

The Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care
39 Victoria Street
London
SW1H 0EU

Our ref:
Your ref:
Date: 15th January 2019
Telephone: 01702 215000
Email: cllrnevin@southend.gov.uk

Dear Secretary of State,

Referral of Mid and South Essex Sustainability and Transformation Partnership – Your Care in the Best Place Public Consultation by the Mid and South Essex Clinical Commissioning Group’s Joint Committee

The Southend-on-Sea Borough Council’s People Scrutiny Committee (Scrutiny) writes to advise you that on 9 October 2018 Scrutiny unanimously took the decision to refer the Mid and South Essex Sustainability and Transformation Partnership’s (STP) ‘Your Care in the Best Place’ public consultation and resulting decisions taken by the Mid and South Essex Clinical Commissioning Group’s Joint Committee (the CCG Joint Committee) to your office.

In July 2018 the Full Council unanimously agreed a Motion which requested that Scrutiny give due consideration to a referral to the Secretary of State for Health and Social Care. On 18 October 2018 the Council noted Scrutiny’s decision to refer to the Secretary of State thereby endorsing the referral.

Scrutiny make this referral under Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. As outlined in Regulation 23 our referral meets the requirements as set out specifically in paras 10 and 11. This referral is made as it is considered by Scrutiny that under para 9 (of regulation 23) section (a) and (c) apply.

Under para 9 (of regulation 23) Southend-on-Sea Borough Council can refer decisions to the Secretary of State under certain prescribed criteria outlined in regulations. Based on these criteria the grounds for this referral are outlined in para 9(a) and 9(c) (regulation 23) as follows;

- i. Scrutiny is not satisfied with the adequacy of the content of the consultation with Southend-on-Sea Borough Council regarding the Mid and South Essex STP – ‘Your Care in the Best Place’; and
- ii. Scrutiny considers that the CCG Joint Committee decision regarding stroke services (decision #12) is not in the interests of the health service in our area.

In June 2014 The Department of Health published ‘Guidance to support Local Authorities and their partners to deliver effective health scrutiny’. This guidance stipulated that where scrutiny is required in relation to substantial reconfiguration proposals across local authority boundaries establishment of a Joint Scrutiny Committee (JHOSC) is mandatory. The guidance further allows that Local Authorities may choose to delegate their power of referral to the mandatory JHOSC but need not do so. If they choose to not delegate then the Local Authority may make such referrals.

I can confirm that, as an upper tier Local Authority, Southend-on-Sea Borough Council have formed a JHOSC with both Essex County Council and Thurrock Council. I can also confirm that the power of referral has been retained by each of the Local Authorities.

Prior to making this referral I can confirm that I have written to the CCG Joint Committee and informed the Committee of Scrutiny's decision to refer the STP to your office. The Committee was informed formally on 14th November 2018. The response from the CCG Joint Committee was considered but I did not feel that it changed the case for our referral. Both the letter and the Committee's response is enclosed with this referral.

Also enclosed to this letter is a detailed supporting document outlining Scrutiny's grounds for this referral, a summary of its reasons and evidence to support this referral.

As Chair of Scrutiny I would ask that you give your full consideration to the issues raised by the Council following its' extensive and thorough work over many years with the STP and previously, the Essex Success Regime.

The detail of our referral is attached to this letter. Should you require any further information, please do not hesitate to contact Fiona Abbott, Statutory Scrutiny Officer, Southend-on-Sea Borough Council, (fionaabbott@southend.gov.uk or 01702 215 104).

Scrutiny looks forward to your reply and we hope that your view on these issues will provide a way forward in support of better outcomes for the residents of Southend-on-Sea.

Yours sincerely,

Councillor Cheryl Nevin
Chair
People Scrutiny Committee
Southend-on-Sea Borough Council
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Referral to the Secretary of State for Health and Social Care

1 Grounds for the referral

- 1.1 Under Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and in accordance with Paragraphs (10) and (11) Southend-on-Sea Borough Council (the Council) request that the Secretary of State for Health and Social Care considers our concerns regarding the Mid and South Essex STP (the STP) formal public consultation 'Your Care in the Best Place' and the subsequent decisions taken by the CCG Joint Committee.
- 1.2 The grounds for this referral are, and as stated under Paragraph 9(a) and 9(c) (of Regulation 23);
 - that we consider the content of the formal consultation with the Council to be inadequate; and
 - that we consider the proposed changes for stroke services will not be in the interests of health services in our area.
- 1.3 The reasons and evidence for the referral are laid out in detail below and the structure of this referral paper is as follows;
 - Context (section 2)
 - Summary of 'Your care in the best place' proposals (section 3)
 - CCG Joint Committee decisions (section 4)
 - Summary of our reasons for referral (section 5)
 - Our evidence (section 6)
 - Steps taken to reach agreement with CCG Joint Committee (section 7)

2 Context

- 2.1 With a population circa 180,000, Southend-on-Sea (Southend) is one of the largest conurbations in the East of England. Southend, however, is changing. The Borough is becoming more ethnically diverse and the number of older people is increasing. The proportion of 65+s is currently higher than the national average and is set to significantly increase by 2025.
- 2.2 The level of child poverty and deprivation in Southend is worse than the England and Regional averages. In 2015, over a quarter of Southend residents lived within areas classified as being in the 20% most deprived in England.
- 2.3 Working age adults in Southend are more likely to struggle to find employment and more likely to rely on 'out of work' benefits than an adult in an average family in England. The same Southend adult is slightly more likely to smoke and have a poorer diet than the average person of working age in England.
- 2.4 Adults, of a working age, in Southend are more likely to suffer from anxiety and depression than the England average. This anxiety and depression is more likely to have an impact on associated children, who will, in turn, be more vulnerable to facing mental health conditions.
- 2.5 The proportion of people of excess weight is higher in Southend when compared to the England average, whilst levels of physical activity are lower by comparison.
- 2.6 Older adults, in Southend, are more likely to smoke, have a poorer diet and to suffer from multiple long-term health conditions. As the average older adult ages, they are also more likely to suffer from dementia.
- 2.7 In Southend, the average life expectancy is close to the England average but the cumulative effect of lifestyle behaviours and socioeconomic background are apparent at

the end of life. The difference in longevity is marked between those living in the most and least deprived areas in Southend.

- 2.8 In the most deprived areas of Southend, life expectancy drops by 11 years for men and 10 years for women. For men and women, over 60% of the deaths which account for the difference in life expectancy between the most and the least deprived wards are lifestyle related death caused by cancers, and circulatory and chronic diseases.
- 2.9 While the outlook for most families in Southend is good, the health and wellbeing of families from relatively deprived parts of Southend lags behind those from more affluent areas. The gap emerges for those in their school years, widens for those dealing with the realities of adult life and is keenly felt by those in old age.
- 2.10 In addition to Southend's demographics, visitors to Southend continue to grow at a fast rate, Southend has an international airport and one of the busiest lifeboat stations in the country. The results from the 2017 Economic Impact Assessment have shown that tourism in Southend has rapidly grown. In 2017 more than 7.5million trips were undertaken to Southend. So at various times throughout the year the demands on Southend's health system increases dramatically depending on the mix of visitors and residents.

3 Summary of 'Your Care in the Best Place' proposals

- 3.1 The proposals led by Mid and South Essex STP, aim to build up GP and community services over the next 5 years and extend the range of professionals and services in local GP practices. At the same time, it is proposed to change and improve the way the three Mid and South Essex hospitals at Southend, Basildon and Broomfield work.
- 3.2 The flow through hospitals, the wait in A&Es and the wait for discharge from hospital are all at unacceptable levels in Mid and South Essex. The proposals aim to address these challenges.
- 3.3 Specialist care is also addressed in the proposals with the aim of continuing to provide and improve the levels of specialist care. The proposals aim to create larger specialist teams by bringing together the resource and expertise across the three hospital sites. Through doing this the challenge of workforce development, transport and investment is recognised by the proposals.
- 3.4 The public consultation took place between November 2017 and March 2018 and the following principles and proposals under each of them were consulted on;
 - **Principle 1.** The majority of hospital care will remain local and each hospital will continue to have 24 hour A&E department that receives ambulances;
 - **Principle 2.** Certain more specialist services which need a hospital stay should be concentrated in one place, where this would improve care and chances of a good recovery;
 - **Principle 3.** Access to specialist emergency services, such as stroke care, should be via the local A&E, where patients would be treated and, if needed, transferred to a specialist team which may be in a different hospital;
 - **Principle 4.** Planned operations should, where possible, be separate from patients who are coming into hospital in an emergency; and
 - **Principle 5.** Some hospital services should be provided closer to patients either at home or in a local health centre.
- 3.5 No alternative options were provided by the STP, nor did the STP invite those being consulted with to propose alternative options.
- 3.6 An independent report looking at responses to the public consultation was published on 22 May 2018. The report produced by specialist consultation analysts, The Campaign Company, provides a breakdown of both the process and responses to proposals aimed

at strengthening and improving health and care services in the community and in the three hospitals serving mid and south Essex.

- 3.7 The analysis indicates there is broad agreement with the overall principles described in the consultation and as per **para 3.4**.
- 3.8 The analysis identifies some local differences, particularly that there was less general agreement with the proposals from those living in the NHS Southend CCG area.
- 3.9 The analysis report has also shown key themes of concern particularly in the areas of;
 - Transport and accessibility of services;
 - Shortages in workforce to deliver a sustainable service; and
 - The need for more detailed and costed plans so that stakeholders can better understand how the STP vision will work in practice.
- 3.10 The 16-week consultation saw 16 large scale public meetings with circa 700 people attending in total, and 40 deliberative workshops and specific events for people who were most likely to be affected by the proposals.
- 3.11 750 people took part in an independently commissioned telephone survey conducted with a demographically-balanced section of the population across mid and south Essex to ensure that the consultation process accurately captured the views of the wider population. The independent report notes that 15 people (of the 750) had 'heard a lot about the STP' whilst 37 people had 'heard a little'. Of all those who had 'heard about' the STP only 15 people had read the consultation document.
- 3.12 This suggests that the STP had failed to communicate and consult effectively with the local residents across the STP footprint.
- 3.13 In total, it is estimated that circa 3,500 (of a total population of circa 1.2M) people took the opportunity to participate. This equates to circa 0.3% of the mid and south Essex population having engaged in the public consultation.
- 3.14 The independent report outlines the process conducted by the CCG Joint Committee and recognises that the overall response cannot be seen as representative of the population but is representative of interested parties who were made aware of the consultation and were motivated to respond.

4 CCG Joint Committee decision

- 4.1 On 6 July 2018 a CCG Joint Committee meeting was held resulting in the following decisions;
- 4.2 **Decision 1** - Consultation process. Decision taken that the Joint Committee and its constituent CCGs have met their statutory duties and ensured an effective and robust public consultation.
- 4.3 **Decision 2** - Consultation principles CCG Joint Committee noted the five principles for change, upon which the public consultation was based.
- 4.4 **Decision 3** - A&E departments. Decision taken that the three A&E departments will continue to operate 24 hours a day and receive blue light ambulances. Trained teams will meet the particular care needs of:
 - Older and frail people
 - Children
 - Patients in need of urgent medical treatment
 - Patients in need of urgent surgical treatment

- 4.5 **Decision 4** - Treat and Transfer (clinical transport). Decision taken to approved treat and transfer to specialist services, where appropriate. Changes in specialist services will not begin until a suitable clinical transfer service is in place.
- 4.6 **Decision 5** - Complex gynaecology (women's services). Decision taken that
- Gynaecological cancer surgery will be located at Southend Hospital
 - Complex gynaecological surgery (including uro-gynaecology) will be located at Southend and Broomfield Hospitals.
- 4.7 **Decision 6** - Complex respiratory services (for complex lung problems). Decision taken that inpatient care for patients with complex respiratory conditions will be located at Basildon Hospital.
- 4.8 **Decision 7** - Complex kidney disease. Decision taken that inpatient care for patients with complex kidney disease will be located at Basildon Hospital. Very complex care, such as kidney transplants, will continue to be provided in specialised centres in London and elsewhere.
- 4.9 **Decision 8** - Vascular services (for arteries and veins). Decision taken that a specialist vascular hub will be developed at Basildon Hospital. The abdominal aortic aneurysm (AAA) screening service will remain at Southend Hospital, which already serves the whole of Essex.
- 4.10 **Decision 9** - Cardiology services (for complex heart problems). Decision taken that quicker access to the range of treatments offered at the existing Essex Cardiothoracic Centre in Basildon.
- 4.11 **Decision 10** - Gastroenterology services (digestive system). The original proposal for complex gastroenterology was not put forward for a decision at this stage.
- 4.12 **Decision 11** - Complex general surgery. Decision that;
- Surgery for some complex emergency general surgical conditions, such as upper gastrointestinal procedures will be located at Broomfield Hospital.
 - Complex colorectal surgery will be located at Broomfield and Southend Hospitals.
- 4.13 **Decision 12** – Decision taken that stroke care for patients showing symptoms of a stroke will continue 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 (approximately 72 hour) period of intensive nursing and therapy support. Should a patient be confirmed as suffering from a bleed on the brain, they will continue to be transferred to a specialised designated centre, as now. This would either be Queen's Hospital, Romford, or Cambridge University NHS Foundation Trust in Cambridge. The CCG Joint Committee strongly supported the ambition to develop a mechanical thrombectomy service. This is a technique that can physically remove a clot from a blood vessel.
- 4.14 **Decision 13** - Orthopaedic surgery (for bones and joints). Decision taken that;
- Planned orthopaedic surgery, such as hip and knee replacements, will be at Southend Hospital for people in south Essex and at Braintree Community Hospital for people in mid Essex.
 - Emergency orthopaedic surgery, such as a serious fracture requiring a hospital stay, will be at Basildon Hospital for south Essex and at Broomfield Hospital for mid Essex.
 - Planned complex wrist surgery will be at Southend Hospital and complex emergency wrist surgery will be at Basildon and Broomfield Hospitals.
 - Further work will test the viability of planned inpatient spinal surgery at Broomfield and Southend Hospitals.

- 4.15 **Decision 14** - Urology (e.g. for kidney, bladder and prostate problems). Decision taken that;
- Cancer surgery will be at Southend Hospital
 - Complex (non-cancer) emergency urological conditions will be treated at Broomfield Hospital
 - Complex uro-gynaecological treatment will be located at both Southend and Broomfield Hospitals.
- 4.16 **Decision 15** - Orsett Hospital Services currently provided at Orsett Hospital will be transferred to a range of locations within Thurrock, Basildon and Brentwood, enabling the closure of Orsett Hospital. Planning will be in partnership with the local community, including a "People's Panel" supported by Healthwatch organisations in Thurrock and Essex. The Orsett Hospital site will not close until the new services are in place at the agreed new locations.
- 4.17 **Decision 16** - Family and carer transport. Decision taken that the hospitals will take reasonable steps to support patients, their families and carers, to travel to a more distant hospital, if required. The priorities are to:
- Work with local authority transport planners to enhance existing public transport
 - Consider the development of a shuttle bus that could include some of the community hospitals as well as the main hospital sites
 - Expand existing community transport and voluntary car schemes
 - Provide better information for patients and families on all forms of transport
- 4.18 **Decision 17** - Capital funding. Decision that £118 million in capital funding is earmarked in central funds to support the hospital changes, plus an additional £12 million being raised locally through the disposal of local assets.
- 4.19 **Decision 18** - Implementation oversight. Decision that there will be an Implementation Oversight Group, which will include patient and public representatives.
- 4.20 **Decision 19** - Continued engagement Decision that communication and engagement will continue with patients, public, staff and stakeholder organisations.

5 Summary of reasons for the Referral

The Councils' position;

- 5.1 Prior to public consultation the Council had proactively engaged with the STP, ensuring that the STP was invited to a number of different meetings and committees. The Council have consistently supported areas of the STP that would improve outcomes for Southend residents and have consistently challenged proposals from the STP that would reduce outcomes, for example, the Council robustly challenged the STP proposals to reconfigure the A&E department at Southend Hospital set out in the original proposals prior to formal public consultation.
- 5.2 During the process of public consultation the Council formally responded with a report that acknowledged the need for transformation within health services across the STP footprint and offered support for the STP proposals once the proposals had been sufficiently developed. The Council highlighted six areas of concern to the CCG Joint Committee and specifically noted that insufficient information had been made available by that Committee for the Council to take an informed position regarding the STP proposals. Further, the Council welcomed the opportunity to work in partnership with the STP to ensure specific areas of concern were addressed.
- 5.3 The six areas of concern were;
- stroke services;

- investment in Localities;
 - transfers and transport;
 - consolidated discharge and repatriation;
 - capital investment; and
 - workforce.
- 5.4 On 6 July 2018 the CCG Joint Committee made decisions following recommendations made by the STP programme. These recommendations were made following consideration of the public consultation, clinical senate reports and developed proposals for each of the recommendations.
- 5.5 Following the CCG Joint Committee decision making process, at the Southend Council meeting on 19 July 2018 a 'motion' was unanimously supported by all Councillors present and carried reiterating the concerns outlined in the Council's response to the STP proposals and further expressing concern at the public consultation process and how it had reached only a small fraction of the population within the STP footprint.

Rationale for referral

- 5.6 The Council fully recognise that the challenge within mid and south Essex for the provision of health and care services is difficult and extremely complex. The Council further recognise that the current provision of health services within the STP footprint is unsustainable. Reports published by the Council evidence this recognition. Throughout the engagement with the STP, the Council has acknowledged that some of the STP proposals will deliver better outcomes for the residents of Southend. For example, the enhancement of centrally provided specialist services that are not currently provided in Southend Hospital and circa £40M capital investment will, undoubtedly, provide better outcomes.
- 5.7 Throughout the Councils' engagement with the STP and in the absence of a public consultation regarding a series of options, the Council have continually requested evidence that supports the proposals and evidence that supports the decisions from both a clinical and enabling perspective. The Council's challenge has been 'what are the detailed plans for workforce which will support the delivery of the proposals? What are the detailed plans for transport (patients, family, friends, carers etc.) which will support the delivery of the proposals?'
- 5.8 The Council believe that the CCG Joint Committee should reconsider their decisions on the following grounds;

Inadequacy of the content of the consultation with the Council

- 5.9 Insufficient detail to support the decisions made by the CCG Joint Committee regarding **transport** (patients, friends, family and carers), **discharge and repatriation procedure**; **workforce**, **investment** and **implementation** have been provided by the CCG Joint Committee. The Council require this information to reach an informed position on the proposals.
- 5.10 Despite numerous offers from the Council to support and develop, in partnership, alternative options for consideration the process of public consultation presented the proposals as the only option for consideration. There were **no other options** upon which the CCG Joint Committee consulted.
- 5.11 There has been a perceived lack of clarity regarding both the decision making process and evidence to support decisions led by the CCG Joint Committee, which has manifested itself through; **inconsistency in accountability**; **disagreement from clinicians** regarding the proposals; and **inconsistent communications** from both the CCG Joint Committee and the Mid, Southend & Basildon Group Hospitals.

Decision #12 (stroke not in the interests of health services in Southend)

- 5.12 The Borough of Southend has an undeniable challenge regarding strokes. The **demand for stroke services and occurrence of stroke** in Southend does not support the relocation of a specialist stroke rehabilitation service away from Southend Hospital. Further, evidence to support the co-location of specialist medical services has not been provided by the CCG Joint Committee despite numerous requests from the Council.
- 5.13 There is an **established stroke service infrastructure in Southend**. The Council is of the opinion that the established infrastructure has not been considered in the development of the STP proposals.
- 5.14 The plan for the workforce required to deliver decision #12 is not sufficiently developed to support the decision.
- 5.15 Due to the fact that no options were consulted upon during the public consultation there is **no evidence to suggest that Southend Hospital**, as an option to locate a specialist stroke service, **was considered**.

6 Evidence

Inadequacy of the content of the consultation with the Council;

Transport plans

- 6.1 The Council acknowledge that the process required to develop plans for transport is complex. Decisions #4 and #16 concern decisions taken by the CCG Joint Committee relating to transport for patients (treat and transfer); family / carer transport.

Treat & Transfer

- 6.2 The Council recognise that the transport plans for 'treat and transfer' are a continuation of current operational procedures. There are also new plans for reconfigured specialist treatments. The Council further recognise that any STP plans re 'treat and transfer' to accommodate increased volume need to be robust, evidenced, well-resourced and tested.
- 6.3 Whilst the CCG Joint Committee have provided a broad range of evidence and detailed operational procedures to develop the proposals for 'treat and transfer' the Council have continually requested information to support these plans: specifically, in respect of (1) resourcing plans; (2) finance plans; and (3) implementation plans for the treat and transfer of patients.
- 6.4 During the course of consultation with the Council the information outlined in **para 6.3** has been requested at a number of both meetings and formal public committees. For example, at the Southend Health and Wellbeing Board in January 2018 representatives of the STP presented the treat and transfer plans and the volume anticipated as a result of the reconfiguration of acute services. When challenged, the evidence to support the plans and the detailed information required to ensure the implementation was not available. In subsequent private and public meetings since January 2018 the required information has still not been made available.

Family / carer transport

- 6.5 Through the Councils' locally elected Councillors' engagement within local communities concern has been raised by Southend residents regarding the STP plans to transport family and carers to visit patients at either one of the three hospitals. The Council recognise that this would only be in the case of patients who have been subject to the 'treat and transfer' model. The Council anticipate that these proposals will have significant impact on the residents of Southend and have therefore sought detailed assurance from the CCG Joint Committee throughout the process of consultation and engagement. This assurance, despite numerous requests, has not been provided.
- 6.6 The assurance required focuses on the CCG Joint Committee supplying information and evidence that enables the Council to have a full and detailed understanding of the volume of residents that this will impact on and for the Council to fully understand the

STP detailed plan to deliver their proposals. To date and despite numerous requests, none of this information has been provided.

- 6.7 To help assure the Council a brief study and practical pilot was conducted during 2017; a member of staff was asked to make a number of journeys using public transport from both Southend Central bus station to Basildon Hospital (and return) and from Shoebury Town Centre to Basildon Hospital (and return). The journeys took place mid-morning and mid-afternoon. On both occasions each return journey took in excess of 4hrs.

Workforce proposals

- 6.8 From the outset of the STP (formerly the Essex Success Regime) the Council have underlined the need to have detailed proposals for workforce. The Council consider that these proposals underpin the entire STP. The proposals must be practical, deliverable and sustainable to ensure the reconfiguration of acute services, the transformation of primary care and the delivery of an out of hospital community model, can be realised.
- 6.9 Throughout the consultation with the Council workforce evidence has been requested to support the detailed implementation of the STP proposals. The information requested to support the consultation with the Council relates to;
- the plans to recruit and retain the workforce required;
 - the plans required to sustain and skill the workforce required; and
 - the plans required to operate and manage services.

to deliver the plans for acute reconfiguration; transformation of primary care; and the development of the out of hospital community model.

Investment plan

- 6.10 The Council have regularly requested information to support decision #17 of the CCG Joint Committee. Specifically, the allocation of the circa £40M of capital investment earmarked for Southend Hospital. The Council have also requested the information regarding the detail of the disposal of assets noted under decision #17. This information has not been provided or made available during the process of consultation with the Council.

Implementation plan

- 6.11 Throughout the process of consultation both the Council and the CCG Joint Committee have acknowledged the complexity and planning required to implement the STP proposals. Through a number of formal meetings and committees the Council has requested the implementation plan being developed by the CCG Joint Committee. A review of the plan would help the Council to support the CCG Joint Committee decisions. This information has not been provided nor made available during the process of consultation with the Council.

Discharge and repatriation

- 6.12 The Council has consistently highlighted the challenges for discharge and repatriation to the CCG Joint Committee. For patients to be discharged efficiently a consistent repatriation process needs to be in place. Throughout the consultation with the Council the CCG Joint Committee have not addressed these concerns nor has information addressing these concerns been made available.

Zero options for consideration during public consultation

- 6.13 Throughout consultation with the Council no options have ever been provided by the CCG Joint Committee upon which the Council could be engaged and consulted with. From the outset the Council have made an offer to work in partnership with the STP to develop alternative options. This has included the Council suggesting a Council investment in a new, modern and fit for purpose facility, providing acute services for Southend which meets the changing and developing needs and aligns with the STP

direction of travel. Whilst the Council acknowledges that it is not 'best placed' (nor is it our role) to develop alternative options we consider that we have embraced this opportunity in the interests of delivering better outcomes for our residents. This would have enabled the development of a strong partnership, detailed and robust proposals.

Lack of Clarity

- 6.14 There has been a perceived lack of clarity regarding both the decision making process and evidence to support decisions led by the CCG Joint Committee, which has manifested itself through; **inconsistency in accountability; disagreement from clinicians** regarding the proposals; and **inconsistent communications** from both the CCG Joint Committee and the Mid, Southend & Basildon Group Hospitals. For example;
- the public events planned in Southend appeared to be disorganised and were ticketed which led to the perception that the CCG Joint Committee were not being inclusive throughout the process of public consultation;
 - at a public event in Southend the Interim Accountable Officer for Southend CCG made the statement that 'public consultation was not a referendum' leading to the perception by the Council that decisions had already been taken;
 - during the process of consultation with the Council the three NHS provider Trusts announced a merger of the three hospital Trusts which led to the perception that the CCG Joint Committee and provider Trusts were aligning themselves to deliver 'already' made decisions;
 - since the original inception of the STP (the Essex Success Regime) there have been five Accountable Officers at NHS Southend CCG which has led to the impression that there was inconsistency in accountability and responses to the Council's concerns; and
 - prior to public consultation and at a public event in Rochford the Senior Consultant at Southend A&E stated that 'the further patients had to travel, the more likely they would be to die' in reference to the planned reconfiguration of A&E services. Shortly after this statement the STP reversed their proposals to reconfigure the three A&E services. This led to the perception by the Council that other plans for the reconfiguration of acute services were not supported by clinicians and that the CCG Joint Committee were suppressing clinical concerns.

Decision #12 (stroke not in the interests of health services in Southend)

- 6.15 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.

Decision #12 - background

- 6.16 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.
- 6.17 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 for stroke services were developed by leading front-line consultants and have been recognised as improving the quality, outcome and safety of care.
- 6.18 Whilst it is recognised that specialist services, which require an inpatient stay, would benefit from being concentrated in one place there is no evidence to support the location of a number of the CCG Joint Committee decisions in Basildon. Specifically, 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 neuro unit, 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.

- 6.19 The Council has publicly stated support for the clinically developed stroke model but have continually sought evidence to support the location of this model at Basildon Hospital.
- 6.20 Despite repeated requests from the Council (via Southend Scrutiny, JHOSC and Southend Health and Wellbeing Board) for evidence to support the locating of stroke rehabilitation services at Basildon Hospital no evidence has ever been provided.
- 6.21 During the course of public consultation locally elected Councillors from all political groups from the Council visited the stroke unit at Southend Hospital to discuss the STP proposals.
- 6.22 The Councillors 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.
- 6.23 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. This included a medical hyperacute assessment team 24/7 (incorporating 6 nurses and 6 doctors), a CT scanner 24/7 and an MRI scanner 24/7, all at each hospital site. Clare Panniker (Chief Executive Mid, Southend and Basildon Hospital Group) confirmed to the Councillors and assured the meeting that the STP proposals were committed to resourcing each site appropriately as defined by the model Dr Guyler outlined.
- 6.24 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 unclear and not documented in the CCG Joint Committee Decision Making Business Case.
- 6.25 The Council acknowledge that The Stroke Association supports the proposals for stroke services as agreed by the CCG Joint Committee. In summary, The Stroke Association specifically supports the development of the model outlined in the CCG Decision Making Business Case. The Stroke Association further supports 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, nor is it clear that any alternatives were appraised by the CCG Joint Committee. For example, the Stroke Association were not requested to comment on whether or not the specialist stroke service should be based at Southend.

Strokes in Southend

- 6.26 Southend has the highest number of strokes (within the STP footprint) per 1,000 population over the age of 65. The data (17/18) shows that the Southend rate is 7.5 which is significantly higher than Basildon and Mid Essex. Not only does Southend have the highest rate of strokes within the STP, the rate has been steadily increasing (15/16, 16/17 & 17/18) as compared to Basildon and Mid Essex which have been steadily decreasing or remaining constant.

- 6.27 Stroke admissions for Southend Hospital have been steadily increasing year on year, growing from 694 (14/15) to 734 (16/17). This equates to Southend Hospital admitting circa 14 stroke cases per week as compared to circa 11 per week each for both Broomfield and Basildon Hospitals, taken from 16/17 data.

Established infrastructure

- 6.28 Southend Hospital is audited by the Sentinel Stroke National Audit Programme (SSNAP). The most recent audit demonstrates that all three acute hospitals in the Mid and South Essex STP are delivering similar patient outcomes. The evidence and rationale to support the locating of a Specialist Stroke service at Basildon Hospital is not available and raises questions as to why the locating of Specialist Stroke service at Southend Hospital has been overlooked.
- 6.29 Southend has an international airport and a Medical Technical campus which would allow Southend Hospital to attract research funding. It is unclear whether or not this issue has been considered in the CCG Joint Committee decision making process. In addition, Southend Hospital have consistently demonstrated leadership with regards to the development of stroke services, for example; a mobile stroke unit and a best endeavour thrombectomy service.

Workforce

- 6.30 Both the CCG Joint Committee and the Council have recognised the significant challenge associated with workforce which will need to be addressed to enable the successful implementation of the STP.
- 6.31 Despite numerous requests from both JHOSC and the Council the detailed workforce information which is required to provide assurance has not been provided by the CCG Joint Committee. As noted in **para 6.23**, the Chief Executive of Mid, Southend and Basildon Hospital Group confirmed to the Council's locally elected Councillors that resourcing for the clinical hyperacute intervention model (both at local sites and specialist stroke services) would be made available. To date, neither the JHOSC nor the Council have received any information to provide assurance that this commitment is robust.
- 6.32 By creating a specialist stroke service evidence suggests that lives will be saved and disabilities will be reduced. Access to and availability of a specialist stroke workforce continues to be a problem for delivering high quality evidence based stroke care. The British Association of Stroke Physicians has stated 'Clinical developments in UK stroke services have overtaken the specialist resource needed to support them'. The creation of a specialist stroke service (irrespective of location) will allow for the existing specialist workforce in Mid and South Essex STP to be used more effectively to provide evidence based interventions that save lives and reduce disabilities.
- 6.33 Additionally, there is no published evidence that addresses the workforce challenges that would be created as a result of the additional transport requirement (patient, friends, family, carer etc.) following the implementation of specialist stroke services at Basildon Hospital.

Southend as an option was not considered

- 6.34 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 Councillors at Southend.
- 6.35 The limited evidence that has been published in the CCG Joint Committee Decision Making Business Case indicates that there are clinical connections between a cardio thoracic centre and stroke services. The clinical evidence to support this has not been made available.

6.36 The CCG Joint Committee Decision Making Business Case also makes reference to the fact that workforce issues will be resolved as a result of locating specialist stroke services at Basildon Hospital. Both the JHOSC and Southend Scrutiny Committee have requested the evidence to support this rationale. The evidence has not been made available.

7 Steps taken to reach agreement with Mid and South Essex CCG Joint Committee on the proposals

7.1 The Council, across a number of different formal committees and meetings have led a process to meet and engage with representatives from the STP on multiple occasions. From the outset our concerns have been consistent as has our approach to engaging with the STP. The Council has approached engagement with the STP openly and in a transparent manner. The concerns of the Council for workforce, transport, investment, implementation etc. have all been raised by the Council on the basis that evidence is required to support the CCG Joint Committee decision making.

7.2 The Council has invited representatives of the STP to over nineteen formal committee meetings since February 2016 with the objective of understanding the evidence that supports the STP proposals and CCG Joint Committee decisions. It is understandable, therefore, that the Council is frustrated in the lack of evidence and information to support the STP proposals.

7.3 Enclosed as a separate document to this letter is a complete set of agendas, minutes and papers to the meetings and Committees outlined below.

Joint Health and Overview Scrutiny Committee

7.4 A Joint Health and Overview Scrutiny Committee (JHOSC) was established in early 2018 to be the consultee for a formal public consultation launched by the Mid and South Essex STP. Southend Council is the lead Local Authority for the JHOSC.

7.5 The JHOSC has held four meetings in public and a number of private briefings with representatives from the STP. At each of the meetings, both formal and informal, detailed information relating to the development and implementation STP has been requested. The responses from representatives of the STP has been difficult to understand and in certain cases; repetitive. This has led the Southend representatives at the JHOSC unclear about the evidence to support the CCG Joint Committee decisions.

Southend People Scrutiny Committee

7.6 Representatives from the STP have attended nine Scrutiny Committees since the announcement of the Essex Success Regime (latterly Mid and South Essex STP). Each meeting has focused on different aspects of the STP proposals although Scrutiny have been consistent in terms of their challenge. Scrutiny, consistent with the Council position, **para 5.3**, have challenged the STP to provide detailed evidence regarding workforce, investment, transportation, discharge and repatriation and primary care investment to support the STP proposals (pre 6 July 2018) and decisions (post 6 July 2018).

7.7 As stated in various Scrutiny Committees the Committee has found the information provided by the STP to be repetitive, unclear and inconsistent with publicly available documents. Further, the committee has found the evidence to support the CCG Joint Committee decisions to be insufficient and not able to address the concerns of the Council.

Southend Health and Wellbeing Board

7.8 Southend Health and Wellbeing Board (HWB) has endeavoured to work in partnership with our health colleagues. Although they have attended many Board meetings both formal and informal, information relating to the STP proposals has been confusing and unclear, often changing from one meeting to the next.