

Southend-on-Sea Borough Council

Report of Deputy Chief Executive (People) to Cabinet

On 29th January 2018

Report prepared by:
Nick Faint

Agenda
Item No.

Mid and South Essex Sustainability and Transformation Partnership

People Scrutiny Committee Executive Councillor: Councillor Salter A Part 1 Agenda Item

1 Purpose of Report

- 1.1 To update Cabinet regarding the formal consultation on the Mid and South Essex Sustainability and Transformation Partnership (STP). The consultation runs from 30th November 2017 – 9th March 2018.

2 Recommendations

- 2.1 The Cabinet is asked to review the response it would wish to make on the proposals and consultation document and as outlined below in Section 4;
- 2.2 Option B is recommended to Cabinet as the proposed response to the STP;
- 2.3 That the final response be determined by the Deputy Chief Executive (People), in consultation with the Executive Councillor;
- 2.4 That the response be submitted during the first week of March 2018, prior to the 9th March consultation deadline; and
- 2.5 That Southend Council reserve their right to withdraw support for the STP following the completion of the formal public consultation process.

3 Mid & South Essex Sustainability and Transformation Partnership (STP)

- 3.1 The STP footprint for Mid and South Essex includes 3 Local Authority areas - Southend-on-Sea Borough Council; Thurrock Council; and Essex County Council and also 5 Clinical Commissioning Groups (CCG); Southend CCG; Castle Point & Rochford CCG; Basildon & Brentwood CCG; Mid Essex CCG; and Thurrock CCG; 3 Acute Hospitals; Southend; Basildon; and Mid Essex (Broomfield). There are a number of key partners to the STP and these include the East of England Ambulance Service, the mental health and community

health service providers and the national organisations involved in the delivery of health and social care services.

- 3.2 The case for change is fully articulated in **Appendix 1**. The STP proposals identify the case to change in that;
- 3.2.1 **Changing need.** There has been significant increase in people coming to hospital with urgent needs. Some aspects of modern life are creating problems for our health and social care system; poor diet and lack of exercise, for example, can lead to weight problems that cause serious illness such as diabetes, heart disease and strokes. People are living longer but are living with several different and often serious health and care needs. Dementia, for example, causes disability later in life.
- 3.2.2 **Recruitment and retention.** There is a particular challenge in our STP to recruit and retain enough doctors, nurses, social workers and technical staff. Many of our staff are reaching retirement age. The issue is not necessarily funding; the NHS, within the STP, currently has about 2,500 funded vacancies. This is not only an STP problem as there are national shortages of GPs, nurses, social workers and specialists and our STP competes with London and Cambridge to attract people to our local area.
- 3.2.3 **Financial.** To continue to deliver health services within the STP, without change, is not financially viable.
- 3.2.4 **Improve services.** Due to the changing need, innovations in technology and our challenges with recruitment and retention there is a need to change and improve services.
- 3.3 The public consultation was formally launched on 30th November 2017 and runs to 9th March 2018. A copy of the consultation document is attached at **Appendix 1** and the document summarises the proposals for the reconfiguration of the hospital services within the STP footprint.
- 3.4 The specific proposals for hospital services are based on the following 5 principles:
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.*
 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.*
 3. *Access to specialist emergency 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.*
 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.*
- 3.5 During the consultation there are a range of opportunities for people to send in their views on the proposals, in particular on the following 3 main areas:-
- *The overall plan for health and care in mid and south Essex*
 - *Proposals for hospital services in Southend, Chelmsford, Braintree and Basildon*
 - *Proposals to transfer services from Orsett Hospital to new centres in Thurrock, Basildon, Billericay and Brentwood.*
- 3.6 The STP has invited individuals and organisations to submit comments on the proposals and, in view of the nature of the proposals it is entirely appropriate for Southend Council to respond. The Southend Health & Wellbeing Board will also consider the matter and has the opportunity to make representations separately.
- 3.7 A number of public engagement events have been arranged to date – there is one arranged in Southend on the evening of Thursday 8th February and will be held at the Cliffs Pavilion, Westcliff-on-Sea.

4 Options for consideration

- 4.1 In general terms the planned investment for the acute hospitals within the STP proposals is welcomed. Specifically, the additional investment noted for Southend Hospital is supported by Southend Council.
- 4.2 It is noted that the STP provides an interim solution for the delivery of acute services in Southend. The formal position of Southend Council is that a new, modern and fit for purpose facility, providing acute services for Southend is required which meets the changing and developing needs of our residents.
- 4.3 We require for the STP to indicate what will happen as a result of receiving feedback, a clear indication on how feedback will be assessed and on what timescale.
- 4.4 **Option A** – That Southend Council Fully accepts and supports the proposals for the STP and as set out in **Appendix 1**.
- 4.5 **Option B** – That the acceptance and support from Southend Council for the STP proposals and as set out in **Appendix 1** is subject to the satisfactory conclusion of the comments noted below;
- 4.5.1 The proposals for the reconfiguration of stroke services are noted. However the clinical evidence to support the rationale for the incorporation of the Hyper Acute Stroke Unit (HASU) at Basildon Hospital is unclear and poorly documented in the consultation document. It is proposed that further detail is sought and provided by the STP to help Southend Council understand why the incorporation of the HASU is not based around Southend Hospital given the

strong track record Southend has in delivering stroke services. Until we have agreed the rationale and evidence we cannot support the STP proposals;

- 4.5.2 It is clear from the STP proposals that much of the acute reconfiguration is subject to an investment in Localities. The proposals are weak in this regard. It is noted that the STP has recently offered engagement with Southend to further develop the model and proposals for Localities, an offer that has been accepted. Concern, however, still remains regarding the viability of the acute reconfiguration should Localities not receive the appropriate investment from both a revenue and capital perspective. It is recommended that the STP formally notes that an agreement in principle between Southend Council and Southend CCG has been reached in that Southend Council will financially support the development of St Luke's and Shoebury's Health Centres. The agreement in principle is based on the development of a commercial agreement between Southend Council and Southend CCG;
- 4.5.3 The STP proposals with regard to transport and transfers are unclear and poorly defined. There is a clear commitment within the proposals to ensure that the impact on patients required to transfer between hospitals as a result of the acute reconfiguration is minimised. It is recommended that Southend Council cannot support the STP proposals until further work which identifies a detailed proposal re transport and transfers is published and consulted on;
- 4.5.4 The STP proposals are unclear with regard to how a consolidated discharge and repatriation process might work. There would be significant concern for Southend Adult Social Care depending on the detail of this proposal. There might be a potential impact on the structure of social care staff, where they are located and their role. There may also be an additional need for Southend Council to form a 'trusted assessor' type framework with both Essex County Council and Thurrock Council and vice versa. The impact on our provider partners is also not fully understood. It is recommended that further detail is provided by the STP so that a greater understanding can be gained re the volume of activity so that an analysis of impact can be conducted; and
- 4.5.5 The STP proposals identify capital investment for the acute hospitals. The total of £41m allocated for Southend Hospital is welcomed. It is recommended that Southend Council request a more detailed investment plan for Southend Hospital from the STP.
- 4.6 **Option C** – That Southend Council remain neutral and non-committal re the proposals for the STP and as set out in **Appendix 1**.
- 4.7 **Option D** – That Southend Council reject the proposals for the STP and as set out in **Appendix 1**.

5 Recommendations

- 5.1 The Cabinet is asked to review the response it would wish to make on the proposals and consultation document and as outlined above in Section 4;
- 5.2 Option B is recommended to Cabinet as the proposed response to the STP;
- 5.3 That the final response be determined by the Deputy Chief Executive (People), in consultation with the Executive Councillor;
- 5.4 That the response be submitted during the first week of March 2018, prior to the 9th March consultation deadline; and
- 5.5 That Southend Council reserve their right to withdraw support for the STP following the completion of the formal public consultation process.

6 Health Scrutiny

- 6.1 Cabinet will be aware that the Council has established a Joint Scrutiny Committee with Essex and Thurrock Councils to scrutinise the Mid and South Essex STP. The following Councillors have been appointed to sit on the Joint Committee – Councillors C Nevin, A Jones, B Arscott, S Habermel (substitutes - Councillors M Borton and H Boyd). An informal meeting of the Joint Scrutiny Committee was held on 18th December 2017 at Southend Council offices and Chaired by Cllr Arscott. A further informal meeting will be held in mid January and it is likely that the first formal meeting of the Joint Scrutiny Committee will be held in February 2018.
- 6.2 Essex County Council have appointed Members to sit on the Joint Scrutiny Committee. Thurrock Council have not as yet decided if they will be involved in the Joint Scrutiny Committee, although by the time Cabinet meets, this will have been resolved.

7 Other Options

- 7.1 Cabinet could decide not to submit any comments on the proposals and the consultation document.

8 Corporate Implications

- 8.1 Contribution to the Council's Vision and Critical Priorities – Becoming an excellent and high performing organisation.
- 8.2 Financial Implications – The financial risks to Southend Council, should the STP proposals be delivered, are yet to be qualified.
- 8.3 Legal Implications – Where an NHS body consults more than one local authority on a proposal for substantial development of the health service or a substantial

variation in the provision of such a service, those authorities are required to appoint a joint committee for the purposes of the consultation.

- 8.4 People Implications – The expectation is that the STP proposals will address the workforce (recruitment and retention) issues highlighted in the case for change. There is a significant risk that this is not the case which could lead to greater challenges for workforce and finance.
- 8.5 Property Implications – Southend Council has offered to Southend health partners a partnership approach which will support the development and progression of Shoebury and St Luke’s Health Centres. Capital investment would be required to develop the existing health estate.
- 8.6 Consultation – as described in the report.
- 8.7 Equalities Impact Assessment (EIA) – an EIA is due to be published by the STP during spring 2018. The Directors for Public Health, across the STP, are working in partnership with the STP to develop the EIA.
- 8.8 Risk Assessment – The risks are outlined in this report. There is a risk to the local health and social care system of not doing anything.

9 Background Papers

None.

10 Appendix

Appendix 1 – Mid and South Essex STP - Consultation Document