

Public Document Pack
SOUTHEND-ON-SEA BOROUGH COUNCIL

Health & Wellbeing Board

Date: Wednesday, 24th January, 2018

Time: 5.00 pm

Place: Seacole Room - Tickfield

Contact: Fiona Abbott

Email: committeesection@southend.gov.uk

AGENDA

- 1 Apologies for Absence
 - 2 Declarations of Interest
 - 3 Questions from members of the public
 - 4 Minutes of the Meeting held on Wednesday, 6th December, 2017 (Pages 1 - 4)
- **** **For Discussion / Decision**
- 5 **Southend Physical Activity Strategy 2016-2021- Review of progress and future priorities** (Pages 5 - 12)
Report of the Deputy Chief Executive (People)
 - 6 **Transformational Change through System Leadership programme within the children's system in Southend** (Pages 13 - 16)
Report of the Deputy Chief Executive (People)
 - 7 **2017 LSCB and SAB annual reports on the effectiveness of safeguarding services 2016/17** (Pages 17 - 86)
Report of LSCB & SAB Independent Chair, Liz Chidgey
 - 8 **(a) Mid and South Essex Sustainability and Transformation Partnership (STP)** (Pages 87 - 150)
Report of Andy Vowles, Programme Director, Mid and South Essex STP
- (b) Locality Development**
Verbal update

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SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of Health & Wellbeing Board

Date: Wednesday, 6th December, 2017

Place: Seacole Room - Tickfield

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Present: Councillor L Salter (Chair)
J Garcia-Lobera (Deputy Chair)
Councillors J Moyies and R Woodley
A Semmence, S Leftley, A Atherton, Dr Chaturvedi, M Freeston,
L Crabb, C Panniker and A Griffin

In Attendance: Councillors C Nevin and J McMahon
A Donley, W Smith and C Skinner (for Minute 543)
M Hathaway (Southend CCG)
R Walters, F Abbott, N Faint, D Harvey, D Payne, S Baker and L
Watson

Start/End Time: 5.00 - 5.45 pm

539 Apologies for Absence

Apologies for absence were received from Councillor J Lamb, Councillor M Davidson, Councillor C Willis, Ian Stidston (Southend CCG – Margaret Hathaway attended) and Sally Morris (EPUT).

540 Declarations of Interest

The following declarations of interest were made at the meeting:-

- (a) Councillor Salter – agenda items relating to – HWB Strategy refresh; Sustainability and Transformation Partnership (STP) current position – non-pecuniary – husband is consultant surgeon at Southend Hospital and holds senior posts at the hospital; son-in-law is a GP; daughter is a doctor at Broomfield Hospital;
- (b) Councillor Moyies - agenda item relating to Sustainability and Transformation Partnership (STP) current position – non-pecuniary – Council appointed Governor at Essex Partnership University Trust (EPUT);
- (c) Councillor Nevin – agenda item relating to Sustainability and Transformation Partnership (STP) current position – non-pecuniary – 2 children work at MEHT; step sister works at Basildon Hospital; previous association at Southend and MEHT Hospitals; NHS employee in Trust outside area.

541 Minutes of the Meeting held on Wednesday, 20th September, 2017

Resolved:-

That the Minutes of the Meeting held on Wednesday, 20th September, 2017, be confirmed as a correct record and signed.

542 Health and Wellbeing Strategy Refresh 2017-2021

The Board considered a joint report of the Deputy Chief Executive (People) and Interim Accountable Officer (NHS Southend CCG) which presented the final draft of the Health & Wellbeing (HWB) Strategy Refresh 2017 – 2021, as set out in Appendix 1 to the report.

Resolved:-

1. That the HWB Strategy Refresh 2017 – 2021 be approved.
2. That an initial review of progress and learning be brought to the January meeting of the Board
3. To recommend to Council that a representative of the Council's Department for Place be invited to join the HWB as a co-opted non-voting member.
4. That Board members further identify how they will actively support the implementation of the Refresh and its aim of increasing physical activity levels.

543 Sustainability and Transformation Partnership (STP) current position

The Board considered an update briefing paper from the Mid and South Essex Sustainability and Transformation Partnership (STP) Programme Director on the public consultation which formally commenced on 30th November 2017 and runs to 9th March 2018.

The Chair welcomed Anita Donley, Celia Skinner and Wendy Smith from the Mid and South Essex STP to the meeting for this agenda item. They responded to a number of questions covering a number of issues, including – transport, population growth, investment in acute sector and need for investment in primary care, recruitment and retention issues, the evidence base supporting the proposal for a Hyper Acute Stroke Unit (HASU) to be at Basildon Hospital. Ms Donley advised about that the focus of the STP Executive over the coming months in developing the options around local health and care changes. Ms Panniker outlined the ways in which people will be encouraged to respond to the consultation.

Resolved:-

1. To note the update and the continuing opportunities to give views on proposals for service change.
2. To continue participating in discussion within the Mid and South Essex STP consultation programme, which includes stakeholder meetings and meetings of the Essex, Southend and Thurrock Health and Wellbeing Boards.

544 The Southend-on-Sea Pharmaceutical Needs Assessment 2017

The Board considered a report of the Deputy Chief Executive (People) which presented the Southend-on-Sea Pharmaceutical Needs Assessment (PNA) 2017. The Board noted that the PNA meets the requirements of the relevant Regulations with respect to the content and the process followed.

Resolved:-

That the Southend-on-Sea Pharmaceutical Needs Assessment 2017 be approved for publication.

545 Better Care Fund (BCF) 2017-2019

The Board considered the letter from NHS England dated 30th October 2017 which approved the 2017-19 Southend Better Care Fund Plan submission. The Programme Lead advised that the BCF funding will now be released, subject to the funding being used in accordance with the approved plan and the funding being transferred into pooled funds under a section 75 agreement.

Resolved:-

That the information be noted.

Chairman: _____

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Southend Health & Wellbeing Board

Agenda
Item No.

5

Report of the Deputy Chief Executive (People)

To
Health & Wellbeing Board

on
24th January 2018

Report prepared by: Lee Watson, Health Improvement
Practitioner Advanced

For information only		For discussion	X	Approval required	
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Southend Physical Activity Strategy 2016-2021- Review of progress and future priorities

Part 1 (Public Agenda Item)

1. Purpose of Report

- 1.1 To review the progress to date with the implementation of the Southend-on-Sea Physical Activity Strategy 2016-2021, including successes, challenges and future opportunities.
- 1.2 Following the approval of the Health and Wellbeing Strategy 2017-21 refresh. with its key aim of increasing physical activity levels in the borough, the updated Physical Activity Strategy action plan sets out the key areas of work to achieve this aim.

2. Recommendations

- 2.1 The Health and Wellbeing Board is asked to note the update provided, including successes, challenges and future opportunities.
- 2.2 Health and Wellbeing Board members are invited to discuss how they can support delivery of the strategy; specifically the roll out, at scale the use of brief interventions for physical activity (Making Every Contact Count), embedding physical activity into health and social care pathways where appropriate and supporting the communications plan for the strategy. Board members are also encouraged to provide the Southend Public Health Team with a named contact to enable communication and improved partnership working.

3 Background & Context

- 3.1 Physical inactivity is the fourth largest cause of disease and disability and is directly responsible for 1 in 6 deaths in the UK. The latest data from Public Health England highlights that 22.6% of adults in Southend are inactive,

undertaking less than 30 minutes of physical activity a week. This puts them at a greater risk of developing a number of conditions including heart disease, cancer, obesity, diabetes, depression and dementia.

- 3.2 The Southend-on-Sea Physical Activity Strategy (which is the delivery mechanism for the refreshed Health and Wellbeing Strategy 2017-2021) provides a framework and action plan to support the long term vision for Southend to be a healthier, more active borough. This will be achieved through making the participation in an active healthy lifestyle a social norm for people who live or work in Southend.

The strategy has 4 key aims:

- To reduce inactivity and increase participation in physical activity for everyone, giving priority to our more inactive populations.
- To improve our marketing and communications about physical activity.
- To promote the built and natural environment and its contribution to supporting people to be more active in their daily lives.
- Southend-on-Sea Borough Council will work collaboratively with a wide range of partners, including statutory organisations, businesses, the third sector and community groups, to help people to be more active.

There is an action plan to ensure delivery of the strategy's aims. This highlights the key actions, responsibilities for delivery and associated outcomes. The Physical Activity Strategy Implementation Group (PASIG) is tasked with overseeing the delivery of the strategy, working in close partnership with Active Southend and the Active Southend Executive Group which has broader external stakeholder engagement across the Borough.

4 Strategy Progress

- 4.1 In December 2017, the PASIG took advantage of an offer from Sport England, in partnership with the Chief Leisure Officers Association, to pilot an external review visit to help understand progress with delivery of the strategy. The review followed a similar format to the Local Government Association peer review process, but on a smaller scale. The review is designed to help areas understand what is working well, what could be better and to identify new opportunities to improve outcomes in relation to physical activity.

- 4.2 The review identified the following areas of strength in Southend:
- Strong senior level strategic buy-in across the Council including the new Chief Executive.
 - Closer working relationships between Public Health and Place to tackle this agenda
 - Redesign of the Active Southend structure which enables involvement of wider system leaders such as Further Education and Job Centre Plus through an Executive Group
 - Asset based approaches and collaboration being encouraged through Active Southend providers

- 4.3 The review identified the following areas for improvement:
- Better co-production with providers and target population groups
 - Strategic buy in not yet translating into tangible actions in some areas, however positive discussions are being had with health, social care and planning.
 - Engagement with healthcare providers is yet to realise real benefits
 - Mixed success of recent physical activity programmes
 - Little evidence of the impact of embedding physical activity related actions within Southend Borough Council service plans
 - Communications across the provider sector
 - A single multi-agency communications strategy/plan
 - A collaborative approach to “recruitment” of new participants or “pathways”. Rolling out Making Every Contact Count training at scale could support this.
- 4.4 The review identified the following opportunities that can be explored:
- Essex Planning Officers Association (EPOA) is currently consulting on new EPOA Design Guidance. This guidance has been developed in conjunction with Sport England incorporating their 10 principles for Active Design. There may be opportunities for Southend to embed elements of the guidance into current planning policy and practice.
 - The new Local Plan is in development (due winter 2019) and there are currently relevant work-streams emerging whereby embedding health impact considerations and designing physical activity enabling environments can be embedded into future planning policy.
 - Through social care transformation there is an opportunity to align provision to localities and work to improve pathways for the most inactive populations.
 - Health and Wellbeing Board partners, including the Council may wish to consider embedding “public health impact” as a required consideration of policy/decision making, encouraging officers to include this within board papers etc.
 - Link more closely with Active Essex to fast track learning from the Sport England Local Pilots that are being delivered in Basildon, Tendring and Colchester from April 2018.
 - Explore digital opportunities through external funding including engagement with NHS England.
- 4.5 There are some limitations of the Sport England Review. Due to the relatively short notice and timeframe of the review, representatives from Southend Clinical Commissioning Group or health service providers were unable to be involved. There are many opportunities that could arise from engagement in this field and already conversations have taken place with primary care and some areas of the hospital about workforce development through the Public Health England funded Clinical Champion training for physical activity. There is a clear opportunity to roll this out at scale across the system with the appropriate commitment from leaders.

5. Health & Wellbeing Board Priorities / Added Value

- 5.1 The Southend-on-Sea Physical Activity Strategy is the primary delivery mechanism for the Southend-on-Sea Health and Wellbeing Board Strategy Refresh 2017-2021.

6.0 Reasons for Recommendations

- 6.1 Increasing levels of physical activity in the borough and reducing levels of inactivity will lead to improved health and wellbeing and help to reduce health inequalities. A healthy population will reduce demands on services and provide a healthier workforce to contribute to the economic prosperity of the borough.

Through focusing the Health and Wellbeing Board on physical activity as a priority there are many benefits to be realised. Through the identification of a named “champion” for physical activity from each partner, the Public Health team and the Physical Activity Strategy Implementation Group have a conduit for effective communication and engagement around key strategic work-streams such as workforce development e.g. Making Every Contact Count (brief interventions for physical activity).

7. Financial / Resource Implications

- 7.1 Increasing levels of physical activity in the borough and reducing levels of inactivity will lead to improved health and wellbeing and help to reduce health inequalities. A healthy population will reduce demands on services and provide a healthier workforce to contribute to the economic prosperity of the borough. The strategy and associated action plan will be delivered within existing resources. There is an element of the action plan that includes workforce development; therefore there is a resource implication to enable staff to undertake continuing professional development in relation to physical activity promotion.

8. Legal Implications

- 8.1 None currently identified.

9. Equality & Diversity

- 9.1 The strategy is a population wide strategy and aims to ensure that everyone who either lives or works in the borough has the opportunity to be more physically active.

10. Background Papers

- 10.1 None.

11. Appendices

Appendix A: Revised Southend-on-Sea Physical Activity Strategy 2016-21 Action Plan

Southend-on-Sea Physical Activity Strategy Action Plan Refresh: 2018

Action	Description	Timescale / issues/ requirements	Lead	Outcome/Output	Impact of Action / What does success look like
1	Improve understanding of Southend's inactive populations	On-going	SBC Public Health / Active Essex	A detailed understanding of the main groups at risk from physical inactivity and an understanding of their barriers and potential enablers.	Improved intelligence of most inactive populations in Southend and how we access and engage with them. This will be used to inform future commissioning, effective communications strategies and co-production of physical activity programmes.
2	Improving strategic relationships with relevant partners/stakeholders including Active Essex , Clinical Commissioning Group and Mid & South Essex Sustainable Transformation Partnership	On-going	SBC Public Health	Strengthening of key partnerships through the alignment of strategic ambitions, sharing learning and understanding (including insight), supporting sustainability of physical activity pathways and physical activity programmes/opportunities	More joint projects, better value realised through strong, functioning partnerships, Physical activity contributing to the achievement of multiple outcomes for partners.
3	Include physical activity as a method of delivering social value in Southend Borough Council Social Value guidance for providers.	March 2018	SBC Policy and Engagement	Providers delivering physical activity related activities which enhance social value of contracts	Improved social value of SBC procurements and spend. More physical activity related social value commitments by providers
4	Review the impact of physical activity related actions in each service plan across Southend Borough Council during 2017/18. Ensure that physical activity is considered corporately within future service planning activities	March 2018	All SBC Departments	Further develop Southend Borough Council as a public health organisation	All relevant SBC services supporting increased physical activity levels in a variety of ways that are relevant to them

5	Include a “Public Health Impact” subheading for consideration within all board papers (Southend on Sea Borough Council)	March 2017	All SBC Departments	Consider the public health implications of all policy and strategic decisions	Public health impact considered within all decision making
6	Continue the implementation of the Parks and Open Spaces Strategy and Sports & Leisure Strategy aligning where relevant through the PASIG	On-going	SBC Culture / Public Health	Maximising opportunities for physical activity	Ensure that the strategies have maximum impact to increase physical activity, close working between the teams responsible for delivering the strategies
10 7	Work with partners to develop a marketing plan for physical activity to maximise impact This will include existing websites and campaigns e.g. - Active Southend, Active Essex, SHIP - Leisure Provider Marketing Plan - Public Health England National campaigns - national and international sporting events and mass participation events	On-going	SBC Public Health/ Culture/ Active Essex / Communications and HWB partners	Increased awareness & accessibility of local physical activity opportunities	Increased awareness of existing and new opportunities (both privately and public funded), to be physically active amongst the Southend-on-Sea population
8	Develop and implement Active Southend work plans to increase community based physical activity opportunities, aligning to the four health and social care localities in Southend	On-going - Annual	Active Southend Exec Group / Social Care transformation	Improve the offer of physical activity opportunities across the Borough, aligning provision with need and co-producing interventions where possible	Broader range of Southend focused organisations prioritising physical activity. Increased number of externally funded physical activity programmes in Southend
9	Maximise opportunities within the wider Active Southend membership to create additional pathways for physical activity between the	On-going	Active Southend membership	The development of collaborative physical activity participant recruitment and participant pathway approach.	Greater collaboration between local providers enabling wider choice and clearer pathways for participation in physical activity.

	membership				
10	Maximise the impact of the ACE Lifestyle Southend contract creating and sustaining pathways to physical activity and effective communication and engagement about physical activity	October 2016	SBC Public Health / Integrated Commissioning and HWB partners	Improve pathways to physical activity opportunities, delivery of good quality motivational interviewing and support to increase physical activity.	Increased number of inactive people entering physical activity interventions, increased awareness of formal and informal physical activity opportunities.
11	Increase active and sustainable travel through the Ideas in Motion campaign	On-going	SBC Sustainable Transport and HWB partners	Creation of an environment that supports active travel	Increased number of people travelling in an active and sustainable way
12	Work in partnership to review & Implement new evidence based guidance for planning policy to improve physical activity	March 2017	SBC Planning/ Public Health / Active Essex	Creation of environments that support physically active lives	Improved consideration of the impact of planning and development design on population physical activity levels
13	Embed physical activity within the Joint Prevention Strategy workplan – mapping to CCG priorities e.g. Falls / COPD etc.	Ongoing	Joint Prevention Strategy working group	Physical activity embedded into relevant care pathways	Physical activity used in disease management where relevant
14	Work with Active Essex and School Games Organisers to maximise the impact of Schools and Education on children's physical activity including the use of pupil premium funding	Ongoing	SBC Public Health/ Leisure / Active Essex / SGO's	Maximising the impact of schools and education on physical activity levels in children and families	More physical activity in curricular and extra-curricular time, families confident to encourage Physical Activity at home
15	Optimise the Queensway development to be an exemplar site "designing for people and physical activity"	March 2017	Planning/ Public Health	Creation of environments that support physically active lives	Best practice examples for other developments (both in and out of the borough) to follow, improving physical activity levels of tenants
16	Deliver Continuing Professional Development for relevant health, education, and social care professionals re: benefits	On-going	Public Health	Increased knowledge of the benefits of physical activity & dangers of sedentary behaviour and opportunities available for service	Increased number of brief interventions and signpost/referral into physical activity opportunities

	and importance of physical activity, adjustments for special populations (diabetes, asthma) and local services and facilities			users.	
17	Delivery of Making Every Contact Count to deliver physical activity brief interventions across all appropriate public facing organisations including NHS	On-going	Public Health / Lifestyle Hub Provider	Increased number of good quality brief interventions for physical activity. Increased referral into physical activity services	More staff skilled and confident to discuss physical activity. Increased number of brief interventions and signpost/referral into physical activity opportunities
18	Engage with businesses to explore innovative physical activity opportunities and increase sign up to physical activity pledges for the Public Health Responsibility Deal amongst Southend-on-Sea Organisations	On-going	Public Health	Improved staff health and wellbeing in Southend-on-Sea businesses.	Increased number of employees in Southend-on-Sea supported to be physically active in the workplace
12 19	Further develop settings based approaches to increase physical activity and reduce sedentary behaviours e.g. Public Health Responsibility Deal, Healthy Schools, Healthy Early Years, School Sports Partnerships	On-going	Public Health	Opportunities for physical activity are increased	Increased opportunities to be physically active in early years settings, schools and workplaces
20	Develop a network of physical activity champions in primary care	On-going	Public Health/Southend CCG	Each Southend practice has a physical activity champion	Increased knowledge of benefits of physical activity and better local knowledge of pathways and services to support increased physical activity levels

Southend Health & Wellbeing Board

(Joint) Report of NAME OF DIRECTOR/CHIEF OFFICER

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to
Health & Wellbeing Board
on
Date

Agenda
Item No.

6

Report prepared by: Ruth Baker, Group Manager Children's
Service Transformation

For information only		For discussion	X	Approval required	
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TCSL (Transformational Change through Systems Leadership) programme within the children's system in Southend

Part 1 (Public Agenda Item) / Part 2

1. Purpose of Report

- 1.1. To advise the Health and Wellbeing Board of work being undertaken within the Transformation Change through Systems Leadership (TCSL) programme.
- 1.2. To hear the views of the members of the Health and Wellbeing Board and incorporate this into the programme.

2. Recommendations

- 2.1. That the Health and Wellbeing Board notes the approval of this work programme given by Success for All Children Group.

3. Background & Context

Success For All Children Group are supporting a group to use the Transforming Change using System Leadership (TCSL) programme to integrate children's services across the whole children's system. TCSL is a national programme delivered by NHS Improvement. The programme was used within Southend to support the integration of adult services. The group represents the children's system in Southend; integrated commissioning, learning, early years, children's services, CCG, ABSS, EPUT and SUFHT.

3.1 Objectives

The group have decided to focus the work on integrating services for children aged 0-5 who are demonstrating emerging behavioural needs or challenges. The cohort includes all Southend children within this age range. Behavioural needs and

challenges within the cohort will include those which relate to parenting, to environment, to trauma and to development, including neurodevelopment. The cohort will therefore include children who are often referred to specialist and acute services within social care and health.

The reason for choosing this cohort of children is;

- To reduce escalation of need over the course of the child's minority thus reducing demands on the children's system. The Early Intervention Foundation has a research evidence base relating to this;
- To address barriers to child development located within the environment and parenting capacity at the earliest possible stage;
- To increase the proportion of children who are able to engage well in pre-school provision such as nursery.
- To increase the proportion of children who are school ready when they enter Reception year and to significantly reduce the number of children who are excluded from school in Reception year, Year 1 and Year 2.
- To reduce the number of children who are referred to specialist and acute provision by meeting need at an earlier stage.
- Reducing the time taken for children and families to access support, including, specialist provision, due to a reduction in demand.
- Reducing duplication of service provision within Southend.

The group are planning to meet the objectives listed above by:

- Mapping current provision with a view to reducing duplication of service delivery and identifying gaps.
- Implementing a single point of access for families and professionals across the system when emerging needs are identified.
- The single point of access to be comprised of practitioners from all agencies in order to give professional advice which will give confidence to those making contact.
- Using an MDT approach to identify who is best placed to meet need.
- Exploring the development of a portal/app for families and partner agencies to be able to access information and request advice and support

The risks currently identified, which will continue to be mindful of and ensure are addressed;

- The new pathway and single point of access will need to enhance the current early help single point of access to avoid the risk of creating separate pathways for families requiring additional support.
- Expansion of the cohort, to include emerging needs, may overwhelm the model
- A process for identifying safeguarding issues without delay must be included in any new process.
- In order to be successful all partners will need to commit to being part of the single point of access and/or MDT and to following the pathway
- The work will need to align with both the review of paediatric services and the troubled families maturity model and vice versa.

3.2 Activity to date

- The group has attended 3 two day residential training courses delivered for NHSi by the ACT Academy. During the final training course in January the

group confirmed the activity they will be undertaking over the next 30, 60 and 90 days.

- The group meets on a monthly basis as a minimum to monitor progress against our plans.
- A partnership workshop was held in December to begin a dialogue about the project and to identify people who would be willing to join an enquiry group relating to the three current work streams. The workshop was attended by representatives from health providers, early years providers, ABSS, educational psychology, Turning Tides, Family Action, CCG and SBC commissioners and Early Help service providers. The workshop was delivered using techniques developed with the national TCSL programme.
- The group has identified a new area of enquiry with potential test and learn opportunities. The potential of developing a single electronic portal for families and professionals to access support is to be explored with the aim of increasing self-directed support, reducing delays in accessing support and preventing re-assessment and unnecessary assessment.
- The three enquiry groups (mapping provision and gap analysis, partner stakeholder and community and service user engagement (resilience focus)) will be meeting by the end of February.
- The group will be holding 2 away days in March to pull together the learning from the enquiry groups. This will enable the group to develop the model further and plan for the next 30, 60, 90 and 120 days.

4. Financial / Resource Implications

4.1 None confirmed at this time

5. Legal Implications

5.1. None identified at this time. This programme of works will not disrupt the discharge of statutory duties across the children's system.

6. Equality & Diversity

6.1. We have included an enquiry group in the programme which will draw together members from our communities. This will inform our programme. An Equality Impact Analysis will be undertaken as part of the programme at the point where we are considering the detail of proposed models in March 2018.

7. Background Papers

7.1. None

8. Appendices

8.1. **None**

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Southend Health & Wellbeing Board

Report of LSCB & SAB Independent Chair

Liz Chidgey

To

Health & Wellbeing Board

On

24 January 2018

Agenda
Item No.

7

Report prepared by: Helen Carrick, Quality Assurance &
Performance Project Manager

For information only		For discussion	X	Approval required	
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2017 LSCB and SAB annual reports on the effectiveness of safeguarding services 2016/17

Part 1 (Public Agenda Item) / Part 2

1. Purpose of Report

- 1.1. The Local Safeguarding Children Board (LSCB) and Safeguarding Adults Board Annual Reports for 2016-17 (appendices 1 & 2 respectively) provide an assurance statement of the effectiveness of safeguarding services in Southend and identify areas for development for consideration by other strategic and commissioning bodies when reviewing their strategic and business plans for the new financial year 2018-19.

2. Recommendations

- 2.1. It is recommended that the Health and Wellbeing Board ensures the areas for development identified in the LSCB and SAB Annual Reports for 2016-17 are reflected in its strategic planning for the coming year.

3. Background & Context

- 3.1. 'Working Together to Safeguard Children 2015' states that the LSCB Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should fit with local agencies' planning, commissioning and budget cycles. The report is submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the Health and Wellbeing Board.

- 3.2. The report identifies areas for development which should be considered by other strategic bodies and commissioners when reviewing their strategic plans and business plans for the coming year. The areas for development identified are as follows:
- a. Conclude and implement the Strategic review of the LSCB and its sub-group priorities and activities, and ensure the views of children and young people inform future Board activity through better engagement.
 - b. Continue to build on the Southend response to the Alan Wood review of LSCB's further to the publication of the Department for Education consultation on significant revisions to the statutory guidance, 'Working Together to Safeguard Children' (following the introduction of legislative changes through the Children and Social Work Act 2017) and new 'child death review' guidance.
 - c. Support the development of multi-agency responses to neglect and assurances that there is a shared understanding of neglect that promotes the safety, well-being and development of children with consistency of support
 - d. Understanding and assessing the impact on safeguarding of system changes and commissioning plans e.g. Sustainable Transformation Partnerships, the Transforming Care Programme and actively supporting the change programme system wide including workforce delivery issues
 - e. Implement a new performance and risk framework to support the Board in delivering its statutory responsibilities – including understanding the impact of local resource commitment to safeguarding and funding plans.
 - f. Develop and implement induction training and an ongoing development programme for Board members and recruit lay-members to replace recent resignations.
 - g. Develop a revised audit programme to be overseen by the LSCB based on increased targeted audit activity and analysis that includes Learning Disability Mortality Review (LeDeR), Thresholds, Child Sexual Exploitation, self-harm and suicide prevention.
 - h. Conduct a review of safeguarding training and agree the Board's safeguarding training offer.
 - i. Improve Board communication, review the Southend LSCB website and fully engage with social media.
 - j. Improve understanding of the local response to Modern Slavery and Human Trafficking to identify improvements needed.
 - k. Work collaboratively with both Thurrock and Essex Councils on any initiatives arising from our new relationship with the Essex Police & Crime Commissioner.

- 3.3. The Care Act Guidance 2014 states that the SAB must publish an annual report that must clearly identify what both the SAB and its members have done to carry out and deliver the objectives and other content of its strategic/business plan.
- 3.4. In order to continue to have an impact on improving services across the partnership the following areas for development have been identified for 2018-19:
- a. Conclude and implement the Strategic review of the SAB and its sub-group priorities and activities and ensure that engagement with the service user is improved and their voices captured to inform future Board activity
 - b. Board members – put in place induction training and ongoing development programme, recruit lay-members to replace recent resignations
 - c. Implement a new performance and risk framework to support the Board in delivering its statutory responsibilities – including understanding the impact of local resource commitment to safeguarding and funding plans
 - d. Understanding and assessing the impact on safeguarding of system changes and commissioning plans e.g. Sustainable Transformation Partnerships, the Transforming Care Programme and actively supporting the change programme system wide including workforce delivery issues
 - e. Develop a revised audit programme to be overseen by the SAB
 - f. Conduct a review and agree the Board’s safeguarding training offer
 - g. Increase targeted audit activity and analysis – including suicide prevention and the Mental Health Strategy, modern slavery, Learning Disability Mortality Review (LeDeR)
 - h. Improve Board communication and review the website and engage fully with social media
 - i. Further work on understanding local responses to Modern Slavery and Human Trafficking and identifying any improvements needed
 - j. Making Safeguarding Personal – Review how both the practice and culture underpinning Making Safeguarding Personal are embedded across the whole Safeguarding system – including both audit and a review of partners commissioning plans, and the promotion of partnerships, the development of preventative approaches and sharing best practice and learning
 - k. Work collaboratively with both Thurrock and Essex Councils on any initiatives arising from our new relationship with the Essex Police & Crime Commissioner
 - l. Supporting partners to identify alternative funding sources to enhance services and their capacity to safeguard effectively

4. Reasons for Recommendations

- 4.1. To ensure priority areas for development of services to safeguard children and adults are addressed effectively.

5. Financial / Resource Implications

- 5.1. Additional financial and other resources may be required to address the areas for development identified in the reports.

6. Legal Implications

- 6.1. None.

7. Equality & Diversity

- 7.1. None.

8. Background Papers

- 8.1. None.

9. Appendices

- 9.1. LSCB Annual Report on the Effectiveness of Safeguarding Children Services 2016-17
 - 9.2. SAB Annual Report on the Effectiveness of safeguarding Adults Services 2016-17
-

2016-17

Annual Report on the Effectiveness of Safeguarding Children in Southend



Southend Borough Council

1 October 2016 to 30 September 2017

Annual Report on the Effectiveness of Safeguarding Children in Southend

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SECTION 1 - INTRODUCTION

1.1 Foreword – by Independent Chair, Liz Chidgey

I am very pleased to be introducing the Annual report covering my first year as Independent Chair for the Southend on Sea Safeguarding Children Board (SSCB) and I welcome the opportunity to publish information on the work of the board and its sub groups. It is vital that we communicate with the public to both raise awareness on safeguarding issues but also to provide information on the work that has been undertaken and what it has achieved.

2016/17 was a busy year for the board with considerable work being completed in support of our vision to:

- keep children safe from maltreatment, neglect, violence and sexual exploitation;
- ensure they are secure, stable and cared for, and
- help reduce the likelihood of them suffering from accidental death and injury, bullying and discrimination, and crime and anti-social behavior.

We have a very strong and committed board and I am grateful for the ongoing support of the partnership. I believe this report is both a testament to all we have achieved as a board in the past year, as well as the achievements of the participating partners.

This report contains details of how safeguarding has been promoted and developed in Southend, through the work of the board and its sub groups, which are populated by senior representatives from our statutory partners – the Local Authority, Essex Police and the Southend Clinical Commissioning Group – and a wide range of other agencies including representatives from the local education system, and the voluntary and community sector.

The report also highlights the programme of work the Board has undertaken over the past twelve months, and demonstrates how partners have worked together to implement the Board's Strategic Plan 2016-19 and begun to formulate a response to the national Review of Local Safeguarding Children Boards. Details of the work and outcomes that have been achieved across the safeguarding system over the last 12 months are provided in this report and it is essential that this work is recognised and celebrated.

Finally, the report provides a commentary on the prospects and challenges for 2017/18 and aims to demonstrate the ongoing commitment of the Safeguarding Children Board in recognition of our responsibilities to the children and young people of Southend on Sea and their right to expect effective and timely support.

It is my responsibility to support and encourage partners and agencies in Southend to work collaboratively to safeguard and promote the welfare of children and bring about continual improvement to the local safeguarding system. It is also part of my role to hold those partners and agencies to account, ensuring that individually, they do what they say they are going to do, and that collectively, agencies are working together to safeguard children and young people effectively.

As the chair, I am satisfied that the agencies that are represented at the board and its sub-groups continue to demonstrate their high level of commitment to safeguarding and promoting the welfare of children. I am very mindful of pressures on partners in terms of resources and time and grateful to all those who have engaged in the work of the SSCB.

I hope that you find this report interesting and that it provides reassurance that the board remains active in driving improvements through the local safeguarding system. There is a lot of detail in this annual report about which I will not comment further here. Importantly however, regardless of whatever concerns might be triggered in the minds of readers, the assurance offered by me is that Safeguarding Children Board members, and the organisations they represent, know and are open about the reality of the challenges they face and remain willing to work collaboratively and contribute to thinking ahead about responsibilities, risks, ambitions and priorities.

Finally, I would like to acknowledge the commitment of all our partners, who once again have delivered a great deal in the past 12 months, and who continue to contribute to improving the way we all work together to safeguard and promote the welfare of children. I would also like to acknowledge the commitment and dedication of the many professionals from the public, voluntary, community and private sectors who contribute to safeguarding and promoting the welfare of our local children.

I very much look forward to continuing to work with the partnership to drive forward the vision of the LSCB and ensure the effectiveness of the safeguarding system in keeping local children safe from abuse and neglect.



Liz Chidgey
Independent Chair of Southend Local Safeguarding Children Board

December 2017

1.2 Introduction

This annual report is for the period 1st October 2016 to 30th September 2017 and its production is a statutory duty of Local Safeguarding Children Boards. It reports on the effectiveness of the child safeguarding system in Southend-on-Sea and provides evidence the LSCB has fulfilled all its statutory responsibilities.

The LSCB has agreed this reporting cycle in order that the findings of the annual report and the identified priorities for the coming year can be considered and built into the strategies and delivery plans of other partnership boards and commissioners, including the Chief Executive and Leader of Southend Borough Council; the Health and Wellbeing Board; the Children's Partnership Board (Success For All Children Group in Southend); and the Essex Police and Crime Commissioner.

This Annual Report:

- a) details progress toward achieving our priorities and the LSCB Strategic Plan for 2016-2019;
- b) provides an overview of LSCB activities and achievements during 2016–2017; and
- c) summarises the effectiveness of safeguarding activity in Southend including the work of individual member agencies.

The report will be submitted to the Local Authority Chief Executive, Leader of the Council, Essex Police, the Southend Health and Wellbeing Board and Southend Community Safety Partnership.

1.3 Role of the Southend Safeguarding Adults Board

The LSCB is a statutory body created under the Children Act 2004. Section 14 of the Children Act 2004 sets out the objectives of LSCBs, which are:

- (a) *to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and*
- (b) *to ensure the effectiveness of what is done by each such person or body for those purposes.*

1.3.1 Vision

The Safeguarding Children Board (SCB) aims to ensure its members work together effectively to:

- keep children safe from maltreatment, neglect, violence and sexual exploitation;
- ensure they are secure, stable and cared for, and
- help reduce the likelihood of them suffering from accidental death and injury, bullying and discrimination, and crime and anti-social behavior.

1.3.2 Statutory Duties

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives are as follows:

- 1(a) *developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:*
 - (i) *the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;*
 - (ii) *training of persons who work with children or in services affecting the safety and welfare of children;*
 - (iii) *recruitment and supervision of persons who work with children;*
 - (iv) *investigation of allegations concerning persons who work with children;*
 - (iv) *safety and welfare of children who are privately fostered;*
 - (vi) *cooperation with neighbouring children's services authorities and their Board partners;*
- (b) *communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;*
- (c) *monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;*
- (d) *participating in the planning of services for children in the area of the authority; and*
- (e) *undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.*

An LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

In order to fulfil its statutory functions an LSCB should:

- *assess the effectiveness of the help being provided to children and families, including early help;*
- *assess whether LSCB partners are fulfilling their statutory obligations*
- *quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and*
- *monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.*

More information about the statutory role and function of the Safeguarding Children Board can be found at www.safeguardingsouthend.co.uk.

1.4 The Safeguarding Principles

Effective arrangements for safeguarding children should be underpinned by two key principles:

- **safeguarding is everyone's responsibility:** for services to be effective each professional and organisation should play their full part; and

- **a child-centred approach:** for services to be effective they should be based on a clear understanding of the needs and views of children.

1.5 Strategic Plan 2016 - 2019

The current Strategic Plan is being reviewed at the time of writing this report and the reader is advised to refer to the updated plan which will be available on the LSCB website upon completion.

1.6 Governance

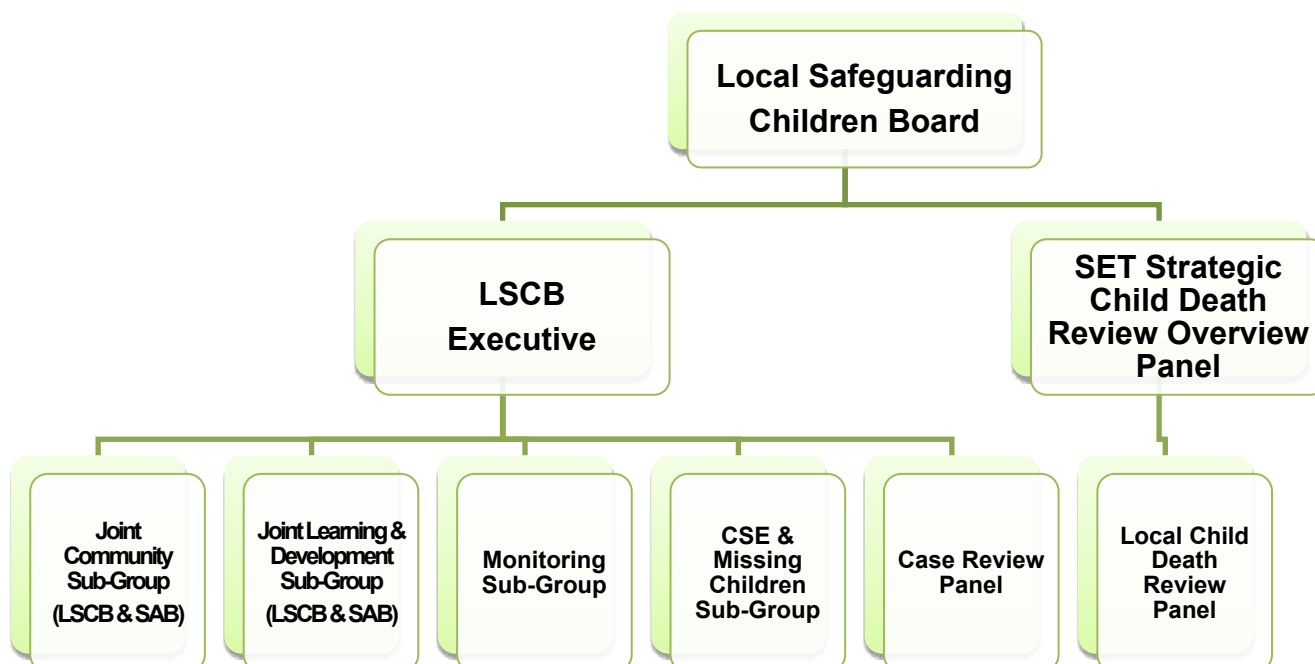
Southend Safeguarding Adults Board is chaired by Independent Chair, Elizabeth Chidgey, and meets four times a year bringing partners together from: Southend Council, Southend Clinical Commissioning Group, Essex Police, Essex Fire and Rescue Services, East of England Ambulance Trust, Health Trusts, Probation Services, the voluntary sector and lay members, representing health, care and support providers and the people who use those services across Southend.

The Chair is accountable to the Chief Executive of the local authority in chairing the LSCB and overseeing its work programme. However, she is accountable only to the Board for the decisions she takes in that role. The role of Vice-Chair is undertaken by the Corporate Director – People, Southend Borough Council.

The Board is attended by representatives from the partner agencies with a high level of engagement. Information about Board attendance can be found in Section 6.

The LSCB has six sub-groups chaired by middle and senior managers from across the partner agencies. We report on the business of each of the sub-groups operating during 2016-17 in this report and the structure below reflects the shape of the Board.

1.7 Board Structure 2016/17



A review of the structure of the LSCB board was initiated during 2016-2017 and changes agreed as a result will be initiated in 2018.

1.8 Strategic Links to other Boards and Partnerships

The Chair of the LSCB is also the Chair of the local Safeguarding Adults Board. She is a member of the Southend Health and Well-Being Board (HWB). She meets regularly with the Local Authority Chief Executive, the Deputy Chief Executive, the Lead Member for adult safeguarding and the Leader of the Council and meets regularly with the Council's Scrutiny Committee. Links are also maintained through representation on the Community Safety Partnership, Essex and Thurrock Safeguarding Children Boards.

Health and Well-being Board: As a member of the HWB, the LSCB Chair ensures the HWB is effectively considering children's safeguarding in the decisions it makes. The HWB uses the LSCB as a 'critical friend' in safeguarding children considerations and decisions, including the development of the Health and Wellbeing Strategy; the Joint Strategic Needs Assessment; key Commissioning Strategies; and service re-design. The Chair presents the LSCB's annual report on the effectiveness of safeguarding children in Southend to the HWB each January and the HWB ensures that the Police and Crime Commissioner is present at this meeting.

Success for all Children Group & the Corporate Parenting Group: The LSCB has a direct relationship with the Success for all Children Group (SACG) and the Corporate Parenting Group (CPG). The SACG and CPG report to the HWB and have responsibility for shaping and delivering the health and wellbeing agenda for children and young people, and looked after children. The LSCB holds the SACG and CPG to account for ensuring the safeguarding of children and looked after children are considered in the decisions they make and their strategic priorities. The LSCB considers the annual reports from the SACG and CPG and their priorities for safeguarding children and looked after children.

Community Safety Partnership: The LSCB also has a direct relationship with the Community Safety Partnership (CSP). The LSCB seeks assurance that the CSP is appropriately considering children's safeguarding in the decisions it makes. The LSCB specifically seeks assurance regarding the development and implementation of the local Domestic Abuse Strategy and the implementation of lessons learned from domestic homicide reviews.

Joint LSCB & SAB Scrutiny Panel: For a number of years an LSCB Scrutiny Panel, consisting of elected members of Southend Borough Council, has scrutinized and contributed to the work of the LSCB. The Panel has been recognized by Ofsted as a model of good practice. Since September 2016, the Panel has also scrutinized the work of the Safeguarding Adults Board (SAB).

Southend, Essex and Thurrock (SET) work in partnership to provide a common approach to safeguarding children across the county through the SET Safeguarding & Child Protection Procedures. The procedures set out the system and process organisations should use to raise safeguarding concerns. This includes a framework for confidentiality and information sharing across agencies.

1.9 Funding

The work of the Board is financed by contributions from partner agencies, of which currently over 45% comes from the council. In addition to financial contributions, partner agencies contribute significant amounts of staff time to support the delivery of the board's work programme, and to support training delivery. Full budget information can be found in **Appendix 2**.

SECTION 2 - ASPIRATIONS FOR 2016-17

(Taken from the LSCB Strategic Plan 2016-19 and 2015-16 Annual Report)

In the 2015-2016 Annual Report the Board identified the following key areas for development:

1. Work is required to ensure children and young people who self-harm, or have other mental health issues, access services in a timely way and through the most appropriate routes. This will include more analysis of the issues and the development of a multi-agency action plan;
2. The analysis of intelligence from all partners, including the public, to identify, disrupt and prosecute those who exploit children and young people;
3. Mainstreaming of funding and development of timely specialist support services for victims of domestic abuse, sexual abuse, and exploitation is required by commissioning agencies;
4. Mainstreaming of funding and development of timely specialist support services for perpetrators of domestic abuse, sexual abuse, and exploitation is required by commissioning agencies;
5. To continue to exercise oversight of, and analyse, the child protection process and application of thresholds by children's social care, and review the conferencing system to ensure partners maximise its effectiveness and impact on families;
6. To ensure the early help model is fully integrated with child protection processes, making one unified and comprehensive system to ensure all children are safeguarded and professionals know how and where to get the right help. Early Help services will be tested by the LSCB in 2017-18 to ensure hard to reach groups have the right access to those services;
7. To ensure the Voice of the Child is increasingly embedded in the way that services are delivered, and that achieving specific outcomes for children are increasingly driving the work of professionals;
8. To continue to address and improve the governance of the Safeguarding Partnership (currently the LSCB) in light of the Wood Review of LSCBs, to ensure that cross cutting areas of work are approached holistically across the partnership, and that potential gaps and overlaps are identified and addressed effectively;

The 2016 -19 Strategic Plan further identified the following key strategic priorities:

9. Reduce incidents of self-harm among children and young people;
10. Reduce the number of children and young people who have experienced bullying including face to face, text or internet;
11. Ensure that the Violence Against Women and Girls, Modern Slavery and Domestic Abuse Strategies are effectively resourced and implemented to reduce the impact of Violence, Modern Slavery, and Domestic Abuse on children and young peoples' life chances;
12. Support families at the earliest opportunity to prevent their needs escalating and ensure early help (including that for young adults) is fully integrated with the multi-agency sharing of information and child protection processes;

13. Partners and strategic boards work together to identify, resource, and provide support to children and young people at risk of, or victims of, exploitation (including child sexual exploitation and radicalization), to prevent harm and reduce the impact on their life chances; and to identify and disrupt perpetrators; and
14. Ensure that looked after children are safeguarded effectively.

SECTION 3 - ACHIEVEMENTS IN 2016/17 - HIGHLIGHTS

This year the LSCB undertook significant work to ensure that it fulfilled its statutory responsibilities, and in January 2017, the Board welcomed new Independent Chair, Liz Chidgey, following the retirement of Chris Doorly.

The LSCB Chair meets regularly with senior board members from the Southend Clinical Commissioning Group, Essex Police and Children's Services and is a member of the Health & Wellbeing Board (HWB) and the Children's Services Improvement Board. The LSCB continues to work closely with the Southend Safeguarding Adults Board.

3.1 Safeguarding Children Board

- Formulated a local direction of travel in response to the Woods Review into Local Safeguarding Children Boards, and further to previous work undertaken to better coordinate public protection functions that cut across several strategic Boards operating in Southend.
- Following the Jay report into Child Sexual Exploitation in Rotherham, meetings chairs and business managers from the HWB, LSCB and CSP - chaired by the Chief Executive of Southend Council - were initiated to examine the effectiveness of working in cross cutting areas such as CSE.
- Commissioned and commenced a review of the Board's priorities and the development of a performance and risk management framework to support the Board's ambitions.
- The new Independent Chair presented the 2015-16 LSCB Annual Report to Southend HWB, outlining performance against Business Plan objectives in the previous financial year. This provided the opportunity for the HWB to take on issues raised by the LSCB.
- The LSCB held:
 - a **challenge event** with Board members to consider Ofsted, HMIC and CQC Inspection reports for Children's services, Essex Police and the NHS Southend Clinical Commissioning Group and to identify and agree opportunities for collaborative working, which is informing strategic planning across the system.
 - a one day **Neglect workshop** for practitioners from across the safeguarding system on working with the lived experience of neglectful families. The workshop was led by Emeritus Professor of Child Welfare, Jan Horwarth, and explored the challenges of taking a child centered approach in cases of neglect and how understanding lived experiences of family members can be utilized to achieve child-focused outcomes; and
 - hosted a **FGM learning seminar** - delivered by the National FGM Centre - for

practitioners across the safeguarding system in order to share learning, improve partnership working and provide practitioners with the opportunity to build their understanding and confidence in tackling, FGM.

- **SET Joint Working:** The LSCB has continued to work with the Essex and Thurrock Safeguarding Children Boards to ensure a consistent approach is taken to safeguarding across the three local authority areas. Projects this year include:
 - Updating the SET Safeguarding and Child Protection Procedures, including updates to the Child Sexual Exploitation Chapter to ensure the Procedures reflect current good practice and the government’s new definition of CSE;
 - Updating and broadening the SET suicide toolkit for practitioners to include self-harm, (for launch in late 2017);
 - The launch of a new CSE risk assessment tool and associated training platform. This tool was developed with the NWG, a charitable organisation seen as a leading organisation for CSE in the UK.

The sub-groups identified in Section 1 support the work of the Board and the delivery of its strategic plans. The sub-groups benefit from multi-agency representation, with staff from statutory and non-statutory agencies attending and contributing to the work. The sub-groups review a range of information, including performance reports from member agencies, report to the LSCB Executive on their progress and make recommendations where additional work is needed to assure the Board or improve existing practice, policy, procedure and training.

Activity within the sub-groups for 2016/17 included:

- The development and implementation of the CSE & Missing Sub-Group workplan and significant developments including the introduction of a CSE risk assessment tool.
- The embedding of the Multi-Agency Child Exploitation (MACE) Panel process..
- Pilot project with SoS Rape Crisis to provide therapeutic interventions for young people where there have been concerns about sexual exploitation.
- SCR action plan monitoring and learning from cases reviews.
- Basic safeguarding e-learning updated for 2016 and available to all partners via Virtual College.
- Increased understanding of the LeDeR programme

3.2 Board Partners’ Achievements in improving Safeguarding Children 2016-17

The LSCB has been involved in partnership activity throughout the 2016/17 period. The following organisations regularly report into the LSCB and have all provided an Annual Statement (available on request), summarised below.

Essex Police – highlights from annual statement

- Southend Community Policing Team are the first district in the county to appoint a CSE coordinator as a dedicated link to Children’s Social Care.
- Essex Police have developed the use of a co-located MARAT over the last year and are now looking at the option of a multi-agency First Contact team.
- Reviewed and republished our joint working protocol in relation to police protection powers with a view to minimising the time vulnerable children are with the police.

Southend Borough Council Children’s Services

- The Multi Agency Risk Assessment Team is now established within Southend Police Station.
- Introduction of new missing children procedures.
- A joint audit with SUHFT and the CCG to assess the quality of referrals to Children’s Services from the health sector.

Southend Clinical Commissioning Group – highlights from annual statement

- Harmonised minimum key performance indicators and data sets for safeguarding children training to ensure standardised expectations across the health economy.
- Raised awareness within health organisations of the changes in legislation and data reporting requirements for Female Genital Mutilation (FGM).
- Agreed an approach to commence the implementation of a Child Protection Information Sharing Project in Essex.
- Worked with primary care to improve their recognition of, and response to, safeguarding children.
- Contributed to the development of the Prevent agenda and Channel Panels
- Worked with partners to improve the multi-agency response to victims of Honour Based Abuse.
- Supported and advised the re-procurement of the Sexual Assault Referral Service.

Southend University Hospital NHS Foundation Trust - highlights from annual statement

- Undertook a range of audits including audits of antenatal information sharing; effectiveness and impact of child safeguarding supervision; maternity case load sheets.
- Provided additional support and strategy development to ensure that multi-agency working is robust, that challenge and the escalation processes are considered and any newly developed safeguarding processes are not compromised.
- Collaborative working with the SUHFT Adult Safeguarding Team on FGM, Prevent, Domestic Abuse and Modern Slavery/Human Trafficking.

3.3 Training

The CCG has delivered Level 3 training for GPs within their Time to Learn programme.

Southend GPs	Q1	Q2	Q3	Q4
Level 3	100%	94%	100%	88%
Southend CCG				
Level 2	89%	93%	82%	77%
Level 4	100%	100%	100%	100%
Level 5	100%	100%	100%	100%
Governing Body	100%	100%	100%	100%

Children's Services continued to roll out of mandatory training for decision makers and practitioners on decision making, assessment and domestic abuse and support this with learning sets and practice workshops throughout the year led by a dedicated Practice Lead.

Essex Police have continued to roll out vulnerability training to their staff as part of a wider campaign to raise awareness of vulnerability under their continuous improvement programme. The training is complimented by a three day Public Protection Awareness Course which has been delivered to over 2000 of their staff to date.

Additional training to Essex Police staff on identifying children affected by domestic abuse incidents, with an emphasis on S47 training to domestic abuse investigation teams.

Joint training has taken place with partners to better enable staff to identify modern slavery issues.

SUHFT developed Level 1 and Level 2 refresher quiz and training resources to aid compliance with training.

EFRS introduced new e-learning safeguarding training as well as PREVENT training and information sessions for all staff.

SEH provided safeguarding training to resident representatives and community sports coaches who work with residents on youth projects.

SAVS and the LSCB have continued to work in partnership to provide training in all aspects of safeguarding including Child Sexual Exploitation, Prevent (countering radicalization) and Human Trafficking.

3.4 Key Successes and improvements in practice

Essex Police identify their key success within safeguarding children for 2016 – 2017 as:

- The embedding missing person Liaison officers and Child and Young Person Officers into the community safety hub and the CAIT teams in Southend.
- The success of the MARAT with partners has also been a highlight and has prompted the review of further co-location with the First Contact Team.
- One of the county's first complex and organised CSE investigations, Operation Cobham led to the successful conviction of 2 males in December 2016 who ran Girls4you from Shoebury. One was given a four year sentence for controlling child prostitution, controlling activities of a person in prostitution for gain, possession of indecent images of children, distribution of indecent images of a child and being concerned in the supply of Mephedrone, and the second male two-and-a-half years for arranging or facilitating child prostitution, controlling prostitution for gain and being concerned in the supply of Mephedrone.

Children's Services identify their key success within safeguarding children for 2016 – 2017 as:

- Improvements in the proportion of decisions made in relation to new referrals within 24 hours; the timeliness of child protection investigations; and statutory visits to children on child protection plans / in care
- Significant increase of initial child protection to case conference in 15 days
- Improving decision making processes
- Co-location of a multi-agency – LA, Police and Health - team at the Front Door to Children's Services, enabling strategy meetings to be held within 24 hours.
- The LA restorative practice approach training has been extended to partners

SUHFT identifies their key success within safeguarding children for 2016 – 2017 as:

- The introduction of an Independent Domestic Violence Advocate Role.
- Information leaflet for new staff to re-enforce safeguarding practice for bank staff and volunteers.
- Improved quality of safeguarding referrals to children's social care.
- Introduction of a Quick Reference Guide for staff which clarifies the issue of consent for treatment in respect of Looked After Children.

Essex County Fire & Rescue Services identify their key success within safeguarding children for 2016–2017 as:

- Collaborative working with Essex Police to deliver lessons at 42 of Southend's 56 schools: seeing 18,562 children. Lessons included:
 - Year 3: Home Safety
 - Year 6: Cyber Safety
 - Year 7: Road safety
Heat of the moment (involving arson and hoax)
 - Year 8: Home Safety (revisited)
 - Year 9: Healthy relationships
- Delivery of the Firebreak Programme:
 - **Fire Fit:** Healthy lifestyles
 - **Fire Inspire:** Building confidence, self-esteem and team working skills.
 - **Fire Respect:** Delivers the traditional Firebreak framework but can be tailored to the needs of the participants to also cover safe sex and teenage pregnancy, young offending and anti-social behavior, alcohol and drugs abuse, domestic violence, the importance of worthwhile and fulfilling relationships, community engagement, and bullying and cyber safety.
 - **Fire Empower:** Preparing for employment.

3.5 Key risks and challenges identified by partners

3.5.1 Cross cutting risks and challenges

- Identifying, engaging and affecting change with vulnerable young people at risk from multiple types of exploitation including CSE, exploitation linked to drugs, radicalisation and other criminality, and those for whom there may be emerging concerns.
- Ensuring there is clear governance in relation to the oversight of young people at risk of exploitation and work with potential perpetrators.
- Developing system wide solutions to safeguarding challenges within healthcare under the Success Regime.
- On-going financial and capacity issues across the health economy will challenge both commissioning and provider health organisations.

3.6 Key areas for development identified by partners

- Expansion of collaborative working arrangements within the safeguarding system, to include the First Contact Team.
- To continue seeking improvements in the use and response to police protection;

the quality of investigations involving children affected by domestic abuse; and the management of dangerous offenders.

- To develop the capability of non-warranted police staff, further integrating them into one investigative team – building on the results of the restructure of the Crime and Public Protection Command.
- Move towards a competency-based approach to safeguarding training for primary care which is flexible to the needs of individuals.
- Commission hospital-based Independent Domestic Abuse Advisors for 3 acute NHS Trusts and support the services already established in other Trusts.
- Provide an equitable delivery of services for all Looked After Children in South East Essex.
- Support health professionals to enhance their skills, enabling them to explore issues with patients in order to identify risk to children and young people.
- Work with adult safeguarding leads to develop pathways and guidance relating to gangs. This is an issue of local concern.
- Review and refresh Best Practice Guidelines for Practitioners working with Families/Pregnant Women when domestic abuse is an issue and develop training to support the changes in maternity records and practice.
- Develop, review and update Child Protection Policy in line with local and national guidance including Working Together 2015, Intercollegiate Document 2014 and findings from local and other SCRs.
- Further develop the process to capture and report to commissioners on the Trust's compliance with training and supervision.
- Continue to monitor service level uptake of training via the Safeguarding Children Committee with a commitment to maintain uptake of >90% among clinical staff through a targeted comprehensive training programme.
- Refresh and maintain staff information pages on the SUHFT intranet, including the safeguarding newsletter on the Staffnet and Communications pages, and ensure SUHFT staff are aware of national concerns for “challenges” relating to social media i.e. “Blue Whale”.
- Monitor the rates of self-harm/attempted suicide for children/young adults, noting trends and share information accordingly with the LSCB.
- Support and action the findings and recommendations made from Serious Case Reviews and Partnership Learning Reviews ensuring work streams are embedded in practice and reflected in hospital policies and guidance.

- SUHFT safeguarding team, adult safeguarding leads and SUHFT Human Resources will develop a Standard Operating Procedure (SOP) for referral processes and information sharing specific to contact with the Local Authority Designated Officer (LADO) regarding allegations made against staff working with children/vulnerable adults.
- SEH will continue working in partnership with Southend on Sea Domestic Abuse Projects (SOSDAP) to provide support to victims of domestic abuse across refuge and move-on accommodation for victims of domestic abuse.
- Expand on the existing support services currently offered by Temporary Accommodation Officers and Community Development Officers in order to tackle social isolation; prevent homelessness; support residents who are victims or perpetrators of anti-social behavior; and support vulnerable parents.
- NHS England East will continue to improve safeguarding practices for both adult and children & young people across the East DCO area through their safeguarding forums work programme.
- The Essex Community Rehabilitation Company will work with colleagues in Essex Police and the National Probation Service, to develop a new information sharing agreement regarding domestic abuse histories of their allocated service users.
- There is a need for the LSCB – through the CSE & Missing Sub-Group – to establish effective strategic working arrangements with the Community Safety Partnership in order to avoid duplication of effort in tackling CSE and to secure the assurance the LSCB requires that CSE is being addressed through the CSP-linked MACE process.
- In order to better prevent CSE, members of the CSE & Missing Sub-group will explore and develop methodologies for identifying young people and children where risk of CSE is an emerging concern.

SECTION 4 - LEARNING FROM SERIOUS CASE AND OTHER REVIEWS IN 2016-17

Serious Case Reviews

Serious Case Reviews are undertaken by LSCBs where a child dies or is seriously injured and abuse or neglect are known or suspected to be a factor in the death. Their purpose is to identify and implement learning to improve how services work together to safeguard children and they are a statutory requirement.

The LSCB commenced one Serious Case Review during the 12 month period covered by this report. This was the continuation of a review which was originally started in 2015/16 and then 'paused' pending court proceedings. The review re-commenced in March 2017 and is ongoing. It is due to be concluded early in 2018 and will therefore be addressed in the next LSCB Annual Report. Learning from the review continues to drive changes in practice as it emerges.

Child Death Reviews

Child Death Reviews for children resident in Southend are undertaken by a multi-agency Child Death Review Panel (CDRP) covering South East Essex. The Panel is chaired by a representative from Public Health and is overseen by a multi-agency Strategic Child Death Overview Panel (SCDOP) for the County. During the year 1 April 2016 to 31 March 2017 the CDRP received eight notifications of deaths of children resident in the Southend area and completed 12 child death reviews for Southend cases. (Not all reviews are completed in the year the notification was received: especially when an Inquest or criminal proceedings have been involved.)

Of the 12 deaths reviewed, four were found to have one or more modifiable factors, including co-sleeping, parental smoking, alcohol/substance misuse and poor parenting/supervision.

Due to a previous increase in numbers of sudden unexplained deaths in infancy, the SCDOP continues to increase awareness of the risks associated with co-sleeping and to highlight safer sleeping information. In December 2016 a questionnaire was circulated to professionals working with families to gather information on what, when and to whom, advice is being given and the data was used to revise the safer sleeping campaign for 2017, and in January 2017 a 'Thunderclap' social media message was successfully launched. 135 agencies and individuals signed up to support the campaign which had a social reach of 489,024.

Essex LSCB Partnership Learning Review

This was an Essex led review of a family who had had contact with Southend-based agencies as a result of moving between Essex and Southend authority. Therefore links between the Essex review panel and the Southend Case Review Panel have been established and maintained in order to identify and utilize learning to drive improvements through the safeguarding system in Southend.

SECTION 5 - HOW DO WE KNOW WE ARE MAKING A DIFFERENCE?

Using a range of data, this section provides a summary analysis of volume, nature and outcomes of safeguarding activity over the year and key demographic information for context.

5.1 Statistical context

Southend is an exceptionally diverse and fast-changing borough and a range of available statistics provide us with the ability to track these changes over time in order to ensure the safeguarding system remains fit for purpose.

The following snapshot provides the statistical context surrounding the ongoing activity to safeguard children and promote their welfare:

Measure	Southend
Population	179,800
Aged 0-17 (inclusive)	38,729
School age BME population	6,616
Births per year	2,292

Source: 2016 Office for National Statistics estimates

Deprivation: Around 43.2% of those age 0-17 (16,723) live in the areas of the borough classified as falling within the 30% most deprived areas in the country. For contextual purposes it should be noted only 30% of the total population live in these same areas.

Poverty: 21.6% of 0-19 year-olds are living in families in receipt of Child Tax Credits whose reported income is less than 60 per cent of the median income, or in receipt of Income Support or (Income-Based) Job Seekers Allowance.

Entitlement to free school meals: The proportion of children entitled to free schools meals:

- a. Primary: 13.6% compared to 14.1% on average nationally
- b. Secondary: 8.2% compared to 12.9% on average nationally

Source: 2017 Schools Census

5.2 Safeguarding Activity 2016-17

Southend Borough Council has produced an Annual Report on the effectiveness of safeguarding children. The full report is available on request and highlights from the report are detailed below.

5.3 Safeguarding concerns

Where there are concerns, assessments of children are undertaken in accordance with a local assessment protocol based on Department for Education statutory guidance,

Working Together 2015. The assessment seeks to establish the level and nature of any risk and harm so appropriate support services can be provided to improve the outcomes for the child. The assessment will ascertain if:

- The child/sibling group are a child/children in need (s17 Children Act 1989)
- There is reasonable cause to suspect the child/children are suffering, or likely to suffer, significant harm (s47 Children Act 1989)
- The child/children are in need of, or requesting, accommodation (s20 or s31 Children Act 1989)

5.4 What the statistics are telling us

The safeguarding system collects a wide range of information about activity to safeguard children in Southend, so we know how well they are being safeguarded. This information helps the Southend LSCB decide what their next steps should be.

Data in relation to all safeguarding issues is monitored both locally and nationally. All safeguarding concerns and enquiries are recorded and co-ordinated by Southend Council. Progress from initial concern through to conclusion is monitored for timeliness and quality across a wide variety of measures including the nature and location of harm, service user groups, outcomes, age, gender, ethnicity, etc. This information is scrutinised by the LSCB sub-groups who report key issues and trends to the Board via the LSCB Executive group.

Southend Council also submits annual data returns to the Department for Education (DfE) who collate these with the annual data from the other authorities in England for the purpose of comparison. The following sections are based on the most recent annual data return, which provides figures for the 12 months ending 31 March 2017.

In the period 1.4.16 to 31.3.17, there were 2,229 referrals, of which 16.3% (363) had been made within 12 months of a previous referral. The number of assessment completed was 2,012 and the median number of days taken to complete the assessment was 38 days, compared to a median number of days for the East of England of 30 days.

686 Section 47 enquiries were undertaken in the 12 months ending 31.3.17, followed by 321 initial child protection conferences. The median number of days between the start of the Section 47 enquiry and an initial child protection conference was 16 days, which compares to a median of 13 days for the Eastern Region as a whole.

Activity within Local Authority Children's services has decreased in some areas during 2017 but remains higher than in 2015 in relation to looked after children. Some of the increase in numbers of looked after children relates to changes in children's status when they are cared for by family members.

5.4.1 Abuse location

Abuse can happen anywhere; in someone's own home, in a public place, in hospital, in a care home for example. It can happen when someone lives alone or with others. It

is important to understand the circumstances of abuse, including the wider context such as whether others may be at risk of abuse, whether others have witnessed abuse and the role of family members and paid staff or professionals.

5.4.2 Age

The population aged 0 to 17 (age at mid 2016) based on Office of National Statistics projection data is estimated at 38,700.

Age range	Estimated population 2016
0-4	11,449
5-9	11,395
10-14	9,853
15-17	6,003

5.4.3 Ethnicity

Minority ethnic population: The percentage of school age children from a minority ethnic group is 25.3% compared to 30.7% nationally and ethnic diversity continues to increase within the 0-19 population compared with the boroughs population as a whole.

Source: 2017 Schools Census

English as a second language: The proportion of children with English as a second language:

- a. Primary: 13.8% compared to 20.6% on average nationally
- b. Secondary: 13.8% compared to 16.2% on average nationally

Source: 2017 Schools Census

5.4.4 Primary needs

As at 31.3.17 there were 1,387 children in need episodes recorded of which the majority (1,201) had a primary need at assessment of neglect or abuse. By the end of the assessments the following factors had been identified:

Identified factor	No.
Domestic violence	753
Mental health	578
Drug misuse	307
Neglect	304
Emotional abuse	300
Alcohol misuse	248
Learning disability	234
Physical abuse	187
Socially unacceptable behaviour	137
Physical disability or illness	112
Going/being missing	83
Sexual abuse	76
Self-harm	57

Child sexual exploitation	51
Young carer	31
Gangs	17
Female Genital Mutilation	0
Abuse linked to faith or belief	0
Privately fostered	X
Unaccompanied asylum seeker	X
Trafficking	X

'X' is used where numbers are small and confidentiality needs to be preserved.

5.4.5 Abuse type

Number of children subject to a Child Protection Plan at 31.3.17 by initial type of abuse:

Neglect	128
Emotional Abuse	63
Multiple ¹	20
Physical Abuse	X
Sexual Abuse	X

¹ Cases where more than one category of abuse is relevant to the child's current protection plan.

'X' is used where numbers are small and confidentiality needs to be preserved.

5.4.6 Referral source

Number of referrals completed by Children's Services in the year ending 31.3.17 by source of referral

Police	680
Schools	456
LA services (Referrals from social care, other internal local authority services and external local authority services)	275
Health services (Referrals from GPs, health visitors, school nurses, other primary health services, A&E and other health services)	248
Other	215
Individual (referrals from family members, relatives, carers, acquaintances and self-referrals)	210
Other legal agency	59
Anonymous	40
Housing	31
Education services	9
Unknown	6
Total	2,229

Note: If a child had more than one referral in the period then each referral will be counted.

5.5 Safeguarding Outcomes

An improvement in performance in relation to statutory visits to looked after children and children subject to child protection plans. Visits to children subject to child protection plans stood at 88.5% in mid-November (provisional data) and for looked after children at 84.9% at the end of October 2017 (validated data). The LA has not yet met its target, however this is an area of significant and sustained progress.

An improvement of 35.7% in the timeliness of child protection investigations in the twelve months to September 2017 and improvements in the proportion of decisions made in relation to new referrals within 24 hours of the referral being received following revisions to process and changes in management oversight.

SECTION 6 - CONCLUSIONS AND WHAT THE BOARD WILL BE WORKING ON IN 2017-2018

The Annual Report evidences strong ongoing commitment across the partnership to effectively safeguard and promote the welfare of children living in Southend. The LSCB will continue to strengthen its impact on the local safeguarding system through effective oversight and coordination of the system, robust monitoring and challenge of performance and progress among partner agencies and the work of other local strategic bodies.

To ensure the progress made by the Board over the last year continues, the following areas for development have been identified for the next 18 months. (During the production of this Annual Report it has been agreed that the next Annual report should cover the period 1 October 2017 to 31 March 2019, to align with the Boards financial cycle and partners operating years).

The Board is aware of the ever-changing nature of the environment in which safeguarding services operate, and will direct their attention and efforts taking a dynamic and proactive approach, reviewing priorities on a regular basis. The Board has also identified individual themes that will be focused on throughout the year and these will be identified in the Board's Forward Plan and the work programmes of the sub-groups.

- Conclude and implement the Strategic review of the LSCB and its sub-group priorities and activities, and ensure the views of children and young people inform future Board activity through better engagement.
- Continue to build on the Southend response to the Alan Wood review of LSCB's further to the publication of the Department for Education consultation on significant revisions to the statutory guidance, 'Working Together to Safeguard Children' (following the introduction of legislative changes through the Children and Social Work Act 2017) and new 'child death review' guidance.
- Support the development of multi-agency responses to neglect and assurances that there is a shared understanding of neglect that promotes the safety, well-being and development of children with consistency of support
- Understanding and assessing the impact on safeguarding of system changes and commissioning plans e.g. Sustainable Transformation Partnerships, the Transforming Care Programme and actively supporting the change programme system wide including workforce delivery issues
- Implement a new performance and risk framework to support the Board in delivering its statutory responsibilities – including understanding the impact of local resource commitment to safeguarding and funding plans.
- Develop and implement induction training and an ongoing development programme for Board members and recruit lay-members to replace recent

resignations.

- Develop a revised audit programme to be overseen by the LSCB based on increased targeted audit activity and analysis that includes Learning Disability Mortality Review (LeDeR), Thresholds, Child Sexual Exploitation, self-harm and suicide prevention.
- Conduct a review of safeguarding training and agree the Board's safeguarding training offer.
- Improve Board communication, review the Southend LSCB website and fully engage with social media.
- Improve understanding of the local response to Modern Slavery and Human Trafficking to identify improvements needed.
- Work collaboratively with both Thurrock and Essex Councils on any initiatives arising from our new relationship with the Essex Police & Crime Commissioner.

SECTION 7 - APPENDICES

APPENDIX 1 Board membership and attendance October 2016 – end September 2017

APPENDIX 2 Financial Report April 2016 to March 2017

APPENDIX 1 - Board membership and attendance October 2016 – end September 2017

✓	=	Attended by nominated representative or substitute.
Apologies	=	Formal apology received.
'-'	=	No formal apology received and did not attend.
Vacant	=	Position vacant following resignation from the Board
Not appointed	=	Post was vacant following resignation from the member agency/or postholder was not a member of the Board at the time of the meeting.

Agency/Role	Nov 2016	Feb 2017	Jun 2017	Sept 2017
Board Independent Chair	✓	✓	✓	✓
Vice Chair	✓	✓	✓	✓
Lay member	✓	Apologies	Vacant	Vacant
Lay member	✓	✓	Vacant	Vacant
Community lay member	Apologies	Apologies	-	Apologies
LSCB Executive Chair	✓	✓	✓	✓
National Probation Services	✓	✓	✓	✓
CAFCASS	✓	✓	✓	✓
Essex CRC	✓	✓	✓	✓
SBC – Childrens Services	✓	✓	✓	✓
SBC – Learning Services	Not appointed	✓	✓	Apologies
SAVS	✓	✓	✓	Apologies
Essex PCC	Not appointed	✓	✓	Apologies
Police	✓	✓	✓	✓
Essex Fire & Rescue	✓	✓	✓	-
Ambulance Trust	-	-	Apologies	-
Southend CCG	✓	✓	✓	✓
Southend Hospital	✓	✓	✓	✓
Legal advisor	✓	✓	✓	Apologies
SEPT (now EPUT)	✓	✓	✓	Apologies
NELFT	✓	✓	✓	✓
Better Start	Apologies	-	-	✓
NHS England	Apologies	-	-	-
South Essex College	Apologies	✓	Apologies	✓
Schools: Secondary	Apologies	✓	✓	✓
Schools: Special Schools	Apologies	✓	✓	Apologies
PreSchool learning Alliance	-	-	-	Apologies
Public Health	-	Apologies	Apologies	Apologies
Executive Councillor	Apologies	✓	Apologies	Apologies

APPENDIX 2 - Financial Report April 2016 to March 2017

Agency	Percentage Contribution	Contribution
Southend Borough Council	49.5%	£43,065
Clinical Commissioning Group	26.0%	£22,620
Police & Crime Commissioner	16.5%	£14,355
National Probation Service	3.6%	£3,132
Essex Rehabilitation Company	3.6%	£3,132
CAFCASS	0.8%	£696
Total contributions	100%	£87,000

The LSCB shared a business manager and part-time administrative staff with the Safeguarding Children Board and there is a considerable 'in kind' contribution from partners to the Board, Executive and sub-groups - a major resource which is difficult to quantify, but is critical to the effective functioning of the LSCB.

For the year 2016-17 the LSCB's expenditure was as follows:

Description	Expenditure (£)
Total employees	£66,743.99
Total supplies and services (includes chairs remuneration and meeting/training costs)	£55,358.71
Total	£122,102.70

During the year £34,000 was drawn down from reserves and reserves carried forward were £10,900.

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2016-17

Annual Report on the Effectiveness of Safeguarding Adults in Southend



Southend SAB

October 2016 to September 2017

**Annual Report on the Effectiveness of
Safeguarding Adults in Southend**

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SECTION 1 INTRODUCTION

1.1 Foreword – by Independent Chair, Liz Chidgey

I am very pleased to be introducing the Annual report covering my first year as Independent Chair for the Southend on Sea Safeguarding Adults Board (SSAB) and welcome the opportunity to publish information on the work of the board and its sub groups.

It is vital that we communicate with the public to both raise awareness on safeguarding issues but also to provide information on the actions being taken and the results being achieved.

2016/17 was a busy year for the board with considerable work being completed in support of our vision:

to ensure the safety and protection of adults with care and support needs within the borough; that is, adults who have care or support needs and who are subsequently less able than others to defend themselves against the threat of abuse, exploitation, or neglect.

We have a very strong and committed board and I am grateful for the ongoing support for the partnership, which has developed as reflected in this report and shows what was actually done both as a partnership and through the work of participating partners.

The report contains details of how safeguarding has been promoted and developed throughout Southend, through the work of the Board and its sub groups, which are populated by senior representatives from our statutory partners, along with other agencies including representatives from the voluntary and community sector. It highlights the programme of work of the Board, undertaken over the past twelve months, and shows how partners have worked together to achieve its objectives and implement its Strategic Plan 2016-19. Details of the work and outcomes that have been achieved are provided in this report and it is essential that the work undertaken over the past year is recognised and celebrated.

The report also offers a commentary about the prospects and challenges for 2017/18 and aims to demonstrate the commitment of the Safeguarding Adults Board and recognition of our responsibilities to the people of Southend on Sea and what they have the right to expect from local safeguarding services.

This report provides detail on the actions taken during the year and there have been no cases in the last year that met the criteria for commissioning a Safeguarding Adults Review (SAR). (A SAR is commissioned when an adult with care and support needs dies as a result of abuse or neglect, or is known or suspected to have experienced serious abuse or neglect, and there is concern that partner agencies could have worked more effectively to protect the adult), However we have been finalising the actions and recommendations carried forward from SAR Anne which was published

last year.

It is my responsibility to support and encourage partners and agencies in Southend to work collaboratively for the benefit of adults with care and support needs and bring about continual improvement. It is also part of my role to hold agencies to account ensuring that individually, they do what they say they are going to do, and that collectively, agencies are working together to address issues surrounding abuse and neglect.

As the chair, I am satisfied that the agencies that are represented at the board and its sub-groups continue to demonstrate their high level of commitment to keeping people safe. I am very mindful of pressures on partners in terms of resources and time and grateful to all those who have engaged in the work of the SSAB.

I hope that you find this report both interesting and of reassurance that the board is being very active in driving forward improvements. There is a lot of detail in this annual report about which I will not comment further here. Importantly however, regardless of whatever concerns might be triggered in the minds of readers, the assurance offered by me is that Safeguarding Adults Board members and the organisations they represent know and are open about the reality of the challenges they face. They are willing to engage with each other in collaborative working and willing to contribute to thinking ahead about responsibilities, risks, ambitions and priorities.

Finally, I would like to acknowledge the commitment of all our partners, who once again have delivered a great deal in the past 12 months, and who continue to contribute to improving the way we all work together to protect adults with care and support needs from the risk or experience of abuse. I would also like to acknowledge the commitment and dedication of all front line practitioners who work in the field of safeguarding adults with care and support needs, including the public and voluntary and community sectors.

As we move into the next few months the Board is committed to taking this agenda forward with the continued support of all our partners remembering importantly that “safeguarding is everyone’s business”.

1.2 Introduction

This annual report is for the period 1st October 2016 to 30th September 2017 and is produced as part of the Board’s statutory duty under The Care Act 2014 and Chapter 14 of the Care & Support Guidance. It is one of the three core statutory duties of the Chair of the Board to publish an annual report in relation to the preceding financial year, on the effectiveness of safeguarding in the local area.

This Annual Report gives details of progress on our priorities and Strategic Plan 2016-2019; and provides an overview of SAB activities and achievements during 2016–2017 summarising the effectiveness of safeguarding activity in Southend including the work of individual member agencies.

The report will be submitted to the Local Authority Chief Executive, Leader of the Council, Essex Police, the Chair of Southend Health and Wellbeing Board and Southend Healthwatch.

More information about the statutory role and function of the Safeguarding Adults Board can be found at www.safeguardingsouthend.co.uk

1.3 Role of the Southend Safeguarding Adults Board

The Southend Safeguarding Adults Board is a statutory body that works to make sure that all agencies are working together to help keep adults in Southend safe from harm and to protect the rights of citizens to be safeguarded under the Care Act 2014, Mental Capacity Act 2005 and the Human Rights Act 1998.

Vision

The Safeguarding Adults Board (SAB) aims to ensure the safety and protection of adults with care and support needs within the borough; that is, adults who have care or support needs and who are subsequently less able than others to defend themselves against the threat of abuse, exploitation, or neglect.

Statutory Duties

The Board has three core duties defined by the Care Act 2014:

- developing and publishing an annual strategic plan setting out how we will meet our objectives;
- publishing an annual report which sets out what we have achieved; and
- commissioning safeguarding adults reviews where serious abuse or death has occurred and learning can take place.

1.4 The Safeguarding Principles

The work of the Southend SAB is underpinned by the safeguarding principles which were set out by the government in the statutory guidance accompanying the Care Act 2014. The following six principles apply to all sectors and settings including care and support services. The principles inform the ways in which we work with adults.

- Empowerment – The presumption of person-led decisions and informed consent, supporting the rights of the individual to lead an independent life based on self-determination.
- Prevention - It is better to take action before harm occurs, including access to information on how to prevent or stop abuse, neglect and concerns about care quality or dignity.

- Proportionality - Proportionate and least intrusive response appropriate to the risk presented.
- Protection - Support and representation for those in greatest need, including identifying and protecting people who are unable to take their own decisions, or to protect themselves or their assets.
- Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability - Accountability and transparency in delivering safeguarding, with agencies recognising that it may be necessary to share confidential information, but that any disclosure should be compliant with relevant legislation.

1.5 Strategic Plan 2016 - 2019

The Strategic Plan 2016-2019 is being reviewed at the time of writing this report and the reader is advised to refer to the updated plan which will be available on the SAB website on completion.

1.6 Governance

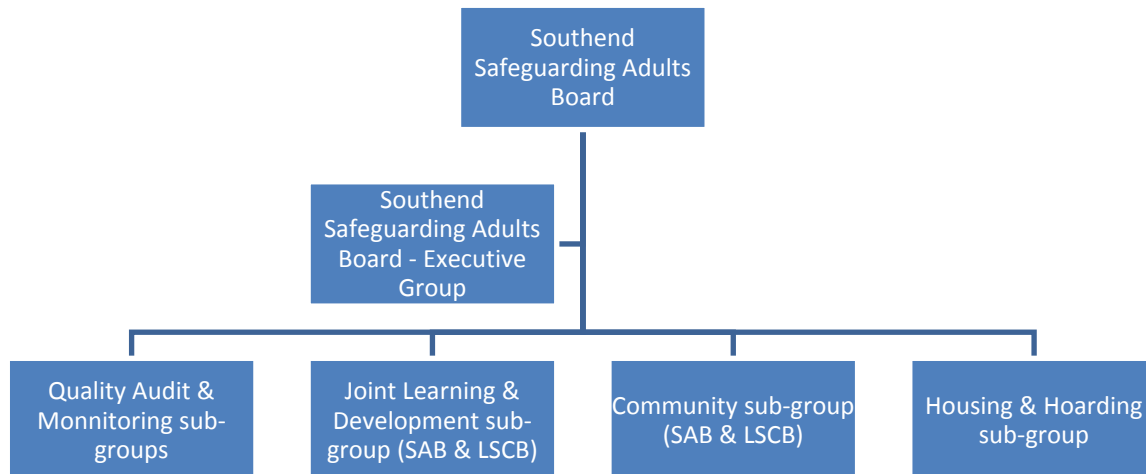
Southend Safeguarding Adults Board is chaired by its Independent Chair, Elizabeth Chidgey and meets four times a year bringing partners together from: Southend Council, Essex Police, Essex Fire and Rescue Services, East of England Ambulance Trust, Southend Clinical Commissioning Group, health trusts, probation services, the voluntary sector and lay members, representing health, care and support providers and the people who use those services across Southend.

The Chair is accountable to the Chief Executive of the local authority in chairing the SAB and overseeing its work programme. However, she is accountable only to the Board for the decisions she takes in that role. The role of Vice-Chair is undertaken by the Deputy Chief Executive (People) – Southend Borough Council.

The Board is attended by representatives from the partner agencies with a high level of engagement. Information about Board attendance can be found in Section 6.

The SAB has four subgroups chaired by senior members from across the partner agencies. We report on the business of each of the sub-groups operating during 2016-17 in this report and the structure below reflects the shape of the Board.

1.7 Board Structure 2016/17



A review of the structure of the SAB board was initiated during 2016-2017 and changes agreed as a result will be initiated in 2018.

1.8 Strategic Links to other Boards and Partnerships

The Chair of the SAB is a member of the Health and Well-Being Board and presents the SAB Annual Report to the Board; She meets regularly with the Chief Executive, the Corporate Director - People, the Lead Member for adult safeguarding, the Leader of the Council, and is also the Chair of the Safeguarding Children Board. The Chair also meets regularly with the Council's Scrutiny Committee. Links are also maintained through representation on key strategic partnerships:

- Community Safety Partnership
- The Health & Wellbeing Board
- The Local Safeguarding Children Board
- Essex Safeguarding Adults Board
- Thurrock Safeguarding Adults Board

Southend Essex and Thurrock (SET) work in partnership to provide a common approach to safeguarding across the county. The SET Safeguarding Adults Guidelines set out the system and process all organisations should use to raise safeguarding concerns. This includes a framework for confidentiality and information sharing across agencies.

1.9 Funding

The work of the Board is financed by contributions from partner agencies, of which currently over 45% comes from the council. In addition to financial contributions, partner agencies contribute significant amounts of staff time to support the delivery of the board's work programme, and to support training delivery. Full budget information is contained within **Appendix 2**.

SECTION 2

ASPIRATIONS FOR 2016-17

(taken from Strategic Plan 2016-19 and 2015-16 Annual Report)

In the 2015-2016 Annual Report the Board identified the following key areas for development:

- Ensure the provision of services for young people who require extra support and assessment but do not meet the criteria for statutory adult services are integrated and accessible. The SAB proposes there should be a one-year funded project to look at the scale of this group and their needs, and how to work with them with, possibly using a worker in the third sector. The project to report back at the end of the year on issues and recommendations for this role in the future.
- Improving the experiences of adults discharged from hospital ensuring good coordination between relevant partner agencies. The SAB to propose a project to look at drilling down into the issues underpinning hospital discharge concerns and develop “whole system” recommendations to be rolled out across the partnership to improve the safety, coherence, and consistency of this process for patients.
- The provision of funding by commissioning agencies for a specialist hoarding support service
- The provision of support services for domestic abuse perpetrators who are not in the criminal justice system, which has a good evidence base, by commissioning agencies
- Increase capacity of Health Based Places of Safety (HBPOS) in Southend and Essex as a whole, and a reduction in the use of section 136. As a matter of urgency Southend CCG to look into the reasons for the delays in refurbishing the existing section 136 health suites, and ensure adequate levels of local provision. *(Referred to the CCG for action November 2016).*
- Commissioning agencies to ensure there is sufficient capacity in registered care homes and domiciliary care providers to meet the demands of an increasing elderly population
- Ensuring DoLs assessments continue to be undertaken in a timely way to ensure the rights of adults with additional care and support needs are safeguarded effectively

The 2016 -19 Strategic Plan further identified the following key strategic priorities:

- Assure itself that local safeguarding arrangements are in place, as defined by the Care Act 2014 and other legislation, and that they are effective, person-centred and outcome-focused

- Assure itself that safeguarding practice is continuously improving and enhancing the quality of life of adults with additional care and support needs in Southend
- Prevent abuse and neglect where possible and ensure timely and proportionate responses when abuse or neglect have occurred
- Assure itself that arrangements to implement the Domestic Abuse Strategy are robust and that information sharing and assessment of risk is undertaken in a timely way
- Respond to the Violence Against Women and Girls agenda, so called Honour-Based Abuse and Modern Slavery, providing a comprehensive programme of work in partnership with other strategic boards
- Assure itself that safeguarding adults services are informed and improved by the views of adults with additional care and support needs and their family or carers
- Improve practitioner awareness and understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS)
- Assure itself that adults who are vulnerable to exploitation or radicalization are identified and supported appropriately

SECTION 3 ACHIEVEMENTS IN 2016/17 - HIGHLIGHTS

This year the SAB undertook significant work to ensure that it fulfilled its statutory responsibilities and welcomed new Independent Chair, Liz Chidgey, who took up post in January 2017 following the retirement of Chris Doorly.

3.1 Safeguarding Adults Board

- Commissioned and commenced a review of the Board's priorities and the development of a performance and risk management framework to support the Board's ambitions
- Looked at how local agencies address safeguarding where Female Genital Mutilation is identified
- Initiated a review of how Modern Slavery and Exploitation is identified and responded to by local health organisations
- Identified a local issue with an NHS Health Provider where Do Not Attempt Resuscitation Orders are in place and how these orders are managed locally – ongoing assurance required on how these are put in place and monitored
- Transition from Child to adult services addressed in SAR 'Anne' Learning
- Responded to the introduction of the Herbert Protocol and agreed wide dissemination of the initiative with partners
- Recommended a multi-agency review of pathways for people leaving prison with care and support needs – complete
- Ensuring that the SAB had effective oversight of the implications for safeguarding of the recent merger of local CCGs.
- Appropriate adult for people in custody review by SAB Executive
- HMIC published an adverse reports on Essex Police who were invited to report on how they were addressing the issues raised. They provided action plans and gave a brief overview of the inspections and their outcomes. Members were advised that following the inspection outcomes, the force has changed its branding, culture and training programme.
- East of England Ambulance Services working to make changes to their safeguarding referral systems with any changes expected to be seen during 2017/18
- SAB has continued to work closely with the Southend Safeguarding Children's

Board. Joint activity has included Joint Sub-groups for Learning and Development and Community.

- The Independent Chair presented the SAB Annual Report to Southend Health and Wellbeing Board, outlining performance against Business Plan objectives in the previous financial year. This provided the opportunity for the Health and Wellbeing Board to take on issues raised by SAB.
- SAB has continued to work with the Essex and Thurrock Safeguarding Adult Boards to ensure a consistent approach is taken to safeguarding across the three local authority areas. Projects this year include:
 - Updating the SET Safeguarding Adults Guidelines (published March 2017)
 - Reviewing the SET Mental Capacity and Deprivation of Liberty Policy and Guidance
 - Template Safeguarding Adults Policy (published May 2017)
 - Missing Person Protocol (published June 2017)
- On a strategic level, the SAB Chair remains a member of the Health & Wellbeing Board in order to better coordinate the work of the Board with the work of the SAB and to provide appropriate ongoing challenge and support in relation to safeguarding.
- The Chair also meets regularly with senior Board members from the CCG, Essex Police and Children's Services on an individual basis to maintain oversight of the system.
- The SAB continues to monitor actions plans from any external inspections of member agencies with a specific on safeguarding. These include Essex Police, and the Health System.

SAB Executive

The SAB Executive drives the work of the Board and directs the sub-group work in accordance with the strategic plan and makes recommendations to the Board for improving the system. It will also deliver recommendations from the Board regarding any developments to the strategic plan

The sub-groups identified in Section 2 support the work of the Board and delivery of its strategic plans. The sub-groups benefit from multi-agency representation with staff from statutory and non-statutory agencies attending and contributing to the work. The sub-groups review single agency performance reports and report to SAB Executive, and are actively looking to better involve people who use services and their representatives in the work of the subgroups.

Activity within the sub-groups for 2016/17 included:

- Audit programme – initiating review/scoping of staff understanding of exploitation
- Discharge letters to GP replaced by e-discharge, care homes now working with a reporting tool to record when discharges are unsatisfactory (includes medication)
- SAR action plan monitoring and learning from cases reviews and the introduction of a transition protocol
- Increased understanding of the LeDeR programme
- Basic safeguarding e-learning updated for 2016 and available to all partners via Virtual College
- Reviewing safeguarding training performance reports from partners and sharing good practice
- Shared learning on paraffin based treatments – learning from Lewisham SAR
- Increased awareness and understanding of hoarding and introduced a process to gain consent and share information

3.2 Board Partners' Achievements in improving Adult Safeguarding 2016-17

The SAB has been involved in partnership activity throughout the 2016/17 period and the following organisations regularly report into the SAB and have all provided an Annual Statement (available on request), summarised below.

- Essex Police
- Southend Borough Council
- Southend University Hospital NHS Foundation Trust (SUHFT) – Now called Essex
- Southend CCG
- Southend Association of Voluntary Services (SAVS)
- South Essex Homes (SEH)
- Essex Fire and Rescue (EFRS)
- National Probation Service (NPS)
- Essex Community Rehabilitation Company (ECRC)
- NHS England

Southend Essex and Thurrock (SET) Safeguarding Adults Guidelines are used by all partner agencies and a SET audit which is carried out biennially was conducted during this reporting period and the audit results have informed partners' strategic plans. All partners have an identified designated safeguarding adults lead.

Partners have assured SAB that they have policies in place for the safeguarding of adults which are consistent and comply with the above guidelines to ensure that safeguarding arrangements comply with the statutory duties within the Care Act 2014.

SUHFT introduced new strategic safeguarding plans and policies during the year which reflect the Safeguarding Adults Board Safeguarding Strategy as well as local and national safeguarding guidance. A Mental Capacity Act audit assessment was carried out to assist the Trust to understand how staff can be supported and agreed that a revised mental capacity assessment tool should be implemented during 2017-2018.

ECRC undertakes monthly quality audits with the assessment of safeguarding practice as a key component and have Partner Link workers who work with current and former partners of men participating in the domestic abuse perpetrator work and actively work to safeguarding those partners and children.

SAVS is a membership organisation and supports members to ensure they have the right safeguarding policies and processes in place as well as delivering projects for vulnerable people including Safe as Houses funded by the Essex Police and Crime Commissioner - supporting older people who have been identified as vulnerable to postal scams and preventing new people succumbing.

The NPS is committed to reducing re-offending, preventing victims and protecting the public and engages in partnership working to safeguard adults with the aim of preventing abuse and harm to adults and preventing victims. The NPS acts to safeguard adults by engaging in several forms of partnership working including both operational and strategic ensuring that information and lessons learnt are shared.

During the year South Essex Homes reviewed and updated their Safeguarding Policy and have a dedicated organisation safeguarding lead and actively support the SAB chairing and attending sub-groups as required.

Essex Police actively provide information to members of the public under 'Clare's Law' - The Domestic Violence Disclosure Scheme (DVDS Right to Ask and Right to Know) and have written and published a Domestic Abuse Action Plan and progress is ongoing against this.

There is a pilot scheme within the Adult Triage Team to improve the management of referrals for vulnerable adults, which helps to ensure that the most vulnerable cases are actioned and reduces bureaucracy by eliminating inappropriate referrals.

Essex Police has a team of dedicated Hate Crime Officers (HCOs) who manage the safeguarding of and support to high risk and high and medium risk repeat victims. The HCOs also have a community engagement role by attending Local Independent Advisory Groups (IAGs) and Hate Crime Panels to promote the reporting of hate crime and to increase the understanding of hate crime in communities.

Southend Borough Council

Southend Borough Council aim to support all of their residents to have opportunities to thrive- to achieve their hopes and aspirations and experience a life free from abuse

and risk of harm. The Department of Adult Services and Housing, in partnership with the other directorate areas within the Council, work collaboratively with residents and partners to this end. The principle of wellbeing and coproduction is the golden thread that runs through their work, aiming to prevent, reduce and delay the impact of harm, working to keep the adult and their family at the centre.

Case Studies: Partnership Initiatives

Over the period of 2016 to date, Southend Borough Council has collaborated with its partners on a number of projects and initiatives to improve preventative and supportive practice.

Social Work: Competent social work practice is the bedrock on which to create an empowered community. Signalling a belief that corporately social work is integral to our business and the wellbeing of our community, the Council appointed the current Safeguarding Adults' Manager as the Principal Social Worker for Adults. The Principal Social Worker role is intrinsic in ensuring the delivery of robust, competent and inspirational social work practice. The role also advises at a strategic and operational level, managers and leaders of the Council in complex or controversial cases and on developing case or other law relating to social work practice.

The Council, led by their social worker workforce, has been working with their partners on transforming and integrating their assessment and care provision and have launched a number of routine locality-based multi-disciplinary meetings with partners aiming to support individuals to make informed decisions about their care without having to tell their story repeatedly.

The Council works proactively with the University of Essex (Southend), Anglia Ruskin University and the Open University to recruit students to undertake placements in Southend. They also offer opportunities for more experienced staff to consolidate their learning and practice experience by undertaking specialist qualifications such as the Approved Mental Health Practitioner (AMHP), the Best Interest Assessor (BIA) and the Practice Educator course.

The Council hosted two spectacular events for student social workers and Council practitioners to celebrate social work. These events (the World Social Work Day in March 2017 and the Practitioners' Event in October 2017) were made possible with the support and strength of our partnerships. They were supported by the University of Essex- Southend, the Southend and District Soroptimists, Essex University Partnership Trust and Southend CCG. During the Practitioner Event, the Council also welcomed Lyn Romeo, Chief Social Worker for Adults.

Oral Health: Southend Borough Council, in partnership with Southend Clinical Commissioning Group (Southend CCG) facilitated some interactive workshops for care home and domiciliary staff across the borough to support and promote effective oral health. The sessions, led by the NHS Community Dentistry Service, were well received and gave care staff the opportunity to explore the importance of achieving good oral health and its impact on nutrition, pain management, physical health and dignity.

Post Falls Guidance: The Council collaborated with the CCG and care providers to produce '*Post Falls Guidance*', which supports providers and families with advice and tips to support someone who has experienced a fall. This guidance is useful to work through to ensure that the person receives appropriate first aid and medical treatment to try to reduce the risk of undetected injury.

Covert Medication: Led by Southend CCG, the Council contributed heavily towards the development of the *Covert Medication Flowchart*, which has been issued to all primary care providers, specialist nurse providers, care home and domiciliary providers as well as social work and nursing staff. This guidance, read in conjunction with the Southend, Essex and Thurrock (SET) Mental Capacity Act procedures, supports the person administering medication to do so safely whilst safeguarding the person's human rights.

Herbert Protocol: Southend-on-Sea Borough Council continues to support Essex Police to implement a national scheme locally, which aims to help reduce the time taken to gather vital information when a person with dementia goes missing. The [Herbert Protocol](#), named after war veteran George Herbert who lived with dementia, encourages carers, friends and relatives of people with dementia to fill in a [form](#) which could help authorities find their loved one quicker in the event of them going missing.

Southend-on-Sea Borough Council continues to work with Essex Partnership Trust, Essex Police, Essex County Council, Thurrock Council, and the Alzheimer's Society and other providers to encourage and support the completion of the form which can then be passed to the police in the event someone with dementia cannot be found. The form records all the vital details in one place including medication required, mobile numbers, places previously located or attended, a photo, details of daily routine etc. In the event someone goes missing a completed form saves vital time allowing officers the ability to get on with searching rather than gathering basic information.

Modern Slavery and Forced Marriage:

In December 2016, Southend Borough Council, in partnership with Southend Safeguarding Adults Board, Southend LSCB, Essex Police and the University of Essex-Southend, held a symposium for professions. This conference was supported by Stop the Traffik, the Salvation Army and the Essex and Kent Constabulary. To support the success of this conference, additional multi-agency training continues on a rolling basis commissioned by Southend Borough Council, open to all partners, on modern slavery and trafficking responses and responsibilities. This training is facilitated by Stop the Traffik with input from Essex and Kent Police Constabulary.

Keep Safe

Children's Services and the Safeguarding Adults Board and the Safeguarding Children's Boards continued to fund the Keep Safe Scheme for 2016/17. Keeping

Safe is a scheme to support people aged 16+ who have a learning disability and access the community independently. The scheme operates in Southend and due to its' success, has rolled out to Leigh-on-Sea as well. The scheme is facilitated by SHIELDS Parliament, a self-advocacy group. Local businesses are signed up to the scheme by agreeing to provide use of a telephone in a public area for a person who may be experiencing an emergency or who is in distress. Participants in the scheme would look for the yellow and black telephone sticker in the shop window. Using the emergency number card or fob provided, the person themselves would call their carer or parent. If required, the shop would assist or call the police if needed.

The scheme supports people to reduce the feelings of fear or agitation in accessing the community alone. The Keep Safe scheme is being championed by Southend SAVS and Essex Police and we are working in partnership to launch this initiative.

Domestic Abuse:

Southend Borough Council - Adult Social Care is a key partner in the delivery of domestic abuse support in Southend. Adult Social Care has a duty to support adults at risk with care and support needs who may be experiencing domestic abuse, which may occur alongside a myriad of other social needs. Adult Social Care is represented in the work of the Southend Domestic Abuse Strategy Group, which delivers against the Southend Domestic Abuse Strategy.

During 2015/16, the Safeguarding Adults Manager worked collaboratively with the Joint Domestic Triage Group to support and develop the administrative process until the introduction of the Southend Multi Agency Risk Assessment Team (MARAT).

3.3 Training

A well-attended SET Safeguarding Adults Board Members Development Event focussed on the legal responsibilities of Board members was held in April 2017 funded by the Police and Crime Commissioner and facilitated by Michael Mandlestam.

From July 2016, Adult Social Care is an embedded member of the Southend Multi Agency Risk Assessment Team (MARAT). Council practitioners and operational SAB partners receive standard and advanced training from Essex Police to ensure that workers appropriately risk assess victims using the Domestic Abuse, Stalking and Harassment (DASH) risk assessment tool. Since July, Adult Services has deployed a qualified social worker into the joint team to add skill, leadership and knowledge of the adult framework. This move signals our commitment to safeguarding children and adults and working collaboratively with our partners to this end.

Adult Social Care is working to continuously review the provision of domestic abuse training to ensure that practitioners have the required skills to support people experiencing harm.

The Safeguarding Adults Service Manager (SBC) works closely with the Council's Workforce Commissioning Team to ensure that the training and continuous

professional development commissioned for providers and practitioners is appropriate and informed by national and local learning.

During 2016/2017, the SAB/LSCB Workforce Development Subgroup continued the rolling programme of quality assuring and approving all Safeguarding and Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS) training programmes.

The Council, in partnership with the NHS, Essex Fire and Rescue Services and Essex Police, recently delivered a conference for providers of care to adults. The conference covered a range of topics from flu prevention and vaccination, hospital admission and discharge pathway, the Herbert Protocol, to advice about fire, safety and safe application and use of emollient creams.

The Council continues to commission a range of training and continuous professional development opportunities for the workforce, many of which are free. The Southend Training Network covers a range of topics, inclusive of safeguarding: <http://www.southendtrainingnetwork.uk/Communication>

Partners have also provided a range of training including:

- SUHFT require all clinical staff to complete Safeguarding training according to their role – this training is a mix of e-learning and face to face with uptake and attendance regularly monitored with 80% compliance in year which is below the 90% target and additional sessions are now planned. PREVENT training (Levels 1 – 3) has also been delivered to SUHFT staff.
- ECRC has reviewed its safeguarding training and safer recruitment training during the year
- EFRS introduced new e-learning Safeguarding training as well as PREVENT training and information sessions for all staff and have a Community Safety team delivering talks and giving practical advice to vulnerable groups on home fire safety.
- SAVS provide training in partnership with the SAB in several areas of safeguarding, e.g. Modern Slavery, Prevent, Human Trafficking
- SEH provide safeguarding training to all front line staff and include safeguarding awareness sessions for their contractors and residents living in their sheltered schemes; requiring all contractors and sub-contractors who work for them to have safeguarding policies and procedures in place.
- During 2016/17 NHS England facilitated a number of regional training sessions including:
 - Supervision Training Delivered by NSPCC aimed at the adult workforce;

- Safeguarding Adult Conference – target audience frontline health and care professionals from primary and secondary care. The conference covered issues including self-neglect, trafficking, radicalisation, cybercrime and fraud, data protection and information sharing in relation to safeguarding;
- Information Governance Training;
- Self-neglect masterclass.

NHS England (East DCO) has also completed two programmes of work:

- MCA workbook and DVD resource specifically produced for health staff to use. This material is hosted on the SCIE website and is thus freely available to health professionals and can be accessed via: <http://www.scie.org.uk/mca-directory/trainingcourses/nhs-workbook/6arthur.asp>
- MCA Training: The Medical Protection Society in partnership with Cambridgeshire County Council and NHS England developed and launched a new Mental Capacity Act and Deprivation of Liberty online learning tool specifically for health professionals across England and Wales.

Essex Police are:

- rolling out three-day face to face training in Public Protection Awareness with over 2000 staff already completing it.
- The Officer's Guide to Vulnerability which was produced in 2016 (a pocket sized booklet) has been updated and is now available via mobile data terminals (MDTs). This ensures a consistent approach is taken across the whole force when dealing with such issues as safeguarding, victim welfare and the pursuit of outcomes.
- Since April 2016, a series of Continuing Professional Development (CPD) events have been taking place within the Force to enhance the skills of officers and staff in specific areas of investigation such as file preparation and Achieving Best Evidence interviews.

3.4 Key Successes and improvements in practice

- SUHFT identifies their key success within adult safeguarding for 2016 – 2017 as:
 - To continue to develop and strengthen the Adult Safeguarding Governance Structure.
 - Introduced a new reporting safeguarding governance and assurance process during 2016-2017 including the introduction of an Adults and Children's Safeguarding Committee

- The introduction of a Trust Safeguarding Strategic Plan.
- An open and transparent response to the Safeguarding Audit.
- Partnership working with the Children’s Safeguarding Team.
- The introduction of an Independent Domestic Violence Advocate Role.

- Essex Police

Essex Police have created a network of Hate Incident Reporting Centres (HIRC) allowing members of the public to report hate crimes at locations other than police stations as well as providing advice and support. The HIRC project has succeeded in forging improved links to existing and emerging communities in Southend and has been a factor in the increased reporting of hate crime in the district from 488 incidents in 2015/16 to 621 incidents in 2016/17. The project has begun to build a sustainable network of support, advice and reporting facilities which has increased peoples understanding of hate crime and willingness to report it.

Essex Police have been operating a Street Triage Scheme since 2015 and the key results for this year (April 2016 – March 2017) were:

- Attendance at 1385 incidents where it provided appropriate support and help to people experiencing a mental health crisis.
- It appropriately prevented 253 people being detained under section 136 MHA
- This has led to an almost 30% increase in the number of 136 MHA detentions that have been prevented.

Two Essex Adult Social Care members of staff have been recruited to the Operational Centre and are working with the Triage Team. This will ensure staff from both organisations engage face to face and allow the sharing of information to take place immediately

Mental Health represents a significant challenge due to legislative changes anticipated to be enacted in December 2017. This means that Police Custody can only be used as a Place of Safety where a person poses an imminent risk of death or serious injury to themselves or another person. As a result, the use of Custody has virtually ended with Hospital Emergency Departments now being used as a contingency place of safety when needed.

- ECRC engages with multi-agency arrangements to safeguard adults, particularly concerning the impact of domestic abuse and when involved with a perpetrator support the safeguarding process and where required hold those involved to account and take enforcement action.
- EFRS conduct Community Builder visits in the Southend area requested by other

agencies or where referrals do not meet the threshold for a referral to the Access Team, also carrying out hoarding and social visits where other agencies have been in contact.

- SEH evicted 28 tenants a reduction from 45 the previous year – attributed to the support provided by their Community Development Team.
- South Essex Homes manages the two HUBs one in central Southend and one in Shoeburyness and over the past year the HUB has seen 1000 clients working in partnership with other agencies including Healthwatch, Social care, Southend College and health to provide advice and support.
- SAVS Safe as Houses service provided support to 503 households over the year and identified 250 people who were receiving scam mail and actively being scammed.

3.5 Key risks and challenges identified by partners

3.5.1 Southend University Hospital Foundation Trust

SUHFT is part of the Mid and South Essex Success Regime Planning which will provide additional opportunities and challenges as the acute trusts work together to develop system wide solutions to challenges within healthcare. A review of safeguarding provision for both adults and children will form part of this process. This work has already begun and will continue into 2017 – 2018. To date the team has engaged and participated with discussions on the safeguarding agenda within the Success Regime discussions. Regular updates have been provided to the Safeguarding Adults Board.

In June 2016 the Trust received a formal Care Quality Commission (CQC) report, which gave the Trust a rating of “Requires Improvement”. The Adult Safeguarding Team has continued to work on developing the safeguarding service within the Trust to contribute to the wider programme to meet the CQC requirements.

3.5.2 Essex Community Rehabilitation Company

ECRC has a new model for “through the gate resettlement” and will need to ensure service delivery adapts to the changed priorities to ensure best outcomes

3.5.3 South Essex Homes

Unfortunately, there is no funding available to SEH to assist residents who are suffering from Diogenes syndrome (hoarding) however the HUB board will be looking to seek funding to support clearance work for residents who have been referred to the Hoarding and Housing sub-panel.

3.5.4 Essex Police

Plans are being developed Essex wide between Health and Essex Police to manage the changes to 136 Mental Health Act detentions in custody. This covers areas such as the conveyance of those detained to a health based place of safety (HBPOS) and contingency plans should there be no HBPOS at the time a detention occurs.

3.6 Key areas for development identified by partners

Southend Borough Council is currently working with our Southend, Essex and Thurrock (SET) Safeguarding Adults Working Group colleagues on revising or development a number of procedures and guidance. Some of these include updating the SET MCA and DOLs policy, procedure and assessment forms, launching the SET Local Area Designate Officer process, and doing more joint work around explore the understanding of the public and workforce regarding exploitation.

The Council continues to move strongly forward with partners, working collaboratively with our community to shape future service design where autonomy, self-determination and choice are the key drivers. To assist our practitioners to continue enhance their competency, no matter what stage they are in their career progression, Southend Borough Council is reviewing our supervision and audit processes. With the knowledge and support of industry leaders such as Community Care Informs and Skills for Care in this work, the Council is looking positively towards the future.

SUHFT has identified the need to continue to work on keeping up with the changing priorities of adult safeguarding and ensure all aspects of safeguarding and categories of abuse are considered within its systems. Their strategic plan includes specific work streams on cyber bullying, female genital mutilation and modern slavery. This work will be led by the hospital safeguarding operational groups.

A number of areas for improvement were identified by the SET audit; for example, staff need to be supported to be confident in recognising and reporting certain types of abuse including modern slavery and human trafficking. Work has commenced on looking further at these areas with partners via the Quality Monitoring and Audit sub-group and will be continued next year.

South Essex Homes being able to secure funding for its continued community services activity which is not statutorily funded and to expand the current services offered by Careline to support vulnerable clients to continue to live independently.

Essex Police identify the following as their key areas for development:

- Essex Police continue to support the abstraction levels to ensure all front-line staff are provided with the Public Protection Course, supporting officers in practice and thereby protecting vulnerable adults.

- The Investigation Advisory Team to continue to ensure that internal practices and investigation are of a high standard and improvement plans for the force are progressing.
- Ensuring that the College of Policing Monitoring of Authorised Professional Practice is continued to ensure best practice and national guidance is implemented.
- The HIRC network will be rolled out to ensure coverage over the whole of the county. HCOs will take on the role of training future HIRCs and HCAs cohorts ensuring fair distribution of these resources countywide.

SECTION 4

LEARNING FROM SAFEGUARDING ADULTS REVIEWS IN 2016 -17

It is a requirement of the Care Act 2014 that the details of any Safeguarding Adults Reviews (SARs) conducted during the year must be in the SAB Annual Report. It is the responsibility of the SAB Chair to decide whether or not a death or serious incident should be the subject of an SAR, which would involve commissioning an independent review and publishing a full report written by an author recruited for the purpose.

There were no Safeguarding Adults Reviews needing to be conducted during 2016/17, and there were no requests for SARs received.

During 2016/17 briefing papers concerning serious safeguarding incidents where individuals had been in receipt of services from statutory bodies and other organisations were considered by the Board.

There were outstanding actions from SAR Anne that was published last year and these have been progressed during 2016/17.

SECTION 5

HOW DO WE KNOW WE ARE MAKING A DIFFERENCE?

Using both quantitative and qualitative data and information/case studies/stories for partners this section will provide a summary analysis of the outcomes of safeguarding activity over the year.

Southend is an exceptionally diverse and fast-changing borough. We have a population of 179,800 according to 2016 Office for National Statistics estimates, and around 30% of the population lives in areas classified as falling within the 30% most deprived areas in the country.

The number of older people (65+) in Southend living alone is estimated to have increased year on year since 2011 coupled with an increase of older people living in care homes.

Southend Joint Strategic Needs Assessment describes the health, care and wellbeing needs of the local population, this helps the Clinical Commissioning Group and Southend Council commission the best services to meet those needs

5.1 Adult Safeguarding Activity 2016-17

Southend Borough Council has produced an Annual Data Report with data sourced from the NHS Digital data set (the full report is available on request) see below for the report highlights.

5.2 Safeguarding concerns

There are two different types of safeguarding enquiries

The type of safeguarding enquiry depends on the characteristics of the adult at risk. If the adult fits the criteria outlined in Section 42 of the Care Act, then local authorities are required by law to conduct enquiries. Local authorities will sometimes decide to make safeguarding enquiries for adults who do not fit the Section 42 criteria.

5.3 What the statistics are telling us

The council collects information about safeguarding adults work in Southend, so we know how well people are being safeguarded. This information helps the Southend SAB decide what their next steps should be.

Data in relation to all safeguarding issues is monitored both locally and nationally. All safeguarding concerns and enquiries are recorded and co-ordinated by Southend Council. Progress from initial concern through to conclusion is monitored for timeliness

and quality across a wide variety of measures including the nature and location of harm, service user groups, outcomes, age, gender, ethnicity, etc. This information is scrutinised by the SAB sub-groups who report key issues and trends to the Board via the Executive group.

Southend Council submits returns annually to the Department of Health (DH) for collation and comparison of the key data across all authorities in England. The enquiry

In the period 2016 -17 there was an 37.5% increase in the numbers of individuals for whom a safeguarding concern has been identified, from 858 in 2015/16 to 1180 in 2016/17 with a decrease in the number of Section 42 Safeguarding Enquiries of 2.8% as well as a decrease in the number of individuals involved in Section 42 enquiries from 542 in 2015/16 to 505 in 2016/17 with 86% of safeguarding concerns for Southend for unique individuals.

5.4.1 Abuse Location

Abuse can happen anywhere; in someone’s own home, in a public place, in hospital, in a care home for example. It can happen when someone lives alone or with others. It is important to understand the circumstances of abuse, including the wider context such as whether others may be at risk of abuse, whether others have witnessed abuse and the role of family members and paid staff or professionals.

5.4.2 Age

When looking at the ages of individuals involved in Section 42 enquiries the highest proportion of clients are aged between 18 and 64 years old and this age group has also shown an increase since 2014/15 with the proportion of 85-94 year olds declining (26.9% to 25.7%)

	Southend 2014/15	Southend 2015/16	Southend 2016/17
18-64 r	26.9%	35.2%	35/6%
65-74	13.5%	13.0%	11.9%
75-84	20.2%	20.4%	20.8%
85-94	33.7%	26.9%	25.7%
95+	5.8%	4.6%	5.9%

5.4.3 Ethnicity

Southend had a high percentage of ‘white’ individuals involved in Section 42 enquiries and al ow percentage of Asian/Asian British individuals. When comparing Southend data across 3 years, proportions have remained consistent although in 2016/17 5% of ethnicities were ‘undeclared/not known’ compared to 0% in the previous 2 years.

5.4.4 Primary Support Reason

The 'Primary Support Reason' is the main 'reason' why an adult requires support or care. When comparing 2016/17 data to previous years Southend have a smaller proportion of 'No support reason' than 2015.16 by 21.4% indicating that less individuals were involved in Section 42 enquiries that were not receiving any other service support from 20915/16

The chart below shows that the most common Primary Support Reason for people experiencing a Section 42 enquiry is Physical Support (40.2%).

Southend yearly comparison			
Primary Support Reason	Southend		
	2014/15	2015/16	2016/17
Learning Disability Support	8.7%	5.5%	5.9%
Mental Health Support	7.7%	1.8%	7.8%
Physical Support	75.0%	31.2%	40.2%
Sensory Support	1.9%	0.0%	2.0%
Social Support	2.9%	0.0%	2.0%
Support with Memory and Cognition	2.9%	0.9%	2.9%
No Support Reason	1.0%	60.6%	39.2%

5.4.5 Abuse Type

The charts below show that the most common abuse types recorded by people experiencing a Section 42 enquiry are neglect, physical abuse, psychological/emotional abuse and financial abuse.

Types of abuse	Southend		
	2014/15	2015/16	2016/17
Physical	23.3%	19.6%	19.6%
Sexual	2.0%	4.7%	4.8%
Psychological and Emotional	19.3%	16.9%	18.5%
Financial and Material	19.3%	18.2%	17.9%
Discriminatory	0.7%	0.00%	0.0%
Institutional	3.3%	4.1%	1.8%
Neglect & Omission	32.0%	27.0%	25.0%
Other	0.0%	9.5%	12.5%

'Other' in the above table indicates type of abuse that were non-mandatory to submit (including domestic abuse, sexual exploitation, modern slavery and self-neglect) and there was a 3% increase in these types from 2015/16:

5.5 Safeguarding Outcomes

The rate per 100,000 of concluded Section 42 enquiries was 450.1 and compared to 2015/16 the number of concluded Section 42 Enquiries has increased by 29.6% from 490 to 635 in 2016.

For those Section 42 Enquiries that were concluded in the year data is collected relating to mental capacity of the adult. In Southend the highest percentage was for adults that did not lack capacity, indicating that adults in Southend were more likely to make their own decision relating to their safeguarding incident. 7.7% recorded an answer of 'Don't know' and Southend had recorded an answer for every concluded Section 42 enquiry.

In all safeguarding enquiries the person at risk of abuse or neglect will be helped to stay safe from harm. If necessary, monitoring of their risk will be increased, and the frequency, type or location of their care may change. Action will be taken against the person who caused the harm. This might include removal from a service, further training or disciplinary action if they were a paid carer.

5.6 Case study – Safe as Houses (SAVs)

Visited James and he explained he was very lonely and isolated since the death of his wife, he had been responding to scam mail as he thought he was helping charities out and it was giving him something to do in the day as he felt lost. The team explained how the scammers worked and that there was no benefit to the charities. James eventually disclosed he had been scammed out of £700. He is now a member of our Folk like Us project helping him to break his Isolation and loneliness and build his resilience

5.7 Partners' effectiveness highlights

5.7.1 Southend University Hospital NHS Foundation Trust

Southend University Hospital NHS Foundation Trust raised 128 safeguarding referrals to the relevant Local Authorities during 2016 - 2017. A further 28 safeguarding referrals were raised against the Trust and safeguarding enquiries undertaken.

Themes / categories of these safeguarding enquiries were:

- Category of neglect: Care concerns, pressure area damage, medication errors, discharge failures, communication failure.
- Category of physical abuse / harm: Manual handling problems, use of restraint / restriction, falls, pain caused by a procedure.
- Category of financial abuse / harm: Loss of personal belongings

The Adult Safeguarding Team also responded to 351 requests for safeguarding advice from its staff or partner agencies during 2016 - 2017. The Trust has seen a positive increase in staff requesting advice or raising adult safeguarding concerns with the Trust Adult Safeguarding Team. Work to continue to improve on this needs to continue during 2017 – 2018.

5.7.2 South Essex Homes

58 Referrals SET/SAF over 50% of which were from sheltered housing (25) and half of these were for either financial or domestic abuse.

5.7.3. Essex Police

A total of 227 SETSAF referrals for the Westcliff, Leigh and Southend area were made by Essex Police for the period October 2016 to September 2017 – which is an increase from previous years and reflects the investment made in training and awareness of safeguarding.

26 domestic violence protection notices were completed which resulted in 21 domestic violence protection orders being granted by the court and this coupled with 12 applications under the domestic violence disclosure scheme and 127 applications under the Right to Ask part of the scheme and 127 applications under the Right to Know (Clare's Law).

SECTION 6 – Conclusions and what the Board will be working on in 2017-2018

The report provides evidence of quality partnership and commitment to making Southend a safer place for people who may be vulnerable. The SAB continues to develop and is having more impact on the coordination of safeguarding adults' services in the Southend area and has challenged and monitored the performance and progress of partner agencies and strategic bodies on many key areas as described in Section 3.

To ensure that the progress made by the Board during this year continues across the partnership, the following areas for development have been identified for the next 18 months (during the production of this Annual Report it has been agreed that the next Annual report should cover the period 1st October 2017 to 31st March 2019, to align with the Boards financial cycle and partners operating years).

The Board are aware of the ever-changing nature of the safeguarding environment in which safeguarding services operate, and will direct their attention and efforts to respond, taking a dynamic and proactive approach requiring Board priorities to be reviewed on a regular basis. The Board has also identified individual themes that will be focussed on throughout the year and these will be identified in the Board's Forward Plan.

- Conclude and implement the Strategic review of the SAB and its sub-group priorities and activities and ensure that engagement with the service user is improved and their voices captured to inform future Board activity
- Board members – put in place induction training and ongoing development programme, recruit lay-members to replace recent resignations
- Implement a new performance and risk framework to support the Board in delivering its statutory responsibilities – including understanding the impact of local resource commitment to safeguarding and funding plans
- Understanding and assessing the impact on safeguarding of system changes and commissioning plans e.g. Sustainable Transformation Partnerships, the Transforming Care Programme and actively supporting the change programme system wide including workforce delivery issues
- Develop a revised audit programme to be overseen by the SAB
- Conduct a review and agree the Board's safeguarding training offer
- Increase targeted audit activity and analysis – including suicide prevention and the Mental Health Strategy, modern slavery, Learning Disability Mortality Review (LeDeR)
- Improve Board communication and review the website and engage fully with social media
- Further work on understanding local responses to Modern Slavery and Human Trafficking and identifying any improvements needed
- Making Safeguarding Personal – Review how both the practice and culture underpinning Making Safeguarding Personal are embedded across the whole Safeguarding system – including both audit and a review of partners

commissioning plans, and the promotion of partnerships, the development of preventative approaches and sharing best practice and learning

- Work collaboratively with both Thurrock and Essex Councils on any initiatives arising from our new relationship with the Essex Police & Crime Commissioner
- Supporting partners to identify alternative funding sources to enhance services and their capacity to safeguard effectively

In summary we are moving forward in further refining and targeting our safeguarding assurance activity to ensure that local services are both maintained and continually improved in response to the Boards challenge. We will ensure that we use data and information to inform our key activity over the coming year to enable us focus our resources effectively.

**SECTION 7
APPENDICES**

APPENDIX 1

Board membership and attendance October 2016 – end September 2017 (nominated representative or substitute)

Agency or Role	29/11/2016	8/2/2017	14/6/2017	13/9/2017
Independent Chair Chris Doorly/Liz Chidgey	√	√	√	√
Vice Chair – Simon Leftley - SBC	√	√	√	√
DIAL Southend	√			
EEAST	√	√		
Healthwatch Southend	√	√	√	
South Essex Homes	√			
CRC	√	√	√	√
NPS	√	√		√
Southend Hospital	√	√		√
SEPT (now EPUT)	√	√	√	√
Adult Social Care	√	√	√	√
CQC	√			
NHS Southend CCG	√	√	√	√
Lay member	√			
Lay member	√	√		
PohWER	n/a	n/a	n/a	√
SAVS	√	√	√	√
Essex Police	√	√	√	√
SBC - Safeguarding	√	√	√	√
Essex Fire & Rescue		√		
SEAOP (CEOP?)				
SBC – Trading Standards	√			√
Essex PCC	n/a			
Public Health				√
Executive Councillor	Lesley Salter	Lesley Salter	Lesley Salter	Lesley Salter

APPENDIX 2

Financial Report April 2016 to March 2017

AGENCY	PERCENTAGE CONTRIBUTION	CONTRIBUTION
Southend Borough Council	48%	£41,928
Southend CCG	26%	£22,711
Essex Police	26%	£22,711
Total contributions		£87,350

The SAB shared a business manager and part-time administrative staff with the Safeguarding Children Board and there is a considerable 'in kind' contribution of partners to both the Board and sub-groups, a major resource which is difficult to quantify, but is critical to the effective functioning of the SAB

For the year 2016-17 the SAB's expenditure was as follows:

Description	Expenditure (£)
Total employees	£66,679.28
Total supplies and services (includes chairs remuneration and meeting/training costs)	£19,218.59
Total	£85,897.87

During the year £3,350 was drawn down from reserves leaving an unspent budget of £4,802 and reserves carried forward of £4,800.

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24 January 2018	ITEM: 8
Southend-on-sea Health and Wellbeing Board	
Update on Mid and South Essex Sustainability and Transformation Partnership (STP)	
Report of: Andy Vowles, Programme Director, Mid and South Essex STP	

Executive Summary

This paper provides an update on current progress. It follows previous reports to the Health and Wellbeing Board.

The Mid and South Essex STP has launched a public consultation to run from 30 November 2017 to 9 March 2018. The consultation is seeking views on:

- The overall plan for health and care
- Proposals for hospital services in Southend, Chelmsford and Basildon
- Proposals to transfer services from Orsett Hospital in Thurrock to new centres closer to where people live

This update provides a summary of the process so far.

1. Recommendation(s)

1.1 The Board is asked to note the update and to consider the proposals published for consultation with a view to submitting a response by 9 March 2018.

2. Background and update

2.1 Following the agreement of the CCG Joint Committee, we have published a range of materials to explain proposals for change, including:

- A main consultation document (which benefited from inputs from the HWB)
- Summary document and very short leaflet
- Feedback questionnaire, available online and in hard copy format
- Additional information, including:
 - summary sheets on common themes from pre-consultation discussions - stroke, transport and financial plans (recommended by Southend HWB)
 - a summary of clinical evidence behind the proposals (recommended by Southend HWB)
 - more detailed information on how we arrived at the proposals
 - other background, such as details on travel times

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- highlights of what is happening in the Southend CCG area

2.2 There is a dedicated consultation website for all of the above information and more, including blogs, frequently asked questions and details on the various ways to have your say. The website can be found at www.nhsmidandsouthessex.co.uk

2.3 We are also distributing printed documents, summaries and leaflets with the assistance of the CCG, Council, Healthwatch and CVS and promoting links to the consultation website via social media. A range of Information is available in different formats and languages on request.

2.4 Across the mid and south Essex area there is a programme of open discussion events, including one in Westcliff-on-sea on 8 February. In addition there are a number of discussions being organised with key representatives, including:

- Service users and patient representatives of Southend CCG
- Healthwatch Southend
- The Stroke Association
- South Essex College – Southend campus

2.5 There is also a clear message in the consultation documents that meetings may be arranged on request, and we are adding activities all the time.

Summary of the key messages for consultation

2.6 We are consulting local people on some very specific proposals for changes in hospital services across mid and south Essex. This is only part of the overall plan for the next five years and, while considering the proposals for hospital changes, we need to keep sight of the wider picture of whole system change over the next five years.

2.7 The wider STP includes:

- Doing more to help people to stay healthy and avoid serious illness
- Building up GP and community services to improve access to care closer to where people live
- Joining up health and care services to provide local and more responsive physical, mental and social care together

2.8 The proposed changes to hospital services are based around five main principles:

- The majority of hospital care will remain local and each hospital will continue to have a 24 hour A&E department that receives ambulances.
- Certain more specialist services which need a hospital stay should be concentrated in one place, where this would improve your care and chances of a good recovery.
- 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, which may be in a different hospital
- Planned operations should, where possible, be separate from patients who are coming into hospital in an emergency.
- Some hospital services should be provided closer to you, at home or in a local health centre

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Please see separately attached a PDF copy of the main consultation document and draft copy of a PowerPoint presentation including a summary of the potential impact on the residents of Southend, and copies of the summary sheets, which were a direct outcome of discussion with members of the HWB.

Current progress

2.9 At the time of writing this update, the consultation process is at a relatively early stage, with a lot of key activities planned for January and February. Feedback so far includes positive reactions about the way that proposals have changed as a result of listening to local views during the previous engagement phases. In general, there are questions about funding for the NHS, in line with the current national debate. Access and transport remains a common theme for discussion.

2.10 We anticipate that other common themes will include access to primary and community care as an issue for the wider context, beyond the current proposals for hospital service change.

2.11 We are also consulting specific groups that are representative of people who may be affected by the proposed hospital service changes, with the aim of ensuring we hear specific insights on the potential impact of change and what matters to patients and families.

3. Background papers

- PDF copy of main consultation document
- Latest version of a core PowerPoint presentation, relevant to south east Essex
- Three summary sheets covering stroke, finance and transport

For further background information please visit www.nhsmidandsouthessex.co.uk

Report Author:

Wendy Smith, Interim Communications Lead, Mid and South Essex STP

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Mid and South Essex
Sustainability and Transformation Partnership (STP)



Your care in the best place

At home, in your community and in our hospitals

A consultation document for discussion and views
30 November 2017 – 9 March 2018

Closing date for feedback: Friday, 9 March 2018

Published by the Mid and South Essex
Sustainability and Transformation Partnership (STP)

A partnership of all health and care organisations for people living in Braintree, Maldon, Chelmsford, Castle Point, Rochford, Southend, Thurrock, Basildon and Brentwood.

Essex is a great place to live, Let's make it the place to live well.

Health and care services in mid and south Essex have formed a partnership to improve the quality of care over the next five years. This consultation needs your views to inform the plans.

In the first part of this consultation document, we explain why changes are needed in health and care services and then we outline the overall plan for developing services in mid and south Essex. In the second part, we summarise some specific proposals for changes to the services provided by hospitals in Southend, Orsett, Chelmsford, Braintree and Basildon.

We need to hear your views on the following main areas:



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There is an online feedback questionnaire at:

www.surveymoz.com/s3/90059489/NHS-Mid-and-South-Essex-STP

or you can complete a printed version of the same survey, which is available by email or post, and there is a programme of workshops where you can hear more and take part in discussions.

The closing date for feedback is 9 March 2018.

If you would like further information, including a summary of the clinical evidence we have considered and details on how we arrived at the current proposals, please visit our website, where you can also find out more about what is happening in your local area.

For information on how to send in your views and other ways to take part in the consultation, see **Section 7 How to have your say** along with our contact details.

This document, and a short summary version, is available from our website

www.nhsmidandsouthessex.co.uk

If you would like a summary of this document in large type, easy read, braille, audio format or another language, please contact us on 01245 398118

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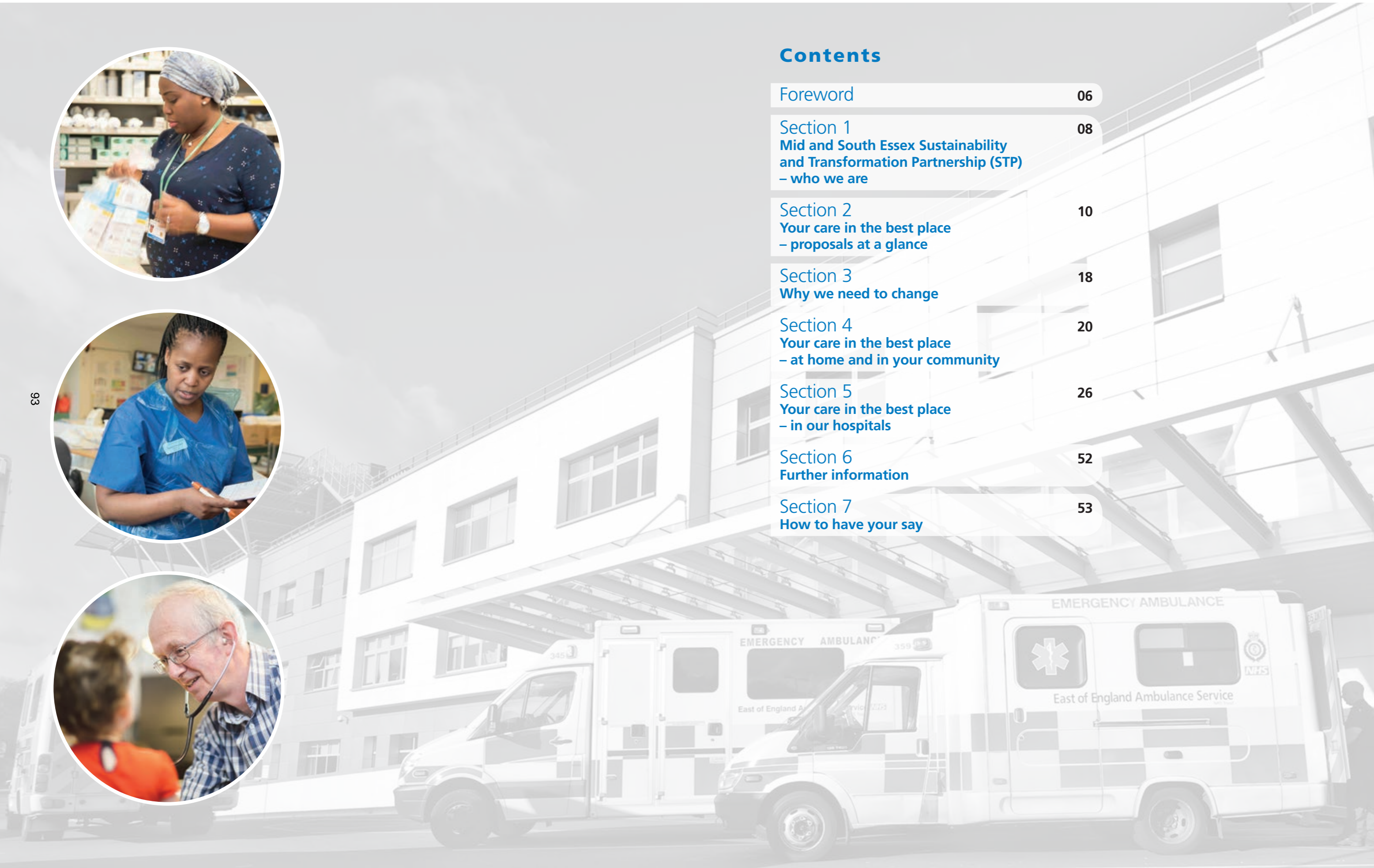
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FOREWORD

One partnership and one plan. Joined-up health and care in mid and south Essex



Dr Anita Donley OBE, Independent Chair
Mid and South Essex
Sustainability and Transformation Partnership (STP)

**We all want the very best health and care
for you and your family.**

While there are many examples of excellent care in mid and south Essex, we know we could do better. We don't always reach the highest standards. We don't always achieve the best possible outcomes for patients. We don't always make the most of the talent we have in our workforce and the opportunities to find better ways of helping you and your family to stay well.

**In this consultation, we want to face up to these challenges
with an honest and meaningful discussion with you about
how, together, we can improve.**

For the first time, all of the different organisations that make up our health and care system have come together to work on a single plan to respond to the rising number of people who need health and care services.

What is the plan?

GPs provide the backbone of health and care in your area. Over the next five years, the plan is to build up GP and community services, such as community nurses, therapists and mental health nurses; and extend the range of professionals and services in your local GP practice. Our aim is to join up services around you to help you stay well.

At the same time, we need to change and improve the way our three main hospitals work. Sometimes our hospitals become blocked. Sometimes people wait for hours in A&E, wait to be admitted and wait to be discharged. Some of the proposals in this consultation will help in tackling these problems.

We are also looking at how we in mid and south Essex can continue to match up to increasingly high standards in specialist care. Every year, there are advances in medicine and technology. We can do more to save lives, but our three hospitals frequently reach their limits in terms of the availability of highly trained specialists 24 hours a day. Some of the proposals in this consultation aim to create larger specialist teams by bringing together the resources and expertise of the three hospitals.

**This is the start of a five year transformation to connect every part
of the system so that we can take on the future challenges of people
living longer and with greater needs.**

I look forward to hearing your views.



section 1 MID AND SOUTH ESSEX SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) – WHO WE ARE

The Mid and South Essex STP is made up of the following health and care organisations:

NHS Clinical Commissioning Groups (CCGs), which plan and buy your healthcare with an annual allocation of funds from the Government

- Basildon and Brentwood CCG
- Castle Point and Rochford CCG
- Mid Essex CCG
- Southend CCG
- Thurrock CCG

The CCGs work closely with GP practices, pharmacies, social care and voluntary services in your area.

Local authorities, which provide social care and plan and buy services from care agencies, care homes and voluntary services

- Essex County Council
- Southend-on-sea Borough Council
- Thurrock Council

Organisations, which provide health services planned by CCGs

- Basildon and Thurrock University Hospitals NHS Foundation Trust, which provides services from Basildon and Orsett Hospitals
- Mid Essex Hospital Services NHS Trust, which provides services from Broomfield Hospital in Chelmsford, Braintree Community Hospital and St Peter’s Hospital in Maldon
- Southend University Hospital NHS Foundation Trust, which provides services from Southend Hospital
- East of England Ambulance Service NHS Trust

Organisations, which provide health and care services planned jointly by CCGs and local authorities

- Essex Partnership University NHS Foundation Trust, which provides community services, adult mental health services and inpatient children’s mental health services
- North East London NHS Foundation Trust (NELFT), which provides community services and children’s community mental health services
- Provide, which provides community and social care services

Other partners

- Your local independent watchdog bodies - Healthwatch Essex, Healthwatch Southend and Healthwatch Thurrock
- NHS England specialised commissioning, which buys the most specialised services for the whole of the midlands and east region
- Health Education England, which is responsible for the development of the NHS workforce
- NHS England and NHS Improvement, the national regulators of the NHS

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**section 2 YOUR CARE IN THE BEST PLACE
- PROPOSALS AT A GLANCE**

In this section, we explain the overall plan and the list of specific proposals for changes in hospital services.

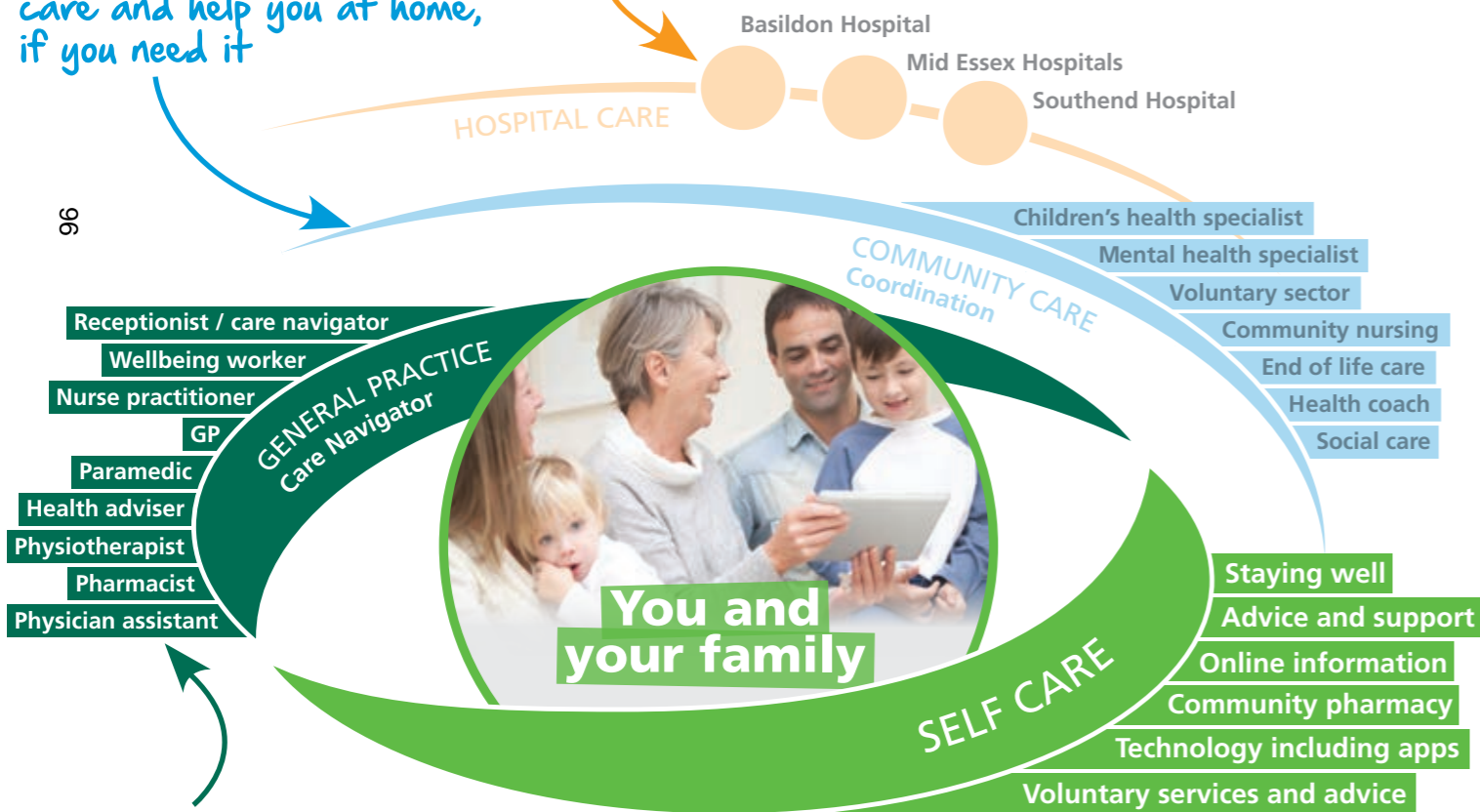
At home and in your community

Over the next five years, our vision is to unite our different health and care services around you and all of your potential needs, with physical, mental and social care working together.

In five years' time, you will have:

A joined-up team of community nurses, mental health specialists and social care services to plan your care and help you at home, if you need it

For those times when you need the care which only a hospital can provide, you should have easier and faster access to the right hospital specialists



A wider range of health and care services at GP practices, such as pharmacists, physiotherapists and experienced nursing staff as well as your GP

More support to keep you healthy and prevent illness

The changes required to achieve this vision will develop over time and in different ways in each local area. You can find out more about plans in your area on our website at: www.nhsmidandsouthessex.co.uk

In our hospitals

For those times when you need the care which only a hospital can provide, you should have easier and faster access to the right hospital specialists for the best possible care, recovery and outcomes.

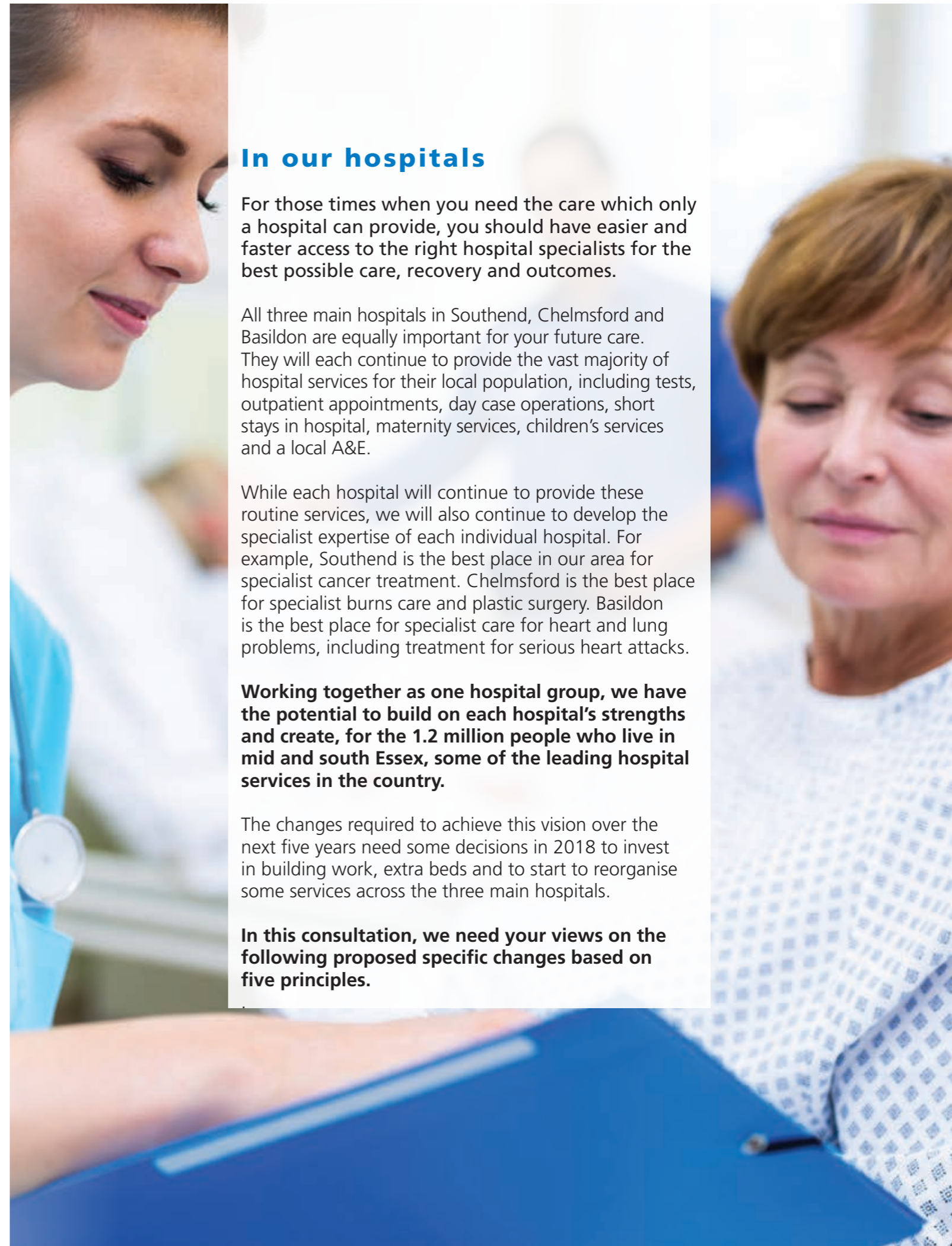
All three main hospitals in Southend, Chelmsford and Basildon are equally important for your future care. They will each continue to provide the vast majority of hospital services for their local population, including tests, outpatient appointments, day case operations, short stays in hospital, maternity services, children's services and a local A&E.

While each hospital will continue to provide these routine services, we will also continue to develop the specialist expertise of each individual hospital. For example, Southend is the best place in our area for specialist cancer treatment. Chelmsford is the best place for specialist burns care and plastic surgery. Basildon is the best place for specialist care for heart and lung problems, including treatment for serious heart attacks.

Working together as one hospital group, we have the potential to build on each hospital's strengths and create, for the 1.2 million people who live in mid and south Essex, some of the leading hospital services in the country.

The changes required to achieve this vision over the next five years need some decisions in 2018 to invest in building work, extra beds and to start to reorganise some services across the three main hospitals.

In this consultation, we need your views on the following proposed specific changes based on five principles.



Summary of specific proposals under five main principles for our future hospital services

1 The majority of hospital care will remain local and each hospital will continue to have a 24 hour A&E department that receives ambulances.

- We would like to know your views on proposals to improve your local A&E – the development of an “emergency hub” at each hospital with a wider range of urgent care services – **see page 30.**

2 Certain more specialist services which need a hospital stay should be concentrated in one place, where this would improve your care and chances of a good recovery.

- There are times, perhaps once or twice in a lifetime, when you may need the care of a dedicated specialist team.
- This may involve going further than your local hospital for three to four days, to get the benefits only a larger specialist team can bring.
- We would like to know your views on bringing together in one place the following specialist services that need a hospital stay – **see page 32.**
 - Gynaecological surgery (women’s services) and gynaecological cancer surgery to be located at Southend Hospital, close to the existing cancer centre
 - Respiratory services for very complex lung problems to be located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems
 - Renal services for people with complex kidney disease to be located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems
 - Vascular services for the treatment of diseased arteries and veins to be located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems
 - Cardiology for complex heart problems to be located in the existing Essex Cardiothoracic Centre for heart and lung problems
 - Gastroenterology services for people with complex gut and liver disease to be at Broomfield Hospital near Chelmsford
 - Complex general surgery (e.g. for abdominal problems) to be at Broomfield Hospital near Chelmsford

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, which may be in a different hospital.

- The teams in all three A&Es would be equipped and able to diagnose and stabilise your condition and initiate treatment.
- Of the 960 or so people that attend our A&E departments each day, we estimate that, as a result of the proposals we have developed, around 15 people would need a transfer to a dedicated specialist team in another hospital. In general, this will be for people who will benefit most from complex specialist care to recover from their illness.
- If you needed to transfer to a specialist service, where you would have a higher chance of making a good recovery, we propose to invest in a new inter-hospital transport service with full clinical support, travelling with a doctor or a nurse, if appropriate, for a safe and rapid transfer to the care you need.
- We would like to know your views on this approach and on specific proposals for the development of a specialist stroke unit at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems – **see page 42.**

4 Planned operations should, where possible, be separate from patients who are coming into hospital in an emergency.

- By separating planned operations from emergency admissions, we may shorten waiting times, avoid cancellations, reduce infections and improve your recovery.
- The majority of routine and daycase operations would continue at your local hospital, but we are proposing to relocate some services that need a hospital stay of three to four days.
- We estimate that for around 14 people a day, this would mean travelling to a different hospital.
- We would like to know your views on proposals for the following operations that need a hospital stay – **see page 44:**
 - Planned orthopaedic surgery (e.g. for bones, joints and muscles) to be at Southend for people in south Essex and Braintree Hospital for people in mid Essex
 - Some emergency orthopaedic surgery (e.g. for broken bones) to be at Basildon for people in south Essex and Broomfield Hospital in Chelmsford for people in mid Essex. **Surgery for most people with a broken hip would continue at all three local hospitals.**
 - Urological surgery (e.g. for bladder and kidney problems) to be at Broomfield Hospital in Chelmsford (except for urological cancer operations which are already located at Southend Hospital)

5 Some hospital services should be provided closer to you, at home or in a local health centre.

- We would like to know your views on proposals to transfer services from Orsett Hospital to a number of new centres closer to where people live in Thurrock (for Thurrock residents) and to Basildon, Brentwood and Billericay (for residents of those areas) – **see page 48.**
- Only when new services are up and running, would it be possible to close Orsett Hospital which, although valued by many local people, is difficult to access by public transport and is an ageing site requiring in excess of £10 million to bring the building up to standard.

Proposed future hospitals

The map below shows **services that stay the same** at each of the three main hospitals in Southend, Chelmsford and Basildon - details in the white panels. The details in the green panels show **proposed service changes**, listed by specialty.

We also show at the bottom right of the page opposite, an example of the potential impact on patients in terms of the number of people that could transfer between hospitals on a daily basis.

Broomfield Hospital, near Chelmsford

SERVICES THAT STAY THE SAME:

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

EXISTING SPECIALIST SERVICES THAT STAY THE SAME:

- Specialist centre for burns and plastic surgery
- ENT and facial surgery requiring a hospital stay
- Upper gastro-intestinal surgery requiring a hospital stay

PROPOSED SERVICE CHANGES, LISTED BY SPECIALITY:

Emergency	Planned
Improved stroke care and rehabilitation (acute stroke unit)	
Specialist teams for urology surgery, complex abdominal surgery and gastroenterology services requiring a hospital stay	
More complex orthopaedic trauma surgery requiring a hospital stay (e.g. serious fractures)	

Basildon Hospital

SERVICES THAT STAY THE SAME:

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

EXISTING SPECIALIST SERVICES THAT STAY THE SAME:

- Essex Cardiothoracic Centre (for serious heart and lung problems)

PROPOSED SERVICE CHANGES, LISTED BY SPECIALITY:

Emergency	Planned
Specialist stroke unit	
Improved stroke care and rehabilitation (acute stroke unit)	
More complex orthopaedic trauma surgery requiring a hospital stay (e.g. serious fractures)	
Specialist teams for complex lung problems, complex vascular problems, complex heart problems	
Specialist team for complex kidney problems	

Proposals for consultation



Braintree Community Hospital

PROPOSED SERVICE CHANGES, LISTED BY SPECIALITY:

Planned

Orthopaedic surgery requiring a hospital stay for mid Essex patients (e.g. hip and knee operations)

Southend Hospital

SERVICES THAT STAY THE SAME:

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

EXISTING SPECIALIST SERVICES THAT STAY THE SAME:

- Radiotherapy and cancer centre
- Cancer surgery requiring a hospital stay, including urological cancer surgery

PROPOSED SERVICE CHANGES, LISTED BY SPECIALITY:

Emergency	Planned
Improved stroke care and rehabilitation (acute stroke unit)	
Gynaecology surgery requiring a hospital stay, including gynaecological cancer surgery	
	Orthopaedic surgery requiring a hospital stay for south Essex patients (e.g. hip and knee operations)

Potential impact - number of patients per day that could transfer between hospitals:

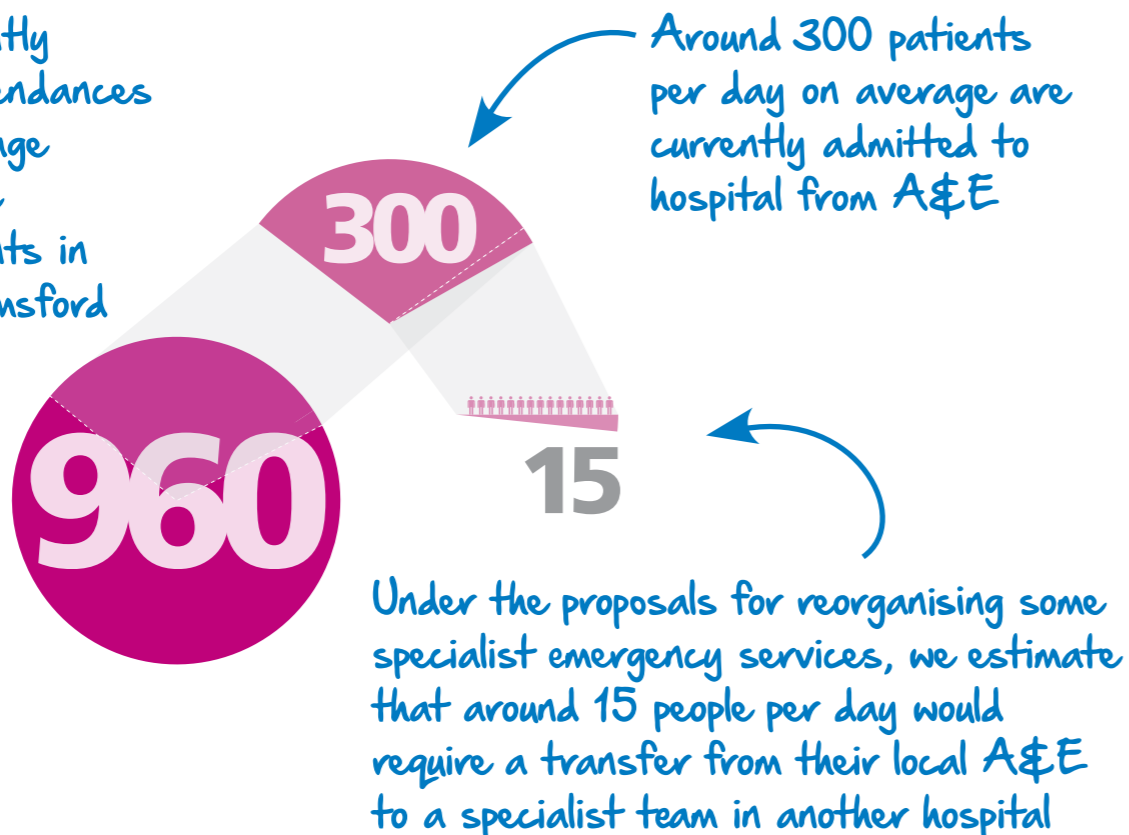
From	To	Emergency	Planned
Broomfield	Southend	0-1	1-2
Broomfield	Basildon	2-3	0-1
Southend	Broomfield	5-6	6-7
Southend	Basildon	3-4	0-1
Basildon	Broomfield	3-4	3-4
Basildon	Southend	0-1	1-2
Broomfield	Braintree	-	4-6

Please note: these figures are based on estimates and averages. Actual figures will vary daily depending on each person's individual needs.

How many people would be affected by the proposed changes to hospital services

In emergency care:

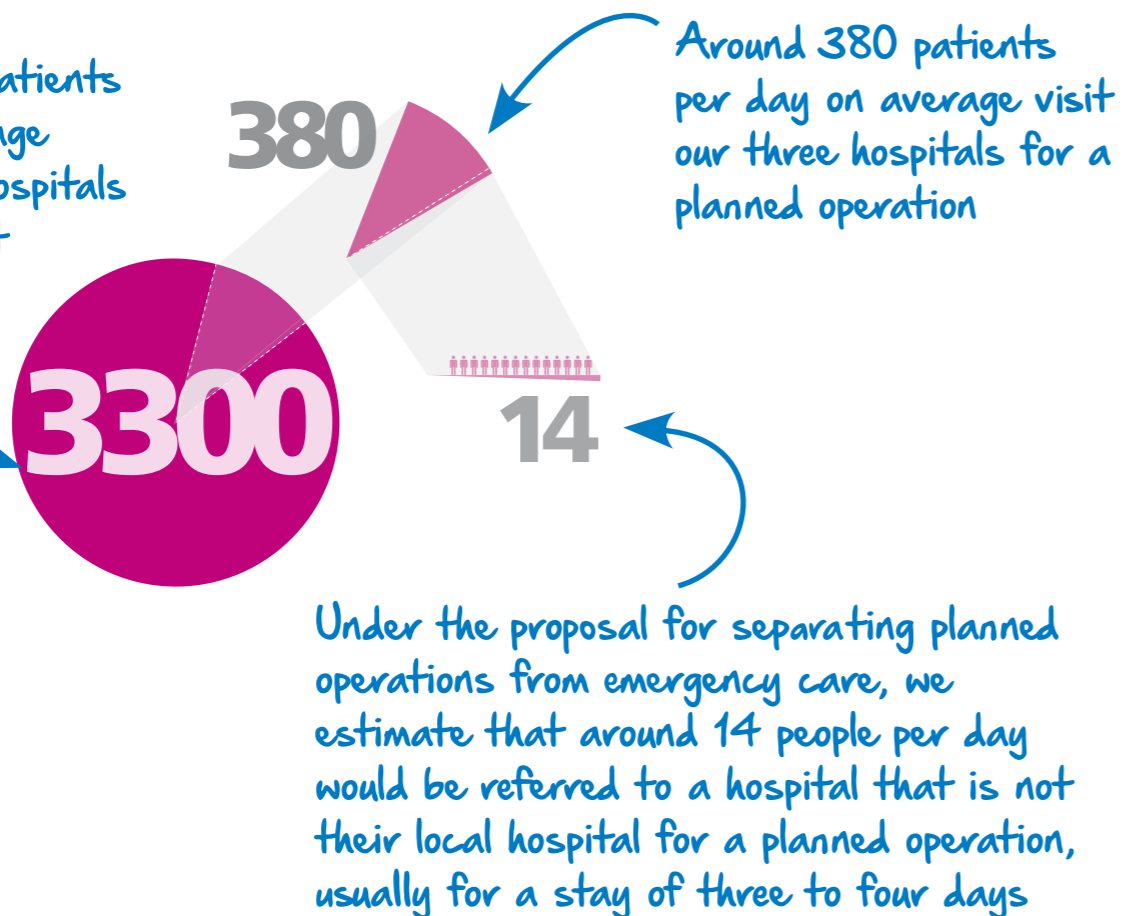
There are currently around 960 attendances per day on average across the three A&E departments in Southend, Chelmsford and Basildon



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In planned care:

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



Proposal for managing transfers to emergency specialist services

Patients already transfer from our hospitals in mid and south Essex to other hospitals for emergency specialist services in London and elsewhere. We propose to build on this to manage potential transfers between the three main hospitals in Southend, Chelmsford and Basildon.

Transport for you if you needed to move to another hospital in an emergency

We have listened carefully to local concerns about the potential implications of having to travel from one hospital to another. As part of our plans, we propose to invest in a new type of clinical transport between the hospitals, which would be designed and staffed in consultation with patients and families to ensure the right support for every journey.

If you were to be very unwell or needed specialist treatment, your clinical team would discuss with you and your family whether a transfer is the right thing for you. For many patients, transferring to a more specialist centre would help to ensure you get the very best care and make the fullest possible recovery. If, on the other hand, you were too ill to be moved, the specialist team would work with your local team to give you the best possible care.

For further information on estimated travel times between the three hospitals, see our background information pack available on our website at www.nhsmidandsouthessex.co.uk, or request a printed copy from our consultation team, contact details in Section 7 How to have your say.

Proposed investment for each hospital site

In order to make the changes we are proposing, we need to invest in all three of our hospitals. Our plans include investing £118m in order to:

- Increase the number of hospital beds (by about 50 in total)
- Build new operating theatres
- Ensure we have the best technology, so that all relevant information is available across all hospital sites



section 3 WHY WE NEED TO CHANGE

In this section, we set out a brief overview of why the services we provide in mid and south Essex need to change.

The very best health and care for you and your family

Our vision of securing the very best health and care now and in the future requires change, including for all of us as individuals as well as services.

Significant changes in the care we need and ways to provide it

- Some aspects of modern life are creating problems – poor diet and lack of exercise, for example, can lead to weight problems that cause serious illnesses, such as diabetes, heart disease and strokes.
- People are living longer, but many more people are living with many different and often serious health and care needs. Dementia, for example is one of the main causes of disability later in life.
- 100 Health and care for people with complex needs requires physical, mental and social care. The many different services in mid and south Essex do their best, but the system should be more joined-up to make it simpler and quicker to provide the right care.
- At the same time, information technology and innovation in care is creating more opportunities for care at home and close to where you live. For example, there are new types of monitoring devices for people with long term conditions, such as breathing problems, to spot the signs that your health is getting worse so that you can get help quickly.
- **We need to adapt our behaviour and ways of working to stay well and make the most of new technology and advances in best practice.**



Our current health and care system is becoming unsustainable:

- Our hospitals, GPs and community services are under pressure to meet the rising needs every year.
- We have a particular challenge in mid and south Essex to recruit and retain enough doctors, nurses, social workers and technical staff; and many people in our current workforce are reaching retirement age.
- This is not because we don't have the money to fund more staff. The NHS in mid and south Essex currently has about 2,500 funded vacancies.
- There are national shortages of GPs, nurses, social workers and specialists, and we compete with London and Cambridge to attract people into mid and south Essex.
- **In addition to the importance of recruitment schemes, apprenticeships and training programmes, we need to find new ways of strengthening our workforce through collaboration and teamwork and making the best use of each person's skills.**

Some of the challenges in our hospitals

- Our hospitals are seeing increasing numbers of people who come to the hospital with urgent needs. Sometimes, the only option available is to admit people into hospital, which may not always be the best answer to their problems. This can lead to people staying in hospital longer than necessary. At times, this delays appointments and bookings for people who are waiting for planned hospital treatment.
- In specialist services, advances in medicine bring new and ever higher standards that rely on teams of specialists being available round the clock. Currently, it is not always possible to ensure a full team of specialists available 24 hours a day at all three sites.
- This leads to inconsistency in the quality of care. In some of the very specialised services, including life-saving emergency care, we can see that we could provide better care.
- At the end of 2016/17, we overspent by £98.6 million in mid and south Essex, the majority of which was spent on hospital costs. If we did nothing to change and adapt to growing demands every year, the gap could continue to increase to an overspend of over £500 million in 2020/21.

The proposals in this consultation aim to meet the challenges in our hospitals by:

- Developing A&E and a wider range of urgent care at each hospital - to reduce delays for people coming into hospital
- Bringing specialist services together in one place – to ensure fast access to specialist care and better chances of making a good recovery
- Separating planned operations from emergency care – to reduce delays in planned operations and improve care quality.

section 4 YOUR CARE IN THE BEST PLACE – AT HOME AND IN YOUR COMMUNITY

In this section, we explain more about how we are developing and investing in your local GP and community services to help you to live well, prevent ill health, promote self-care and make it easier to get advice and support.

Listening to local people

During a programme of discussion events in the autumn of 2016, we asked people whether they thought our health and care system should change and what they thought our priorities should be. Two thirds of those who responded strongly agreed there is a clear need for change. People also identified 12 top priorities for change, of which the top three were:



We listened to a wide range of ideas on developing local health and care, which have helped to shape the overall view of what people could expect in the future.

What local health and care services could look like to you in five years' time

You and your family Living Well

We will help you to:

- Find the right information about how to take care of yourself.
- Use your online and smartphone devices to get information and support.
- Spot the risks and signs of illness and act early to prevent deterioration.
- Have easier and earlier access to the help you may need from a range of health and care services, available to support you at home or close to where you live.

Developing Local Health and Care

At or near your GP surgery increasingly there will be:

- A wider range of health and care professionals to support you – this will include pharmacists, experienced nurses, physiotherapists and mental health therapists – so, you don't always need to see a GP to get the help you need.
- More appointments available and extended opening times (evenings and weekends).
- A range of tests, scans and treatments which were previously only available in hospital.
- Specialist support and care planning for older people and people living with long term conditions.



Developing our GP and community workforce

Our GP services offer great care, but many practices are under pressure caused by rising demands and a shortage of GPs coming to work in mid and south Essex.

Over the next two years, we expect to attract at least 50 new GPs across mid and south Essex. A new medical school is about to open at Anglia Ruskin University based in Chelmsford, and over time this will undoubtedly bring more doctors to our local area.

We know from recent national and local studies that up to a quarter of consultations with GPs do not need a GP's specialist skills – so we are working with GP practices to identify and train staff to meet your needs. This includes practice nurses, clinical pharmacists and physiotherapists.

We are providing additional training for GP reception and administrative staff to reduce the clerical burden on GPs. This will all help to release time for GPs to care for patients who most need them.

Helping you to live well

CCGs are working with local authority public health experts and other partners to develop schemes to help people to avoid illness. "Living well" starts before we are born and continues through childhood, with the early support of midwives and health visitors; through schools, who can promote a healthy diet and exercise; and continuing through teenage years to adults and older people.

We are introducing services to help you with information, advice and support, linked to the wider network of community and voluntary services in your area. This includes care navigators to help you find the right support, as well as health coaches, care coordinators and health trainers who can help you and your carers.

We are also exploring all that digital technology has to offer, like using online and smartphone applications to help people gain access to information and support to manage their condition.

Improving urgent and emergency care

We know from various studies that many people use A&E because they believe that this is the simplest and most effective way to deal with an urgent problem.

For those who need care urgently, our aim is to simplify the way you make contact with emergency services and make it easy to get the right care first time.

We are about to launch a new NHS 111 service, which gives you a 24 hour telephone helpline with connections to your GP surgery and out of hours services. We are increasing the number of doctors, nurses and pharmacists that will be available through dialling 111. They will help to assess your needs and put you in touch with the right service, whether this is your GP, community and mental health teams, ambulance or other services that you need.



Supporting people with long term conditions

Many people now live with at least one long-term incurable condition, such as diabetes, heart failure, asthma and other chest problems.

We aim to help you to avoid developing any long-term conditions, through education and support to live well. If you do develop one of these conditions, we want to support you with a range of services and personal care planning which will help you maintain your quality of life and avoid deterioration.

This will include working with you to be the expert on your condition and to know when and how to get further support when you need it.

Mental health

Traditionally, mental health problems have been treated separately from physical health problems; however, the evidence of strong connections between physical and mental health continues to grow.

We also know that identifying mental health conditions such as anxiety and mild depression, and treating these early on, will prevent the development of more serious mental health conditions and physical illness. Mental health therapists working with GP practices will ensure fast access to therapies designed to support you.

There is already a single specialist mental health service across Essex, Southend and Thurrock for children and young people. This links to schools, colleges and other services in the community to help children and young people to stay well and avoid serious mental health problems in later life.

We are also planning for more mental health specialists to work within A&E and hospital wards to make sure that mental health and physical issues are addressed at the same time and with expert help where needed.

Care for older and vulnerable people

GPs and other practice staff can identify patients who either are or are becoming frail or living with several different health and care needs.

Should you be identified as living with high risks to your health and wellbeing, a team of different professionals – a multidisciplinary team - can work with you, your family and your carers to plan and manage the right care for you.

End of Life Care

At the end of life, we want you to have a range of health and care support that will enable you to make a choice about where you would prefer to be in your final stages of life. Most people would prefer to be at home, close to the people they love, however, on average, between 45% and 50% of people die in hospital.

We have some excellent end of life services across mid and south Essex and we want to build on the best of these to support you and your family at end of life.

For further information on what is happening in your local CCG area to develop GP and community services, please visit our website at www.nhsmidandsouthessex.co.uk or request a copy of our background information pack.



**section 5 YOUR CARE IN THE BEST PLACE
– IN OUR HOSPITALS**

In this section, we explain more of the thinking behind the proposals for changes in hospital services.

We have summarised in a separate document the evidence we have looked at in developing these proposals. To see the summary of clinical evidence, please visit our website at: www.nhsmidandsouthessex.co.uk/background/further-information

What stays the same in all three main hospitals

All three main hospitals in Southend, Chelmsford and Basildon are equally important to providing your care in the right place.

Each hospital will continue to provide:

- a full A&E service, led by a consultant, open 24 hours a day
- outpatient appointments, routine scans, tests and consultations
- day case and short stay treatments and operations – these cover most routine treatments and operations
- 104 maternity services
- children’s services, except for some specialist treatments and operations
- older people’s services, except for some specialist treatments and operations
- intensive care.

All three A&Es will continue to receive people arriving by “blue-light” ambulance, 24 hours a day.

In a small number of cases, if you have a serious emergency condition, the hospital team may decide, with you and your family, that your chances of survival or recovery would be better if you transferred to a specialist team, which could be at another hospital. We explain more about this in each of the proposals later in this section.

If you live closer to other hospitals, such as Addenbrooke’s in Cambridge or Colchester General Hospital, in general you will continue to use those hospitals.

Each of the three main hospitals will continue to provide the following specialist centres, as they do now:

- Cancer and radiotherapy centre at Southend Hospital
- Essex Cardiothoracic Centre for complex heart and lung treatments at Basildon Hospital, which treats acute heart attacks and serious heart and lung problems
- St Andrew’s Plastics and Burns Centre at Broomfield Hospital in Chelmsford



How our proposals aim to improve your hospital care

Current challenges

Sometimes long waiting times in A&E and delays in admissions

Specialists are not always available round the clock, so you may have to wait, sometimes until the next day; or another doctor may treat you.

Long waiting times and frequent cancellation of your planned operation, if there are emergency cases that take priority.

Future improvements

Developments in A&E and a wider range of urgent care at each hospital

Offers consistent, faster access to the attention you need in A&E and quicker access to specialist services

Improvements by bringing specialist services together in one place

Rapid access (even with a transfer between hospitals) to the right specialist team for your needs and technological facilities for specialist scans and treatment.

Evidence shows this is likely to improve your outcome and chances of making a full recovery

Improvements by separating planned operations from emergency care

Shorter waiting times for your hospital operation and cancellation unlikely.

Better quality of care after your planned operation, away from the potential risk of cross-infection

This will safeguard your rapid recovery and reduce the chances of any complications

Issues raised by local people

In local discussions over the period that we have been developing these proposals, many people have highlighted concerns about the feasibility of managing services across three hospitals and travelling between them.

Three main issues have already been raised in our programme of public discussions:

Would a transfer be safe, particularly for seriously ill patients?

How would the proposed change affect families and carers, particularly those who are vulnerable and those without their own transport?

How would the changes affect staff? Is it feasible and affordable for staff to travel between hospitals? Would the changes deter staff from working in our local hospitals?

Safe transfers for patients

If needed, the A&E teams and specialists would work together and discuss with you and your family the safest arrangements for your transfer. Should it be decided that a transfer was not the right decision for you, the specialist team would support the A&E team to give you the best possible care.

If you and your hospital team were to decide a transfer should go ahead, then you would only transfer if your condition was clinically stable, and you would have the support you need, including a senior doctor or nurse travelling with you, if necessary.

Our proposal is to introduce a new type of inter-hospital clinical transport, in addition to the ambulance services that we already commission from the East of England Ambulance Service.

Transport and support for families and carers

Public transport routes between our hospitals are rarely straightforward. If your family or friends don't drive, you could be separated from the people you rely on for support at a time when you need it most.

We have taken these concerns very seriously and we are keen to do as much as possible to support families, in particular those who may be without transport or disadvantaged in some other way.

We propose to help by introducing a free bus service between the three hospitals, or other locations that may be more convenient to you.

We estimate that this will offer up to 60,000 passenger journeys per year, but we would review this regularly and increase the service if needed.

Support for patients and families is high on the list of issues to address in planning service change. During this consultation we will be listening carefully to more of your views on this.

Implications for staff

Changes in the workplace can be extremely challenging for people. We will continue to discuss the changes with staff and are committed to involving as many staff as possible in designing detailed plans.

There are potential benefits for staff in many of the proposals. The creation of larger specialist teams, able to achieve higher standards of excellence has the potential to offer better opportunities for training, experience and career progression. The networking of services across three hospitals has the potential to give staff a chance to work in different locations, learn new skills and experience a wider range of care than they might otherwise have had in one hospital.

To enable patients and staff to move between the three hospitals, it will be important to improve information sharing and technology, as well as shared systems and standards.

During the consultation period we will be holding discussion events with staff on what the proposals mean for them, and what should be taken into consideration in making any changes.



Detailed proposals under the five principles for hospital services

Principle 1

The **majority of hospital care** will remain local and each hospital will continue to have a 24 hour A&E department that receives ambulances.

- We would like to know your views on proposals to improve your local A&E – the development of an “emergency hub” at each hospital with a wider range of urgent care services

Background

Current A&E services are frequently overcrowded and people sometimes have to wait too long to be seen. By improving the flow of patients through A&E, we can better manage the pressure on the whole hospital and improve your care. To do this we are proposing the development of an “Emergency Hub” that would operate in the same way across each of the three hospitals.

The proposed changes

- **A quick assessment of your emergency situation**

A senior doctor or nurse would assess your needs quickly. They may book an appointment for you with other services, such as a GP working in A&E or your own GP, a pharmacist, a mental health practitioner or social care professional. They may arrange for further assessment through a dedicated assessment unit.

- **Specially designed units for further assessment**

Alongside A&E, four assessment units will have specially trained teams to meet the particular care needs of:

- o Older and frail people
- o Children
- o Patients in need of urgent medical treatment
- o Patients in need of urgent surgical treatment

The aim of these units will be to assess and treat your condition, getting you back home as soon as possible. Strong links to community services, mental health and social care will support this aim. Each unit will have beds for those who may need a short stay in hospital.

- **Transfers to specialist teams**

In a small number of cases, if you have a serious condition, you would be stabilised and transferred to a specialist team, which could be in another hospital. The hospital team treating you will take this decision with you and your family, and make arrangements for a safe transfer. We estimate that up to 15 patients per day across all three hospitals may be transferred to a different hospital for their care. There would also be a new free transport service to help family and friends to travel to a different site.

This already happens for some services and has for many years – e.g. patients with serious burns are transferred to the St Andrew’s Centre in Broomfield Hospital near Chelmsford, and patients who may have had a serious heart attack are currently transferred to the Essex Cardiothoracic Centre in Basildon.

In a very few cases, it may be better to go direct by ambulance to the specialist centre. This already happens now for people in Essex who experience a serious heart attack. They go direct by “blue light” ambulance to the Essex Cardiothoracic Centre at Basildon.



Principle 2

Certain more **specialist services** which need a hospital stay should be concentrated in one place, where this would improve your care and chances of making a good recovery.

- We would like to know your views on bringing together in one place the following specialist services that need a hospital stay:
 - o Gynaecological surgery (women's services) and gynaecological cancer surgery to be located at Southend Hospital, close to the existing cancer centre
 - o Respiratory services for very complex lung problems to be located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems
 - o Renal services for people with complex kidney disease to be located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems
 - o Complex vascular services for the treatment of diseased arteries and veins to be located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems
 - o Cardiology for complex heart problems to be located in the existing Essex Cardiothoracic Centre for heart and lung problems at Basildon Hospital
 - o Gastroenterology services for people with complex gut and liver disease to be at Broomfield Hospital near Chelmsford
 - o Complex general surgery (e.g. for abdominal problems) to be at Broomfield Hospital near Chelmsford

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Background

There is clinical evidence that where there are small numbers of patients requiring the care of highly trained specialists, there are benefits in concentrating these services in one place so that one team is able to treat the greatest number of patients each year.

This means:

- A larger specialist team can make sure that the right number and level of skilled staff are available should you need specialist care at any time of the day or night, 365 days of the year, providing fast access to the highest quality care for patients.
- By seeing more patients, specialists can further develop their knowledge and skills to achieve better results.
- A larger team can develop as a centre of excellence and be in a better position to be involved in research and innovation.
- A larger team has greater opportunities for development, training and career progression. This can improve our ability to attract and retain talented people and deliver the best care for you.

In each proposal, the principle applies that routine services, such as outpatient appointments, tests, and surgery and treatment that can be done in a day would continue at all three local hospitals.

Our proposed changes are only concerned with specialist surgery and treatments that require a hospital stay.

Our proposed locations for bringing together specialist services are based on:

- Where there are already established specialist teams, together with facilities and equipment.
- Where there are important links between different specialist services which require shared expertise and close relationships between expert teams.

2 The proposed changes

Women requiring gynaecological surgery who need a hospital stay would be treated at Southend Hospital

- Currently, emergency and routine gynaecological services are offered from all three main hospitals.
- Southend Hospital is developing a range of surgical expertise in cancer and some patients already travel from Basildon to Southend for gynaecological cancer treatment.
- We propose to bring together specialist gynaecology expertise at Southend Hospital for all women who need a hospital stay of more than 48 hours.

What this means:

- Routine outpatient, day case and short stay gynaecology services would continue to be available at all three main hospitals for both emergency and planned care.
- The proposed change mainly affects women in mid Essex who need specialist gynaecological surgery who would go to Southend Hospital and not to Broomfield Hospital, as they do now.
- Southend is the proposed location because it makes sense to bring specialist gynaecology surgery together with the existing expertise in cancer treatments at Southend.

Gynaecological surgery covers surgery on the female reproductive system. Most procedures are done in a day and this would continue at your local hospital. The proposed change is for more complex operations that would require a hospital stay of more than two days.

Patients requiring a hospital stay for complex lung problems would be treated at Basildon Hospital

- There are good standards of care for breathing problems in all three hospitals, but respiratory specialists are not always available 24 hours a day in all three hospitals.
- A round-the-clock specialist inpatient service for patients with complex lung problems would improve care and recovery and help people to avoid long term problems, such as becoming immobile.
- We propose to maintain the majority of services for respiratory care at all three hospital sites, with the addition of a specialist respiratory ward at Basildon Hospital.

What this means:

- Routine outpatient, day case and short stay services would continue to be available at all three main hospitals for both emergency and planned care.
- If you were very poorly as a result of breathing problems, you would be taken to your nearest hospital, where you would be seen and stabilised in A&E.
- Following stabilisation, we would expect to be able to treat your condition within a day or with a short hospital stay of 24 or 48 hours.
- Should you need more specialist care and a longer stay in hospital, then you may be transferred to the specialist respiratory ward in Basildon. Here you would receive treatment and a team of specialists would be able to plan your ongoing care.
- The reason for choosing Basildon as the location is that we could maximise our expertise with links to the Essex Cardiothoracic Centre in Basildon.

Complex respiratory problems could include severely collapsed lung, disease of the lung lining or lung disease with complex oxygen requirements.

2

Patients with complex kidney problems who need a hospital stay would be treated in Basildon

- There are good standards of care for people with kidney problems in all three hospitals, but specialist care varies across the three hospitals.
- One specialist team across all three hospitals would increase the availability of senior specialists for all patients and minimise the degree of kidney injury.
- We propose to maintain the majority of kidney services at all three hospital sites, with the addition of a specialist ward at Basildon Hospital.

What this means:

- Routine outpatient, day case and short stay services would continue to be available at all three main hospitals for both emergency and planned care, including haemodialysis.
- The specialist team at Basildon would be able to support clinicians in each local hospital, including the A&E team, to ensure consistently high quality local care.
- If you needed a hospital stay and specialist treatment you would transfer to the specialist team at Basildon.
- The reason for choosing Basildon as the proposed location is that there are strong links between kidney and cardiovascular services, so it makes sense to have specialist services on the same site as the Essex Cardiothoracic Centre.
- Very complex care, such as kidney transplants, would continue to be provided in London and other specialist centres, as they are now.

Complex kidney problems could include problems following a kidney transplant, or a serious kidney injury.

Patients with diseased arteries or veins would be treated at Basildon

- Emergency specialist vascular services are not always available on all three hospital sites. Specialist emergency care rotates between the three sites, which means that patients currently go to whichever hospital is providing specialist vascular expertise on that day.
- There is evidence nationally that a joined-up vascular team from several hospital sites improves care quality and patient outcomes, because of the greater number of patients they treat.
- Given the important links between cardiac care and complex vascular services, we propose that a specialist vascular hub should be located near the Essex Cardiothoracic Centre for heart and lung operations in Basildon. This would also be close to interventional radiology, a type of camera-guided surgical technique, which avoids the need for open surgery.

What this means:

- Routine outpatient, day case and short stay services would continue to be available at all three main hospitals for both emergency and planned care.
- If you needed a complex vascular operation that required a hospital stay, your GP would refer you to the proposed vascular hub in Basildon.
- In an emergency situation, you would go to your local A&E for assessment and stabilisation, and then transfer to the vascular hub for specialist surgery.
- Your surgery in the vascular hub would usually require only a short stay of up to 48 hours, after which you would return home or to your local hospital for further support and recovery.
- Routine operations, such as treatment of veins in the legs, would continue at all three hospitals as day cases and short stay operations.

Vascular disease is caused by inflammation of the blood vessels, which can interfere with the blood flow to vital organs. Vascular disease is a common cause of strokes and blockages in arteries.

2

Patients who need a hospital stay for specialist treatment of complex heart problems would be treated at Basildon

- Currently, all three main hospitals offer outpatients and short stay heart treatments.
- The Essex Cardiothoracic Centre in Basildon has been established for over 10 years as the specialist centre for heart and lung problems. Patients from all over Essex have been going to the centre for both emergency and planned interventions, and this has improved outcomes.
- Patients who experience a serious heart attack are already taken to Basildon, usually direct by ambulance for life-saving care.
- We propose to build on the expertise of the Essex Cardiothoracic Centre to give you quicker access to this specialist service.

What this means:

- Outpatients and short stay treatments would continue to be available locally. For example, treatments for chest pain and erratic heartbeat would be at your local hospital.
- For more complex problems, such as needing a pacemaker, or unblocking arteries, you would in future be referred quicker than now to the Essex Cardiothoracic Centre in Basildon.
- Patients who experience a serious heart attack would continue to go to the Essex Cardiothoracic Centre, either via your local A&E or direct by ambulance as they do now.
- The Essex Cardiothoracic Centre would continue to provide complex planned operations, such as coronary artery bypass as it does now.
- Most people would stay only two to three days in the Essex Cardiothoracic Centre, after which they would go home or back to their local hospital for further care and cardiac rehabilitation.

Patients with complex gastroenterology problems who need a hospital stay would be treated at Broomfield Hospital near Chelmsford

- There are good standards of care in all three hospitals for people with gastroenterology problems, but specialist care varies across the three hospitals.
- One specialist team across all three hospitals would increase the availability of senior specialists for all patients.
- We propose to maintain the majority of gastroenterology services at all three hospital sites, with the addition of a specialist ward at Broomfield Hospital, near Chelmsford.

What this means:

- Routine outpatient, day case and short stay services would continue to be available at all three main hospitals for both emergency and planned care, including endoscopy.
- A specialist team at Broomfield, would be able to support clinicians in each local hospital, including the A&E team to ensure consistent high quality local care.
- If you needed a hospital stay and specialist treatment, you would transfer to the specialist ward at Broomfield.
- Very complex care, such as liver transplants, would continue to be provided in the London specialist centres, as they are now.

Complex gastroenterology problems could include severe liver failure, intestinal failure requiring nutritional support or pancreatitis.

2

Proposals for a dedicated service at Broomfield Hospital, near Chelmsford, for emergency general surgery that requires a hospital stay

- All three sites currently offer a wide range of inpatient, outpatient and daycase general surgery services and this will continue.
- There are sometimes delays for people who need complex emergency surgery, which could be avoided if there was a single dedicated emergency surgical team and theatre facilities in one place.
- In order to separate some emergency from planned surgery, we propose that some complex emergency operations should be provided from a dedicated emergency general surgical team at Broomfield Hospital, which already leads on some complex general surgery.
- Some complex surgery is already provided at Broomfield as the lead for all three main hospitals. This includes:
 - Ear nose and throat and facial surgery which needs a hospital stay
 - Upper gastro-intestinal surgery which needs a hospital stay
- We propose to add to this arrangement, for example, complex surgery for bowel problems (except for cancer which would continue at Southend).
- Routine planned and emergency surgery, which could be performed as a day case, with no requirement for hospital stay, would continue at all three hospitals.

What this means:

- If you had severe stomach pains, for example, you would go to your local hospital via A&E for assessment and treatment.
- If you needed an abdominal operation that required a hospital stay, you would transfer to Broomfield Hospital in Chelmsford.
- Two to three days after your operation, ideally you would go home if you had made a good recovery, or you might return to your local hospital for further care.

General surgery that requires a hospital stay would include major operations on the abdomen.



Principle 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, which may be in a different hospital.

- We would like to know your views on this overall approach and on specific proposals for the development of a specialist stroke unit to be provided at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems.

Background

Our stroke services compare well with the best in many ways, but we could do better. We know from significant national and international evidence that patients who are treated in a highly specialist stroke unit in the first 72 hour period following a stroke, have better chances of survival and making a good recovery.

Clinical evidence shows that fast action prevents the brain damage caused by a stroke. If this is followed by a short period of the highest dependency care provided by a team of specialist doctors, nurses, therapists and technicians, then people could avoid long lasting debilitating effects.

None of our three hospitals currently has the right number of specialists to provide the level of specialist stroke unit that we are proposing.

By joining together our stroke teams across the three hospitals, we could provide a specialist stroke unit to lead the network of stroke services, and continue to provide stroke care at each of our three hospitals.

A stroke is a brain attack, which happens when the blood supply to your brain is cut off. For 85% of cases this is because of a blood clot. In around 15% of cases this is because of a burst blood vessel causing a brain haemorrhage.

The proposed changes

- We propose to develop a specialist stroke unit at Basildon Hospital. The reason for choosing Basildon is that high dependency stroke services should have close links with the specialist skills of the existing Essex Cardiothoracic Centre for heart and lung problems.
- The local A&E team would be equipped and able to diagnose and stabilise your condition and initiate treatment. Advanced imaging and initial treatment for the majority of strokes would continue to be available at each local A&E. Most strokes (around 85%) are as a result of a blood clot blocking the flow of blood to the brain and some can be treated with drugs to dissolve the clot – a treatment known as thrombolysis.

What this means:

- If it were suspected you were having a stroke, you would be taken by ambulance to the nearest hospital. Following a diagnosis in A&E, you would start the thrombolysis treatment, if appropriate, before going by rapid transfer to the specialist stroke unit in Basildon.
- If your stroke were due to a bleed in the brain (which affects around 15% of cases), you would be transferred immediately for treatment either at Basildon, if appropriate, or to a higher specialised centre in Cambridge or Queen's Hospital in Romford, which is what happens now.
- Your stay in the specialist stroke unit would be up to 72 hours, after which you would either go home, if you made a good recovery, or return to your local hospital for further rehabilitation.
- The specialist stroke team would provide a clear plan to support your recovery, including physiotherapist support and speech and language therapy.

Principle 4

Planned operations should, where possible, be separated from patients who are coming into hospital in an emergency.

- We would like to know your views on proposals for the following operations that need a hospital stay:
 - o Planned orthopaedic surgery (e.g. for bones, joints and muscles) to be at Southend for people in south Essex and Braintree Hospital for people in mid Essex
 - o Some emergency orthopaedic surgery (e.g. for broken bones) to be at Basildon for people in south Essex and Broomfield Hospital near Chelmsford for people in mid Essex.
Surgery for most people with a broken hip would continue at all three local hospitals.
 - o Urological surgery (e.g. for bladder and kidney problems) to be at Broomfield Hospital near Chelmsford (except for urological cancer operations which are already located at Southend Hospital)

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Background

National guidelines from the British Orthopaedic Association tell us that surgeons treating a higher number of patients are often able to attain better results than those treating only a few patients per year.

The evidence of this has been gathered for more than 30 medical specialties.

Among various findings, the evidence tells us that:

- separating planned operations from emergency is a way to increase service efficiency, reduce cancellations and improve outcomes for patients.
- dedicated beds for planned operations protect surgical patients from the risk of cross-infection from emergency medical patients.

The proposed changes

Planned orthopaedic surgery that needs a hospital stay (e.g. for bones, joints and muscles) would be at Southend Hospital for people in south Essex and Braintree Community Hospital for people in mid Essex

- Planned orthopaedic surgery that needs a hospital stay would be available at Southend Hospital for south Essex residents and at Braintree Community Hospital for mid Essex residents.
- Braintree Community Hospital is a purpose-built facility with operating theatres, which have previously been under-used. Currently, the hospital provides care for patients who need a short stay overnight or for those who require a period of care following discharge from the main hospital at Broomfield. Mid Essex CCG is currently discussing with local people how this type of care could be better for people if it was at home or closer to home.

What this means:

- For most routine operations that could be done in a day, your GP would refer you to the hospital of your choice and you would be given a date to come into hospital.
- If your diagnosis showed that you needed a more complex operation requiring a hospital stay, you would be referred either to Southend Hospital or to Braintree Community Hospital.
- Everyone who needs a planned operation can make a choice about where to go from the options available; for example, if you live closer to Addenbrooke's in Cambridge or Colchester General Hospital, you could continue to go to these hospitals for your operation, as happens currently.
- Two to three days after your operation you would go home if you had made a good recovery, or return to your local hospital for further care and rehabilitation.

Orthopaedics is concerned with muscles, ligaments, bones and joints

4

Some emergency orthopaedic surgery that needs a hospital stay (e.g. for broken bones) would be at Basildon Hospital for people in south Essex and Broomfield Hospital in Chelmsford for people in mid Essex

- All three main hospital sites currently offer a wider range of inpatient, outpatient and day case orthopaedic services e.g. for fractures, hip and knee operations, but there are wide variations in waiting times for admission and lengths of hospital stay.
- In order to separate emergency from planned surgery, we propose that some emergency operations, that require a hospital stay, e.g. for more complex fractures and injuries, should be offered at Basildon Hospital for south Essex patients and at Broomfield Hospital near Chelmsford for mid Essex patients.

What this means:

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- You would continue to go to your local hospital with a suspected fracture or other injury.
- Surgery for simple fractures and other routine surgery that could be performed within 24 hours would continue at all three local hospitals.
- Surgery for most people with a broken hip would also continue at all three local hospitals.
- If the diagnosis in A&E was that you needed a more complex operation requiring a hospital stay, you would then transfer to either Basildon Hospital or Broomfield Hospital near Chelmsford.
- If you had severe multiple injuries, such as injuries caused by a serious road traffic accident, you would continue to go directly to a major trauma centre either in Cambridge or London, which is what happens now.

Orthopaedics is concerned with muscles, ligaments, bones and joints.

Proposals for urological surgery at Broomfield Hospital in Chelmsford and Southend Hospital (for cancer)

- Currently, emergency urological services are provided at all three hospital sites, as is most planned surgery.
- Last year it was agreed that Southend Hospital should provide specialist surgery for urological cancer. People already travel to Southend for this service and this will continue.
- We propose to bring together the most complex urological surgery (non-cancer) at Broomfield Hospital near Chelmsford. Broomfield already has the most expertise in urological surgery and it makes sense to build on that.

What this means:

- If you had a urinary tract infection, for example, you would go to your local hospital via A&E for assessment and treatment.
- If you needed a more complex operation, such as the removal of a stone, you would transfer to the urology hub in Broomfield Hospital.
- Two to three days after your operation, ideally you would go home if you had made a good recovery, or you might return to your local hospital for further care.

Urological surgery is concerned with bladder and kidney problems.

Principle 5

Some hospital services should be provided closer to you, at home or in a local health centre.

- We would like to know your views on proposals to transfer services from Orsett Hospital to a number of new centres closer to where people live in Thurrock (for Thurrock residents) and to Basildon, Brentwood and Billericay (for residents of those areas).
- Only when new services are up and running, would it be possible to close Orsett Hospital which, although valued by many local people, is difficult to access by public transport and is an ageing site requiring in excess of £10 million to bring the building up to standard.

Background

Thurrock CCG and Thurrock Council have already consulted with local people on changes to the way in which health and care services are provided locally, with an emphasis on delivering most care closer to where people live.

Feedback shows that people welcome the development of the new “integrated medical centres” where people can go to one place for GP services, health checks, tests and access to a wide range of advice and information, such as for healthy living, advice on housing, benefits and social care services, including voluntary services.

Four centres are planned for Tilbury and Chadwell, Purfleet and Aveley, Stanford-le-Hope and Corringham and Grays.

- Each centre would be open seven days a week, from early morning until the evening.
- Each centre would house a combination of health, council and voluntary services.
- Each centre would develop a strong connection to its local community.

Current status

Tilbury and Chadwell: Thurrock Council has agreed to develop a new build Integrated Medical Centre on the Tilbury Square site. The Council has already commissioned a design team with the expectation of securing planning permission in 2018 and building work to start later in that year.

Purfleet and Aveley: The proposed new build Integrated Medical Centre is part of an existing regeneration programme. It will be located in the heart of the new Purfleet town centre, with an expectation of building work starting in 2018.

Stanford and Corringham: The proposal is to develop the unused Graham James site, again with the expectation of work starting in 2018.

Grays: The plans to develop the Thurrock Community Hospital site.

Similarly, in the **Basildon, Brentwood** and **Billericay** areas we have an opportunity to develop buildings at Brentwood Community Hospital, a new location in Basildon town centre and St Andrew’s at Billericay.

The proposed changes

The detail of which services should operate from which centre is a key part of this consultation. We know from local engagement that people support the concept of the proposed new centres, which are much closer to where people live. We also know that people have concerns about whether the new services will be in place before closing Orsett Hospital. Thurrock CCG and Thurrock Council have already formally agreed to ensure that the new services are in place before there could be any changes to Orsett.

The outline plan is for the new centres to open in 2020/2021, and only after a successful transfer of services would Orsett close.

This consultation period gives us an opportunity to develop the detailed plans with patients and local people, starting with the following proposed locations for tests and treatments:

Potential options for the future of services currently provided at Orsett:

IMC means *Integrated Medical Centre*

Proposed future services	Purfleet IMC	Thurrock Community Hospital, Grays IMC	Corringham IMC	Tilbury IMC	Brentwood Community Hospital	Basildon town centre	St Andrew's Billericay
Diagnostic services e.g. blood testing	✓	✓	✓	✓	✓	✓	✓
General outpatient services e.g. for skin problems; ear, nose and throat; breathing problems; children's services; orthopaedics (bones, muscles and tendons)	✓	✓	✓	✓	✓	✓	✓
Treatment facilities e.g. minor procedure rooms	✓	✓			✓	✓	

For further background information on proposals to transfer services from Orsett Hospital, please visit our website: www.nhsmidandsouthessex.co.uk/background/further-information

Or request a copy from the consultation programme office - details in *Section 7 on How to have your say*.

Investment and expansion in our future hospitals

Investment of over £118 million is planned for our hospitals' buildings and sites

A common misunderstanding that came up in discussions with local people over the last year was that plans for service change were about making service cuts.

As part of our plans we intend to invest £118m in improving our local hospitals. This money will be spent to:

- Increase the total number of hospital beds by about 50.
- Build new operating theatres.
- Improve technology to make it easier to work across three hospital sites.

All three hospitals will benefit from this additional investment as follows:

- Southend Hospital – £41 million.
- Basildon Hospital – £30 million.
- Broomfield Hospital near Chelmsford – £19 million.

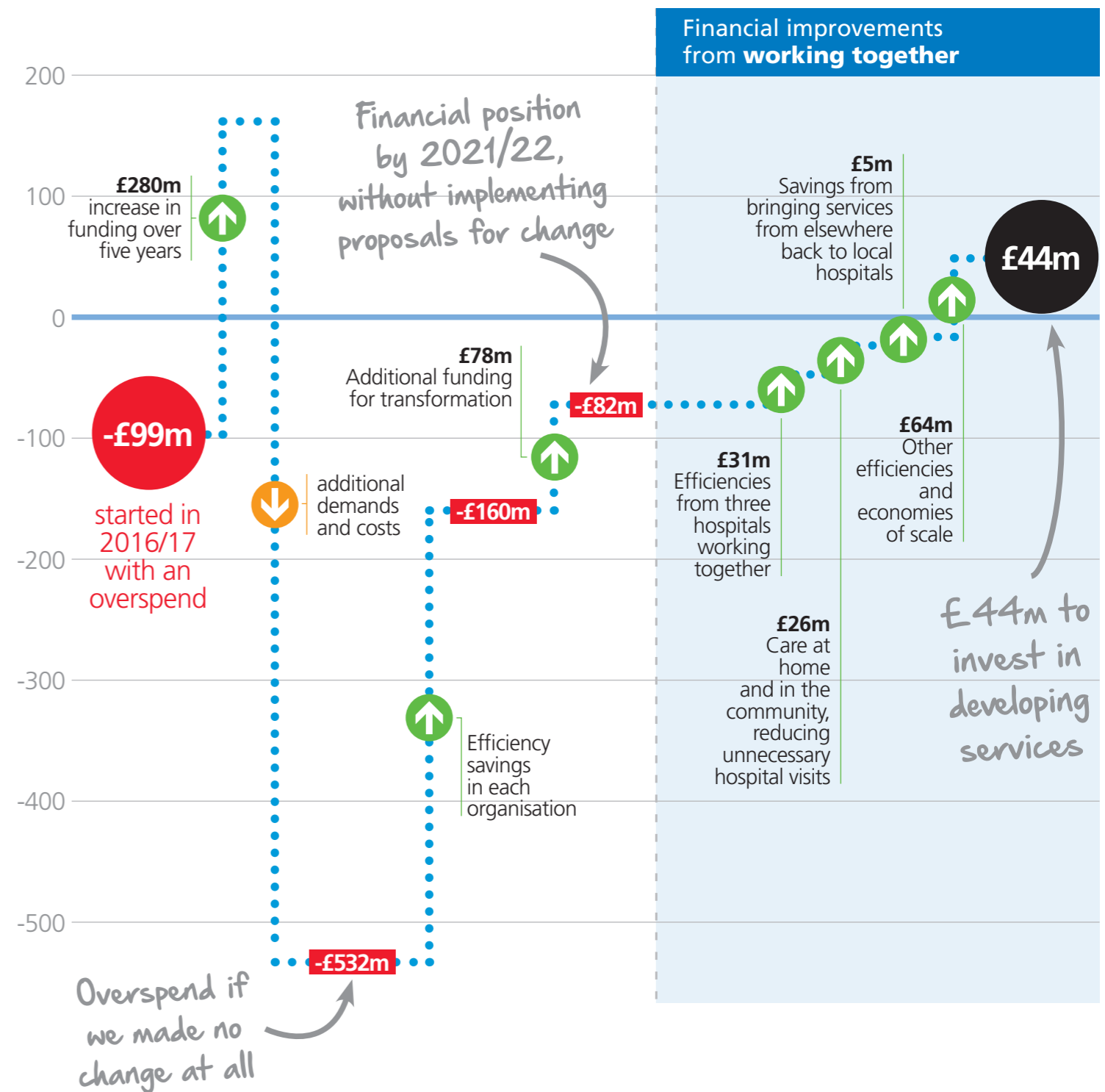
A further £28 million will be invested in additional technology and facilities that will benefit all three hospitals, such as ensuring shared records across all sites.



How our overall plan for change brings our NHS back into financial balance

The current cost of our NHS in mid and south Essex, of which the largest spend is on hospital care, is much greater than the funding available. In 2016/17, this created an overspend of £99 million.

If we made no change at all over the next five years, the additional demand for health and care could increase the overspend to over £500 million by the year 2021/22.



section 6 FURTHER INFORMATION

Please visit our website for a list of background documents:
www.nhsmidandsouthessex.co.uk/background/further-information

Or request a document from the consultation programme office
 - details in *Section 7 on How to have your say*.

List of available documents:

-  Background information, including more detail on local CCG plans, how we arrived at our proposals and additional information on topics such as travel times
-  More detail on the proposals for Thurrock, Basildon and Brentwood and Orsett Hospital
-  A pre-consultation business case, assured by NHS England and other national regulators
-  Reports following reviews of our proposals from the East of England Independent Clinical Senate in:
 -  June 2016
 -  October 2016
 -  September 2017
 -  October 2017
-  Summary of the clinical evidence that we have reviewed in developing these proposals
-  Report from Eastern Academic Health Sciences Network following a review of relevant national and international clinical evidence
-  Independent report from UCL Partners on national and international clinical evidence on stroke care
-  STP report on the views of local people from engagement phases in 2016/17
-  Heathwatch Thurrock report on local views in Thurrock
-  Healthwatch Essex report on a study of citizens' views on A&E services




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section 7 HOW TO HAVE YOUR SAY

The Joint Committee of Clinical Commissioning Groups (CCGs) will meet early in the summer of 2018 to consider the feedback from this consultation. The Joint Committee will then make the key planning decisions necessary to take forward the proposed changes, taking into account the views of staff, partners and local people.

We hope you will take the opportunity to send us your views.

There are a number of ways to feedback, or get involved in discussions – see below.

 Online survey	 Written feedback	 Meetings
<p>You can give your views through our survey which is available online at: www.surveygizmo.eu/s3/90059489/NHS-Mid-and-South-Essex-STP</p> <p>It is also available in print form on request from our consultation team – see contact details below.</p>	<p>If you would rather submit a response in the form of a letter or email, you can do this too and your comments will be included in the review of feedback – see contact details below.</p>	<p>If you belong to a group or organisation with an interest in a specific issue related to these proposals, you can submit a request for a meeting to discuss this with you.</p>

How to contact us

Email: meccg.stpconsultation@nhs.net

Phone: **01245 398118**

Address: **Consultation Team, Mid and South Essex STP, Wren House, Colchester Road, Chelmsford, Essex CM2 5PF**



Discussion events

Across mid and south Essex, we will be running a number of public engagement events where you will be able to hear more about our proposals and have the opportunity to tell us what you think. These will be an important opportunity for your voice to be heard.

Basildon and Brentwood

7.00pm-9.00pm on Tuesday 16 January 2018
Wick Community Centre, Wickford, Essex SS12 9NR

1.30pm-3.30pm on Wednesday 17 January 2018
Chantry House, Chantry Way, High St, Billericay
CM11 2BB (parking: please use Billericay High Street car parks)

6.30pm-8.30pm on Wednesday 21 February 2018
Brentwood Community Hospital, Crescent Drive,
Brentwood, Essex CM15 8DR

1.30pm-3.30pm on Tuesday 27 February 2018
The Gielgud Room, Towngate Theatre,
St. Martins Square, Basildon, Essex SS14 1DL

Castle Point, Rochford and Southend-on-Sea

6.30pm-8.30pm on Thursday 8 February 2018
Maritime Room, Cliffs Pavilion,
Westcliff-on-Sea, Essex SS0 7RA

2.30pm-4.30pm on Tuesday 20 February 2018
Oysterfleet Hotel, 21 Knightswick Road,
Canvey Island, Essex SS8 9PA

2.30pm-4.30pm on Wednesday 7 March 2018
Audley Mills Education Centre,
57 Eastwood Rd, Rayleigh, Essex SS6 7JF

Mid Essex

6.30pm-8.30pm on Tuesday 9 January 2018
Chapter House, Cathedral Walk,
Chelmsford, Essex CM1 1NX

1.30pm-3.30pm on Wednesday 31 January 2018
Michael Ashcroft Building (1st Floor),
Anglia Ruskin University, Chelmsford Campus,
Bishop Hall Lane, Chelmsford, Essex CM1 1SQ

6.30pm-8.30pm on Wednesday 7 February 2018
Braintree Town Hall (main room), Market Place,
Braintree, Essex CM7 3YG

6.30pm-8.30pm on Wednesday 28 February 2018
Plume Academy School, Fambridge Road,
Maldon, Essex CM9 6AB

Thurrock

6.30pm-8.30pm on Wednesday 24 January 2018
Civic Hall, Blackshots Lane, Grays,
Essex RM16 2JU

1.30pm-3.30pm on Tuesday 6 March 2018
Civic Hall, Blackshots Lane, Grays,
Essex RM16 2JU

We hope you will be prepared to take an active part

For details of our discussion events see our website:

www.nhsmidandsouthessex.co.uk/have-your-say/events

To book your place, visit: <http://bit.ly/2Agdnpr>
or contact us using our details on the previous page.

Mid and South Essex Sustainability and Transformation Partnership (STP)



How to contact us

Email: meccg.stpconsultation@nhs.net

Phone: **01245 398118**

Address: **Consultation Team, Mid and South Essex STP, Wren House, Colchester Road, Chelmsford, Essex CM2 5PF**

Published by the Mid and South Essex
Sustainability and Transformation Partnership (STP)

A partnership of all health and care organisations for people living in Braintree, Maldon, Chelmsford, Castle Point, Rochford, Southend, Thurrock, Basildon and Brentwood.

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



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Your care in the best place

At home, in your community and in our hospitals

Discussion event – xxxx January 2018

www.nhsmidandsouthessex.co.uk

Public consultation 30 Nov 2017 – 9 Mar 2018

Welcome!

Ian Stidston

Accountable Officer, Castle Point and Rochford and Southend Clinical
Commissioning Groups

And clinical colleagues:

- ***TBC***

Why we need change

Increasing needs – mainly associated with ageing population

- Increase in long term conditions – lung disease, diabetes, heart disease, disability following stroke, mental health issues
- More people living with several conditions



- GP and community services under pressure
- Hospital emergency services under pressure e.g. in Southend:

Av no. of A&E
attendances per day
Dec 2012 - 243

Av no. of A&E
attendances per day
Dec 2017 - 274

STP plan

- Health and social care partners have **teamed up** to improve how people can get the right care they need, when they need it, and in the best place (home, community or in hospital)
- Plan aims to **meet the challenges** of today and demands of the future
- There are many examples of excellent care, but **we could do better**
- Our vision is to join up different health, care and voluntary services **around you and your needs** - physical, mental and social care
- Starts with help to **stay healthy** and avoid serious illness
- At home and in your community we are **building up GP and community services**, such as pharmacists, experienced nurses, physiotherapists and mental health therapists; and increasing our range of services available via GP practices

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



Main benefits of proposed changes in hospital

Sometimes our hospitals are blocked

Specialist expertise spread across 3 hospitals

We don't always achieve the highest standards

We don't always make the most of our talent

Sometimes better alternatives to hospital

- **Improvements in A&E will mean shorter waits, quicker treatment and shorter stays in hospital**
- **By bringing specialists together – easier to provide 24 cover**
- **Larger specialist teams see more patients – improves care quality and chances of good recovery**
- **Larger teams, better training – attracts, retains & develops staff**
- **Services closer to where you live – quicker to respond and more convenient**

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



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

Summary of proposed changes in the south east

Southend Hospital

Services that stay the same

- A&E & urgent care
- Maternity services
- Intensive care
- Short stays in hospital
- Children’s care
- Care for older people
- Day case treatments & operations
- Tests, scans & outpatient appointments

Existing specialist services that stay the same

- Radiotherapy & cancer centre
- Cancer surgery, including urological cancer surgery

Proposed service changes

Emergency	Planned
Improved stroke care & rehabilitation (acute stroke unit)	
Gynaecology surgery, including gynaecology cancer surgery	
	Orthopaedic surgery for south Essex patients

Summary of proposed changes in mid Essex

Broomfield Hospital

Services that stay the same

- A&E & urgent care
- Maternity services
- Intensive care
- Short stays in hospital
- Children’s care
- Care for older people
- Day case treatments & operations
- Tests, scans & outpatient appointments

Existing specialist services that stay the same

- Specialist centre for burns & plastic surgery
- ENT & facial surgery
- Upper gastro-intestinal surgery

Proposed service changes

Emergency

Planned

Improved stroke care & rehabilitation (acute stroke unit)

Specialist teams for urology surgery, complex abdominal surgery and gastroenterology services

More complex orthopaedic trauma surgery (e.g. serious fractures)

Summary of proposed changes in south west

Basildon Hospital

Services that stay the same

- A&E & urgent care
- Maternity services
- Intensive care
- Short stays in hospital
- Children’s care
- Care for older people
- Day case treatments & operations
- Tests, scans & outpatient appointments

Existing specialist services that stay the same

- Essex Cardiothoracic Centre

Proposed service changes	
Emergency	Planned
Specialist stroke unit	
Improved stroke care & rehabilitation (acute stroke unit)	
Specialist teams for complex lung problems, complex vascular problems, complex heart problems	
More complex orthopaedic trauma surgery (e.g. serious fractures)	
Specialist team for complex kidney problems	

Summary of proposed changes affecting south east

- **All outpatients and majority of operations stay local**
- Planned orthopaedic operations proposed in **Southend**
- Specialist gynaecology, including cancer, proposed in **Southend**
- Specialist stroke unit proposed in **Basildon**
- Specialist teams in **Basildon** proposed for complex lung, vascular, heart and kidney problems
- Specialist teams in **Chelmsford** proposed for complex urology, abdominal surgery and gastroenterology

Proposals for stroke

Around 85% due to blood clot – 20% may benefit from clot-busting drug treatment (thrombolysis)

Around 15% due to bleed in the brain - needs very specialist care

Rationale for change

- Clinical evidence for specialist stroke units = better chances of recovery
- The key is - intensive rehabilitation in first 72 hours
- Joined-up stroke teams = network of stroke care & specialist stroke unit
- Propose Basildon for close links with Essex Cardiothoracic Centre

Patient pathway

- Suspected of having a stroke – go by ambulance to nearest A&E
- In A&E - diagnosis, stabilisation - if blood clot, start treatment
- Transfer to specialist stroke unit for first 72 hours high dependency care
- Return home or to local hospital/community for continuing care and rehabilitation

Clinical transfers and transport between hospitals

Propose to invest in:

New type of clinical transport between hospitals

- Clinical teams discuss with you, your family
- Clinical support during transfer
- Protocols for local hospital, specialist team and transport service
- If transfer not appropriate, specialist team supports local team

Free bus service between hospitals

- Runs between hospitals, or other locations
- Review and adapt



Investing in our hospitals

Investing over £118 million in:

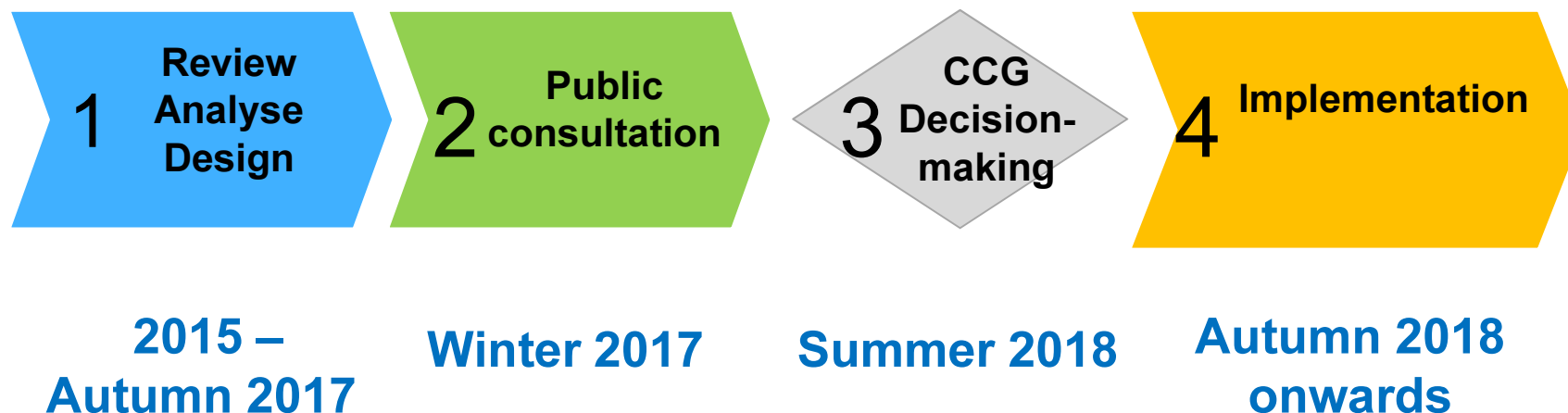
- Around 50 extra beds
- New operating theatres
- Improving technology to make it easier to operate across three sites

How each hospital would benefit from investment:

- Southend Hospital - £41 million
- Broomfield Hospital - £19 million
- Basildon Hospital - £30 million

A further £28 million will be invested in additional technology

What happens next?



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- § Currently at Stage 2 - public consultation 30 Nov 2017 to 9 March 2018
- § No decisions have yet been made – and won't be until summer 2018



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



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Your care in the best place

At home, in your community and in our hospitals

Get involved

www.nhsmidandsouthessex.co.uk

Three trusts' merger plan

- 3 trusts have **worked together since 2016**
- **Options appraisal** exercise in December to look at longer term
- Not essential for current proposals, but **merger is potentially preferred option** to strengthen and sustain hospital services for the future
- All three hospital boards have **agreed to start process** towards merger – separate from consultation led by CCG Joint Committee
- Merger enables right systems and processes to make the **most of resources, skills and expertise** across the three trusts
- **Next steps** – strategic case, business case, subject to approvals from Trust Boards, Governors of foundation Trusts, NHS Improvement and Competition and Market Authority (CMA).
- Aiming for new organisation in **April 2019**

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Mid and South Essex
Sustainability and Transformation Partnership (STP)

***Your care in the best place
at home, in your community and in our hospitals***

Consultation 30 November 2017 – 9 March 2018

**Summary sheet on financial benefits of proposed
system changes over the next five years**

Are we cutting services to save money?

- Our aim is to secure a better NHS to meet the increasing needs of our ageing population.
- We are not proposing to cut services; but to improve the way we use the resources available. We spend around £1.95 billion for health services in mid and south Essex, and a total of around £2.5 billion on health and social care combined. We can be more effective, meet increasing needs, and keep people well for longer.
- There are three important parts to achieving this aim:
 - The first is to take every opportunity to **improve our quality of care** and outcomes for patients – by different services working together across the whole health and care spectrum
 - The second is to **develop our workforce**, so that each individual is able to work to their full potential and that we attract and keep the best talent in mid and south Essex
 - Thirdly, we need to **use our limited resources in the best way** by helping people to stay well, avoid serious illness and avoid unnecessarily costly stays in hospital.

This means shifting investment into the community and primary care to support people in a better way.

How much do we need to save to reduce the year on year increase in costs?

- Our current allocation for NHS services is around £1.85 billion per year. In 2016/17 we overspent by around £99 million.
- If we made no change at all over the next five years, the rising demand for health care could increase that overspend to over £500 million by the year 2021/22.

How are we going to avoid this £500 million overspend over the next five years?

- While increasing demands and sometimes new treatments drive up the costs of healthcare every year, there are also new ways to improve efficiency every year – through advancing technology and different ways of working.
- All health and care organisations are able to make efficiencies every year by doing this differently and more efficiently. Even before our proposed STP plan for the next five years, we have identified 7-8% efficiency savings across both CCGs and providers over the next five years, totaling around **£370 million**.
- A further **£78 million** is anticipated in additional funding in 2020/21 from the Government's Service Transformation Fund.
- The following shows how we are planning financial gains from working together over the next five years:
 - **£31 million** from efficiencies the hospitals can make from three hospitals working together e.g. by having a one leadership team and single corporate teams (such as finance, human resources) and by reducing spend on agency staff.
 - **£64 million** from a range of efficiencies across the whole health and care system from working together at scale.
 - **£5 million** from providing services in our local hospitals that mean that people no longer have to travel to these services in London and elsewhere.
 - **£26 million** from providing care in the right place that will help people to stay well and avoid serious illness. **This will require investment of around £30 million in community and primary care services and new technology.**

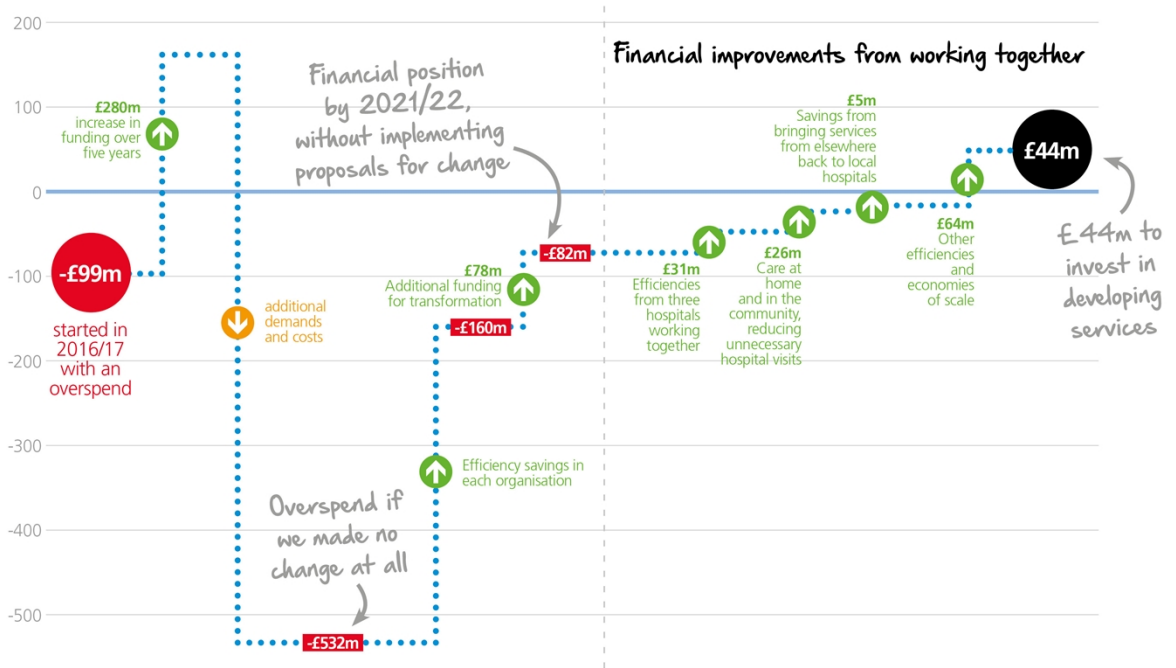
The current average hospital stay in an emergency costs £2,000.

If we invested half that amount in the community, we could provide better and more personalised support to help people avoid having to go into hospital.

Isn't the answer that the system needs more money?

- More money for mid and south Essex is always welcome and we will continue to take every opportunity to secure additional funding.
- We do expect an increase in funding over the next five years of around **£280 million**, plus an additional **£78 million** of system transformation funding as shown in the diagram on the next page.
- However, more money is not the only answer. We have a major workforce programme to attract and retain staff and improve training, skills development and career progression. In both community and hospital services, we are creating new roles that will enable talented people to reach their full potential and provide care in new and better ways.
- We know that by joining up health and care services and by taking advantage of innovation and technology, we can improve our services and the quality of life for the people of mid and south Essex.

The diagram on the next page shows the plan to bring the system into financial balance over the next five years:



Have your say

Please visit our website for full details on proposals for consultation, and the various ways to feedback, including a list of events where you can join the discussion.

For further information on all proposals for consultation, please visit our website at www.nhsmidandsouthessex.co.uk

For a summary of the STP financial plan, please visit: <http://www.nhsmidandsouthessex.co.uk/current-proposals/investment-and-finance/>

Our consultation feedback survey is online at www.surveymzmo.eu/s3/90059489/NHS-Mid-and-South-Essex-STP

Or you can contact us at:
meccg.stpconsultation@nhs.net
 Tel: 01245 398118

***Your care in the best place
at home, in your community and in our hospitals***

Consultation 30 November 2017 – 9 March 2018

Summary sheet on proposals for stroke

Some relevant facts

- Stroke is the fourth most common cause of death in the UK.
- A stroke is a brain attack, which happens when the blood supply to your brain is cut off. For around 85% of cases, this is because of a blood clot. In around 15% of cases, this is because of a burst blood vessel causing a brain haemorrhage.
- The recommended treatment for cases involving a blood clot is rapid assessment and, for around 20% of these patients, the administration of a drug to help dissolve the clot – a treatment known as thrombolysis, ideally within three hours of the start of symptoms.
- It is also possible with specialist vascular surgery to remove a blood clot, which may be a beneficial treatment for some patients. This requires advanced technology, specialist scanning equipment and specialist surgical expertise, which is usually only available in a specialist stroke unit.
- Care provided by a specialist stroke unit is associated with better patient outcomes than general hospital settings.
- There is emerging clinical evidence that suggests very little difference in outcomes between patients going straight to a specialist stroke unit and patients going to their nearest A&E for assessment and initiation of treatment, if appropriate, followed by transfer to a specialist stroke unit.

What happens now and what we propose in mid and south Essex

- Currently, all three hospitals in Southend, Chelmsford and Basildon treat people for stroke.

- Given the size of our population, this means we have three relatively small stroke teams, compared with some of the larger specialist stroke units that have been established elsewhere, such as in London and Manchester.
- Each local stroke team provides excellent services, but our stroke specialists propose that we could improve stroke care by joining these services together as one team. This would create a network of services and facilities, working to the same high quality standards.
- By joining the three teams together, it would be possible to establish a specialist stroke unit to lead the network. This would be in addition to continuing stroke care in each of the three hospitals.
- The proposed location for the specialist stroke unit is Basildon Hospital, close to the specialist skills associated with the Essex Cardiothoracic Centre.

Benefits of proposed change

- A network with a specialist stroke unit would ensure the highest quality specialist expertise instantly available 24 hours a day, which is not always the case currently.
- By working together, stroke specialists have the opportunity to improve rapid assessment, diagnosis and treatment at each hospital and in the proposed new specialist stroke unit.
- The benefits of the proposed specialist stroke unit itself come from there being a larger team to provide intensive care and rehabilitation, particularly for those patients who may not be eligible for thrombolysis (some 80% of cases where there is a blood clot).
- The proposed specialist stroke unit offers the opportunity to develop a specialist stroke endovascular service for treatment where a clot is physically removed from a blood vessel. This type of treatment is not currently available to all patients in Essex.
- The proposed new network would also help to improve wider stroke services, such as links with GP and community services and new developments in ambulance services.

What this means for patients

- Under the proposals for stroke care describe above, if it were suspected you were having a stroke, you would be taken by ambulance to the nearest hospital A&E.

- The A&E team would be able to assess the nature of your condition and make a diagnosis. If appropriate the A&E team could initiate treatment, in consultation with the specialist stroke team.
- If necessary, you would be transferred to the proposed new specialist stroke unit in Basildon.
- Your stay in the specialist stroke unit would be up to 72 hours, after which you could go home if you made a good recovery, or return to a local community service for further rehabilitation.
- For some families, we acknowledge it may be difficult to make the journey to Basildon Hospital to visit their loved one in hospital during this part of their care. We propose to invest in a free bus service between our hospitals, or possibly other locations; and we are keen to hear your views on this.
- The major potential benefit is that future stroke care in mid and south Essex could improve patients' chances of survival and making a good recovery.

Have your say

During our consultation on proposed hospital changes, we are keen to hear your views on proposals for stroke. Please visit our website for full details on this and other proposals, and the various ways to feedback, including a list of events where you can join the discussion.

There is a feedback survey online at www.surveymoz.com/s3/90059489/NHS-Mid-and-South-Essex-STP

Or you can contact us at:

meccg.stpconsultation@nhs.net

Tel: 01245 398118

References for further information

To see national information on best care for stroke, please visit:

www.england.nhs.uk/rightcare/products/

To see an independent report from UCL Partners on national and international clinical evidence on stroke care, please visit our website at

<http://www.nhsmidandsouthessex.co.uk/background/further-information/>

For further information on all proposals for consultation, please visit our website at

www.nhsmidandsouthessex.co.uk

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Mid and South Essex
Sustainability and Transformation Partnership (STP)

***Your care in the best place
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Safe transfers between hospitals

Patients already transfer between hospitals, with support to stay clinically stable. This includes transfers with Essex and to emergency specialist services in London and elsewhere. We propose to build on this to manage potential transfers between the three main hospitals in Southend, Chelmsford and Basildon.

Access to specialist emergency services, such as stroke care, would continue to be via your local (or nearest) A&E, where you would be treated and, if needed, transferred to a specialist team which may be in a different hospital. The teams in all three A&Es would be equipped and able to diagnose and stabilise your condition and initiate treatment before the transfer.

Additional journeys

Of the 960 or so people that attend our A&E departments each day we estimate that, as a result of the proposals we have developed, around 15 people may need a transfer to a dedicated specialist team in another hospital. In general, this will be for people who will benefit most from complex specialist care to recover from their illness.

The best care

For many patients, transferring to a more specialist centre would help to ensure they get the very best care and make the fullest possible recovery. If, on the other hand, you were too ill to be moved, the specialist team would work with your local team to give you the best possible care.

If you and your hospital team were to decide a transfer should go ahead, then you would only transfer if your condition was clinically stable, and you would have the support you need, including a senior doctor or nurse travelling with you, if necessary.

Proposed new clinical transport service

As part of our plans, we propose to invest in a new type of clinical transport between the hospitals, which would be designed and staffed in consultation with clinicians, patients and families to ensure the right support for every journey. If you were to be very unwell or needed specialist treatment, your clinical team would discuss with you and your family

whether a transfer is the right thing for you. This would be in addition to the ambulance services that we already commission from the East of England Ambulance Service.

Transport for families and carers

Public transport routes between our hospitals are rarely straightforward. If your family or friends don't drive, you could be separated from the people you rely on for support at a time when you need it most.

We have taken these concerns very seriously and we are keen to do as much as possible to support families, in particular those who may be without transport or disadvantaged in some other way.

We propose to help by introducing a free bus service between the three hospitals, or other locations that may be more convenient to you.

We estimate that this will offer up to 60,000 passenger journeys per year, but we would review this regularly and increase the service if needed. Support for patients and families is high on the list of issues to address in planning service change.

Have your say

During our consultation on proposed hospital changes, we are keen to hear your views on proposals for transport. Please visit our website for full details on this and other proposals, and the various ways to feedback, including a list of events where you can join the discussion.

There is a feedback survey online at www.surveymzmo.eu/s3/90059489/NHS-Mid-and-South-Essex-STP

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