

**TELFORD & WREKIN COUNCIL****CABINET – 19 APRIL 2018****UPDATE ON FUTURE FIT HOSPITAL RECONFIGURATION****REPORT OF ASSISTANT DIRECTOR: HEALTH & WELL-BEING****LEAD CABINET MEMBER – CLLR A R H ENGLAND****PART A) – SUMMARY REPORT****1. SUMMARY OF MAIN PROPOSALS**

In August 2017, the Joint Committee of Shropshire and Telford & Wrekin CCGs recommended that a public consultation is launched with regard to hospital reconfiguration.

At the end of March 2018, the Department of Health announced £300m new capital funding to transform hospital services in Shropshire, Telford & Wrekin and mid Wales. This announcement means that a 12-week public consultation will commence shortly and probably in May.

The consultation will include two options :

**Option1: The Royal Shrewsbury Hospital becomes an Emergency Care site with Women & Childrens in-patient services and the Princess Royal Hospital becomes a Planned Care site**

**Option 2: The Princess Royal Hospital becomes an Emergency Care site retaining Women & Childrens in-patient services and the Royal Shrewsbury Hospital becomes a Planned Care site**

Under either option, both hospitals would have an Urgent Care Centre that is open 24 hours a day, seven days a week.

The CCGs have recommended that their preferred option is Option 1. At Full Council in September 2017 the Council confirmed that its preferred option was Option 2 - that is both the Emergency Centre and existing Women & Children's Centre to be located at the Princess Royal Hospital (PRH).

The Council believe that Option 2 makes most sense to be the preferred option as the Princess Royal is the key hospital for Eastern Shropshire which has the largest and fastest growing population, has the highest health needs for Women and Childrens in-patient services, makes the most sense financially and is the most attractive site to recruit new clinical staff being close to the conurbation and Birmingham

This paper is to update cabinet that a public consultation about vital hospital services is now imminent.

## **2. RECOMMENDATIONS**

**(a)** To note that a 12 week public consultation is soon to be launched by the CCGs with regard to hospital reconfiguration and to discuss the Council's response

**(b)** That the Managing Director, in consultation with relevant cabinet members, has delegated authority to write to seek urgent clarification from the Secretary of State for Health and Social Care that this public consultation will be open and fair and that the 300 million capital funding offered by the Department of Health is genuinely agreed to support either Option 1 or Option 2 and the offer is subject to public consultation

## **3. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Improve Health & Wellbeing and protect and support vulnerable children and adults
	Will the proposals impact on specific groups of people?	
	Yes	The CCGs have undertaken an Integrated Impact Assessment that considers the impact on specific Equality & Diversity Groups and the impact on those from more deprived backgrounds
<b>TARGET COMPLETION/DELIVERY DATE</b>	The CCGs will make a final decision post-consultation in autumn 2018.	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes/No	The capital costs and subsequent running costs relating to the two options referred to in the report are taken from the Futurefit Pre-consultation Business Case. Clarification about the £300m new capital funding is important to ensure that the consultation process is based on clear and transparent financial information being presented for both options. PH 10/4/18
<b>LEGAL ISSUES</b>	Yes/No	The statutory duties of Clinical Commissioning Groups [CCGs] are set out in the National Health Service Act 2006, as amended from time to time.  Section 14Z2 of the 2006 Act sets out the duties of CCGs for public involvement and consultation in the planning of

	<p>commissioning arrangements and the development and consideration of proposals for changes in commissioning arrangements.</p> <p>Under Sections 14Z2 (5) and 14Z8 of the 2006 Act CCGs are required to have regard to any guidance published by the NHS Commissioning Board [the Board operates as NHS England]</p> <p>Under Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 CCGs are obliged to consult the relevant local authority where it has under consideration any proposal for a substantial development of the health service in the area of that local authority.</p> <p>Under Regulation 23 if a local authority is not satisfied that consultation on any such proposal has been adequate, or that the reasons given by the CCG are adequate, or that the proposal would not be in the interests of the health service in its area, it may make a report to the Secretary of State.</p> <p>Where more than one local authority is consulted under Regulation 23, there must be a Joint Overview and Scrutiny Committee to deal with the consultation process. [Regulation 30(5)]</p> <p>Under Telford &amp; Wrekin Council's Constitution Part 3 Paragraph 1.15.6 the final decision to make a referral [report] to the Secretary of State is a matter for full Council.</p> <p>Under Regulation 25 of the 2013 Regulations, the Secretary of State has wide-ranging powers, which include giving directions to consult or consult further; to determine the matter in a particular way; or to take, or not to take, any other steps required in relation to the matter. The timescale for the Secretary of State to make broad merits based decision,</p>
--	--

		including taking advice from the advisory Independent Reconfiguration Panel, could be several months.  As at 11.04.2018 the public consultation documents on the Future Fit website are still in draft and were last updated on 14.02.2018 and the CCGs are required to await approval from NHS England before the public consultation process can be launched  KF
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	Yes	Hospital reconfiguration will have far reaching impact on the borough – not only from an access to key health services point of view but also from an economic point of view to a growing borough.
<b>IMPACT ON SPECIFIC WARDS</b>	Yes	Hospital reconfiguration will have borough wide impact

## **PART B) – ADDITIONAL INFORMATION**

In August 2017, the Joint Committee of Shropshire and Telford & Wrekin CCGs recommended that a public consultation is launched with regard to hospital reconfiguration.

At the end of March 2018, the Department of Health announced £300m new capital funding to transform hospital services in Shropshire, Telford & Wrekin and mid Wales. This announcement means that a 12-week public consultation will commence shortly and probably in May.

The consultation will include two options :

<b>Option 1:</b>	<b>The Royal Shrewsbury Hospital becomes an Emergency Care site with Women &amp; Childrens in-patient services and the Princess Royal Hospital becomes a Planned Care site</b>
<b>Option 2:</b>	<b>The Princess Royal Hospital becomes an Emergency Care site retaining Women &amp; Childrens in-patient services and the Royal Shrewsbury Hospital becomes a Planned Care site</b>
Under either option, both hospitals would have an Urgent Care Centre that is open 24 hours a day, seven days a week.	

In August 2017, the CCGs recommended that their preferred option was Option 1. At Full Council in September 2017 the Council confirmed that its preferred option was Option 2 -

that is both the Emergency Centre and existing Women & Children's Centre to be located at the Princess Royal Hospital (PRH).

The Council believe that Option 2 makes most sense to be the preferred option as the Princess Royal is the key hospital for Eastern Shropshire which has the largest and fastest growing population, has the highest health needs for Women and Childrens in-patient services, makes the most sense financially and is the most attractive site to recruit new clinical staff being close to the conurbation and Birmingham. There are 10 'Key Facts' which underpin the Council's view that Option 2 makes more sense at the end of this report.

Option 2 makes most sense financially – the capital costs are 62 million less than Option 1 and its subsequent running costs over the next 30 years are less. This would mean there could be more investment for other capital schemes such as a new Cancer Centre and revenue for vitally needed investment in community health services.

It is crucial that the CCGs conduct a fair, open and genuine public consultation and that they consider the points made in favour or against both options. While the CCGs have stated their preferred option – according to the Gunning principles of consultation – they should conduct a consultation when they are genuinely at a formative stage in their decision making. Whilst they have a preferred option they have agreed to consult on two options rather than one and therefore must conscientiously take into account all of the arguments.

We are concerned therefore that recent press reports suggest that a Shropshire MP has said that the capital funding pledged by the government to fund changes to healthcare in the county could go 'elsewhere' if the public failed to back the proposal to house A&E services at the Royal Shrewsbury Hospital.

If this is the case – this does not appear to be a genuine consultation. Option 2 actually costs less than Option 1 and we will seek urgent clarification that the £300 million capital funding offered by the Department of Health is genuinely agreed to support either Option 1 or Option 2 and the offer is subject to public consultation.

The Council will be preparing a response to this consultation and will be encouraging as many residents as possible to respond to the consultation when it is launched. The #PRH4Me campaign ([www.prh4me.co.uk](http://www.prh4me.co.uk)) has reached 33,000 pledges, underlining the strength of feeling for services at the PRH about our hospitals.

## **6. PREVIOUS MINUTES**

## **7. BACKGROUND PAPERS**

**Report prepared by Liz Noakes Assistant Director Health & Wellbeing Telephone: 01952 383003**

## Future Fit 10 Key Facts why Option 2 makes more sense

1. Two-thirds of all patients admitted to the Women & Childrens Centre live closer to the PRH. Option 1 would mean that 85% of all patients currently admitted to Telford will now go to a different hospital.
2. Future Fit say that 80% of patients would go to the same hospital as now for their *emergency and urgent* care. This would be the same under Option 1 and Option 2. This includes those going to the two Urgent Care Centres and those going to the single Emergency Care Centre.
3. There are currently communities within the catchment population for the hospitals who live nearer an alternative provider – particularly in the South, North and West. Some of these communities live closer to hospitals such as Wrexham Maelor, Hereford County, Leighton Crewe and New Cross Wolverhampton. Very little account has been taken of these. For most Telford & Wrekin residents PRH is the closest hospital and then the RSH.
4. Overall 60% of *emergency care* patients live closer to PRH with average emergency travel times shorter to the Princess Royal compared to the Royal Shrewsbury. 23.5 minutes compared to 24.8 minutes, if you take all the alternative providers into account.
5. 80% of patients admitted to Shrewsbury as an emergency and who need to stay in hospital for longer than 3 days will be transferred to the Planned Care Centre. Under Option 1 this will not be care closer to home for older patients living in Shropshire or Powys.
6. Under Option 1, 70% of all patients admitted for planned care would go to a different hospital than now - with far more over 75s having to travel to a Telford rather than Shrewsbury.
7. Telford & Wrekin and Eastern Shropshire is the fastest growing population being served by the hospital. Between 2017 and 2031 communities in 'the East' are set to increase by 10% and communities in 'the West' are set to grow by only 3% by 2031. The number of over 75s is predicted to increase at a faster rate in the East compared to the West (63% vs 57%) and children and women of child bearing age will increase by 8% in the East compared to a decrease of 2% in the West.
8. Option 2 is 'the preferred option considered from a finance perspective' - it costs 62 million less to build and less to run for the next 30 years. We could spend the money saved on a new Cancer Centre and more community services.
9. According to Future Fit's Business case to make Option 1 stack up financially – more workforce reductions will need to be made compared to Option 2.
10. It's easier to recruit clinical staff to the PRH as its closer the conurbation and Birmingham. The rationale for Future Fit is to have a model that will attract clinical staff. There's national shortages so it's imperative the chosen option maximises the Trust's ability to recruit.