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SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of Joint Health Overview and Scrutiny Committee - Mid and South Essex Sustainability and Transformation Partnership

Date: Tuesday, 20th February, 2018
Place: Council Chamber - Civic Suite

Present: Essex County Council – County Councillors J Beavis, B Egan, Dr R Moore and S Robinson
Southend-on-Sea Borough Council – Councillors B Arscott, S Habermel, A Jones and C Nevin
Thurrock Council – Councillor G Snell

In Attendance: Councillors J Moyies, L Salter, J Ware-Lane and C Willis (Southend-on-Sea Borough Council)
F Abbott, G Hughes, T Hartley and Roger Harris (Thurrock)

Start/End Time: 7.30 - 9.40 pm

1 Apologies for absence & substitutions

Apologies for absence were received from Councillor Holloway (Thurrock Council), Councillor Collins (Thurrock Council) and Councillor Fish (Thurrock Council).

2 Declarations of Interest

The following interests were made:-

- (a) County Cllr Beavis – non-pecuniary - ECC nominated governor – Mid Essex CCG;
- (b) County Cllr Egan – non-pecuniary - ECC nominated governor - Castle Point and Rochford CCG;
- (c) Councillor Nevin – non-pecuniary - 2 children work at MEHT; step sister works at Basildon Hospital; previous association at Southend and MEHT Hospitals; NHS employee in Trust outside STP area (Royal London & Barts) which was mentioned in presentation on transport; sister works in Yorkshire in health field which was mentioned during the meeting;
- (d) Councillor Habermel – non-pecuniary - brother is a paramedic; sister is a nurse & works at Southend Hospital;
- (e) Councillor Jones – non-pecuniary – knows a Nurse Prescriber as close friend;
- (f) Councillor Salter - non-pecuniary – husband is consultant surgeon at Southend Hospital and holds senior posts at the hospital; son-in-law is a GP; daughter is a doctor at Broomfield Hospital;
- (g) Councillor Moyies – non-pecuniary - Governor of Essex Partnership University NHS Foundation Trust.

3 Appointment of Chairman and Vice Chairman

Resolved:-

1. That Councillor Arscott be appointed as Chairman of the Joint Scrutiny Committee.

COUNCILLOR ARSCOTT IN THE CHAIR

2. That County Councillor Beavis and Councillor Snell be appointed as the two Vice Chairmen of the Joint Scrutiny Committee.

4 To agree the Terms of Reference for the Joint Committee

Resolved:-

That the Terms of Reference of the Joint Scrutiny Committee be agreed.

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

On behalf of the Committee, the Chairman welcomed the following representatives from the Mid and South Essex Sustainability and Transformation Partnership (STP) to the meeting:-

- Jo Cripps – Programme Director, STP
- Dr Celia Skinner – Medical Director, STP
- Caroline Russell – Senior Responsible Officer, STP
- Claire Hankey – Director of Communications and Engagement, STP
- Clare Panniker – Chief Executive of the 3 hospitals in Mid and South Essex

The Committee considered an update briefing paper from the Mid and South Essex Sustainability and Transformation Partnership (STP) Programme Director on the public consultation which formally commenced on 30th November 2017 and runs to 9th March 2018. The representatives also gave a presentation which provided information of the public consultation to date, the emerging feedback and next steps and the proposed timeline (for discussion and agreement).

The Programme Director confirmed that although the proactive consultation activity will end as planned on 9th March, the STP will continue to accept feedback (including the questionnaire) through until 20 March.

As well as acute reconfiguration the STP are encouraging more self-care, utilising voluntary sector, utilise local services - especially community pharmacists - and look to offer a wider range of services at GP practices and ultimately looking to make services in the community more joined up.

There are five principle for future hospital services:-

- Majority of care will remain local
- Certain more specialised services should be concentrated in one place and get better patient outcomes (e.g. cardiothoracic at Basildon Hospital, burns at Broomfield, radiotherapy and oncology at Southend Hospital)

- Access to specialist services should be available via local A&E
- Separate planned care from emergency care
- Some services should be provided closer to home

A number of services will remain available at all three hospital sites. However the STP proposals are recommending:-

- Intensive care aspects of stroke services to be centred at Basildon Hospital although initial triage and treatment could be undertaken locally
- Specialised gynaecology (including cancer) in Southend
- Planned orthopaedic operations to be in Southend and Braintree
- Complex urology at Southend
- Complex lung, vascular, heart and kidney at Basildon

By reconfiguring the acute trusts as proposed they expect the acute trusts to be able to operate within the financial envelope given. Substantial £118m of transformation monies had been provisionally awarded for capital investment for buildings, technology and transport. However, this was not guaranteed and was dependent on the outcome of the consultation process.

The STP are committed to producing a transport plan which will be a key part of the final documentation for decision. This would include provision for clinical transfers and a patient and visitor bus service between hospitals.

Resolved:-

1. That the update report be noted.
2. That the STP timeline be noted and that the STP will continue to accept feedback (including the questionnaire) through until 20 March.

6 Statements from members of the public

Mr Fieldhouse, a resident of Southend and spokesman for 'Save the NHS – Southend', made a statement which focussed on the clinical evidence put forward by the STP for specialising some services in one specific location. He made reference to international evidence that better outcomes are not automatically achieved by operating from fewer larger centres. He suggested that much of the data relied on by the STP was dated and urged the Committee to check the pertinence and veracity of the data.

7 Questions from the Joint Committee on the presentation given by the STP; responses by the STP

The Committee asked the representatives of the STP a number of questions which were responded to as follows:-

Planning assumptions

Numbers on patient flows and estimated numbers on those impacted by the proposals for acute services were based on current activity. The plan was predicated on managing the future demographic and demand growth by expanding primary care and other community services.

It was also confirmed that many of the numbers quoted in the consultation were averages and that further refinement of numbers would be done as actual figures were validated against modelling assumptions.

Planned operations

Under the proposals Basildon Hospital would have limited planned care (e.g. cardiothoracic, vascular but relatively small numbers for each). A far greater proportion of planned care would be at Southend Hospital and Mid Essex Hospital Trust and the STP believed that, as a result, they could manage patient flows through the hospitals better than now. The Hospitals already do winter planning and will continue to make those seasonal adjustments.

Stroke services

The STP were proposing a variation to national specification due to local feedback. The STP stressed that there was strong international evidence that good outcomes could still be achieved by undertaking a local assessment and provide clot busting medication before transfer to a specialist service (model being used in Scarborough and York) and that this was shown to be no worse in terms of outcomes compared to immediate transfer for treatment.

Action: The Joint Committee to be provided with the numbers of people suffering a stroke by CCG area over last 5 years.

Clinical evidence

Clinical changes had been developed by the relevant local clinical teams and had not imposed from 'top down'. The STP argued that the reconfiguration proposals would bring clinical teams together and enable critical mass and provide more 7 day services, and help with recruitment gaps. It was also considered by the STP that consolidation of some services would create a better training environment to help recruit and retain staff and create research capacity opportunities.

Despite this some members felt that there needed to be more clinical evidence to support the proposed changes and that greater assurance was needed about better outcomes.

Engagement

Responses received to date were weighted slightly in favour of the Southend area and comprised slightly older demographic. In recognition of that the STP had arranged an event next week at SE Essex College (after having already held an event at ARU).

A concern was expressed that the terms of engagement had not been good in the Thurrock area. Some members considered that the consultation period needed to go on for longer whilst others doubted extending consultation by another few weeks would make any significant difference and that there would be other opportunities to communicate and engage as the plans and implementation progressed.

Some members referred to an oversubscribed event in Southend and a further session was also now fully booked and queried whether this meant there was full opportunity for everyone to take part. The STP countered that the Statutory defined consultation period was 12 weeks and they had already extended it by 2

weeks for Christmas and New Year. The STP considered that they had complied with legislation as regards staging events in safe venues. The STP advised that they were looking at possibly live streaming a future event.

Members asked that the content and structure of the telephone survey be provided: **Action.**

Members also requested further information on the quantity and content of feedback received by email and via other comment forums. **Action.**

The STP had highlighted the number of hits on a newsfeed and on their Facebook page as examples of their reach. However, members asked how the STP were identifying unique hits as opposed to regular followers making multiple hits.

Members sought further reassurance on the reach of the consultation. The STP stressed that they had involved Age Concern and CVS. Members queried if there was involvement of users of mental health services. The STP advised that they had contacted a number of support groups and that EPUT were members of the STP comms groups.

The population of the STP footprint was approximately 1.2 million. The STP confirmed that anecdotally a 1% response rate would be considered a good response.

Primary care

The 5 CCGs have been working collectively on an STP plan for Primary Care. The STP Primary Care Strategy would identify the primary care workforce requirement across the STP area for the next five years. It would also look at the estate requirement and then will map on other services in the community. It was anticipated that the Strategy would be presented to the CCG Joint Committee meeting on 6 April to then be taken back to the Boards of each individual CCG's.

Action: The Primary Care Strategy to be presented to a future meeting of the Joint Scrutiny Committee.

Community

Some members were worried that the STP plans assumed that they could deliver all their locality models and consequently were asking a lot of community services. Those members also highlighted that they understood that NHS England had abandoned their national strategic plan for community services and queried whether the NHS England Primary Care/GP Forward View was deliverable.

In being challenged on whether there would be enough resources to deliver the level of change required for out of hospital care the STP admitted it was too early to say and that further work was needed to identify the capacity required and options for using different staff and skill mix.

Some Members sought more information on the locations being considered for the relocation of services out of Orsett Hospital. The STP highlighted that there were some suggestions already on suggested locations for some of the hospital based services with the vast majority to remain in Thurrock. However, one site had been identified in Basildon Town centre. Orsett Hospital would remain open until the above has been done.

Information sharing

The STP were already working on enabling the sharing of x-ray results across the three acute sites. The next phase was to make blood test results available across the three sites. The three acutes currently operated three separate clinical record systems and the STP was also working on getting them viewable across the three sites and, in time, to be available in primary care and community services. Transformation monies would be used to fund this digital transformation.

Transport

The STP clarified that their proposals on transport had focussed on the proposed new services and specifically inter-hospital transfers. There were already other transport services to enable frail and elderly to come into hospital. There was no presumption that the new services would form part of existing contracted EEAS service - it was still being assessed. That review would go on beyond the end of the consultation period.

It was acknowledged that patient transfers would require pulling staff from somewhere to accompany the patient. It will need to be an additional dedicated resource and was still under discussion.

The provision of bus transfer services would not be time limited. It could be provided at relatively modest and immaterial cost and not significantly impact on overall STP financial planning. Some members advised that there may be an opportunity for CVS involvement and community transport. The STP agreed to consider this further. It was also acknowledged that if more travel between hospitals was to be required for families and carers etc. then consideration needed to be taken of connections with other (public) transport services.

The STP confirmed that suitable Equality Impact Assessments would need to be undertaken.

8 Date of next meeting

Resolved:-

The next meeting of the Joint Scrutiny Committee will be held on Tuesday 13th March 2018 beginning at 19.30 and will be held at County Hall, Chelmsford.

Chairman: _____