

Mid & South Essex Sustainability and Transformation Partnership (STP)

Southend Health And Wellbeing Board

Update on consultation outcome and next steps

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Developments since last meeting

- Public consultation completed; Joint HOSC response to consultation received
- Stage II Clinical Senate process completed
- Preparation for CCG Joint Committee decision-making underway
- Report of independent analysis of consultation feedback published
- STP Primary Care strategy completed; endorsed by CCG Joint Committee. CCG Boards to agree local implementation and investment plan during May/June.
- Newly formed STP Board, with direct representation of all local partners

A reminder of the overall 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 five yrs

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



Consultation on five principles for proposed future of 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**



Overview of public consultation

- CCG Joint committee approved on 29th November 2017 (CCGs as commissioners must consult on service change)
- Consultation launched on 30th November 2017 closed on 23rd March 2018 – extended by two weeks from 9th March to allow further time for responses
- Activities included:
 - Publication of comprehensive consultation document and summary
 - Launch of website and online questionnaire
 - Large deliberative discussion events
 - Workshops and attendance at community meetings
 - Blogs, videos, animation (more than 49,000 views for animation alone)
 - Social media targeted advertising – e.g. placed on more than 200,000 newsfeeds on Facebook
 - Distribution of materials across the community networks of five CCGs and other STP partners including the hospitals
 - Telephone survey to a 750 representative sample of the population across mid and south Essex
 - Extensive local press and media coverage

Consultation response

- More than 1300 responses to on-line survey plus a further 276 Thurrock specific
- Additional 750 telephone survey responses
- 124 paper responses
- 130 individual submissions in the form of letters and emails
- 37 submissions from organisations, community groups and elected representatives
- 16 large public events held (more than 700 attendees)
- 48 stakeholder meetings / workshops, including groups with protected characteristics under Equality law and those most likely to be impacted: e.g. stroke, renal and respiratory patients
- Significant social media activity

Estimated 4000 people took opportunity to participate

Consultation findings

- Report of independent analysis of consultation feedback published on 22nd May 2018.

Headlines:

- Broad agreement with overall principles as outlined in the consultation document
- Generally lower rate of support for principles in Southend
- Lower rate of support for principle 5 (Orsett Hospital changes) from Thurrock residents
- Consistent issues raised across all areas:
 - Need for strong transport infrastructure
 - Financial constraints
 - Workforce constraints
- In each of these areas, the STP already has work on-going
- Full report can be found at:
<http://www.nhsmidandsouthessex.co.uk/have-your-say/outcome-of-consultation/>

Preparing for decision-making

Preparation now underway for CCG Joint Committee decision-making in July. The decision-making business case will include:

- The independent outcome report – important to recognise consultation is not a “referendum” but to gain understanding of potential impact the proposed changes may have.
- Detailed plans on **Clinical Transport** service to move patients between sites where they would benefit from a period of specialist care. Protocols developed with experts in the East of England Ambulance Service and regional Trauma Networks. Work on detailed planning for workforce, fleet and financial requirements is underway.
- Plans for **Family/Carer Transport** are in development to support family and friends to visit hospital inpatients in a more distant hospital. These plans are being developed with expert support and with input from patients and carers.
- Outcome of the detailed, Stage II review of proposed service changes by the **East of England Clinical Senate**
- Completion of **equality and health inequality impact assessment work** – undertaken by individual CCGs as a result of joint work between STP team and Directors for Public Health from three local authorities.

Update on family and carer transport

External transport analysis and planning work has now been completed, alongside engagement events which were held during and after the formal consultation period to develop recommendations. Based on this work recommendations have been developed which fall under four themes:

- Improving accessibility to hospital for people living in **urban areas** through the creation of a shuttle service with three core routes.
- Improving accessibility to hospital for people who live in **smaller towns and villages** through a volunteer driver scheme and work with community transport providers.
- Improving use of **public transport and the shuttle service** through the provision of better information for patients, visitors and hospital staff alongside the implementation of incentives to move away from car use.
- Implementing a common approach to **staff transport** across the three hospitals, encouraging switches away from driving to work.

Update on clinical senate

Work with the clinical senate has now been completed with the trusts submitting detailed information about each of the proposals for service change, a site visit by the panel, alongside a panel day where around 30 members of trust staff attended.

- Overall, the **senate strongly supported** the proposals for service change, including for those service areas identified for consolidation.
- We expect the senate to require some further detail to be produced for emergency general surgical services and in particular how cover arrangements would operate at Basildon Hospital as part of the proposals.
- Further encouragement (in line with previous senate reports) to seek further separation of elective and emergency care.
- To ensure that we develop ambitious, patient focused outcome measures to demonstrate improvement during implementation of any changes.
- To ensure that we have the necessary IT activities in place to ensure that clinical information can be accessed across the three hospitals.

Partnership Board

- Shadow STP Board meeting held in March (now inclusive of CCGs, acute trusts, community and mental health providers, three local authorities, three Healthwatch organisations and Service User Advisory Group).
- Supporting groups established:
 - STP Chairs Group (includes Health and Wellbeing Board Chairs) - first meeting held in April
 - Service User Advisory Group – newly constituted group met in May.
 - Local Clinical Cabinet in place – met in May
 - Executive Delivery Group – in development.
- STP development sessions in May and June to:
 - Establish the principles of partnership working for the STP
 - Agree a refreshed vision for the STP and the narrative to support this
 - Identify and agree pan-STP priorities; agree delivery plans and resourcing implications
- Broad agreement on cross-cutting work programmes:
 - Communications and Engagement
 - Workforce
 - Estates & IT
 - Digital
 - Finance

Thank you

Any questions?