

Southend-on-Sea Borough Council

Department of the Chief Executive

John Williams - Director of Democratic & Legal Services

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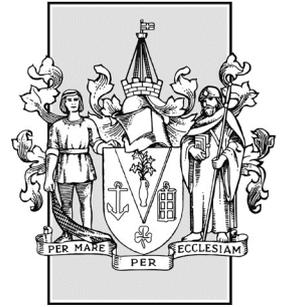
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Date: 8th December 2016

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Dear Councillor

HEALTH & WELLBEING BOARD - WEDNESDAY, 7TH DECEMBER, 2016

Please find enclosed, for consideration at the next meeting of the Health & Wellbeing Board taking place on Wednesday, 7th December, 2016, the following report(s) that were unavailable when the agenda was printed.

Agenda No	Item
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3	<u>Public Questions</u> (Pages 1 - 2) – Questions and Answers attached.
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Yours faithfully

Robert Harris
Legal & Democratic Services
Southend Borough Council

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7 December 2016

Response to questions to Southend Health and Wellbeing Board

Question 1

In view of the fact that Southend A&E is frequently on black alert and that there has been a 4% yearly increase in patients attending A&E's in Mid and South Essex, how will the proposed downgrading of Southend A&E in the Mid and South Essex Success Regime STP improve the care of patients attending A&E?

Answer

The increase in emergencies in mid and south Essex is above average nationally and indicative of a health and care system that is not working as well as it could. This is one of the main points in the case for change that drives the STP.

The STP does not propose to diminish A&E services. It proposes system-wide change to meet rising demands by providing more care closer to people and where they live, and at the earliest possible stage to avoid emergency situations.

In summary, this is by:

- Doing more to help people stay well for longer
- Joining services together to extend the range of expertise in the community and plan early interventions that can avoid people having to go to hospital
- Redesign hospital services to improve the quality of emergency care that each can offer and the flow of patients through the system.

There would continue to be an A&E in all three hospitals for walk-in patients and patients arriving by ambulance. We are not talking about A&Es like minor injuries units. All three hospital A&Es could have the back up of a frailty unit, a children's unit and a surgical assessment unit, so most of the problems that arrive at A&E could be dealt with, including an overnight stay if necessary.

For the most serious and life-threatening cases, national evidence tells us that we could save more lives with a specialist emergency hospital for the 1.2 million people of mid and south Essex. We already see this in Essex with the Essex Cardiothoracic Centre in Basildon. Anyone suffering an acute heart attack in Essex goes not their local A&E but directly by ambulance to Basildon, where they are seen immediately by top specialists working round the clock.

The STP estimates that the changes proposed have the potential to relieve the pressure on hospital A&E by 13%.

Question 2

With the government demanding savings of £22 billion of the NHS budget by 2020/21, where will the funds come from for employing a whole range of professionals such as mental health specialists and social care workers linked to each GP surgery as proposed by the Mid and South Essex Success Regime STP?

Answer

The STP explains how the plan is to achieve financial balance by 2020/21 by changing the system and the way in which we spend the money we have. The plan is to invest in community-based services and change our current over-reliance on expensive hospital-based care.

While there are significant gaps in staffing across the board, mental health and social care posts already exist within the system. The STP proposes that they should work closer to GPs and other services in our communities.