

Thurrock: An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future

## Orsett Hospital Task & Finish Group

The meeting will be held at **7.00 pm** on **7 November 2018**

**Committee Room 1, Civic Offices, New Road, Grays, Essex, RM17 6SL**

### Membership:

Councillors John Allen, Victoria Holloway, John Kent, Joycelyn Redsell, Elizabeth Rigby and Luke Spillman

### Agenda

Open to Public and Press

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<b>3 Appointment of Chair</b>	
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To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.	
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Background and current information such as reports from Overview and Scrutiny and Cabinet Committees, Orsett Hospital, the Integrated Medical Centres, press articles and case studies.

**9 Sustainability and Transformation Plan (STP) Update**

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**Queries regarding this Agenda or notification of apologies:**

Please contact Jenny Shade, Senior Democratic Services Officer by sending an email to [Direct.Democracy@thurrock.gov.uk](mailto:Direct.Democracy@thurrock.gov.uk)

Agenda published on: **30 October 2018**

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# DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

## Helpful Reminders for Members

- *Is your register of interests up to date?*
- *In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?*
- *Have you checked the register to ensure that they have been recorded correctly?*

## When should you declare an interest *at a meeting*?

- **What matters are being discussed at the meeting?** (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet **what matter is before you for single member decision?**



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

any of your registered interests and in particular any of your Disclosable Pecuniary Interests?

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

A detailed description of a disclosable pecuniary interest is included in the Members Code of Conduct at Chapter 7 of the Constitution. **Please seek advice from the Monitoring Officer about disclosable pecuniary interests.**

**What is a Non-Pecuniary interest?** – this is an interest which is not pecuniary (as defined) but is nonetheless so significant that a member of the public with knowledge of the relevant facts, would reasonably regard to be so significant that it would materially impact upon your judgement of the public interest.

### Pecuniary

If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature of the interest to the meeting

If the Interest is not entered in the register and is not the subject of a pending notification you must within 28 days notify the Monitoring Officer of the interest for inclusion in the register

Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

- Not participate or participate further in any discussion of the matter at a meeting;
- Not participate in any vote or further vote taken at the meeting; and
- leave the room while the item is being considered/voted upon

If you are a Cabinet Member you may make arrangements for the matter to be dealt with by a third person but take no further steps

### Non- pecuniary

Declare the nature and extent of your interest including enough detail to allow a member of the public to understand its nature



You may participate and vote in the usual way but you should seek advice on Predetermination and Bias from the Monitoring Officer.

## Our Vision and Priorities for Thurrock

An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future.

1. **People** – a borough where people of all ages are proud to work and play, live and stay
  - High quality, consistent and accessible public services which are right first time
  - Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
  - Communities are empowered to make choices and be safer and stronger together
  
2. **Place** – a heritage-rich borough which is ambitious for its future
  - Roads, houses and public spaces that connect people and places
  - Clean environments that everyone has reason to take pride in
  - Fewer public buildings with better services
  
3. **Prosperity** – a borough which enables everyone to achieve their aspirations
  - Attractive opportunities for businesses and investors to enhance the local economy
  - Vocational and academic education, skills and job opportunities for all
  - Commercial, entrepreneurial and connected public services

## Orsett Hospital Task and Finish Group Terms of Reference

**Aim:**

To scrutinise the current proposed closure process of Orsett Hospital to include:

- the proposed transfer of services;
- the timings and the operational position of the integrated medical centres;
- to have a clear focus on the future of Orsett Hospital and to address alternative proposals.

**Membership:**

6 elected Members (to be decided on politically proportion)

**Chair:**

The Chair and Vice-Chair shall be elected by the membership of the Task and Finish Group at its first meeting. The appointment will last until the work of the Task and Finish Group is complete.

**Duration:**

The Task and Finish Group shall continue until such time as all business of the Task and Finish Group is complete. The proposed end date of the Review will be February 2019.

**Activities:**

The Task and Finish Group will undertake all but not exclusively the following activities:

September 2018	Seek membership nominations from Group Leaders
September/early October 2018	Convene first meeting to: <ul style="list-style-type: none"> <li>• Meet with Officers and receive general information pack on the Orsett Hospital Issue</li> <li>• Agree any public consultation process (for example focus group)</li> <li>• Invite any witnesses who will be needed to provide background information on the Topic</li> <li>• Identify patient groups affected by closure and seek information from them</li> <li>• Undertake any research on the topic for Task and Finish Group</li> </ul>
November 2018	Undertake a site visit to Orsett Hospital
December 2018	Hold witness session with CCG, NHS and Chair of Health and Wellbeing Board
January 2019	Consult with HealthWatch and Thurrock Coalition

Early February 2019	Site visit to proposed locations of the Integrated Medical Centres
February 2019	Meet to formulate recommendations Write report Bring back report to Task and Finish Group/Health and Wellbeing Overview and Scrutiny Committee and Cabinet



1960



2018



*Proposed model for new Integrated Medical Centre*

# Orsett Hospital Task & Finish Group Information Booklet

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# Orsett Hospital Task and Finish Group Information Booklet

## 1. Timeline of Events

### Committee

2. Cabinet Report on Integrated Medical Centre Delivery Plan – Phase 1
3. Health and Wellbeing Overview and Scrutiny Report - Essex, Southend and Thurrock Joint Health Scrutiny Committee on the Sustainability and Transformation Partnership (STP) for Mid and South Essex – 14 June 2018
4. Joint Health and Wellbeing Overview and Scrutiny Committee Terms of Reference
5. Report presented to Health and Wellbeing Overview and Scrutiny Committee – Establishment of a Task and Finish Group in Relation to Orsett Hospital - 6 September 2018
6. Proposed Terms of Reference of Task and Finish Group
7. Proposed Timelines of Task and Finish Group

### Hospital Plans

8. NHS Top 10 Facts about the Closure of Orsett Hospital
9. Departments and Services offered by Orsett Hospital

### Press Coverage

10. How Orsett Hospital Closure Plan Came About *{Press Article}*
11. Orsett Hospital Replacements “expected to be running” by 2021 *{Press Article}*
12. New Centres will cope with Hospital Demand *{Press Article}*
13. NHS Boss claims replacements for Orsett Hospital will cope with population growth *{Press Article}*
14. Thurrock bus service could be re-routed to serve new medical centres *{Press Article}*
15. Health Boss’s Frustration *{Press Article}*
16. Health Bosses Vision for Thurrock’s Health and Care System *{Press Article}*

17. Survey Steps towards Tilbury Integrated Medical Centre *{Press Article}*

Case Studies

18. Study 1 : Chorley Hospital

19. Study 2 : Bristol University Study

Professional Documentation

20. STP – Your Care in the Best Place

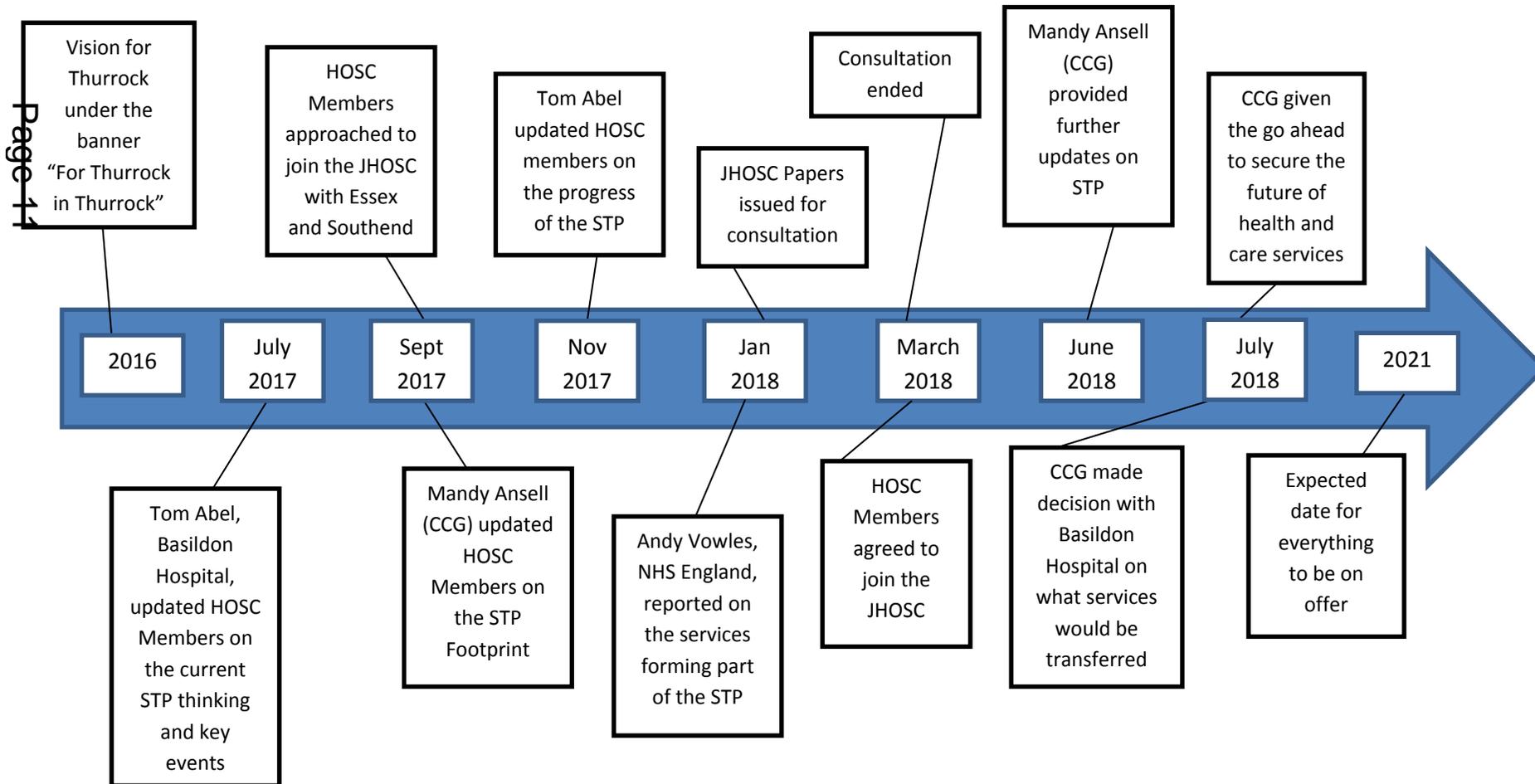
21. Moving Health Care Closer to Home – Review of Clinical Impacts

22. Background Information on proposals for the future of locally based health and care services currently provided by Orsett Hospital

23. DRAFT Thurrock People’s Panel – Terms of Reference

# Sustainability and Transformation Programme / Joint Health & Wellbeing Overview and Scrutiny Committee

## Timeline of Events



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<b>12 July 2017</b>	<b>ITEM: 16</b> (Decision 01104436)
<b>Cabinet</b>	
<b>Integrated Medical Centre Delivery Plan – Phase 1</b>	
<b>Wards and communities affected:</b> Tilbury Riverside and Thurrock Park Tilbury St Chads Chadwell St Mary	<b>Key Decision:</b> Key
<b>Report of:</b> Cllr Halden, Portfolio Holder for Education and Health Cllr Coxshall, Portfolio Holder for Regeneration	
<b>Accountable Head of Service:</b> Andy Millard, Head of Planning and Growth	
<b>Accountable Director:</b> Roger Harris, Corporate Director of Adults, Housing and Health Steve Cox, Corporate Director of Environment and Place	
<b>This report is Public</b>	

### **Executive Summary**

Tilbury is identified as one of the Council's six Growth Hubs. A number of planned and proposed housing schemes being brought forward by both the Council and the private sector are set to increase the local population over the coming years. The development of the London Distribution Park and Tilbury Port's broader expansion aspirations are increasing employment opportunities in the locality whilst Tilbury's good rail connections to London and beyond give access to a wider employment market.

However, Tilbury and Chadwell residents experience poor health outcomes in comparison to the rest of the Borough. Partners from the health sector and the Council have come together with the aim of improving access to high quality health services and have developed an integrated model of care which aims to improve the quality of and access to services to reduce the health inequalities experienced by local residents.

Cabinet, through the Health and Well-Being strategy, has agreed a GP Standards Plan which aims to improve the capacity and the quality of Primary Care across the Borough. The development of Integrated Medical Centres forms one of the key planks of that Plan.

This report gives further detail on the proposed model of care, outlines the proposed delivery mechanism for the capital build project and considers the Council's role in both delivering and occupying part of the facility. Building this meets the Cabinet's commitment to show Tilbury some love.

## **1. Recommendation(s)**

**Cabinet is asked to:**

- 1.1 Agree to the Council, in principle, taking the lead role in the capital development of the Tilbury and Chadwell IMC noting that this will require investment of council funds that will be met from the amount agreed by Council for the future and aspirational capital programme and is subject to a future business case being agreed by Cabinet.**
- 1.2 Agree to the Council procuring a design team for the project on a phased basis and delegate authority for appointment to the Corporate Director of Adults, Housing and Health, in consultation with the Corporate Director of Environment and Place, Portfolio Holder for Education and Health and Portfolio Holder for Regeneration.**
- 1.3 Agree to receive a further report outlining the preferred route for the development of the Purfleet Integrated Medical Centre.**

## **2. Introduction and Background**

- 2.1. In March 2016 Cabinet gave in principle approval to the Council leading on the delivery of a Health Hub to be located in the Civic Square in Tilbury. The report highlighted that whilst the Council, CCG, NHS England and a range of health service providers were advocating the model of an integrated health centre, partners from the health sector were not in a position to secure the capital required to deliver such a facility. It was therefore proposed that the Council could act as lead developer and after constructing the centre could lease it back to a health partner.
- 2.2. The Integrated Medical Centre would form one of four hubs across the borough. The other three hubs will be:
  - Corringham / Stanford le hope – North East London Foundation Trust (NELFT) are the lead provider for this Centre. The design process is ongoing and the Centre is expected to be open in 2019.
  - Grays – Discussions ongoing but the Centre is likely to be on the site of the existing Thurrock Hospital in Long Lane
  - Purfleet – The Purfleet IMC is anticipated to be located within the new Purfleet Town Centre development. This project is governed by a Development Agreement (DA) between the Council and Purfleet Centre Regeneration Ltd (PCRL). There is provision within the DA for

a serviced site to be provided for the Health Centre. The development of the Purfleet IMC will follow a similar process to the Tilbury IMC at the appropriate time.

- 2.3. Since then discussions have continued with various health partners to develop the model and a proposed delivery mechanism for the scheme in Tilbury. This report summarises these discussions, describes a proposed delivery mechanism and asks Cabinet to approve the highlighted recommendations so that the project can proceed to the next stage.

### **3. Issues, Options and Analysis of Options**

#### **The Model of Care**

- 3.1. It is clear that prioritising the delivery of an integrated health facility would support the wider regeneration aims in Tilbury and Chadwell as well as the Council's Corporate Priorities. However, any proposed health facility must address the local health need and must be supported by partners from across the Health Sector.
- 3.2. The Public Health team have reviewed a significant body of evidence to define the current health needs of the Tilbury and Chadwell community. Clear evidence suggests that the area experiences health inequalities in terms of access to services and has an urgent need for new facilities to address existing deficiencies as well as to provide additional capacity to accommodate the future growth in population that is expected in the area.
- 3.3. The poor access to services in the local community manifests itself in a range of indicators which have impacts across the Health Sector such as:
- High levels of attendances to Accident and Emergency (A & E) for conditions that could have been more effectively treated in a community setting – 10,368 of the 13,399 A & E attendances from Tilbury and Chadwell residents in 2015/16 either received the most minor category of investigation or treatment, or no significant investigation or treatment. This accounts for 77% of A & E attendances in this population.
  - Higher prevalence of long term conditions - the recorded prevalence of long term conditions in the Tilbury and Chadwell locality is higher than the Thurrock average for almost all conditions. In addition, there are a large estimated number of patients with long term conditions yet to be diagnosed – up to 2,195 cases of Hypertension and 1,649 cases of Coronary Heart Disease may be present in residents but not yet being diagnosed or treated.
  - Higher than average rates of unplanned care admissions. 453 of the unplanned care admissions in 2015/16 from Tilbury and Chadwell

residents were due to conditions amenable to effective healthcare. The main cause for these admissions was influenza or pneumonia.

- Low levels of referral to community health services. Pulmonary Rehabilitation is a service offered to eligible patients with Chronic Obstructive Pulmonary Disease (COPD) to support them to manage their condition. However, only 20% of newly-diagnosed eligible patients were referred into the service in 2015/16.
- Low levels of referral to preventative support. The Rapid Response Assessment Service aims to provide rapid assessment and intervention to prevent residents entering either hospital or Adult Social Care Services unnecessarily; yet in Tilbury and Chadwell locality, the referral rate was nearly three times lower for adults aged 65+ than the Thurrock average in 2015/16 (9.71 per 1,000 adults compared to 27.7 per 1,000 adults in Thurrock).

3.4. To provide modern and effective health services, partners are advocating the development of a new model of Integrated Medical Centres (previously called Health Hubs and Integrated Healthy Living Centres) which co-locate a range of services and providers within one building. IMC's are expected to include services which not only address a primary care, secondary care, physical and mental health needs but also have a positive impact on the wider determinants of health by providing services related to areas such as education, employment and housing. This ambitious vision could transform health and social care provision but will need a range of diverse partners to work together to ensure that appropriate facilities can be developed and then effective services delivered from them.

#### **4. Options for delivery of the Capital Build**

4.1. Since the last Cabinet report, discussions have been ongoing with a number of Council departments, the CCG, NHS England and a range of health service providers. From these discussions it is clear that there remains widespread support for the IMC concept but that partners from the health sector are not in a position to design or construct the IMC themselves.

4.2. Partners to the scheme have identified the Civic Square in Tilbury as the ideal location for the IMC. The Council owns the majority of this land and already delivers a range of services from existing buildings on the Square. The precise location on the Square will be defined during the design process but options under consideration are either the redevelopment of the site of the existing Community Resource Centre (the former Fire Station building) or a potential extension to the Library building.

4.3. Whilst the Council has limited experience in delivering Health facilities it has significant experience in project management, capital developments and working with multi-disciplinary stakeholders. Coupled with a potential income stream from service provider(s) the Council can borrow against this revenue

stream to secure the capital needed for the development thereby allowing it to take on the role of lead developer and subsequently landlord.

- 4.4. As well as being an instrumental player in driving improved health provision there is clear regeneration benefit associated with the Council playing such a proactive role. In Tilbury the wider regeneration programme aims, amongst other things, to improve the quality of the environment and create a greater sense of place and local identity. By acting as developer the Council can ensure that the design quality of the buildings (on a key site within the Town Centre) is high and successfully contributes to the place making agenda. In addition, the Council can have control over the other services to be included within the building. This offers the opportunity to deliver complementary Council services (such as social care or community hubs) from key sites. Public Health services are already a key component in the accommodation schedule but opportunities remain to expand the Council element of provision further to potentially include services such as Housing Officers, library services and the Community Hub. This opportunity is considered in further detail below.
- 4.5. Should the Council not be minded to take on the lead role it could dispose of the land to a third party who could commission the development directly. Colleagues from the health sector have suggested that this could be a very lengthy process and the delivery timescale would likely be lengthened. The IMC concept could still be realised but the Council's ability to influence the design, build quality or complementary uses on a key site in the Civic Square would be reduced. The regeneration impact achieved would therefore be lessened. This could present an alternative delivery method but the lengthened timescale and lower regeneration benefits mean that this option is not currently being pursued.
- 4.6. Given the clear benefits and the urgent need to improve facilities and service provision it is suggested that, subject to commercial viability being established, the Council takes on the role of developer. The following sections explain what this role will entail.

## **5. NHS Process**

- 5.1. Whilst the CCG and health service providers are fully supportive of the scheme, commencing service delivery from the IMC will represent a change to patient care and therefore approval from NHS England will be required. This approval is secured in two phases. Initially an Outline Business Case must be submitted and if this is approved the project can then progress to a Full Business Case. Patient services cannot be delivered from the Centre without this approval.
- 5.2. The Outline Business Case requires an articulation of the model of care and patient pathways alongside outline building design. For the Full Business Case planning consent must be secured for the building. Whilst some of the information required to complete these submissions can be provided by the

CCG, the design work and planning fee requires a level of cost which will be invested at risk by the Council. NHS England are engaged with the project and, given that the business case will not be requesting a capital commitment from the NHS, the risk of not receiving this approval is deemed to be low, however, the risk remains and should be noted.

## **6. Proposed Council Role**

- 6.1. In recent months the Council and CCG have jointly funded a commission to translate the articulated health need into a schedule of accommodation for the IMC. This work is largely complete although detailed discussions on the level of accommodation required for Council services need to be completed.
- 6.2. A high level cost exercise to establish whether the anticipated rental income is likely to be able to pay back the capital cost and provide a return to the Council over a reasonable time period is now underway and will be completed before appointment of a design team. Without a detailed design and cost plan for the building viability cannot be definitively proven but an estimation is required before funding can be committed to progressing the design work.
- 6.3. Beyond this stage, in order to take on the role of developer, the Council will need to commit resource to move the project to the delivery stage and will have to comply with the NHS approval process highlighted above. Resource will be committed at risk until the project has received approval from the NHS via submission and agreement of the Full Business Case. The Full Business Case requires the building to be designed to RIBA Stage 3 (Developed Design) and planning permission secured therefore some element of cost will need to be incurred in advance of the necessary approval being secured. NHS England have been engaged throughout the discussions to date and have informally expressed support for the scheme and clearly stated that the new GP contracts being commissioned and other services e.g. the new Improving Access to Psychological Treatments (IAPT) programme for this area must operate out of the IMC building. At the point where the NHS has given approval of the Full Business Case the Council would seek to enter into a legal agreement with the head lessee before development would begin.
- 6.4. Subject to the high level cost/income plan demonstrating that the building could be viable the Council will commission a professional team to design the building. It is clearly desirable to retain the design team throughout the lifetime of the project to ensure continuity and clear responsibilities in terms of liabilities and warranties. To ensure that this is possible, whilst minimising the risk to the Council in the event of the project not proceeding, the commission will be tendered for the full lifetime of the design and construction process but awarded on a phased basis with the Council having the right to terminate the commission at the end of any completed phase without incurring any penalty.
- 6.5. The immediate commitment required will provide sufficient design detail (to RIBA stage 2) to inform an Outline Business Case to NHS England. This cost

is expected to be in the region of £0.2m. On approval from NHS England the subsequent module will be commissioned to take the design to RIBA stage 3 and inform a Full Business Case submission to NHS England. The cost for this stage is likely to be a further £0.3m taking the Council's total level of investment at risk to approximately £0.5m.

- 6.6. This project has already been approved for inclusion in the Council's Future and Aspirational Proposals list which was signed off by Cabinet in February 2017. The list has a budget allocation of £2m and contains over 20 projects. Should the funding for the Tilbury IMC be approved a significant amount of this funding will be used.
- 6.7. The commission is expected to continue beyond the modules required to secure NHS approval and the total cost will therefore exceed the threshold for a Director level tender award.
- 6.8. Upon appointing the professional team the Council will manage this contract securing input and sign off from health partners as appropriate.
- 6.9. On completion of RIBA Stage 3, and assuming approval from NHS England, and confirmation of commercial viability, it is intended that the Council will use its prudential borrowing powers to secure the capital funding required to procure a developer to construct the building (a further report, supported by a detailed business case, will be presented to Cabinet to secure approval to borrow the funds and tender this contract at the appropriate point).
- 6.10. The Council will seek to appoint a Head Leaseholder for the whole building. The Head Leaseholder will be required to enter into an Agreement to Lease formally committing them to take on the lease of the building prior to the Council awarding the development contract.
- 6.11. A number of health partners have expressed an interest in taking on the Head Leaseholder role but firm commitments cannot be finally secured until the building is designed and costed to a sufficient level of detail to enable rental costs to be estimated. The principle for setting the rent level will be based on enabling the Council to pay back the capital cost plus make a return on the investment.
- 6.12. The rental levels agreed must cover the costs of the shared spaces as well as any void spaces. The CCG has agreed to specify in future contracts that their commissioned services must be delivered from the IMC. This will ensure that rental income will be available. Furthermore the CCG has agreed to underwrite the rental cost of void spaces which are allocated to the health services. The Council will be required to enter into a similar agreement for any void costs associated with accommodation dedicated to Council services.
- 6.13. The leaseholder will be permitted to sub-let parts of the building to particular service providers in line with the requirements of the services being delivered from the Centre. This will include spaces used to deliver any Council

commissioned services. It should be noted that any organisation taking on this role is likely to apply a management charge which will represent an additional cost to the sub tenants.

## 7. Council Service Provision

- 7.1. There remains opportunity for Council services to be included in the Centre but to meet the proposed timescales decisions on which, if any, services are to be relocated need to be taken swiftly.
- 7.2. The Council service provision in the Civic Square is focused on the Library building to the western edge of the Square. This currently houses the Library, Community Hub and some Housing Office Services. Some or all of these services could be relocated into the IMC.
- 7.3. There are both benefits and disadvantages of a potential relocation. These services are complementary to the Health offer and could have a positive impact on the wider determinants of health, the offer would be strengthened by co-locating. The existing library building has recently been refurbished and the accommodation has been improved but the new facility could offer further improvements as well as offering access to flexible shared space. Better value on the build costs may be achieved by bringing more services into the building as additional accommodation is likely to be provided on additional storeys on the same building footprint. Relocation would, however, require rent to be paid for the new accommodation and would leave the Council with void space(s) to fill in the existing building.
- 7.4. The decision on whether any of these services is going to be included in the new facility needs to be taken quickly to ensure that the brief for the design team is complete from the outset of the commission. Whilst the decision relating to the Library and Housing Officers rests with the Council the Community Hub must be managed separately. The Council has worked hard to give true autonomy to the Community Hubs and the Hubs are now set up as an established charity, Community Hubs Thurrock. Much of the programme's success can be attributed to the volunteers having a genuine level of authority on the future development of the Hub Programme. Whilst moving into the IMC could present a real opportunity to enhance their offer the decision must rest with the Community Hubs Network Board.

## 8. Risks

- 8.1. There are a number of risks facing the effective delivery of this programme. A full risk register will be developed if the project is given approval to proceed but the main risks identified at this stage are highlighted below.

<b>Risk</b>	<b>Impact</b>	<b>Probability</b>	<b>Mitigation</b>
Funds must be committed in	Funds could be lost if the	Medium	Continue engagement with NHS England,

advance of securing approval from NHS England.	project doesn't proceed.		ensure Outline Business Case clearly describes the project. Commission design team on a phased basis to limit exposure.
Brief for the design team is not clearly defined.	Increased project cost.	Medium	Continue engagement with CCG and Council to further develop brief. Do not award contract until all partners agree the brief.
Proposed Head Lease term longer than the CCG service delivery contracts.	Lack of security over future income stream.	Medium	The Head Lease will be for a term that is sufficient to payback the capital cost plus a return to the Council. An Agreement to Lease will be required before the construction contract is awarded.
Capital cost too high to be supported by the rental stream.	IMC is unaffordable and doesn't proceed. Development funds are lost.	Medium	Cost advice will be sought throughout the project and checked against affordability.

8.2. It is clear that by taking on the role of developer and landlord the Council is also taking on a significant element of risk in the early stages of the project development. Informal feedback from NHS England is that they are supportive of the proposals but formal approval must be secured in order for the project to proceed to the construction phase. A substantial investment will be required to develop the building design and achieve planning consent prior to this approval being secured. The Council will mitigate this risk as far as possible by ensuring that any contracts awarded have clear breaks at key phases allowing the Council to end the contract at the end of any completed phase. The dialogue with NHS England will be ongoing throughout to ensure that the project develops in line with NHS England requirements.

8.3. The IMC will be a bespoke facility and on completion will only be appropriate for occupation by Health service providers. These services are commissioned variously by either the CCG or Public Health and typically have contract durations which do not exceed 7 years. This will not be sufficient to pay off the capital cost of the building. The Council will mitigate this risk by leasing initially to a Head Leaseholder who can offer a commitment in excess of the length of individual contracts to service providers. This Head Leaseholder will be required to sign an Agreement to Lease in advance of the Council awarding the construction contract but significant investment in the design

and planning process will have been made in advance of this. The CCG has committed in writing to make locating in the IMC a condition of contract award and will underwrite void costs in the event of breaks between contracts.

## **9. Reasons for Recommendation**

- 9.1. There are clear benefits to the Council taking on a prominent role in the delivery of this project. To move to the delivery phase of this project the Council needs to appoint a professional team, the cost associated with this requires Cabinet level approval.

## **10. Consultation**

- 10.1. In March 2016 Cabinet resolved to support the principle of the Council leading on the development of a Health Hub in Tilbury. Since this time consultation has been ongoing with the CCG and various service providers in order to inform the project to the position as described in this report.
- 10.2. Reports will be presented to Health and Well-Being Overview and Scrutiny Committee and Planning, Transport and Regeneration Overview and Scrutiny Committee prior to Cabinet.

## **11. Impact on corporate policies, priorities, performance and community impact**

- 11.1. This project supports the Council's corporate priority of improving health and wellbeing. In particular, it supports the four principles stated in the Thurrock Health and Wellbeing Strategy 2016-2021 and has a specific reference under 'Goal 4 Quality care, centred around the person' of the same strategy.
- 11.2. A Joint Strategic Needs Assessment has been produced to specifically inform the development of this project.
- 11.3. The project is fully aligned with the Council's stated Vision for Tilbury agreed by Cabinet in December 2013.

## **12. Implications**

- 12.1. Financial

Implications verified by: **Mark Terry**  
**Senior Financial Accountant**

In the first instance, Cabinet will be asked to approve the release of £0.5m of funding from the Future and Aspirational Proposals allocation approved by Cabinet in February 2017, to cover the design costs up to RIBA Stage 3 and planning application submission, before the project has final approval from NHS England. If the £0.5m is borrowed over a 5 year period, the repayment

costs (with interest) would be £0.103m per annum. The risk that the Council would be taking at this stage is clearly outlined in this report. If the scheme were not to proceed after completion of the design stage, capital costs that have been incurred would have to be re-charged to the General Fund.

In the longer term, should the project receive all the necessary approvals and Cabinet give approval for the council to act as developer there will be a significant borrowing commitment that will be repaid (on commercial terms) over a long timeframe (20-25 years). Before the longer term commitment is made a further report will be presented to Cabinet containing the full details of the business case and financing costs, and seeking approval to commit to borrowing the necessary funding.

## 12.2. Legal

Implications verified by: **Vivien Williams**  
**Planning and Regeneration Solicitor**

There are no legal implications arising out of this report at this stage. As the project develops any contracts entered in to will be checked with legal services prior to award.

## 12.3. Diversity and Equality

Implications verified by: **Natalie Warren**  
**Community Development and Equalities Manager**

This project has the potential to make a significant contribution to reducing health inequality in Tilbury. Should Cabinet approve the proposed delivery mechanism the architects brief will ensure that the building design meets the latest equality legislation.

## 13. Background papers used in preparing the report:

- Tilbury Regeneration Programme and Health Hubs  
<http://democracy.thurrock.gov.uk/ieListDocuments.aspx?CIId=129&MIId=2565&Ver=4>
- Thurrock Health and Wellbeing Strategy 2016-2021  
<https://www.thurrock.gov.uk/strategies/health-and-well-being-strategy>
- Joint Strategic Needs Assessment - Tilbury Integrated Healthy Living Centre  
<https://www.thurrock.gov.uk/healthy-living/joint-strategic-needs-assessment>

## 14. Appendices to the report

- None

**Report Author:**

Rebecca Ellsmore

Regeneration Programme Manager

Environment and Place

<b>14 June 2018</b>		<b>ITEM: 9</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>		
<b>Essex, Southend and Thurrock Joint Health Scrutiny Committee on the Sustainability and Transformation Partnership (STP) for Mid and South Essex</b>		
<b>Wards and communities affected:</b> N/A	<b>Key Decision:</b> Non Key	
<b>Report of:</b> Roger Harris : Corporate Director of Adults, Housing and Health		
<b>Accountable Assistant Director:</b> N/A		
<b>Accountable Director:</b> Roger Harris : Corporate Director Adults, Housing and Health		
<b>This report is Public</b>		

### **Executive Summary**

At the January 2018 meeting of the Thurrock Health and Well-Being Overview and Scrutiny Committee (HOSC), it was agreed to join with Essex and Southend and participate in the Joint HOSC covering the STP area. The purpose of the Joint HOSC was to respond to the consultation document on acute reconfiguration in Mid and South Essex and to monitor and scrutinise the work of the STP. This report provides an update on the work of the Joint HOSC and seeks confirmation of the Thurrock representation at the Joint HOSC meetings.

### **1. Recommendations**

**HOSC are asked to:**

- 1.1 Note the terms of reference for the Joint HOSC with Essex and Southend (Appendix 1).**
- 1.2 Agree to appoint four members to represent Thurrock HOSC at the joint HOSC.**
- 1.3 Agree the approach to the Joint HOSC as outlined in 2.11.**

## 2. Introduction and Background

- 2.1 The Mid and South Essex STP came out of the former Success Regime established in 2014. STPs exist across the whole country and have been established by NHS England to improve joint working across commissioners and providers and across health and social care. Our STP covers the geographical footprint of Mid and South Essex. This is not a natural, easily recognizable area but was established around the catchment areas of the three acute hospitals at Basildon, Southend and Mid-Essex.
- 2.2 The STP has an independent chair – Dr Anita Donley and is made up of the 5 CCGs across Mid and South Essex, the acute hospital group, the Mental Health Trust (EPUT), the Community Trust (NELFT), the three local authorities (Thurrock, Essex and Southend), NHS England, the three Healthwatch's and GP's i.e. the five Chairs of the five CCGs in Mid and South Essex.
- 2.3 Thurrock has expressed its concern over the role and purpose of the STP. Clearly some services do need to be commissioned and provided over a larger footprint than Thurrock and this has been accepted for a long time e.g. some acute specialties such as the various cancer pathways. However, there is a concern that the STP may undermine the work of the local Health and Well-Being Board and some of our local initiatives e.g. For Thurrock in Thurrock. The Chair of the Health and Well-Being Board has written to NHS England expressing these concerns.
- 2.4 The STP formally issued its consultation document on the proposed reconfiguration of the services operating from the three acute hospitals in Mid and South Essex in November 2017. This consultation also included the proposals for the future of the services currently on the Orsett Hospital site. The consultation was led by the five Clinical Commissioning Groups in Mid and South Essex and concluded at the end of March 2018. A final report with recommendations will be going to a meeting of the Joint Committee of the 5 CCG's on the 4 July. A summary of the consultation responses received is attached at Appendix 3.
- 2.5 The purpose of the Joint HOSC is to scrutinise the work of the STP and any consultation exercises it undertakes and how it would meet the needs of the local population in Essex, Southend and Thurrock.
- 2.6 As reported to the January meeting the Department of Health guidance on Joint Scrutiny Committees is clear - June 2014 regulations: 3.1.7:

*“Regulation 30 also requires local authorities to appoint joint committees where a relevant NHS body or health service provider consults more than one local authority's health scrutiny function about substantial reconfiguration proposals (referred to below as a mandatory joint health scrutiny committee). In such circumstances, Regulation 30 sets out the following requirements:*

- *Only the joint committee may respond to the consultation (i.e. rather than each individual local authority responding separately).*
- *Only the joint committee may exercise the power to require the provision of information by the relevant NHS body or health service provider about the proposal.*

- *Only the joint committee may exercise the power to require members or employees of the relevant NHS body or health service provider to attend before it to answers questions in connection with the consultation.*

3.1.18 further goes on to say *“These restrictions do not apply to referrals to the Secretary of State. Local Authorities may choose to delegate their power of referral to the mandatory joint committee but they need not do so”*.

- 2.7 It is clear from the above that the establishment of the joint HOSC is a requirement but the power of referral is discretionary. Therefore, Thurrock along with Essex and Southend, did not agree to delegate its power of referral to the Secretary of State over “substantial variations in service provision” – that remains the case.
- 2.8 There have been two formal public meetings of the joint HOSC and two informal meetings and a response on the acute services reconfiguration was submitted on behalf of the Joint HOSC to the STP at the end of March. This is attached at Appendix 2. A series of further meetings are planned including a meeting on 6 June which will be reported back verbally to this meeting. The meetings will rotate across Chelmsford, Southend and Grays and are being held in the evening at the specific request of Thurrock.
- 2.9 At the January meeting of the Thurrock HOSC it was agreed to appoint the then Chair and Vice- Chair (Cllr G Snell and Cllr V Holloway) plus Cllr T Fish and Cllr G Collins. At the first formal meeting of the Joint HOSC Cllr G Snell was elected as Vice- Chair with Southend taking the Chair and a further Vice-Chair post going to an Essex member. Cllr Snell is no longer a Councillor, Cllr Collins is now a member of Cabinet and we have new members of the Thurrock HOSC, therefore, we need to re-confirm who the members of the Joint HOSC from Thurrock are going to be.
- 2.10 In the terms of reference attached it is clear that the Joint HOSC will continue whilst the STP continues and so is not just for the purposes of the specific consultation exercise. However, it is important to establish some clear lines of responsibility for what is discussed at the Thurrock HOSC and what is discussed at the Joint HOSC. The suggested position is that those matters that are overwhelmingly the responsibility of one area should be discussed and led by the local HOSC e.g. the future of Orsett Hospital. Whereas those matters that cut across the whole footprint e.g. the future arrangements for cancer services across mid and south Essex should be discussed and led by the Joint HOSC. Clearly there will be some grey areas but this approach is proposed in order to avoid having too many duplicate discussions but most importantly respecting the sovereignty of local areas discussing local matters.

- 2.11 Finally, it should be noted that the Lead Authority would bear staffing costs of arranging, supporting and hosting the meetings of the Joint Committee but other costs, such as obtaining expert advice, would be apportioned between the three local authorities.

### **3. Issues, Options and Analysis of Options**

- 3.1 There were concerns expressed at the September and January HOSC meeting that this was creating another layer of bureaucracy and potentially taking power and authority away from the Thurrock Scrutiny process.
- 3.2 As stated above, however, this is not discretionary. To mitigate against the concerns about a loss of local autonomy it was proposed and agreed that we do not delegate our power of referral and that the Thurrock HOSC continues to meet and consider the proposals. This would give a better opportunity to inform the Thurrock representatives at the Joint HOSC meeting and give them confidence they were representing the wider views of the Thurrock scrutiny process.
- 3.3 The joint committee does have the benefit of potentially a stronger collective voice from the three local authorities in particular on those areas where Thurrock has continually expressed its reservations about the STP process – too much focus on acute hospitals, a lack of focus on out of hospital care, a lack of strategy around primary care and no clear assessment on the impact these proposals will have on adult social care in particular.

### **4. Reasons for Recommendation**

- 4.1 To ensure that Thurrock plays a full and active part in the mandatory joint HOSC but also reserves its right over any potential referrals to the Secretary of State.

### **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 This is covered in the body of the report and the various Appendices.

### **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 N/A

### **7. Implications**

#### **7.1 Financial**

Implications verified by: **Carl Tomlinson**  
**Finance Manager**

None at this stage as the report is largely for noting. Any costs arising from the establishment of the Joint HOSC would have to be contained from within existing resources.

## 7.2 Legal

Implications verified by: **David Lawson**  
**Assistant Director of Law & Governance**

The body of the report addresses the relevance of Regulation 30 to participation in a Joint HOSC.

It should also be noted that under the Authority's Constitution the following functions has been determined by Council to the Health and Wellbeing Overview and Scrutiny Committee: Terms of Reference Para 4: "Work in partnership and act as a member of regional, sub-regional and local health scrutiny networks".

Finally the Scrutiny Procedure Rules at Paragraph 6.9 confirm that: "Where the Committee (including any Joint Health Overview and Scrutiny Committee to which the Committee has appointed one or more Members) has been consulted by a local NHS body on any proposal for a substantial variation or development in local NHS services, and the Committee (having considered the evidence) is not satisfied that consultation has been adequate, or considers that the proposal would not be in the interests of the health service in the area, then it may report in writing to the Secretary of State, under section 244, NHS Act 2006."

## 7.3 Diversity and Equality

Implications verified by: **Natalie Warren**  
**Community Development and Equalities  
Manager**

None at this stage as the report is largely for noting.

## 7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

N/A

## 8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

See below.

**9. Appendices to the report**

Appendix 1 – Terms of Reference for the Joint HOSC

Appendix 2 – Joint HOSC response to the STP Consultation

Appendix 3 - Summary of consultation responses

**Report Author:**

Roger Harris

Corporate Director of Adults, Housing and Health

**ESSEX, SOUTHEND AND THURROCK JOINT HEALTH SCRUTINY  
COMMITTEE ON THE SUSTAINABILITY AND TRANSFORMATION  
PARTNERSHIP / SUCCESS REGIME FOR MID AND SOUTH ESSEX**

**TERMS OF REFERENCE**

<p><b>1.</b></p> <p>1.1</p> <p>1.2</p> <p>1.3</p> <p>1.4</p>	<p><b>Legislative basis</b></p> <p>The National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Localism Act 2011 sets out the regulation-making powers of the Secretary of State in relation to health scrutiny. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 which came into force on 1st April 2013.</p> <p>Regulation 30 (1) states two or more local authorities may appoint a joint scrutiny committee and arrange for relevant health scrutiny functions in relation to any or all of those authorities to be exercisable by the joint committee, subject to such terms and conditions as the authorities may consider appropriate.</p> <p>Where an NHS body consults more than one local authority on a proposal for a 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:</p> <ul style="list-style-type: none"> <li>• make comments on the proposal to the NHS body;</li> <li>• require the provision of information about the proposal;</li> <li>• require an officer of the NHS body to attend before it to answer questions in connection with the proposal.</li> </ul> <p>This Joint Committee has been established on a task and finish basis, by Essex Health Overview Policy and Scrutiny Committee (County Council), Southend-on-Sea People Scrutiny Committee (Unitary Council) and Thurrock Health &amp; Wellbeing Overview and Scrutiny Committee (Unitary Council).</p>
<p><b>2.</b></p> <p>2.1</p> <p>2.2</p> <p>2.3</p>	<p><b>Purpose</b></p> <p>The purpose of the Joint Committee is to scrutinise the implementation of the Mid and South Essex Sustainability and Transformation Partnership (STP) and Success Regime (SR) and how any service changes and proposals arising from them meet the needs of the local populations in Essex, Southend and Thurrock, focussing on those matters which may impact upon services provided to patients in those areas.</p> <p>The Joint Committee will also act as the mandatory Joint Committee in the event that an NHS body is required to consult on a substantial variation or development in service affecting patients in the 3 local authority areas as a result of the implementation of the STP and SR.</p> <p>In receiving formal consultation on a substantial variation or development in service, the Joint Committee will consider:-</p>

	<ul style="list-style-type: none"> <li>• the extent to which the proposals are in the interests of the health service in Essex, Southend and Thurrock;</li> <li>• the impact of the proposals on patient and carer experience and outcomes and on their health and well-being;</li> <li>• the quality of the clinical evidence underlying the proposals;</li> <li>• the extent to which the proposals are financially sustainable.</li> </ul> <p>and will make a response to relevant NHS body and other appropriate agencies on the proposals, taking into account the date by which the proposal is to be ratified.</p>
2.4	The Joint Committee will consider and comment on the extent to which patients, the public and other key stakeholders have been involved in the development of the proposals and the extent to which their views have been taken into account as well as the adequacy of public and stakeholder engagement in any formal consultation process.
2.5	Notwithstanding any of the above, the relevant parent bodies may still exercise an overview role in relation to STP's, engaging in governance issues / strategic oversight and coordination across the STP footprints.
2.6	It is anticipated that the Joint Committee will continue its deliberations and hold meetings during the consultation and implementation of STP plans. The Joint Committee will review its remit after three years and also at any time at the request of any of the participating authorities.
<b>3.</b>	<b>Membership/chairing</b>
3.1	The Joint Committee will consist of four members representing Essex, four members representing Southend and four members representing Thurrock, as nominated by the respective health scrutiny committees.
3.2	Each authority may nominate up to two substitute members.
3.3	The proportionality requirement will not apply to the Joint Committee, provided that each authority participating in the Joint Committee agrees to waive that requirement, in accordance with legal requirements and their own constitutional arrangements.
3.4	Individual authorities will decide whether or not to apply political proportionality to their own member nominations.
3.5	The Joint Committee members will elect a Chairman and two Vice-Chairmen at its first meeting, one from each authority, so that each authority is represented in this role.
3.6	The Joint Committee will be asked to agree its Terms of Reference at its first meeting.
3.7	Each member of the Joint Committee will have one vote.
<b>4.</b>	<b>Co-option</b>

4.1	By a simple majority vote, the Joint Committee may at any time agree to co-opt representatives of organisations with an interest or expertise in the issue being scrutinised as non-voting members, but with all other member rights. This may be for a specific subject area or specified duration.
4.2	Any organisation with a co-opted member will be entitled to nominate a substitute member.
5.	<p><b>Supporting the Joint Committee</b></p> <p>5.1 The lead authority will be decided by negotiation with the participating authorities. The lead authority may be changed at any time with the consent of Essex, Southend and Thurrock.</p> <p>5.2 The lead authority will act as secretary to the Joint Committee. This will include:</p> <ul style="list-style-type: none"> <li>• appointing a lead officer to advise and liaise with the Chairman and Joint Committee members, arrange meeting venues, ensure attendance of witnesses, liaise with the consulting NHS body and other agencies, and produce correspondence and scrutiny reports for submission to the health bodies concerned;</li> <li>• providing administrative support;</li> <li>• organising and minuting meetings.</li> </ul> <p>5.3 The lead authority's Constitution will apply in any relevant matter not covered in these terms of reference.</p> <p>5.4 The lead authority will bear the staffing costs of arranging, supporting and hosting the meetings of the Joint Committee. Other costs will be apportioned between the authorities. If the Joint Committee agrees any action which involves significant additional costs, such as obtaining expert advice or legal action, the expenditure will be apportioned between participating authorities. Such expenditure, and the apportionment thereof, would be agreed with the participating authorities before it was incurred.</p> <p>5.5 The non-lead authorities will appoint a link officer to liaise with the lead officer, support liaison back to their respective HOSC and provide support to the members of the Joint Committee.</p> <p>5.6 Meetings shall be held at venues, dates and times agreed between the participating authorities.</p>
6.	<p><b>Powers</b></p> <p>6.1 In carrying out its function the Joint Committee may:</p> <ul style="list-style-type: none"> <li>• require officers of appropriate local NHS bodies to attend and answer questions;</li> <li>• require appropriate local NHS bodies to provide information about the proposals and to facilitate any site visits requested by the Joint Committee;</li> <li>• obtain and consider information and evidence from other sources, such as</li> </ul>

	<p>local Healthwatch organisations, patient groups, members of the public, expert advisers, local authority employees and other agencies. This could include, for example, inviting witnesses to attend a Joint Committee meeting; inviting written evidence; site visits; delegating committee members to attend meetings, or meet with interested parties and report back.</p> <ul style="list-style-type: none"> <li>• make a report and recommendations to the appropriate NHS bodies and other bodies that it determines, including the local authorities which have appointed the joint committee.</li> <li>• consider the NHS bodies' response to its recommendations;</li> </ul> <p>6.2 In the event the Joint Committee is formally consulted upon a substantial variation or development in service as a result of the implementation of the STP, and considers:-</p> <ul style="list-style-type: none"> <li>➤ it is not satisfied that consultation with the Joint Committee has been adequate in relation to content, method or time allowed;</li> <li>➤ it is not satisfied that consultation with public, patients and stakeholders has been adequate in relation to content, method or time allowed;</li> <li>➤ that the proposal would not be in the interests of the health service in its area</li> </ul> <p>the Joint Committee will consider the need for further negotiation and discussions with the NHS bodies and any appropriate arbitration.</p> <p>6.3 If the Joint Committee then remains dissatisfied on the above three points it may make comments to Essex, Southend and Thurrock Councils. Each Council will then consider individually whether or not they wish to refer this matter to the Secretary of State or take any further action.</p> <p>6.4 The power of referral to the Secretary of State is a matter which will not be delegated to the Joint Committee.</p> <p>6.5 Each participating local authority will advise the other participating authorities if it is their intention to refer and the date by which it is proposed to do so.</p>
<p><b>7.</b></p> <p>7.1</p> <p>7.2</p> <p>7.3</p> <p>7.4</p> <p>7.5</p>	<p><b>Public involvement</b></p> <p>The Joint Committee will usually meet in public, and the agenda will be available at least five working days in advance of meetings</p> <p>The participating authorities will arrange for papers relating to the work of the Joint Committee to be published on their websites, or make links to the agenda and reports published on the lead authority's website as appropriate.</p> <p>A press release may be circulated to local media at the start of the process and at other times during the scrutiny process at the discretion and direction of the Chairman and the two Vice Chairmen.</p> <p>Patient and voluntary organisations and individuals will be positively encouraged to submit evidence and to attend.</p> <p>Members of the public attending meetings and who wish to make a statement at the meeting must notify the clerk by close of business on the working day prior to the meeting. Each person will be limited to speaking for a maximum of three</p>

	minutes. If the person speaking is speaking on behalf of a group / body, a spokesperson must be appointed. The period for statements from members of the public at the meeting will be at the Chairman's discretion and normally will not exceed 15 minutes in total. No response will be provided at the meeting.
<b>8.</b>	<b>Press strategy</b>
8.1	The lead authority will be responsible for issuing press releases on behalf of the Joint Committee and dealing with press enquiries, unless agree otherwise by the Committee.
8.2	Press releases made on behalf of the Joint Committee will be agreed by the Chairman and Vice-Chairmen of the Joint Committee.
8.3	Press releases will be circulated to the link officers.
8.4	These arrangements do not preclude participating local authorities from issuing individual statements to the media provided that it is made clear that these are not made on behalf of the Joint Committee.
<b>9.</b>	<b>Report and recommendations</b>
9.1	The lead authority will prepare a draft report on the deliberations of the Joint Committee, including comments and recommendations agreed by the Committee. Such report(s) will include whether recommendations are based on a majority decision of the Committee or are unanimous. Draft report(s) will be submitted to the representatives of participating authorities for comment.
9.2	Final versions of report(s) will be agreed by the Joint Committee Chairman and two Vice Chairmen.
9.3.	In reaching its conclusions and recommendations, the Joint Committee should aim to achieve consensus. If consensus cannot be achieved, minority reports may be attached as an appendix to the main report. The minority report/s shall be drafted by the appropriate member(s) or authority (ies) concerned.
9.4	Report(s) will include an explanation of the matter reviewed or scrutinised, a summary of the evidence considered, a list of the participants involved in the review or scrutiny; and an explanation of any recommendations on the matter reviewed or scrutinised.
9.5	In addition, in the event the Joint Committee is formally consulted on a substantial variation or development in service, if the Joint Committee makes recommendations to the NHS body and the NHS body disagrees with these recommendations, such steps will be taken as are "reasonably practicable" to try to reach agreement in relation to the subject of the recommendation.
9.6	The Joint Committee itself does not have the power to refer the matter to the Secretary of State.

<b>10.</b>	<b>Quorum for meetings</b>
10.1	The quorum will be a minimum of three members, with at least one from each of the participating authorities. This will should include either the Chairman or one of the Vice Chairmen. Best endeavours will be made in arranging meeting dates to maximise the numbers able to attend from the participating authorities.

<b>6 September 2018</b>		<b>ITEM: 13</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>		
<b>Establishment of a Task and Finish Group in relation to Orsett Hospital</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-key decision	
<b>Report of:</b> Jenny Shade, Senior Democratic Services Officer		
<b>Accountable Assistant Director:</b> David Lawson, Assistant Director of Law & Governance		
<b>Accountable Director:</b> Sean Clark, Corporate Director of Finance and IT		
<b>This report is public</b>		

### **Executive Summary**

Following the announcement that Orsett Hospital will close, Councillor Holloway, Chair of the Health and Wellbeing Overview and Scrutiny Committee expressed that Terms of Reference for a Task and Finish Group to be brought to the Committee for consideration.

#### **1. Recommendation(s)**

**1.1 That the Health and Wellbeing Overview and Scrutiny Committee establish a Task and Finish Group under the title of review of the future options for Orsett Hospital.**

**1.2 That the terms of reference (attached as Appendix 1) be adopted.**

#### **2. Introduction and Background**

**2.1** Following the Joint Committee of the five Clinical Commissioning Groups in Mid and South Essex held on the 6 July 2018 it was agreed that Orsett Hospital would close. It was also agreed that Orsett Hospital would not close until the four Integrated Medical Centres are up and running and that no clinical services for Thurrock patients would move outside of Thurrock. This agreement had been consistent with the Memorandum of Understanding agreed between the Council and Health partners in 2017.

**2.2** The closure of the hospital will see all healthcare services transferred to new medical centres which will be located across Thurrock, Basildon and Brentwood.

- 2.3 Thurrock Council currently works alongside Essex and Southend Councils on a Joint Health Scrutiny Committee to review the Sustainability and Transformation Partnership for Mid and South Essex to which Thurrock Health and Wellbeing Overview and Scrutiny Committee Members attend.
- 2.4 The proposed review of the future of Orsett Hospital will be a Task and Finish Group as defined by the Constitution, and membership will be appointed through nominations by political leaders.
- 2.5 The Health and Wellbeing Overview and Scrutiny Committee will act as the parent committee to any task and finish group it establishes.

### **3. Options and Analysis of Options**

- 3.1 The Terms of Reference are not exhaustive and there are options to explore other methods of research and information gathering.
- 3.2 A Task and Finish Group is the most appropriate body for the review of the future of Orsett Hospital. This option preserves the Overview and Scrutiny Committee's autonomy to undertake its own workload whilst minimising formality and bureaucracy by allowing public meetings to be convened as and when required.

### **4. Reasons for Recommendation**

- 4.1 This recommendation would represent an effective way for the Council to discharge any formal Member related activity in relation to the review of Orsett Hospital.
- 4.2 It would also allow the Committee to add an objective viewpoint to the current processes in relation to moving services from Orsett Hospital.

### **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 None

### **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 The recommendation is seeking to establish a Task and Finish Group that will allow elected members, as well as members of the public representing relevant interest groups, to engage and shape the Council response to the review of Orsett Hospital. This promotes and increases democracy.

### **7. Implications**

#### **7.1 Financial**

Implications verified by **Jo Freeman**

## **Management Account Social Care & Commissioning**

There are no financial implications in the establishment of the Task and Finish Group as no Member will receive a special responsibility allowance for the duties. Officer time will be required to attend and carry out the work of the Task and Finish Group. Any financial implications arising from recommendations of the Task and Finish Group would need to be assessed when appropriate.

### **7.2 Legal**

Implications verified by **David Lawson**  
**Assistant Director of Law & Governance**

The establishment of a Task and Finish Group complies with Chapter 4 Rule 8 of the constitution.

### **7.3 Diversity and Equality**

Implications verified by **Becky Price**  
**Community Development and Equalities**

There are no diversity or equality implications related to the establishment of this Task and Finish Group. Appointments will be made through political Group Leaders and any lay co-opted member will be appointed through a fair and equitable process.

### **7.4 Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None

### **8. Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

None

### **9. Appendices to the report**

Appendix 1: Terms of Reference

### **Report Author:**

Jenny Shade  
Senior Democratic Services Officer

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## Orsett Hospital Task and Finish Group

### Terms of Reference

**Aim:**

To scrutinise the current proposed closure process of Orsett Hospital to include:

- the proposed transfer of services;
- the timings and the operational position of the integrated medical centres;
- to have a clear focus on the future of Orsett Hospital and to address alternative proposals.

**Membership:**

6 elected Members (to be decided on politically proportion)

**Chair:**

The Chair and Vice-Chair shall be elected by the membership of the Task and Finish Group at its first meeting. The appointment will last until the work of the Task and Finish Group is complete.

**Duration:**

The Task and Finish Group shall continue until such time as all business of the Task and Finish Group is complete. The proposed end date of the Review will be February 2019.

**Activities:**

The Task and Finish Group will undertake all but not exclusively the following activities:

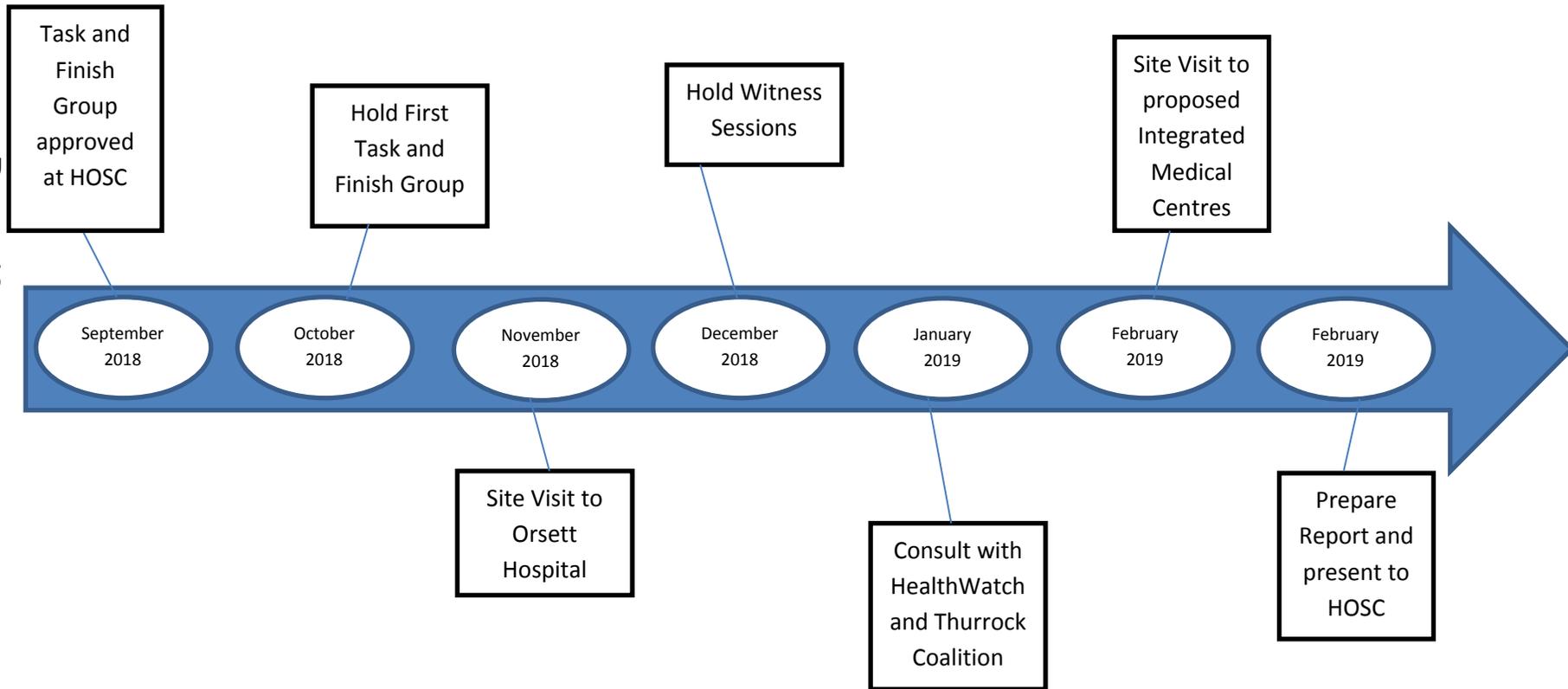
September 2018	Seek membership nominations from Group Leaders
September/early October 2018	<p>Convene first meeting to:</p> <ul style="list-style-type: none"> <li>• Meet with Officers and receive general information pack on the Orsett Hospital Issue</li> <li>• Agree any public consultation process (for example focus group)</li> <li>• Invite any witnesses who will be needed to provide background information on the Topic</li> <li>• Identify patient groups affected by closure and seek information from them</li> <li>• Undertake any research on the topic for Task and Finish Group</li> </ul>
November 2018	Undertake a site visit to Orsett Hospital
December 2018	Hold witness session with CCG, NHS and Chair of Health and Wellbeing Board
January 2019	Consult with HealthWatch and Thurrock Coalition

Early February 2019	Site visit to proposed locations of the Integrated Medical Centres
February 2019	Meet to formulate recommendations Write report Bring back report to Task and Finish Group/Health and Wellbeing Overview and Scrutiny Committee and Cabinet

# Orsett Hospital Task and Finish Group

## Proposed Timelines

Page 43



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# top 10 facts about the Orsett Hospital closure

- 1** Our services will move to four new modern integrated medical centres across Thurrock in Corringham, Tillbury, Purfleet and Grays.
- 2** These centres will bring health, social and community care together
- 3** For patients in Basildon and Brentwood, services will be provided in new and existing health centres such as Brentwood Community Hospital
- 4** We will make sure all four centres are up and running fully before finally closing Orsett Hospital.
- 5** We are not stopping any of the services we provide.
- 6** Our staff will continue to work for the NHS and we do not expect any job losses.
- 7** These centres will mean more investment in your local services, not less
- 8** A 'People's Panel' of local patients and residents will help to plan how the changes happen. Your local independent Healthwatch group will organise this.
- 9** Services will move from Orsett Hospital into these centres over the next two to three years.
- 10** We will then sell Orsett Hospital, and the money will come back into your local NHS.

- For more information visit: [www.nhsmidandsouthessex.co.uk](http://www.nhsmidandsouthessex.co.uk)
- If you would like to register your interest in the 'People's Panel', please email: [orsettpeoplespanel@btuh.nhs.uk](mailto:orsettpeoplespanel@btuh.nhs.uk)

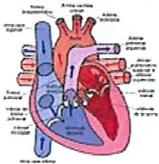
Produced by Thurrock CCG and Basildon Hospital August 2018



# Departments and Services Offered at Orsett Hospital as advertised on-line in August 2015

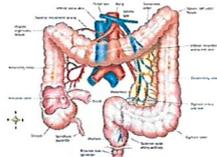
## Cardiology

A branch of medicine dealing with disorders of the heart as well as parts of the circulatory system. Also includes medical diagnosis and treatment of congenital heart defects, coronary artery disease, heart failure, valvular heart disease and electrophysiology.



## Children’s and Adolescent Services

Ear, nose and throat, gastroenterology (disorders of the stomach/intestines), nephrology (physiology and diseases of the kidney), neurology (structure/functions and organic disorders of nerves and nervous system), respiratory (affecting respiration organs).



## Dermatology

Medicine concerned with the diagnosis and treatment of skin disorders such as acne, eczema, hair, nails, psoriasis, connective tissue diseases.



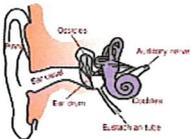
## Diabetic Medicine

Services and treatments include general diabetic management, podiatry and foot, pregnancy and maternal, renal diabetes.



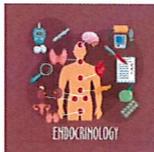
## Ear, Nose and Throat

Services and treatments offered include ear, nose and nose, snoring, throat, tinnitus.



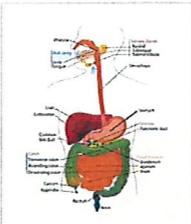
## Endocrinology and Metabolic Medicine

Endocrinology and Metabolic Medicine include gland disorders, thyroid and bone disorders, Hypothalamic dysfunction caused by malnutrition (anorexia and bulimia).



## Gastrointestinal and Liver Services

Services offered Colorectal Surgery (rectum/colon), Gallstones, Hepatology (diseases that affect liver, gallbladder and pancreas), Lower and Upper GI (X-Rays used to diagnose tumours and ulcers).



## General Medicine

Medical speciality dealing with the prevention, diagnosis and treatment of adult diseases.



### General Surgery

Surgery focusing on abdominal contents.



### Geriatric Medicine

Medicine that focuses on health care of elderly people.



### Gynaecology

Medicine that deals with the functions and diseases specific to women and girls.



### Haematology

Is the study of blood and blood forming tissues.



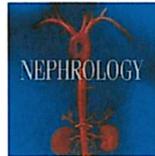
### Head & Neck Cancer

Medicine and Services dealing with affected organs or tissue of the head or neck.



### Nephrology

Specialty of medicine and paediatrics (involves the care of infants, children, adolescents), concerns with the study of kidney function, kidney problems & treatment.



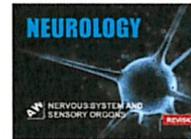
### Minor Injuries Unit

Injuries treated include fractures, insect bites, minor cuts/burns/bruises/scalds, firework injuries, minor head and eye injuries, strains and emergency contraception.



### Neurology

Medicine dealing with disorders of the nervous system.



### Pain Management

Services provide pain management, provide pain medicine and pain control.



### Respiratory Medicine

Provide a wide variety of medicines to relieve, treat or prevent respiratory diseases.



### Rheumatology

Medicine devoted to the diagnosis and therapy of rheumatic diseases such as arthritis.



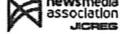
### Vascular Surgery

Service provided for diseases of the vascular system (vessels), arteries, veins and circulation.



# ORSETT HOSPITAL

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# HOW HOSPITAL CLOSURE PLAN CAME ABOUT...



■ Spreading the word: Thurrock CCG's Mandy Ansell.

THE woman at the helm of Thurrock Clinical Commissioning Group (CCG), which has found itself at the heart of controversy over the proposed closure of Orsett Hospital, has spoken frankly about the situation.

The first detailed commentary on the decision by the Mid and South Essex Sustainability and Transformation Partnership (STP) - a 'think-tank' put in place by the government in 2015 to create a planning framework for NHS services across regional areas - has come from Mandy Ansell, the account officer for Thurrock CCG.

She says closing Orsett Hospital was not

in its thoughts when it began a project in 2016 to improve health care in the borough.

However, as time progressed, proposals to close Orsett and replace it with integrated medical centres - a baton picked up by the ruling Conservative group on Thurrock Council and supported by other clinical commissioning groups across mid and south Essex - began to run parallel to Thurrock CCG's thinking.

Despite that, when it came to a vote on the closure, Thurrock was the only regional CCG not to vote for it, instead abstaining.

But with closure confirmed - although a vigorous campaign is underway to change

the decision - Ms Ansell is now planning ahead.

She told the Thurrock Independent: "There has been much news and debate around the recent decision to close Orsett Hospital, speaking about the decision and what this means for people in Thurrock.

"What we are looking at in Thurrock is really improving what we have now. "Residents will be offered the services they currently access, but in newer, purpose-built buildings that will provide not just healthcare, but social, mental health and community services all under one roof and closer to home."

■ More on page 11.

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Week 32

THURROCK'S FASTEST GROWING newspaper and digital platforms. More than **15,750** copies will be distributed across Thurrock THIS WEEK through more than 140 retail outlets and direct-delivered to targeted homes in Grays, Stanford-le-Hope, Corringham, Chafford Hundred, Chadwell St Mary, South Ockendon, Aveley, Purfleet and Tilbury and villages including Bulphan, Horndon on the Hill, North Stifford and Orsett. Available in community hubs and libraries across the borough. With thousands following and reading online too - The paper that delivers for Thurrock! Ave weekly distribution in June: **15,002**.



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# “We are investing in our vision, we want to get this right”

THERE has been much conversation and debate around the recent decision to close Orsett Hospital and what it means for people in Thurrock.

The Thurrock Independent has steadfastly opposed the decision and editor Neil Speight has criticised the lack of detail in the alternative proposals.

However, no-one is closer to the heart of the debate than Mandy Ansell (right), accountable officer for Thurrock Clinical Commissioning Group, and she has opened up the paper about how she sees the past - and the future!

We invited her to have her say and she has spoken at length about how she sees the situation.

She told us: “What we are looking at in Thurrock is really improving what we have now. You will be offered the services you currently access, but in newer, purpose-built buildings that will provide not just healthcare, but social, mental health and community services all under one roof and closer to home.

“Back in 2016, we first spoke about our vision for Thurrock, under the banner ‘For Thurrock in Thurrock’. Healthcare services then were not providing what people wanted. At that time there was no suggestion or plans to close existing estates, like Orsett Hospital. We genuinely wanted to transform health and care. We asked you how you wanted healthcare to change. What we heard during our conversations with people were; people wanted facilities closer to home, including the provision of local beds, blood tests and x-ray and better access to GPs and primary care.



“We are already on the way to meeting these aims; there are 24 new beds in Thurrock Community Hospital for people who need some extra support, who need to stay in hospital for recovery or to regain strength. We’ve already begun to improve GP facilities. There are extended teams now working in many GP practices that can help you, including paramedics, pharmacists and Physiotherapists (who provide a prescribing service for every day health problems).

“We are investing in Thurrock and our vision, we are doing this in partnership with all our providers. Bringing the vision of the Integrated Medical Centres to life is now our priority. We have a strong base from which to start having taken the time to plan out what would be needed for each locality area.

“We want to get this right and the integrated centres will be fit for now and for the future growth expected in Thurrock as well as being flexible enough to cope with changes in technology and practice.

“Our vision for the Integrated Medical Centres is where, if you have a health or social care problem, you only need to tell your

story once. You can visit a local centre, see a healthcare professional or outpatient service, have a blood test under the same roof. If you need emotional support, we are looking at providing mental health therapists. If you have a muscle problem, there may be an opportunity to visit a physiotherapist onsite. With a mobile x-ray machine available in at least two sites, you won’t have to travel far to have an x-ray.

“For urgent health problems, there will be an urgent care centre, we are testing this idea with a GP and minor injuries all in one place, so if you need help urgently you can get this within Thurrock. It’s likely that this will be offered on the Thurrock Community Hospital site.

“To help us ensure we meet the needs of people who use the services, Healthwatch Thurrock is supporting this by pulling together an independent ‘People’s Panel’. This was recommended by them as check and balance to the plans. The panel will analyse plans already in place and help to shape plans which are less well developed.

“Finally to reassure you, none of this will happen overnight. Buildings that will replace

Orsett Hospital will take time to build and the services that will go in them will not all move at once. In the autumn, we hope to share the plans for the first of the new centres in Tilbury.

“We will update residents as often as we can on developments, but we expect everything to be on offer by 2021.

“Let’s see this decision as the middle of the journey we are already on to transform health and care in Thurrock. By working together with our council, community and other health partners our ambition is that Thurrock will have a better and much improved health and care offer that will be envy of other areas.”

Ms Ansell’s viewpoint was supported by Tom Abell, deputy chief executive of Basildon and Thurrock University Hospitals NHS Foundation Trust, who said said: “This decision is good news. Local residents will soon have more modern health and care services closer to where they live.

“This means more investment in the services people use the most. We are also absolutely clear that services will not stop at Orsett Hospital until all the new services are up and running.”

## Port of plenty

LOGISTICS specialist NFT has signed its largest fresh produce contract since opening its flagship temperature controlled facility at the Port of Tilbury.

Vessels containing more than 700,000 bunches of bananas a week are now arriving at the 230,000 sq ft cold storage facility before being distributed to major retailers.

The contract will see 5,000 pallets of produce arriving each week, with a 50-50 split between bananas and pineapples.

More than 250 containers with similar volumes of the two fruits will make the voyage every week until Christmas.

## Group gets a ‘Good’ rating in review

THURROCK CCG has been rated as ‘Good’ in an annual assessment conducted by NHS England.

NHS England’s Improvement and Assessment Framework (IAF) is conducted annually to assess the overall performance of CCGs including in leadership and financial management.

In addition, the CCG has achieved a ‘Green’ rating for its public participation and involvement work.

Accountable officer Mandy Ansell said: “We have worked tirelessly to improve our processes and governance. This means we can be effective in ensuring we are able to commission the best possible health and care services for the people of Thurrock.

“We are also proud of our track record on public engagement and involvement with patients and partners in local services.”



Residents on Lodge Lane received tickets even though they were legally parked.

## Ticket blunderers

BLUNDERING Thurrock Council enforcement officers put tickets on the cars of residents in Grays - forcing the lead councillor for environment to make a red-faced apology after the Thurrock Independent challenged the council over the validity of the fine notices.

The incident happened last month when residents on Lodge Lane, who were parked legally outside their homes, found enforcement officers had mounted a purge on the road and put tickets on vehicles legitimately parked off road on approaches to homes.

Lodge Lane is a wide road with a grass verge and access point for vehicles and as long as cars don’t park on the adjacent grass areas or block the pedestrian pathway they are allowed to park on the hard surfaces.

When residents alerted the Thurrock Independent we asked

the council what had happened and were informed by a council spokesperson: “These tickets were issued in error and have now been withdrawn.

“The people living there are allowed to park on the hard-standing areas as they have always done and tickets issued to them have been cancelled.”

In addition Cllr Aaron Watkins, portfolio holder for environment, said: “Unfortunately parking notices were issued in error to people parking legitimately outside their homes.

“We apologise for this error and have withdrawn all the tickets incorrectly issued. We have been in touch with the residents concerned to offer them our apologies and make sure they know that the notices have been withdrawn and that they are allowed to park on these hard-standing areas.”

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# Orsett Hospital replacements "expected to be running" by 2021

*By Staff Reporter on September 5, 2018 · No Comment*

By Local Democracy Reporter  
Steve Shaw

ALL medical centres replacing Orsett Hospital are expected to be operational by the end 2021, according to a report released ahead of a Thurrock Council meeting.

Details of the new Integrated Medical Centres (IMCs) have been outlined in a report which has been prepared for the Health and Wellbeing Overview and Scrutiny Committee.

The first centre to open will cover Stanford and Corringham and be located in Stanford Le Hope. Planning consent was secured for this facility in 2016 and it is expected to be funded by the North East London NHS Foundation Trust.

With a construction period of 15 months, the Stanford IMC could be operational as early as 2020.

The Tilbury IMC will serve the local area along with Chadwell. The council is expected to agree to fund the construction of this centre at a meeting on September 12 at a cost of £20million and the building work will be completed by the end of 2021.

A Purfleet and South Ockendon IMC will be built as part of the wider Purfleet Centre regeneration scheme. Outline planning permission was submitted in December 2017 and is likely to go before the planning committee in the third quarter of the year.

A funding strategy is still not finalised but it is hoped that the centre will open sometime in 2021.

The Thurrock Community Hospital will be transformed into the fourth IMC and serve Grays. The report states: "As the only site already built, Thurrock Community Hospital offers the opportunity to renovate and redesign facilities to accommodate services, with the potential to bring services on line in a shorter time frame."

The Grays IMC could also see the introduction of a new GP service.

Further healthcare improvements will take place in a second phase of the project with plans to improve the South Ockendon Health Centre, which is currently occupied by a GP practice and several clinical services, are due to be presented to the council in December.

The report adds: "Health partners have confirmed the building is no longer fit for purpose, and they see potential benefits in redeveloping the site to create a new health centre which could bring together other surgeries from the local area, and to equip it with a fuller range of primary care facilities."

The closure of Orsett is part of a much larger healthcare shakeup taking place across the whole of mid and south Essex. The Sustainability and Transformation Partnership (STP) responsible for the implementation have been facing criticism from councillors, residents and campaigners over their decisions.

At a recent STP scrutiny committee held in Thurrock, chief transformation officer Tom Abell said none of the services will leave Orsett Hospital until all the medical centres are open but then admitted some services may move early.

When he was questioned further by councillors he said he didn't want "principal to get in the way of what is best for patients."

The STP was also slammed for their consultation process which was labelled as the "worst consultation ever" by Independent Southend Councillor Martin Terry.



*Orsett Hospital replacements "expected to be running" by 2021 added by Staff Reporter on September 5, 2018*

**View all posts by Staff Reporter** →

**NHS boss insists medical centre plan will cope with growing population**

# 'New centres will cope with hospital's demand'

A LEADING NHS boss has said he is confident the proposed medical centres replacing Orsett Hospital will cope with Thurrock's increasing population.

The chief transformation officer at the Basildon and Thurrock Hospital Trust, Tom Abell, told a health and scrutiny committee last week the modern facilities available at the new medical centres will allow the NHS to adjust to the borough's population growth.

To replace the facilities lost by the closure of Orsett Hospital, integrated medical centres will be opened in Stanford-le-Hope, Tilbury, Purfleet and the site of the former Thurrock Community Hospital in Grays.

All of the new integrated medical centres will be open by the end of 2021, it has been claimed.

Yet concerns have been raised among residents and councillors over the medical centres' ability to replace Orsett Hospital.

But Mr Abell insisted the services will be an improvement on the hospital.

He said: "These new developments, particularly ones that are bringing young families, call for different types of services than what we currently provide at Orsett."

"If you take the Purfleet development as an example, we know there will be



■ **Confident - Tom Abell is confident the new centres will effectively replace Orsett Hospital**

a number of young families so one of the things we are actively looking at is whether there is an opportunity to move paediatric care into that area because we know there will be a greater need. That is something we do not currently provide in Orsett and it is only provided in Basildon."

When he was pressed by the committee on whether he has confidence in the new facilities he answered, "In short, yes", explaining the modern facilities can be used "more effectively" and

provide expansion space. He also elaborated on his guarantee that all the services available in Thurrock will remain in Thurrock.

"The vast majority of the services we provide are outpatients and diagnostics," he said.

"The intention is that those outpatient services will be provided equally across the integrated medical centres and in Basildon and Brentwood.

"The way that could work is, for example orthopaedic outpatients, could be provided on dif-

ferent days at different centres and there will be a choice then of where people are referred to, they could be referred to the centre of their choice."

However, he added not all the services will be able to operate on a rotating basis and some are "fixed".

These are for minor injuries and renal dialysis.

As it is not viable to replicate them across all of the centres these are likely to be located only at the Grays centre, which is considered the most

central location.

Members of the committee stressed to Mr Abell that the majority of residents are unhappy about the decision to close the hospital and agreed to establish a council-led task force that focuses on the issue and a People's Panel which will meet regularly until the new centres are up and running. Committee chair Victoria Holloway said: "As a council we need the opportunity to scrutinise this very closely."

\*GP crisis looms in Thurrock - see page 10

## People's panel for hospital

THE organisation supporting an Orsett Hospital community panel has revealed new details on how it will operate.

Kim James, of Healthwatch Thurrock, told the council's health and wellbeing scrutiny committee that the People's Panel will be completely community-led and will examine all aspects of the plans to close Orsett.

She also stressed that the panel will meet regularly until all of the replacement medical centres are open at the end of 2021.

"They have their first meeting on September 17, which is a core group to start with - people who have concerns and have interests in what's going on," she said.

"It includes representatives such as patients and carers who have used the renal dialysis service, other patient groups that will continue to use the services and representatives of community groups.

"Other invites will be going out as time goes on but we didn't want to start with a great big group, we are starting with a small group to see how this is going to work."

Healthwatch Thurrock will be acting in a support role to the panel, with their staff helping to establish a website and social media presence which will allow the panel to engage with the public directly.

Members of the panel will also have seats on board meetings and will be present for key decision making.

The People's Panel was a key part of the plan outlined in June when the Sustainability and Transformation Partnership (STP) announced Orsett Hospital would close.



## National Air Ambulance Week

Monday 10<sup>th</sup> - Sunday 16<sup>th</sup> September 2018



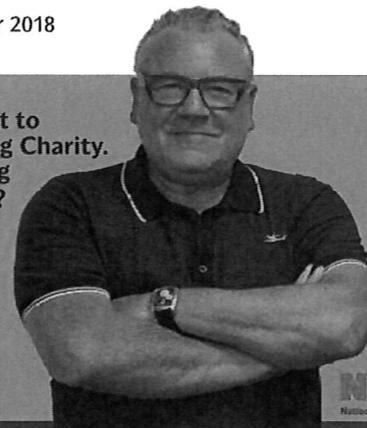
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Patron of Essex & Herts Air Ambulance

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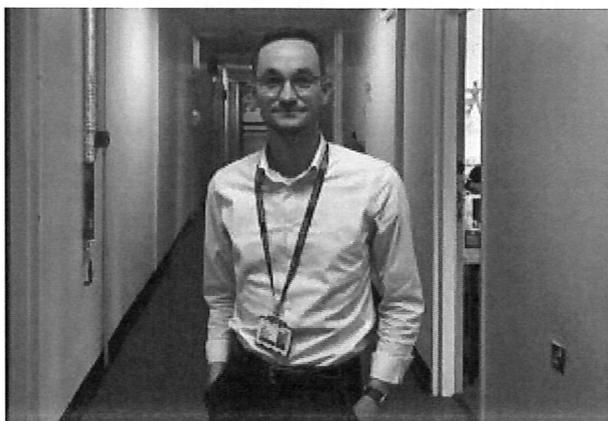


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# NHS boss claims replacements for Orsett Hospital will cope with population growth

*By Staff Reporter on September 13, 2018 · No Comment*



AN NHS manager has said he is confident the proposed medical centres replacing Orsett Hospital will cope with Thurrock's increasing population.

The chief transformation officer at the Basildon and Thurrock Hospital Trust, Tom Abell, told a health and scrutiny committee on Thursday that the modern facilities available at the new medical centres will allow then NHS to adjust to the borough's population growth.

He said: "These new developments, particularly ones that are bringing young families, call for different types of services than what we currently provide at Orsett.

"If you take the Purfleet development as an example, we know there will be a number of young families so one of the things we are actively looking at is whether there is an opportunity to move paediatric care into that area because we know there will be a greater need.

"That is something we do not currently provide in Orsett and it is only provided

in Basildon.”

When he was pressed by the committee on whether he has confidence in the new facilities he answered, “In short, yes”, explaining the modern facilities can be used “more effectively” and provide expansion space.

He also elaborated on his guarantee that all the services available in Thurrock will remain in Thurrock.

“The vast majority of the services we provide are outpatients and diagnostics,” he said.

“The intention is that those outpatient services will be provided equally across the integrated medical centres and Basildon and Brentwood. The way that could work is, for example orthopaedic outpatients, could be provided on different days at different centres and there will be a choice then of where people are referred to, they could be referred to the centre of their choice.”

However, he added not all the services will be able to operate on a rotating basis and some are “fixed”. These are the minor injuries and renal dialysis.

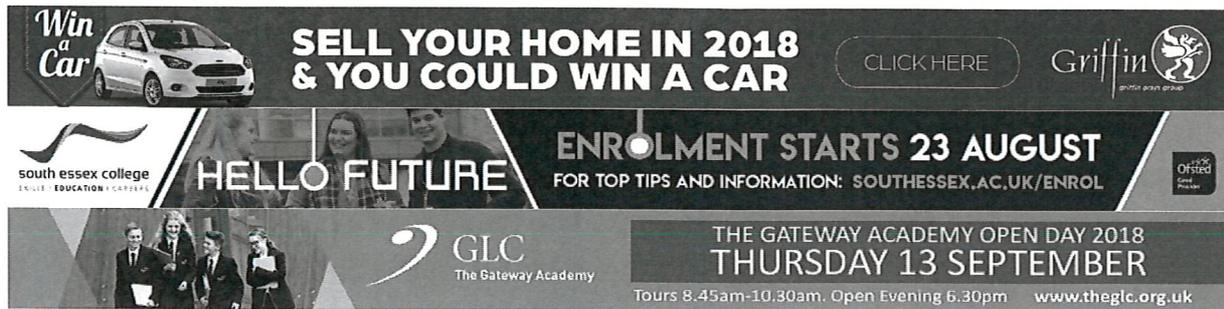
As it is not viable to replicate them across all of the centres these are likely to be located only at the Grays centre, which is considered the most central location.

Members of the committee stressed to Mr Abell that the majority of residents are unhappy about the decision to close the hospital and agreed to establish a council-led task force that focusses on the issue.



*NHS boss claims replacements for Orsett Hospital will cope with population growth*  
added by **Staff Reporter** on September 13, 2018

**View all posts by Staff Reporter** →



# Thurrock bus service could be re-routed to serve new medical centres

*By Staff Reporter on September 4, 2018 · No Comment*



By Local Democracy Reporter  
Steve Shaw

A THURROCK bus service could be rerouted to stop at two of the four new medical centres that will replace Orsett Hospital.

The council will be looking for bus providers to take on the delivery of bus services 11, 374 and 265 when the current contract expires on March 31, 2019.

Council documents propose that the number 11 service could be rerouted to stop at the planned Integrated Medical Centres in Grays and Corringham and no longer operate along the A13, where it often faces delays due to roadworks.

The service is currently operated by First Essex and serves passengers travelling between Basildon and Purfleet. Stops include Basildon Hospital and Orsett Hospital.

The decision to close Orsett Hospital has been extremely unpopular in Thurrock where many residents question why the NHS is not replacing it with a new hospital and fear the medical centres will mean losing services.

It is anticipated that the medical centres will be open by the end of 2021. The changes to the bus services will be discussed on September 11 at Thurrock Council's Planning, Transport and Regeneration Overview and Scrutiny Committee.



*Thurrock bus service could be re-routed to serve new medical centres added by* **Staff Reporter** on September 4, 2018

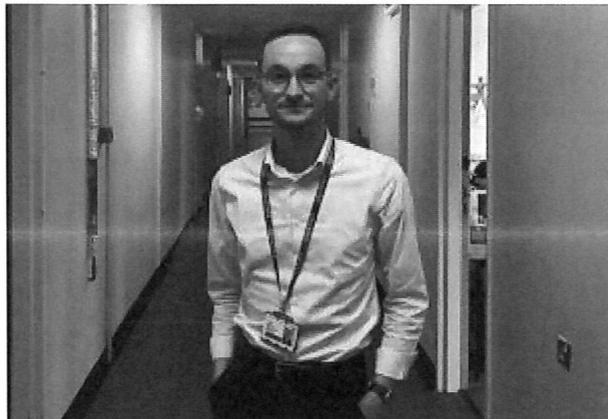
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# Health boss “frustrated” at Orsett Hospital being used as political football

By Staff Reporter on August 27, 2018 · No Comment

By Local Democracy Reporter, Steve Shaw



THE deputy chief executive of the Basildon and Thurrock Hospital Trust has spoken of his frustration over the way political parties have distorted the closure of Orsett Hospital by using it for political means.

Tom Abell, deputy chief executive and chief transformation officer at the trust set the record straight on several major concerns about the closure and stressed that services will not be cut.

“We did the consultations and then the local elections came along and it was seized as kind of this symbol of opposition to public sector cuts when actually we’re not proposing to cut any services as part of this change and we’re not proposing to downgrade anything,” he said.

"I find that can be frustrating at times because we keep on saying that and yet we get this wall of opposition."

The closure of Orsett Hospital was announced at the beginning of July as part of a massive health care shakeup across mid and south Essex. Medical staff at the site currently struggle to deliver effective medical care due to outdated facilities, narrow corridors and limited resources.

Closing it will allow four modern medical facilities to be opened in Corringham, Tilbury, Grays and Purfleet and patients based outside of the borough will have services moved closer to their homes at facilities in Basildon and Brentwood.

However, a public consultation on closing the hospital was criticised by local councillors and HealthWatch Thurrock who said it "fails" residents because it was difficult for them to access online.

There were also only 2,000 hard copies printed for the whole mid and south Essex area of 1.4million people. Thurrock received just 97 copies.

Those that did take part in the consultation expressed serious concerns that losing Orsett would mean less healthcare services.

The controversy made it a heated topic in local politics especially for Labour and the Independents, who have been calling for the hospital to remain open while arguing over who has given it more support.

The Conservatives have defended the decision but stressed that they are not responsible for making it.

"The ultimate decision was made by the CCG, our commissioner, and we support it from the hospital trust perspective and have helped develop the proposals," Mr Abell continued.

"We are not proposing these services get outsourced – all the services will continue to be run by the hospital trust, the staff who currently provide the services here will be the staff who provide the services in the new locations but it has got mixed up in this privatisation agenda when that has never even come up.

"I guess any sort of change like this does end up becoming political wherever you are, so we just have to keep reiterating we are not cutting anything and the services will only move when the new facilities are open and we'll keep Orsett operating until that time."

He went on to outline how the CCG intends to retain all services within the borough while also making better use of public money by rotating services across the sites on different days, rather than running them every day as they do now at Orsett.

“We will organise services that way round because there clearly is a benefit in terms of getting greater reach and accessibility in those locations. It also means that we can make much better use of the buildings and ensure they are full, vibrant and has got people going through them, rather than a space like Orsett that is empty for certain parts of the week. It is not good use of public money for us to continue to do that every day.”

The GP surgery on Rowley Road will also remain open and plans are in place to expand it in the future. A new GP surgery is also being planned for the Grays medical centre when it opens.

Mr Abell offered reassurance to patients who use the renal dialysis services at the hospital, guaranteeing that they will remain in Thurrock.

Speaking on whether the closure is set in stone, he said: “It’s not my decision, it’s the commissioner’s decision. Obviously he made a pretty clear decision in July for the closure of Orsett and the relocation of services and we are planning on that basis at the moment.”

What do the political parties think?

Conservative councillor James Halden, who chairs the council’s Health and Wellbeing Board, has previously slammed the opposition for playing “party politics” over Orsett.

He said: “The Conservatives will not indulge in gesture politics, we will keep focusing on delivering 21st century medical centres to ensure we move more out of hospital services closer to the people they serve.”

Labour leader councillor Oliver Gerrish said concerns over Orsett Hospital are “real” and not about causing political trouble.

He said: “The process so far has provided very few answers on how and where crucial services will be delivered. Residents have seen this before – for example the promises given over the closure of the Grays walk-in centre. Nobody wants to see the same thing happen again, so it’s no surprise that the campaign has been so vociferous.”

Councillor Luke Spillman, leader of Thurrock Independents said Thurrock needs

more medical facilities.

"We are here to serve the residents and their voice on this matter couldn't be clearer," he said.

"They feel there is a desperate need to increase medical services in Thurrock. Unlike the Tories, we won't roll over and facilitate clear cost cutting exercises to the detriment of Thurrock."

### The People's Panel

The NHS is keen to encourage the public to get involved in the future of Orsett Hospital and a key part of this is the formation of the People's Panel.

Mr Abell described the panel as being independent of the NHS and designed to help get the "right answers" for Thurrock.

He said: "It is really important this thing is independent of us, so we asked Healthwatch Thurrock to help us in terms of organising it, so it is not an NHS scheme. The proposal is that anybody who lives in Thurrock can sign up to be on the panel and we will see how it comes together as it will be quite different if 150 people sign up or 10.



*Health boss "frustrated" at Orsett Hospital being used as political football added by Staff Reporter on August 27, 2018*

[View all posts by Staff Reporter →](#)

# Health bosses sets out its vision for Thurrock's health and care system

By Staff Reporter on August 9, 2018 · No Comment

## CCG sets out its vision for Thurrock's health and care system.

THERE has been much news and debate around the recent decision to close Orsett Hospital, speaking about the decision and what this means for people in Thurrock, Mandy Ansell, Accountable Officer for Thurrock CCG said:

**top 10 facts about the Orsett Hospital closure**

**NHS**

- 1 Our services will move to four new modern integrated medical centres across Thurrock in Canningham, Tilbury, Purfleet and Grays.
- 2 These centres will bring health, social and community care together.
- 3 For patients in Basildon and Brentwood, services will be provided in new and existing health centres such as Brentwood Community Hospital.
- 4 We will make sure all face centres are up and running fully before finally closing Orsett Hospital.
- 5 We are not stopping any of the services we provide.
- 6 Our staff will continue to work for the NHS and we do not regret any job losses.
- 7 These centres will maintain investment in your local services, not less.
- 8 A People's Panel of local patients and residents will help to plan how the change happens. Your local Independent Healthwatch group will organise this.
- 9 Services will move from Orsett Hospital into these centres over the next two to three years.
- 10 We will then sell Orsett Hospital, and the money will come back into your local NHS.

For more information visit: [www.nhs.uk/southessex](http://www.nhs.uk/southessex)  
 If you would like to register your interest in the People's Panel, please email: [orsetpeoplepanel@nhs.uk](mailto:orsetpeoplepanel@nhs.uk)

Produced by Thurrock CCG (initially by Health) August 2018

“What we are looking at in Thurrock is really improving what we have now. You will be offered the services you currently access, but in newer, purpose built buildings that will provide not just healthcare, but social, mental health and community services all under one roof and closer to home.

“Back in 2016, we first spoke about our vision for Thurrock, under the banner ‘For Thurrock in Thurrock’. Healthcare services then were not providing what people wanted. At that time there was no suggestion or plans to close existing estates, like Orsett Hospital. We genuinely wanted to transform health and care. We asked you how you wanted healthcare to change. What we heard during our conversations with people were; people wanted facilities closer to home, including the provision of local beds, blood test and x-ray and better access to GPs and primary care.

“We are already on the way to meeting these aims; there are 24 new beds in Thurrock Community Hospital for people who need some extra support, who need to stay in hospital for recovery or to regain strength. We’ve already begun to improve GP facilities. There are extended teams now working in many GP practices that can help you, including paramedics, pharmacists and Physician Associates (who provide a prescribing service for every day health problems).

“We are investing in Thurrock and our vision, we are doing this in partnership with all our providers. Bringing the vision of the Integrated Medical Centres to life is now our priority. We have a strong base from which to start having taken the time to plan out what would be needed for each locality area. We want to get this right and make sure the integrated centres will be fit for now and for the future growth expected in Thurrock as wellbeing flexible enough to cope with changes in technology and practice.

“Our vision for the Integrated Medical Centres is where if you have a health or social care problem, you only need to tell your story once. You can visit a local centre, see a healthcare professional or outpatient service, have a blood test under the same roof. If you need emotional support, we are looking at providing mental health therapists. If you have a muscle problem, there may be an opportunity to visit a physiotherapist onsite. With a mobile X-ray machine available in at least two sites, you won’t have to travel far to have an x-ray.

“For urgent health problems, there will be an urgent care centre, we are testing this idea with a GP and minor injuries all in one place, so if you need help urgently you can get this within Thurrock. It’s likely that this will be offered on the Thurrock Community Hospital site.

“To help us ensure we meet the needs of people use the services, Healthwatch Thurrock is supporting this by pulling together an independent ‘People’s Panel’. This was recommended by them as check and balance to the plans. The panel will analyse plans already in place and help to shape plans which are less well developed.

“Finally to reassure you, none of this will happen overnight. Buildings that will replace Orsett Hospital will take time to build and the services that will go in them will not all move at once. In the Autumn, we hope to share the plans for the first of the new Centres in Tilbury. We will update you as often as we can on developments, but we expect everything to be on offer by 2021.”

“Let’s see this decision as the middle of the journey we are already on to transform health and care in Thurrock. By working together with our Council, Community and other health partners our ambition is that Thurrock will have a better and much improved health and care offer that will be envy of other areas.”



*Health bosses sets out its vision for Thurrock’s health and care system added by **Staff Reporter** on August 9, 2018*

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## News

# Survey step towards Tilbury Integrated Medical Centre

**2 February 2018**

Work on Thurrock's first Integrated Medical Centre will take a significant first step as site surveys get underway.

Beginning on 5 February, surveys in Civic Square, Tilbury will start to help inform the design and planning of the centre.

The work will include topographical surveys and assessments ranging from flood risk, utilities, ecology and transport studies over the next few months. Full public access will be maintained throughout.

Portfolio Holder for Education and Health, Cllr James Halden, said: "Our Integrated Medical Centres will provide excellent health services in modern buildings closer to where people live, and these surveys are an important first step. We are pleased that we have been able to work alongside Thurrock Clinical Commissioning Group (CCG) in this important work."

Portfolio Holder for Regeneration, Cllr Mark Coxshall, added: "The Integrated Medical Centre and regeneration of Civic Square are key parts of our master plan for Tilbury. These surveys show our commitment to focusing on delivery and ensuring the local community benefit from these projects."

**Related:**

[Tilbury growth \(/tilbury-growth\)](#)

How can we make this page easier to use? (</forms/feedback?source=node/34164>)



## New Hospital Research

- Papworth Hospital, Cambridge – due for completion April 2018 (delayed until September 2018)
  - Becoming a cardiothoracic specialist hospital care
  - Room for 24,400 inpatient and day cases & 73,600 outpatient cases; 310 beds; 7 operating theatres
  - Costs: £165 million being built by Skanska
    - Approved a £40 million investment programme for new equipment and infrastructure in the project



- Midland Metropolitan Hospital, Birmingham - due for completion 2022
  - 2/3rds completed in January 2018 until work was halted by the collapse of Carillion (work began again August 2018, was due to open 2019)
  - Room for 669 beds, 15 operating suites
  - Cost: £350 million being built by Carillion (had to be bailed out for £315 million by the government)



- Royal Liverpool University Hospital, Liverpool – due for completion in March 2017 (delayed until 2020 as cladding used found not to meet fire safety regulations)
  - Cost: £335 million being built by Carillion (until their collapse, building work has now ceased although almost completed)
    - Announced in December 2013 that £429 million redevelopment plan would begin
  - 18 theatres, 23 wards and 646 bedrooms



**Mid and South Essex  
Sustainability and Transformation Partnership (STP)**



# Your care in the best place

At home, in your community and in our hospitals

A summary of proposals for consultation  
**30 November 2017 – 9 March 2018**

**Closing date for feedback:** Friday, 9 March 2018

For a full consultation document and further information,  
please visit our website [www.nhsmidandsouthessex.co.uk](http://www.nhsmidandsouthessex.co.uk)

Published by the Mid and South Essex  
Sustainability and Transformation Partnership (STP)

A partnership of all health and care organisations for people living in Braintree, Maldon,  
Chelmsford, Castle Point, Rochford, Southend, Thurrock, Maldon and Brentwood.

# Essex is a great place to live, Let's make it the place to live well

Health and care services in mid and south Essex have formed a partnership to improve the quality of care over the next five years. This consultation needs your views to inform the plans.

## We need to hear your views on the following main areas:

- 1 The overall plan for health and care in mid and south Essex
- 2 Proposals for hospital services in Southend, Braintree and Basildon
- 3 Proposals to transfer services from Orsett Hospital to new centres in Thurrock, Basildon, Billerica and Brentwood

For further information and a copy of our full consultation document, please visit our website at: [www.nhsmidandsouthessex.co.uk](http://www.nhsmidandsouthessex.co.uk)

Or contact our consultation team – see our contact details on page 15.

## 1 HOW TO HAVE YOUR SAY

**We are inviting you to give your views between now and 9 March 2018. All of your feedback during the consultation will be considered in March and April to inform planning decisions early in the summer of 2018.**

There are a number of ways to have your say:

**By completing a survey**  
Our survey is available online. Please visit: [www.surveygizmo.eu/s3/90059489/NHS-Mid-and-South-Essex-STP](http://www.surveygizmo.eu/s3/90059489/NHS-Mid-and-South-Essex-STP)

Or contact our consultation team (details on page 15) to request a printed version of the same survey.

**You can write to us**  
Please send your views by post or email, if you prefer – see our contact details on page 15.

**Request a meeting**  
If your group or organisation would like to arrange a meeting with us, please contact the consultation team – see our contact details on page 15.

**Group meetings**  
We are arranging various meetings with patient participation groups and other local representatives, including Healthwatch and the Stroke Association. If you are a member of a voluntary group, ask your group organiser to get in touch with us.

**Join one of our open discussion events**  
At each of our discussion events, you will be able to hear more from senior doctors and nurses who have been involved in developing proposals for service change. The main aim of these sessions is to explore with you what the proposed changes would mean for patients and families.

**We hope you will be prepared to take an active part**

See page 15 for a full list of events and booking details.

## 2 MID AND SOUTH ESSEX SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) – WHO WE ARE

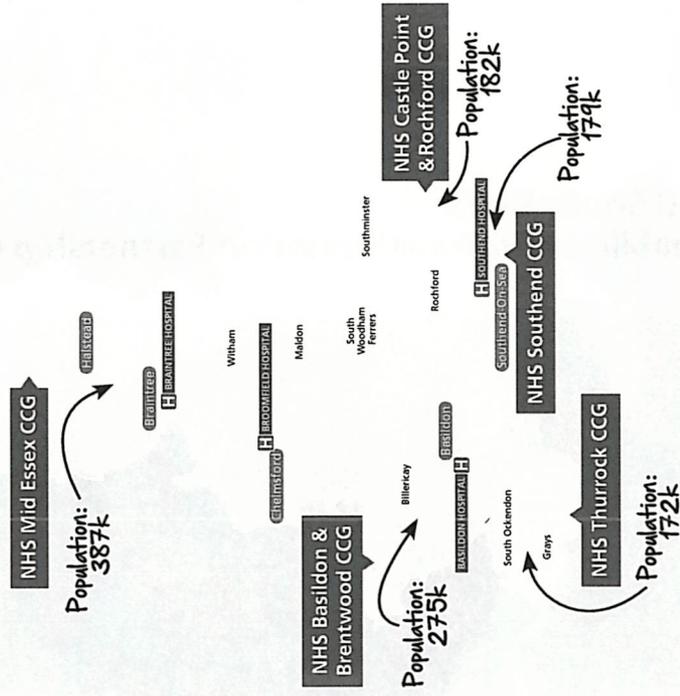
One partnership and one plan  
Joined-up health and care in mid and south Essex

The Mid and South Essex Sustainability and Transformation Partnership (STP) brings together all the different NHS organisations and councils that help to look after your health and wellbeing.

We are working together on a single plan to improve health and care for the rising number of people who need our services in the districts and boroughs of Braintree, Maldon, City of Chelmsford, Castle Point, Rochford, Southend, Thurrock, Basildon and Brentwood.

The partnership includes:

- Five clinical commissioning groups (CCGs), which plan and buy your health care services using an allocation of funds each year from the Government
- Three local authorities – Essex County Council, Southend-on-sea Borough Council and Thurrock Council, which plan and buy social care
- Three hospital trusts providing the main hospitals at Southend, Chelmsford and Basildon
- Three organisations that provide community nurses, therapists and mental health services
- East of England Ambulance Service
- Other partners, including Healthwatch Essex, Healthwatch Southend and Healthwatch Thurrock; NHS England, NHS Improvement and Health Education England.



### 3 YOUR CARE IN THE BEST PLACE – WHAT OUR CONSULTATION IS ABOUT

We all want the very best health and care for you and your family.

While there are many examples of excellent care in mid and south Essex, we know we could do better. We don't always reach the highest standards. We don't always achieve the best possible outcomes for patients. We don't always make the most of the talent we have in our workforce and the opportunities to find better ways of helping you and your family to stay well.

Over the next five years, our vision is to unite our different health and care services around you and all of your potential needs, with physical, mental and social care working together.

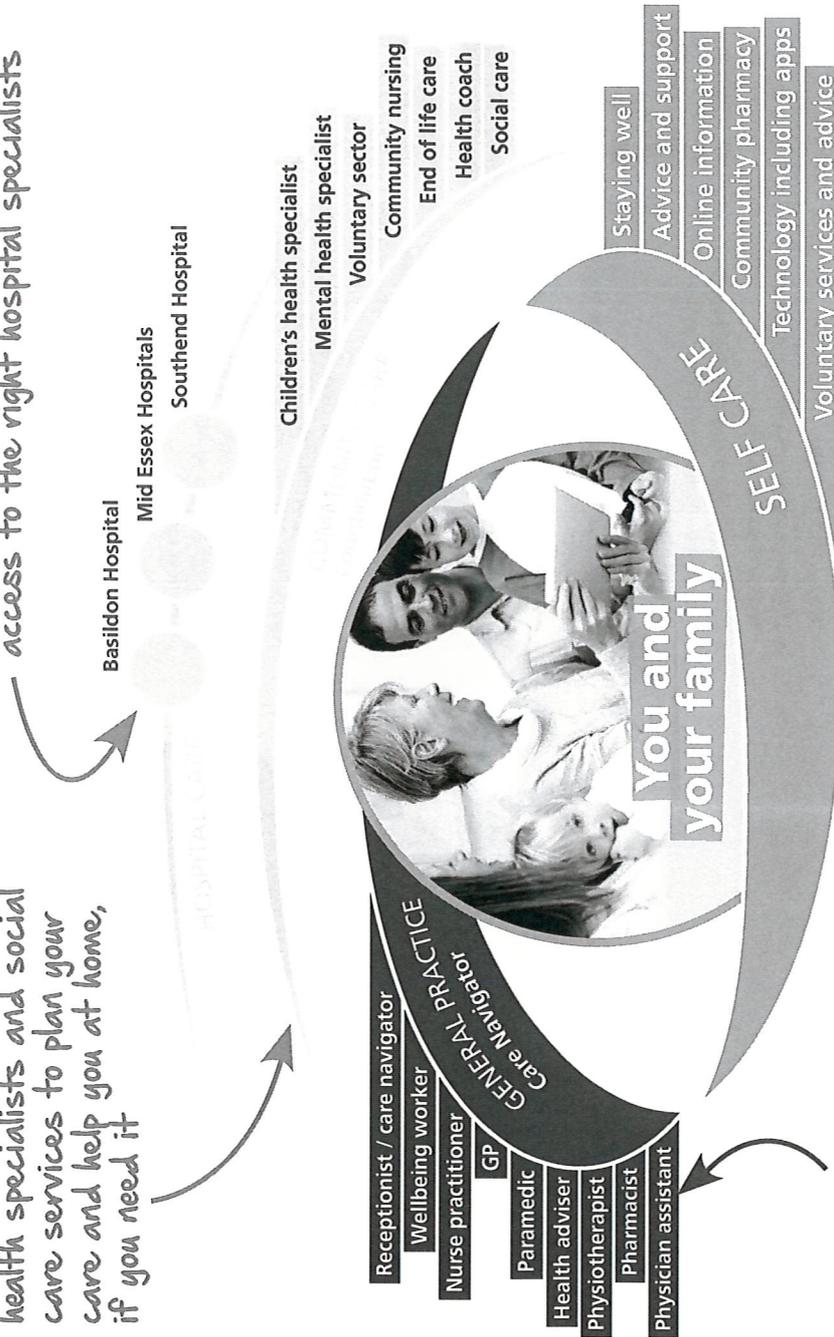
**Starting with you and your family**, there is more that we can all do to stay healthy and avoid serious illness.

- **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 the range of services available via GP practices.

- **In our hospitals**, all three main hospitals in Southend, Chelmsford and Basildon will each continue to provide the vast majority of hospital services, including a local A&E at all three sites. At the same time, we have an opportunity to improve care through the three hospitals working together as one group.

*For those times when you need the care which only a hospital can provide, you should have easier and faster access to the right hospital specialists*

*A joined-up team of community nurses, mental health specialists and social care services to plan your care and help you at home, if you need it*



*A wider range of health and care services at GP practices, such as pharmacists, physiotherapists and experienced nursing staff as well as your GP*

*More support to keep you healthy and prevent illness*

We need your views on proposed specific changes in our hospitals based on the following five 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 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, 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

## 4 YOUR CARE IN THE BEST PLACE – AT HOME AND IN YOUR COMMUNITY

Your local health and care services are developing over the next five years and in different ways in each local area.

### The main aims

#### You and your family Living Well

We will help you to:

- Find the right information about how to take care of yourself
- Use your online and smartphone devices to get information and support
- Spot the risks and signs of illness and act early to prevent illness developing
- Have easier and earlier access to the help you may need from a range of health and care services, available to support you at home or close to where you live

#### Developing Local Health and Care

At or near your GP surgery increasingly there will be:

- A wider range of health and care professionals to support you – this will include pharmacists, experienced nurses, physiotherapists and mental health therapists – so, you won't always need to see a GP to get the help you need
- More appointments available and extended opening times (evenings and weekends)
- A range of tests, scans and treatments which were previously only available in hospital
- Specialist support and care planning for older people and people living with long term conditions

For examples of developments in your local area, see our Background section on our website:

[www.nhsmidlandsouthessex.co.uk/background](http://www.nhsmidlandsouthessex.co.uk/background)

Or contact the consultation team for a printed copy of background information – see our contact details on page 15.



## 5 YOUR CARE IN THE BEST PLACE – IN OUR HOSPITALS

What stays the same in all three main hospitals

Each hospital will continue to provide:

- a full A&E service, led by a consultant, open 24 hours a day
- outpatient appointments, routine scans, tests and consultations
- day case and short stay treatments and operations – these cover most routine treatments and operations
- maternity services
- children's services, except for some specialist treatments and operations
- older people's services, except for some specialist treatments and operations
- intensive care.

All three A&Es will continue to receive people arriving by "blue-light" ambulance, 24 hours a day.

In a very small number of cases, should you have a serious emergency condition, the hospital team may decide, with you and your family that your chances of survival or recovery would be better if you transferred to a specialist team, which could be at another hospital. We explain more about this in the next section.

If you live closer to other hospitals, such as Addenbrooke's in Cambridge or Colchester General Hospital, in general you will continue to use those hospitals.

Each of the three main hospitals will continue to provide the following specialist services, as they do now:

- Cancer and radiotherapy centre at Southend Hospital
- Essex Cardiothoracic Centre at Basildon Hospital, which treats complex heart and lung problems
- St Andrew's Plastics and Burns Centre at Broomfield Hospital in Chelmsford

We are also looking at where it is possible to transfer some hospital services, such as outpatient appointments, tests and scans, to GP practices and other health and care centres closer to where people live.

Our proposals include the possibility of transferring services from Orsett Hospital to a number of new centres closer to where people live in Thurrock (for Thurrock residents) and to Basildon, Brentwood and Billericay (for residents of those areas).

Proposals for hospital service change

#### Improvements in A&E

All three A&Es will be led by a consultant, open 24 hours a day and will receive "blue light" ambulances. They will be able to treat the majority of cases.

Alongside A&E, we will develop four assessment units with specially trained teams to 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

The aim of these units will be to assess and treat your condition, getting you back home as soon as possible. Strong links to community services, mental health and social care will support this aim. Each unit will have beds for those who may need a short stay in hospital.

### Some specialist services being brought together in one place

There are times, perhaps once or twice in a lifetime, when you may need the care of a dedicated specialist team.

### Better quality care and chances of making a good recovery

There is clinical evidence that where there are small numbers of patients requiring the care of highly trained specialists, there are benefits in concentrating these services in one place so that one team is able to treat the greatest number of patients each year. A larger specialist team can make sure that the right number and level of skilled staff are available to you at any time of the day or night, 365 days of the year.

### Our proposed changes are only concerned with specialist surgery and treatments that require a hospital stay

We are proposing that certain specialist services are provided from one place. In each proposal, routine services, such as outpatient appointments, tests, and surgery and treatment that can be done in a day would continue at all three local hospitals.

### How the proposed services would work

If you had a sudden serious condition, you would start your treatment in your local or nearest A&E. The hospital team treating you would discuss with you and your family whether a more specialist team would help to ensure you get the very best care and make the fullest possible recovery. If the team were in another hospital, they would make arrangements for a safe transfer, which may involve a doctor or nurse travelling with you.

If, on the other hand, you were too ill to be moved, the specialist team would work with your local team to give you the best possible care.

Your stay with the specialist team would be around three or four days, after which you would go home if you had made a good recovery; or return to your local hospital for further care and rehabilitation. Any follow-up appointments necessary would be at your local hospital, or potentially at your GP practice, given our proposed developments over the next five years.

### How many people would this affect?

We estimate that up to 15 patients per day across all three hospitals may need a transfer to a different hospital for access to emergency care.

In addition to the proposed new inter-hospital clinical transport for patients, we are also proposing a new free transport service to help family and friends to travel to a different site.

### We would like to know your views on bringing together in one place the following specialist services that need a hospital stay:

- Women requiring gynaecological surgery who need a hospital stay would be treated at Southend Hospital
- Patients requiring a hospital stay for complex lung problems would be treated at Basildon Hospital
- Patients with complex kidney problems who need a hospital stay would be treated in Basildon
- Patients with diseased arteries or veins who need a stay in hospital would be treated at Basildon
- Patients who need a hospital stay for specialist treatment of complex heart problems would be treated at Basildon
- Patients with complex gastroenterology problems who need a hospital stay would be treated at Broomfield Hospital near Chelmsford
- Proposals for a dedicated service at Broomfield Hospital for emergency abdominal surgery that requires a hospital stay

### Improving access to specialist stroke care

A stroke is a brain attack, which happens when the blood supply to your brain is cut off. For 85% of cases this is because of a blood clot. In around 15% of cases this is because of a burst blood vessel causing a brain haemorrhage.

### Better quality care and chances of making a good recovery

Clinical evidence shows that fast action prevents the brain damage caused by a stroke. If this is followed by a short period of the highest dependency care provided by a team of specialist doctors, nurses, therapists and technicians, then people can make a good recovery.

### Development of a specialist stroke unit

Our stroke services compare well with the best in many ways, but we could do better. We know from significant national and international evidence that patients who are treated in a specialist stroke unit in the first 72 hour period following a stroke, have better chances of survival and making a good recovery.

None of our three hospitals currently has the right number of specialists to provide the level of specialist care that we are proposing.

By joining together our stroke teams across the three hospitals, we could provide a specialist stroke unit to lead the network of stroke services, and continue to provide stroke care at each of our three hospitals.

### We would like to know your views on improving access to stroke care

We propose to develop a specialist stroke unit at Basildon Hospital. The reason for choosing Basildon is that high dependency stroke services should have close links with the specialist skills of the existing Essex Cardiothoracic Centre for heart and lung problems.

### How the proposed service would work

If it were suspected you were having a stroke, you would be taken by ambulance to the nearest hospital. Following a diagnosis in A&E, you would be stabilised and you would start treatment, before going by rapid transfer with a doctor or nurse, if necessary, to the specialist stroke unit in Basildon.

Your stay in the specialist stroke unit would be up to 72 hours, after which you would either go home, if you made a good recovery, or return to your local hospital for further rehabilitation.

**Some planned operations being done separately from emergency cases**

**Better quality care and chances of making a good recovery**

National guidelines recommend that, in some hospital specialities, surgeons treating a higher number of patients are often able to attain better results than those treating only a few patients per year.

Among various findings, the evidence tells us that:

- dedicated beds for planned operations protect surgical patients from the risk of cross-infection from emergency medical patients.
- separating planned operations from emergency admissions is a way to increase service efficiency, reduce cancellations and improve patient experience and outcomes

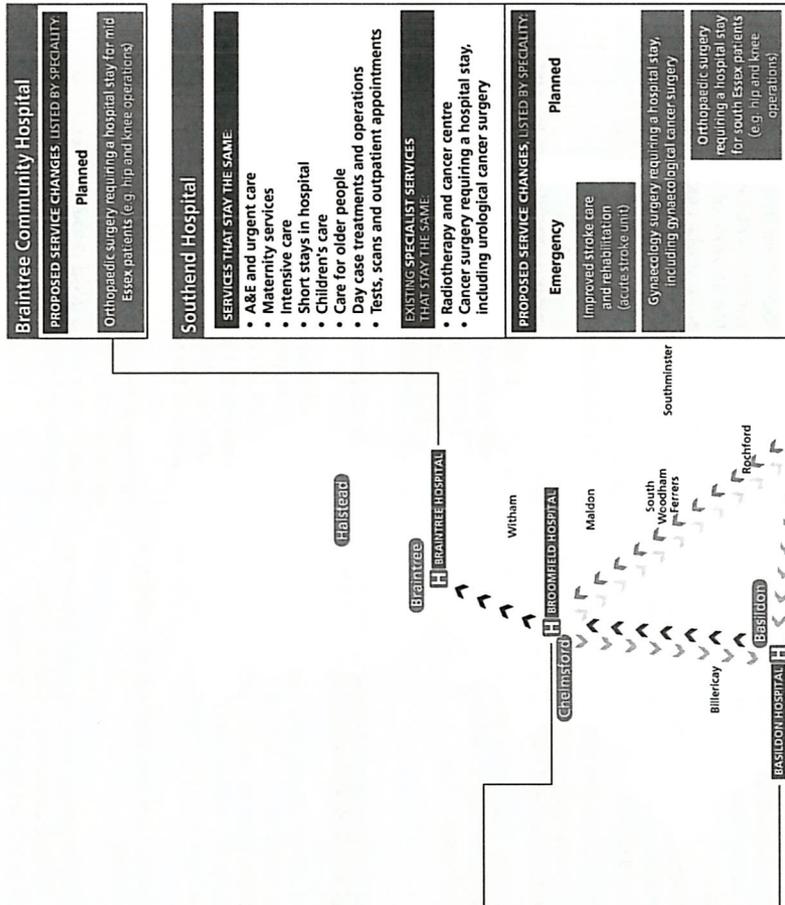
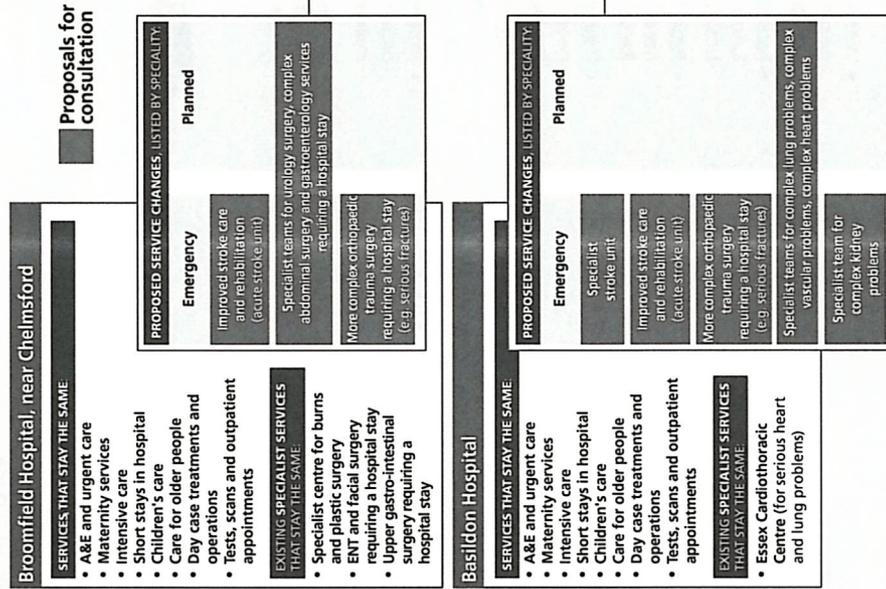
**We would like to know your views on proposals for the following operations that need a hospital stay:**

- Planned orthopaedic surgery (e.g. for bones, joints and muscles) to be at Southend for people in south Essex and Braintree Hospital for people in mid Essex.
- Some emergency orthopaedic surgery (e.g. for broken bones) to be at Basildon for people in south Essex and Broomfield Hospital in Chelmsford for people in mid Essex.
- **Surgery for most people with a broken hip would continue at all three hospitals in Southend, Chelmsford and Basildon.**
- Urological surgery (e.g. for bladder and kidney problems) to be at Broomfield Hospital in Chelmsford (except for urological cancer operations which are already located at Southend Hospital and will stay in Southend).

**How many people would this affect?**

We estimate that up to 14 patients per day across all three hospitals may be referred to a hospital that is not their local hospital for a planned operation, for a stay of three or four days.

As part of our support for you and your family, we are proposing a new free transport service to help family and friends to travel to a different site.



**Potential impact - number of patients per day that could transfer between hospitals:**

From	To	Emergency	Planned
Broomfield	Southend	0-1	1-2
Broomfield	Basildon	2-3	0-1
Southend	Broomfield	5-6	6-7
Southend	Basildon	3-4	0-1
Basildon	Broomfield	3-4	3-4
Basildon	Southend	0-1	1-2
Broomfield	Braintree	-	4-6

**Please note:** these figures are based on estimates and averages. Actual figures will vary daily depending on each person's individual needs.

### Proposals to transfer services from Orsett Hospital

Currently, we are proposing to transfer services from Orsett Hospital to a number of new and existing centres closer to where people live.

#### Background

Four centres are planned for Tilbury and Chadwell, Purfleet and Aveley, Stanford and Corringham and Grays.

Similarly, in the Basildon, Brentwood and Billericay areas we have an opportunity to develop buildings at Brentwood Community Hospital, a new location in Basildon town centre and St Andrew's at Billericay.

#### The proposed changes

The detail of which services should operate from which centre is a key part of this consultation. We know from local engagement that people support the concept of the proposed new centres, which are much closer to where people live. We also know that people have concerns about whether the new services will be in place before closing Orsett Hospital. Thurrock CCG and Thurrock Council have already formally agreed to ensure that the new services are in place before there could be any changes to Orsett.

The outline plan is for the new centres to open in 2020/2021, and only after a successful transfer of services would Orsett close.

This consultation period gives us an opportunity to develop the detailed plans with patients and local people.

For further details on the proposals for consultation, please visit our website where you can find further information and download a copy of our full consultation document:

[www.nhsmidlandsouthessex.co.uk/background/further-information](http://www.nhsmidlandsouthessex.co.uk/background/further-information)

Or contact the consultation team for a printed copy of background information – see our *contact details* on page 15.

### Proposal for transport for you if you needed to move to another hospital in an emergency

Patients already transfer from our hospitals in mid and south Essex to other hospitals for emergency specialist services in London and elsewhere. We propose to build on this to manage potential transfers between the three main hospitals in Southend, Chelmsford and Basildon.

If you were to be very unwell or needed specialist treatment, your clinical team would discuss with you and your family whether a transfer is the right thing for you. For many patients, transferring to a more specialist centre would help to ensure you get the very best care and make the fullest possible recovery. If, on the other hand, you were too ill to be moved, the specialist team would work with your local team to give you the best possible care.

### Transport and support for families and carers

Public transport routes between our hospitals are rarely straightforward. If your family or friends don't drive, you could be separated from the people you rely on for support at a time when you need it most.

We have taken these concerns very seriously and we are keen to do as much as possible to support families, in particular those who may be without transport or disadvantaged in some other way.

We propose to help by introducing a free bus service between the three hospitals, or other locations that may be more convenient to you.

We estimate that this will offer up to 60,000 passenger journeys per year, but we would review this regularly and increase the service if needed.

During this consultation we will be listening carefully to more of your views on this.

Investment of over £118 million is planned for our hospitals' buildings and sites

This money will be spent to:

- Increase the total number of hospital beds by about 50 across the three hospitals in Southend, Chelmsford and Basildon
- Build new operating theatres
- Improve technology to make it easier to work across hospital sites.

All three main hospitals will benefit from this additional investment as follows:

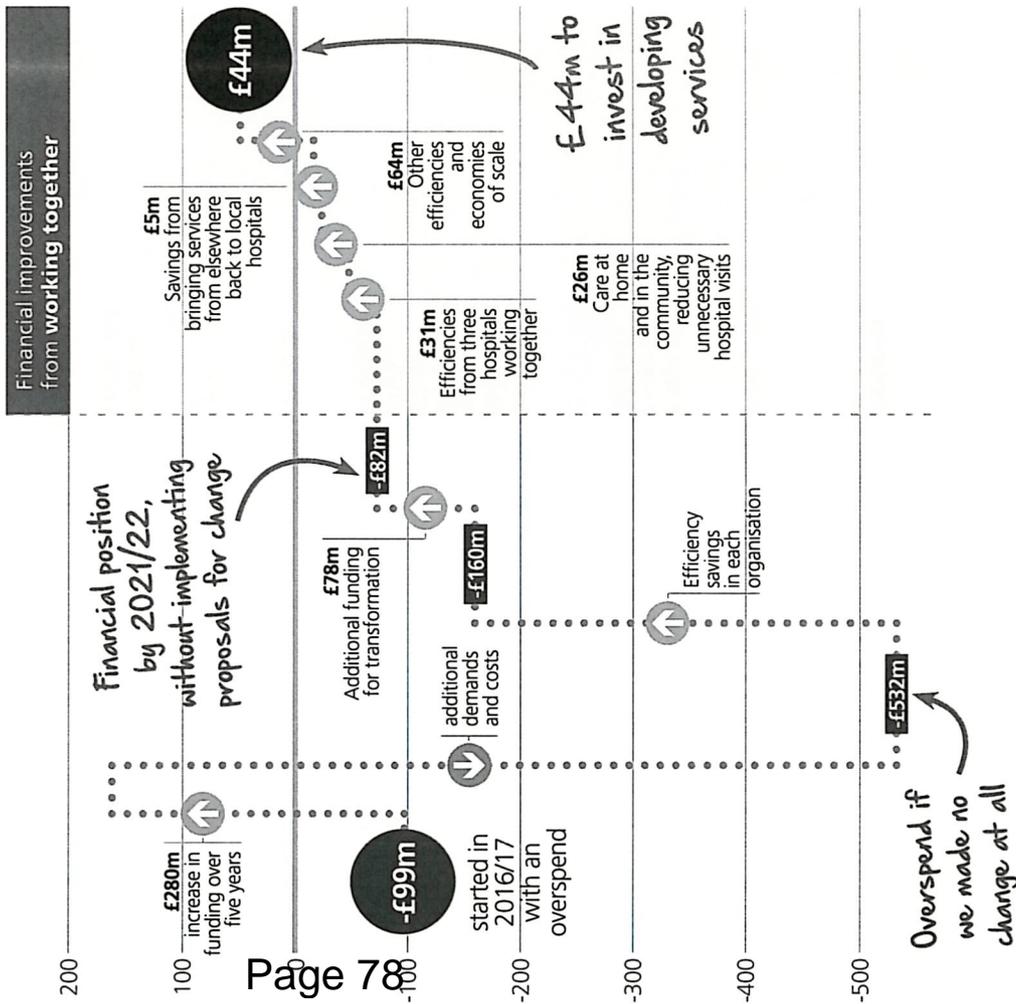
- Southend Hospital - £41 million
- Basildon Hospital – £30 million
- Broomfield Hospital near Chelmsford - £19 million

A further £28 million will be invested in additional technology and facilities that will benefit all three hospitals, such as ensuring shared records across all sites.

## 6 BRINGING OUR NHS BACK INTO FINANCIAL BALANCE

The current cost of our NHS in mid and south Essex, of which the largest spend is on hospital care, is much greater than the funding available. In 2016/17, this created an overspend of £99 million.

If we made no change at all over the next five years, the additional demand for health care could increase the overspend to over £500 million by the year 2021/22.



## DISCUSSION events

Across mid and south Essex, we will be running a number of public engagement events where you will be able to hear more about our proposals and have the opportunity to tell us what you think. These will be an important opportunity for your voice to be heard.

### Basilidon and Brentwood

- 6.30pm-8.30pm on Tuesday 16 January 2018  
Wick Community Centre, Wickford, Essex SS12 9NR
- 1.30pm-3.30pm on Wednesday 17 January 2018  
Chantry House, Chantry Way, High St, Billericay CM11 2BB (parking: please use Billericay High Street car parks)
- 6.30pm-8.30pm on Wednesday 21 February 2018  
Brentwood Community Hospital, Crescent Drive, Brentwood, Essex CM15 8DR
- 1.30pm-3.30pm on Tuesday 27 February 2018  
The Gielgud Room, Towngate Theatre, St. Martins Square, Basilidon, Essex SS14 1DL

### Mid Essex

- 6.30pm-8.30pm on Tuesday 9 January 2018  
Chapter House, Cathedral Walk, Chelmsford, Essex CM1 1NX
- 1.30pm-3.30pm on Wednesday 31 January 2018  
Michael Ashcroft Building (1st Floor), Anglia Ruskin University, Chelmsford Campus, Bishop Hall Lane, Chelmsford, Essex CM1 1SQ
- 6.30pm-8.30pm on Wednesday 7 February 2018  
Braitree Town Hall (main room), Market Place, Braitree, Essex CM7 3YG
- 6.30pm-8.30pm on Wednesday 28 February 2018  
Plume Academy School, Farnbridge Road, Maldon, Essex CM9 6AB

### Castle Point, Rochford and Southend-on-Sea

- 6.30pm-8.30pm on Thursday 8 February 2018  
Maritime Room, Cliffs Pavilion, Westcliff-on-Sea, Essex SS0 7RA
- 2.30pm-4.30pm on Tuesday 20 February 2018  
Oysterfleet Hotel, 21 Knightswick Road, Canvey Island, Essex SS8 9PA
- 2.30pm-4.30pm on Wednesday 7 March 2018  
Audley Mills Education Centre, 57 Eastwood Rd, Rayleigh, Essex SS6 7JF

### Thurrock

- 6.30pm-8.30pm on Wednesday 24 January 2018  
Civic Hall, Blackshots Lane, Grays, Essex RM16 2JU
- 1.30pm-3.30pm on Tuesday 6 March 2018  
Civic Hall, Blackshots Lane, Grays, Essex RM16 2JU

We hope you will be prepared to take an active part

For details of our discussion events see our website: [www.nhsmidandsouthessex.co.uk/have-your-say/events](http://www.nhsmidandsouthessex.co.uk/have-your-say/events)

To book your place, visit: <http://bit.ly/2Agdnpr> or contact us using our details below.

### How to contact us

Email: [mecg.stpconsultation@nhs.net](mailto:mecg.stpconsultation@nhs.net)  
 Phone: 01245 398118  
 Address: Consultation Team, Mid and South Essex STP, Wren House, Colchester Road, Chelmsford, Essex CM2 5PF



**Basildon and Brentwood**  
Clinical Commissioning Group



**Thurrock**  
Clinical Commissioning Group

## ***Your care in the best place***

*At home, in your community and in our hospitals*

## **The future of locally based health and care services currently provided at Orsett Hospital**

**Supplementary information for discussion and feedback during public consultation from 30 November 2017 to 9 March 2018**

**Closing date for feedback – Friday, 9 March 2018**

Published by Basildon and Brentwood and Thurrock clinical commissioning groups (CCGs) as part of the Mid and South Essex Sustainability and Transformation Partnership (STP)

**For further information on the Mid and South Essex STP and the full range of proposals for consultation, please visit [www.nhsmidandsouthessex.co.uk](http://www.nhsmidandsouthessex.co.uk)**

## Purpose of this document

This document provides further background to proposals for the future of locally based health and care services currently provided at Orsett Hospital for people who live in the areas of Thurrock, Basildon and Brentwood.

Proposals to transfer services from Orsett Hospital to a number of new centres closer to where people live in Thurrock (for Thurrock residents) and to Basildon, Brentwood and Billericay (for residents of those areas) are included in a consultation document available from [www.nhsmidandsouthessex.co.uk](http://www.nhsmidandsouthessex.co.uk)

Or you can request a copy of the consultation document and a feedback questionnaire from our consultation team at the following address:

**Address:** STP Consultation Team, Wren House, Colchester Road, Chelmsford, Essex CM2 5PF

**Phone:** 01245 398118

**Email:** [meccg.stpconsultation@nhs.net](mailto:meccg.stpconsultation@nhs.net)

## What is being proposed?

### **Some hospital services should be provided closer to you, at home or in a local health centre**

Local NHS organisations are looking to provide more services closer to home, in modern and purpose built community based facilities. This includes those services currently provided at Orsett Hospital.

- We would like to know your views on proposals to transfer services from Orsett Hospital to a number of new centres closer to where people live in Thurrock (for Thurrock residents) and to Basildon, Brentwood and Billericay (for residents of those areas).
- Only when new services are up and running, would it would be possible to close Orsett Hospital which, although valued by many local people, is difficult to access by public transport and is an ageing site.

This document describes what is already in place and offers an opportunity for local people to say what is most important to them and where they would like to access health and care services.

Our intention is not to move services from Orsett Hospital until they can be moved to new or alternative facilities in the Thurrock, Basildon and Brentwood areas.

No clinical services will be stopped as a result of these proposals.

## **How these proposals fit with the wider plan for health and care in mid and south Essex**

The NHS has published a document called the NHS Five Year Forward View which sets out a new vision for providing more of the day to day care and support you need from the NHS closer to where you live.

We want to improve access to health and care by offering services in the local community and within easy reach

To meet the changing needs of the local population, every NHS area has developed a plan describing how the organisations responsible for buying and providing services will work more closely together to promote self-care, prevention of ill-health and local services.

In mid and south Essex, the Mid and South Essex Sustainability and Transformation Partnership (STP) brings together all the different NHS organisations and councils that help to look after your health and wellbeing.

The partnership is working on a single plan to improve health and care for the rising number of people who need health and care services. Within this single plan, the clinical commissioning groups (CCGs) and councils for Thurrock, Basildon and Brentwood are developing services in their local areas.

For more details on the overall plan and the Mid and South Essex STP visit: [www.nhsmidandsouthessex.co.uk](http://www.nhsmidandsouthessex.co.uk)

## What do we already have in Thurrock?

We have listened to local views and made a commitment to improve access to locally based, high quality health and care services.

### You've already said you want services closer to home

In 2016 and 2017, Thurrock CCG and Thurrock Council consulted with residents on changes to the way health and social care services are provided locally, with a greater emphasis on delivering care closer to where people live.

Hundreds of Thurrock residents took part, with feedback indicating that the majority of those surveyed welcomed the development of community-based facilities for health and care services.

For more details about the '*For Thurrock, In Thurrock*' transformation programme visit: [www.thurrockccg.nhs.uk](http://www.thurrockccg.nhs.uk)

### Benefits of change

#### We have:

- Healthcare provision that is based on population needs in each locality
- Health, care and community support closer to home

#### We are developing:

- Better provision for GP access, diagnostics and outpatient appointments
- Buildings that are fit for the future and able to cope with population growth.

### Extended access to local services

An extended team of healthcare professionals are working, or soon will be working, GP practices. These include:

- Emergency care practitioners, who carry out home visits and triage (where your condition or health problem is assessed)
- Clinical pharmacists, able to support medicines reviews and management of medication
- Community blood tests at GP practices
- Physician's assistants
- Specialist therapists to help people with long-term conditions, who are feeling low or anxious due to their condition.
- Social prescribers (people who provide non-medical, social support to patients) and much more.

All these teams are able to help you manage your health better and prevent the need to go into hospital for routine treatments and health worries.

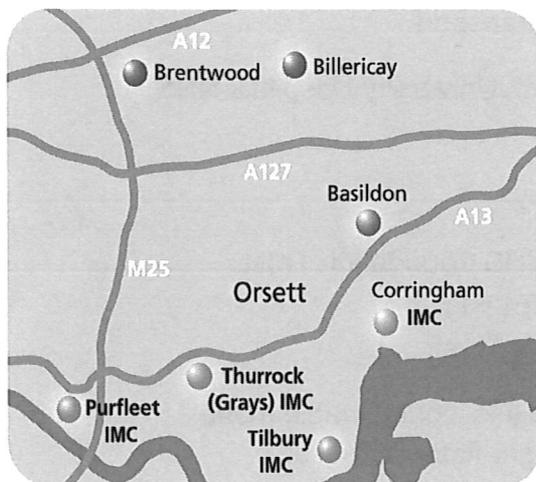
As part of our local development, we already have plans for new buildings in Thurrock, Basildon and surrounding areas. Our proposals are not intended to cut health and care services in the future.

### **New *Integrated Medical Centres* in Thurrock**

Thurrock CCG, Thurrock Council and community healthcare providers in Thurrock are now well underway with plans for four new *Integrated Medical Centres* (IMCs). *See map below showing where these will be located.*

Some tests, including blood tests are already based in GP practices.

#### **Location of future services**



- Two completely new buildings in Tilbury and Purfleet are in the planning and design stages with projected completion by 2020.
- Thurrock Community Hospital in Grays already offers a central location for day care and in-patient dementia friendly facilities. This offers an opportunity to develop our third Integrated Medical Centre, with the added benefits of being on an existing hospital site.
- A fourth building will be built in Corringham by North East London NHS Foundation Trust (NELFT) offering community based facilities, like speech and language therapy or community diabetes service.

Our investment in new buildings will help to improve facilities and create a service that is fit for the future and focused on health, wellbeing and community support.

*(See table 1 below for proposals of what services could transfer from Orsett Hospital to in each new centre).*

### **What our proposals mean for people in the Basildon and Brentwood CCG area?**

Thurrock CCG and Basildon and Brentwood CCG have worked with Basildon and Thurrock University Hospitals to assess who currently uses Orsett Hospital, and what for.

According to latest figures (Sept 2017) around 31% of all patients using Orsett Hospital are from the Basildon, Billericay, Brentwood and Wickford areas.

There is potential to offer services at:

- Brentwood Community Hospital
- In a new building in Basildon town centre
- In other new facilities within Basildon and Brentwood.

## **What about Orsett Hospital?**

Orsett Hospital is an ageing building and it is estimated likely to cost in the region of £10m to bring the facilities up to date. We need to make the best use of all available resources to improve access to services for existing and future patients. Getting to Orsett Hospital is difficult, particularly by public transport. Most people need to drive there or go by patient transport.

Orsett Hospital is owned by Basildon and Thurrock University Hospitals NHS Foundation Trust.

Services currently based at Orsett are provided by:

- Basildon and Thurrock University Hospitals NHS Foundation Trust
- North East London NHS Foundation Trust (NELFT)
- Southend University Hospital NHS Foundation Trust.

The commitment to build new state of the art facilities would enable these services to vacate an older building that is no longer fit for purpose.

Closing an older building, which is located in an area not easily accessible by public transport, allows the NHS to free up funds for newer, purpose built facilities. These would be in better locations designed to meet the needs of the local population now and for population growth in the future.

New buildings that are easier to get to and are more suitable for modern health care can deliver better facilities and better quality of care.

A commitment has already been made as part of local plans to build new facilities in Thurrock and Basildon and Brentwood areas. Three of the centres are already being funded.

**Table 1 below shows who currently provides which services at Orsett Hospital**

<b>Basildon and Thurrock University Hospitals</b>	<b>North East London NHS Foundation Trust</b>	<b>Southend University Hospital</b>
Audiology / ear, nose and throat (ENT)	Community diabetes service	Ophthalmology
General outpatient clinics	Minor Injuries Unit	
Haematology	Sexual health (GUM) clinic (commissioned by Councils)	
Orthopaedic clinics	Speech and language therapy	
Phlebotomy (blood tests)		
Pain services		
Musculoskeletal service (MSK)		
Renal dialysis		
Rheumatology		
Surgical day unit		
Speech and language therapy		
X-ray		

### **Who attends Orsett Hospital and why?**

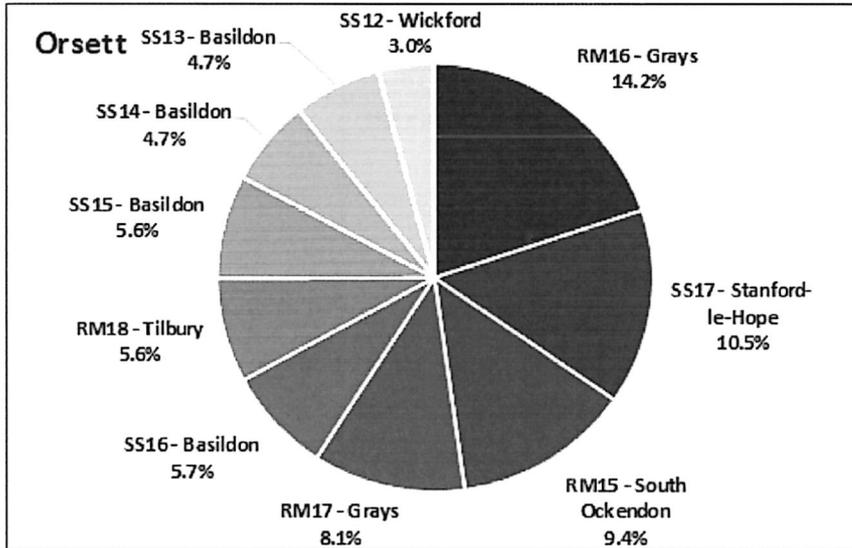
According to latest available data, a total of 20,913 patients visited Orsett Hospital either for planned care or minor injuries in one year.

Analysis of the number of people attending Orsett Hospital for outpatient appointments showed a total of 940 patients. This includes the same person returning for follow up appointments. Of these, just 138 people received treatment.

## Where do people who currently attend Orsett Hospital come from?

The pie chart below shows the breakdown by the top 10 postcodes, accounting for the majority of people attending the hospital:

**Figure 1** Essentia research report



## Attendance at the Minor Injuries Unit

In one year 19,973 patients attended Orsett Minor Injuries Unit. The most frequent reason for attendance was for limb injuries (sprains or minor breaks to legs and arms) and then wound care. Some of these treatments can now be delivered in centres closer to where people live.

## Potential locations in the future

We would like to know your views on the following potential locations for services in the future, and any alternative locations that you would like to suggest.

We have categorised three distinct service areas, all with their own needs in terms of space and equipment. The overview below splits these up and shows which are most easily incorporated into community settings.

IMC means Integrated Medical Centre.

Table 2:

Proposed future service	Purfleet IMC	Thurrock Community Hosp. Grays	Corringham IMC	Tilbury IMC	Brentwood Community Hospital	Basildon Town Centre	St Andrew's Billericay
Diagnostics e.g. Blood testing (Phlebotomy)	•	•	•	•	•	•	•
General outpatient services e.g. for skin problems; ear, nose & throat; breathing problems; children's services; orthopaedics (bones, muscles and tendons)	•	•	•	•	•	•	•
Treatment facilities e.g. minor procedure rooms	•	•			•	•	

### Why this proposed arrangement of services?

An assessment has been completed to see what services are needed and in which area.

Thurrock and Basildon and Brentwood CCGs have been working closely with the providers of the services currently offered at Orsett Hospital. Part of our work has been to explore whether we can expand our coverage of certain services by delivering them in more than one location.

There is a commitment by all that no clinical services would be relocated until all arrangements have been agreed.

This principle has been agreed as part of a Memorandum of Understanding signed by all the health partners currently providing services from Orsett Hospital and Thurrock Council.

For example, in Thurrock some of the services would be spread across each of the Integrated Medical Centres.

Not all services are needed in every Integrated Medical Centre and all planning is done based on assessments of health needs in each locality.

## **Specific services**

Detailed plans for specific services are yet to be finalised, but we are keen to gather your views on the services that are currently at Orsett Hospital. Particular patient groups we would like to hear from include:

Renal Services (for people with kidney problems)

Renal dialysis is provided both at Basildon and Orsett Hospitals. We want to hear from renal patients on what is important to them about where the service is delivered.

Musculoskeletal (MSK) Service Hub (for people with issues relating to bones, joints, muscles, ligaments and other soft tissues).

This service includes trauma and orthopaedics, pain management, rheumatology and physiotherapy. Access to this service could be offered by community providers or in Thurrock via Integrated Medical Centres.

Ophthalmology (eye care)

Southend University Hospital (SUH), which runs the ophthalmology service from Orsett Hospital, wants to keep the service in Thurrock. We would like to hear from patients on what is important to them about where this could be provided.

Minor Injuries Unit

Minor Injuries Units deal with non-complicated fractures, cuts, sprains, minor burns, bangs to the head etc.

There are now opportunities to see a GP or nurse out of hours, and better community facilities. Many of the people who access the Minor Injuries Unit are coming for wound care, which can be managed in other local settings.

We are still discussing how and where Minor Injuries Units or an Urgent Care Centre could be delivered. We want to know what you would find most useful for minor injuries or local urgent care facilities.

## How to have your say

The proposed transfer of services from Orsett Hospital is part of a wider plan for health and care services across mid and south Essex.

To see more information on the full range of proposals, please visit the consultation website at [www.nhsmidandsouthessex.co.uk](http://www.nhsmidandsouthessex.co.uk)

The website contains full details on how to have your say and dates of discussion events that are taking place in January to March 2018.

To send your views online, please go to our feedback survey at the link below: <https://www.surveymoz.com/s/90059489/NHS-Mid-and-South-Essex-STP>

If you do not have access to the Internet, please contact the consultation team at the address below for details of the discussion events and a copy of the feedback questionnaire.

### To contact the consultation team:

Mid and South Essex  
Sustainability and Transformation Partnership (STP)

**Phone:** 01245 398118

**Email:** [meccg.stpconsultation@nhs.net](mailto:meccg.stpconsultation@nhs.net)

**Address:** STP Consultation Team, Wren House, Colchester Road, Chelmsford, Essex  
CM2 5PF



## **Thurrock People's Panel**

### **Terms of Reference**

DRAFT Version 2 as at 6<sup>th</sup> August 2018

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#### **Purpose**

The Thurrock People's Panel is being set up as a recommendation from Healthwatch Thurrock and agreed by the Joint Committee of the five clinical commissioning groups in mid and south Essex to provide an independent view on matters relating to the relocation of services from Orsett Hospital.

The group has been set up to monitor progress of the plans and to ensure that the voice of the residents of Thurrock is heard and feeds into the set-up, implementation and transition phases of developing the four integrated medical centres in Thurrock.

Health and care partners will recognise and respect the input of residents and the issues reflected through this engagement and it will be given equal importance throughout the lifetime of the programme.

#### **Aims**

The aims of the Thurrock People's Panel are:

- To seek and represent the views of the wider community in relation the relocation of services provided at Orsett
- To review wider community and stakeholder engagement plans related to service change ensuring any information produced is easily understandable and clear before being shared with the wider public;
- To review (sometimes complex) service related information to ensure any potential impact on the local community and/or protected groups have been recognised and reasonable steps put in place to seek to mitigate that impact.
- To ensure protected and other 'seldom heard' groups are given appropriately tailored opportunities to shape future services
- To bring any local issues that may have some bearing on the implementation of plans to the attention of the group.
- To assist in how the evaluation of redesigned services can be measured from a user perspective

#### **Authority and Governance**

The Thurrock People's Panel is an advisory body and as such is not a decision making body and has no delegated authority.

Its role is to provide insight and guidance from a service user perspective to the Implementation Oversight Group which is independently chaired and made up of leaders

from the main health and care organisations in mid and south Essex and oversees all proposals to improve to local care and services approved by the CCG Joint Committee.

As an advisory group the Panel will only operate successfully if a balanced viewpoint is maintained and everyone has an equal opportunity to speak

Therefore members of the Panel will:

- Commit to working toward producing the best solutions that will assist and inform the planning process so that it works for the residents of Thurrock
- Work comprehensively with the Panel, accommodating views that are different from their own, seeking consensus and accepting compromise to reach agreement on the issues before them
- Be open minded and consider the whole picture, not seeking to promote individual interests, and be representative of the residents of Thurrock
- Be willing and able to make necessary and recommendations
- As a representative, engage with others outside of the panel when providing feedback through the Panel

Panel meetings should provide a positive environment, which encourages attendance and participation at meetings, and promotes discussion by all its members.

This does not preclude members from disagreeing with issues, but it does require that discussions (particularly controversial ones) be conducted in a manner so that members feel comfortable presenting a different view to the group

### **Recruitment and Membership**

The Panel will have membership that ensures that all key service areas are represented in particular long term conditions or regular users of the following:

- Dialysis
- Pain management
- Rheumatology
- Ophthalmology
- Audiology

It is particularly important that the Panel is able to represent the views of hard to reach or seldom heard groups.

The Panel will review its membership as required and may co-opt others as necessary.

Healthwatch Thurrock will oversee the creation of the Panel and provide on-going facilitation of its work.

Healthwatch Thurrock and local health care services will endeavour to ensure that the Panel is broadly representative of the population served, in particular by locality and or by patient experience

However, given the limited number of places available, any final decisions regarding the selection of members will be decided by Healthwatch Thurrock

The membership of the Panel will include:

- No less than eight and no more than 15 public/patient representatives who are able to contribute to the aims of the plans because they have experience and involvement in local health and care issues or working knowledge and interest in the development of health and care services locally.

This will include:

- Carers of or individuals with learning disabilities
- Parents or those able to represent the views of children and young people
- Those with or representing mental health conditions
- Carers of or individuals with physical disability
- Carers of or individuals with long term conditions
- A representative of Healthwatch Thurrock (or nominated deputy) as group facilitator
- A Thurrock CCG lay member (or nominated deputy)
- Basildon and Brentwood CCG lay member (or nominated deputy)

#### **Advisory roles by invitation**

- A member of the STP communications and engagement group
- CCG executive leads (both Thurrock and Basildon and Brentwood)
- A hospital executive lead
- A Thurrock Council representative (officer or elected member TBC)

Representatives of other organisations and the work stream groups that have been developed to deliver programmes as part of the Implementation Oversight Group's work and priorities may be invited to attend Panel meetings as required.

Membership will be reviewed within six months ensure appropriate representation but a commitment for full membership of two years is desirable.

#### **Chair**

One of the public/patient representatives will be the Chair. This role will be reviewed every six months.

The Chair will ensure that all members are given the opportunity to express their views openly. The Chair will also be responsible for ensuring that any verbal or written submissions made by the Panel reflect the views of all members

Similarly the role of vice-chair will be recruited from within the Panel

These will be appointed in the first instance then elections will take place after six months via secret ballot amongst the members.

### **Quorum**

The quorum for conducting a meeting of the Panel is the attendance of:

- At least two thirds of the patient/public members including chair or vice chair
- A representative of Healthwatch (or nominated deputy) as group facilitators
- A CCG lay member

### **Meeting Frequency and Attendance**

Meetings will normally be monthly but more frequently if business dictates.

Meetings will not be longer than 2.5 hours. Timing of the meetings will be discussed at the first meeting and set to suit the majority of members.

The meeting location(s) will be agreed, subject to budget, with the Panel

Documents that will be reviewed during face-to-face meetings will be sent out by email or post approximately two weeks in advance and no less than one week in advance of meetings.

Documentation should be produced in plain jargon free English.

If members cannot attend a face-to-face meeting, they will be able to contribute via email or over the phone instead. In addition to face-to-face meetings members may be asked to have input by email or over the phone.

After face-to-face meetings, a summary of the meeting will be sent to all members.

Frequency will be reviewed as part of the continued evaluation of the group's effectiveness and review of its Terms of Reference.

### **Communication**

Members will be asked to confirm that they are happy to share their email address with all other Panel members to support electronic dialogue

Information and papers will be provided in a format suitable for members and members will advise if they require information in a particular format or additional support.

If members need to discuss anything in-between meetings, they can do so via email or by contacting Healthwatch Thurrock

**Remuneration**

Panel members will be reimbursed for any out of pocket expenses incurred in line with the STP non-staff expenses claim policy.

Professional members and professionals attending meetings upon request will be reimbursed in line with the relevant policy within their own organisation.

**Confidentiality**

Members of Panel will need to be able to discuss most matters freely with patients, the public and others within their networks to ensure that they are able to represent views fully and accurately.

However it is understood there will be times when confidential information which may involve issues of commercial or personal sensitivity are discussed before they can legally be shared with the wider community.

All members of the Panel will need to sign a confidentiality agreement to ensure information that will be specifically identified as confidential during meetings is not be shared by members outside the Panel.

**Evaluation and review**

The outcomes of the Panel will be evaluated by all members of Panel every six months and the Terms of Reference will be reviewed at three and six months in the first year and then every 12 months.

**Signed on behalf of the panel as confirmation of agreement**

**Thurrock People's Panel Chair**

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**Thurrock People's Panel vice Chair**

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**Dated**

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# Thurrock Orsett Hospital Peoples Panel Governance Structure

