

## **Response to the STP programme**

**Our BERA chairman, who is a member of the Health and Wellbeing Board, thought that the report outlining the response to the STP programme should be shared with our members.**

**Southend Health & Wellbeing Board  
Joint Report of  
Cllr Lesley Salter, Chair, Health and Wellbeing Board Dr Jose Garcia Lobera, Vice  
Chair, Health and Wellbeing Board  
to  
Health & Wellbeing Board  
on  
21 March 2018  
Report prepared by: Nick Faint, Integration Programme Manager, SBC  
For discussion X For information only Approval required  
Health and Wellbeing Board response to the Mid and South Essex Sustainability &  
Transformation Partnership public consultation  
Part 1 (Public Agenda Item)**

### **1 Purpose of Report**

1.1 To provide Health and Wellbeing Board (HWB) with a report to be presented to the Mid and South Essex Sustainability and Transformation Partnership (STP) regarding the formal public consultation on the STP proposals. The consultation runs from 30th November 2017 – 23rd March 2018.

1.2 HWB members are asked to note that delegated powers were granted to the Chair and Vice Chair of HWB to agree the contents of this report at HWB on 24th January 2018. These delegated powers were agreed on the assumption

that the public consultation would finish on 9th March 2018. Since the previous HWB the public consultation for the STP has been extended to 23rd March which falls after HWB on 21st March. It was therefore considered appropriate that the response below was agreed by HWB on 21st March 2018.

1.3 At HWB on 21st March 2018 HWB agreed the following;

1.4 That the response be submitted by 23rd March 2018;

1.4.1 That HWB reserve their right to review and change this response to the STP proposals during the course of the joint committees decision making process; and

1.4.2 That HWB grant delegated powers to finalise HWBs' response to the STP proposals to the Chair and Vice Chair of HWB on behalf of HWB.

1.5 HWB acknowledges that there were differences in views between members across HWB throughout the debate of the STP proposals. Some members, whilst acknowledging the need for better health services, did not support the proposed reconfiguration of acute services as they believe that these would Agenda Item No. 2 not be in the best interests of the Southend resident. Through a process of engagement with local communities and residents the locally elected Members of the HWB have listened to opinions and views regarding the proposals for the STP. This report, therefore, summarises those issues where HWB found a consensus in views across residents and amongst HWB members.

2 Recommendations HWB is asked to;

2.1 Note the contents of this report

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 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 23rd March 2018. A copy of the consultation document is attached at 3 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 HWB to respond. Southend Council has also considered the matter and a response has been agreed at Full Council held 22nd February 2018.

3.7 Since the commencement of public consultation HWB also note that the STP have held public events; 2 in the Borough of Southend, and have published more information regarding the transport plans for patient transfers and invited members of Southend HWB to Southend Hospital to discuss the proposed plans for stroke services.

#### 4 HWB's response

4.1 At this stage, HWB conditionally supports the STP proposals on the basis that the points raised below are taken into consideration and responded to appropriately;

4.1.1 It is accepted by members of HWB that health services across South and Mid Essex are in need of change, investment is required and a reconfiguration and the transformation of health and care services has become the priority. The needs of the Southend population are changing, residents are ageing and they are staying older for longer with complex health and care issues. As we develop new homes in our Borough our population will grow. We are forecasting

significant changes to both our population and the needs of our residents. As these changes are further understood and used to develop the reconfiguration of acute health services we would expect that our HWB are regularly engaged and consulted with;

4.1.2 The opportunity for health and care leaders to transform services is significant for the residents of Southend and unless the journey of change is undertaken with the resident at the centre the change will fail at the first hurdle;

4.1.3 The principle of investing in and transforming acute services at Southend Hospital is welcomed by HWB. It is seen as a positive step forward and a proactive move which will help address the challenges faced in the borough of Southend;

4.1.4 HWB also note that investment in both primary care and community services needs to take place in partnership with the investment in the acute services. Without the infrastructure in the community the transformation and reconfiguration of acute services will not happen. The infrastructure is generally known as the transformation of primary care and development of localities. Whilst the wider STP footprint has a part to play in both, HWB view that local areas are generally responsible for this work and that it needs to take place in partnership with other STP partners and aligned to their process;

4.1.5 HWB recognise the importance of an Equalities Impact Assessment which supports the process towards making a decision regarding these proposals. We acknowledge that the partners to the STP have begun this process and have engaged with Public Health. We look forward to reviewing the outcome of the assessment;

4.1.6 The proposals for the reconfiguration of stroke services are noted. A HWB visit to Southend Hospital took place on 9th March 2018. The visit was hosted by a number of clinical and executive staff. HWB found the visit extremely

helpful and informative. It was acknowledged that placing the patient at the centre of the pathway was the principle upon which the proposed stroke services for the STP had been designed and that the resourcing of the model to be based at each hospital was pivotal to the success of the STP proposals. The STP proposes that Basildon Hospital will develop a specialist stroke unit. Our discussions during the visit with Dr Guyler (Lead Consultant for Stroke Medicine at Southend Hospital) suggested that this is not the case. Dr Guyler made clear his expectation that the three hospitals will have hyperacute assessment teams with the ability to quickly determine the cause of the stroke (through hyperacute imaging) and to quickly deliver the required hyperacute intervention. The HWB supports the approach outlined by Dr Guyler; The discussion regarding thrombectomy was duly noted and it is unclear to the HWB why development of thrombectomy services are not being progressed at pace across the STP footprint. HWB supports the maintenance and development of the existing thrombectomy services. The relationship between the commissioning of thrombectomy services and NHS England specialist commissioning was acknowledged. It is clear that there is an opportunity for the STP proposals to include the development of this service within its' plans and the HWB would like to offer support to progress this discussion with NHS England and key stakeholders.

4.1.7 It is clear from the STP proposals that much of the acute reconfiguration is subject to an investment in local out of hospital care. It is noted that the STP team has recently offered engagement with HW 5 and proposals for our locality model, an offer that has been accepted. As a HWB, we are committed to developing our local services out of hospital and have taken significant steps to do so. Concern, however, still remains regarding the viability of the acute reconfiguration should primary care and community services not receive the appropriate investment from both a revenue and capital perspective;

4.1.8 The STP proposals with regard to transport and transfers are unclear. HWB acknowledge the additional transfer information recently published but

would request that a clearer commitment within the proposals is demonstrated to ensure that the impact on patients required to transfer between hospitals as a result of the acute reconfiguration is minimised. HWB would expect to be included in the ongoing engagement required to further develop the proposals for transport and transfers;

4.1.9 The STP proposals identify capital investment for the acute hospitals. The total of £41m allocated for Southend Hospital is welcomed but further detail regarding the detail of where this investment will be made is required; and

4.1.10 It is recognised by all partners within the STP and HWB that there is significant challenge for system partners regarding workforce. The challenges in recruitment, retention and longer term sustainability of the health and social care workforce are recognised by the STP proposals, however, plans to address these issues are not fully developed nor explained.

5 Recommendation HWB is asked to;

5.1 Note the contents of this report

6 Implications

6.1 Financial Implications – The financial risks should the STP proposals be delivered, are yet to be qualified.

6.2 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. Only that joint committee may - make comments on the proposal to the NHS body; require the provision of information about the proposal; require an officer of the NHS body to attend before it to answer questions in connection with the STP

proposals.

6.3 People Implications – The expectation is that the STP proposals will address the workforce (recruitment and retention) issues highlighted in the case for 6 change. There is a significant risk that this is not the case which could lead to greater challenges for workforce and finance.

6.4 Property Implications – none identified at this time.

6.5 Consultation – as described in the report.

6.6 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.

6.7 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.

## 7 Appendices

7.1 Appendix 1 – Mid and South Essex STP - Consultation Document