

Reshaping Health Services in Nottinghamshire and Tomorrow's NUH

Briefing for Health Overview and Scrutiny Committee

14 January 2021

In September and November 2020 we updated the Committee on the Tomorrow's NUH programme of work. This work aims to access HIP2 Government funding to invest in our local hospital services so that they are better set up to meet people's needs and improve people's health and wellbeing. Tomorrow's NUH is part of a programme of work we are calling Reshaping Health Services in Nottinghamshire, which draws together projects that aim to transform local health services.

At our last briefing to the Committee in November 2020 we described how we were developing a case for change that would enable us to access significant Government funding to invest in the hospital services and estate provided by NUH. We described the process of developing a Pre Consultation Business Case (PCBC), and undertaking pre consultation engagement, that will inform a full public consultation currently planned for summer 2021.

Since that time we have undertaken a programme of patient and public engagement to inform the development of our proposals. We have also undertaken work to develop a clinical model that will underpin our proposals. This briefing provides a summary of the feedback we have received to date and of our work to develop options for a public consultation.

Pre consultation engagement

Our engagement to date has included:

- A virtual events programme comprising 3 events, attended by 34 participants in total
- A programme of focus groups for in depth discussions with people with lived experience of cancer services; maternity services and urgent care, attended by 11 participants in total
- A survey gathering feedback on the outline clinical model developed for the programme, with a total of 415 responses
- A stakeholder reference group, chaired by Healthwatch, comprised of patient and public representatives
- Stakeholder engagement through organisations' boards and forums e.g. NHS provider organisations
- Engagement with key patient involvement forums through their existing meetings e.g. support groups for heart, cardiac and respiratory patients; Maternity Voices Partnership; Notts Deaf Wellbeing Action Group and more
- Outreach engagement, supported by Healthwatch, targeting specific patient cohorts, which were
 - Black, Asian, Minority Ethnic and Refugee (BAMER)
 - People with long term conditions/poor health outcomes
 - People with a disability

- Frail older people
- Maternity service users
- Young people
- Lesbian, Gay, Bisexual and Transgender (LGBT).

A briefing document was developed to support this work and is included at appendix 1. This provides detail on the outline clinical model.

The headlines from the engagement to date are summarised within the engagement reports included at appendix 2 and appendix 3.

Work to develop options for consultation

Our engagement will inform the development of options for our planned public consultation. These options will set out our final model for hospital services, including how they are integrated with wider primary care, community and preventative services. It will also set out which services will be delivered from which locations.

As part of this work we are undertaking a thorough options appraisal process that takes into account clinical and financial considerations, as well as what patients and the public have told us. We are also undertaking detailed impact assessments on our proposals so that the public can be properly informed of the impact of each option we consult on.

Our final proposals for where we think services should be located will take into account:

- **The best clinical model for services**, particularly where services need to be located together. For example, we know that it is best for our maternity services to be alongside our emergency care services.
- **The impact on our patients**, and their views and preferences. This includes involving patients in our options appraisal process and making sure that the process considers the feedback we have received through our engagement.
- How to design services so that they have the best possible impact on **reducing health inequalities**.
- **Financial considerations** to ensure we achieve the best value from the money available.
- **The options we have for sites, buildings and equipment**, considering the locations we are already using.

The full list of criteria that we will apply to assess each option we consider in our shortlist is included at Appendix 4. We call these our 'desirable criteria' – they are the things each option needs to get right if our programme is to be successful. These criteria have been developed in partnership with patients, through the programme's Stakeholder Reference Group.

We are working with clinicians and other stakeholders through a series of workshops to establish a shortlist of options. We are also involving our Stakeholder Reference Group in this process.

Next steps

Throughout January we will be working with clinicians, our Stakeholder Reference Group and other stakeholders to establish and evaluate a set of options for which services will be located where

Following this we will be developing a consultation plan and Consultation Document which will form the basis of a public consultation, planned for summer of this year. We will continue to engage with the Committee throughout this process.