by 2030. This offers a once in a generation opportunity to transform the hospital facilities and the services they provide in Lancashire & South Cumbria and bring significant economic benefit well beyond the NHS.

This paper is intended to provide the committee with an understanding of the background to the programme, context and current position. High level plans are included in this report and the Programme team welcomes discussion and input from the committee. Detailed plans will be brought to and discussed with the committee at a later date.

Recommendation

The Health Scrutiny Committee is asked to:

1. Note the information provided in this report.
2. Provide views and guidance on how the programme can help ensure the Health Scrutiny Committee is able to undertake its duties.

Background and Advice

1. Background:

- 1.1 In October 2019 the Government launched the Health Infrastructure Plan (HIP), as part of this plan is commitment to build 40 new hospitals by 2030. University Hospitals of Morecambe Bay NHS Foundation Trust (UHMB) and Lancashire Teaching Hospitals NHS Foundation Trust (LTHT) were awarded £5m each as seed funding to progress the required business cases to secure capital investment to redevelop/replace the ageing estate which is no longer fit for purpose.
- 1.2 The funding identified in the New Hospitals Programme has been allocated to schemes in two parts, with UHMB and LTHT included in the second phase:
 - Phase 1 (2020-2025) includes six new hospital projects that are sufficiently developed in order to get the full go ahead now, subject to business case approvals
 - Phase 2 (2025-2030) includes 21 more schemes for 34 new-build hospitals, with seed funding provided now to kick-start schemes and allow Trusts to proceed to the next stage of developing their hospital plans (and related business cases)
- 1.3 This is a collaborative programme involving all NHS and partner organisations in Lancashire and South Cumbria. Together, we will prove a) why our region needs this investment, b) what new hospital facilities should be like, c) how new facilities should be configured and d) where the new facilities should be located.
- 1.4 By developing a compelling business case, we will be able to secure investment from the Government that will allow us to significantly upgrade our hospital facilities, improving the overall health to local people by offering patients and staff access to advanced, purpose-built hospital facilities in our local area.
- 1.5 Clearly, this is a fundamental and critical programme which will shape the future service model for our people; those who work within it, those cared by it and the wider population of Lancashire and South Cumbria for generations to come.

2. Lancashire and South Cumbria New Hospitals Programme: *Our vision and ambition*

- 2.1 The programme is an opportunity to deliver the best possible care and outcomes for our population in brand new hospital facilities that are fit for purpose and will provide the best possible standards of treatment and care: hospital design led by patient needs rather than the other way around.
- 2.2 An investment into the local health economy of this magnitude must have a demonstrable positive impact on the care that the NHS provides to patients overall. We are developing our plans to fit within the Lancashire and South Cumbria Integrated Care System (ICS) Clinical Strategy, and NHS Long Term Plan. We are confident that this investment in hospitals will accelerate change elsewhere in the health and care system, producing better results for local people.

- 2.3 Our ambitions for the programme are consistent with the Lancashire Health & Wellbeing Boards vision “that every citizen in Lancashire will enjoy a long and healthy life and the strategies triple aim of improving outcomes, enhancing quality of care and reducing costs.
- 2.4 Leading Clinicians and NHS staff are working together to explore new models of care which will enable us to use this programme to develop facilities that will improve care and outcomes for conditions like cancer, cardiac and stroke.
- 2.5 New hospital facilities will allow the NHS in Lancashire and South Cumbria to take advantage of digital advances, from the highest-specification imaging to assist surgeons in theatres, to artificial intelligence and robotics, to remote patient monitoring systems allowing patients to get home more quickly and safely.
- 2.6 Furthermore, we will create the necessary space to allow staff to deliver acute healthcare treatments, without compromising safety and to accommodate technology and services that are currently only available to patients who travel out of area.
- 2.7 The programme is not just about new facilities. There are excellent examples within the local area where investment in improving and renewing hospital buildings and technology has delivered a better patient experience. Consideration will therefore be given to how existing hospitals can be refurbished as part of the programme; for example, Furness General Hospital, Westmorland General Hospital and Chorley Hospital.
- 2.8 The New Hospitals Programme will have a positive impact on our local area, bringing jobs, skills and contracts to Lancashire and South Cumbria businesses and residents, while delivering on our zero carbon obligations and the Greener NHS programme.
- 2.9 Our vision of the future is an ambitious, but achievable one and built on the reality that change is urgently needed.
- 2.10 Many of our hospital buildings in Lancashire and South Cumbria are aging and we are now facing wide ranging issues relating to design and physical condition. These buildings cannot accommodate today’s patient numbers and will not be able to deliver new therapies or treatments to the level of service required.
- 2.11 However, the Royal Preston Hospital and Royal Lancaster Infirmary are no longer fit for current or future purpose, and they are now past the stage where we can continue to refurbish. This will require new facilities to be built.
- 2.12 Poorly designed and outdated facilities contribute to longer waiting times, pose risks to patient safety, and make life harder for staff. The New Hospitals Programme will allow us to logically plan out what goes where – not only within hospitals, but in conjunction with all the other health and care services available.

3 New Hospitals Programme Governance

- 3.1 A programme governance structure has been agreed and established. This is detailed in **Appendix A**.

4 New Hospitals Programme Timeline

- 4.1** We are aiming to start building in 2025 with the new hospital facilities opening by 2030.
- 4.2** The New Hospitals Programme will be subject to a series of checks and balances, including scrutiny and agreement from decision makers within the NHS, the Government and local authorities.
- 4.3** The key steps and target dates are below. Please note these are target dates only at this stage and the Programme will continue to update committee members as required.

Spring-Summer 2021: Develop a long list of options

- Work with medical experts, NHS staff, partners and patients to develop a 'case for change' for the funding
- Work with experts to develop high level clinical service models
- Engage with NHS staff, local people and stakeholders about their hopes, fears and expectations
- Develop a long-list of options for investment in hospital facilities
- Submit the above to NHS England for review

Summer-Autumn 2021: Develop a short list of options

- Continue to engage with NHS staff, local people, GPs and stakeholders about any specific concerns
- Create a shortlist of options
- Submit plans to NHS England for review and approval

Spring 2022

- Conduct full public consultation on the options for new hospital buildings

The Programme will then address concerns raised through consultation and prepare the required business cases for submission to NHS England and the Department of Health and Social Care.

4. Clinical Leadership

- 4.1** Evidence suggests transformation such as this is far more successful and sustainable when led by clinicians. Following a period of recruitment the New Hospitals Programme has appointed c25 clinicians from acute hospitals, community and primary care across all Lancashire and South Cumbria. They will play a critical leadership role in designing the future clinical service models and developing options. Further appointments will be made as necessary

5. Catchment area

5.1 Initial analysis of the catchment area for this programme shows that most Clinical Commissioning Groups (CCGs) commission their closest acute provider. It also indicates that many patients travel outside of their CCG area for elective treatments in region already (particularly to Royal Preston Hospital). Non elective activities show the larger sites attract patients from much further afield, as would be expected in an area with higher than average tourism. Taking activity by Clinical Commissioning Group (CCG) in 2019/20 (not including births), patients from the following CCGs are deemed to be in the catchment area. Further analysis is underway to ensure a detailed view of all the populations in the catchment of the New Hospitals Programme.

NHS Morecambe Bay CCG
NHS Fylde and Wyre CCG
NHS Greater Preston CCG
NHS Chorley and South Ribble CCG
NHS Morecambe Bay CCG
NHS East Lancashire CCG
NHS Blackpool CCG
NHS Blackburn with Darwen CCG
NHS Bradford and Craven CCG

6. Involving and engaging our workforce, patients and population

6.1 Work is underway to understand the catchment area for the programme. Initial analysis of the data available to the programme to date.

6.2 Engagement and consultation with local people is incorporated throughout this process and will inform and shape our final proposals. Between now and February 2022, there will be plenty of opportunities for local people and staff to engage and to influence the business case.

6.3 Stakeholders including staff, patients, hospital Trust Members, GPs and local residents across Lancashire and South Cumbria will be invited to share their hopes, fears and expectations with us.

6.4 Events and opportunities to join in will be well publicised and organised in line with Covid guidelines, with plenty of notice given for participation. Stakeholders will be included in discussions, debates, workshops, information sharing and evidence collection sessions. Our business case will be shaped and altered to reflect opinion and, in particular, to pay attention to the detailed views of those with lived experience of services.

6.5 We have now embarked on a programme of regular communications and engagement opportunities leading up to public consultation, designed to create maximum awareness and understanding of the programme and the proposals amongst local people, patients, staff and stakeholders, including charities and community representatives.

- 6.6 This communications and engagement programme will target the entire population of Lancashire and South Cumbria, and will work with partners to hear the views of communities that typically may be harder to reach.
- 6.7 Our communications programme will include as many channels and touchpoints as possible (e.g. dedicated programme website at <https://newhospitals.info>, social media, community radio advertising, press and broadcast media, staff communications, regular letters to and meetings with stakeholders including MPs and local authority representatives) to ensure that we reach as much of our local population as possible.
- 6.8 Communications will be specifically designed to be inclusive and accessible.
- 6.9 We are now starting a rolling programme of engagement prior to the public Consultation stage when it is our duty to ask the views and opinions of all residents and stakeholders in the area. At this stage (pre-consultation) we are encouraging early participation from important partners such as the Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) and expert patient groups, whose views will help to form our long and shortlisted options.
- 6.10 Our Pre-engagement programme takes Covid restrictions into account and will use a range of methods to ensure that we are able to engage with hard-to-reach communities, rural populations and those who are unable or unwilling to engage digitally. Alongside an online conversation about the emerging clinical model to which all NHS staff (40,000+) will be invited, Trust members, charities and community representatives, we be invited to discuss their hopes, fear and expectations. We will partner with Healthwatch to encourage 500+ voices from the VCFSE and expert patient groups to participate in an online conversation at this stage. Once allowed Healthwatch will host 4 workshops for us to hear the voice of the people from these groups who prefer to meet in person.
- 6.11 It is important to note no decisions have yet been taken as to what shape the new hospital facilities will take or where these will be located. No decisions will be made before all options are discussed with our staff, patients, local people, GPs and elected representatives, and the decision on an option will be clinically-led and NHS England and NHS Improvement (NHSEI) and the Department of Health and Social Care (DHSC) approved.

7. Conclusion

- 7.1 The Lancashire & South Cumbria Integrated Care System (ICS) New Hospitals programme is leading our response to the Governments initiative and offers a once in a generation opportunity to transform the hospital facilities and the services they provide in Lancashire & South Cumbria and bring significant economic benefit well beyond the NHS.

8. Consultations

8.1 Given the potential of significant change in NHS facilities and services, extensive public engagement and formal consultation is recommended by commissioners and therefore the statutory requirement to involve the Health Scrutiny Committee.

Implications:

This item has the following implications, as indicated:

Risk management:

This report has no significant risk implications.

Local Government (Access to Information) Act 1985 List of Background Papers

Paper	Date	Contact/Tel
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None		
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Reason for inclusion in Part II, if appropriate

N/A