

Public Document Pack

Southend-on-Sea Borough Council

Department of the Chief Executive

John Williams - Director of Democratic & Legal Services

Our ref:

Telephone: **01702 215000**

Your ref:

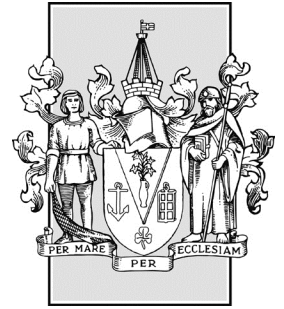
Fax: **01702 215994**

Date: 21st December 2016

E-mail: **committeesection@southend.gov.uk**

Contact Name: Fiona Abbott

DX 2812 Southend



PEOPLE SCRUTINY COMMITTEE - TUESDAY, 20TH DECEMBER, 2016

Please find enclosed the following items which were considered at the meeting on Tuesday, 20th December, 2016.

Agenda No Item

3. **Questions from Members of the Public (Pages 1 - 2)**

4. **Mid and South Essex Sustainability and Transformation Plan and Success Regime – presentation slides (Pages 3 - 22)**

This page is intentionally left blank

People Scrutiny Committee – 20th December 2016

Public Questions

Question from Mr Fieldhouse to the Executive Councillor for Health & Adult Social Care

3

Question 1

“Would the relevant officer/post holder agree with me that all of the proposed options for the configuration of new types of hospitals, contained within the Mid and South Essex Success Regime STP, will inevitably lead to at least a two tier, and possibly three tier, standard of accident and emergency medical provision for residents within this region? “

Answer

I would firstly like to thank Mr Fieldhouse for his questions about the Mid & South Essex Success Regime and STP. This is an important issue and I do understand the concerns expressed.

As I am sure we all do, I want a good health service for Southend. The plans are still at the pre consultation stage however and as I understand it, no decisions have yet been taken. Any proposals for service change will be the subject of full consultation by NHS England. Scrutiny as well as other stakeholders will be able to respond to the consultation as will members of the public, to judge the proposals on their merit.

I would like to reassure you that at that stage I will need to be comfortable with what is proposed. I start from the position that the Council will only support proposals which will lead to improvements in the health service in our area.

Question from Mr Fieldhouse to the Executive Councillor for Health & Adult Social Care

Question 2

“By its very nature, emergency care is time critical and the prospect of already overstretched emergency vehicles transporting gravely ill patients from Southend to Basildon or Chelmsford along often heavily congested roads can surely not benefit those patients. In view of this, will the relevant officer/post holder also agree with me that, in the best interests of the town's residents, the Committee should propose the rejection of the purely cost cutting recommendations of this plan to ensure the people of Southend will not suffer unnecessary risks to their health and lives?”

Answer

As I gave in my first answer, the STP & Success Regime is still in the pre consultation phase and that there are no firm proposals in the draft plan for Southend A&E. This evenings meeting is an opportunity to understand further what is being proposed.

Question from Mr Traub to the Executive Councillor for Health & Adult Social Care

Question 3

“Does the Executive Councillor agree that in view of frequent black alerts from Southend University Hospital Foundation Trust due to insufficient NHS funding, provisions in the Mid and South Essex Success Regime STP should include the necessary increase in hospital beds to meet the increased demand?”

Answer

Thank you for your question Mr Traub.

I am sure that we all understand the difficult position the Trust finds itself in at various times and the black alerts are of grave concern to us all.

As I understand it, the STP draft plan is about a system wide change to meet rising demand by providing more care closer to people, where they live and to avoid emergency situations. I would imagine that the aim is to reduce rather than increase demand and the need for additional hospital beds. Part of the process tonight is to explore whether this aim is achievable.

The Sustainability and Transformation Plan (STP) – Progress Update



Mid and South Essex
Success Regime

Melanie Craig, Chief Officer (Southend CCG)

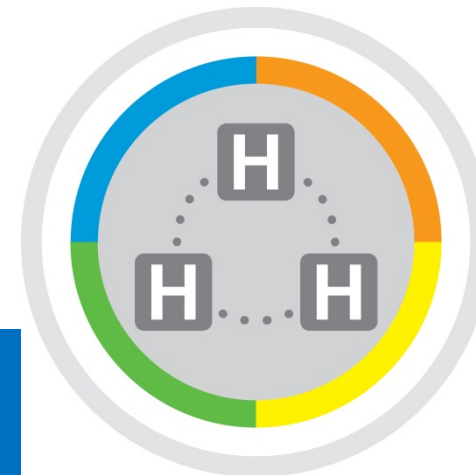
Andy Vowles, Programme Director (Success Regime)

Neil Rothnie, Medical Director (SUHFT)

Robert Shaw, Joint Director of Acute Commissioning and Contracting

Yvonne Blucher, Chief Nurse (SUFHT)

3



20 December 2016

4

WHAT JUST HAPPENED?



“ We cannot keep expanding hospital services. We must make best use of the precious and excellent workforce we have in Essex and, with our social care and local government colleagues, prepare better community and GP services; otherwise we will waste tax payers’ money on an outdated system.”

Dr Anita Donley, OBE
Independent Clinical Chair
Mid and South Essex Success Regime

WHAT JUST HAPPENED?

- STP summary and full documents published 23 Nov
 - Available from www.successregimeessex.co.uk
- For public discussion leading to sign off in 2017
- Any proposed service changes subject to public consultation

5

IS THE STP THE SAME AS THE SR?

- Same overall objective to sustain health and care services –
QUALITY - WORKFORCE - FINANCE
- Same planning period to 2020/21
- Same planning area of mid and south Essex
- Same leadership and governance

◦ What's the difference then?

Sustainability and Transformation Plan (STP)	Success Regime
Overall strategic plan, with some Essex-wide strategies e.g. mental health, LD	Programme to make change happen with focus on where pressures and potential to make impact are greatest: <ul style="list-style-type: none">• <i>Local health and care</i>• <i>In hospital</i>
	Provides support and programme management

SO WHAT'S NEW?

Plan builds on extensive discussions throughout 2016

Event	Dates
HWB meetings in public	7 April, 7 Sep
Joint HWB meetings in private	10 Feb, 15 June
HOSC Meetings	12 July, 11 October, 20 December
Stakeholder workshops in private	1 Mar, 6 July, 13 July, 11 Aug

- Overall plan was first published - 1 March
- Published progress updates – 1 Mar, 12 May, 11 Nov
- Service user workshops in April, July, August, September and October
 - In Southend on 27 July and 20 Sep
- Leaders involved in STP drafting
- Membership of System Leadership Group and Programme Board

WHAT DOES THE PLAN SAY?

Support to stay well for longer

Online and **smartphone** tools, **face-to-face** healthchecks
Personalised plans for high risks
Shared and **confidential** records
Earlier treatment, new services
End of life care e.g. support to die at home

Live well



SUPPORT & IMPROVE

UNBLOCK

Networks of care in your area

GP, community, mental health, social care **working as one**

Wider range of services and clinics

Joined up professionals - the **"multidisciplinary team"**

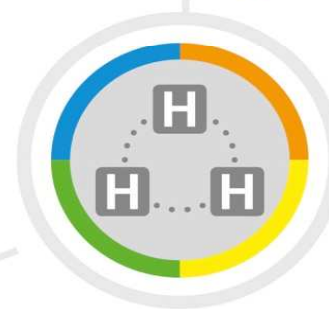


Your local services

INVEST & SHIFT

3 hospitals working better as a group

Designated specialist emergency care
Emergency surgery and **planned** surgery are separate
Streamlined specialist care



In hospital

WHAT MIGHT IT LOOK LIKE IN FIVE YEARS?

- Much more emphasis on prevention and self-care
 - Greater say on your own health plans
 - Better management and planning for long term conditions
 - Choice for end of life care
 - Early action to prevent problems
-
- Wider range of professionals at local surgery – not just GP
 - Some services available locally that previously were in hospital
 - Mental health, social care as well – see you as a whole person
 - Getting help in an emergency easier than now – phone, online, app, home visits, local services – **a network of urgent and emergency care**

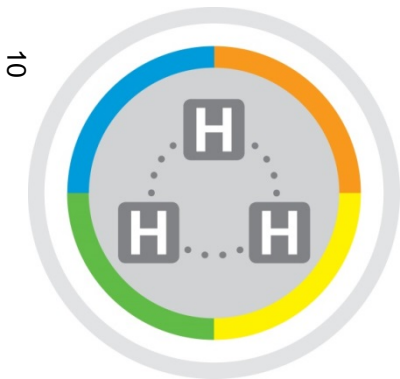


WHAT MIGHT IT LOOK LIKE IN FIVE YEARS?

No change for existing centres of excellence

- Cancer and Radiotherapy at Southend
- Cardiothoracic Centre, Basildon – life-saving heart and lung treatments
- Plastic Surgery and Burns Centre at Broomfield in Chelmsford

Services that would be provided at each hospital



- Walk-in A&E at all three sites and ambulances
- Surgical assessment unit
- Frailty assessment unit
- Children's assessment unit
- Outpatient clinics
- Day surgery
- Midwife-led maternity unit and obstetrician cover
- Step down beds for people recovering after surgery or specialist care

WHAT MIGHT IT LOOK LIKE IN FIVE YEARS?

H Elective centre
with A&E

- Specialist operations - planned treatments
- Cancer and radiotherapy centre
- Intensive care support

H Emergency hospital
with elective

- Planned specialist operations
- Emergency inpatient services
- Emergency surgery during daytime
- Blue light ambulances during daytime
- Full range of intensive care

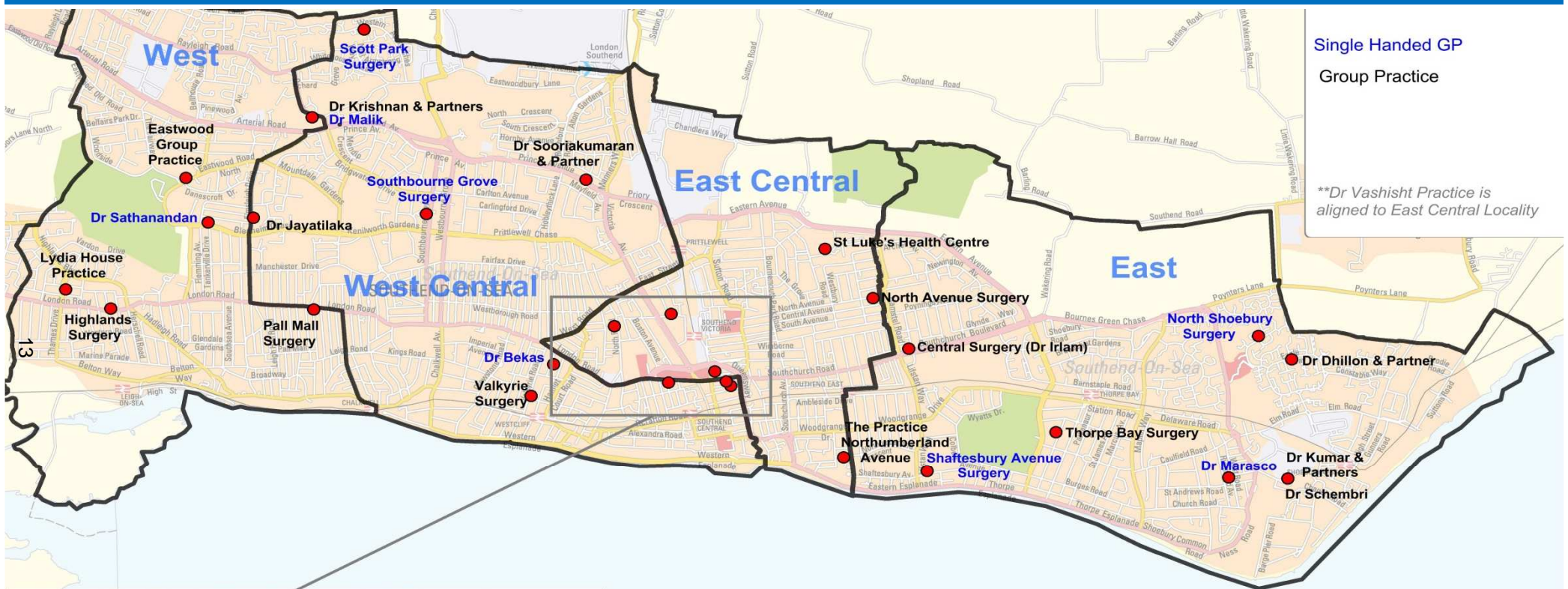
H Specialist emergency
hospital

- All ambulances 24/7
- Emergency inpatient services
- Emergency surgery
- Hyper-acute stroke unit
- Full range of intensive care

WHAT ABOUT OUR LOCAL PLANS?

- Supporting more resilient and sustainable primary medical services in localities
- Co-location of services and improved premises
- Complex Care Coordination Service

LOCALITIES



LOCALITIES

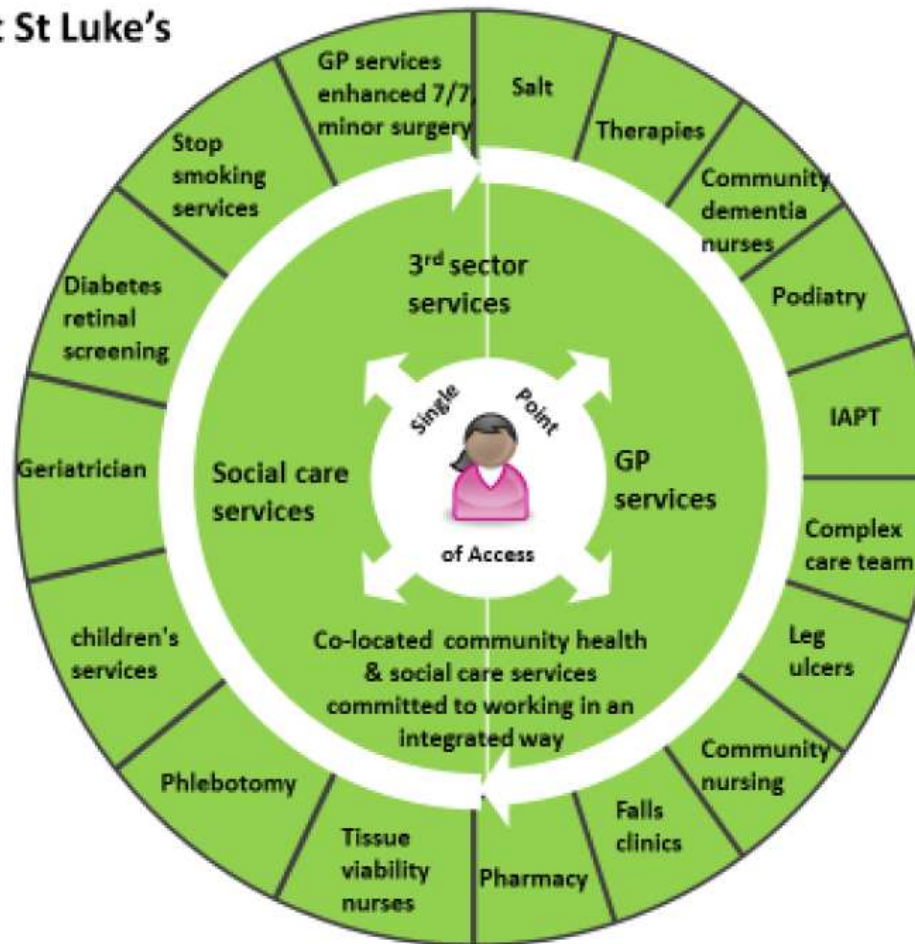
- GPs and Practice Managers engaged
- All practices now aligned to one of four localities
- Engagement with patient groups, third sector and other stakeholders over the course of the past six months
- Well attended annual public meeting used to launch the 'localities' model more broadly

LOCALITIES

- Developing integrated and co-located services
- Also reviewing our local estate to develop new and better premises, this includes:
 - Brand new development in Shoeburyness
 - Refurbished primary care centre in St Luke's
 - Various existing premises improvements

LOCALITIES

Services to be co-located at St Luke's



Co-location of services at St Luke's will be the second step toward providing fully integrated services. Providers will be required to sign up to a memorandum of understanding which will outline the principles and expectations of working together at St Luke's

LOCALITIES

Task	Timeline
Service review and Shoebury Commissioning Strategy agreed	Mid December 2016
Outline Business Case	Mid-March 2017
Approval of Outline Business Case by Governing Body	Early April 2017
Planning application	End May 2017
Planning approval	End August 2017
Judicial review	End September 2017
Final Business Case	Mid November 2017
Approve Final Business Case	December 2017
Financial Close	January 2018
Construction starts	February 2018

Task	Timeline
Service review and St Luke's Commissioning Strategy agreed	Mid December 2016
MHSPS submit Planning Application	Early Feb 2017
Outline Business Case	Mid-March 2017
Approval of Outline Business Case by Governing Body	Early April 2017
Planning application	End May 2017
Planning approval	End August 2017
Judicial review	End September 2017
Final Business Case	Mid November 2017
Approve Final Business Case	December 2017
Financial Close	January 2018
Construction starts	February 2018

- The CCG received funding approval through the Estates and Technology Transformation Fund (ETTF) for the St Luke's development to the value of £250,250.00, this will offer support for financial, legal and design processes for the St Luke's primary care centre development, plus related technology 'fit-out'.
- The Shoebury project will be funded through the usual funding application channels.

LOCALITIES

But also - much more emphasis locally on:

- Sensible self-care
- 111 and the out-of-hours service
- Local pharmacies
- Turning up for appointments – or cancelling them if they are no longer needed
- Developing new roles in GP practices
- A&E is for serious or life threatening conditions only

LOCALITIES

Complex Care Coordination Service

- A complex care coordination service providing risk stratification, referral, holistic assessment, personalised care planning and case coordination to an identified cohort of patients.
- Complex care patients will have their care proactively coordinated and delivered
- Individual tailored plans will be developed to promote maximum health, well being and independence aiming to prevent and delay deterioration of the patient's physical, medical and social circumstances
- Patients will be provided with support, information, advice and guidance on what to do in times of crisis

TIMETABLE

November

Publish STP

November to January

Pre-consultation engagement

February

Options appraisal

March

Finalise business case

April

Secure national approvals

May – July

Public consultation

September

Decisions by Governing Bodies

This page is intentionally left blank