

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 February 2018

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

Contact Name: Fiona Abbott

DX 2812 Southend



Dear Councillor

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - MID AND SOUTH ESSEX SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP - TUESDAY, 20TH FEBRUARY, 2018

Please find enclosed a copy of the presentation given at the above meeting held on
Tuesday, 20th February, 2018:-

Agenda No Item

5. **Mid and South Essex Sustainability and Transformation Partnership (STP) (Pages 1 - 14)**

Presentation by representatives from STP

This page is intentionally left blank

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



Your care in the best place

At home, in your community and in our hospitals

Joint Health Overview and Scrutiny Committee, 20 February 2018

www.nhsmidandsouthessex.co.uk

Purpose

1. Brief recap/overview of consultation proposals
2. Information on the Public Consultation to date
3. Emerging feedback
4. What happens next
5. Proposed timeline (for discussion and agreement)

Your care in the best place – developments over next 5 yrs

Easier access to consistent, high quality hospital care – sustainable into the future

Wider range of services at GP practices

Joined-up teams



3



Five principles for our proposed future hospital services

- 1. The majority of hospital care will remain local** and each hospital will continue to have a 24hr A&E
- 2. Certain more specialist services which need a hospital stay should be concentrated in one place**
- 3. Access to specialist emergency services, such as stroke care, should be via your local (or nearest) A&E**, where you would be treated and, if needed, transferred to a specialist team
- 4. Planned operations should, where possible, be separate** from patients who are coming into hospital in an emergency
- 5. Some hospital services should be provided closer to you**, at home or in a local health centre



High level Overview of Proposals

Services that stay on all sites

- 24/7 A&E & urgent care
- Maternity services
- Outpatient appointments
- Tests and scans
- Intensive care
- Short stays in hospital
- Children's care
- Care for older people
- Day case treatments and operations
- Stroke care

Proposed changes

- Specialist stroke services at Basildon (assessment, initial treatment and stabilized at local A&E)
- Specialist gynaecology, including cancer, in Southend
- Planned orthopaedic operations in Southend and Braintree
- Specialist teams in Chelmsford for complex urology, abdominal surgery and gastroenterology
- Specialist teams in Basildon for complex lung problems, complex vascular problems, complex heart problems, complex kidney problems
- Transfer of services from Orsett to four new integrated medical centres in Thurrock, and locations in Basildon town centre, Brentwood Community Hospital and St Andrew's Billericay

Who may be affected in an **emergency**?

There are currently around 960 attendances per day on average across the three A&E departments in Southend, Chelmsford and Basildon



Around 300 patients per day on average are currently admitted to hospital from A&E

Under the proposals for reorganising some specialist emergency services, we estimate that around 15 people per day would require a transfer from their local A&E to a specialist team in another hospital

Who may be affected in **planned treatment**?

Around 3,300 patients per day on average visit our three hospitals for an outpatient appointment

3300

380

Around 380 patients per day on average visit our three hospitals for a planned operation

14

Under the proposal for separating planned operations from emergency care, we estimate that around 14 people per day would be referred to a hospital that is not their local hospital for a planned operation, usually for a stay of three to four days

Clinical transfers and Transport between hospitals

New type of clinical transport between hospitals

- Dedicated transfer team and fleet for patient transfers
- Vehicles equipped to national specification
- Clinical teams discuss transfer with patient and family
- If no transfer, specialist team supports local team
- Developing with East of England Ambulance Service, North East London and East of England Trauma Networks



Free bus service between hospitals

- To run between hospitals, or other locations
- Consultation provides opportunity to hear from public on what is required.
- Independent support to develop plans.



Public consultation 30 Nov 2017 – 9 March 2018

- Suite of consultation documents, website and social media
- Consultation materials circulated via CCGs, providers, Healthwatch and others
- >500 survey responses thus far
- Telephone survey launched to reach further 750 people
- >490 people attended/booked to attend public discussion events; two additional public events added
- >20 focus groups on specific areas (eg. stroke, transport, finance) and protected characteristics (eg. age, gender, ethnicity)
- Staff briefings and meetings
- Joint work with Directors of Public Health on equality impact assessment – focussed work with protected characteristic groups
- Healthwatch activities: Orsett proposals (Q&A sessions); Chatterbox Cab, focus group support.
- Twitter – 103,000 impressions, >400 link clicks, 35 messages
- Facebook – 13 promoted posts, >108,000 reach, of which >15,000 have engaged; close links with health and care partners for onward sharing.
- >390 comments received via social media
- Social media accounts for 37% of all traffic to the STP website.

Emerging Feedback

Generally positive feedback on proposals, although key themes emerging:

Clinical Transport

- Where will the staff come from?
- How will safety be ensured?
- The ambulance service is already stretched.
- How will the c 15 additional journeys/day be managed?



Throughout the consultation we seek to address issues and concerns raised:

Clinical transport - working group established involving EEAST and trauma networks:

- Developing a “green paper” for discussion
- Development of clinical protocols and scenarios
- Service will have overall clinical lead + site leads
- Developing quality assurance & governance processes
- Training and education programmes being reviewed along with workforce implications

Family Transport

- Concern that loved ones may not be able to visit sick relatives, impact on recovery
- Comments regarding hospital parking



Family Transport –

- In discussion with existing patients and carers
- Funding identified for the service
- Commitment to develop a transport plan.

Finance

- Concern that the underlying reason for consultation is to make financial cuts



Finance

- Stronger messages on potential for capital investment; planning focus group/webinar on STP finance

Trust merger

- Concern that proposed Trust merger will lead to downgrading of Southend Hospital



Trust Merger

- Merger is entirely separate to public consultation; any further service change would be subject to public consultation

What happens next?



CCG Joint Committee will consider

- Decision making business case and report will include:
 - Independent analysis of consultation feedback
 - Equality impact assessment
 - Outcome of stage II Clinical Senate review
 - Detailed plan for both Clinical Transfers and Family Transport
 - Report of post-consultation activities:
 - Clinical Cabinet
 - Service User Advisory Group
 - Commissioner and provider review
 - Proposals for implementation assurance processes

For discussion – possible timeline

Action	Date in 2018
JHOSC meetings in public	20 February 13 March
End of public consultation period	9 March
JHOSC provides feedback on consultation	20 March
Local elections	3 May
STP publishes independent collation and analysis of consultation feedback	8 May
Further JHOSC activity	TBA
Post-consultation – review/amend proposals (as appropriate) in line with consultation feedback	May-June
CCG Joint Committee papers published	29 June
CCG Joint Committee meeting to reach final decisions	6 July
Post decision scrutiny, JHOSC response to decisions	TBC

This page is intentionally left blank