

# Southend-on-Sea Borough Council

Department of the Chief Executive

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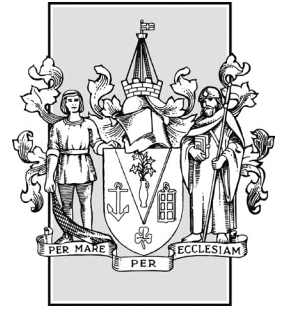
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## **PEOPLE SCRUTINY COMMITTEE – SPECIAL MEETING MONDAY, 18TH SEPTEMBER, 2017**

Please find enclosed a copy of the briefing provided by NHS England regarding the STP, to be considered at agenda item 5 at the meeting.

Fiona Abbott  
Principal Democratic Services Officer

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## **Mid and South Essex Sustainability and Transformation Partnership (STP)**

### **Our Future NHS – update on current progress towards consultation**

#### **Summary**

The Mid and South Essex STP is finalising a business case for potential service changes over the next five years, including proposals to reconfigure some hospital services.

The business case will be scrutinised by national NHS regulators, such as NHS England and NHS Improvement, as well as reviewed by the East of England Clinical Senate. Once the assurance process is complete, the five CCGs in Mid and South Essex will lead, on behalf of the STP, a full public consultation on these proposals in order to ensure that local views continue to influence the plans and future implementation.

- The STP is currently finalising the draft pre-consultation business case, in preparation for a comprehensive assurance review by the regional office of NHS England.
- At this stage, the pre-consultation business case may go through some further changes before being submitted to a national committee of NHS England (the Investment Committee)
- In the meantime, the STP will continue to work with local partners to prepare for consultation in the following ways:
  - Sharing draft versions of the consultation document with partners and service users to improve on style, content and design in preparation for publication
  - Designing with partners and service users the associated materials to support consultation, including online feedback survey, short versions of the consultation document and other support materials that may be required.

- Setting a comprehensive programme of meetings and workshops to ensure meaningful discussion and feedback. This will include attending existing groups and committees, such as Health and Wellbeing Boards and local authority scrutiny committees.
- We are aiming to start public consultation at the end of October 2017. We have an opportunity to present our case and consultation plans to the national committee of NHS England on 4 October.

## **Background**

Over the last eighteen months, we have been listening to what local people think about emerging proposals to make improvements to secure our future NHS in mid and south Essex.

We have talked extensively about the current pressures and rapidly rising demands; there is a broad consensus locally on the need to change. We also talked about the potential for doing things differently and how we could do much more for patients by joining services together.

People consistently tell us that the top priorities for change were *access to GP services* and *developments in community care*. We agree, and one of the main aims of the sustainability and transformation partnership (STP) that we have published is to invest in and develop these areas.

One aspect of the STP focuses on the three hospitals in the footprint and how working together as one group presents many opportunities. As a result of listening to people, we narrowed down to five from over 100 possible ways to organise services across our three hospitals. From these five, we identified two options for more detailed development, but we continued to listen to local people and this changed our thinking significantly.

## **Hospital services in Basildon, Chelmsford and Southend**

- Over the months, we have discussed the likely benefits of consolidating some more specialised services across the three hospitals in mid and south Essex, together with the possibility of separating emergency inpatients from planned operations. We looked at options where one hospital, possibly Basildon, would provide the most serious emergency treatment.
- The implications for local A&E services became the main focus of public attention during the spring and early summer of 2017
- We described how, under our initial proposals, each hospital would retain its A&E department, but that patients with serious, life-threatening conditions are likely to have better chances of survival and recovery if they went straight to a very specialist hospital by 'blue light' ambulance.

## **A significant change in our thinking**

- During the engagement period, we heard clear concerns from a range of stakeholders about proposals for all 'blue light' ambulances going to Basildon
- Our clinicians have been working to address these concerns by developing revised proposals which would see ambulances continue to convey patients to their nearest A&E, as now. Once seen by doctors in the local A&E, stabilised, diagnosed and treated, patients would then either be: discharged; referred for follow-up treatment; admitted locally for further tests and treatment; or transferred if needed to a specialist team, which could be in a different hospital for some patients.
- We wrote to all partners, staff and local groups on 20 July, to explain the change in thinking.
- Clinicians are continuing to finalise proposals for how we could improve local services at each hospital, including the local A&E; and how we could still improve patient care and outcomes in some specific specialised services.
- These recommendations are now being finalised as part of the pre-consultation business case and will present a list of specific proposals for consultation.

## **Our opportunity to secure funding for hospital change**

- The emerging proposals are likely to involve an overall increase in bed capacity at the three hospitals.
- There would be a need to expand facilities at all three hospitals in mid and south Essex, for which we currently estimate a requirement to invest approximately £118m in the hospitals' infrastructure.
- Alongside the pre-consultation business case, we are progressing with a bid for capital funding from the Department of Health. Should this be approved within the next few months, it does not guarantee that our hospitals would receive the money as any proposed changes are subject to public consultation, and could change.

## **General direction of proposals for consultation**

The overall strategic direction has been the subject of local discussions for the last eighteen months. It was first published in outline on 1 March 2016 and in more detail in November 2016.

For further information, please visit our website and download a public summary of the plan entitled, *10 things you should know about your local health and care plan*

[www.successregimeessex.co.uk](http://www.successregimeessex.co.uk)

We will be taking this forward in the forthcoming consultation with further discussion on:

- Self-care programmes to support people to stay well for longer
- Locality based joined up health and care services to extend the range of expertise and care in the community, including a shift from hospital to community where possible
- Integrated services to provide support at the earliest possible stage to reduce the risk of serious illness, with priority development in complex care, frailty and end of life.
- Development of urgent and emergency care pathways, including integrated 111, out of hours and ambulance services.
- Integration and development of mental health services with primary, community and acute hospital care

### **General direction of proposals for hospital reconfiguration**

The three main hospitals in Basildon, Chelmsford and Southend are now working together as a group and this offers opportunities to improve patient care by taking advantage of a greater scale for some services.

Some key features of the emerging proposals are:

- The majority of hospital care will continue to be available locally, including a local A&E with enhanced services
- A small number of people may have to travel further if they need to stay in hospital for certain specialised treatments or surgery.
- Some planned inpatient care would be separated from emergency inpatients, where this would improve quality, access and efficiency, such as fewer cancelled operations and shorter waiting times.
- Over time, some hospital services could be moved, along with the funding, to new services in the community run by GP partnerships and other health and care services.

The consultation programme will discuss with local people:

- the range of services to be provided at each of the three local hospitals

- which particular specialised services are proposed for new arrangements and hospital locations
- how each hospital would have an enhanced emergency service, and how patients could be treated, stabilised and transferred to a specialist team, if that was what was needed.

The consultation document will include details of proposals for specific services, to include:

- enhanced emergency care at all three hospitals
- the addition of specialised stroke services to the network of stroke care across the three hospitals and in the wider community
- complex respiratory services
- specialised renal services
- specialised vascular surgery (for arteries and veins)
- trauma and orthopaedics (e.g. fractures, hip and knee replacements)
- cardiology (heart treatment)
- complex urology
- complex gynaecology
- complex general surgery

### **Timetable for progress towards consultation**

<b>Action</b>	<b>Dates</b>
Finalise pre-consultation business case, draft consultation document and draft consultation plan to be shared with key partners, including local authority leaders, Service User Advisory Group and lead public representatives	September 2017
Draft consultation document and plans to be shared with local authority scrutiny committees	September 2017
Updated draft documents to be made public	October 2017
Stakeholder briefing event to discuss progress and listen to views	Mid October 2017 (TBC)

Co-production of consultation materials and planning for meetings	Sept – Oct 2017
Possible launch of consultation	End October 2017
Possible close of consultation	End January 2017
Post consultation outcomes analysis	End February 2017
Decision-making process	March 2017

**If you would like further information, or would like to register an interest in being part of the preparations for consultation, please contact us at [england.essexsuccessregime@nhs.net](mailto:england.essexsuccessregime@nhs.net)**