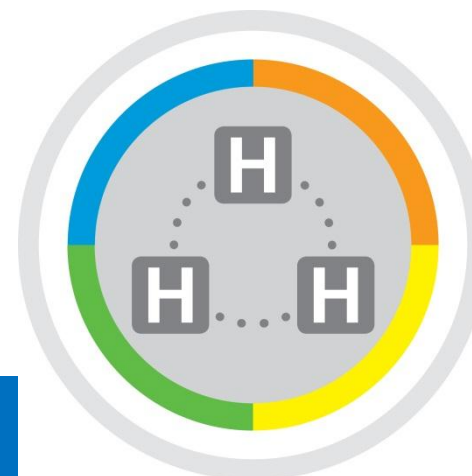
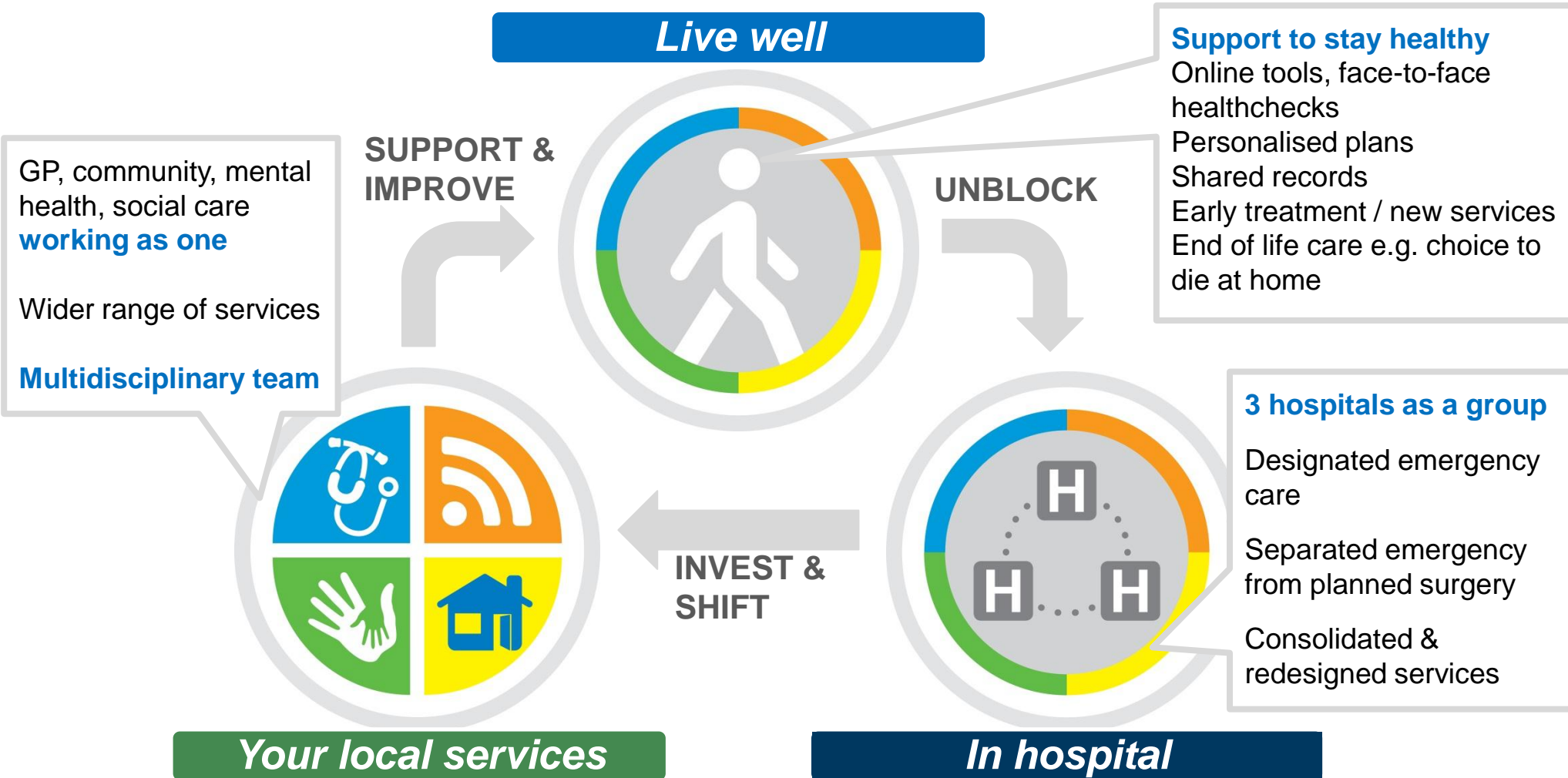


Update for People Scrutiny Committee Southend-on-sea Borough Council

For discussion on 11 October 2016



Current thinking



Community infrastructure to support the acute reconfiguration – the *Locality* approach

Priorities for improvement

Access to GP services

Greater emphasis on prevention

Better communications between services

Increase capacity in social care and mental health services

Locality approach will support ...

by enabling GPs to work closer together in groups to provide services at scale, share back office functions, provide recruitment opportunities and have access to multi-disciplinary teams

by forming integrated Locality teams working across organisations assessing individuals, designing packages of care and co-ordinating the delivery of care (aimed at the high and rising risk cohort)

by providing integrated Locality teams with the infrastructure to work together, build relationships and form communication networks that don't require hierarchical permissions

By supporting the redesign and transformation of workforces to work innovatively within an existing resource envelope

The Locality approach – progress to date

- 4 Localities agreed by SBC and CCG for Southend – May 2016
- Locality based workshops with all partners – Aug 2016
- Integrated Locality team for East Central scoped and developed – Aug 2016
- Workshops of the integrated East Central Locality team held – Sep 2016

Next steps ...

- Work plan to be developed for integrated East Central Locality team – Oct 2016
- Trial and testing period – Nov – Dec 2016
- Roll out of integrated Locality team model for remaining 3 Localities

Potential hospital options - the story so far

No change for existing centres of excellence

- Cancer and Radiotherapy at Southend
- Cardiothoracic Centre, Basildon – Life-saving heart and lung treatments
- Plastics and Burns Centre at Broomfield in Chelmsford

Things that would be provided at each hospital



- 24/7 walk-in A&E at all three sites and ambulances referred by GPs
- Surgical assessment unit
- Frailty assessment unit
- Children's assessment unit
- Outpatient clinics
- Day surgery
- Midwife-led maternity unit and obstetrician cover
- Step down beds for people recovering after surgery or specialist care

Potential hospital options - the story so far



Working better as a group – current thinking around different types of hospital

H

**Elective centre
with A&E**

- Specialist operations - planned treatments
- Intensive care support

H

**Emergency hospital
with elective**

- Planned specialist operations
- Emergency inpatient services
- Emergency surgery during daytime
- Blue light ambulances during daytime
- Full range of intensive care

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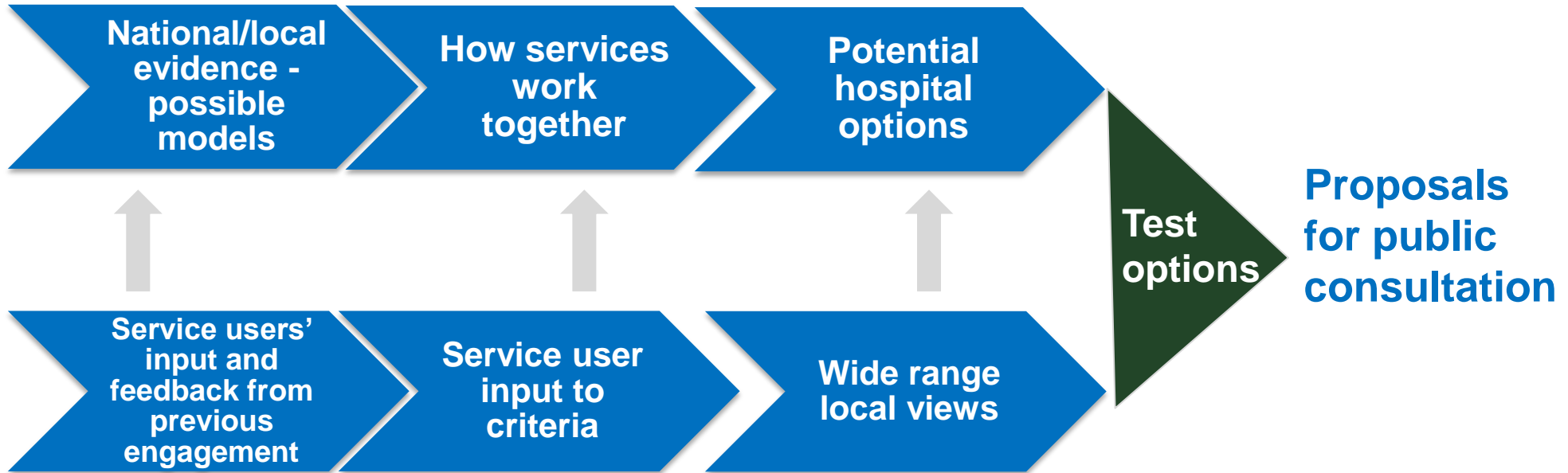
**Specialist emergency
hospital**

- All ambulances 24/7
- Emergency inpatient services
- Emergency surgery
- Hyper-acute stroke unit
- Full range of intensive care

Also looking at:

- Potential to consolidate children's inpatients on 2 sites
- Potential to develop specialised centre for high risk births

In hospital – developing proposals



April & before

July – Sept and ongoing

Aug - Nov



Current timescales

Dates	Action
May-July	Discussions with key representative bodies, service users and staff Acute Leaders Group – some 60 lead clinicians
July-Nov	Workstreams and working groups developing proposals <ul style="list-style-type: none">• Mobilisation of clinical working groups• Staff and service user workshops (in partnership with CVSs, Healthwatch)• Development and weighting criteria for options appraisal
Sept-Nov	Wider engagement and prep for options appraisal <ul style="list-style-type: none">• Workshop programme• Wider community and primary care communities• Service User Advisory Group• Options appraisal (including service users)
Nov-Dec	Pre-consultation business case <ul style="list-style-type: none">• Checkpoint in national assurance process• Consultation with Scrutiny Committees• Prep for public consultation – likely to start in 2017

Feedback to date – Insights from Southend workshop

Do you agree/disagree that health and care system needs to change?

- 1 person disagreed
- 37 people agreed
- 4 people said they were not sure and needed more information

The remainder of the group, 13-18, people did not give a response

Priorities for improvement – common themes

- Access to GP services – 24hr care for people at home, services in right place, right time, no appointments system
- Greater emphasis on prevention – available at primary care level, more information, education – services that have time to support people
- Better communications between services e.g. links between primary and secondary care
- Increase capacity in social care and mental health services
- Increase in funding for NHS

Feedback to date – Insights from Southend workshop

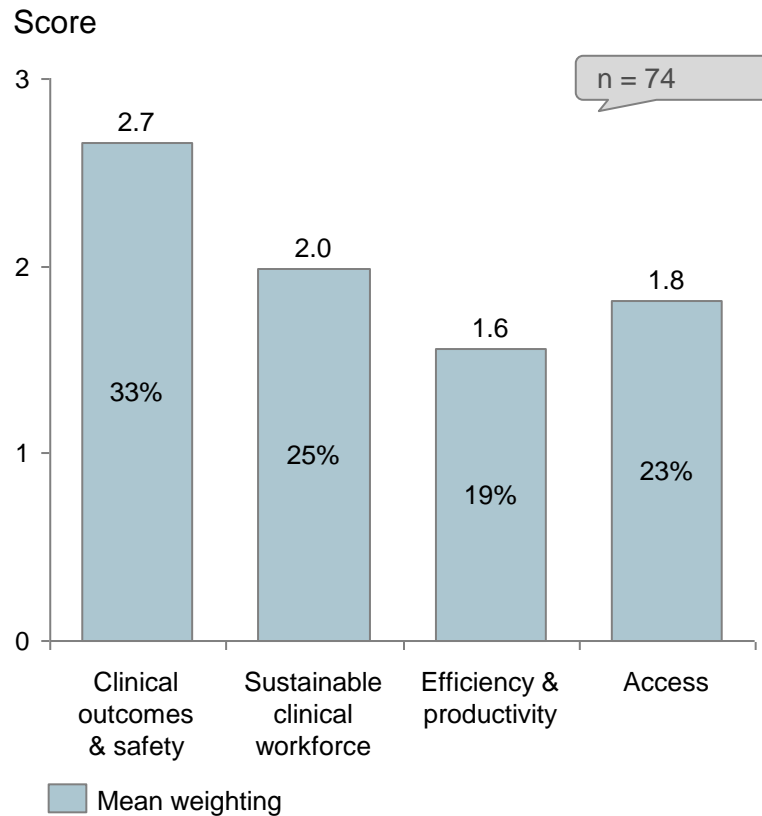
Issues and implications of potential new model of care

- More prevention strategies across public services
- Consistency of care – relationships with and knowledge of patients
- More procedures in community and out of hours
- Better communications / information to support discharge and after care
- Access to services – public transport, road infrastructure, ideas for mitigating travel issues e.g. parking, transport and facilities for relatives
- Ideas for attracting / retaining staff e.g. equal terms across the system
- Consistency of IT / information
- Ideas about messages for wider public – need for clear information



Feedback to date - criteria weighting

Service user weighting



Staff weighting

