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| 16 November 2017 | | ITEM: 8 |
| Health and Wellbeing Overview and Scrutiny Committee | | |
| Update on Mid and South Essex STP | | |
| Wards and communities affected: All | Key Decision: For information and discussion | |
| Report of: Andy Vowles, Programme Director, Mid and South Essex Success Regime | | |
| Accountable Assistant Director: Not applicable | | |
| Accountable Director: Chief Executive | | |
| This report is public | | |

Executive Summary

This paper provides an update on the progress of the Mid and South Essex Sustainability and Transformation Partnership (STP). It follows previous reports to the Health and Wellbeing Board (HWB).

The STP is currently progressing through a rigorous national assurance process to finalise a pre-consultation business case (PCBC) and prepare for public consultation. As reported in the last update for the Health and Wellbeing Board, the consultation process would start once the national assurance process is complete.

To date NHS England and other national regulators involved have been supportive of the work done thus far, but have suggested some further work on details of the proposed clinical model and the associated activity, capacity and financial plans. This means that the earliest likely start for consultation will be mid to late November.

In the meantime, we will continue to work with local authority partners and others to prepare the materials and process for consultation. This includes sharing draft documents for comment.

This update provides a summary of the process so far and highlights of the plan for consultation.

1. Recommendation(s)

1.1 The Health and Wellbeing Overview and Scrutiny Committee are asked to note the update.

2. Introduction and background

2.1 In the last update for the Health and Wellbeing Board, we gave a recap of the process by which we have arrived at current proposals for a potential hospital reconfiguration, including a modification of the proposed clinical model for access to specialised emergency care. The change in thinking that was published in July meant that all three hospital A&E departments would be able to continue to receive “blue light” ambulances and that most patients would be diagnosed, stabilised and would receive the start of their treatment at the nearest local A&E, rather than all “blue light” ambulances transporting people direct to a specialised emergency centre in Basildon.

2.2 Having modified our thinking in terms of access to specialised emergency care, we are still proposing to improve some specialised hospital services by bringing them together in one place; and to protect planned operations for complex orthopaedics by separating these from emergency medical care. The forthcoming consultation document will explain proposals for:

- Enhancing A&E at all three hospitals
- Specialised stroke services
- Specialised vascular services
- Specialised cardiac services
- Specialised respiratory services
- Specialised gynaecological surgery
- Specialised urological surgery
- Specialised renal services
- Trauma and orthopaedics surgery

The consultation document will also include proposals for transferring some outpatient services from Orsett Hospital to new centres in Thurrock, Basildon, Brentwood and Billericay, which the Board has discussed previously. Subject to discussion with partners in Thurrock Council and the CCG, this is likely to involve a dedicated consultation document in addition to the main document.

2.3 We also reported in the last update to the Health and Wellbeing Board that the consultation document would cover the overall strategic context for changes in health and care. This will include some examples of what is happening in each CCG area, including examples of:

- Locality based joined up health and care services to extend the range of expertise and care in the community, including a shift from hospital to community where possible.
- Integrated services to provide support at the earliest possible stage to reduce the risk of serious illness, with priority development in complex care, frailty and end of life.
- Development of urgent and emergency care pathways, including integrated 111, out of hours and ambulance services.
- Integration and development of mental health services with primary, community and acute hospital care.

3. Current progress

- 3.1 The Joint Committee of the five CCGs considered and approved the draft pre-consultation business case for submission to the national regulators. The Joint Committee will sign off the final business case and consultation documents on behalf of the five CCGs, prior to the start of consultation. The final PCBC will be published just before the start of consultation.
- 3.2 The STP has presented the draft pre-consultation business case to:
- A regional panel
 - The national oversight group for service change and reconfiguration
 - The national Investment Committee

There will be a final national review of follow-up actions in early November.

- 3.3 Details of the specific clinical models for proposed hospital changes have been reviewed independently by the East of England Clinical Senate, which has given broad support with some recommendations for further development. The reports of the Clinical Senate will be published at the start of consultation.
- 3.4 We are continuing discussions with the Health and Wellbeing Overview and Scrutiny Committee, HealthWatch Thurrock, CCG and trust service user representatives, and voluntary sector partners to shape the content of the consultation document and support materials. A high level briefing on the consultation plan is due to be considered at the next HWOSC meeting in November.
- 3.5 Current milestones:

| Action | Dates |
|--|-------------------------------------|
| Continued engagement/discussion with key stakeholders | On-going |
| NHSE Investment Committee | Early November 2017 |
| Joint Committee decision on final pre-consultation business case, consultation document and plan | Mid-November |
| Consultation launch (subject to approval by Joint Committee) | Mid to late November |
| Consultation and engagement activities | 14 weeks from start of consultation |
| Post consultation outcomes analysis | Feb-Mar 2018 |
| Decision-making process | April-May 2018 |

4. Reasons for Recommendation

- 4.1 The Health and Wellbeing Board is a key partner in the STP. The Board oversees improvement in the health and wellbeing of the people of Thurrock. It is important that the work of the STP aligns with Thurrock's Health and Wellbeing Strategy and that the partnership across mid and south Essex is to the greater benefit of all residents.

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

5.1 The STP programme team is also in discussion with the Thurrock Health and Wellbeing Overview and Scrutiny. We have already reported to the Committee with an overview of the consultation plan and are due to attend the next meeting to receive a view from the Committee.

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

6.1 The STP programme will contribute to the delivery of the community priority 'Improve Health and Wellbeing'.

7. Implications

7.1 Financial

One of the objectives of the STP is to respond to the current NHS funding gap across the Mid and South Essex geographical 'footprint'. A number of work streams have been established as part of the STP to drive forward necessary savings and to improve quality of care provided to users of services. As a system-wide issue, partners from across the health and care system are involved in the work of the STP. This will help to ensure that any unintended financial consequences on any partners of what is planned as part of the STP are identified at the earliest opportunity and mitigated. Further implications will be identified as the work of the STP continues and these will be reported to the Health and Wellbeing Board as part of on-going updates.

Thurrock has a finance representative involved in the STP and any financial implications, when known, will be reflected in the MTFS.

7.2 Legal

Legal implications associated with the work of the STP will be identified as individual work streams progress. The CCGs and trusts will continue to be responsible for meeting the requirements of NHS statutory duties, including the Duty to Involve and Public Sector Equality Duty. Implications will be reported to the Board as part of on-going updates.

7.3 Diversity and Equality

Within the STP, we will undertake actions that take full consideration of equality issues as guided by the Equality Act 2010.

During consultation, we will make use of the Essex Equality Delivery System that was first established in 2011/12. This includes details and guidelines for involving minority and protected groups, based on inputs from and agreements with local advocates.

We will incorporate discussions with such groups, as part of service user engagement within individual workstreams, to test equality issues and use the feedback to inform an equality impact assessment to be included in the pre-consultation business case and decision-making business case.

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

None identified

Report Author:

Wendy Smith

Interim Communications Lead

Mid and South Essex STP