Amendment to item: Council Motion re Mid and South Essex Sustainability and Transformation Partnership

Delete 2.3

Insert

2.3 That Scrutiny agree to refer the STP to the SoS as outlined in Option D, section 6, believing that this best expresses the serious concerns placed on record by members of the council.

Insert after 6.44

OPTION D

i. **refer the STP in its entirety to the Secretary of State on the basis of 'adequacy of the content of the consultation',**
ii. **refer decision #12 re Stroke Services on the basis that the hyperacute clinical treatment model is acceptable (subject to appropriate resourcing) but that the development of a specialist team in Basildon Hospital to provide intensive nursing support and rehab is not.**
iii. **Not withstanding i. the Council records the STP agreement to maintain 24 hour A&E services at all three hospitals.**

Assessment

6.45 In its response to the CCG Joint Committee, SBC, at the end of public consultation, highlighted a number of areas that are positive for the local residents of Southend. SBC fully recognised the need for change to the provision of acute services in mid and south Essex and recognised that the current model was unsustainable for reasons of recruitment, retention, financial sustainability. SBC further recognised that, due to changing demand and innovations in technology there was a need to change and improve services. In its report SBC welcomed the additional capital investment that would support the STP proposals.

6.46 Referring the STP to the Secretary of State in its entirety (on the basis of 'not satisfied with the adequacy of content of the consultation') would require SBC to disagree with all of the decisions made by the CCG Joint Committee. Eg, quicker access to the range of treatments offered at the existing Essex Cardiothoracic Centre in Basildon, the enhancement of operations at Southend A&E department 24hrs a day and the development of trained specialist teams. SBC can make clear in it's response that some measures are beneficial to residents in Southend and welcome, but the STP process we are required to follow means we can only reject all measures, or none.

6.47 SBC's formal response to the public consultation was that whilst the STP proposals were broadly supported, there were significant areas of concern that SBC still had which were not in the interests of local health services, that impacted on the sustainability of stroke services in Southend and delivered reduced outcomes for the town's residents. Following a debate at the Council meeting on 19th July 2018, Members placed on record that the Council:

- Would not support the STP without better rationale and evidence for moving stroke services to Basildon Hospital
- Stated that the proposals are weak in terms of guaranteeing investment in localities without the impact of which, the acute reconfiguration is not viable.

- Believed that proposals around transport and transfers were unclear and poorly defined, and would not be able to support the STP until detailed workable proposals were set out
- Found the proposals on consolidated discharge and repatriation arrangements unclear
- Noted the challenges in workforce recruitment, retention and long-term sustainability

6.48 It is important to acknowledge that there are some decisions that have been made by the CCG Joint Committee that will improve health outcomes for Southend patients. For example quicker access to the range of cardiology services offered at the existing Essex Cardiothoracic Centre in Basildon and the earmarking of £118M in capital funding from central funds, of which circa £40M is allocated to Southend Hospital.

6.49 To refer the STP to the Secretary of State in its entirety (on the basis of 'not satisfied with the adequacy of content of the consultation ') would enable SBC to cite multiple requests to the STP for more information on:

- The rationale and evidence for moving stroke services to Basildon Hospital
- A realistic understanding of guaranteed investment in localities
- Clearer information on transport and transfers between hospitals.
- Clarity around consolidated discharge and repatriation arrangements.
- Clarity around workforce available to work at each site, recruitment, retention and long-term sustainability

Since the CCG Joint Committee decision on 6 July 2018 a number of steps have been taken by the STP to address SBC's concerns. Steps which have included the partial development of proposals for treat and transfer, friends, family and carer transport, clinical pathways, primary care and the out of hospital community model. These concerns have not been addressed fully, or to a point where SBC can make an informed decision.

6.50 The five principles consulted on included the principle that certain, more specialist, services which require an inpatient stay should be concentrated in one place, where this would improve care and chances of a good recovery.

6.51 This model / principle is supported by the East of England Clinical Senate who confirmed that the proposals for service change would deliver improvements to patient care. The proposals / service model developments were developed by leading front-line consultants and have been recognised as improving the quality, outcome and safety of care.

6.52 Whilst it is recognised that specialist services, which require an inpatient stay, would benefit from being concentrated in one place there is very little evidence to support the location of a number of the CCG Joint Committee decisions in Basildon. For example decision #12 which refers to the care for patients showing symptoms of a stroke continuing to be via the nearest A&E, where patients will be assessed, stabilised and treated, if clinically appropriate. Patients who have had a stroke will then transfer to Basildon Hospital for a short period of intensive nursing and therapy support. The decision further recognises that where a patient is confirmed as suffering from a bleed on the brain, they will continue to be transferred to a designated centre, as now. The CCG Joint Committee strongly supported the ambition to develop a mechanical thrombectomy service but makes no recognition that a thrombectomy service (on a best endeavour approach) is currently provided from Southend Hospital.

6.53 During the course of public consultation locally elected Members from a number of different political parties from SBC visited the stroke unit at Southend Hospital to discuss the STP proposals.

6.54 Members left the visit very clear that a model had been developed between the lead consultants for each acute site that places the patient at the centre. The immediate and timely hyperacute clinical intervention is paramount to the delivery of a successful model. The fast reaction of the model to identify patients with strokes (using hyperacute imaging), the ability to quickly identify the cause of the stroke and hyperacute clinical intervention delivered thereafter are all primary considerations of the model.

6.55 The resourcing of the hyperacute clinical intervention model was also a topic of conversation and Dr Guyler (Lead Consultant for Stroke Medicine) outlined the required resource at each site for the model to function effectively. Clare Panniker (Chief Executive Mid, Southend and Basildon Hospital Group) confirmed to the Members and assured the meeting that the STP proposals were committed to resourcing each site appropriately as defined by the model Dr Guyler outlined.

6.56 The decision for the reconfiguration of stroke services and development of a hyperacute clinical intervention model is supported with clinical evidence. However the rationale to incorporate a specialist stroke unit at Basildon Hospital, where patients will receive a short period of intensive nursing and therapy, is less clear and poorly documented in the CCG Joint Committee Decision Making Business Case.

6.57 The Stroke Association supports the proposals for stroke services as agreed by the CCG Joint Committee, report is detailed in Appendix 7. In summary, the report specifically supports the development of the model outlined in the CCG Decision Making Business Case. The Stroke Association further support the development of a specialised stroke service which will provide intensive nursing and therapy. Whilst the report supports the development of the specialist service at Basildon Hospital the Stroke Association were not asked to appraise any alternatives. For example, the Stroke Association were not requested to comment on whether or not the specialist stroke service should be based at Southend. Not in the interests of local health services

6.58 It is arguable to suggest that the decision to locate a specialist stroke service at Basildon Hospital that will provide intensive nursing and therapy is not in the interests of local Southend health services.

6.59 Throughout the numerous engagement events held between Southend and the STP requests were made for the rationale and evidence base that supported the location of a specialist stroke service, providing intensive nursing and therapy support, at Basildon Hospital. The evidence base that supports the CCG Joint Committee decision has never been made available to either Officers or Members at SBC.

Benefit

6.60 Adopting this approach would be consistent with the views of all councillors, who voted unanimously on a motion referencing each of the issues set out in 6.11 above, at the meeting of the Full Council on 19th July 2018.

6.61 This is an opportunity for SBC to raise awareness of the current lack of information which councillors need to make an informed decision.

6.62 The STP will be required by the Secretary of State to provide that information.

Risk

6.63 The STP have already indicated that the hospitals are unable to progress the capital bid process to draw down the £118m (c£40m for Southend Hospital). The process to draw down capital funding within the health service is long and complex (approximately 12-18 months taking into account strategic outline case, outline business case and full business case, and various approval routes (NHS Improvement, DH, Treasury). Any delay in commencing this process will have a significant impact on accessing capital for schemes such as the additional hospital wards at Southend.

6.64 Development of detailed implementation, finance and workforce plans (per pathway) will be further delayed, with impacts on:

- Patient benefits that would occur as a result of service changes
- Staff - continued uncertainty, and resultant impact on recruitment and retention.
- Services where there are issues with sustainability (eg. because of rota gaps or increased demand) remain fragile
- Financial sustainability of the system

6.65 The cost of referral (both financial and human resource), for both SBC and NHS England.

6.66 Potential delay in implementation of the locality approach (if identified investment requirements are reliant on bringing activity (and funding) from the acute sector).

Proposed: Cllr Margaret Borton

Seconded: Cllr Carole Mulroney