Public Document Pack

Southend-on-Sea Borough Council

Department of the Chief Executive

John Williams - Director of Democratic & Legal Services

Our ref:	RH/HWB	Telephone:	**01702 215106**
Your ref:		Fax:	**01702 215994**
Date:	22nd June 2017	E-mail:	**committeesection@southend.gov.uk**
Contact Name:	Robert Harris	DX 2812 Southend	

HEALTH & WELLBEING BOARD - WEDNESDAY, 21ST JUNE, 2017

Please find enclosed, for consideration at the next meeting of the Health & Wellbeing Board taking place on Wednesday, 21st June, 2017, the following report that was unavailable when the agenda was printed.

Agenda No **Item**

7 **STP Pre-Consultation Business Case Briefing** **(Pages 1 - 6)**

Report of the Interim Communications Lead, Mid and South Essex Success Regime, attached.

Robert Harris
Principal Democratic Services Officer
Southend Borough Council

This page is intentionally left blank

21 June 2017	ITEM: 7

Southend-on-sea Health and Wellbeing Board

Update on Mid and South Essex Success Regime / Sustainability and Transformation Partnership (STP)

Report of: Andy Vowles, Programme Director, Mid and South Essex Success Regime

Executive Summary

This paper provides an update on current thinking and next steps for changes in local health and care. It follows previous reports to the Health and Wellbeing Board.

1. Recommendation(s)

1.1 The Board is asked to note the update and the continuing opportunities to give views on developing proposals for service change.

1.2 The Board is recommended to continue participating in discussions within the Mid and South Essex STP engagement and consultation programmes, which include stakeholder meetings and meetings of the Essex, Southend and Thurrock Health and Wellbeing Boards.

2. Background and update

2.1 **Key events leading to our current position**

2015	NHS England and other national bodies designate Essex Success Regime, one of only three in the country.
1 March 2016	Outline plan published for health and care across mid and south Essex, including potential hospital reconfiguration.
March – May 2016 Early engagement	• Set up of clinical working groups to develop and lead change. • Three hospital trust boards agree joint committee • CCGs identify areas of collaboration • Engagement with health and wellbeing boards (HWBs), other stakeholders and service users.

	Outcomes • Feedback from Southend HWB seeks greater emphasis on prevention and development in primary care – influences developing sustainability and transformation plan • Clinicians (with service users) agree decision rules and criteria for potential hospital reconfiguration and service redesign. • Agreed objectives for hospital change: - Designate a specialist emergency hospital - Separate emergency and planned care - Identify where some specialist services could benefit from consolidation across three hospital sites.
June – Aug 2016 Developing options and decision-making criteria	• CCGs and partners collaborate on blueprints for joined up health and care in localities, frailty, end of life and other pathways. • Hospital clinicians refine potential options for reconfiguration and consult independent Clinical Senate. • Programme of staff workshops and focus groups with service users. Continued discussions with HWBs and other stakeholders **Outcomes** • Outline sustainability and transformation plan submitted to NHS England in June • Insight from service users and staff informs weighting of decision-making criteria and influences draft STP • Independent Clinical Senate supports direction of travel, advises on consideration of more radical options for emergency care, obstetrics and paediatrics.
Sep 2016 – Jan 2017 Engagement in STP and options for hospital service change	• Programme of public workshops and staff briefings provides insight on priorities for change and potential implications • Acute clinical leaders narrow down potential options for hospital reconfiguration to two broad models, one model with three variations and one model with two variations • Continued discussions with HWBs and other stakeholders **Outcomes** • Full STP published with public summary, influenced by service user feedback • Second review by independent Clinical Senate – commends clear case for change, supports direction, advises on pace of change, "*long term sustainable services should take priority over speed*" • Local clinicians advise further discussion – options appraisal shifted from November 2016 to February 2017.
Feb – March 2017 Options appraisal	• Discussions continue with staff, stakeholders and local groups – over 100 stakeholder meetings and events since March 2016 • Four panels (including service users) consider options for potential hospital reconfiguration

	Outcome • Options appraisal points towards a future model of three hospitals each providing different specialist services, while all three hospitals continue to provide around 95% of hospital care for their local population, including 24 hour A&E. • Local discussions highlight further work needed on operational and practical implications of change. **Quote from stakeholder briefing issued 15 March:** *While the options appraisal process is an important part of evidence-based planning, there are also a great many operational and practical concerns to address, most of which will benefit from insights from front line staff and local people. This will include details of how a change could be implemented over the next three to four years through a carefully managed and staged approach so that patient safety and care quality is assured at every stage and alongside changes in community care.*
April to date	• CCGs agree to form a joint committee to lead system-wide planning and joint commissioning. • Hospital clinical working groups continue to develop detailed clinical blueprints. • Programme Executive reviews timescales.

2.2 **Recap on the Mid and South Essex Sustainability and Transformation Plan**

- Plans are in progress to invest in GP, mental health and community services to develop innovation and early treatment that will help people stay well and avoid hospital emergencies. These are specific to each of the five CCGs, but all five CCGs are working to broadly consistent models of care including:

    - 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

- The three acute hospitals in Basildon, Chelmsford and Southend are working as one group to meet rising demands. As a group, the hospitals can save money by sharing corporate functions and support services, while clinicians are looking at the opportunities to improve patient care by centralising some specialist services at each hospital.

2.3 Addressing current local concerns

During the period prior to the recent general election, there were a number of local campaigns arising from concerns about the future of A&E at the three hospitals.

Some of the main concerns are addressed in summary below:

- There are no plans to close A&E at any of the three hospitals.
- In all options currently being discussed, there would continue to be an A&E department, supervised by consultants and open 24/7 at each of the three hospitals in mid and south Essex.
- Our A&E departments would continue to respond to unplanned needs and manage a broad spectrum of illnesses and injuries. The approach to patients would continue, which is to assess, treat and transfer or discharge.
- Similar to current practice, a transfer may be:
    - Back to a GP or other service in the community
    - To another unit within the same hospital for further assessment and treatment
    - To an inpatient ward or specialist centre, which could be in the same hospital or in another hospital
    - In some instances, where it would be safer to do so, people could be taken by ambulance straight to a specialist centre, by-passing the local A&E. Current examples of this include major trauma, head injuries and acute heart attacks.
- The potential hospital configuration for the future includes 24 hour assessment units for older and frail people, children and people who may need surgical or medical care. These units would provide fast access to mental health and social care as well as acute hospital care. They could accommodate an overnight stay if necessary, but would aim to help people avoid a stay in hospital. This would ensure a faster and better response to most of the emergency needs of older people and children, linked to a range of community services for ongoing support if needed.
- All three local A&Es would retain the skills to provide immediate stabilisation and management of all emergencies that arrive at the hospital and, where appropriate, arrange onward transfer.

2.4 What could be different in the future?

- Greater emphasis and capability in terms of prevention and early intervention to manage rising risks of serious illness.
- A wider range of expertise available in communities, with joined up services and multi-disciplinary teams to improve capacity in primary and community care.
- A future hospital configuration where around 95% of hospital activity would continue at each hospital, while some specialist services, including some life-saving care, could be consolidated in one or two of the hospitals.

- Emergency inpatient care increasingly separated from planned inpatient care to improve capacity and avoid cancelled operations due to surges in emergencies.

- Current thinking identifies Basildon as having the greater potential to provide a specialist emergency hospital, Southend as having the greater potential to provide a centre of excellence for planned care and Broomfield providing a combination of emergency and planned care.

- The questions that clinicians and partners are currently investigating include:

    - What specialist services could be safely consolidated in a way that would improve patient care and outcomes? There is considerable scope to improve patients' chances of survival and rapid recovery in cardiac, vascular and stroke care, for example.

    - What would be the best way to access these services? When is it better to treat and transfer from a local A&E, and when is it better to transport patients directly to the specialist team?

    - What are the opportunities to consolidate planned inpatient care in one or two centres of excellence?

    - How could we improve patient pathways from preventative care and treatment closer to where people live through to hospital services when needed and back to rehabilitation and support?

2.5 **CCG Joint Committee**

- The CCG Joint Committee, which is due to meet for the first time in July, will lead the PCBC and public consultation.

- Commissioning functions of the CCG Joint Committee cover:
    - Acute services
    - NHS 111 and out of hours services
    - Ambulance services
    - Patient transport services
    - Services for people with learning disabilities
    - Services for people with mental health problems

- Strategic functions include:
    - Delivery of the STP local health and care strategy
    - Decisions on STP wide service configurations
    - Agreement of relevant STP wide patient pathways and restriction policies
    - Leadership of relevant public consultations that affect the whole STP area

2.6 **Next stages of development leading to public consultation**

- The Mid and South Essex Sustainability and Transformation Partnership is developing a pre-consultation business case (PCBC) that will present the case for

change and proposed way forward, based on clinical evidence. It will include financial plans and proposed capital investment.

- Subject to national assurance, there would then follow a public consultation.

- The programme is now exploring a phased approach to implementation, where the vision (to separate elective and non-elective and consolidate services where it makes sense to do so) remains the same, but a step-by-step approach is taken to service change.

- Within the hospital trusts, some thirteen clinical working groups are developing patient pathways and clinical protocols for:
    - Emergency and A&E services, including assessment centres
    - Acute admissions e.g. vascular, stroke, renal, cancer surgery
    - Planned care e.g. urology, neurology, ophthalmology, orthopaedics, cancer surgery
    - Paediatrics

- There will be further opportunities for service users and local people to get involved in developing patient pathways before, during and after public consultation.

2.7 **Current timescales**

Discussions with stakeholders on draft PCBC	June – Sept 2017
Completion of PCBC	September 2017
Local regional and national assurance process	Oct – Nov 2017
Consultation programme	Dec 2017 – March 2018
Analysis of outcomes and review of proposals	April 2018
Decisions based on outcome of consultation	May 2018

3. Background papers

For further background information please see the STP summary and other documents at www.successregimeessex.co.uk

Report Author:

Wendy Smith, Interim Communications Lead, Mid and South Essex Success Regime