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Southend-on-Sea Borough Council

Legal & Democratic Services

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09 July 2019

PEOPLE SCRUTINY COMMITTEE - TUESDAY, 9TH JULY, 2019

Please find enclosed the following document which was circulated at the People Scrutiny Committee meeting held on Tuesday, 9th July, 2019:

Agenda No	Item
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15.	<u>Scrutiny Committee - updates</u>
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Statement following receipt of the communication from the MSE Group regarding the reconfiguration of the acute services within the STP footprint (pages 1 - 4)

Reconfiguration of the acute services within the STP footprint

On Tuesday 2nd July 2019 a cross party panel from Southend on Sea Borough Council (Southend Council) met with representatives of the Mid and South Essex University Hospitals Group (MSE Group) to discuss the recent communication from the MSE Group regarding the reconfiguration of the acute services within the STP footprint (letter attached at **Appendix 1**).

In attendance were: from Southend Council, Councillors Lesley Salter (Chair), Cheryl Nevin, Anne Jones (substituting for Trevor Harp), Beth Hooper and Anne Chalk, plus officers from the Council. From the MSE Group, the Chief Executive Officer, the Chief Medical Officer, the Group Clinical Director for Musculoskeletal, plus the Independent Chair of the Sustainability and Transformation Partnership (STP).

The aim of the meeting was to clarify the detail of the letter (**Appendix 1**) and to understand and discuss further the implications for Southend residents. Further, the aim was to explore with the MSE Group their commitment to pursuing their proposals should the Southend Council referral to the Secretary of State be upheld. Councillors also wanted assurances from the MSE Group that no changes to the provision of emergency and elective health services across the STP would be made until the Secretary of State has issued his decision, following advice from the Independent Reconfiguration Panel (IRP).

At the outset, the Chief Executive of the MSE Group gave assurances that the MSE Group is committed to respecting the democratic process under the process of a referral to the Secretary of State. The chair of the meeting acknowledged this assurance and further confirmed that it was important to the residents of Southend that the right process is followed.

During the meeting all of the proposed changes to health services were discussed and explored with a focus on the impact on Southend residents. The cross political party panel found the discussion helpful and progressive in terms of understanding the detail and the impact on residents. Councillors reminded representatives from the MSE Group of the importance of communication and how these proposed changes were being evidenced to the residents. Councillors stated that at times some of the communication to residents was confusing and contradictory.

What was clear at the end of the meeting was that both Southend Council and the MSE Group were committed to regular communication both formally and informally. The Chair reminded the MSE Group that this approach was consistent with previous communications from Southend Council. The MSE Group welcomed this approach and welcomed the opportunity to discuss further once the IRP advice was released.

The Council remain committed to ensuring that any proposed changes to health services in the Borough does not have an adverse impact on our residents.

Councillor Lesley Salter
Chair, People Scrutiny Committee
9th July 2019

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Office of the Chief Executive

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14 June 2019

Dear Colleague

We have been waiting for some time for news on the referrals that Southend and Thurrock councils made to the Secretary of State on our plans to bring some of our clinical services together.

The Secretary of State has now asked the Independent Reconfiguration Panel to give initial advice on these changes which we hope they will provide over the summer.

We have always maintained that our plans are the right thing for our patients, but recognise that there has been concern expressed by two of our local authorities. This has been frustrating for our staff who have been unable to deliver the benefits these changes will bring to our communities.

Due to the time it takes to bring about service changes, we decided at our board meeting yesterday to continue the mobilisation of our planned first phase changes for vascular, urology, radiology and orthopaedic services. We will then be in the position to implement these changes this autumn to improve care and services for our patients. The Board will then look at the detailed plan and make a final decision on implementation in September.

For example, at the moment a Southend patient needing urgent vascular care could be transferred to Harlow, Broomfield or Basildon for treatment. With a consolidated service, and a dedicated vascular ward with 24/7 consultant cover and specialist staff, they will be able to stay in mid and South Essex for expert care at Basildon Hospital.

Similarly, by creating a centre of excellence for spinal surgery on one site, we will bring all of our specialist staff and equipment together. We know that, as well as ensuring quicker access to a spinal surgeon, that will result in better outcomes for patients.

We know that these changes will simplify care across our hospitals, and enable us to dramatically improve our patients' experience. Therefore we need to be ready to move forward as soon as possible.

The services changes that we are planning to go live in autumn are:

- Consolidation of complex benign inpatient elective and all inpatient emergency patients from Basildon Hospital to Broomfield Hospital.

- Consolidation of emergency vascular surgery at Basildon Hospital from both Broomfield and Southend Hospitals.
- Transfer of spinal surgery from Basildon Hospital to Southend Hospital.
- Offering patients at Basildon and Southend hospitals waiting for a hip or knee operation the option of being treated at Braintree Community Hospital so that they can be treated more quickly.
- Emergency out of hours interventional radiology services to be consolidated at a hub based at Basildon Hospital.

We are also working with our urology teams to look at opportunities to improve the service for patients ahead of winter.

These changes mean around 2,500 patients per year will benefit from improved access to care. They will spend less time waiting for treatment and experience fewer delays in accessing specialist emergency care. In addition, we will also see improved clinical outcomes and reduced clinical risk.

Finally, the clinical reconfiguration will enable us to attract and retain more great people to our teams, providing opportunities for them to specialise, develop and network.

If you have any questions, or would like to discuss this further, please do let me know.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Clare Panniker', followed by a small dot.

Clare Panniker
Chief Executive