Public Document Pack
SOUTHEND-ON-SEA BOROUGH COUNCIL

People Scrutiny Committee
(Special Meeting)

Date: Tuesday, 20th December, 2016 @ 18.00
Place: Committee Room 1 - Civic Suite

Contact: Fiona Abbott – Principal Committee Officer
Email: committeesection@southend.gov.uk

AGENDA

******** **Part 1**

1 Apologies for Absence

2 Declarations of Interest

3 Questions from Members of the Public

[Note – as this is a special meeting, questions must relate to the business included in the agenda for the meeting].

******** **OTHER SCRUTINY MATTERS**

4 Mid and South Essex Sustainability and Transformation Plan and Success Regime (Pages 1 - 38)

Report (attached)
Note - All Members of the Council are most welcome to attend for this part of the meeting – if you will have any specific questions to ask at the meeting, it would be helpful if you could send them to the committeesection@southend.gov.uk before the meeting.

TO: The Chairman & Members of the People Scrutiny Committee:

Councillor J Moyies (Chair), Councillor C Nevin (Vice-Chair)
Councillors Arscott, Assenheim, Borton, Boyd, Buckley, Butler, Endersby, D Garston, Habermel, Jones, Phillips, Stafford, Walker and Wexham
[Appointment of UKIP Member to be made at Council on 15th December 2016]

Co-opted Members:-

Church of England Diocese –
Ms Emily Lusty (Voting on Education matters only)

Roman Catholic Diocese –
VACANT (Voting on Education matters only)

Parent Governors –
(i) Mr Mark Rickett (Voting on Education matters only)
(ii) VACANT (Voting on Education matters only)

SAVS – Ms Alison Semmence (Non-Voting);
Healthwatch Southend – Ms Leanne Crabb (Non-Voting);
Southend Carers Forum – Ms Angelina Clarke (Non-Voting)

Observers
Youth Council
(i) E Feddon (Non-voting)
(ii) J Jenkins (Non-Voting)

20 December 2016	**ITEM: 4**

Southend-on-sea People Scrutiny Committee

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

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

Executive Summary

This paper provides an update on the progress of the Mid and South Essex Success Regime (SR) and Sustainability and Transformation Plan (STP). It follows previous reports to the People Scrutiny Committee.

The STP is a strategic plan and includes coordination with other strategies that are Essex-wide, such as mental health and learning disabilities. The SR is a change programme specifically for mid and south Essex and concentrates on the immediate priorities for transformation.

A draft STP was published on 23 November for discussion and feedback. Most of the potential service changes in the STP have been discussed publicly since 1 March when the overview of the Success Regime programme was published.

Some 28 discussion workshops have taken place between April and October 2016 with frontline staff and local people. This has provided a broad range of views, which have helped to shape the STP.

At the same time, local clinicians and commissioners have been developing potential options for service change and these are summarised in this report and **Appendix 1**.

In view of the national timeline for publishing the STP and also in response to the views of local clinicians, we have extended the current discussion and development period. An options appraisal and business case for the major service changes has now moved to 2017 to give more time for further and wider engagement. We are encouraging views and feedback on the STP and developing options and would welcome feedback from Members.

Details of the STP, the Success Regime, downloadable documents and information on how to have your say may be found on the Success Regime website - www.successregimeessex@co.uk

A summary STP is attached at **Appendix 1.**

1. Recommendation(s)

1.1 Members are asked to note the update and the opportunities to give views on the STP and developing options for service change.

2. Introduction and background

2.1 The STP is a five-year plan for securing a sustainable health and care system in mid and south Essex. Covering the period October 2016 to March 2021, it sets out the vision and the transformation that is required to achieve it. It includes strategic change programmes for all aspects of health and care from prevention to specialist services, including plans for mental health and learning disabilities.

2.2 The Success Regime (SR) is an intensive programme designed to tackle the most significant challenges and to achieve financial balance. The SR has a narrower focus on the areas considered immediate priorities for change, where both the pressures and the potential to make a positive impact are greatest. The SR brings in additional management expertise, financial support and provides a system-wide programme structure to plan and deliver service transformation at pace.

2.3 Since the last update for the People Scrutiny Committee, there have been a number of developments, including the following:

- **Publication of the draft STP**
  Documents for the STP were submitted to NHS England and other national arm's length bodies initially on 30 June and again on 21 October. Following feedback from NHS England, these documents were published unchanged on 23 November and are downloadable from www.successregimeessex.co.uk . A summary document is also available (attached at **Appendix 1**). Local people are invited to give their views. Details on how to have your say are included in the summary document at **Appendix 1**.

- **Engagement**
  There have been 28 discussion workshops with service users, staff and local people, in addition to over 50 stakeholder meetings. This provided early insights to inform the development of the SR/STP and, in particular, the potential options for hospital reconfiguration.

3. Work in progress

3.1 ***Local health and care*** **workstreams**
The five CCGs in the Success Regime are progressing with developments in local health and care, according to the needs of their area:

- All CCGs are promoting stronger partnerships between GP, community, mental health and social care services, which are leading towards health and care groups or localities. Southend CCG is progressing with four potential localities. Updates on this have previously been reported to the Committee and this will be ongoing.

- The CCGs are working together on improved care pathways, initially with a focus on care for older and frail patients and for people who need care at end of life. This includes new information systems to identify those with higher risks to health and wellbeing. There will be further opportunities for local people to engage with this in the new year.

- Other workstreams, although still at an early stage, are investigating the potential to shift some services currently delivered in hospital to community-based facilities e.g. outpatient clinics and diagnostic tests.

- As part of creating a network of urgent and emergency care, a procurement of integrated 111 and out of hours services is in progress and due to complete in 2017.

3.2 ***In hospital*** **workstreams**

The three hospital trusts have agreed to work as a group with a joint committee to oversee delivery of change. The trusts have also agreed to consult over the next month on proposals for a single executive team.

While there are several internal workstreams developing plans for shared administrative and clinical support functions across the three hospitals, a group of some 70 senior clinicians is working on potential options for service change in:

- Cancer services (recently set up)
- Acute and emergency services
- Surgery
- Children's services
- Women's and maternity services

Developing options for a potential hospital reconfiguration are described in more detail in the STP summary in **Appendix 1**.

3.3 **Finance**

The STP summary at **Appendix 1** contains a financial overview of how the NHS organisations plan to achieve financial balance by 2020/21. A system-wide Financial Oversight Group has been set up to support the SR/STP and meets monthly.

3.4 **Change in timescales**

Since we last reported to the Committee, we have secured the support of local and national colleagues to allow more time for engagement with clinicians, stakeholders and local people. We are keen to refine proposals with the expertise and experience of as many as possible so that all potential opportunities and implications are considered.

We have therefore moved an options appraisal process and the completion of a pre-consultation business case into 2017. The business case will then be considered and assured by the national bodies and, subject to a satisfactory assurance, we will proceed to public consultation.

4. Issues, Options and Analysis of Options

4.1 Further details on current thinking are provided in the STP summary in **Appendix 1**. We provide a quick recap below.

4.2 The main changes for consultation in 2017 lie within the *In hospital* workstream of the Success Regime/STP. Developments in primary and community services will continue to build on health and wellbeing strategies that were already in progress.

- **No change for existing centres of excellence**

Within the emerging models of clinical services the following centres of excellence would remain unchanged:

- Cardiothoracic centre at Basildon
- Plastics and Burns at Chelmsford
- Cancer and Radiotherapy services at Southend

- **As much care as possible close to where people live**

For the majority of hospital care the aim is to provide as much as possible close to where patients live, balanced against potential benefits of consolidating some specialist services. This includes identifying where there is potential to transfer some services to GP surgeries or local health centres, and opportunities to use telemedicine and other technologies to run virtual clinics.

Across the range of hospital services, the majority of services that people might need from their local hospital would continue at each hospital site, such as day surgery, outpatient clinics and beds for a short stay for observation and recovery.

All three hospitals would continue to provide an A&E for walk-in patients and most patients arriving by ambulance.

There would be assessment units for children, older and frail people and for people who may need surgery. These assessment units would ensure quick access to tests and scans and prompt treatment, including an overnight stay if necessary, so that most people needing urgent treatment could receive it at their local hospital.

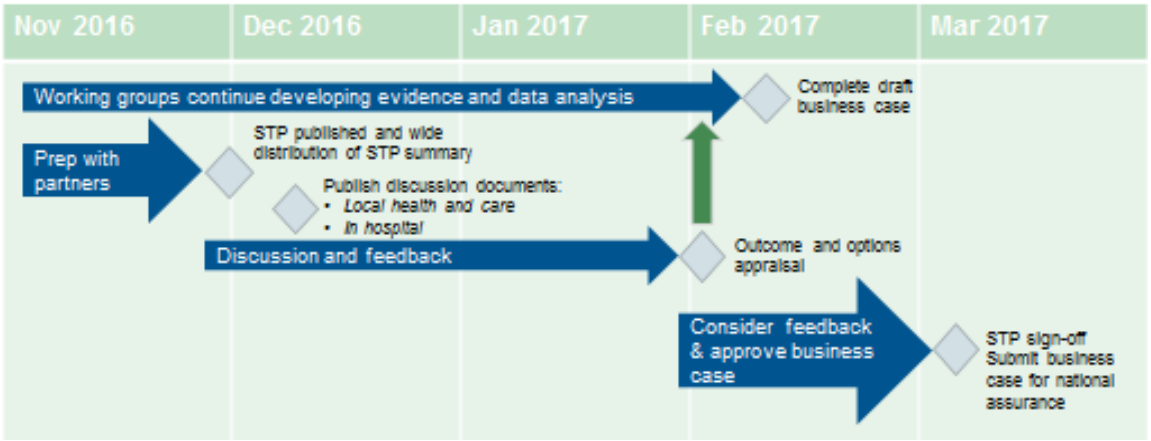
The local hospital would also be able to look after people who need a few days for recovery and rehabilitation following specialist surgery or other treatment, which they may have had in a specialist centre elsewhere.

- **Specialist roles across the hospital group**

In addition to their local hospital role, each of the hospitals could offer more specialist services for the whole of Mid and South Essex. This would help to improve patient outcomes and solve current challenges facing all three hospitals in terms of recruitment and development of the right number and combination of doctors, nurses, technicians and support staff to provide round-the-clock, high quality specialist care.

*See further details in the STP summary attached at **Appendix 1**.*

4.3 Timescales



5. Background papers

For further background information please visit:
www.successregimeessex.co.uk

6. Appendices to the report

Appendix 1 – STP summary, *10 things you should know about your local health and care plan*

Report Author:

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

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NHS

Mid and South Essex
Success Regime

10 things you should know

about your local health and care plan

A guide to the Mid and South Essex Sustainability and Transformation Plan (STP)
What's happening in the next five years and a chance to have your say

Published by the Mid and South Essex Success Regime
www.successregimeessex.co.uk

10 things you should know

about your local health and care plan

A guide to the Mid and South Essex Sustainability and Transformation Plan (STP)

1. A plan is in progress
2. Health and care organisations have joined forces in mid and south Essex
3. How the plan could work in the future
4. Joined up services closer to where you live
5. Development in local services will change our need for hospital care
6. Mental health is part of life, part of your care
7. Our three main hospitals could work better as a group
8. There could be two or three types of hospital in the future
9. There are concerns to consider as well as benefits
10. How to have your say

A plan is in progress

Health and care organisations in mid and south Essex have published a plan to:

- **Invest** in **innovation** and **expertise** that can help people **stay well** for longer
- **Join** services together to provide more care **closer** to people and where they live
- **Redesign** our hospitals to meet rising demands with the **best quality** emergency and specialist care for everyone who needs it

The plan is for public discussion over the next few months before sign off next year. Proposed service changes are subject to national checks and public consultation in 2017.

This is how we propose to prepare for a future where more people could be at risk of serious illness.

A plan for sustainability

People are living longer, there are fewer early deaths from cancer and many treatments can now be done in a day where people once spent weeks in hospital. Modern healthcare has many remarkable successes, but modern life has new and different risks.

Stroke is the leading cause of disability

Mental health problems account for 28% of disease in the UK

Dementia has overtaken heart disease as the biggest cause of death in the country

Diabetes is the fastest growing health threat of our century

Rising demands already stretch our health and care services

- The majority of GPs nationally say they are seeing more patients with several illnesses and long term conditions – 81% of GPs
- Each year in mid and south Essex there are more ambulances called out - e.g. a rise of 18% this year for the most serious emergency calls
- Every year more people come through hospital A&E and the numbers in Essex are rising faster than the national average – 4% increase every year

> Our health and care system is not currently in the right shape to manage these rising demands.

Alongside these rising demands, the cost of providing health and care goes well above the amount of money available from tax-payers. In 2015/16, the NHS organisations in mid and south Essex spent £100 million above our budget. If we did nothing to change the system, the overspend could be £407 million above budget by 2020/21.

The way the health and care system works in mid and south Essex at the moment cannot continue. It is made up of many separate parts, and if they don't join up seamlessly, care becomes confusing, inefficient and unnecessarily expensive. There is too little emphasis on preventative action and too much emphasis on hospital services. Consequently, we are falling behind on some national standards, and we won't recover until we change the system.

A plan for transformation

We have huge potential to improve. We can relieve the pressure on overworked staff and do much more for and with local people; but it will take grand scale change over the next five years and some of it will be extremely challenging.

Where there is potential to transform – some examples

Prevention and early treatment

- Our plan includes new ways to use the evidence of why people become ill and how to avoid it.
- With new information systems, GP practices could identify which of their patients are at risk of illness and help them to stay well.
- When problems do arise, a quick response should be possible through online, telephone and person-to-person help.

People taking more responsibility for their own health and wellbeing

- Changes in behaviour are as important as changing services.
- Our plan includes campaigns and information that could help you take control of your own health and the wellbeing of your family
- In every part of our health and care system, we will build in checks and incentives to help you to look after your health.

Technology and innovation

- Our plan includes the development of a single health record and shared information for all professionals and patients – so everyone could be better joined up around your care
- Some advice, or even treatment, could be quicker and more effective via your lap top, tablet or smartphone
- Technology makes it possible to test and treat some things at a distance – specialists could achieve more in the time they have and fewer people would need to go into hospital.

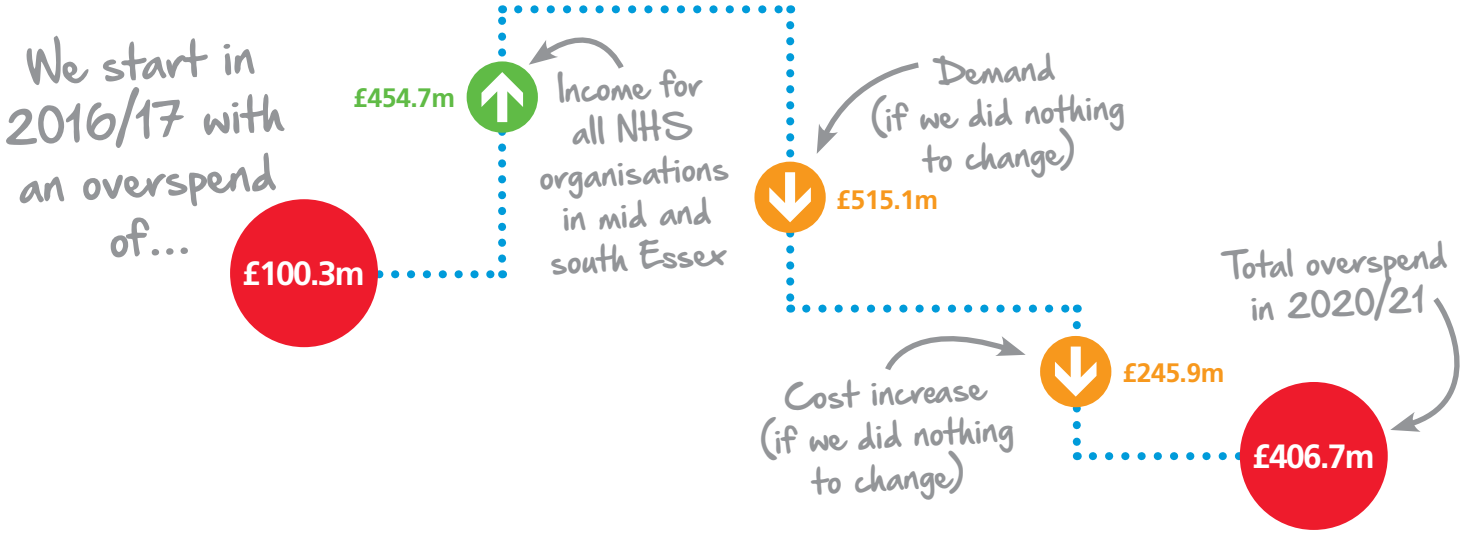
Joined-up services – community, hospital and social care

- Our plan proposes new ways to join up health and care for people at home, in local surgeries and hospitals – physical, mental health and social care together
- Working better together means GPs and local services could see more people and be more effective
- New healthcare roles could add to the range of local services and relieve pressure on GPs
- Hospital specialists could see people out in the community and not just within hospital walls
- Our three hospitals in mid and south Essex could work better together:
  - // They could save money by sharing management and support services
  - // They could combine their specialist expertise, save more lives and improve patients' chances of a good recovery.

Every area in the country is working on a **"sustainability and transformation plan (STP)"** for health and care over the next five years.

The **10 things you should know** will guide you through the Mid and South Essex Sustainability and Transformation Plan (STP).

How our NHS deficit would mount up over the next four years, if we did nothing to change

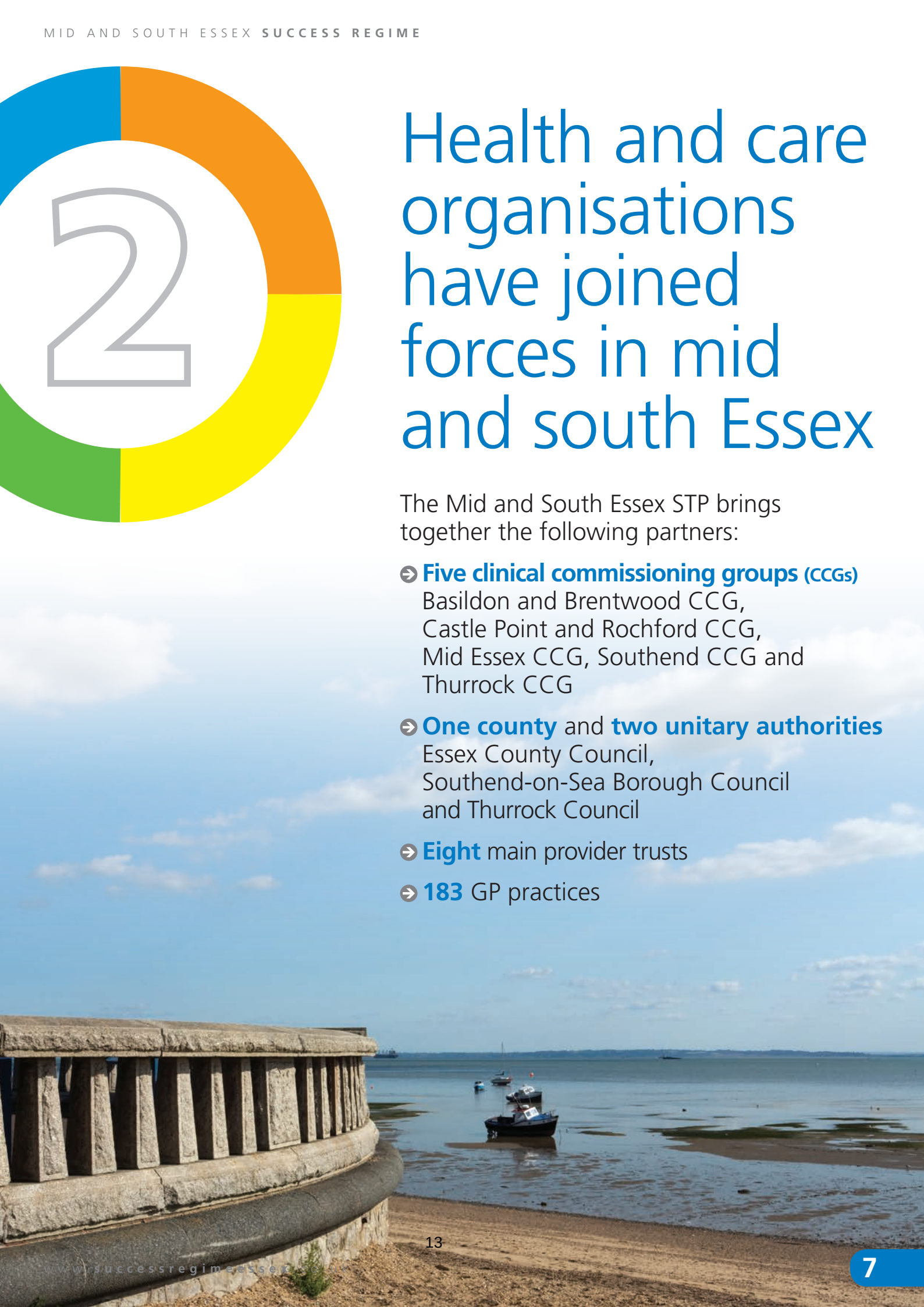


2

Health and care organisations have joined forces in mid and south Essex

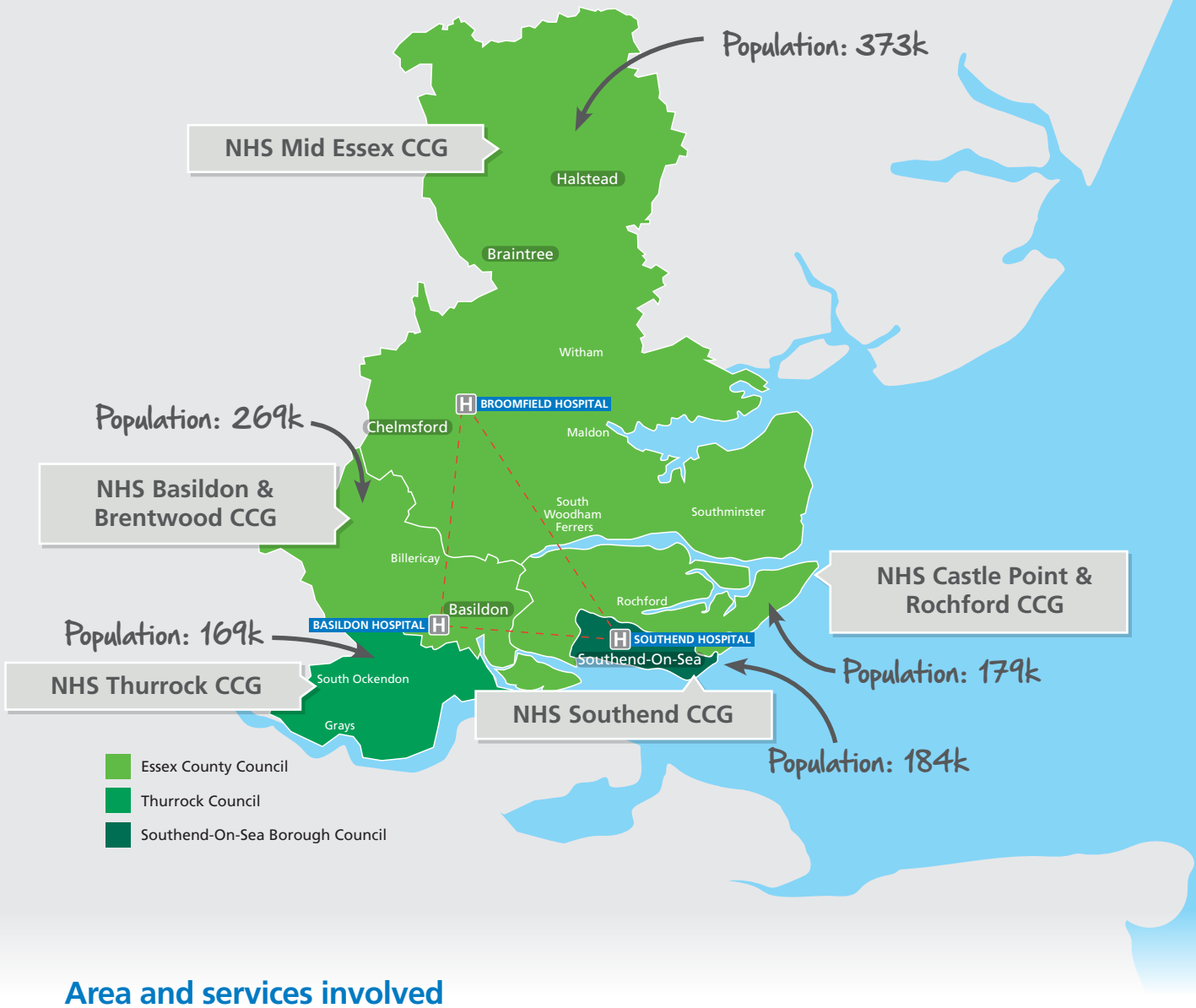
The Mid and South Essex STP brings together the following partners:

- **Five clinical commissioning groups (CCGs)**
  Basildon and Brentwood CCG, Castle Point and Rochford CCG, Mid Essex CCG, Southend CCG and Thurrock CCG
- **One county** and **two unitary authorities**
  Essex County Council, Southend-on-Sea Borough Council and Thurrock Council
- **Eight** main provider trusts
- **183** GP practices



2

The area covered by mid and south Essex has a population of around 1.2 million



Area and services involved

Service providers
Basildon and Thurrock University Hospitals NHS Foundation Trust
East of England Ambulance Service NHS Trust
Mid Essex Hospital Services NHS Trust
NELFT NHS Foundation Trust
North Essex Partnership University NHS Foundation Trust
Provide
Southend University Hospital NHS Foundation Trust
South Essex Partnership University NHS Foundation Trust

Clinical commissioning groups (CCGs), which plan and buy health services on your behalf
Basildon and Brentwood
Castle Point and Rochford
Mid Essex
Southend
Thurrock

Local authorities:
Essex County Council
Southend-on-Sea Borough Council
Thurrock Council

3 How the plan could work in the future

Health and care in the past was all about treating illness.

Health and care in the future is all about staying well.

How your health and care service could be different in five years' time

- Much more emphasis on prevention and earlier treatment
- Services in your local area all working together – a wider range on offer from local surgeries, but not always from a GP
- Your local hospital and A&E there when you need care that only a hospital can provide
- Different specialist centres at each of the three main hospitals – you may have to travel further, but for better quality and patient experience

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

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"**

3 hospitals working better as a group

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

4

Joined up services closer to where you live

Your **local services in five years'** time

A wider range of services with more time for you

With services more closely linked, it is not always necessary to see a GP. While developing our STP we studied 1,400 GP consultations in Brentwood, the Dengie and Southend and found that 25% of these appointments could be handled differently.

Some (around 11%) could have been better dealt with by another professional such as a dietician, a midwife, a physiotherapist, a pharmacist, a health care assistant or a mental health practitioner.

Other appointments could have been avoided with better self-care and social care. Some appointments were simply administrative and could be handled by an office process.

Over the next five years:

- You could see a different range of professionals at your local surgery, and your GP could have longer consultation time available when you need it.
- The range of professionals linked to your local surgery, such as mental health specialists and social care workers, would create a service that supports you as a whole person rather than looking at each single problem separately.
- Through investment and collaboration, some specialists and facilities that were previously only available in a hospital could be available at your local surgery e.g. for skin problems, stroke recovery, pain control; and various scans and tests.
- Early action, such as to prevent falls or to manage dementia, would help you to improve your quality of life and stay independent for as long as possible.
- You would have a greater say in your own health and care plans. You and everyone involved in your care would have access to shared confidential records and other information to monitor and plan your care.
- For people at the end of life, services would work as one to support you and your family at home or in a local place such as a hospice, if you preferred.

Managing long term conditions and the problems of old age

- If you live with long-term conditions, such as diabetes, heart disease and other health risks, experts would help you to plan and manage your care. This means understanding mental as well as physical issues and social as well as health needs. Your local team would know you and be ready to act quickly to prevent problems.

Urgent care when you need it

Getting help, especially in an emergency, would be easier than it is now and you would be less likely to be admitted to hospital or residential care. You would have more services locally, including online and telephone help, 111 linked to out-of-hours services and specialist teams that can act quickly in an emergency, without the need for an ambulance journey to hospital.

How does our plan propose to achieve this?

Collaboration between GP practices to create practice groups

Our STP proposes that practices should link up around natural communities. The map below shows the potential to create 26 practice groups across mid and south Essex.

Each group would develop according to what works best for the area. In Tilbury, for example, an area that is densely populated and where there is a shortage of GPs, a new health and wellness centre is in development. A new purpose-built facility will bring health and social care together in one centre. The Dengie, on the other hand is a rural area and sparsely populated in comparison. Here it is more important to establish a network of health and care that can reach out to its patients.

Whether the network has a single health centre or several, its services and professionals can work together to achieve more than if they continued separately.

	Locality	Pop. (k)	#GP Prac.
1	Braintree	64	5
2	Witham	29	5
3	Chelmsford 1	45	7
4	Chelmsford 2	49	4
5	Colne Valley	45	8
6	Dengie	23	5
7	Prosper	63	6
8	Maldon	32	3
9	South Woodham	22	5
10	Billericay	40	7
11	Brentwood	77	8
12	East Basildon	60	14
13	Wickford	34	5
14	West Basildon	57	9
15	Grays	70	12
16	South Ockendon	35	6
17	Tilbury	38	9
18	Corringham	26	6
19	Rochford	58	7
20	Rayleigh	34	4
21	Benfleet & Hadleigh	46	7
22	Canvey Island	42	8
23	Southend West	39	8
24	Southend West Central	52	11
25	Southend East Central	34	8
26	Southend East	41	8

4 Managing demand

Better knowledge and planning for prevention

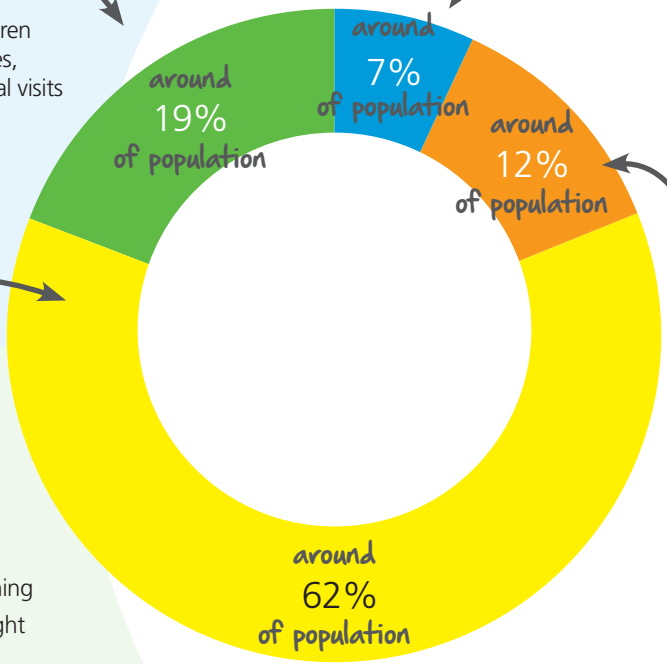
Each group should be able to access information about their local population. This would help the local teams to identify what people need to stay well along the following lines:

Children

- Specialists that travel to children at home and in local surgeries, avoiding the need for hospital visits
- GPs with special interests in children's care

People with higher health risks

- Care planning and tracking
- Intensive management with a named GP and care-coordinator
- The involvement of a multidisciplinary team, including mental health professionals
- Access to dementia care



People who are mostly healthy

- Support for self-care
- Use of online tools
- Healthchecks
- Care when needed
- Information campaigns and coaching
- Care navigators to direct to the right services
- Activities involving the community

People whose risks could rise

- Support to avoid further problems, where needed
- Support for self-care
- Use of online tools
- Specialists on hand, including mental health professionals

Joined up services to help people at the earliest opportunity

- One team, one contact for both health and social care
- Health and social care staff using the same records and information to support older people and vulnerable people at home, including people at the end of life
- Support to residents and staff in care homes
- Support for people to manage their long term condition
- Standardised procedures for admission to and discharge from hospital, with facilities in the local community to ensure that people spend the shortest possible time in hospital.

Improvements in services to respond to urgent needs and emergencies

- Investing in a new and better 111 helpline that is linked to the network of local services, including at night and at weekends
- Investment and increase in support for people in a mental health crisis
- More specialists in children's care available in the community, avoiding the need to go to hospital
- Skills development for paramedics and greater use of technology to contact specialists who can supervise treatments

5

Development in local services will change our need for hospital care

The plans in our STP to develop self-care, prevention and local services are based on national evidence of good practice and innovation in other parts of the country. From this, we have been able to calculate how new ways of care and early treatment could affect the way we use hospital services.

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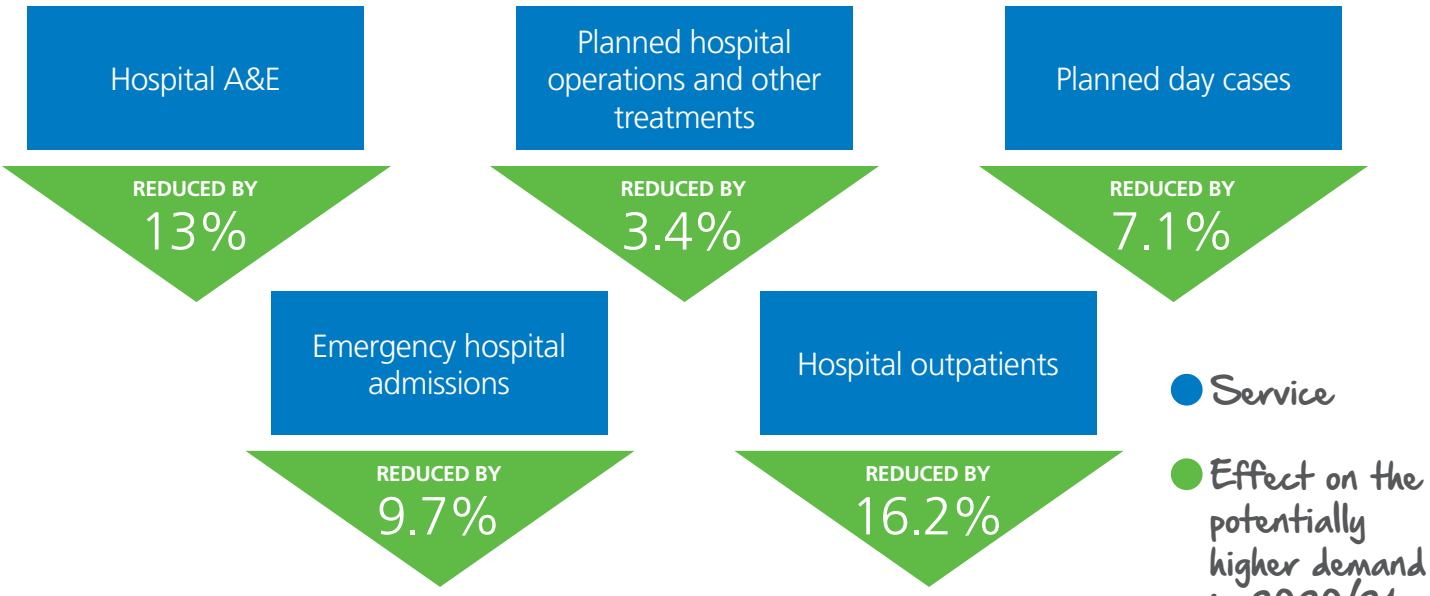
Some examples of how improvements in self-care, prevention and local services could relieve pressure on hospitals



Summary of potential savings for our health and care system

The plan for helping people to live well and for developing your local services is estimated to save the local health and care system around **£53 million a year** by 2020/21. This takes into account the investments needed to develop local services.

The £53 million saving comes broadly from the following:

£14.4m
saved by reviewing hospital appointments and in some cases making them available at local surgeries and health centres

£9.4m
saved by the impact of people having more information about care

£7.5m
saved by tightening up on guidelines for hospital referrals, which reduces the number of ineffective hospital treatments

£9.6m
saved by sharing resources across the health and care system

£5m
saved by improving urgent care, resulting in fewer ambulance journeys to A&E

6

Mental health is part of life, part of your care

Our STP links mental health expertise to GP practices and local teams.

- Mental health practitioners working together with your GP and other local services would ensure that good mental health is part of self-care.
- Mental health experts would be on hand for GPs, social workers and community nurses and part of the local team to support older and vulnerable people.
- The local team will work together to understand more about long term conditions and the links with mental health.
- For people who need specialist support for mental health issues, including dementia care, this would be easier to access than in the past and available in safe, familiar places. A new mental health strategy for Essex, due for publication in the early part of 2017, will include investment in 24/7 crisis support for people at home and in the community, avoiding hospital admissions wherever possible.
- For people who need the kind of mental health care that can only be provided in a residential centre, these services are set to improve with the merger of the two main organisations that provide these services.
- In our three main hospitals in Basildon, Chelmsford and Southend, there would be mental health specialists in A&E departments and available to train and advise ward staff.
- Across Southend, Essex and Thurrock there is now a single joined up emotional wellbeing and mental health service for children and young people with a local transformation plan and increase in annual funding. This will ensure the development over the next five years in:

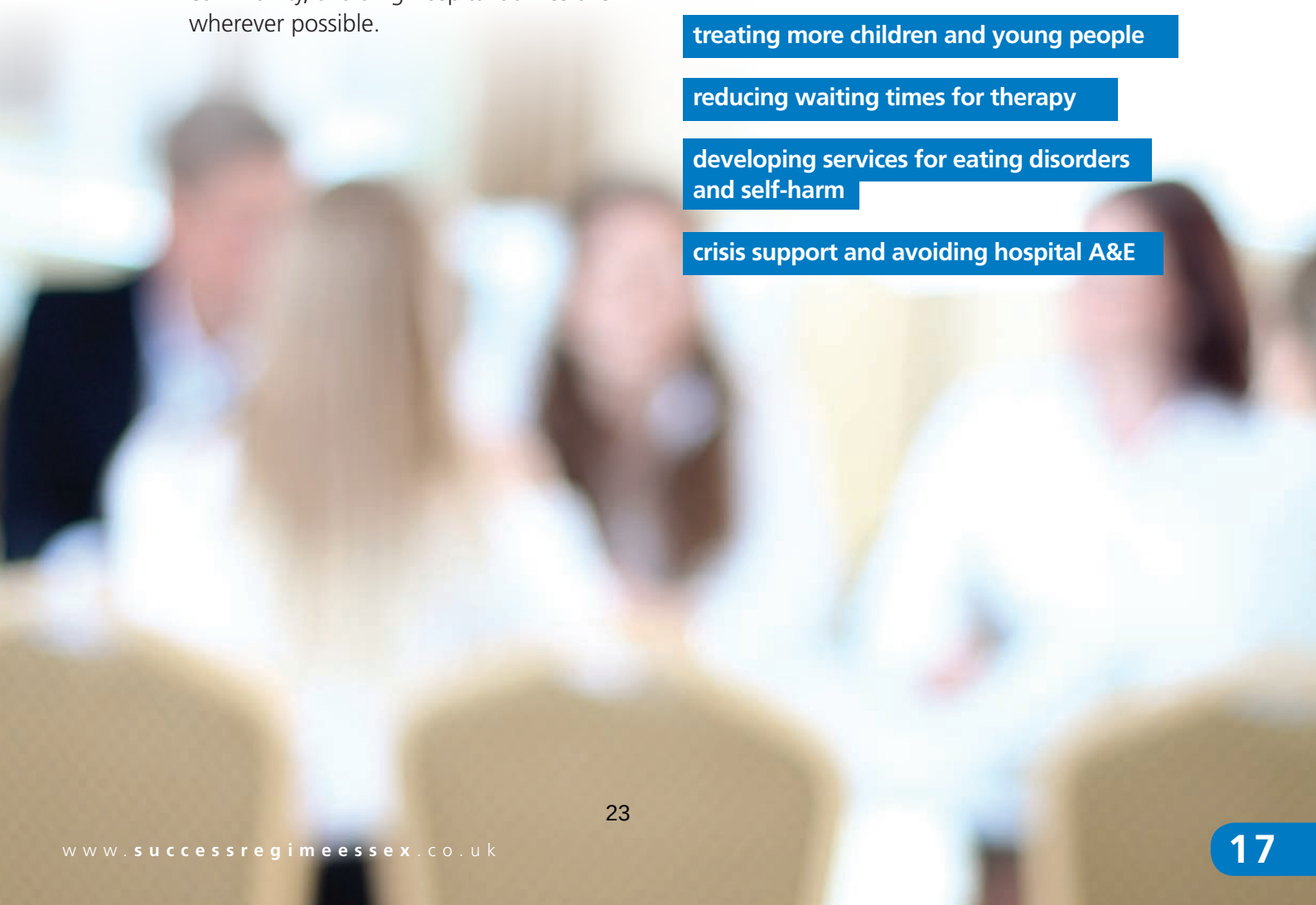
supporting children and young people to become more resilient

treating more children and young people

reducing waiting times for therapy

developing services for eating disorders and self-harm

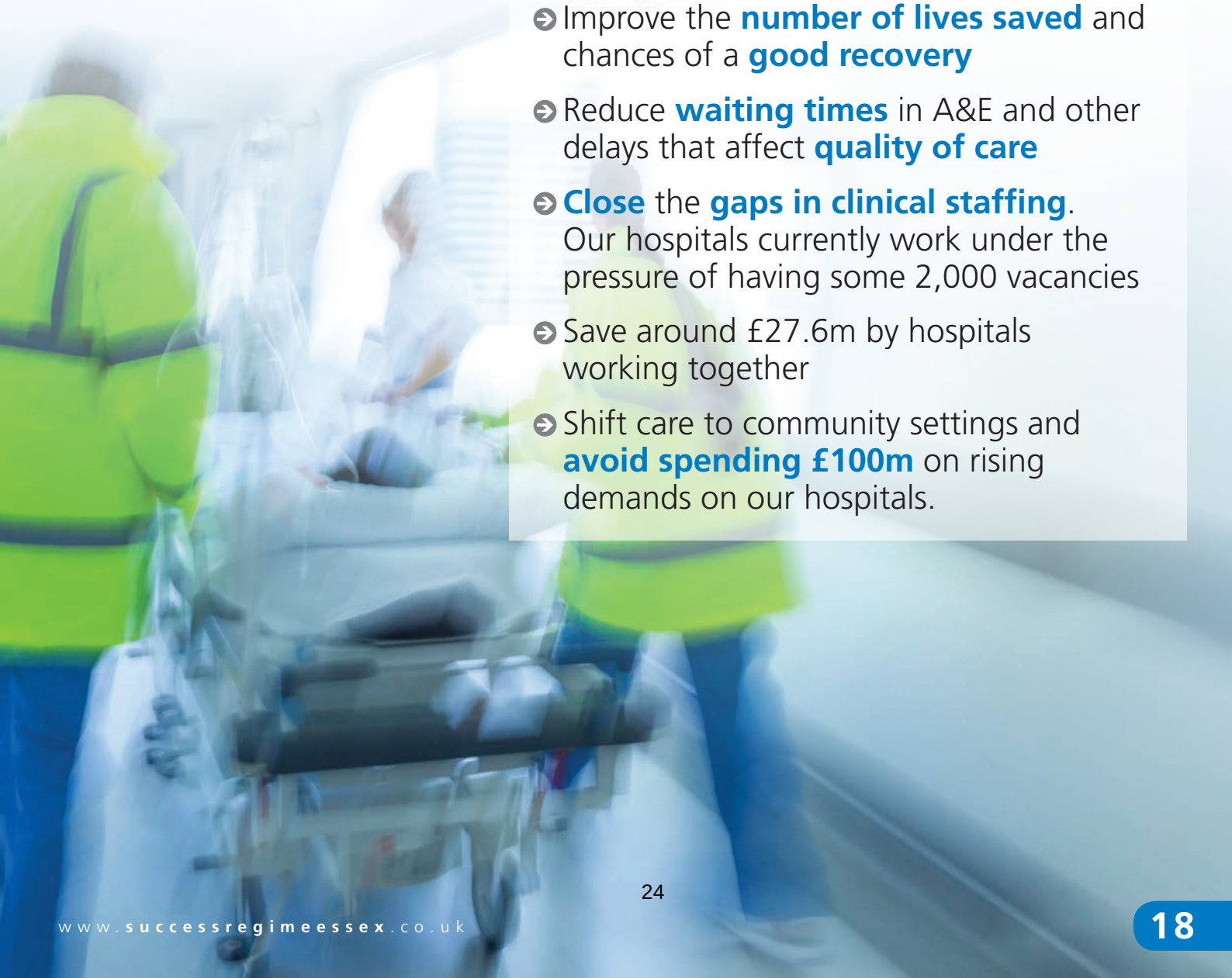
crisis support and avoiding hospital A&E



Our three main hospitals could work better as a group

Changes in hospital services are critical for a better health and care system overall. With three hospitals working together as a group, there are opportunities to:

- Improve the **number of lives saved** and chances of a **good recovery**
- Reduce **waiting times** in A&E and other delays that affect **quality of care**
- **Close** the **gaps in clinical staffing**. Our hospitals currently work under the pressure of having some 2,000 vacancies
- Save around £27.6m by hospitals working together
- Shift care to community settings and **avoid spending £100m** on rising demands on our hospitals.



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Why change our hospitals?

In mid and south Essex, emergency attendances in A&E are growing every year at double the national rate. Currently, neither our hospitals nor our community services are designed to meet or manage these demands, particularly for emergency care. Consequently, key services are falling short of some clinical and quality standards. For example, only 81% of A&E patients are seen within 4 hours, where the national standard is 95%.

The changes in GP and other local health services that we have described so far have the potential to help people stay well for longer and reduce the number of visits to hospital every year. However, we would need to shift funds from hospital services to community services to make this happen.

> We cannot just cut services. We have to find a better way.

At the same time, all three of our main hospitals are experiencing difficulties recruiting doctors, nurses and technicians to deliver care to modern national standards. In emergency care, for just one example, the three emergency departments should have 28 consultants, but currently there are only 16 consultants and 12 vacant posts.

There are several departments in a similar situation, relying on expensive agency and locum staff to cover vital services. Straight forward recruitment will not solve our staffing issues. In many cases, the highly-trained specialists and technicians are simply not available to recruit.

An agreement between the three hospital trusts in Basildon, Chelmsford and Southend can create the right size specialist teams to provide the highest quality patient care 24 hours a day.

7

Three hospitals as one group – the potential

Saving on administrative and support functions

- As a group, the hospitals can save money by sharing corporate functions and support services.

Improving urgent and emergency care

- We are not closing A&E at any of the three hospitals. The aim is to develop a network of urgent care in the community, keep A&E at each hospital for walk-in patients and arrivals by ambulance and designate one site to be a specialist emergency hospital for serious and life-threatening cases.
- A designated specialist emergency hospital would save more lives of our 1.2 million population in mid and south Essex – *see appendix 1 for further information from national clinical evidence.*
- A network of urgent and emergency care could help solve the current problems of overcrowding in all three A&Es.
- Clinical evidence shows that getting the best life-saving care is not all about the length of the ambulance journey. It is also about fast access to specialist tests and treatment. In a centre of emergency excellence, specialist consultants, nurses and facilities would be ready to act 24 hours a day, which is not always possible in a general hospital A&E.
- Essex already has the benefits of specialist centres. People with serious burns go by ambulance to Broomfield in Chelmsford and people suffering an acute heart attack go by ambulance to the cardiothoracic centre in Basildon.

Protecting planned care – no cancelled operations

- With one hospital concentrating on the major emergencies, the other two hospitals could have more space and specialist doctors and nurses for planned surgery and other treatments.
- For patients, this could reduce waiting times and put an end to cancelled operations caused by surges in emergency cases.

Making the most of expert clinicians

- The hospital group has the potential to draw together its specialist doctors, nurses and technicians to create new centres of excellence in both planned and emergency care.
- The groups could compete with the best in the country to attract high calibre staff and bring the best of modern healthcare to mid and south Essex.

> “We want to create a system of excellence using our network of hospital centres

8

There could be two or three types of hospital in the future

The Mid and South Essex **Sustainability and Transformation Plan** includes the possibility that there could be two or three different types of hospital in the hospital group. There is no decision about this yet. Clinicians and local people are still discussing the pros and cons of potential options. These discussions will continue into the early part of 2017 as part of developing a business case for national approval.

Should the business case be approved there would be a full public consultation before reaching any final decisions.

8

Doctors and nurses from the three hospitals have developed some potential options. Local people have also had an initial say. There will be further discussion before reaching proposals for public consultation. The following explains the current thinking.

No change for existing centres of excellence

In mid and south Essex, we are lucky to have three centres of excellence for specialist services at the three hospital sites. These are:

- Cancer and radiotherapy at Southend Hospital
- The cardiothoracic centre at Basildon Hospital, for life-saving treatment of heart attacks and lung problems
- The plastic surgery and burns centre at Broomfield Hospital in Chelmsford.

It was agreed early on that these would not change as they all have well-established teams and services that deliver excellent care for patients, and they all benefit from purpose-built facilities. There are no advantages to be gained from changing these centres.

> “Doctors and nurses from the three hospitals have developed some potential options. Local people have also had a say.

Services to be provided locally and at all three hospital sites

Our plans for the next five years try to balance the benefits of centralising some specialist services with the aim of providing as much as possible close to where patients live.

- Some clinics could be in GP surgeries and local health centres, and there are also opportunities to use telemedicine and other technologies to run “virtual clinics”. Not only would this be more convenient and quicker for patients, it would free up some capacity in the hospitals.
- Across the range of hospital services, the majority of what people might need from their local hospital would continue at each hospital site, such as day surgery, outpatient clinics and beds for a short stay for observation and recovery.
- All three hospitals would continue to provide an A&E for walk-in patients and for ambulances carrying patients who have been referred by their GP.
- There would be assessment units for children, older and frail people and for people who may need emergency surgery. These assessment units would ensure quick access to tests and scans and prompt treatment, including an overnight stay if necessary, so that most people needing urgent treatment could receive it at their local hospital.
- The local hospital would also be able to look after people who need a few days for recovery and rehabilitation following specialist surgery or other treatment, which they may have had in a specialist centre elsewhere.

8

Possible new types of hospital

TYPE 1

Specialist emergency hospital

A designated specialist emergency hospital would have a local role to provide walk-in A&E and some planned treatments such as day surgery and appointment clinics, but its main job would be to treat serious and "blue light" emergencies.

It would have a highly specialised stroke unit (hyper-acute stroke unit), theatres and wards for emergency surgery and emergency in-patient services. It offers the possibility of developing other specialist emergency care, such as a specialist maternity centre for high risk births.

The main benefits of consolidating specialist emergency care in this way:

- The size of the team of specialist doctors, nurses and technicians would ensure the highest quality of care at all times and be able to respond far quicker than a smaller local team.
- Specialist scans, tests and treatment facilities would be purpose-designed to ensure a fast-track to high quality care.
- The overall impact ensures the shortest possible time to expert treatment, even with a potentially longer ambulance journey in some cases. Technology and training supports ambulance paramedics to be able to keep patients stable while communicating with the specialist team at the centre.
- The evidence from other similar centres (including our own cardiothoracic centre in Basildon) is that centralised specialist expertise increases the chances of survival and good recovery.

Any one of the three hospitals could provide a designated specialist emergency hospital.

TYPE 2

Emergency hospital with elective care

This hospital would have a local role providing A&E for walk-in patients and by ambulance, day surgery, outpatients and other services. It would also offer a mix of specialist emergency surgery and specialist planned operations (elective).

The main benefits of a mixed emergency and planned care hospital:

- The larger teams of specialist doctors, nurses and technicians would ensure a higher quality of care than a smaller local team.
- The range of facilities would provide critical support for two of the existing centres of excellence in the three hospitals – the plastic surgery and burns unit at Broomfield and the cardiothoracic centre at Basildon.

Any one of the three hospitals could provide an emergency hospital with elective care.

TYPE 3

Elective centre with A&E

This hospital would have a local role providing A&E for walk-in patients and some by ambulance, day surgery, outpatients and other services. It would also offer a centre of excellence for planned and specialist surgery.

The main benefits of an elective centre:

- This hospital would be able to concentrate on providing the highest quality of planned and specialised surgery, with fewer or no cancellations.
- The size of its specialist teams would ensure the best quality of care for patients and be able to attract and support sub-specialists.
- The number of patients being seen at the hospital would also improve care quality as evidence shows this improves clinical skills.
- As a centre of excellence, there would be better research, training and skills development ensuring excellent career opportunities for clinicians and better outcomes for patients.

Only **Southend University Hospital NHS Foundation Trust** could provide an elective centre of excellence.

The existing cardiothoracic centre at Basildon and the plastics and burns centre at Broomfield in Chelmsford rule out the possibility of these hospitals providing an elective centre as both these sites would need the back-up of a full range of emergency care services.

The existing cancer and radiotherapy centre at Southend, on the other hand, would fit very well within an elective centre of excellence.

8

How patient care could work between different types of hospitals

Tony, 82, slips and falls –
receives care at his local hospital

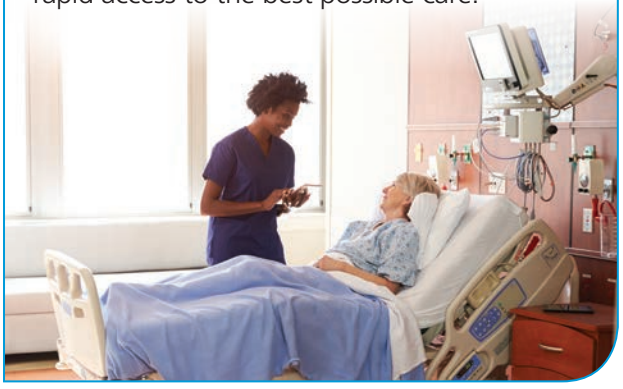
Tony is found on the floor by his visiting son. Alarmed by Tony's confusion, his son calls 999. After assessing the situation, the ambulance team takes Tony to his nearest hospital, where he is admitted to the older person's assessment unit. The team at the assessment unit, which includes a social worker, quickly builds up an understanding of Tony's situation. After his wife died, living alone has taken its toll. Tony is severely dehydrated and he stays overnight at the hospital to stabilise. At the same time, the team works with Tony on a plan to support Tony at home and he leaves the next day.

Jill, 62, with severe stomach pain –
is taken to the designated specialist emergency hospital

Jill is having severe stomach pain and vomiting during the night. Her husband calls their local GP. The out of hours doctor decides to call an ambulance and the paramedics' assessment is that Jill may need emergency surgery. The ambulance takes Jill to the specialist emergency hospital. Within 90 minutes, Jill goes through some investigations and is assessed for surgery. She is taken to theatre for an operation.

Two days after the operation, Jill is recovered enough to go home.

An event like this can be very distressing, particularly for a carer like Jill's husband. At such times, people feel a long way from home, but the hospital stay is very short and guarantees rapid access to the best possible care.



Charlotte, 8, has an asthma attack in the middle of the night – ***receives care at her local hospital***

Charlotte's parents drive their 8-year-old daughter to their local A&E department at 3am following an asthma attack. A children's doctor sees Charlotte in A&E and works with the emergency team to stabilise Charlotte's condition. Charlotte then moves to the children's assessment unit within the hospital so that a clinical team that is trained in children's care can monitor her.

Charlotte is much better the next morning and one of the children's consultants is able to send her home, with an appointment to see a specialist asthma nurse at her local doctors' surgery.

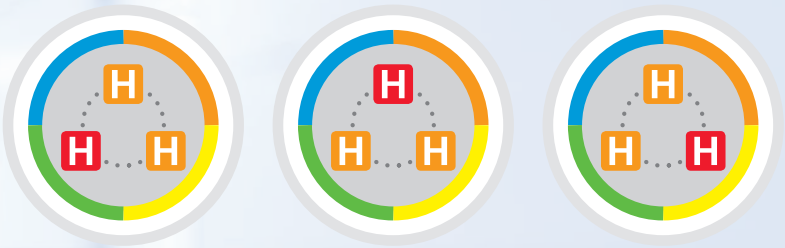
8

Two possible combinations for our redesigned hospitals

Given the existing centres of excellence (cancer and radiotherapy, cardiothoracic and plastics and burns) there are limited possible combinations of the different types of hospital within the group.

- All three could provide a "specialist emergency hospital" and all three hospitals could provide an "emergency hospital with elective".
- Broomfield Hospital in Chelmsford would need to maintain a full range of emergency care to support its plastics and burns centre, as would Basildon Hospital to support its cardiothoracic centre.
- Given Southend's existing facilities and specialist expertise in cancer surgery, the hospital could provide an excellent "elective centre with A&E" together with its existing centre for cancer and radiotherapy.

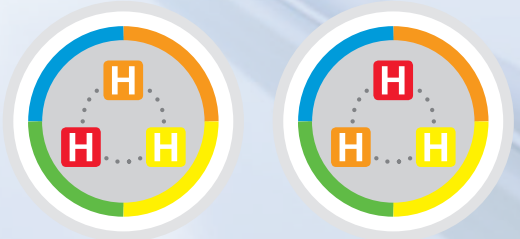
COMBINATION 1



one **"specialist emergency hospital"** and
two **"emergency with elective care"** hospitals

There are three possible configurations for this combination, as all three hospital sites could provide a specialist emergency hospital.

COMBINATION 2



one **"specialist emergency hospital"**,
one **"emergency with elective care"** hospital and
one **"elective with A&E"**

There are two possible configurations for this combination, as only Southend could provide an elective centre of excellence.

9

There are concerns to consider as well as benefits

9

Some of the main concerns raised in local discussions

SERVICE USERS

What about consideration of public transport, special transport and overnight accommodation for visiting carers?

Can we be confident in planning – e.g. better access to general practice and community services, improvements in ambulance response times and clinical training?

Transport to specialist hospital services – While survival and recovery are the top priority, an extended journey to a centre of excellence can be stressful for patients and their families, especially at a very distressing time.

Adjusting to change – People will need help and better information to cope with complexity and change.

Staff recruitment – will we be able to recruit the right staff?

STAFF AND PROFESSIONALS

Resources and support to make change happen – all services are under pressure. Will there be sufficient time, support and resources for system-wide working?

Impact on staff recruitment and retention – the uncertainty of change could have a negative impact on recruitment and could encourage staff to leave.

Implementation – The changes need major programmes to develop information, IT and standard procedures. Will this progress fast enough to ensure smooth implementation?

SOME OF THE MAIN BENEFITS FOR PATIENTS

- More information, advice and services instantly available via the internet or locally available in your own home and local centres
- Help to live well and stay well, identifying and tackling problems at an early stage
- Consistent high quality care and fewer inequalities across the patch
- More time and a more personalised approach for you as a whole person, looking at physical, mental health and social care needs together
- High quality hospital care when you need it
- Fewer cancelled operations
- Shorter waiting times in A&E
- Shorter waiting times for treatment after being referred by a GP.

9

Current examples of estimated efficiency improvements

Consultations with GPs, nurses & others - potentially increased by **2,600 a year**

Increase in **face to face** consultation time

Increase in appointments in the community rather than in hospital

GPs spending less time on administrative tasks – potentially **reduced by 11-15%**

Better care for **vulnerable people** aged 75-85 could avioid an **11%** **increase in emergency hospital admissions**

Support to care homes for **people aged 75-85** could avioid a **2% increase** in emergency hospital admissions

Some of the main benefits for the system

- New practitioners and services to reduce pressures on GPs
- Fewer hand-offs, duplication and inefficiencies between different services
- Information systems that make it easier for professionals to do the best job they can do
- Faster adoption and spread of new technology and innovation to save time and manage more patients
- More training, staff development and career progression through a joined up system
- Fewer vacant posts as a result of some centralisation in specialist services
- Essex as the place of choice for new professionals, with varied roles, rotational programmes and research opportunities

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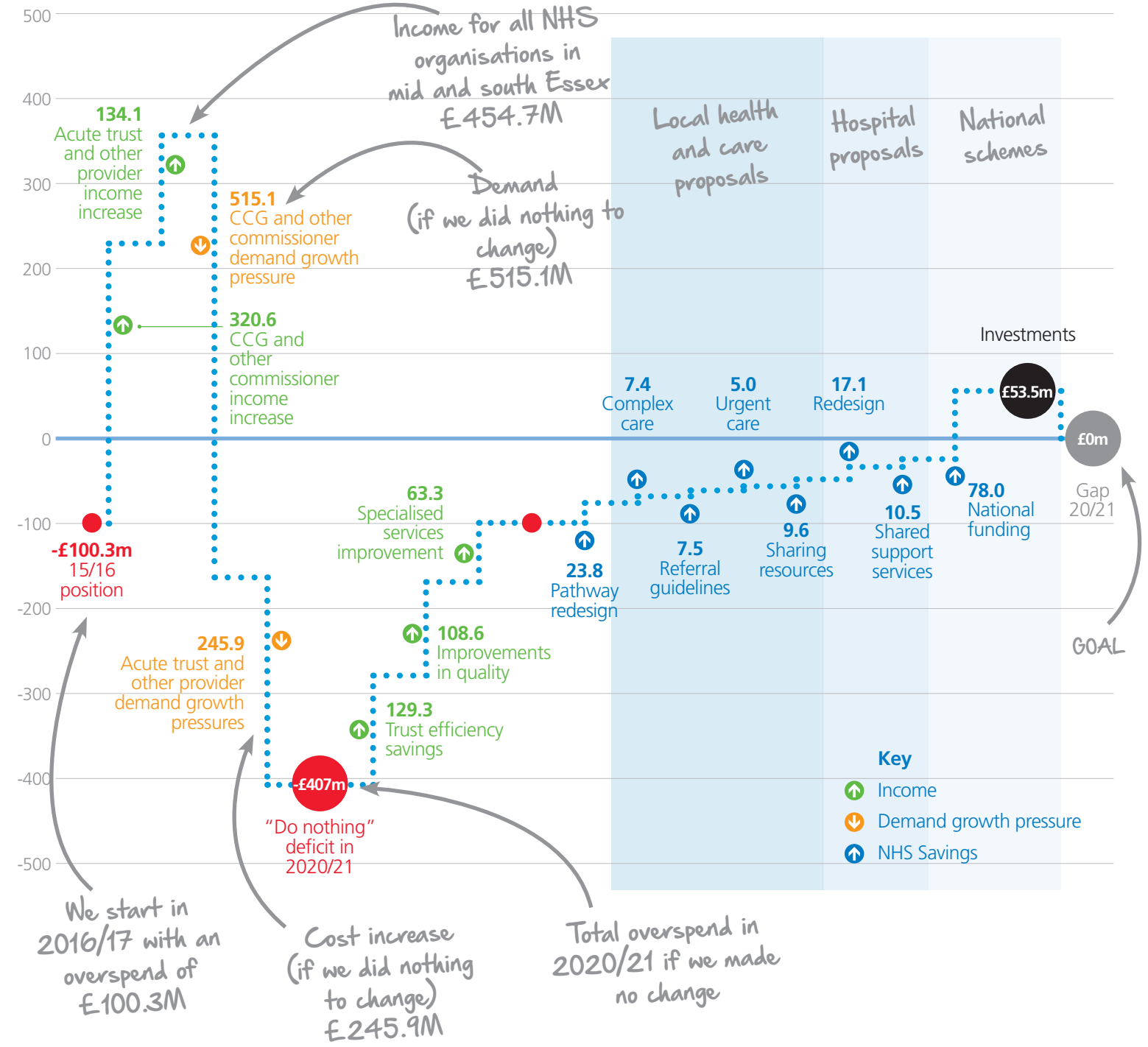
We could achieve sustainable financial balance by 2020/21



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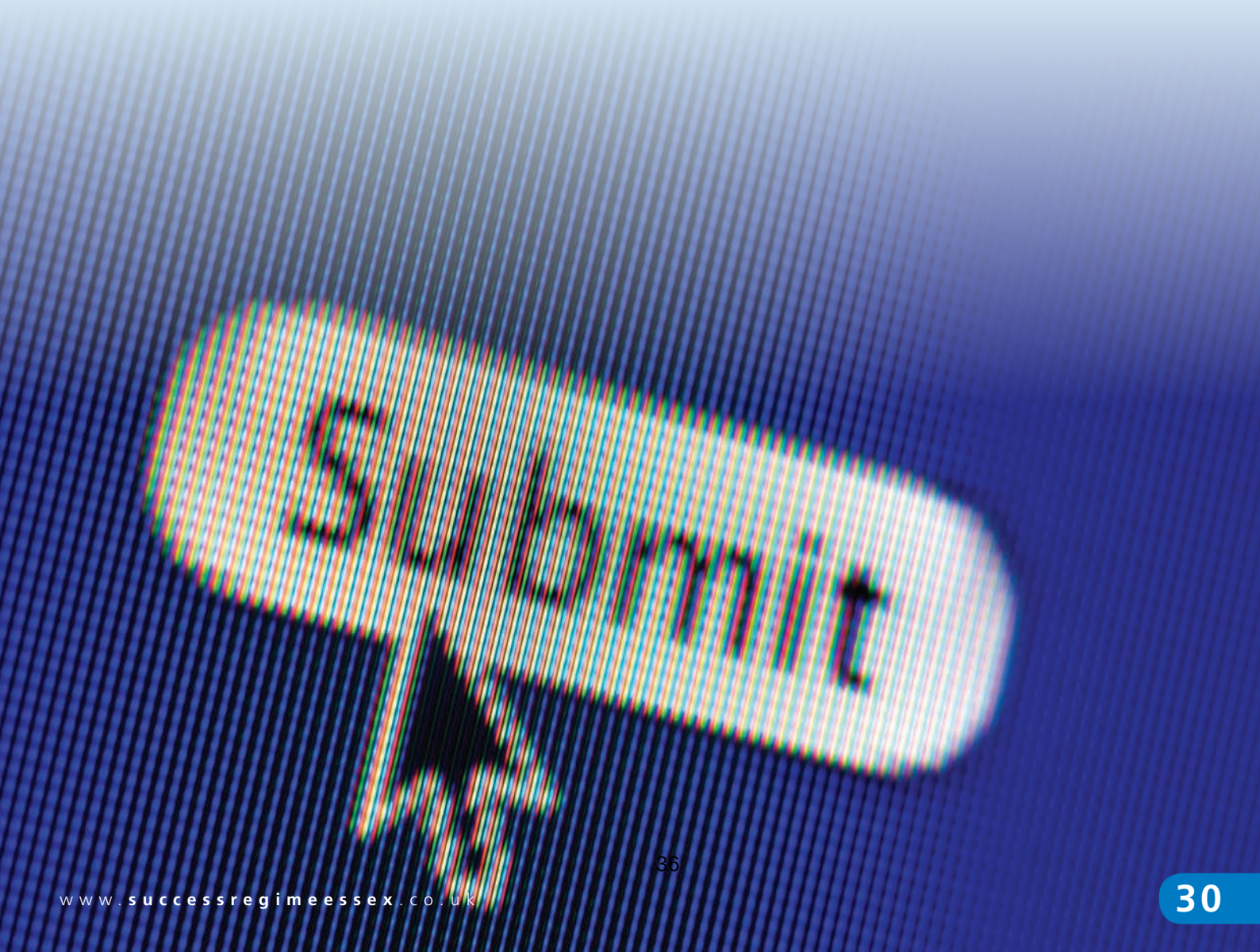
How to have your say

The full Mid Essex Sustainability and Transformation Plan is available alongside this guide from the Success Regime website at **www.successregimeessex.co.uk**

Publication of the STP launches a period of discussion and engagement leading to final sign-off in 2017. We will also publish two further discussion documents with more details on proposed changes in ***Local health and care*** and ***In hospital***.



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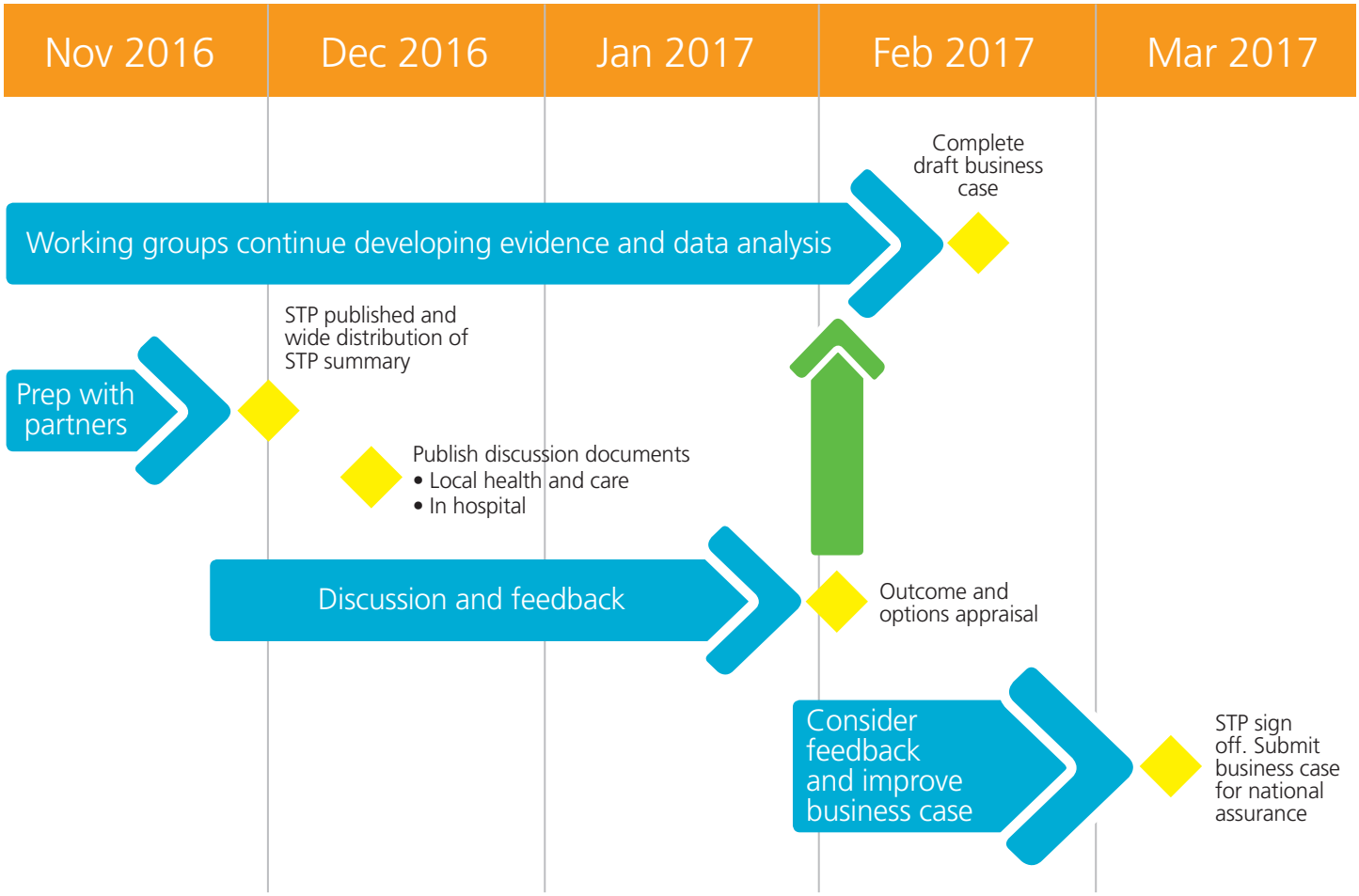
Your views and feedback will help to inform our appraisal of potential options and the completion of a business case for national assurance. If approved by the national bodies, there will be a public consultation on the main service changes later in 2017.



Where to send your views

Please send your views to us in writing to the address below:

Mid and South Essex Success Regime, Swift House, Hedgerows Business Park, Colchester Road, Chelmsford, CM2 5PF

Email: **england.essexsuccessregime@nhs.net**

Opportunities for discussion

Dates for discussion events are due to be published on our website at **www.successregimeessex.co.uk**

We would be delighted to support you in arranging discussions for your team, group or organisation. If you would like to arrange an event or you would like someone to attend your meeting, please contact us at **england.essexsuccessregime@nhs.net** or Tel: **0113 825 4940.**

Appendix 1 – Further information

National evidence provides a guide, although it is for clinicians and local people to reach the best decisions for mid and south Essex. Each part of the NHS has different needs and circumstances, so it is important to develop the best solutions for the local system.

Below are some of the key documents and national evidence that local leaders have considered in devising the STP.

Better Births. Improving outcomes of maternity services in England

www.england.nhs.uk/ourwork/futurenhs/mat-transformation/mat-review/

NHS Five Year Forward View

www.england.nhs.uk/ourwork/futurenhs/

Five Year Forward View for Mental Health

www.england.nhs.uk/mental health/taskforce/

General Practice Forward View

www.england.nhs.uk/ourwork/gpfv/

Transforming Care

www.england.nhs.uk/learningdisabilities/care/

Urgent and emergency care review

www.nhs.uk/NHSEngland/keogh-review/Pages/about-the-review.aspx