Thurrock: A place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish

Health and Wellbeing Board

The meeting will be held at **3.00 pm – 5:30pm** on **30 January 2018**

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

Membership:

Councillors James Halden (Chair), Robert Gledhill, Susan Little, Leslie Gamester and Steve Liddiard

Mandy Ansell, Accountable Officer, Thurrock NHS Clinical Commissioning Group
Dr Anjan Bose, Clinical Representative, Thurrock CCG
Graham Carey, Independent Chair of Thurrock Adults Safeguarding Board
Steve Cox, Corporate Director Place
David Archibald, Independent Chair of Local Safeguarding Children's Board
Dr Anand Deshpande, Chair of Thurrock NHS CCG Board
Jane Foster-Taylor, Executive Nurse Thurrock NHS CCG
Roger Harris, Corporate Director of Adults, Housing and Health
Kristina Jackson, Chief Executive Thurrock CVS
Kim James, Chief Operating Officer, Healthwatch Thurrock
Malcolm McCann, Executive Director of Community Services and Partnerships South Essex Partnership Foundation Trust
Clare Panniker, Chief Executive Basildon and Thurrock Hospitals Foundation Trust
Rory Patterson, Corporate Director of Children's Services
Andrew Pike, Director of Commissioning Operations, NHS England - Essex and East Anglia Region
Julie Rogers, Julie Rogers, Director of Environment and Highways
Tania Sitch, Integrated Care Director Thurrock, North East London Foundation Trust
Michelle Stapleton, Director of Integrated Care, Basildon and Thurrock University Hospitals Foundation Trust
Ian Wake, Director of Public Health
To be determined: Lay Member for Public and Patient Participation NHS Thurrock CCG

Agenda

Open to Public and Press

Page

1 Apologies for Absence

2 Minutes **5 - 10**

To approve as a correct record the minutes of the Health and Wellbeing Board meeting held on 14 November 2017.

3 Urgent Items

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.

4 Declaration of Interests

5 Active Places Strategy **11 - 38**

Three separate presentations to be presented by:

- Grant Greatrex Grant Greatrex Sports & Leisure Policy & Development Manager
- Nick Boulter, Sport England
- David McHendry, KKP

6 Annual Public Health Report **39 - 86**

Item will be presented by Tim Elwell-Sutton, Assistant Director and Consultant in Public Health

7 STP Consultation **87 - 154**

Item to be presented by Andy Vowles, Programme Director, STP, NHS England

8 Integrated Commissioning Executive and Health and Wellbeing Board Executive Committee minutes **155 - 168**

To note minutes of ICE meetings of 28 September and 26 October 2017. To note the Health and Wellbeing Board Executive Committee minutes of 23 November 2017

9 Work Programme **169 - 174**

Queries regarding this Agenda or notification of apologies:

Please contact Darren Kristiansen, Business Manager - Commissioning by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **22 January 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?**

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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

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

Vision: Thurrock: A place of **opportunity**, **enterprise** and **excellence**, where **individuals**, **communities** and **businesses** flourish.

To achieve our vision, we have identified five strategic priorities:

1. Create a great place for learning and opportunity

- Ensure that every place of learning is rated “Good” or better
- Raise levels of aspiration and attainment so that residents can take advantage of local job opportunities
- Support families to give children the best possible start in life

2. Encourage and promote job creation and economic prosperity

- Promote Thurrock and encourage inward investment to enable and sustain growth
- Support business and develop the local skilled workforce they require
- Work with partners to secure improved infrastructure and built environment

3. Build pride, responsibility and respect

- Create welcoming, safe, and resilient communities which value fairness
- Work in partnership with communities to help them take responsibility for shaping their quality of life
- Empower residents through choice and independence to improve their health and well-being

4. Improve health and well-being

- Ensure people stay healthy longer, adding years to life and life to years
- Reduce inequalities in health and well-being and safeguard the most vulnerable people with timely intervention and care accessed closer to home
- Enhance quality of life through improved housing, employment and opportunity

5. Promote and protect our clean and green environment

- Enhance access to Thurrock's river frontage, cultural assets and leisure opportunities
- Promote Thurrock's natural environment and biodiversity
- Inspire high quality design and standards in our buildings and public space

Minutes of the Meeting of the Health and Wellbeing Board held on 14 November 2017 at 2.00 pm

Present:	Councillors James Halden (Chair), Steve Liddiard, Sue Little and Leslie Gamester Mandy Ansell Accountable Officer, Thurrock CCG Steve Cox, Corporate Director of Environment and Place Roger Harris, Corporate Director of Adults, Housing and Health Kim James, Chief Operating Officer, Thurrock Healthwatch Rory Patterson, Corporate Director of Children's Services Ian Wake, Director of Public Health Tania Sitch, Integrated Care Director Thurrock, North East London Foundation Trust David Archibald, Independent Chair of Local Safeguarding Children's Board
Apologies:	Councillor Robert Gledhill Tom Abell, Deputy Chief Executive and Chief Transformation Officer Basildon and Thurrock University Hospitals Foundation Trust Jane Foster-Taylor, Executive Nurse, Thurrock CCG Kristina Jackson, Chief Executive, Thurrock CVS Malcolm McCann Executive Director of Community Services and Partnerships, South Essex Partnership Foundation Trust Clare Culpin, Managing Director Basildon and Thurrock University Hospitals Foundation Trust Andrew Pike, Director of Commissioning Operations, NHS England Essex and East Anglia Clare Panniker, Chief Executive of Basildon and Thurrock University Hospitals Foundation Trust Dr Anjan Bose, Clinical Representative, Thurrock CCG Graham Carey, Chair of Thurrock Adults Safeguarding Board Liv Corbishley, Lay Member for Public and Patient Participation, Thurrock CCG
Representatives	Michelle Stapleton, Director of Integrated Care Basildon and Thurrock University Hospitals Foundation Trust was represented by Charlotte Williams Group Director for Strategy and New Care Models Julie Rogers, Chair Thurrock Community Safety Partnership was represented by Grant Greatrex Sports & Leisure Policy & Development Manager
Did not attend:	Dr Anand Deshpande, Chair of Thurrock CCG
In attendance:	Ceri Armstrong, Senior Health and Social Care Development Manager, Thurrock Council Andrew Vowles Programme Director STP Andrea Winstone, School Improvement Manager

Darren Kristiansen, Business Manager, Health and Wellbeing Board, Thurrock Council

1. Minutes

The minutes of the Health and Wellbeing Board held on 22 September were approved as a correct record. Roger Harris, Corporate Director of Adults Housing and Health, advised members that the Better Care Fund Plan had been approved by NHS England without any conditions being attached.

2. Urgent Items

There were no urgent items provided in advance of the meeting

3. Declaration of Interests

There were no declarations of interest.

4. STP Update on Consultation

Andrew Vowles, Programme Director for the STP, provided members with an update on the forthcoming STP consultation exercise. Key points included:

- The programme will no longer be referred to as the Success Regime and will be referred to as the STP.
- Concerns that had been previously raised by partners have informed current STP proposals whereby all three hospital A&E departments will 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.
- 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 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. This is expected to take place on 29 November.

During discussions the following points were made:

- It is proposed that current informal Maternity and Paediatric care will be formalised.

- The formal consultation will be designed to ensure that any misleading information that emerges about the STP can be addressed at the earliest opportunity, ensuring that members of the public continue to be well informed about the proposals.
- Members were reassured that members of the public wishing to respond only to proposals about Orsett Hospital will not be expected to consider the whole STP consultation document. Members were advised that proposals for the STP and Orsett hospital will be provided in separate bespoke consultation documents.

RESOLVED: The Board noted the update

5. Health and Wellbeing Strategy Objective 1A - All children in Thurrock making good educational progress.

Rory Patterson Corporate Director, Children's services described the strategic Plan on a Page to members which:

- Provides a vision for schools in Thurrock, agreed by schools and Thurrock council. The vision is to ensure that every school and setting in Thurrock is continuing the journey to outstanding and providing excellent learning experiences for all of our children and young people so that they are the best they can be.
- Sets out strategic priorities for the forthcoming academic year which includes producing a meaningful SEND strategy and action plan; ensuring value for money and improved outcomes for some of our most vulnerable and disadvantaged pupils and developing appropriate alternative provision, where possible, in borough.
- Contains key actions agreed with schools and expected outcomes.
- Is refreshed in partnership with schools on an annual basis

Andrea Winstone, School Improvement Manager, explained provisional data on pupil attainment to members. Key points included:

- Thurrock is performing above the national average across many indicators.
- As a result of a continued support for Early Years teaching & moderation in schools, outcomes at the end of Reception (GLD – Good Levels of Development) are above national for the fifth year running.
- The Good Level of Development (GLD) measure is awarded at the end of EYFS when a pupil has achieved at least the expected level in the entire prime areas of learning and in literacy and mathematics. Early indications suggest the GLD has risen again and exceeds the national average for the fifth year.
- The 2017 GCSE results show an improvement on last year. The key measure of combined English (EN) and mathematics (MA) is being used by the Department of Education this year and will be supplemented to include Progress 8 and Attainment 8.

During discussions the following points were made:

- Board members welcomed results that had been achieved by Thurrock schools and settings and the continually improving educational outcomes for children and young people.
- Records are kept on all children that are schooled at home by the Education Welfare Service. If there are concerns about children they are referred to Children's Social Services. All parents and carers of children schooled at home receive guidance issued to schools, including immunisation advice. The council has no statutory provision to inspect the quality of education being provided to children schooled at home.
- Children living in transient communities are monitored as much as practicable. Mandated checks are undertaken in school and at home. However, it was acknowledged that potential gaps in intelligence may occur where children are not registered with a GP.
- Rory Patterson, Corporate Director for Children's Services, agreed to consider the issues raised and report directly on the monitoring of children not in school to the Portfolio holder for Children and Adults Social Care, Cllr Little.

Action Rory Patterson

- To ensure that 'more able children' receive high quality education and support action has been identified as a priority on the Strategic Plan on a Page, agreed with schools.

RESOLVED: Health and Wellbeing Board members noted the provisional outcomes of the summer 2017 tests and examinations and commended schools, pupils, and parents/carers on their achievements.

6. New Models of Care - A Case for Change

Ian Wake, Director for Public Health, provided a PowerPoint presentation to members on the new models of care, case for change. Key points included:

- The case for change new models of care pilot has been informed by the Annual Report of the Director of Public Health 2016, the Tilbury Integrated Healthy Living Centre Needs Assessment and the Needs Assessment to support the development of an Accountable Care Partnership for Tilbury.
- The existing system can often be fragmented whereby:
    - There is an inadequate understanding of patient/client flow between constituent parts of the system.
    - The money and the patients are in the wrong place
    - Inadequate quality in Primary Care, Community Care and ASC keeps the money and the people in the wrong place
    - Solving the quality issue requires integrating the system
    - a period of double running may be required to solve the problem
- It is recognised that 50% of the Health and Social Care budget is currently allocated to 1.8% of the population of Thurrock and those with the most complex needs.

- A mixed skill workforce can help to address the balance of the current deficit of GP appointments to meet demand by ensuring that individuals can access a professional who can provide necessary support.
- As part of enhancing the capability and capacity of primary care a number of programmes have been developed including:
    - Social Prescribing
    - The strengthening of Patient Participation Groups
    - Front door triage
- To support GP surgery resilience it has been agreed that the mixed skilled workforce can be shared between practices.
- Long Term Conditions (LTCs) remain a challenge. Finding and treating 100 people with high blood pressure will save 10 strokes over a three year period. The introduction and roll out of a long term condition Management Card will support GPs with identifying and managing LTCs.
- The new model of care comprises five pillars of a holistic person centred approach, personal, localised, proactive and coordinated services.

During discussions the following points were made:

- Board members welcomed the new model of care and acknowledged the importance of ensuring that the right interventions are provided in the right place, at the right time.
- It is important to ensure that good practice demonstrated by other areas across the country is considered and incorporated into the Thurrock model where it is appropriate to do so.
- Board members acknowledged that it can be a challenge to introduce a whole system approach and welcomed local partners in Thurrock developing innovative approaches to integration of services.
- Board members welcomed the robust governance structure established for the Accountable Care Partnership.

RESOLVED: Board members noted the update and agreed to receive a further update at a future meeting.

7. Health and Wellbeing Strategy Outcomes Framework

Ceri Armstrong, Senior Health and Social Care Development Manager, provided a summary of proposals made in the Board's report which comprised:

- Proposals to revise Key Performance Indicators previously approved by Board members in July 2016 to ensure that they remain current and fit for purpose. Where possible key performance indicators reflect corporate and wider reporting measurements.

- Describing that the report included in the meeting papers provided Board members with an update on progress being made against specific key performance indicators, where data is available

Board members welcomed the report and amendments to key performance indicators.

RESOLVED: Board members:

- Agreed proposed revisions to Key Performance Indicators within the framework;

8. Integrated Executive Committee (ICE) Minutes

RESOLVED: Board members noted the ICE minutes for meetings that took place on 17 and 31 August 2017.

9. Health and Wellbeing Board Work Programme

Health and Wellbeing Board members noted the future work plan. It was agreed that standing STP item will be a substantive item at January's Health and Wellbeing Board meeting.

RESOLVED: The Health and Wellbeing Board work plan was noted by members.

The meeting finished at 3.37pm

Approved as a true and correct record

CHAIR

DATE

Any queries regarding these Minutes, please contact Democratic Services at Direct.Democracy@thurrock.gov.uk

Thurrock Active Place

Grant Greatrex
Thurrock Council, Sports and Leisure Policy and Development Manager

Presentation Purpose

* To set context by providing Board Members with an overview of the ongoing Active Place Strategy work.

* Provide an opportunity to discuss linking: Thurrock's Health and Wellbeing Plan; Thurrock's Active Place Strategy; and Sport England's National Strategy

* Provide an opportunity to discuss and inform the potential future Active Place Facility Development Programme.

Active Place – Suite of Strategies

Active Place

1. Supporting documents for the Borough's Local Plan.
2. Ensure future physical infrastructure for Thurrock to be an Active Place.
3. Provide the evidence base and rationale for funding and investment.
4. Support Thurrock's Health and Wellbeing Strategy

Goal 2, Objective 2A

Creating Spaces that make it easy to exercise and be active.

Contributing to Wider Health Objectives

1. Opportunity For All	2. Healthier Environments	3. Better Emotional Health And Wellbeing	4. Quality Care Centred Around The Person	5. Healthier For Longer
1A. All children in Thurrock making good educational progress	**2A. Create places that make it easy to exercise and to be active**	3A. Give parents the support they need	4A. Create four integrated healthy living centres	5A. Reduce obesity
1B. More Thurrock residents in employment, education or training.	2B. Develop homes that keep people well and independent	3B. Improve children's emotional health and wellbeing	4B. When services are required, they are organised around the individual	5B. Reduce the proportion of people who smoke.
1C. Fewer teenage pregnancies in Thurrock.	2C. Building strong, well-connected communities	3C. Reduce social isolation and loneliness	4C. Put people in control of their own care	5C. Significantly improve the identification and management of long term conditions
1D. Fewer children and adults in poverty	2D. Improve air quality in Thurrock.	3D. Improve the identification and treatment of mental ill-health, particularly in high risk groups.	4D. Provide high quality GP and hospital care to Thurrock	5D. Prevent and treat cancer better

Summary - Open Space

Strategic Purpose:

Ensure that Thurrock has appropriate and accessible open spaces

Key Findings:

* 274 open spaces within the Borough falling into 7 open space typology categories; 1,575 hectares of open space;
* 56% score high quality (objective assessment);
* 85% score high value (importance to their local area)

Key Recommendations:

Five key policy recommendations suggested to manage/maintain the Borough's open space.

1. Prioritise enhancement of low quality sites
2. Protect all high quality/high value sites
3. Protect and enhance sites in low provision areas
4. Be flexible with use of open space typology in surplus areas
5. Allotment and cemetery provision be demand-led

Summary - Active Travel

Strategic Purpose:

* *To create a high quality, accessible and sustainable network which positively contributes to the economy and quality of environment, enabling the inactive to become active and more people to realise their potential by participating in walking and cycling activity, thus improving their long-term health and well-being*

Key Findings:

* Route analysis identified that Thurrock has 156km of public footpaths and 17km of bridleway, as well as 293km of cycle ways (categorised as advisory (158km), bridleway (11km), cycle lanes (11km), official (26km) and traffic-free (87km)).
* Several areas of the Borough exceeding expected levels of pollutants.
* Residential and economic growth over Local Plan period will require active travel intervention for sustainable movement patterns and to tackle congestion and falling health standards.

Key Recommendations:

Priorities are categorised into two types;

Physical - Improvement and connection of routes 7 Routes

Addressing Mental Barriers - Promote - Educate - Incentivise participation and awareness.

Summary - Playing Pitch

Strategic Purpose:

* *To create a network of high quality, accessible and sustainable sport and leisure facilities, which offer inclusive services for all; enabling the inactive to become active and more residents to fulfil their potential by participating in sport and physical activity, thus improving their long-term health and well-being.'*

Key Findings:

* Overplay and varied maintenance quality.
* Some deficiencies most notably artificial pitches.
* Poor condition of some changing facilities.

Key Recommendations

* Improvements to grounds maintenance to increase capacity.
* Changing pavilion Improvements.
* New floodlight artificial pitches.
* Work with education establishments on quality and accessibility.
* Set up working group with National Governing Bodies of Sport.

Summary - Indoor Sports Facilities

Strategic purpose:

* *To create a network of high quality, accessible and sustainable sport and leisure facilities, which offer inclusive services for all; enabling the inactive to become active and more residents to fulfil their potential by participating in sport and physical activity, thus improving their long-term health and well-being.*

Key Findings:

* Thurrock is in urgent need of new swimming pool provision to replace the existing stock.
* Swimming is popular and at full capacity at peak periods - requiring increased provision.
* All Sports Halls are in education facilities and unavailable to the public during the day.
* Investment is required to upgrade at least 50% of sport halls
* Limited number of specialist sports facilities
* Popularity and participation of gymnastics suggests the need for a permanent facility.

Key Recommendations

* Consider how new sport and physical activity provision links with Thurrock's integrated healthy living centres.
* Consider developing sports and physical activity facilities alongside appropriate new schools.
* Development provision aligned to open spaces with facilities for active recreation and play

Sport England

Nick Boulter

* National / Sport England Strategy objectives
* Good practice in facility development and delivery
* Key to Success and opportunities for Thurrock

Sport England – Government Strategy

Nick Boulter

* December 2015
* Cross party and cross department buy in
* 5 outcomes – Sport & PA as a tool
  * Physical Wellbeing
  * Mental Wellbeing
  * Social / Community Development
  * Individual Development
  * Economic Development

* ***People from every background regularly and meaningfully taking part in sport and physical activity***

Sport England Strategy

Nick Boulter

Launched May 2016

* Investment principles:-
  * Tackling inactivity
  * Children & Young People
  * Volunteering
  * Mass markets
  * Sustaining the core market (sport)
  * Working locally – delivery pilots
  * Facilities

£1billion over 5 years

Sport England – Unitary LA

Nick Boulter

- **Starting point**
  - Facility closure – no strategic plan
  - Feasibility & Solution
  - Trust built
- **Outputs**
  - Robust strategies
  - £45m LA investment spent / committed
  - New facilities through partnership
  - Capital release / Developer contribution
  - New leisure contract - borrowing against revenue improvement
  - Grants – SE £3m – 2 schemes, Football Foundation etc
- **Outcomes**
  - Affordable design solution – life cost
  - LA Joined up
  - More for the same
  - Centre usage doubled
  - LA activity levels up 5%
  - Inactivity levels down 5%
  - Sustainable partnerships

Sport England – 2nd Tier LA

Nick Boulter

* **Starting point**
  * Want not need
  * Abortive schemes (£1m)
  * £10m budget
  * No track record of strategic approach
* **Outputs**
  * Robust BFS
  * New leisure contract
  * New £13.9m centre currently on-site
  * Capital release - £1.1m
  * Developer contribution - £800k
  * Grants – SE £1.5m
  * Contract relet – borrowing - £10.5m
* **Outcomes**
  * Affordable design solution
  * LA plans strategically and against outcomes
  * Joined up authority planning
  * Cross border planning and delivery
  * Improved operator partnership

Sport England – 2nd Tier LA Joint

Nick Boulter

- **Starting point**
  - Forest Heath & St Edmundsbury – West Suffolk
  - No evidence base
  - Limited join up
- **Outputs**
  - Robust BFS & PPS
  - New dual use centre – circa £5m
  - New circa £40m hub – commitment – school, leisure, library, health, police, job centre
  - Joint club planning - £7m proposal
  - Feasibility for replacement Bury facility – circa £25m
- **Outcomes**
  - Affordable design solution principles
  - Sport join up and planning
  - Wider partnership working and investment
  - Efficiency saving in operation
  - Joint Strategies - Cross border planning / management / investment

Abbeycroft Leisure
INSPIRING A HEALTHIER YOU

Sport England – Keys to Success

Nick Boulter

* Outcomes driven – health, economic, finance…
* Political & Senior Management understanding & buy in
* Evidence based decision making
* Cross department engagement
* Cross border conversation
* Customer / non-customer engagement
* Efficient design – energy, space, management
* Partnership – operator, education, health…
* Co-location / hub
* Hub & Spoke

Sport England – Keys to Success

Nick Boulter

* Creative financing:-
  * Capital release
  * Operational efficiency - borrowing
  * Increased usage
  * Energy management / return
  * Developer investment
  * Low cost borrowing
  * Grants
  * Partners – co-location
* ***Value not Cost***

Sport England – Opportunities

Nick Boulter

* Thurrock Opportunities
  * Evidence driven decision making – PPD / Built / Open
  * Outcomes - Aligned with national agenda
  * Unitary LA – many internal partners
  * Partnership and implementation established
  * New for Old – more for less
  * Co-location - efficiency
  * Funding – SE, NGB's, Developer…
  * Operator – outcomes not outputs / partnership
  * Partnership projects – agent of change - schools
  * Insight & Learning
  * Increased local support via Active Essex

Developing new facilities in Thurrock

David McHendry – Knight Kavanagh and Page

Strategic recommendations

* The **opportunity** to develop sport and physical activity facilities aligned to planned **integrated healthy living centres.**
* The opportunities to engage with other services and where possible create **multi agency hubs** through the **co-location** of services
* Use the development of new facilities as a **catalyst** for requiring the Council's leisure management contractor to have a wider focus on **health inequalities.**

Developing new facilities in Thurrock

What does this look like? - Blackshots

* Need to replace and enlarge current indoor provision.
* Opportunity to consider a wider range of co-located services.
* KGV status – does not limit potential.
* Potential to create an indoor and outdoor hub……link existing facilities as a ‘sports village’
* …accommodating formal and informal activities……as a park rather than a ‘rec’.

Developing new facilities in Thurrock

What does this look like? - Blackshots

Opportunities

* Replace existing facility
* Develop a 3G pitch and new outdoor changing (football hub)
* Co-locate health consultation rooms to complement existing facilities in the town and to maximise physical activity interventions.
* Co-locate Blackshots library into the facility.
* Co-locate the pre-school nursery into the facility.
* Consider other services which might be appropriate to co-locate (e.g. Adult day care, children's centre, CAB, community police, etc.)
* Develop new walking routes and ancillary 'park' facilities…
* ….Create a multi-functional community hub

Developing new facilities in Thurrock

What does this look like? - Blackshots

Challenges

* Political will to progress with this.
* Need to liaise and negotiate with Fields in Trust to make it more than a recreation ground.
* Identification of services (internal and external) which could be co-located.
* Civic hall ??
* Willingness of services to be co-located.
* Alternative use of vacated facilities….capital receipt
* Willingness to overcome procurement challenges.
* Need to build on alternative part of the site to ensure continuity.

Developing new facilities in Thurrock

What does this look like? - Blackshots

Outcome

- Links leisure centre, athletics stadium, outdoor pitches and rugby club.
- Improves walking routes around open space
- Creates zoned areas of the open space
- Sufficient parking to accommodate leisure facilities and events (e.g. parkrun).
- Cultural and events zone.
- Potential whole site management and maintenance contract
- Improved financial performance

Developing new facilities in Thurrock

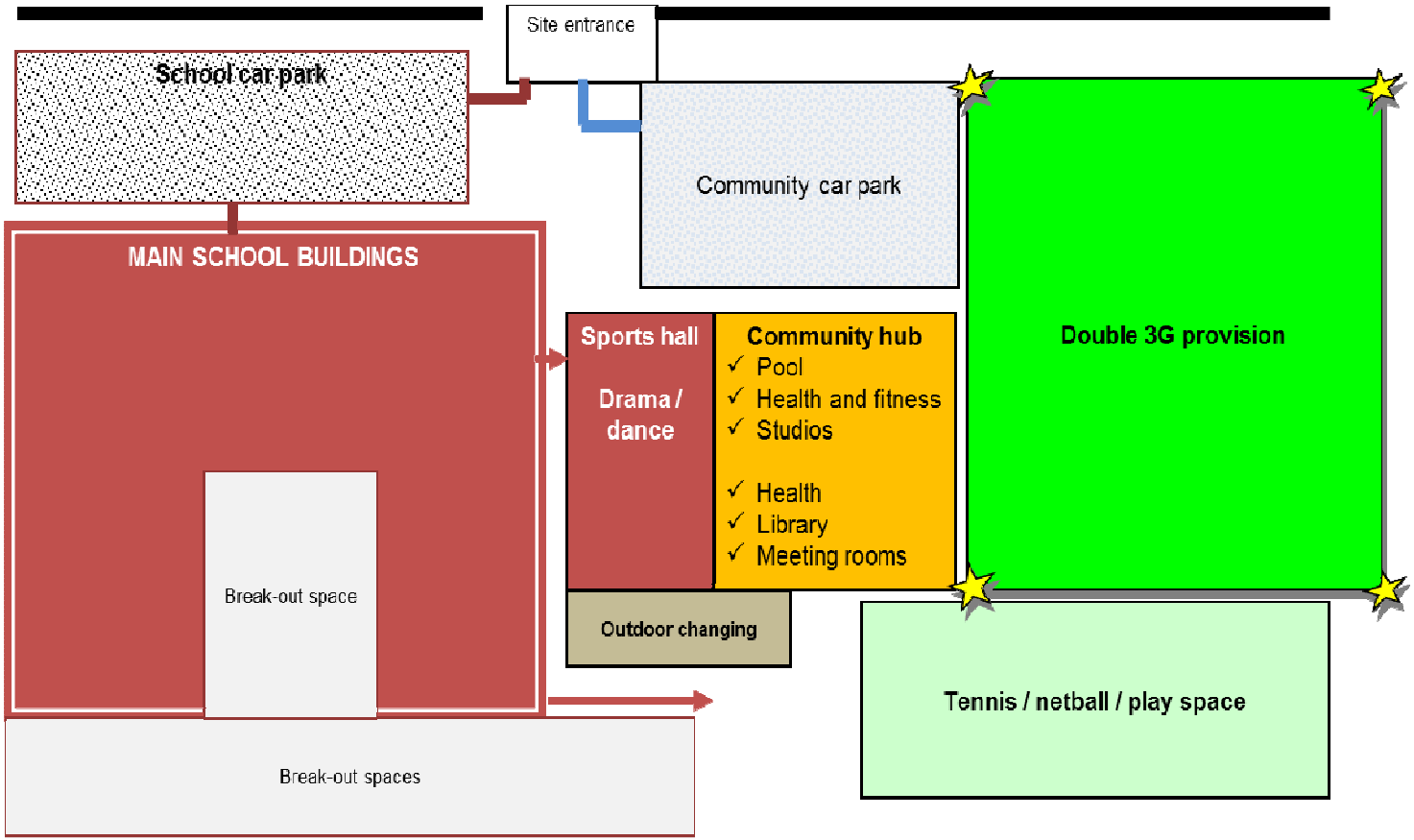
Opportunities for other sites

Opportunities

* Integrated healthy living centres
* New schools
* Housing growth
* Service integration
* FA investment in 3G football hubs

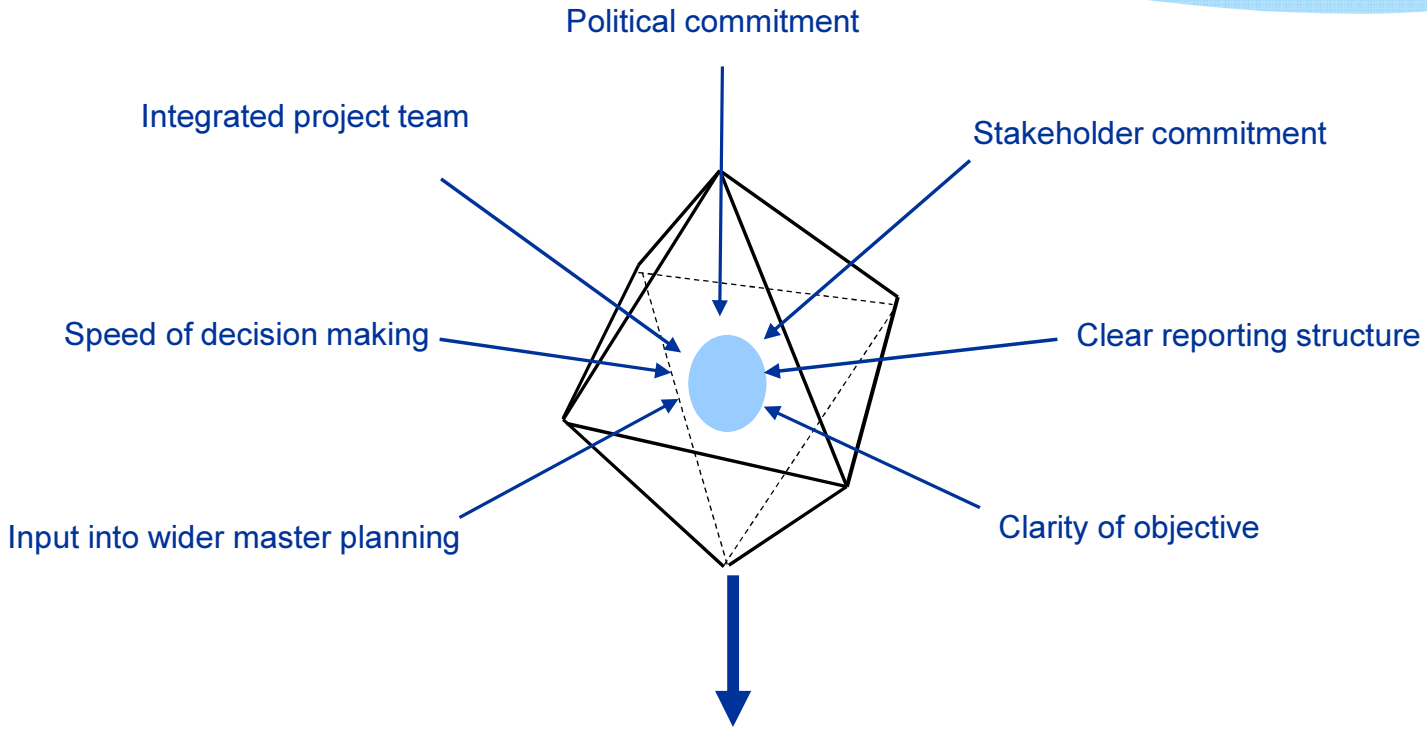
Developing new facilities in Thurrock

What might this look like? – other sites



Developing new facilities in Thurrock

Delivering the vision



Project team responsible for

Place making…..service integration……improved physical activity outcomes

Next Steps

* Seek Cabinet Approval 2018

* Establish a Strategic Group to drive the strategies forward linking to the Health and Wellbeing Board via

Goal 2, Objective 2A

Creating Places that make it easier for residence to exercise and be active.

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30 January 2018	ITEM: 6
Health and Wellbeing Board	
A Sustainable Children's Social Care System for the Future: Annual Public Health Report 2017	
Wards and communities affected: All	**Key Decision:** Non-key
Report of: Ian Wake, Director of Public Health	
Accountable Head of Service: Tim Elwell-Sutton, Assistant Director and Consultant in Public Health	
Accountable Director: Ian Wake, Director of Public Health	
This report is Public	

Executive Summary

It is the statutory duty of the Director of Public Health to prepare an independent report on the health and wellbeing of the local population each year. Last year's Annual Public Report focussed on the sustainability of the adult health and social care system in Thurrock. This year, the report considers how to create a sustainable children's social care system for the future.

The report analyses the reasons for growing pressure on the system, produces new forecasts for future demand, and makes a series of specific recommendations for making the system more sustainable. In particular, it sets out the need for a radical shift of focus towards services which reduce demand and prevent children from becoming looked after.

As part of creating a sustainable children social care system, Public Health has been working to support the wider work of the Children Services Directorate. Our work programme has encompassed a range of activities including: service transformation work within Brighter Futures; integrating commissioning and direct delivery of public health, education and children's social care services within Children's Centres; and developing a comprehensive health and wellbeing offer to schools. Our plans for 2018 include a schools-based Children and Young People's Mental Health Joint Strategic Needs Assessment (JSNA) product that will inform a mental health improvement programme for children and young people and a Schools Mental Health Summit.

1. Recommendation(s)

1.1 That the contents and recommendations of the report be supported by the Board.

1.2 **That Board notes plans to hold a Mental Health summit to address emotional and mental health issues which contribute to the wider health and wellbeing issues amongst young people.**

2. Introduction and Background

2.1 One of the main goals of Thurrock's Health and Wellbeing Strategy is to make Thurrock a place offering "Opportunity for All". Central to this goal is making Thurrock a place where children can flourish and achieve their full potential in life.

2.2 It is increasingly understood that poor experiences in childhood can create intergenerational cycles of deprivation and poor health. People who have multiple adverse childhood experiences are also more likely to make poor educational progress, have unplanned pregnancies and be unemployed. This in turn can have a negative impact on their parenting ability, perpetuating the cycle across generations.

2.3 Pressures on social workers and the whole social care system are growing each year. There is evidence that a growing number of families and children are coming into contact with the social care system. The reasons for this have not been well understood but the pressures on the social care system are clear: social workers are increasingly over-burdened and the cost to the council is growing.

2.4 Furthermore, it is clearly evident that children who have access to the social care system have a high level of mental health and wellbeing need. The 2016/17 Brighter Futures Survey highlighted issues such as bullying, stress and online safety as major areas of concern for Children and Young People. These issues also contribute to the wider health and wellbeing issues currently faced by young people and have a particular impact on children in the social care system.

2.5 A joint work programme developed for Public Health and Children's Directorate included a proposal to hold a high-profile Mental Health summit, led by the Portfolio Holder for Education and Health, bringing together representatives of key stakeholders including: children and young people's representatives; schools and the wider educational settings; service providers; the CCG; voluntary sector, council officials and elected members. This summit will be an opportunity to showcase to partners a new joined-up approach to addressing Children and Young People's mental health and wellbeing and its contributory factors in Thurrock.

3. Issues, Options and Analysis of Options

3.1 These are set out in detail in the report itself.

4. Reasons for Recommendation

4.1 This report fulfils a statutory duty of the Director of Public Health (Health and Social Care Act 2012). The specific recommendations contained in the report arise from a detailed analysis of local and national data, as well as a thorough review of evidence about what works in children's social care.

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

5.1 A wide range of stakeholders were consulted and contributed to this report. These are set out in the acknowledgements section of the report. No other consultation has taken place.

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

6.1 The report makes the case for a strategic shift in investment within Children's Services towards services which reduce the number of children who require social care intervention. The analysis presented in the report suggests that unless this is made, there is a risk that spending in the high-cost part of the system (Looked After Children) will become increasingly unsustainable.

6.2 The result of following the recommendations would be a gradual easing of pressure on the children's social care system, with fewer children becoming looked after.

7. Implications

7.1 Financial

Implications verified by: **Jo Freeman**

Management Accountant

The report looks at potential future demand for children's social care. Future forecasting suggests that there is a risk of the costs of Looked After Children increasing by up to £6m per year by 2027 unless action is taken to manage effectively. The report also outlines a number of opportunities to manage demand and recommends a strategic shift in investment towards preventative services. The report makes a number of specific recommendations about invest-to-save opportunities in this area. For example, a new edge of care service which prevents 22 children from entering care each year could save the council £1.2m per year though this is an estimate only and would need to be quantified in more detail before an investment decision is made. Specific investment decisions arising from the recommendations in this report would be subject to the approval of detailed business cases for individual services and these would be approved through the normal governance processes.

7.2 Legal

Implications verified by: **Lindsey Marks**

Principal Solicitor Children's and Adults' Safeguarding

There are no legal implications. This report has been prepared in accordance with the statutory duties of the Director of Public Health.

7.3 Diversity and Equality

Implications verified by: **Natalie Warren**

Strategic Lead: Community Development and Equalities

The report outlines evidence that ethnic minority families are over-represented in the children's social care system. The recommendations made in this report would reduce or prevent the escalation of social care cases and help to address this imbalance.

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

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):

- Detailed references are given in the main report.

9. Appendices to the report

- Annual Public Health Report 2017: Executive Summary
- Annual Public Health Report 2017: Full Report

Report Author:

Tim Elwell-Sutton

Assistant Director and Consultant in Public Health

Public health

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A Sustainable Children's Social Care System for the Future

Annual Report of the Director of Public Health 2017
Executive Summary

thurrock.gov.uk

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Abbreviations

Abbreviation	Full form
CFAT	Child and Family Assessment Team
CiN	Child in Need
CPP	Child Protection Plan
LAC	Looked After Child
MASH	Multi-Agency Safeguarding Hub
NICE	National Institute for health and Care Excellence
PASS	Prevention and Support Service
SEND	Special Educational Needs and Disabilities

A copy of the full version of this report is available on the Thurrock Council website at:
https://www.thurrock.gov.uk/healthy-living/health-statistics-and-information

Foreword

Public Health as a professional discipline encompasses a unique skill set that includes epidemiological expertise such as the quantification of need, demand and supply, the assessment of evidence, and the predictive modelling of health and care systems. In the UK these skills have historically been applied to healthcare systems in order to assist the NHS to commission and deliver more efficient, effective and equitable health services. However the move of public health to local authorities has presented opportunities for these skills to be applied more widely.

My Annual Public Health Report last year used this public health skill set in answering the question, 'what would make our adult health and care services more sustainable in financial and operational terms?' By mapping how our residents, and the funding that accompanies their journeys, flow through different constituent organisations, we were able to understand how clinical and professional practice in each organisation impacted on the system as a whole. This led to a series of recommendations to reduce demand for the most expensive and high intensity interventions by improving clinical practice 'upstream' in primary and community care to prevent avoidable events such as strokes, heart attacks and falls. The findings and recommendations within the report were seized upon by our local clinicians and system leaders, and have resulted in a comprehensive programme of system transformation and improvement that will ultimately lead to a new Accountable Care Partnership for Thurrock, reduced demand on local hospital and adult social care services, and demonstrable improvements in the health of our population.

This year I asked my team to apply the same skill set to children's social care services, with a view to answering a similar question: how can we make our children's social care system financially and operationally sustainable, and more effective? There were two reasons for my choice of topic. Firstly, it has long been known that children and young people who enter the care system typically experience poorer health and wellbeing outcomes than those in the general population. Experiencing care as a child or young person is associated with poorer educational attainment, poorer mental health, an increased risk of teenage parenthood and an increased likelihood of entering the criminal justice system. Indeed children and young people who become 'looked after' by the state experience some of the worst health inequalities of any group in society. Secondly, demand on children's social care services is increasing at an unsustainable rate both nationally and locally. Modelling famously done in the London Borough of Barnet suggested that if action is not taken to address this, local authorities will need to spend their entire budget on social care by 2025.

This report aims to understand our local children's social care system, the factors that are driving demand and most importantly, the actions that we can take to address that demand and improve health and wellbeing outcomes for the children and young people we care for. The work has been led by Tim Elwell-Sutton, Consultant in Public Health and his team and I commend it as one of the highest quality and most detailed pieces of public health practice in this field. I trust that the findings and recommendations contained within the report will be useful to colleagues in children's social care in understanding our care system, and will continue the conversation on how we improve that system and the life chances of children and young people who enter it in the future.

Ian Wake

Director of Public Health, November 2017

Why focus on children's social care?

Page 48

…poor experiences in childhood create intergenerational cycles of deprivation and poor health… social workers have at least as much impact on the health and wellbeing of some children as health professionals.

One of the goals of Thurrock's Health and Wellbeing Strategy is to make Thurrock a place offering "Opportunity for All". This means making Thurrock somewhere children can flourish and achieve their full potential in life. We now understand better than ever before that distressing experiences in childhood are linked to poor health and wellbeing throughout life.

It is also increasingly understood that poor experiences in childhood can create intergenerational cycles of deprivation and poor health. People who have multiple adverse childhood experiences are more likely to make poor educational progress, have unplanned pregnancies and be unemployed. This in turn can have a negative impact on their parenting, perpetuating the cycle across generations.

The role of the children's social care system is to ensure that all children have the opportunities they deserve and that, when things go wrong, children are kept safe. Children's social workers have not traditionally been considered part of the public health workforce yet their work has at least as much impact on the health and wellbeing of some children as that of health professionals.

Pressures on social workers and the whole social care system are growing each year. Last year's Annual Public Health Report considered ways in which the adult health and social care system could be made more sustainable. This year, we consider the children's social care system, the pressures on it, and how we can create a system which gives every child in Thurrock the best possible start in life.

Strategic Recommendations

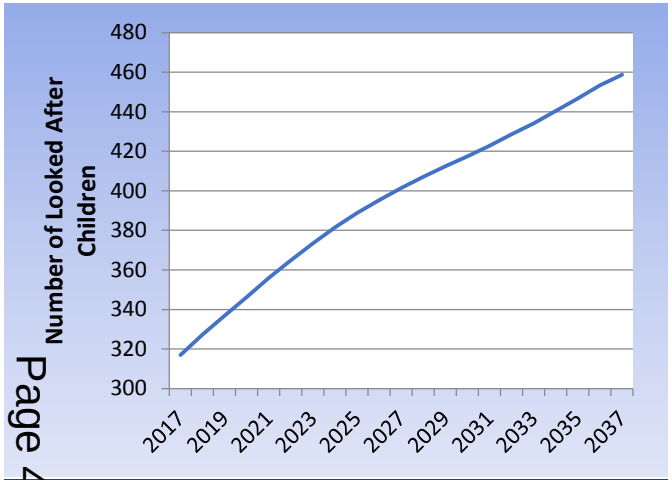


Figure 1. Forecast number of Looked After Children in Thurrock 2017 – 2037 based on trends over the past 5 – 10 years.

Unless action is taken to upgrade services which reduce demand, the cost of children's social care could become increasingly unsustainable. Work is already underway to make address this risk.

1. **Make a long-term strategic commitment to invest in prevention**

   A high-level strategic commitment must be made to re-balance investment towards preventative activities. In recent years investment in preventative services has been eroded whilst spending on high-cost care placements has increased. By rebalancing investment towards preventative services, we can prevent children from ending up in care unnecessarily and, over time, relieve financial pressures on the social care system. This rebalancing has already begun but must be continued over the long-term to ensure sustainability.

2. **Invest in the most effective preventative services**

   Making a strategic commitment to invest in prevention will only be effective if that investment is made in the right areas. We give specific recommendations about where to invest across the social care system and, where possible, we have made estimates of the cost-savings which would result from these investments.

3. **Improve information on activity and spending**

   Reducing the number of children in the system and controlling costs can only be achieved if reliable activity and financial information are available, allowing us to understand current patterns of activity and spending. We make specific recommendations about how to improve our understanding of activity and spending.

Financial challenges and opportunities

Challenges

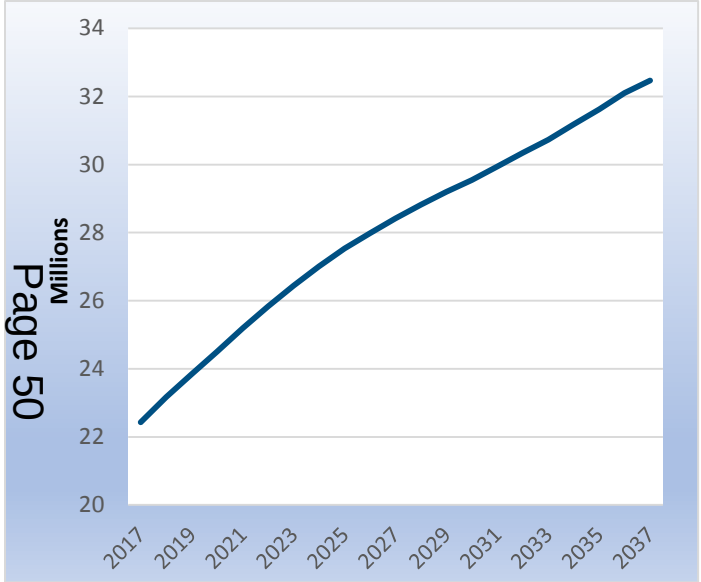


Figure 2. Forecast cost of Looked After Children in Thurrock 2017 – 2037 based on the past 5 – 10 years

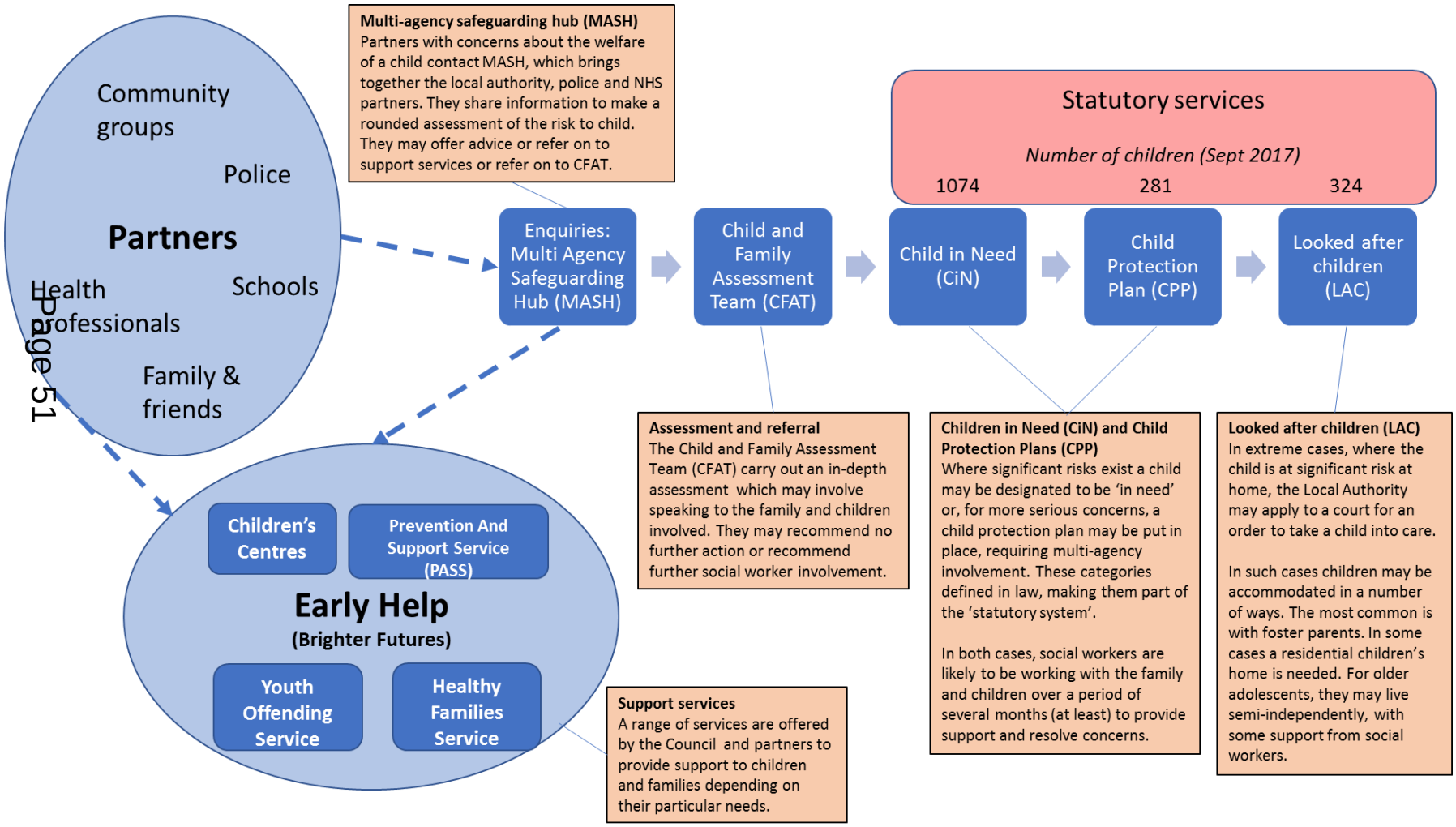
Based on trends over the past 5 – 10 years, we estimate that the annual cost of Looked After Children alone could rise by £6m over the next 10 years.

Opportunities

Impact and expected savings from investing in prevention

Intervention	Recommendation	Estimated Impact	Net savings
Edge-of-care service	A service offering intensive support to families where children are at high risk of coming into care. Estimated reach: 135 families per year	Preventing 22 children from coming into care per year	£1,225,153
Pause	A service working with 15 women per year who have had babies removed at birth	Preventing 2 –5 further children from being taken into care at birth.	£128,520 - £307,945
Domestic violence victims programme	Expand existing STEPS programme from current capacity of ~75 per year to ~135 per year	Preventing 144 additional incidents of domestic violence	£133,220
Domestic violence perpetrators programme	Expand current programme from 10 to 20 places per year	Preventing 19 additional incidents of domestic violence per year	-£7,293

How the children's social care system works in Thurrock



Key questions addressed in the report

Questions not addressed in this report

The report focusses on ways of reducing the number of children in the social care system. Other ways of reducing the costs of social care are not covered. These may include, for example, reducing the number of agency staff and more efficient procurement of foster care places.

There is evidence that a growing number of families and children are coming into contact with the social care system in Thurrock and nationally. The reasons for this have not been well understood but the pressures that this puts on the social care system are clear: social workers are increasingly over-burdened and the cost to the council is growing. In order to help alleviate those pressures, this report attempts to answer some key questions:

What are the pressures on the social care system?

- Is the number of children in the social care system rising and is it higher than in other areas?
- Why are the numbers rising in Thurrock?
- How many children are likely to be in the social care system in future?

How can we reduce the number of children in the social care system?

- What works in early help?
- What works for Children in Need (CiN) and Child Protection Plans (CPP)?
- What works for Looked After Children (LAC)?

What are the financial opportunities related to reducing the number of children in the system?

What are the pressures? Is the number of children in the system rising?

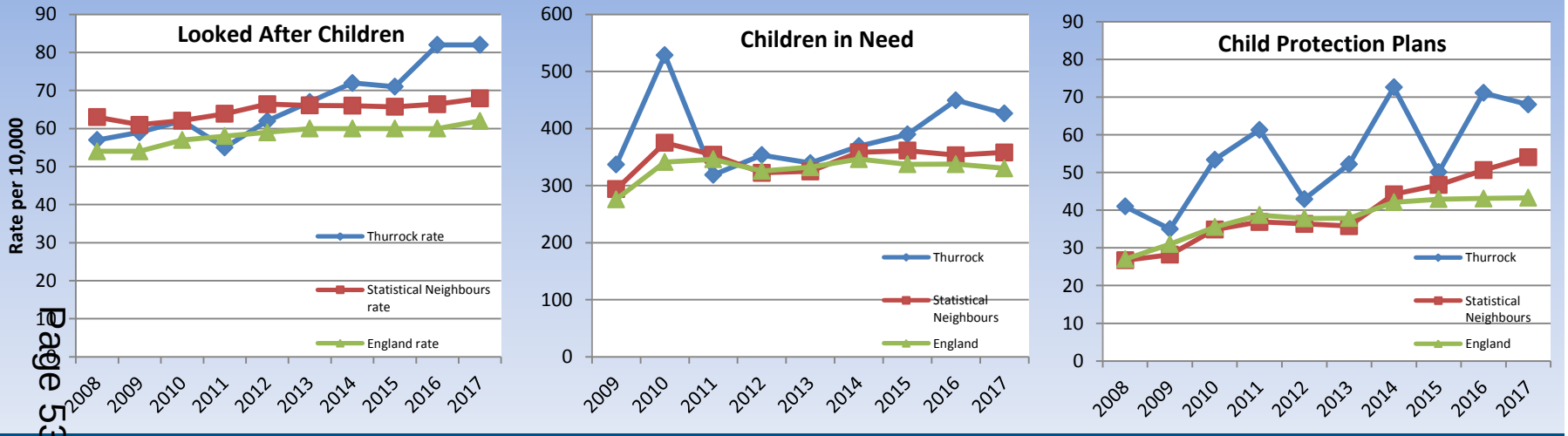


Figure 1. Rates of Looked After Children (LAC), Children in Need (CiN) and Child Protection Plans (CPP) on 31st March for each year

- There has been a significant increase in the number and rates of children in all parts of the social care system in recent years. Rates in Thurrock have risen faster than in other comparable areas in recent years though the most recent data suggests they are levelling off or even beginning to decline.
- The number of Looked After Children (LAC) has been growing nationally, though rates (per 10,000 children) have remained stable.
- In Thurrock the number of LAC has increased from 210 in March 2012 to 345 by March 2017

Rates in Thurrock have risen faster than in other comparable areas in recent years. The most recent data suggests they are levelling off or even beginning to decline though it is too early to tell if this is a long-term change in trajectory.

What are the pressures? Budget and spending

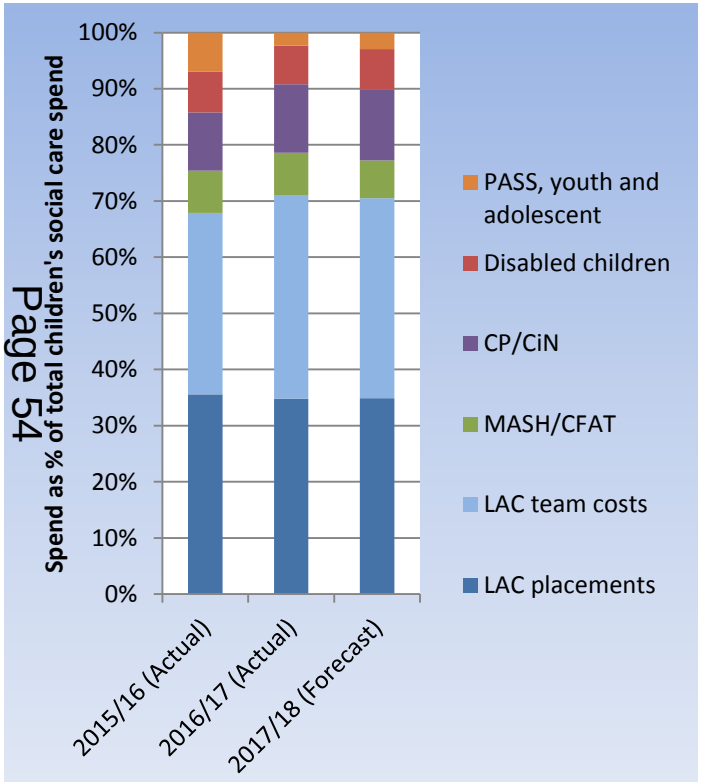


Figure 2. Spending in Children's social care by category from 2015/16 to 2017/18

The National Picture

Spending on children's social care has been rising nationally and many Local Authorities are struggling to continue to fund the current system. Analysis for the Department of Education (2016) found that the main strategy pursued by local authorities was to try to reduce the number of children in the system through greater emphasis on early help and service integration.

However, actual spending on early help services has declined in most areas, even as spending on statutory services (CiN, CPP, and LAC) has risen. The main reason for this is that cutting spending on early help is generally much easier than reducing spending on statutory services.

The Local Situation

In Thurrock, as nationally, investment in early help services appears to have declined as a proportion of spend in recent years. For example, spending on Early Offer of Help services in Thurrock has declined from £0.93 million in 2015/16 to £0.39 million in 2017/18. At the same time spending on external purchasing of placements for Looked After Children rose from £8.9 million to £9.3 million. Much of the reduction in early help services followed the withdrawal of £450,000 of NHS funding previously contributed by Thurrock Clinical Commissioning Group.

We estimate that spending on Looked After Children now makes up around 71% of all children's social care spending.

Why have numbers been rising faster in Thurrock than elsewhere?

In trying to understand the rise that has occurred in recent years, it is helpful to consider two types of force which may result in children ending up in the social care system. It might be that more children need a social care intervention than in the past (demand factors), or it could be that the social care system is more likely to intervene than in the past (supply factors). Therefore, we can address this question by considering the demand and supply factors (Bywaters P, et al., 2017) which may be at work in Thurrock.

Based on a review of the research literature we have identified the factors shown below as a framework for understanding growing demand for social care in Thurrock. We have tried, where possible, to quantify the impact of each of these factors in Thurrock in recent years.

Demand factors

- Population growth
- Deprivation
- Ethnicity
- Unaccompanied asylum-seeking children (UASC)
- Special Educational Needs and Disabilities

Interact with

to produce LAC, CiN and CPP rates

Supply factors

- National legal and policy frameworks
- Risk tolerance
- Preventative services
- Re-referral (“failure demand”)

Why have numbers been rising faster in Thurrock than elsewhere? Demand factors

Demand factor	Possible impact in Thurrock
Population growth	Rapid economic and housing development make this a particularly strong pressure in Thurrock. Our child population grew by 13.3% from 2006 to 2016, compared to 6% for England as a whole.
Unaccompanied Asylum Seeking Children (UASC)	Thurrock has seen a large number of UASC become Looked After Children in recent years. At one point there were 103 UASC in the care system. A national agreement on the dispersal of UASC has helped to reduce the number to 38 (Aug 2017) and it is likely to fall further.
Deprivation	Evidence shows a strong association between deprivation and rates of social care intervention. There have been modest increases in child poverty in Thurrock in recent years.
Ethnicity	We found that the evidence linking ethnicity and social care activity is inconclusive.
Special Educational Needs and Disabilities	As child mortality rates decline, the number of children with complex needs is growing. A small number of these children become looked after but the costs of their care can be very high.

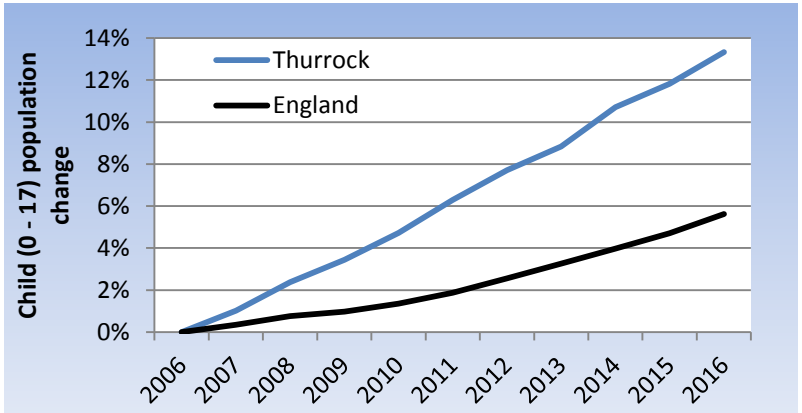


Figure 3. Percentage change in the child population

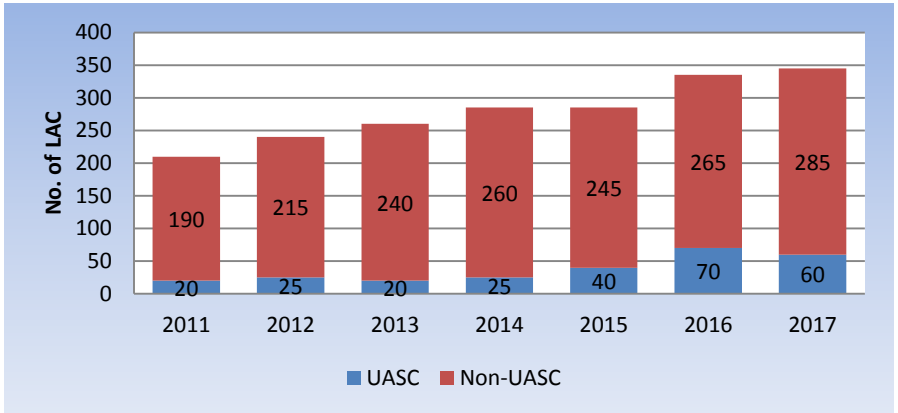


Figure 4. Number of LAC in Thurrock by UASC category

Why have numbers been rising faster in Thurrock than elsewhere? Demand factors

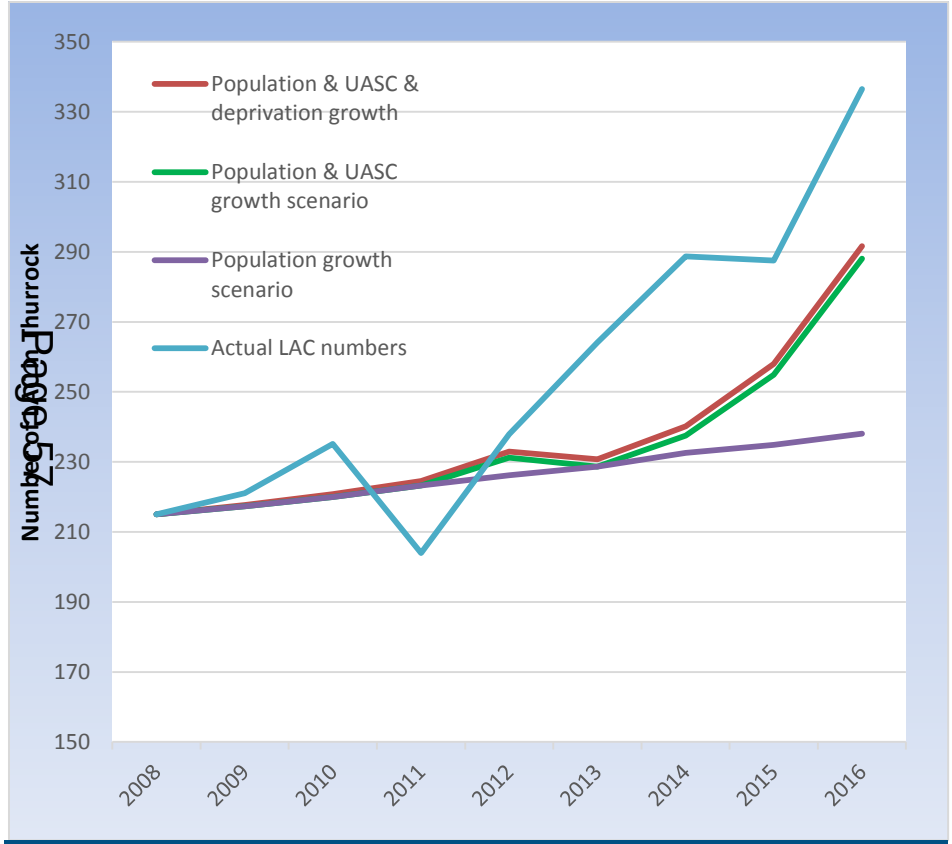


Figure 5. Actual number of LAC in Thurrock vs modelled scenarios for different demand factors, 2008 – 2016

Quantifying the impact of demand factors

To understand the impact of factors on the numbers of LAC in Thurrock, we modelled different scenarios.

In Figure 5, the blue line shows the actual numbers of Looked After Children on 31 March each year (2008 – 2016).

The purple line (population growth scenario) shows what the numbers would have been if the rate of LAC had stayed constant at 2008 levels. Population growth alone would have led to a modest rise in LAC numbers.

The green line (population & UASC growth), adds in the actual numbers of UASC who entered the system in those years.

The red line (population & UASC & deprivation) adds in an estimate of the impact of slightly higher levels of child poverty.

Other demand factors were not easily quantified in this way but are unlikely to make a significant difference.

Conclusion: Demand factors can account for some but not all of the rise in LAC numbers, it is likely that supply factors have also contributed.

Why have numbers been rising faster in Thurrock than elsewhere? Supply factors

Supply factor	Possible impact in Thurrock
National legal and policy frameworks & Risk tolerance	High profile, national cases of child protection failure have shaped the policy environment over a number of years. New policy and guidance may have contributed to a decline in risk tolerance amongst social workers. This is likely to have had a long-term affect on the number of children entering and staying in the social care system though the impact is hard to quantify.
Preventative services	The amount of money spent on preventative services has fallen significantly in recent years (see above). This has led to the decommissioning of services such as the Family Intervention Programme and community substance misuse services. Other services have had their capacity reduced. Within statutory services, social workers now have less time to focus on working with families who have had children removed from their care.

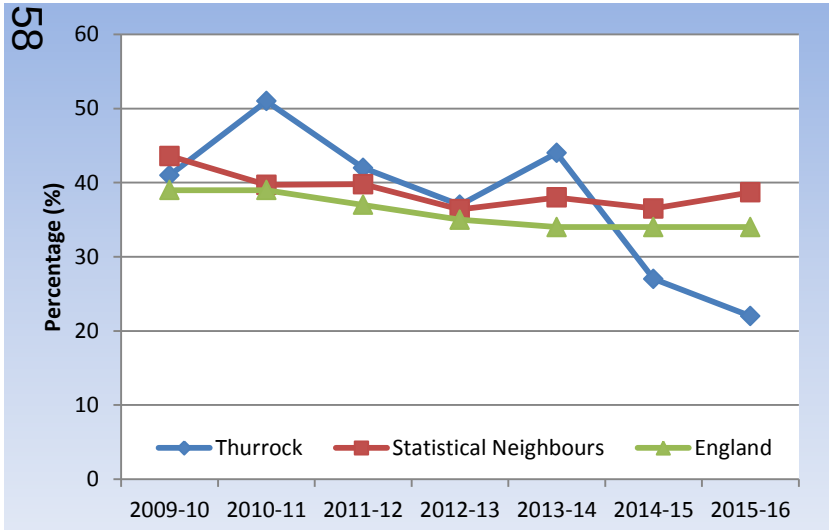


Figure 6. Percentage of children returning home after a period of being looked after

Even once children become looked it is sometimes possible for them to return to their own families once significant issues have been resolved. The proportion of children returning home decline from a peak of 51% in 2010/11 to just 22% in 2015/16. The reasons for this decline need to be investigated further but it is possible that the squeeze on resources has left social workers and support services little time to continue working with the families of children who have been taken into care. This trend has major consequences for the children and families involved as well as an impact on the number of children who remain looked after by the local authority.

How many children are likely to be in the social care system in future?

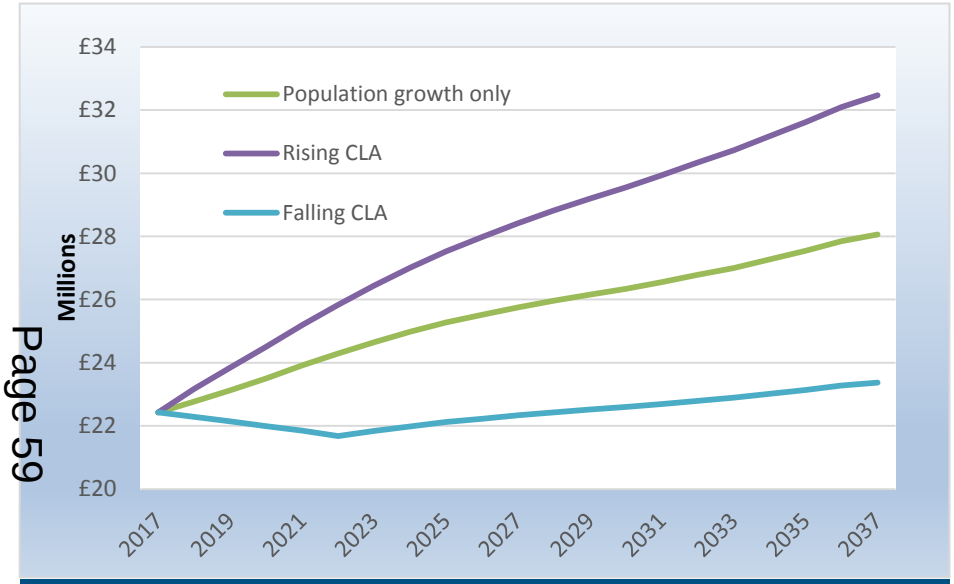


Figure 7. Forecast impact of changes in LAC rates and population growth on the cost of services for Looked After Children in Thurrock 2017 - 2037

How to forecast future numbers

Forecasting future numbers is challenging and involves a lot of uncertainty. We have developed a new forecasting methodology for Thurrock. The alternative scenarios presented here represent our best estimate of future costs **if** a given set of assumptions holds true.

The cost of doing nothing

Projected changes in LAC costs over the next 10 years			
Scenario	**3 years**	**5 years**	**10 years**
Rising CLA	£2.08M	£4.01M	£5.98M
Population growth only	£1.07M	£2.22M	£3.32M
Falling CLA	-£0.44M	-£0.59M	£0.94M

Forecast scenarios

Rising CLA scenario: This is based on trends over the past 5 – 10 years and forecasts a 27% increase in activity over 10 years.

Population growth only: This scenario shows that even if LAC rates remain stable in future, population growth will drive up costs significantly.

Falling CLA: This shows the impact of bringing LAC rates down to the current national average over the next 5 years and then staying steady after that.

Action is underway to move Thurrock from the upper to the lower trajectory.

How can we reduce the number of children in the system?

Recent Trends and Action

A new Prevention and Support Service: this brings together a number of previous prevention services including the Early Offer of Help and Troubled Families. This has also been integrated into Brighter Futures.

Brighter Futures has been established to integrate Thurrock's early years and preventative services. Providing a more joined-up service is designed to prevent issues from escalating to the level where social worker intervention is required

Targeting social work. A data system called Xantura has been commissioned to provide 'predictive analytics'. The system uses data from a variety to sources to flag up children at high risk, allowing social workers to intervene earlier and more effectively.

Reductions in agency staffing have been pursued. Agency numbers now appear to be in steady decline.

Signs of Safety. This is a strengths-based approach to child protection work which is being rolled out in Thurrock to improve case work and risk assessment.

Service review. The council's Service Review Board is working closely with Children's services to find ways of working more efficiently.

LAC numbers may have started to decline according to the most recent data, since April 2017, the number of LAC in the system has started to decline. Much of this is due to reductions in the number of Unaccompanied Asylum Seeking Children.

Recommended * future developments on early help	Expected Impact
Expand the capacity of parenting services by 90% to meet current demand. Review the referral system into early help and especially investigate the lack of referrals into Triple-P parenting programmes.	Expanding capacity of existing services will prevent escalation to CiN/CP/LAC stage or enable de-escalation for families already at those stages.
Consider expanding inclusion criteria of some early help services to families of CiN/CPP children and families who have had children removed. Capacity may need to be expanded accordingly.	Prevent escalation to LAC and promote children returning home to their families.
Ensure end of Troubled Families (TF) funding is used to strengthen prevention Planned changes to TF funding should be treated as an opportunity to focus the service on preventing children from becoming looked after in line with the evidence base presented in the full report.	Ensure that the balance of investment is moving towards prevention rather than away from it, reducing costs in more expensive parts of the system.

* All recommendations are based on an extensive review of research evidence for reducing numbers in the social care system

How can we reduce the number of children in the system?

Estimated financial impact of a new edge of care service

Plans are being drawn up to design an edge-of-care service. Based on a cost-effectiveness study of Multi-Systemic Therapy we estimated the possible costs and benefits for Thurrock

Eligible families	135.5
Cost per family	£2,285
Total cost	£309,618
No. of LAC prevented	21.7
Gross savings	£1,534,771
Net savings	£1,225,153
Directly cashable net savings*	£649,331

* "Directly cashable" savings can quickly be removed from budgets. Here, only placement costs are considered to be directly cashable. Other savings (e.g. staff time) may take longer to translate into reduced spending.

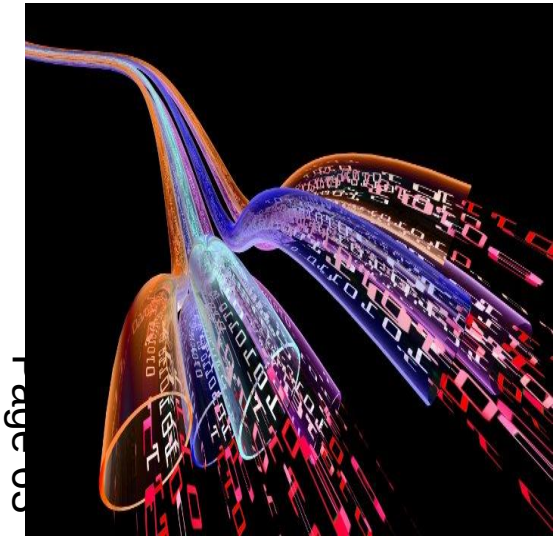
Recommended future developments on CiN and CPP	Expected Impact
Establish an "edge of care" service to work intensively with children who are at risk of becoming looked after. Design this service based on Functional Family Therapy (FFT) or Multi-Systemic Therapy (MST) which have the strongest evidence base. Put in place a robust evaluation plan to establish effectiveness and cost-effectiveness	Prevent children in the social care system (CIN and CPP) from becoming looked after.
Expand existing domestic violence programmes Expand the two existing programmes (for victims and perpetrators). An increase of 50% - 100% would be needed to meet current demand.	Reduce: risk to parents and children who are victims of domestic violence; the impact of domestic violence on children; escalation within the social care system.
Targeted drug and alcohol outreach to families of Children in Need or on a Child Protection Plan	Prevent escalation and reduce the duration of social care intervention by dealing with underlying substance misuse

How can we reduce the number of children in the system?

For women aged 16 – 17, when their first child is removed, there is a 32% chance of this being repeated… and 40% of mothers who have multiple children removed at birth have themselves experienced being in care

Recommended future developments on Looked After Children	Expected Impact
Invest in services which allow Looked After Children to return home Work systematically with families of children who have been taken into care to resolve problems and, where possible, to allow them to the children to return home. Consider including this within the remit of the edge-of-care service. Design of this service should begin with an in-depth analysis of why rates of children returning home to their families appear to have declined significantly in recent years.	Increase the number of Looked After Children able to return home to their families and reduce the amount of time they spend in care and reduce costs significantly.
Prevent mothers from having multiple babies taken into care Commission the Pause programme (or something similar) to provide intensive support to mothers who have had a baby removed. Put in place robust evaluation of the programme to assess effectiveness and cost-effectiveness.	Reduce the number of mothers who have multiple babies removed from their care and reduce the number of children taken into care.

How can we reduce the number of children in the system? Improving information



Monitoring trends in key cost drivers will help to control costs and evaluate the effectiveness of preventative strategies

Recommendation	Details
Monitor trends in key cost drivers	Key cost drivers identified are: 1. The numbers of weeks of care provided by the Council over the course of a year; 2. The average length of stay of children in care; 3. The average cost of placements of different kinds.
Link data on activity and spend	Linking data systems recording activity and spend will allow more accurate understanding of why costs are changing.
Carry out a financial deep dive on Looked After Children	A more accurate understanding is needed of all the costs associated with Looked After Children.
Investigate the decline in the number of children returning to their families after a period of being looked after	This may be an important factor increasing the number of children in care and, therefore, costs. Further data analysis and case-note audit may be required to understand the rapid decline in recent years.
Develop and update the forecasting model	The forecasting here is based on a new modelling method which could be significantly improved in detail and accuracy.

Acknowledgements

- **Report authors:**
- Tim Elwell-Sutton, Assistant Director and Consultant in Public Health
- Elozona Umeh, Senior Public Health Programme Manager – Children
- Maria Payne, Senior Public Health Programme Manager – Health Intelligence
- Annelies Willerton, Public Health Graduate Trainee

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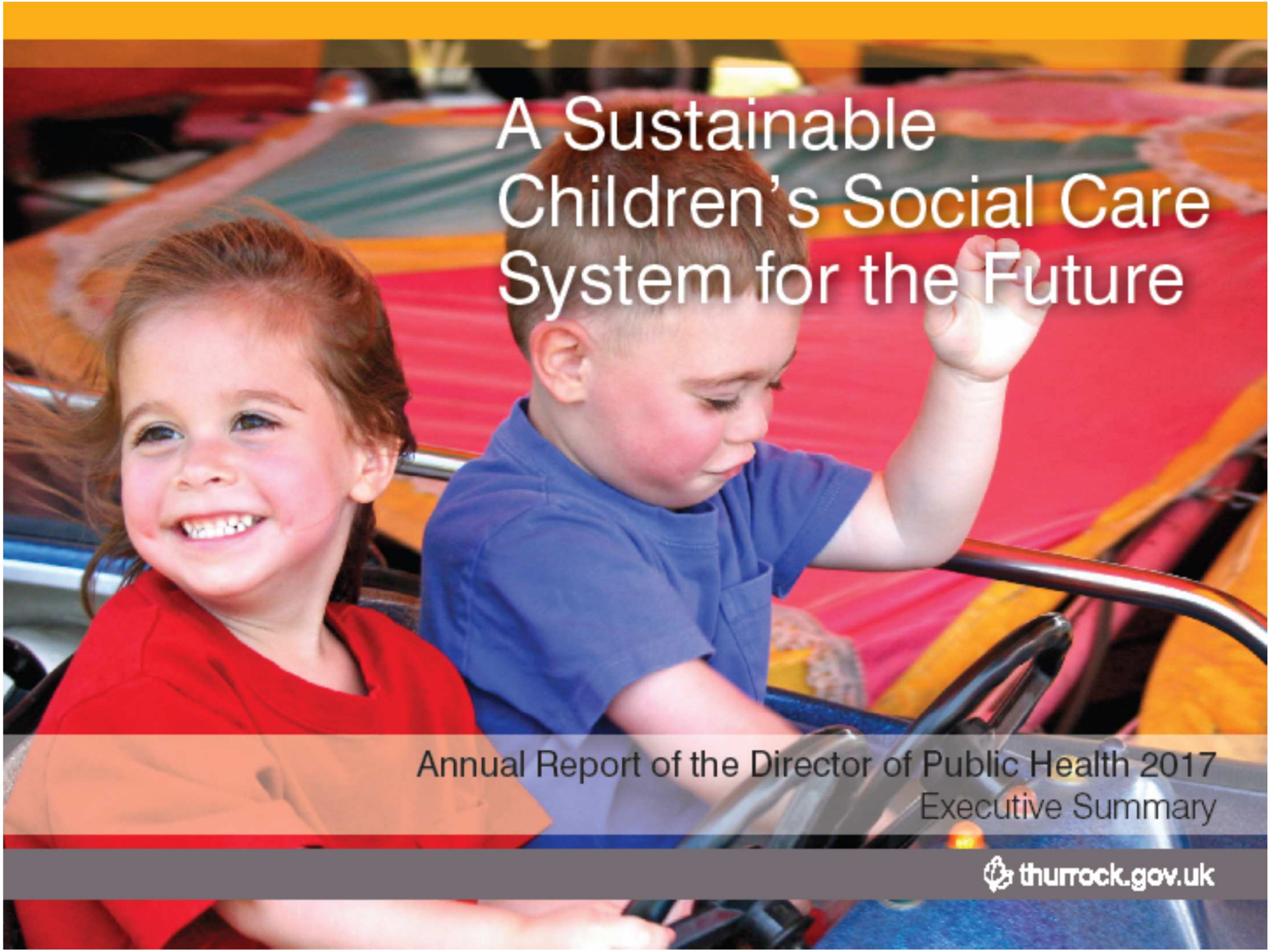
- Kelly Clarke, Public Health Intelligence Information Support Officer
- Mark Livermore, Commissioning Officer – Children's Services
- Manbir Virk, Report Writer/Developer
- Mun Arthur, Business Intelligence & Data Analytics Manager
- Nicola Smith, Public Health Intelligence Analyst
- Nilufa Begum, Management Accountant

Thanks also to the Aubrey Keep Library service which supported the literature review work in this report and to all the managers within Children's Services who contributed their time and knowledge to this project.


A Sustainable Children's Social Care System for the Future
Annual Report of the Director of Public Health 2017
Executive Summary
thurrock.gov.uk

Why focus on children's social care?

- Goal 1: "Opportunity for all"
- Adverse childhood experiences have a lifelong impact
- Growing demand and the search for sustainability

…poor experiences in childhood create intergenerational cycles of deprivation and poor health… social workers have at least as much impact on the health and wellbeing of some children as health professionals.

Key questions addressed in the report

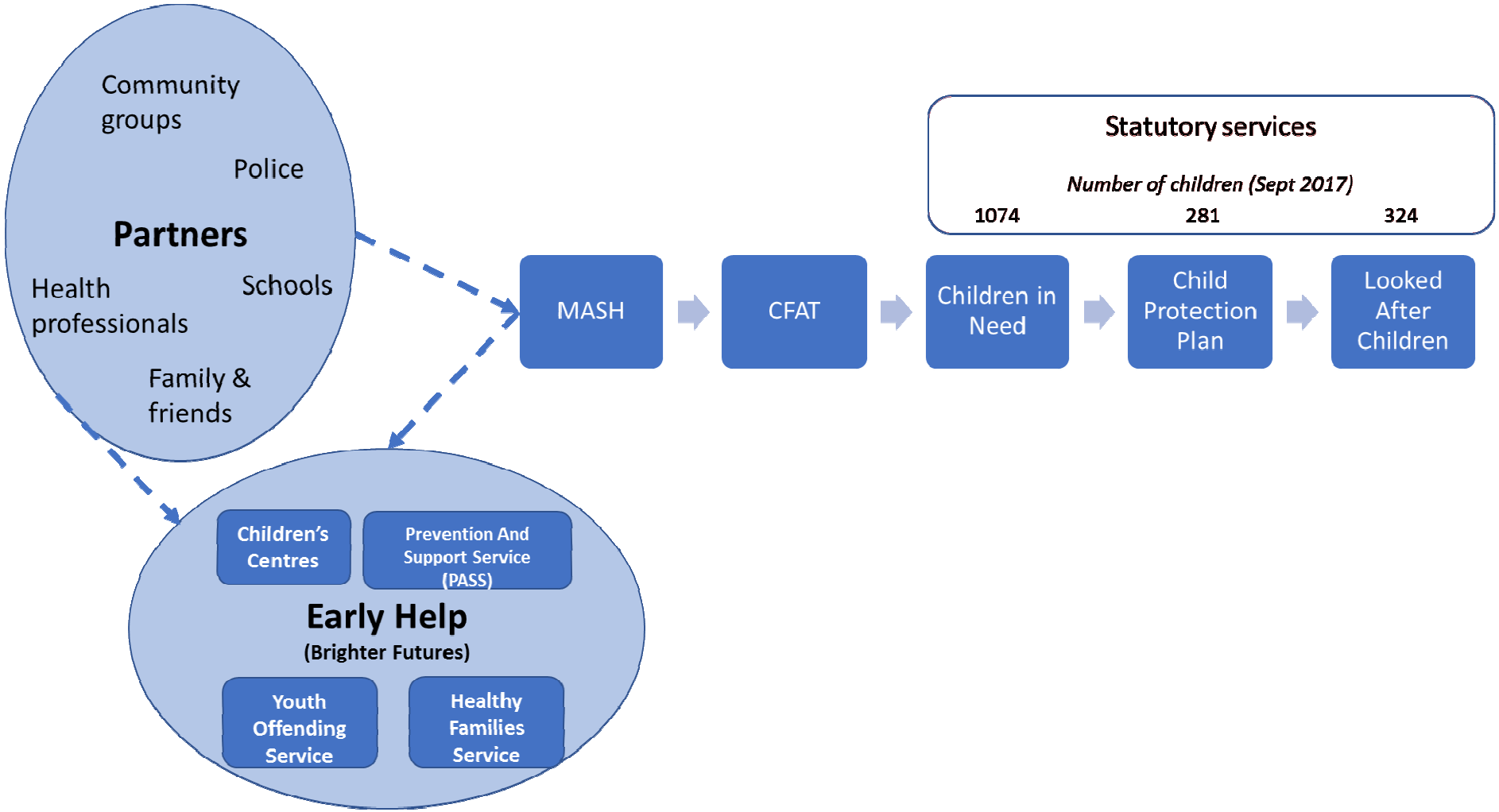
What are the pressures on the social care system?

- Is the number of children rising?
- Why are the numbers rising in Thurrock?
- How many children are likely to be in the social care system in future?

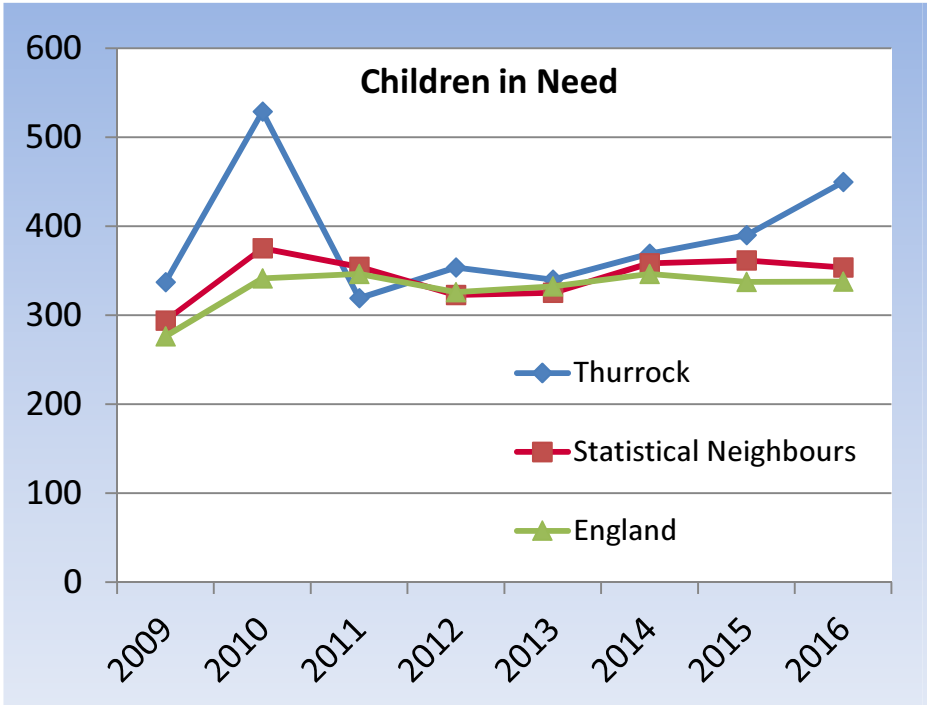
How can we reduce the number of children in the social care system?

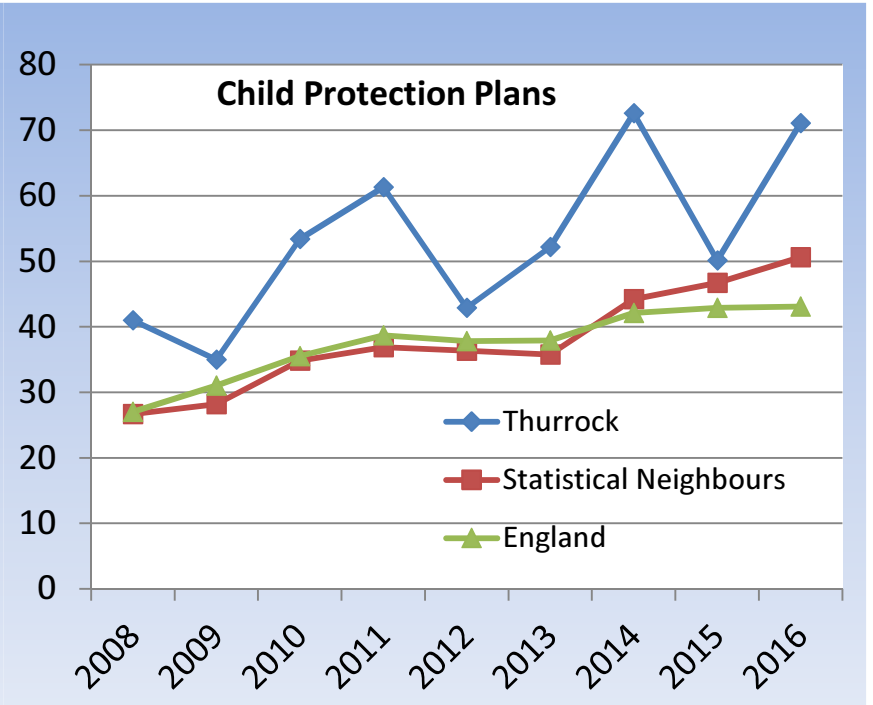
What are the financial opportunities related to reducing the number of children in the system?

How the children's social care system works in Thurrock



Is the number of children in the system rising?





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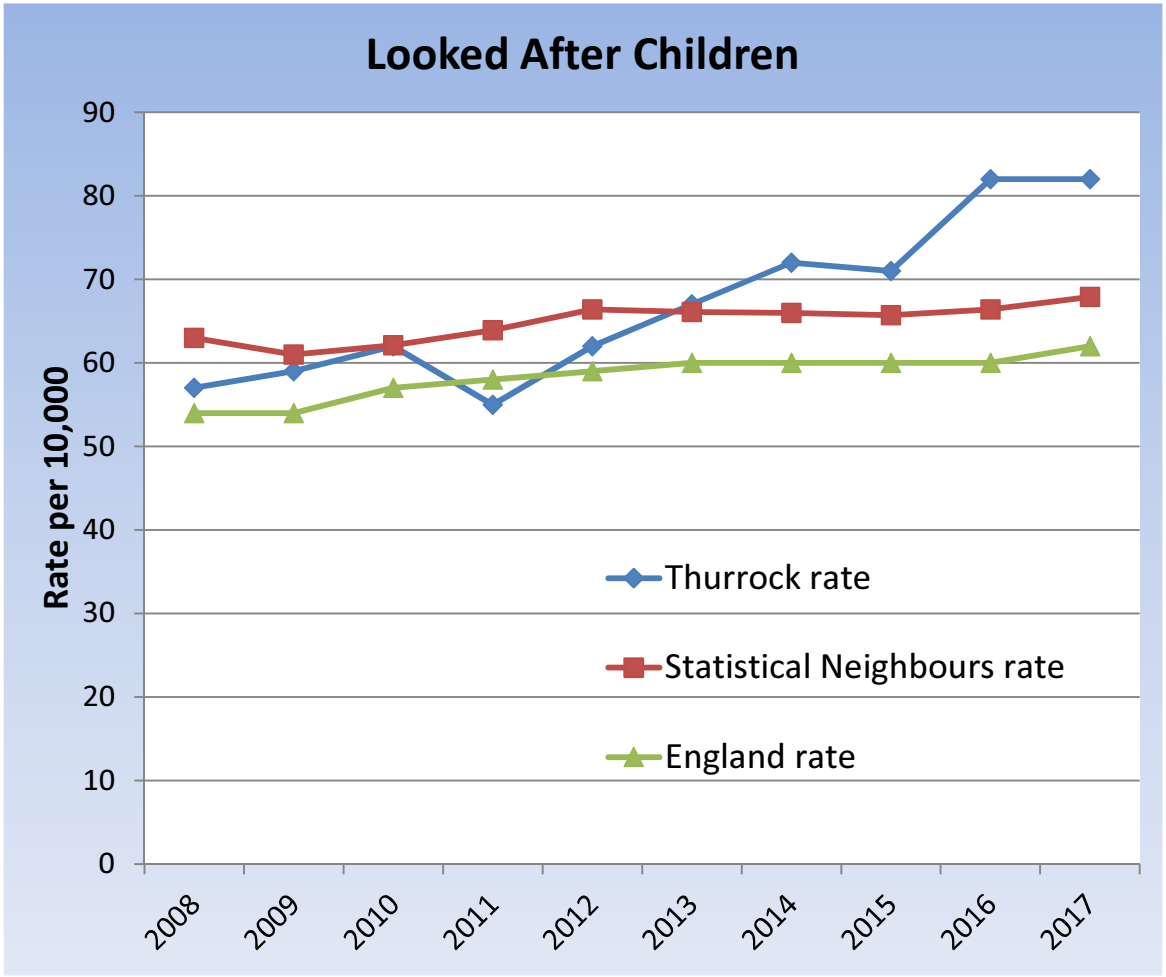
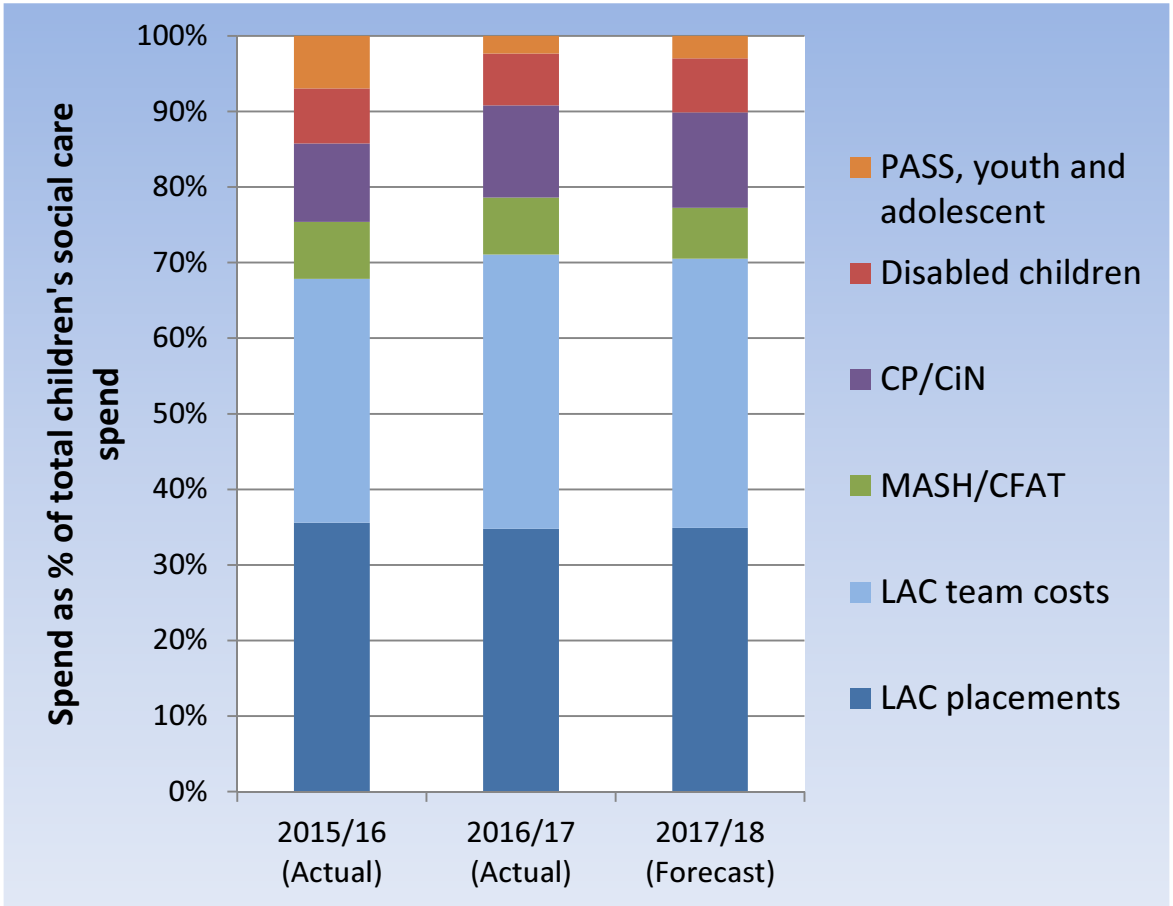


…nationally, and among Thurrock's statistical neighbours, the growing number of LAC over the past 5 years has primarily been driven by population growth, whilst in Thurrock other, local factors have been at work, driving up the rates as well as the numbers of Looked After Children.

What are the pressures? Budget and spending



Spending in Children's social care by category from 2015/16 to 2017/18

Key points

- 71% of spend is on LAC
- Proportion spent on prevention has declined

Why are numbers rising faster in Thurrock than elsewhere?

Demand factors

- Population growth
- Deprivation
- Ethnicity
- Unaccompanied asylum-seeking children (UASC)
- Special Educational Needs and Disabilities

Interact with

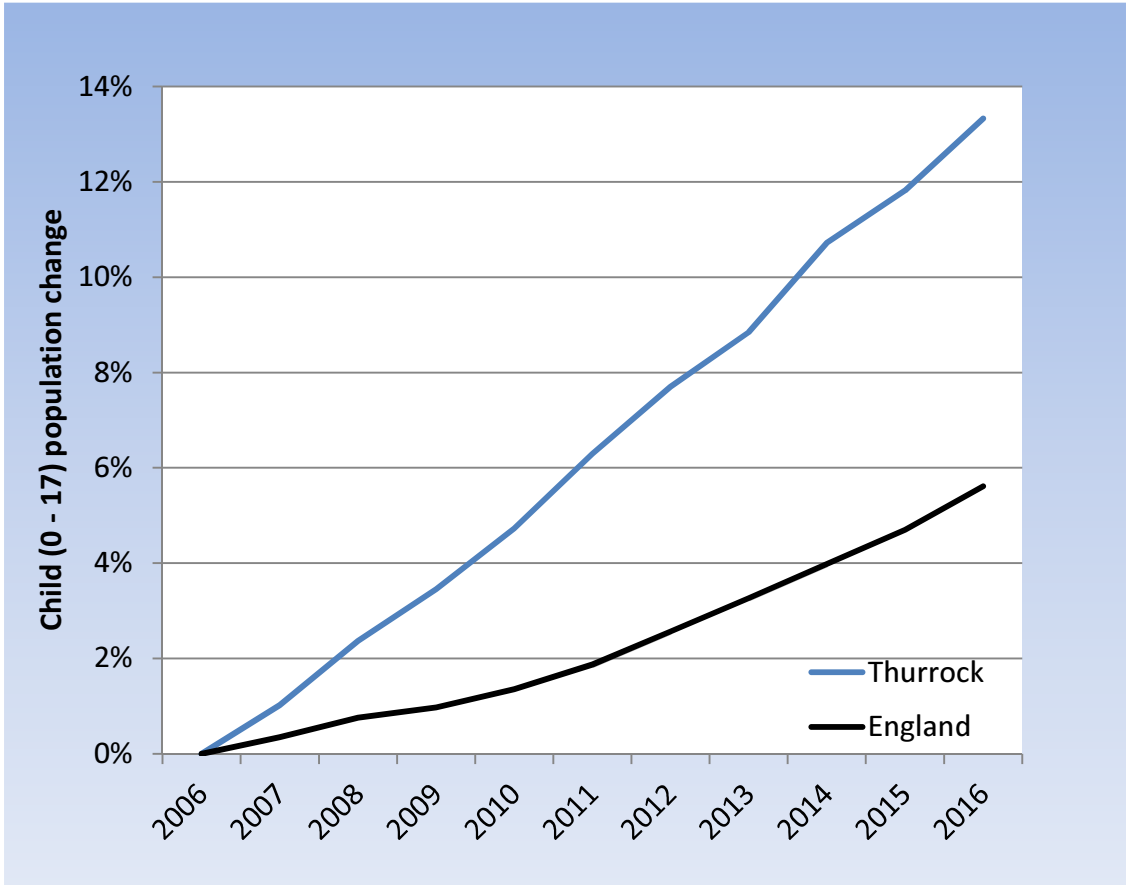
to produce LAC, CiN and CPP rates

Supply factors

- National legal and policy frameworks
- Risk tolerance
- Preventative services
- Re-referral ("failure demand")

Why are the numbers rising? Population growth

Figure 5. Child (0 – 17) population change 2006 – 2016

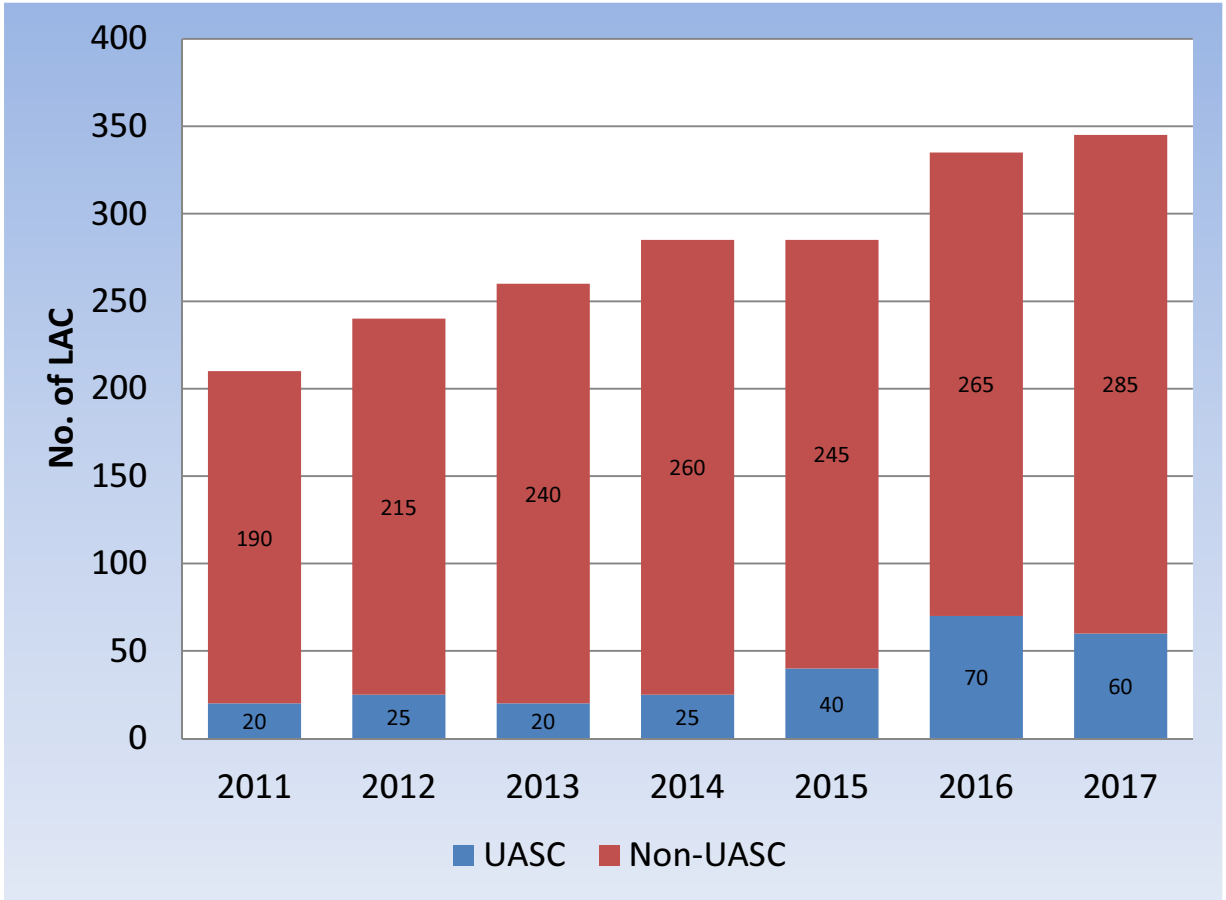


Key points:

- Child population in England grew by 6%
- Child population in Thurrock grew by 13.3%

Why are the numbers rising? UASC

Figure 6. Number of UASC and non-UASC in Thurrock 2011-16

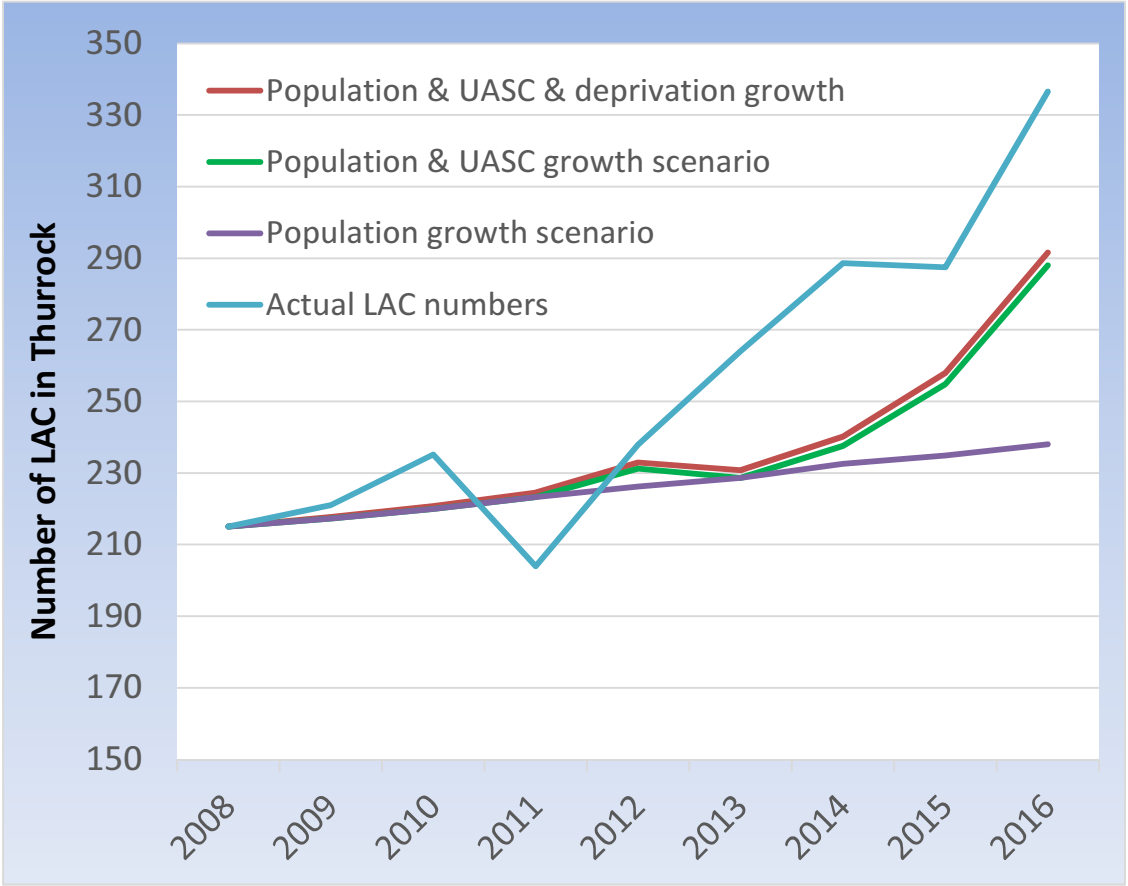


Key points:

- UASC number have risen much faster in Thurrock than elsewhere
- Numbers are now falling but have been offset to some extent by increased non-UASC numbers

Why are the numbers rising? The contribution of demand factors

Figure 7. LAC numbers actual vs modelled demand scenarios



Key points:

- Population growth and UASC account for much of the growth but…
- A significant amount of growth remains unexplained by demand factors

Why are the numbers rising in Thurrock?

Demand and supply model

Demand factors

- Population growth
- Deprivation
- Ethnicity
- Unaccompanied asylum-seeking children (UASC)
- Special Educational Needs and Disabilities

Interact with

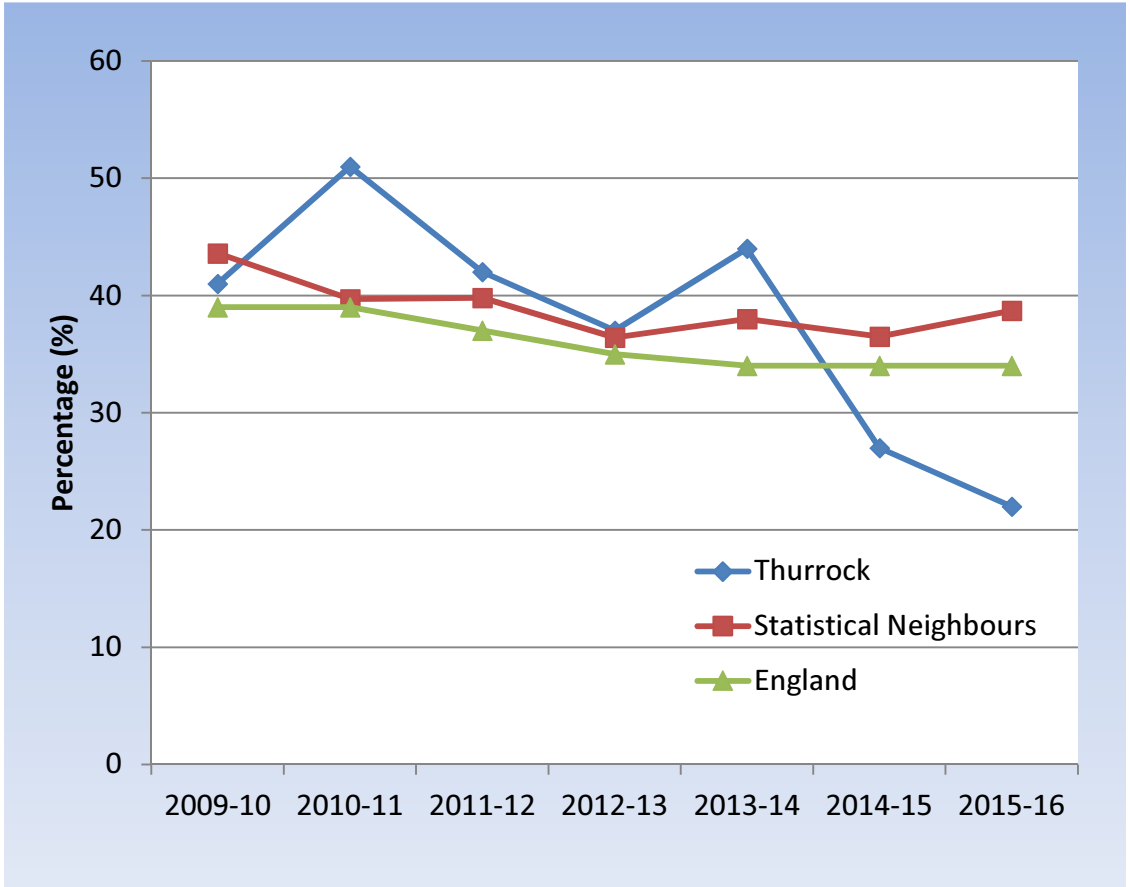
to produce LAC, CPP, CiN rates

Supply factors

- National legal and policy frameworks
- Risk tolerance
- Preventative services
- Re-referral (“failure demand”)

Why are the numbers rising? Prevention services

Figure 8. Percentage of children returning home after a period of being looked after



Key points:

- Funding for 'demand reducing' services has declined rapidly
- The number of LAC returning home to their families has dropped sharply

Forecasting future activity and cost

Figure 9. Forecast scenarios for future spend on looked after children

The cost of doing nothing

Projected changes in LAC costs over the next 10 years			
Scenario	**3 years**	**5 years**	**10 years**
Rising CLA	£2.08M	£4.01M	£5.98M
Population growth only	£1.07M	£2.22M	£3.32M
Falling CLA	-£0.44M	-£0.59M	£0.94M

How can we prevent children from becoming looked after?

Strategic Recommendations

1. Make a long-term strategic commitment to invest in prevention

2. Invest in the most effective preventative services

3. Improve information on activity and spending

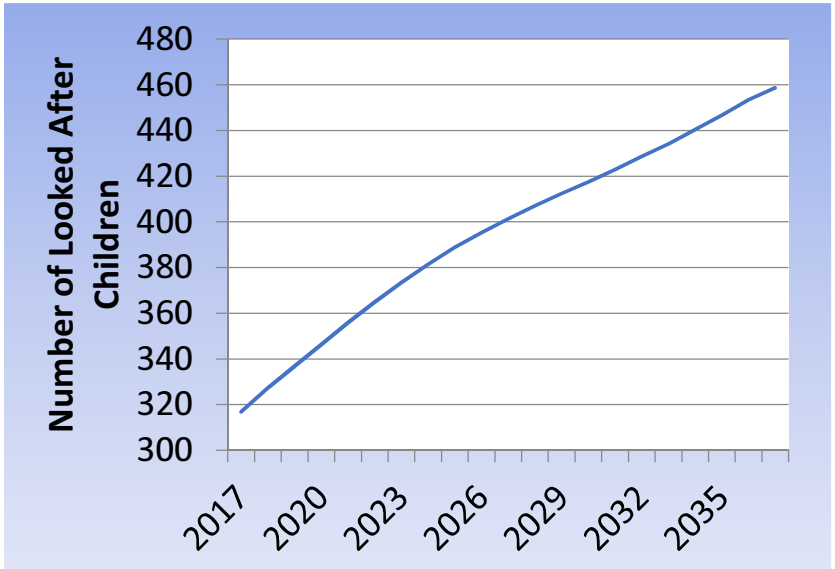


Figure 1. Forecast number of Looked After Children in Thurrock 2017 – 2037 based on recent trends

Unless radical action is taken to upgrade services which reduce demand, the cost of children's social care will become increasingly unsustainable.

How can we reduce the number of children in the system? Early help

Current early help services:

- Health visiting
- Troubled Families programme
- Strengthening Families Strengthening Communities
- Mellow Mums
- Triple-P parenting

Recommended action on early help
Expand the capacity of parenting services by 90% to meet current demand.
Consider expanding inclusion criteria
Ensure end of Troubled Families (TF) funding is used to strengthen prevention

How can we reduce the number of children in the system? CiN and CPP

Estimated financial impact of a new edge of care service

Eligible families	135.5
Cost per family	£2,285
Total cost	£309,618
No. of LAC prevented	21.7
Gross savings	£1,534,771
Net savings	£1,225,153
Directly cashable net savings*	£649,331

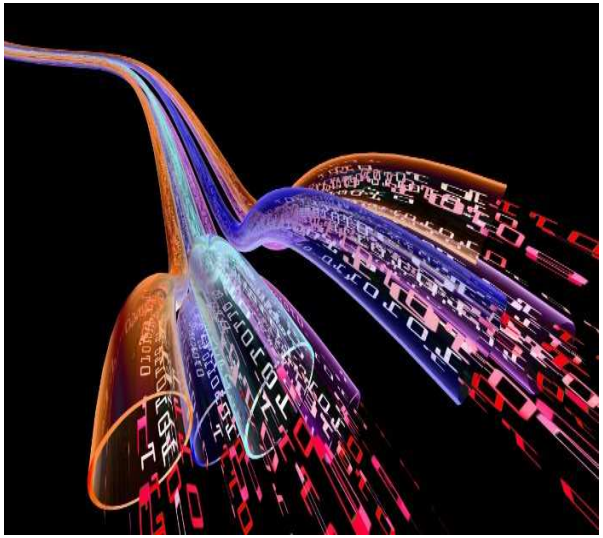
Recommended action on CiN and CPP
Establish an “edge of care” service to work intensively with children who are at risk of becoming looked after.
Expand existing domestic violence programmes (for victims and perpetrators). An increase of 50% - 100% would be needed to meet current demand.
Targeted drug and alcohol outreach to families of Children in Need or on a Child Protection Plan

How can we reduce the number of children in the system? Looked After Children

Recommended action on Looked After Children
Invest in services which allow Looked After Children to return home
Prevent mothers from having multiple babies taken into care

For women aged 16 – 17, when their first child is removed, there is a 32% chance of this being repeated… and 40% of mothers who have multiple children removed at birth have themselves experienced being in care

How can we reduce the number of children in the system? Improving information



Monitoring trends in key cost drivers will help to control costs and evaluate the effectiveness of preventative strategies

Recommendation
Monitor trends in key cost drivers
Link data on activity and spend
Carry out a financial deep dive on Looked After Children
Investigate the decline in the number of children returning to their families after a period of being looked after
Develop and update the forecasting model

Thank you

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30 January 2018	**ITEM: 7**
Thurrock Health and Wellbeing Board	
Update on Mid and South Essex STP consultation	
Wards and communities affected: All	**Key Decision:** For information and discussion
Report of: Andy Vowles, Programme Director, Mid and South Essex STP	
Accountable Head of Service: Not applicable	
Accountable Director: Chief Executive	
This report is public	

Executive Summary

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

The STP has launched a public consultation to run from 30 November 2017 to 9 March 2018. The consultation is seeking views on:

- The overall plan for health and care
- Proposals for hospital services in Southend, Chelmsford and Basildon
- Proposals to transfer services from Orsett Hospital to new centres closer to where people live

This update provides a summary of the process so far and key issues for the people of Thurrock.

1. Recommendation(s)

1.1 The Board is asked to note the update and to consider the proposals published for consultation with a view to submitting a response by 9 March 2018.

2. Introduction and background

Launch of consultation

2.1 Following the agreement of the CCG Joint Committee, we have published a range of materials to explain proposals for change, including:

- A main consultation document (which benefited from inputs from the HWB)
- Summary document and very short leaflet
- Short video animation
- Feedback questionnaire, available online and in hard copy format
- Additional information, including:
  - summary sheets on common themes from pre-consultation discussions - stroke, transport and financial plans
  - a summary of clinical evidence behind the proposals
  - more detailed information on how we arrived at the proposals
  - other background, such as details on travel times
  - highlights of what is happening in the Thurrock CCG area

2.2 Specifically for the residents of Thurrock and parts of Basildon, Brentwood and Billericay, there is a supplementary paper on *The future of locally based health and care services currently provided at Orsett Hospital.* This was drafted with input from officers of the Council.

2.3 ***Please see attached separately a copy of the supplementary paper on the proposed transfer of services from Orsett Hospital.***

2.4 There is a dedicated consultation website for all of the above information and more, including blogs, frequently asked questions and details on the various ways to have your say. The website can be found at www.nhsmidandsouthessex.co.uk

2.5 We are also distributing printed documents, summaries and leaflets with the assistance of the CCG, Council, Healthwatch and CVS and promoting links to the consultation website via social media. A range of Information is available in different formats and languages on request.

2.6 Across the mid and south Essex area there is a programme of open discussion events, of which two large events are taking place in Thurrock on 24 January and 6 March. In addition there are a number of discussions being organised with key representatives, including:

- Service users and patient representatives of Thurrock CCG
- Service users of Orsett Hospital
- Healthwatch Thurrock and CVS
- Thurrock Diversity Network
- Stroke Association
- South Essex College

2.7 There is also a clear message in the consultation documents that meetings may be arranged on request, and we are adding activities all the time.

Summary of the key messages for consultation

2.8 We are consulting local people on some very specific proposals for changes in hospital services across mid and south Essex. This is only part of the overall plan for the next five years and, while considering the proposals for hospital changes, we need to keep sight of the wider picture of whole system change over the next five years.

2.9 The wider STP includes:

- Doing more to help people to stay healthy and avoid serious illness
- Building up GP and community services to improve access to care closer to where people live
- Joining up health and care services to provide local and more responsive physical, mental and social care together

2.10 The proposed changes to hospital services are based around five main principles:

- The majority of hospital care will remain local and each hospital will continue to have a 24 hour A&E department that receives ambulances.
- 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.
- 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
- Planned operations should, where possible, be separate from patients who are coming into hospital in an emergency.
- Some hospital services should be provided closer to you, at home or in a local health centre

2.11 ***Please see separately attached a PDF copy of the main consultation document and draft copy of a PowerPoint presentation including a summary of the potential impact on the residents of Thurrock.***

Summary of proposals to transfer services from Orsett Hospital

2.12 In 2016 and again in 2017, Thurrock CCG and Thurrock Council consulted local people about health and social care services under the theme of *For Thurrock, In Thurrock.* As a result, there is a commitment to improve access to locally-based, high quality health and care services.

2.13 Local developments include:

- Extended teams of healthcare professionals working in GP practices
- Plans to establish four new *Integrated Medical Centres*

2.14 The current consultation seeks views on the proposed future transfer of diagnostic services, outpatient appointments and some minor treatments from Orsett Hospital to the four new integrated medical centres. The supplementary paper attached at appendix 1 provides further details on these proposals, including a request for views on:

- Renal services
- Musculoskeletal services

- Ophthalmology
- Minor injuries

2.15 There is a Memorandum of Understanding signed by all the health partners currently providing services from Orsett Hospital and Thurrock Council to agree the principle that no clinical services would be relocated from Orsett Hospital until alternative services are in place.

3. Current progress

3.1 At the time of writing this report, the consultation process is at an early stage. We will provide an oral update at the meeting, with a report from the open discussion event on 24 January, and other feedback we have received.

3.2 We anticipate that the common themes, in addition to views on the transfer of services from Orsett Hospital, will be around access to services, such as GPs, minor injuries and transport to services proposed for Southend and Chelmsford hospitals, such as:

- Complex surgery at Broomfield Hospital for specialist urology, abdominal surgery and specialist gastroenterology
- Complex gynaecological surgery at Southend Hospital
- Planned operations requiring a hospital stay for orthopaedics at Southend Hospital

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 and the consultation will be discussed on 18 January. We have already reported to the Committee with an overview of the consultation and we are due to attend the next meeting to receive views 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

Verified by: Jo Freeman

Position: Management Accountant Social Care & Commissioning

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 improve quality of care provided to users of services and drive forward necessary savings. 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 from 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**

Verified by: David M G Lawson, Solicitor
Position: Assistant Director of Law & Governance

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**

Verified by: Natalie Warren
Position: Strategic Lead, Community Development and Equalities

We are working with public health colleagues in Thurrock Council to undertake actions that take full consideration of equality issues as guided by the Equality Act 2010. During the consultation process we are discussing equality issues with target groups, to gain further insight into the impact of proposals for hospital changes. The feedback from these discussions will inform a Community Equality Impact Assessment which will be considered as part of the commissioning decision-making process following consultation and in any future implementation planning.

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

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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 consultation document for discussion and views

30 November 2017 – 9 March 2018

Closing date for feedback: Friday, 9 March 2018

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, Basildon 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.

In the first part of this consultation document, we explain why changes are needed in health and care services and then we outline the overall plan for developing services in mid and south Essex. In the second part, we summarise some specific proposals for changes to the services provided by hospitals in Southend, Orsett, Chelmsford, Braintree and Basildon.

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, Chelmsford, Braintree and Basildon

3 Proposals to transfer services from Orsett Hospital to new centres in Thurrock, Basildon, Billericay and Brentwood

There is an online feedback questionnaire at:

www.surveygizmo.eu/s3/90059489/NHS-Mid-and-South-Essex-STP

or you can complete a printed version of the same survey, which is available by email or post, and there is a programme of workshops where you can hear more and take part in discussions.

The closing date for feedback is 9 March 2018.

If you would like further information, including a summary of the clinical evidence we have considered and details on how we arrived at the current proposals, please visit our website, where you can also find out more about what is happening in your local area.

For information on how to send in your views and other ways to take part in the consultation, see ***Section 7 How to have your say*** along with our contact details.

This document, and a short summary version, is available from our website **www.nhsmidandsouthessex.co.uk**

If you would like a summary of this document in large type, easy read, braille, audio format or another language, please contact us on **01245 398118**

যদি আপনি এই ডকুমেন্টের একটি সংক্ষিপ্ত বিবরণ বড় অক্ষরে, সহজে পাঠযোগ্যভাবে, ব্র্যাইলে, অডিও ফরম্যাটে বা অন্য কোনো ভাষায় পেতে চান তাহলে 01245 398118 নম্বরে আমাদের সাথে যোগাযোগ করুন

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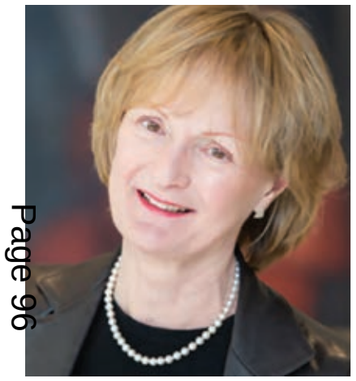
FOREWORD

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



Dr Anita Donley OBE, Independent Chair
Mid and South Essex
Sustainability and Transformation Partnership (STP)

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.

In this consultation, we want to face up to these challenges with an honest and meaningful discussion with you about how, together, we can improve.

For the first time, all of the different organisations that make up our health and care system have come together to work on a single plan to respond to the rising number of people who need health and care services.

What is the plan?

GPs provide the backbone of health and care in your area. Over the next five years, the plan is to build up GP and community services, such as community nurses, therapists and mental health nurses; and extend the range of professionals and services in your local GP practice. Our aim is to join up services around you to help you stay well.

At the same time, we need to change and improve the way our three main hospitals work. Sometimes our hospitals become blocked. Sometimes people wait for hours in A&E, wait to be admitted and wait to be discharged. Some of the proposals in this consultation will help in tackling these problems.

We are also looking at how we in mid and south Essex can continue to match up to increasingly high standards in specialist care. Every year, there are advances in medicine and technology. We can do more to save lives, but our three hospitals frequently reach their limits in terms of the availability of highly trained specialists 24 hours a day. Some of the proposals in this consultation aim to create larger specialist teams by bringing together the resources and expertise of the three hospitals.

This is the start of a five year transformation to connect every part of the system so that we can take on the future challenges of people living longer and with greater needs.

I look forward to hearing your views.

section 1 MID AND SOUTH ESSEX SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) – WHO WE ARE

The Mid and South Essex STP is made up of the following health and care organisations:

NHS Clinical Commissioning Groups (CCGs), which plan and buy your healthcare with an annual allocation of funds from the Government

- Basildon and Brentwood CCG
- Castle Point and Rochford CCG
- Mid Essex CCG
- Southend CCG
- Thurrock CCG

The CCGs work closely with GP practices, pharmacies, social care and voluntary services in your area.

Local authorities, which provide social care and plan and buy services from care agencies, care homes and voluntary services

- Essex County Council
- Southend-on-sea Borough Council
- Thurrock Council

Organisations, which provide health services planned by CCGs

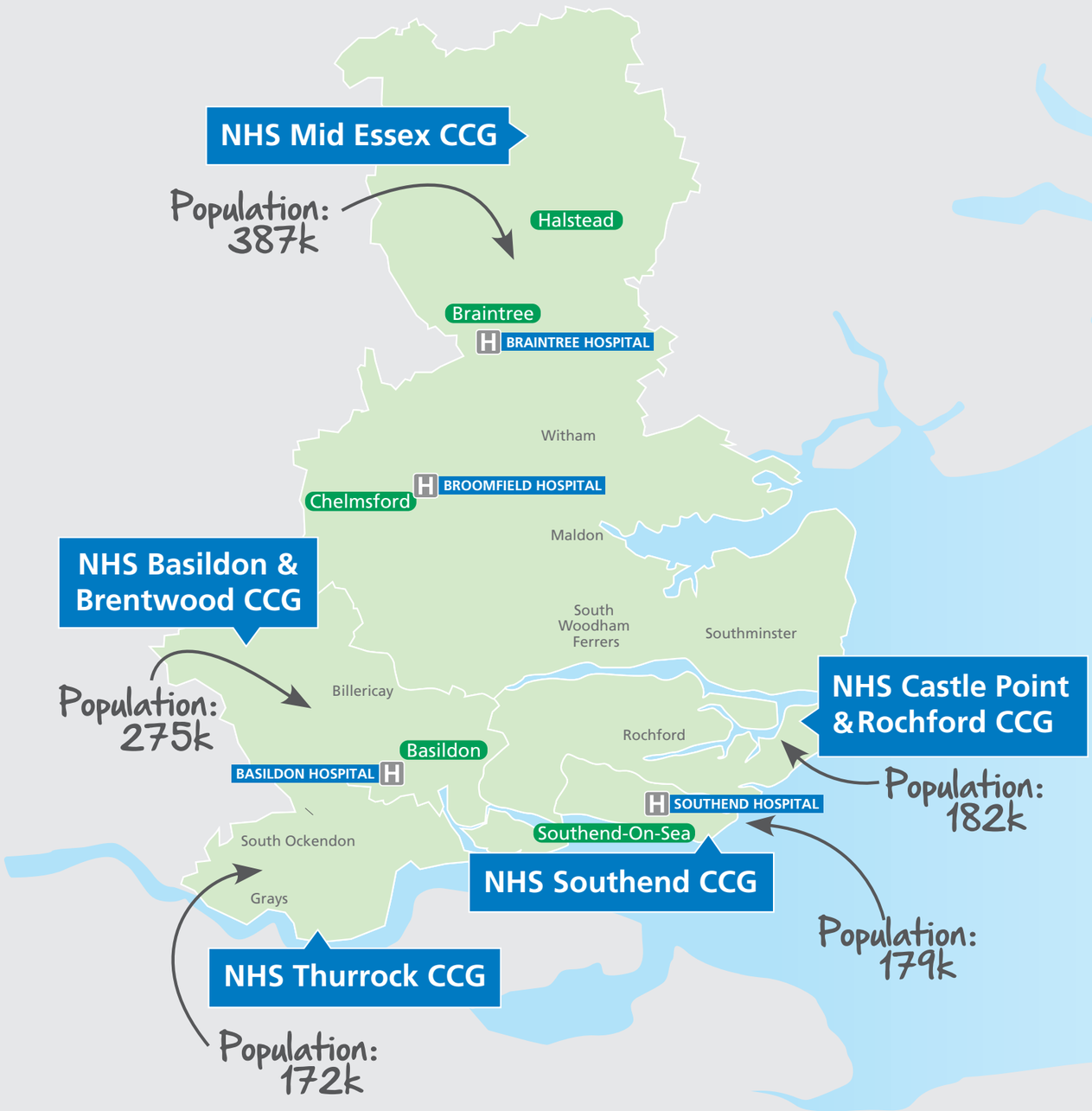
- Basildon and Thurrock University Hospitals NHS Foundation Trust, which provides services from Basildon and Orsett Hospitals
- Mid Essex Hospital Services NHS Trust, which provides services from Broomfield Hospital in Chelmsford, Braintree Community Hospital and St Peter's Hospital in Maldon
- Southend University Hospital NHS Foundation Trust, which provides services from Southend Hospital
- East of England Ambulance Service NHS Trust

Organisations, which provide health and care services planned jointly by CCGs and local authorities

- Essex Partnership University NHS Foundation Trust, which provides community services, adult mental health services and inpatient children's mental health services
- North East London NHS Foundation Trust (NELFT), which provides community services and children's community mental health services
- Provide, which provides community and social care services

Other partners

- Your local independent watchdog bodies - Healthwatch Essex, Healthwatch Southend and Healthwatch Thurrock
- NHS England specialised commissioning, which buys the most specialised services for the whole of the midlands and east region
- Health Education England, which is responsible for the development of the NHS workforce
- NHS England and NHS Improvement, the national regulators of the NHS



section 2 YOUR CARE IN THE BEST PLACE – PROPOSALS AT A GLANCE

In this section, we explain the overall plan and the list of specific proposals for changes in hospital services.

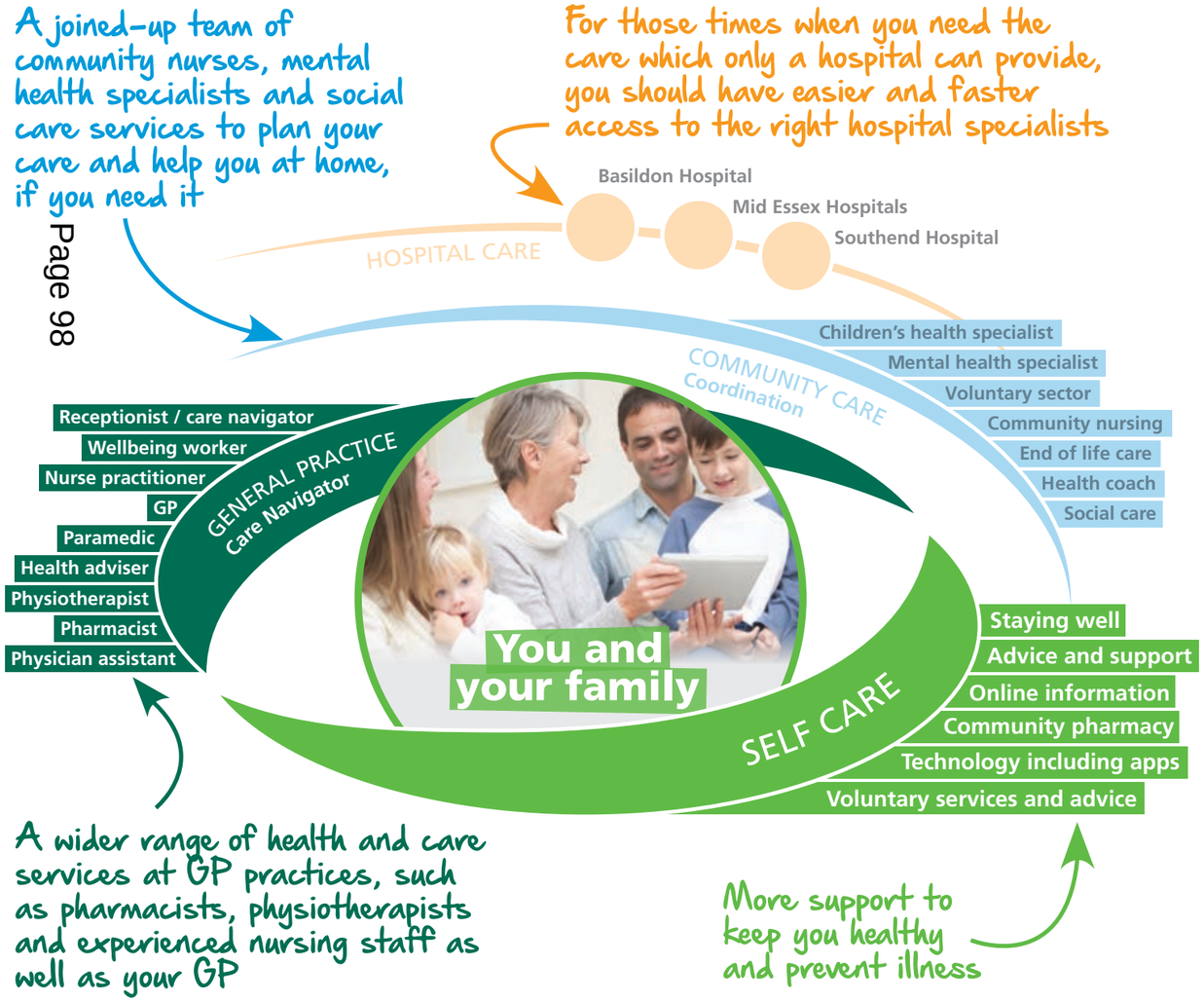
At home and in your community

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.

In five years' time, you will have:

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

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 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

The changes required to achieve this vision will develop over time and in different ways in each local area. You can find out more about plans in your area on our website at: **www.nhsmidandsouthessex.co.uk**

In our hospitals

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 for the best possible care, recovery and outcomes.

All three main hospitals in Southend, Chelmsford and Basildon are equally important for your future care. They will each continue to provide the vast majority of hospital services for their local population, including tests, outpatient appointments, day case operations, short stays in hospital, maternity services, children's services and a local A&E.

While each hospital will continue to provide these routine services, we will also continue to develop the specialist expertise of each individual hospital. For example, Southend is the best place in our area for specialist cancer treatment. Chelmsford is the best place for specialist burns care and plastic surgery. Basildon is the best place for specialist care for heart and lung problems, including treatment for serious heart attacks.

Working together as one hospital group, we have the potential to build on each hospital's strengths and create, for the 1.2 million people who live in mid and south Essex, some of the leading hospital services in the country.

The changes required to achieve this vision over the next five years need some decisions in 2018 to invest in building work, extra beds and to start to reorganise some services across the three main hospitals.

In this consultation, we need your views on the following proposed specific changes based on five principles.

Summary of specific proposals under five main principles for our future hospital services

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.

- We would like to know your views on proposals to improve your local A&E – the development of an "emergency hub" at each hospital with a wider range of urgent care services **– see page 30.**

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.

- There are times, perhaps once or twice in a lifetime, when you may need the care of a dedicated specialist team.
- This may involve going further than your local hospital for three to four days, to get the benefits only a larger specialist team can bring.
- We would like to know your views on bringing together in one place the following specialist services that need a hospital stay – **see page 32.**
  - Gynaecological surgery (women's services) and gynaecological cancer surgery to be located at Southend Hospital, close to the existing cancer centre
  - Respiratory services for very complex lung problems to be located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems
  - Renal services for people with complex kidney disease to be located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems
  - Vascular services for the treatment of diseased arteries and veins to be located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems
  - Cardiology for complex heart problems to be located in the existing Essex Cardiothoracic Centre for heart and lung problems l
  - Gastroenterology services for people with complex gut and liver disease to be at Broomfield Hospital near Chelmsford
  - Complex general surgery (e.g. for abdominal problems) to be at Broomfield Hospital near Chelmsford

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.

- The teams in all three A&Es would be equipped and able to diagnose and stabilise your condition and initiate treatment.
- Of the 960 or so people that attend our A&E departments each day, we estimate that, as a result of the proposals we have developed, around 15 people would need a transfer to a dedicated specialist team in another hospital. In general, this will be for people who will benefit most from complex specialist care to recover from their illness.
- If you needed to transfer to a specialist service, where you would have a higher chance of making a good recovery, we propose to invest in a new inter-hospital transport service with full clinical support, travelling with a doctor or a nurse, if appropriate, for a safe and rapid transfer to the care you need.
- We would like to know your views on this approach and on specific proposals for the development of a specialist stroke unit at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems **– see page 42.**

4 Planned operations should, where possible, be separate from patients who are coming into hospital in an emergency.

- By separating planned operations from emergency admissions, we may shorten waiting times, avoid cancellations, reduce infections and improve your recovery.
- The majority of routine and daycase operations would continue at your local hospital, but we are proposing to relocate some services that need a hospital stay of three to four days.
- We estimate that for around 14 people a day, this would mean travelling to a different hospital.
- We would like to know your views on proposals for the following operations that need a hospital stay – **see page 44**:
  - 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 local hospitals.**
  - 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)

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

- 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) – **see page 48**.
- 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 requiring in excess of £10 million to bring the building up to standard.

Proposed future hospitals

The map below shows **services that stay the same** at each of the three main hospitals in Southend, Chelmsford and Basildon - details in the white panels. The details in the green panels show **proposed service changes**, listed by specialty.

We also show at the bottom right of the page opposite, an example of the potential impact on patients in terms of the number of people that could transfer between hospitals on a daily basis.

Broomfield Hospital, near Chelmsford

SERVICES THAT STAY THE SAME:

- A&E and urgent care
- Maternity services
- Intensive care
- Short stays in hospital
- Children's care
- Care for older people
- Day case treatments and operations
- Tests, scans and outpatient appointments

EXISTING **SPECIALIST SERVICES** THAT STAY THE SAME:

- Specialist centre for burns and plastic surgery
- ENT and facial surgery requiring a hospital stay
- Upper gastro-intestinal surgery requiring a hospital stay

Proposals for consultation

PROPOSED SERVICE CHANGES, LISTED BY SPECIALITY:

Emergency	Planned
Improved stroke care and rehabilitation (acute stroke unit)	
Specialist teams for urology surgery, complex abdominal surgery and gastroenterology services requiring a hospital stay	
More complex orthopaedic trauma surgery requiring a hospital stay (e.g. serious fractures)	

Basildon Hospital

SERVICES THAT STAY THE SAME:

- A&E and urgent care
- Maternity services
- Intensive care
- Short stays in hospital
- Children's care
- Care for older people
- Day case treatments and operations
- Tests, scans and outpatient appointments

EXISTING **SPECIALIST SERVICES** THAT STAY THE SAME:

- Essex Cardiothoracic Centre (for serious heart and lung problems)

PROPOSED SERVICE CHANGES, LISTED BY SPECIALITY:

Emergency	Planned
Specialist stroke unit	
Improved stroke care and rehabilitation (acute stroke unit)	
More complex orthopaedic trauma surgery requiring a hospital stay (e.g. serious fractures)	
Specialist teams for complex lung problems, complex vascular problems, complex heart problems	
Specialist team for complex kidney problems	

Braintree Community Hospital

PROPOSED SERVICE CHANGES, LISTED BY SPECIALITY:

Planned

Orthopaedic surgery requiring a hospital stay for mid Essex patients (e.g. hip and knee operations)

Southend Hospital

SERVICES THAT STAY THE SAME:

- A&E and urgent care
- Maternity services
- Intensive care
- Short stays in hospital
- Children's care
- Care for older people
- Day case treatments and operations
- Tests, scans and outpatient appointments

EXISTING **SPECIALIST SERVICES** THAT STAY THE SAME:

- Radiotherapy and cancer centre
- Cancer surgery requiring a hospital stay, including urological cancer surgery

PROPOSED SERVICE CHANGES, LISTED BY SPECIALITY:

Emergency	Planned
Improved stroke care and rehabilitation (acute stroke unit)	
Gynaecology surgery requiring a hospital stay, including gynaecological cancer surgery	
	Orthopaedic surgery requiring a hospital stay for south Essex patients (e.g. hip and knee operations)

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

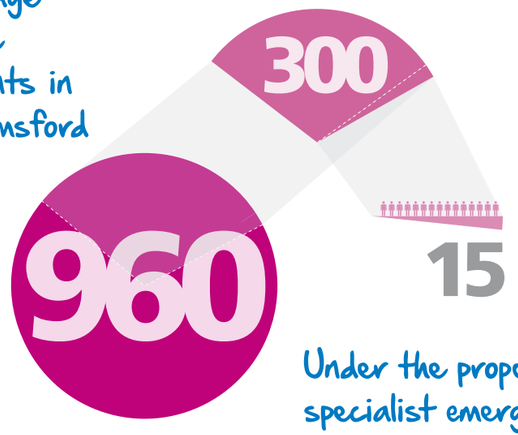
Potential impact - number of patients per day that could transfer between hospitals:

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

How many people would be affected by the proposed changes to hospital services

In emergency care:

There are currently around 960 attendances per day on average across the three A&E departments in Southend, Chelmsford and Basildon

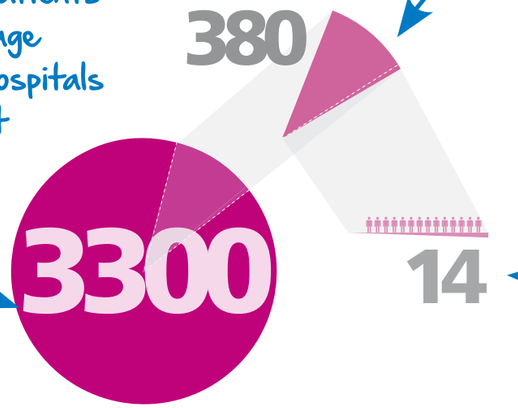


Around 300 patients per day on average are currently admitted to hospital from A&E

Under the proposals for reorganising some specialist emergency services, we estimate that around 15 people per day would require a transfer from their local A&E to a specialist team in another hospital

In planned care:

Around 3,300 patients per day on average visit our three hospitals for an outpatient appointment



Around 380 patients per day on average visit our three hospitals for a planned operation

Under the proposal for separating planned operations from emergency care, we estimate that around 14 people per day would be referred to a hospital that is not their local hospital for a planned operation, usually for a stay of three to four days

Proposal for managing transfers to emergency specialist services

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.

Transport for you if you needed to move to another hospital in an emergency

We have listened carefully to local concerns about the potential implications of having to travel from one hospital to another. As part of our plans, we propose to invest in a new type of clinical transport between the hospitals, which would be designed and staffed in consultation with patients and families to ensure the right support for every journey.

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.

For further information on estimated travel times between the three hospitals, see our background information pack available on our website at **www.nhsmidandsouthessex.co.uk**, or request a printed copy from our consultation team, contact details in *Section 7 How to have your say.*

Proposed investment for each hospital site

In order to make the changes we are proposing, we need to invest in all three of our hospitals. Our plans include investing £118m in order to:

- Increase the number of hospital beds (by about 50 in total)
- Build new operating theatres
- Ensure we have the best technology, so that all relevant information is available across all hospital sites

section 3 WHY WE NEED TO CHANGE

In this section, we set out a brief overview of why the services we provide in mid and south Essex need to change.

The very best health and care for you and your family

Our vision of securing the very best health and care now and in the future requires change, including for all of us as individuals as well as services.

Significant changes in the care we need and ways to provide it

- Some aspects of modern life are creating problems – poor diet and lack of exercise, for example, can lead to weight problems that cause serious illnesses, such as diabetes, heart disease and strokes.

People are living longer, but many more people are living with many different and often serious health and care needs. Dementia, for example is one of the main causes of disability later in life.

Health and care for people with complex needs requires physical, mental and social care. The many different services in mid and south Essex do their best, but the system should be more joined-up to make it simpler and quicker to provide the right care.

- At the same time, information technology and innovation in care is creating more opportunities for care at home and close to where you live. For example, there are new types of monitoring devices for people with long term conditions, such as breathing problems, to spot the signs that your health is getting worse so that you can get help quickly.
- **We need to adapt our behaviour and ways of working to stay well and make the most of new technology and advances in best practice.**

Our current health and care system is becoming unsustainable:

- Our hospitals, GPs and community services are under pressure to meet the rising needs every year.
- We have a particular challenge in mid and south Essex to recruit and retain enough doctors, nurses, social workers and technical staff; and many people in our current workforce are reaching retirement age.
- This is not because we don't have the money to fund more staff. The NHS in mid and south Essex currently has about 2,500 funded vacancies.
- There are national shortages of GPs, nurses, social workers and specialists, and we compete with London and Cambridge to attract people into mid and south Essex.
- **In addition to the importance of recruitment schemes, apprenticeships and training programmes, we need to find new ways of strengthening our workforce through collaboration and teamwork and making the best use of each person's skills.**

Some of the challenges in our hospitals

- Our hospitals are seeing increasing numbers of people who come to the hospital with urgent needs. Sometimes, the only option available is to admit people into hospital, which may not always be the best answer to their problems. This can lead to people staying in hospital longer than necessary. At times, this delays appointments and bookings for people who are waiting for planned hospital treatment.
- In specialist services, advances in medicine bring new and ever higher standards that rely on teams of specialists being available round the clock. Currently, it is not always possible to ensure a full team of specialists available 24 hours a day at all three sites.
- This leads to inconsistency in the quality of care. In some of the very specialised services, including life-saving emergency care, we can see that we could provide better care.
- At the end of 2016/17, we overspent by £98.6 million in mid and south Essex, the majority of which was spent on hospital costs. If we did nothing to change and adapt to growing demands every year, the gap could continue to increase to an overspend of over £500 million in 2020/21.

The proposals in this consultation aim to meet the challenges in our hospitals by:

- Developing A&E and a wider range of urgent care at each hospital - to reduce delays for people coming into hospital
- Bringing specialist services together in one place – to ensure fast access to specialist care and better chances of making a good recovery
- Separating planned operations from emergency care – to reduce delays in planned operations and improve care quality.

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

In this section, we explain more about how we are developing and investing in your local GP and community services to help you to live well, prevent ill health, promote self-care and make it easier to get advice and support.

Listening to local people

During a programme of discussion events in the autumn of 2016, we asked people whether they thought our health and care system should change and what they thought our priorities should be. Two thirds of those who responded strongly agreed there is a clear need for change. People also identified 12 top priorities for change, of which the top three were:

1 Access to GP services

2 Developments in community and social care

3 Prevention and self-care

We listened to a wide range of ideas on developing local health and care, which have helped to shape the overall view of what people could expect in the future.

What local health and care services could look like to you in five years' time

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 deterioration.
- 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 don'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.

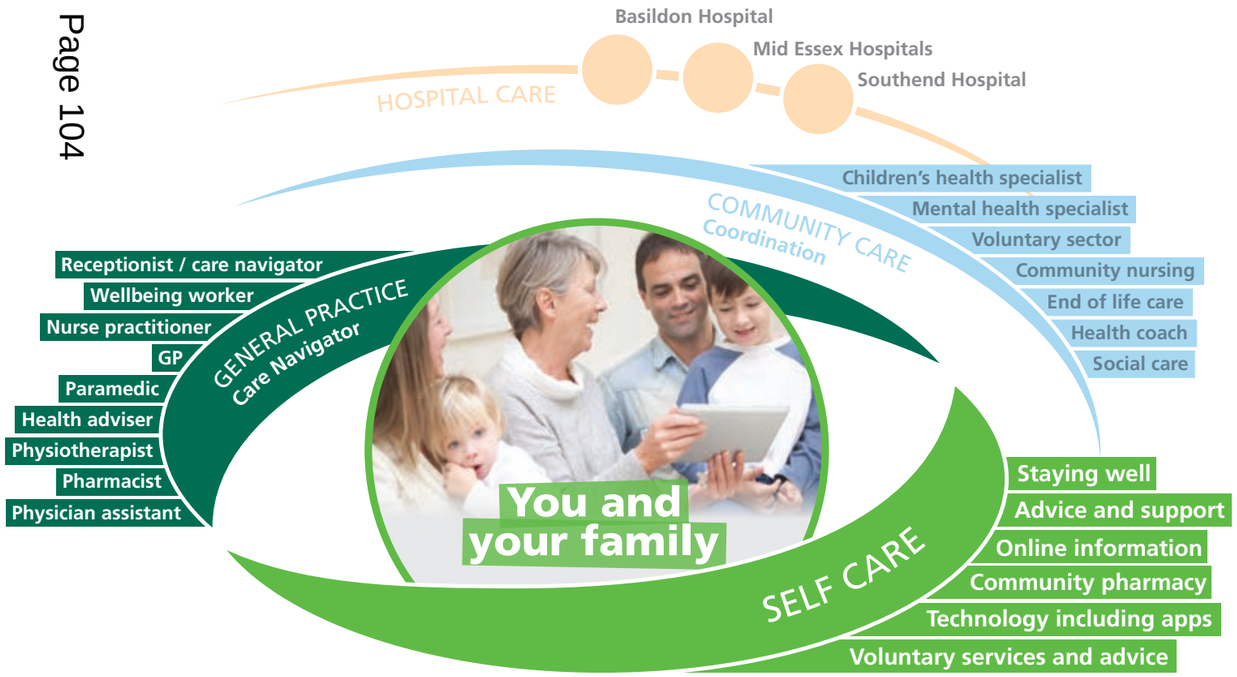
Developing our GP and community workforce

Our GP services offer great care, but many practices are under pressure caused by rising demands and a shortage of GPs coming to work in mid and south Essex.

Over the next two years, we expect to attract at least 50 new GPs across mid and south Essex. A new medical school is about to open at Anglia Ruskin University based in Chelmsford, and over time this will undoubtedly bring more doctors to our local area.

We know from recent national and local studies that up to a quarter of consultations with GPs do not need a GP's specialist skills – so we are working with GP practices to identify and train staff to meet your needs. This includes practice nurses, clinical pharmacists and physiotherapists.

We are providing additional training for GP reception and administrative staff to reduce the clerical burden on GPs. This will all help to release time for GPs to care for patients who most need them.



Helping you to live well

CCGs are working with local authority public health experts and other partners to develop schemes to help people to avoid illness. "Living well" starts before we are born and continues through childhood, with the early support of midwives and health visitors; through schools, who can promote a healthy diet and exercise; and continuing through teenage years to adults and older people.

We are introducing services to help you with information, advice and support, linked to the wider network of community and voluntary services in your area. This includes care navigators to help you find the right support, as well as health coaches, care coordinators and health trainers who can help you and your carers.

We are also exploring all that digital technology has to offer, like using online and smartphone applications to help people gain access to information and support to manage their condition.

Improving urgent and emergency care

We know from various studies that many people use A&E because they believe that this is the simplest and most effective way to deal with an urgent problem.

For those who need care urgently, our aim is to simplify the way you make contact with emergency services and make it easy to get the right care first time.

We are about to launch a new NHS 111 service, which gives you a 24 hour telephone helpline with connections to your GP surgery and out of hours services. We are increasing the number of doctors, nurses and pharmacists that will be available through dialling 111. They will help to assess your needs and put you in touch with the right service, whether this is your GP, community and mental health teams, ambulance or other services that you need.

Supporting people with long term conditions

Many people now live with at least one long-term incurable condition, such as diabetes, heart failure, asthma and other chest problems.

We aim to help you to avoid developing any long-term conditions, through education and support to live well. If you do develop one of these conditions, we want to support you with a range of services and personal care planning which will help you maintain your quality of life and avoid deterioration.

This will include working with you to be the expert on your condition and to know when and how to get further support when you need it.

Mental health

Traditionally, mental health problems have been treated separately from physical health problems; however, the evidence of strong connections between physical and mental health continues to grow.

We also know that identifying mental health conditions such as anxiety and mild depression, and treating these early on, will prevent the development of more serious mental health conditions and physical illness. Mental health therapists working with GP practices will ensure fast access to therapies designed to support you.

There is already a single specialist mental health service across Essex, Southend and Thurrock for children and young people. This links to schools, colleges and other services in the community to help children and young people to stay well and avoid serious mental health problems in later life.

We are also planning for more mental health specialists to work within A&E and hospital wards to make sure that mental health and physical issues are addressed at the same time and with expert help where needed.

Care for older and vulnerable people

GPs and other practice staff can identify patients who either are or are becoming frail or living with several different health and care needs.

Should you be identified as living with high risks to your health and wellbeing, a team of different professionals – a multidisciplinary team - can work with you, your family and your carers to plan and manage the right care for you.

End of Life Care

At the end of life, we want you to have a range of health and care support that will enable you to make a choice about where you would prefer to be in your final stages of life. Most people would prefer to be at home, close to the people they love, however, on average, between 45% and 50% of people die in hospital.

We have some excellent end of life services across mid and south Essex and we want to build on the best of these to support you and your family at end of life.

For further information on what is happening in your local CCG area to develop GP and community services, please visit our website at www.nhsmidandsouthessex.co.uk or request a copy of our background information pack.

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

In this section, we explain more of the thinking behind the proposals for changes in hospital services.

We have summarised in a separate document the evidence we have looked at in developing these proposals. To see the summary of clinical evidence, please visit our website at: **www.nhsmidandsouthessex.co.uk/background/further-information**

What stays the same in all three main hospitals

All three main hospitals in Southend, Chelmsford and Basildon are equally important to providing your care in the right place.

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 small number of cases, if 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 each of the proposals later in this 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 centres, as they do now:

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

How our proposals aim to improve your hospital care

Current challenges	Future improvements
Sometimes long waiting times in A&E and delays in admissions	**Developments in A&E and a wider range of urgent care at each hospital** Offers consistent, faster access to the attention you need in A&E and quicker access to specialist services
Specialists are not always available round the clock, so you may have to wait, sometimes until the next day; or another doctor may treat you.	**Improvements by bringing specialist services together in one place** Rapid access (even with a transfer between hospitals) to the right specialist team for your needs and technological facilities for specialist scans and treatment. Evidence shows this is likely to improve your outcome and chances of making a full recovery
Long waiting times and frequent cancellation of your planned operation, if there are emergency cases that take priority.	**Improvements by separating planned operations from emergency care** Shorter waiting times for your hospital operation and cancellation unlikely. Better quality of care after your planned operation, away from the potential risk of cross-infection This will safeguard your rapid recovery and reduce the chances of any complications

Issues raised by local people

In local discussions over the period that we have been developing these proposals, many people have highlighted concerns about the feasibility of managing services across three hospitals and travelling between them.

Three main issues have already been raised in our programme of public discussions:

Would a transfer be safe, particularly for seriously ill patients?

How would the proposed change affect families and carers, particularly those who are vulnerable and those without their own transport?

How would the changes affect staff? Is it feasible and affordable for staff to travel between hospitals? Would the changes deter staff from working in our local hospitals?

Safe transfers for patients

If needed, the A&E teams and specialists would work together and discuss with you and your family the safest arrangements for your transfer. Should it be decided that a transfer was not the right decision for you, the specialist team would support the A&E team to give you the best possible care.

If you and your hospital team were to decide a transfer should go ahead, then you would only transfer if your condition was clinically stable, and you would have the support you need, including a senior doctor or nurse travelling with you, if necessary.

Our proposal is to introduce a new type of inter-hospital clinical transport, in addition to the ambulance services that we already commission from the East of England Ambulance Service.

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.

Support for patients and families is high on the list of issues to address in planning service change. During this consultation we will be listening carefully to more of your views on this.

Implications for staff

Changes in the workplace can be extremely challenging for people. We will continue to discuss the changes with staff and are committed to involving as many staff as possible in designing detailed plans.

There are potential benefits for staff in many of the proposals. The creation of larger specialist teams, able to achieve higher standards of excellence has the potential to offer better opportunities for training, experience and career progression. The networking of services across three hospitals has the potential to give staff a chance to work in different locations, learn new skills and experience a wider range of care than they might otherwise have had in one hospital.

To enable patients and staff to move between the three hospitals, it will be important to improve information sharing and technology, as well as shared systems and standards.

During the consultation period we will be holding discussion events with staff on what the proposals mean for them, and what should be taken into consideration in making any changes.

Detailed proposals under the five principles for hospital services

Principle 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.

- We would like to know your views on proposals to improve your local A&E – the development of an "emergency hub" at each hospital with a wider range of urgent care services

Background

Current A&E services are frequently overcrowded and people sometimes have to wait too long to be seen. By improving the flow of patients through A&E, we can better manage the pressure on the whole hospital and improve your care. To do this we are proposing the development of an "Emergency Hub" that would operate in the same way across each of the three hospitals.

The proposed changes

- **A quick assessment of your emergency situation**

  A senior doctor or nurse would assess your needs quickly. They may book an appointment for you with other services, such as a GP working in A&E or your own GP, a pharmacist, a mental health practitioner or social care professional. They may arrange for further assessment through a dedicated assessment unit.

- **Specially designed units for further assessment**

  Alongside A&E, four assessment units will have specially trained teams to meet the particular care needs of:

  o Older and frail people

  o Children

  o Patients in need of urgent medical treatment

  o 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.

- **Transfers to specialist teams**

  In a small number of cases, if you have a serious condition, you would be stabilised and transferred to a specialist team, which could be in another hospital. The hospital team treating you will take this decision with you and your family, and make arrangements for a safe transfer. We estimate that up to 15 patients per day across all three hospitals may be transferred to a different hospital for their care. There would also be a new free transport service to help family and friends to travel to a different site.

  This already happens for some services and has for many years – e.g. patients with serious burns are transferred to the St Andrew's Centre in Broomfield Hospital near Chelmsford, and patients who may have had a serious heart attack are currently transferred to the Essex Cardiothoracic Centre in Basildon.

  In a very few cases, it may be better to go direct by ambulance to the specialist centre. This already happens now for people in Essex who experience a serious heart attack. They go direct by "blue light" ambulance to the Essex Cardiothoracic Centre at Basildon.

Principle 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 making a good recovery.

- We would like to know your views on bringing together in one place the following specialist services that need a hospital stay:
  - Gynaecological surgery (women's services) and gynaecological cancer surgery to be located at Southend Hospital, close to the existing cancer centre
  - Respiratory services for very complex lung problems to be located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems
  - Renal services for people with complex kidney disease to be located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems
  - Complex vascular services for the treatment of diseased arteries and veins to be located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems
  - Cardiology for complex heart problems to be located in the existing Essex Cardiothoracic Centre for heart and lung problems at Basildon Hospital
  - Gastroenterology services for people with complex gut and liver disease to be at Broomfield Hospital near Chelmsford
  - Complex general surgery (e.g. for abdominal problems) to be at Broomfield Hospital near Chelmsford

Background

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.

This means:

- A larger specialist team can make sure that the right number and level of skilled staff are available should you need specialist care at any time of the day or night, 365 days of the year, providing fast access to the highest quality care for patients.
- By seeing more patients, specialists can further develop their knowledge and skills to achieve better results.
- A larger team can develop as a centre of excellence and be in a better position to be involved in research and innovation.
- A larger team has greater opportunities for development, training and career progression. This can improve our ability to attract and retain talented people and deliver the best care for you.

In each proposal, the principle applies that 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.

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

Our proposed locations for bringing together specialist services are based on:

- Where there are already established specialist teams, together with facilities and equipment.
- Where there are important links between different specialist services which require shared expertise and close relationships between expert teams.

2 The proposed changes

Women requiring gynaecological surgery who need a hospital stay would be treated at Southend Hospital

- Currently, emergency and routine gynaecological services are offered from all three main hospitals.
- Southend Hospital is developing a range of surgical expertise in cancer and some patients already travel from Basildon to Southend for gynaecological cancer treatment.
- We propose to bring together specialist gynaecology expertise at Southend Hospital for all women who need a hospital stay of more than 48 hours.

What this means:

- Routine outpatient, day case and short stay gynaecology services would continue to be available at all three main hospitals for both emergency and planned care.
- The proposed change mainly affects women in mid Essex who need specialist gynaecological surgery who would go to Southend Hospital and not to Broomfield Hospital, as they do now.
- Southend is the proposed location because it makes sense to bring specialist gynaecology surgery together with the existing expertise in cancer treatments at Southend.

Gynaecological surgery covers surgery on the female reproductive system. Most procedures are done in a day and this would continue at your local hospital. The proposed change is for more complex operations that would require a hospital stay of more than two days.

Patients requiring a hospital stay for complex lung problems would be treated at Basildon Hospital

- There are good standards of care for breathing problems in all three hospitals, but respiratory specialists are not always available 24 hours a day in all three hospitals.
- A round-the-clock specialist inpatient service for patients with complex lung problems would improve care and recovery and help people to avoid long term problems, such as becoming immobile.
- We propose to maintain the majority of services for respiratory care at all three hospital sites, with the addition of a specialist respiratory ward at Basildon Hospital.

What this means:

- Routine outpatient, day case and short stay services would continue to be available at all three main hospitals for both emergency and planned care.
- If you were very poorly as a result of breathing problems, you would be taken to your nearest hospital, where you would be seen and stabilised in A&E.
- Following stabilisation, we would expect to be able to treat your condition within a day or with a short hospital stay of 24 or 48 hours.
- Should you need more specialist care and a longer stay in hospital, then you may be transferred to the specialist respiratory ward in Basildon. Here you would receive treatment and a team of specialists would be able to plan your ongoing care.
- The reason for choosing Basildon as the location is that we could maximise our expertise with links to the Essex Cardiothoracic Centre in Basildon.

Complex respiratory problems could include severely collapsed lung, disease of the lung lining or lung disease with complex oxygen requirements.

2

Patients with complex kidney problems who need a hospital stay would be treated in Basildon

- There are good standards of care for people with kidney problems in all three hospitals, but specialist care varies across the three hospitals.
- One specialist team across all three hospitals would increase the availability of senior specialists for all patients and minimise the degree of kidney injury.
- We propose to maintain the majority of kidney services at all three hospital sites, with the addition of a specialist ward at Basildon Hospital.

What this means:

- Routine outpatient, day case and short stay services would continue to be available at all three main hospitals for both emergency and planned care, including haemodialysis.
- The specialist team at Basildon would be able to support clinicians in each local hospital, including the A&E team, to ensure consistently high quality local care.
- If you needed a hospital stay and specialist treatment you would transfer to the specialist team at Basildon.
- The reason for choosing Basildon as the proposed location is that there are strong links between kidney and cardiovascular services, so it makes sense to have specialist services on the same site as the Essex Cardiothoracic Centre.
- Very complex care, such as kidney transplants, would continue to be provided in London and other specialist centres, as they are now.

Complex kidney problems could include problems following a kidney transplant, or a serious kidney injury.

Patients with diseased arteries or veins would be treated at Basildon

- Emergency specialist vascular services are not always available on all three hospital sites. Specialist emergency care rotates between the three sites, which means that patients currently go to whichever hospital is providing specialist vascular expertise on that day.
- There is evidence nationally that a joined-up vascular team from several hospital sites improves care quality and patient outcomes, because of the greater number of patients they treat.
- Given the important links between cardiac care and complex vascular services, we propose that a specialist vascular hub should be located near the Essex Cardiothoracic Centre for heart and lung operations in Basildon. This would also be close to interventional radiology, a type of camera-guided surgical technique, which avoids the need for open surgery.

What this means:

- Routine outpatient, day case and short stay services would continue to be available at all three main hospitals for both emergency and planned care.
- If you needed a complex vascular operation that required a hospital stay, your GP would refer you to the proposed vascular hub in Basildon.
- In an emergency situation, you would go to your local A&E for assessment and stabilisation, and then transfer to the vascular hub for specialist surgery.
- Your surgery in the vascular hub would usually require only a short stay of up to 48 hours, after which you would return home or to your local hospital for further support and recovery.
- Routine operations, such as treatment of veins in the legs, would continue at all three hospitals as day cases and short stay operations.

Vascular disease is caused by inflammation of the blood vessels, which can interfere with the blood flow to vital organs. Vascular disease is a common cause of strokes and blockages in arteries.

2

Patients who need a hospital stay for specialist treatment of complex heart problems would be treated at Basildon

- Currently, all three main hospitals offer outpatients and short stay heart treatments.
- The Essex Cardiothoracic Centre in Basildon has been established for over 10 years as the specialist centre for heart and lung problems. Patients from all over Essex have been going to the centre for both emergency and planned interventions, and this has improved outcomes.
- Patients who experience a serious heart attack are already taken to Basildon, usually direct by ambulance for life-saving care.
- We propose to build on the expertise of the Essex Cardiothoracic Centre to give you quicker access to this specialist service.

What this means:

- Outpatients and short stay treatments would continue to be available locally. For example, treatments for chest pain and erratic heartbeat would be at your local hospital.
- For more complex problems, such as needing a pacemaker, or unblocking arteries, you would in future be referred quicker than now to the Essex Cardiothoracic Centre in Basildon.
- Patents who experience a serious heart attack would continue to go to the Essex Cardiothoracic Centre, either via your local A&E or direct by ambulance as they do now.
- The Essex Cardiothoracic Centre would continue to provide complex planned operations, such as coronary artery bypass as it does now.
- Most people would stay only two to three days in the Essex Cardiothoracic Centre, after which they would go home or back to their local hospital for further care and cardiac rehabilitation.

Patients with complex gastroenterology problems who need a hospital stay would be treated at Broomfield Hospital near Chelmsford

Complex gastroenterology problems could include severe liver failure, intestinal failure requiring nutritional support or pancreatitis.

- There are good standards of care in all three hospitals for people with gastroenterology problems, but specialist care varies across the three hospitals.
- One specialist team across all three hospitals would increase the availability of senior specialists for all patients.
- We propose to maintain the majority of gastroenterology services at all three hospital sites, with the addition of a specialist ward at Broomfield Hospital, near Chelmsford.

What this means:

- Routine outpatient, day case and short stay services would continue to be available at all three main hospitals for both emergency and planned care, including endoscopy.
- A specialist team at Broomfield, would be able to support clinicians in each local hospital, including the A&E team to ensure consistent high quality local care.
- If you needed a hospital stay and specialist treatment, you would transfer to the specialist ward at Broomfield.
- Very complex care, such as liver transplants, would continue to be provided in the London specialist centres, as they are now.

2

Proposals for a dedicated service at Broomfield Hospital, near Chelmsford, for emergency general surgery that requires a hospital stay

- All three sites currently offer a wide range of inpatient, outpatient and daycase general surgery services and this will continue.
- There are sometimes delays for people who need complex emergency surgery, which could be avoided if there was a single dedicated emergency surgical team and theatre facilities in one place.
- In order to separate some emergency from planned surgery, we propose that some complex emergency operations should be provided from a dedicated emergency general surgical team at Broomfield Hospital, which already leads on some complex general surgery.
- Some complex surgery is already provided at Broomfield as the lead for all three main hospitals. This includes:
  - o Ear nose and throat and facial surgery which needs a hospital stay
  - o Upper gastro-intestinal surgery which needs a hospital stay
- We propose to add to this arrangement, for example, complex surgery for bowel problems (except for cancer which would continue at Southend).
- Routine planned and emergency surgery, which could be performed as a day case, with no requirement for hospital stay, would continue at all three hospitals.

What this means:

- If you had severe stomach pains, for example, you would go to your local hospital via A&E for assessment and treatment.
- If you needed an abdominal operation that required a hospital stay, you would transfer to Broomfield Hospital in Chelmsford.
- Two to three days after your operation, ideally you would go home if you had made a good recovery, or you might return to your local hospital for further care.

General surgery that requires a hospital stay would include major operations on the abdomen.

Principle 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.

- We would like to know your views on this overall approach and on specific proposals for the development of a specialist stroke unit to be provided at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems.

Background

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 highly specialist stroke unit in the first 72 hour period following a stroke, have better chances of survival and 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 could avoid long lasting debilitating effects.

None of our three hospitals currently has the right number of specialists to provide the level of specialist stroke unit 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.

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.

The proposed changes

- 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.
- The local A&E team would be equipped and able to diagnose and stabilise your condition and initiate treatment. Advanced imaging and initial treatment for the majority of strokes would continue to be available at each local A&E. Most strokes (around 85%) are as a result of a blood clot blocking the flow of blood to the brain and some can be treated with drugs to dissolve the clot – a treatment known as thrombolysis.

What this means:

- 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 start the thrombolysis treatment, if appropriate, before going by rapid transfer to the specialist stroke unit in Basildon.
- If your stroke were due to a bleed in the brain (which affects around 15% of cases), you would be transferred immediately for treatment either at Basildon, if appropriate, or to a higher specialised centre in Cambridge or Queen's Hospital in Romford, which is what happens now.
- 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.
- The specialist stroke team would provide a clear plan to support your recovery, including physiotherapist support and speech and language therapy.

Principle 4

Planned operations should, where possible, be separated from patients who are coming into hospital in an emergency.

- We would like to know your views on proposals for the following operations that need a hospital stay:
  - o 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
  - o Some emergency orthopaedic surgery (e.g. for broken bones) to be at Basildon for people in south Essex and Broomfield Hospital near Chelmsford for people in mid Essex.
    Surgery for most people with a broken hip would continue at all three local hospitals.
  - o Urological surgery (e.g. for bladder and kidney problems) to be at Broomfield Hospital near Chelmsford (except for urological cancer operations which are already located at Southend Hospital)

Background

National guidelines from the British Orthopaedic Association tell us that surgeons treating a higher number of patients are often able to attain better results than those treating only a few patients per year.

The evidence of this has been gathered for more than 30 medical specialties.

Among various findings, the evidence tells us that:

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

The proposed changes

Planned orthopaedic surgery that needs a hospital stay (e.g. for bones, joints and muscles) would be at Southend Hospital for people in south Essex and Braintree Community Hospital for people in mid Essex

Orthopaedics is concerned with muscles, ligaments, bones and joints

- Planned orthopaedic surgery that needs a hospital stay would be available at Southend Hospital for south Essex residents and at Braintree Community Hospital for mid Essex residents.
- Braintree Community Hospital is a purpose-built facility with operating theatres , which have previously been under-used. Currently, the hospital provides care for patients who need a short stay overnight or for those who require a period of care following discharge from the main hospital at Broomfield. Mid Essex CCG is currently discussing with local people how this type of care could be better for people if it was at home or closer to home.

What this means:

- For most routine operations that could be done in a day, your GP would refer you to the hospital of your choice and you would be given a date to come into hospital.
- If your diagnosis showed that you needed a more complex operation requiring a hospital stay, you would be referred either to Southend Hospital or to Braintree Community Hospital.
- Everyone who needs a planned operation can make a choice about where to go from the options available; for example, if you live closer to Addenbrooke's in Cambridge or Colchester General Hospital, you could continue to go to these hospitals for your operation, as happens currently.
- Two to three days after your operation you would go home if you had made a good recovery, or return to your local hospital for further care and rehabilitation.

4

Some emergency orthopaedic surgery that needs a hospital stay (e.g. for broken bones) would be at Basildon Hospital for people in south Essex and Broomfield Hospital in Chelmsford for people in mid Essex

Orthopaedics is concerned with muscles, ligaments, bones and joints.

- All three main hospital sites currently offer a wider range of inpatient, outpatient and day case orthopaedic services e.g. for fractures, hip and knee operations, but there are wide variations in waiting times for admission and lengths of hospital stay.
- In order to separate emergency from planned surgery, we propose that some emergency operations, that require a hospital stay, e.g. for more complex fractures and injuries, should be offered at Basildon Hospital for south Essex patients and at Broomfield Hospital near Chelmsford for mid Essex patients.

What this means:

- You would continue to go to your local hospital with a suspected fracture or other injury.
- Surgery for simple fractures and other routine surgery that could be performed within 24 hours would continue at all three local hospitals.
- Surgery for most people with a broken hip would also continue at all three local hospitals.
- If the diagnosis in A&E was that you needed a more complex operation requiring a hospital stay, you would then transfer to either Basildon Hospital or Broomfield Hospital near Chelmsford.
- If you had severe multiple injuries, such as injuries caused by a serious road traffic accident, you would continue to go directly to a major trauma centre either in Cambridge or London, which is what happens now.

Proposals for urological surgery at Broomfield Hospital in Chelmsford and Southend Hospital (for cancer)

Urological surgery is concerned with bladder and kidney problems.

- Currently, emergency urological services are provided at all three hospital sites, as is most planned surgery.
- Last year it was agreed that Southend Hospital should provide specialist surgery for urological cancer. People already travel to Southend for this service and this will continue.
- We propose to bring together the most complex urological surgery (non-cancer) at Broomfield Hospital near Chelmsford. Broomfield already has the most expertise in urological surgery and it makes sense to build on that.

What this means:

- If you had a urinary tract infection, for example, you would go to your local hospital via A&E for assessment and treatment.
- If you needed a more complex operation, such as the removal of a stone, you would transfer to the urology hub in Broomfield Hospital.
- Two to three days after your operation, ideally you would go home if you had made a good recovery, or you might return to your local hospital for further care.

Principle 5

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

- 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 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 requiring in excess of £10 million to bring the building up to standard.

Background

Thurrock CCG and Thurrock Council have already consulted with local people on changes to the way in which health and care services are provided locally, with an emphasis on delivering most care closer to where people live.

Feedback shows that people welcome the development of the new "integrated medical centres" where people can go to one place for GP services, health checks, tests and access to a wide range of advice and information, such as for healthy living, advice on housing, benefits and social care services, including voluntary services.

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

- Each centre would be open seven days a week, from early morning until the evening.
- Each centre would house a combination of health, council and voluntary services.
- Each centre would develop a strong connection to its local community.

Current status

Tilbury and Chadwell: Thurrock Council has agreed to develop a new build Integrated Medical Centre on the Tilbury Square site. The Council has already commissioned a design team with the expectation of securing planning permission in 2018 and building work to start later in that year.

Purfleet and Aveley: The proposed new build Integrated Medical Centre is part of an existing regeneration programme. It will be located in the heart of the new Purfleet town centre, with an expectation of building work starting in 2018.

Stanford and Corringham: The proposal is to develop the unused Graham James site, again with the expectation of work starting in 2018.

Grays: The plans to develop the Thurrock Community Hospital site.

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, starting with the following proposed locations for tests and treatments:

Potential options for the future of services currently provided at Orsett:

IMC means *Integrated Medical Centre*

Proposed future services	Purfleet IMC	Thurrock Community Hospital, Grays IMC	Corringham IMC	Tilbury IMC	Brentwood Community Hospital	Basildon town centre	St Andrew's Billericay
Diagnostic services e.g. blood testing	✓	✓	✓	✓	✓	✓	✓
General outpatient services e.g. for skin problems; ear, nose and throat; breathing problems; children's services; orthopaedics (bones, muscles and tendons)	✓	✓	✓	✓	✓	✓	✓
Treatment facilities e.g. minor procedure rooms	✓	✓			✓	✓	

For further background information on proposals to transfer services from Orsett Hospital, please visit our website: **www.nhsmidandsouthessex.co.uk/background/further-information**

Or request a copy from the consultation programme office - details in *Section 7 on How to have your say.*

Investment and expansion in our future hospitals

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

A common misunderstanding that came up in discussions with local people over the last year was that plans for service change were about making service cuts.

As part of our plans we intend to invest £118m in improving our local hospitals. This money will be spent to:

- Increase the total number of hospital beds by about 50.
- Build new operating theatres.
- Improve technology to make it easier to work across three hospital sites.

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

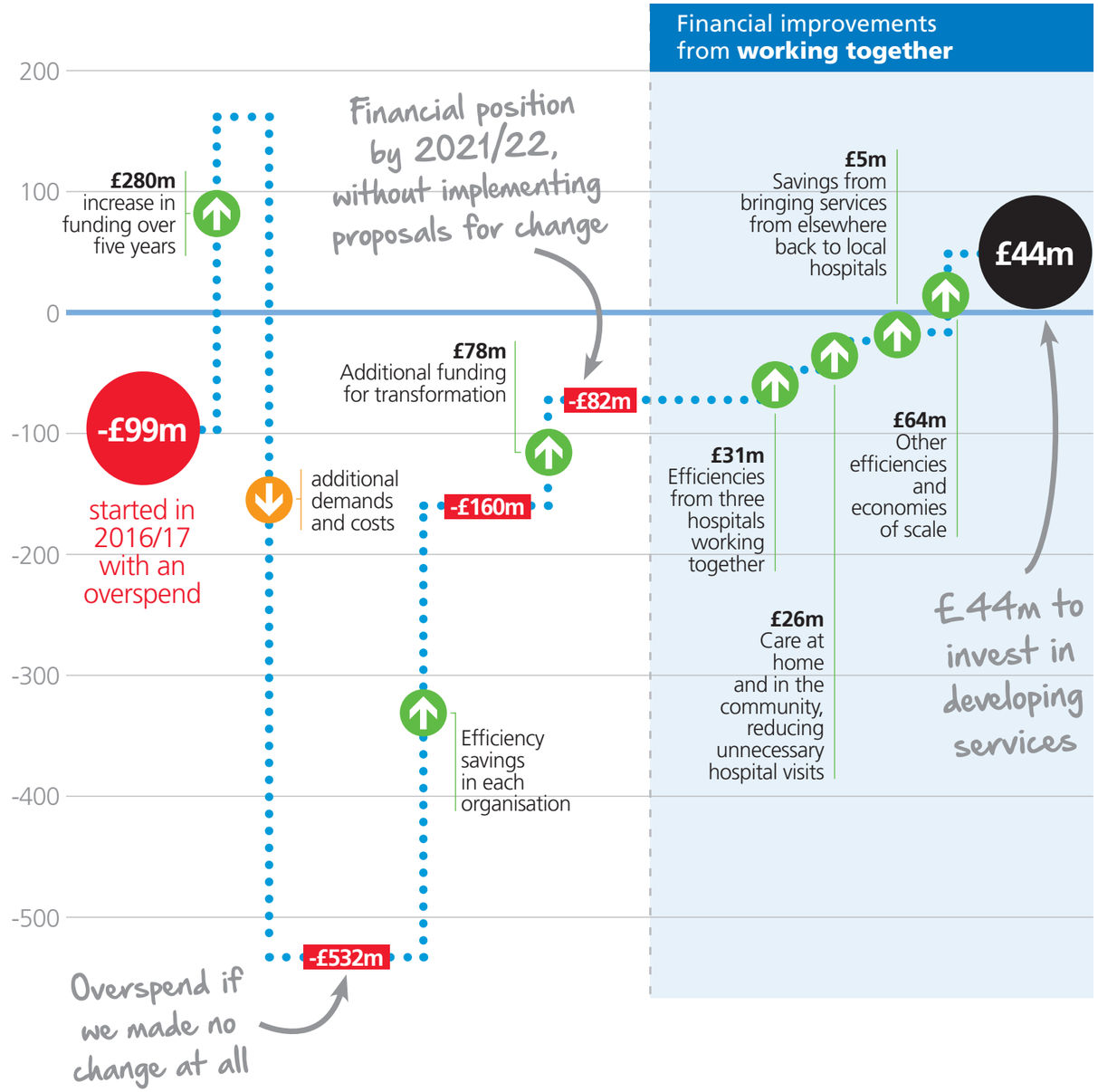
- Southend Hospital – £41 million.
- Basildon Hospital – £30 million.
- Broomfield Hospital near Chelmsford – £19 million.

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.

How our overall plan for change brings 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 and care could increase the overspend to over £500 million by the year 2021/22.



section 6 FURTHER INFORMATION

Please visit our website for a list of background documents:
www.nhsmidandsouthessex.co.uk/background/further-information

Or request a document from the consultation programme office - details in *Section 7 on How to have your say.*

List of available documents:

- Background information, including more detail on local CCG plans, how we arrived at our proposals and additional information on topics such as travel times
- More detail on the proposals for Thurrock, Basildon and Brentwood and Orsett Hospital
- A pre-consultation business case, assured by NHS England and other national regulators
- Reports following reviews of our proposals from the East of England Independent Clinical Senate in:
  - June 2016
  - October 2016
  - September 2017
  - October 2017
- Summary of the clinical evidence that we have reviewed in developing these proposals
- Report from Eastern Academic Health Sciences Network following a review of relevant national and international clinical evidence
- Independent report from UCL Partners on national and international clinical evidence on stroke care
- STP report on the views of local people from engagement phases in 2016/17
- Heathwatch Thurrock report on local views in Thurrock
- Healthwatch Essex report on a study of citizens' views on A&E services

section 7 HOW TO HAVE YOUR SAY

The Joint Committee of Clinical Commissioning Groups (CCGs) will meet early in the summer of 2018 to consider the feedback from this consultation. The Joint Committee will then make the key planning decisions necessary to take forward the proposed changes, taking into account the views of staff, partners and local people.

We hope you will take the opportunity to send us your views.

There are a number of ways to feedback, or get involved in discussions – see below.

Online survey

You can give your views through our survey which is available online at:
www.surveygizmo.eu/s3/90059489/NHS-Mid-and-South-Essex-STP

It is also available in print form on request from our consultation team – see contact details below.

Written feedback

If you would rather submit a response in the form of a letter or email, you can do this too and your comments will be included in the review of feedback – see contact details below.

Meetings

If you belong to a group or organisation with an interest in a specific issue related to these proposals, you can submit a request for a meeting to discuss this with you.

How to contact us

Email: **meccg.stpconsultation@nhs.net**
Phone: **01245 398118**
Address: **Consultation Team, Mid and South Essex STP, Wren House, Colchester Road, Chelmsford, Essex CM2 5PF**

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.

Basildon and Brentwood

7.00pm-9.00pm 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, Basildon, Essex SS14 1DL

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

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
Braintree Town Hall (main room), Market Place, Braintree, Essex CM7 3YG

6.30pm-8.30pm on Wednesday 28 February 2018
Plume Academy School, Fambridge Road, Maldon, Essex CM9 6AB

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

To book your place, visit: **http://bit.ly/2Agdnpr**
or contact us using our details on the previous page.

Mid and South Essex
Sustainability and Transformation Partnership (STP)

How to contact us

Email: meccg.stpconsultation@nhs.net

Phone: 01245 398118

Address: Consultation Team, Mid and South Essex STP, Wren House, Colchester Road, Chelmsford, Essex CM2 5PF

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, Basildon and Brentwood.

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NHS
Basildon and Brentwood
Clinical Commissioning Group

NHS
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

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

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

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

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

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

Basildon and Thurrock University Hospitals	North East London NHS Foundation Trust	Southend University Hospital
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?

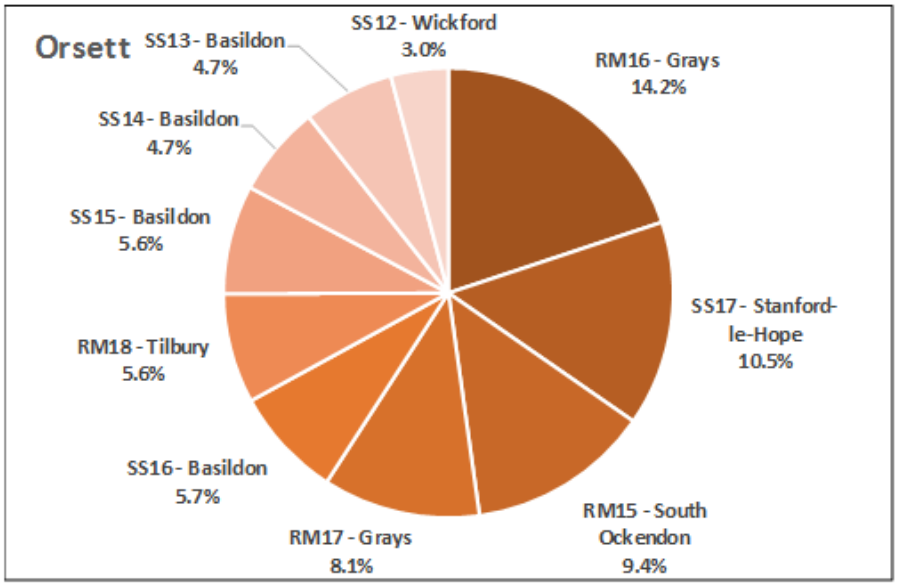
According to latest available data, a total of 20,913 patients visited Orsett Hospital either for planned care or minor injuries in one year.

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

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.surveygizmo.eu/s3/90059489/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

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

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Mid and South Essex
Sustainability and Transformation Partnership (STP)

Your care in the best place

At home, in your community and in our hospitals

Discussion event – Thurrock 24 January 2018

www.nhsmidandsouthessex.co.uk

Public consultation 30 Nov 2017 – 9 Mar 2018

Welcome!

Mandy Ansell

Accountable Officer, Thurrock Clinical Commissioning Group

And clinical colleagues:

- **Dr Anil Kalil**, GP
- **Jane Foster Taylor**, Chief Nurse, Thurrock CCG
- **Dr Celia Skinner**, Chief Medical Officer for the three main hospitals

Why we need change

Increasing needs – mainly associated with ageing population

- Increase in long term conditions – lung disease, diabetes, heart disease, disability following stroke, mental health issues
- More people living with several conditions

- GP and community services under pressure
- Hospital emergency services under pressure e.g. in Basildon:

Av no. of A&E attendances per day **Dec 2012 - 276**

Av no. of A&E attendances per day **Dec 2017 - 388**

STP plan

- Health and social care partners have **teamed up** to improve how people can get the right care they need, when they need it, and in the best place (home, community or in hospital)
- Plan aims to **meet the challenges** of today and demands of the future
- There are many examples of excellent care, but **we could do better**
- Our vision is to join up different health, care and voluntary services **around you and your needs** - physical, mental and social care
- Starts with help 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 our range of services available via GP practices

Your care in the best place – developments over next 5 yrs

Main benefits of proposed changes in hospital

Sometimes our hospitals are blocked	• **Improvements in A&E will mean shorter waits, quicker treatment and shorter stays in hospital**
Specialist expertise spread across 3 hospitals	• **By bringing specialists together – easier to provide 24 cover**
We don't always achieve the highest standards	• **Larger specialist teams see more patients – improves care quality and chances of good recovery**
We don't always make the most of our talent	• **Larger teams, better training – attracts, retains & develops staff**
Sometimes better alternatives to hospital	• **Services closer to where you live – quicker to respond and more convenient**

Five principles for our proposed future hospital services

1. **The majority of hospital care will remain local** and each hospital will continue to have a 24hr A&E
2. **Certain more specialist services which need a hospital stay should be concentrated in one place**
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
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

Proposals for stroke

Around 85% due to blood clot – 20% may benefit from clot-busting dr treatment (thrombolysis)
Around 15% due to bleed in the brain - needs very specialist care

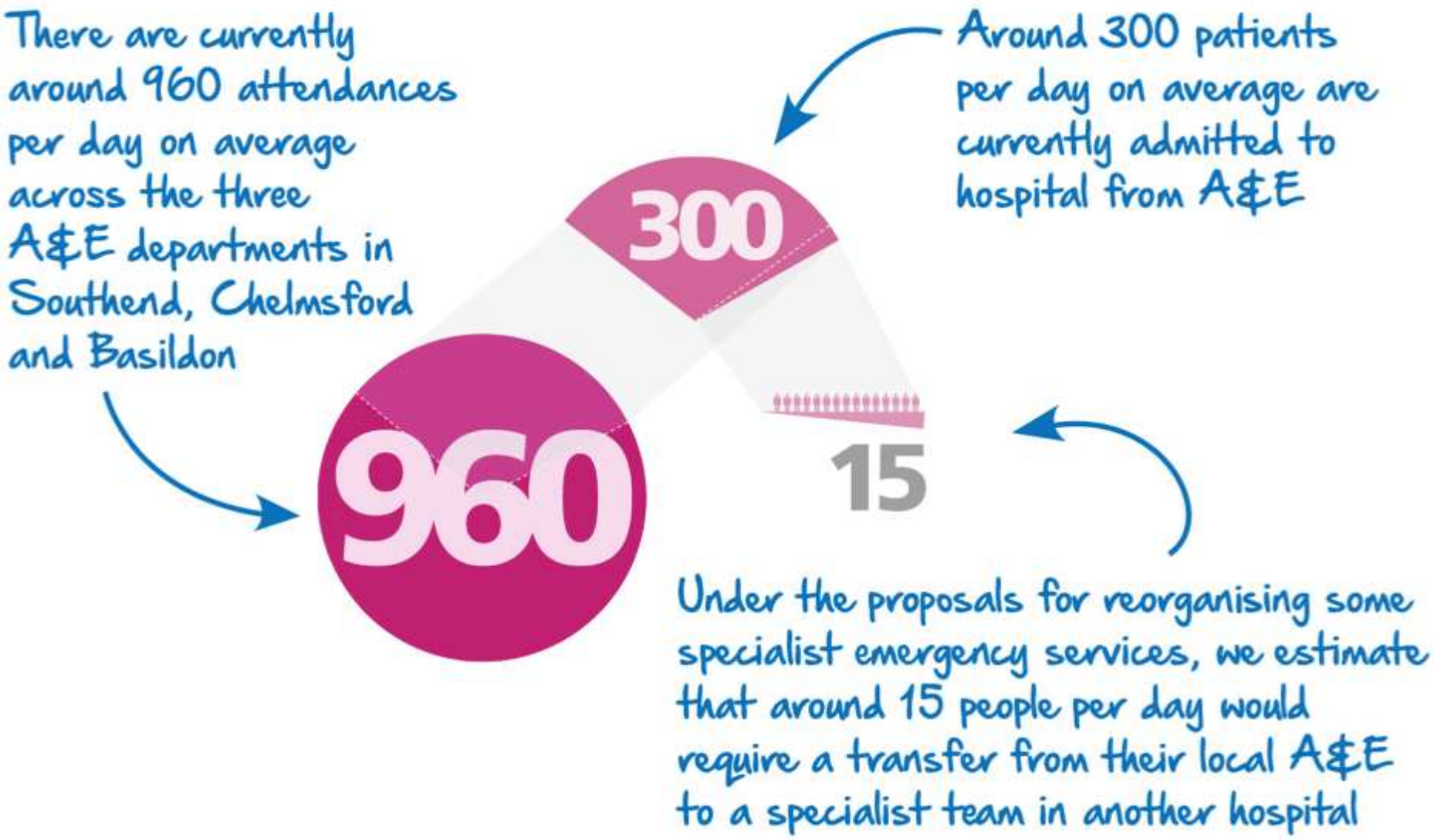
Rationale for change

- Clinical evidence for specialist stroke units = better chances of recovery
- The key is - intensive rehabilitation in first 72 hours
- Joined-up stroke teams = network of stroke care & specialist stroke unit
- Propose Basildon for close links with Essex Cardiothoracic Centre

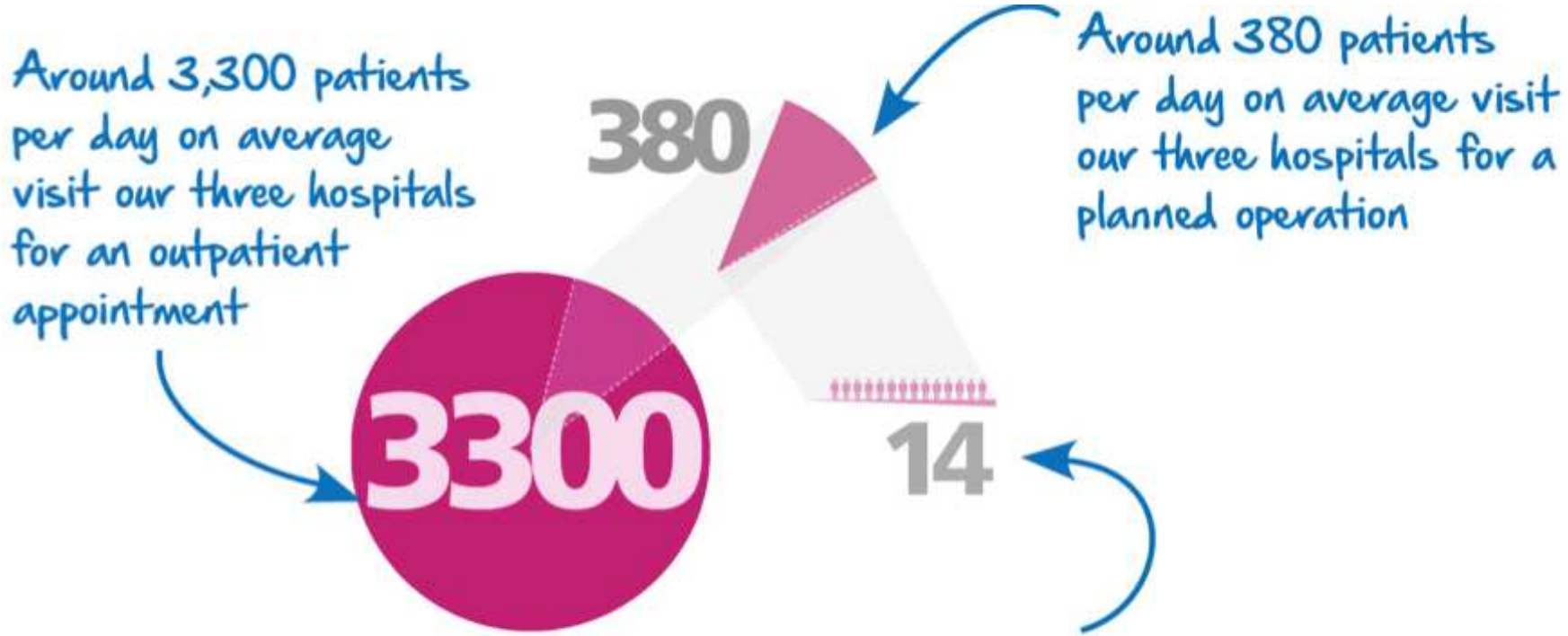
Patient pathway

- Suspected of having a stroke – go by ambulance to nearest A&E
- In A&E - diagnosis, stabilisation - if blood clot, start treatment
- Transfer to specialist stroke unit for 3-4 days high dependency care
- Return home or to local hospital for continuing care and rehabilitation

Who may be affected in an **emergency**?



Who may be affected in **planned treatment**?



Summary of proposed changes in this area

Basildon Hospital

Services that stay the same

- A&E & urgent care
- Maternity services
- Intensive care
- Short stays in hospital
- Children's care
- Care for older people
- Day case treatments & operations
- Tests, scans & outpatient appointments

Existing specialist services that stay the same

- Essex Cardiothoracic Centre

Proposed service changes	
Emergency	**Planned**
Specialist stroke unit	
Improved stroke care & rehabilitation (acute stroke unit)	
Specialist teams for complex lung problems, complex vascular problems, complex heart problems	
More complex orthopaedic trauma surgery (e.g. serious fractures)	
Specialist team for complex kidney problems	

Summary of proposed changes in the south east

Southend Hospital

Services that stay the same

- A&E & urgent care
- Maternity services
- Intensive care
- Short stays in hospital
- Children's care
- Care for older people
- Day case treatments & operations
- Tests, scans & outpatient appointments

Existing specialist services that stay the same

- Radiotherapy & cancer centre
- Cancer surgery, including urological cancer surgery

Proposed service changes

Emergency	Planned
Improved stroke care & rehabilitation (acute stroke unit)	
Gynaecology surgery, including gynaecology cancer surgery	
	Orthopaedic surgery for south Essex patients

Summary of proposed changes in mid Essex

Broomfield Hospital

Services that stay the same

- A&E & urgent care
- Maternity services
- Intensive care
- Short stays in hospital
- Children's care
- Care for older people
- Day case treatments & operations
- Tests, scans & outpatient appointments

Existing specialist services that stay the same

- Specialist centre for burns & plastic surgery
- ENT & facial surgery
- Upper gastro-intestinal surgery

Proposed service changes	
Emergency	**Planned**
Improved stroke care & rehabilitation (acute stroke unit)	
Specialist teams for urology surgery, complex abdominal surgery and gastroenterology services	
More complex orthopaedic trauma surgery (e.g. serious fractures)	

Summary of proposed changes affecting Thurrock

- **All outpatients and majority of operations stay local**

- Specialist stroke unit and other specialist teams proposed in **Basildon**
- Specialist gynaecology, including cancer, proposed in **Southend**
- Planned orthopaedic operations proposed in **Southend**
- Specialist teams proposed in **Chelmsford:**
  - Complex urological surgery
  - Complex abdominal surgery
  - Specialist gastroenterology
- Transfer of services from Orsett to four new integrated medical centres

Summary of proposed transfer of services from Orsett

Service	Proposed locations			
	Purfleet IMC	Thurrock Community Hospital	Corringham IMC	Tilbury IMC
Diagnostics e.g. blood tests	✓	✓	✓	✓
Outpatient appointments and services	✓	✓	✓	✓
Minor injuries and urgent care	✓	✓	✓	✓
Minor treatments and procedures	✓	✓		

Also seeking views on:

- Kidney dialysis
- Musculoskeletal services (relating to bones, joints, ligaments and muscles)
- Ophthalmology (eye care)

Clinical transfers and transport between hospitals

Propose to invest in:

New type of clinical transport between hospitals

- Clinical teams discuss with you, your family
- Clinical support during transfer
- Protocols for local hospital, specialist team and transport service
- If transfer not appropriate, specialist team supports local team

Free bus service between hospitals

- Runs between hospitals, or other locations
- Review and adapt

Investing in our hospitals

Investing over £118 million in:

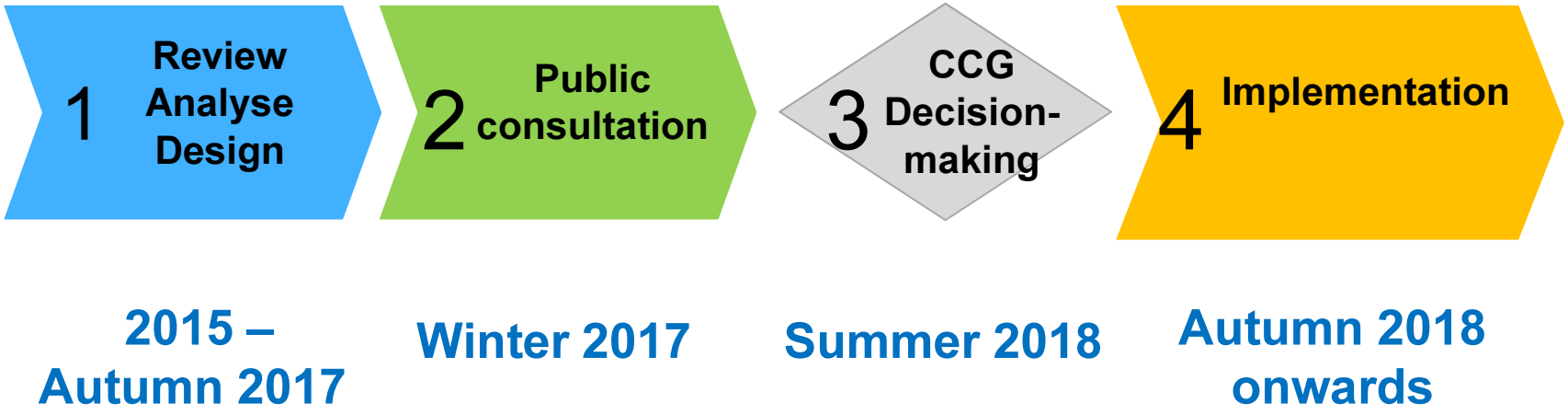
- Around 50 extra beds
- New operating theatres
- Improving technology to make it easier to operate across three sites

How each hospital would benefit from investment:

- Southend Hospital - £41 million
- Broomfield Hospital - £19 million
- Basildon Hospital - £30 million

A further £28 million will be invested in additional technology

What happens next?



- Currently at Stage 2 - public consultation 30 Nov 2017 to 9 March 2018
- No decisions have yet been made – and won't be until summer 2018

Mid and South Essex
Sustainability and Transformation Partnership (STP)

Your care in the best place

At home, in your community and in our hospitals

Get involved

www.nhsmidandsouthessex.co.uk

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NHS Thurrock Clinical Commissioning Group

MINUTES
Integrated Commissioning Executive
28 September 2017

Attendees
Roger Harris (RH) – Corporate Director of Adults, Housing and Health, Thurrock Council (Joint Chair)
Mandy Ansell (MA) – Accountable Officer, NHS Thurrock CCG (Joint Chair)
Jane Foster-Taylor (JFT) – Chief Nurse, NHS Thurrock CCG
Tendai Mnangagwa (TM) - Head of Finance, NHS Thurrock CCG
Mike Jones (MJ) – Strategic Resources Accountant, Thurrock Council
Jo Freeman (JF) – Management Accountant, Thurrock Council
Jeanette Hucey (JH) – Director of Transformation, NHS Thurrock CCG
Mark Tebbs (MT) – Director of Commissioning, NHS Thurrock CCG
Catherine Wilson (CW) – Strategic Lead for Commissioning and Procurement, Thurrock Council
Emma Sanford (ES) Strategic Lead – Health and Social Care Public Health I Public Health Team, Thurrock Council
Iqbal Vaza (IV) – Strategic Lead for Performance, Quality and Information, Thurrock Council
Christopher Smith (CS) – Programme Manager Health and Social Care Transformation, Thurrock Council

Apologies
Ade Olarinde (AO) – Chief Finance Officer, NHS Thurrock CCG
Les Billingham (LB) – Assistant Director for Adult Social Care and Community Development, Thurrock Council
Ian Wake (IW) – Director of Public Health, Thurrock Council
Ceri Armstrong (CA) – Senior Health and Social Care Development Manager , Thurrock Council
Allison Hall (AH) – Commissioning Officer, Thurrock Council

Item No.	Subject	Action Owner and Deadlines
1.	**Welcome and Introductions**	
	RH agreed to Chair the meeting and introductions were made. He advised the meeting that in consequence of a very long and contentious Council meeting last night he will have to finish the meeting at 10am today/ No conflicts of interest were declared. It was noted that Ade will be leaving the CCG at the end of October to take up a post in Nigeria.	
2.	**Minutes of the last meeting**	
	The minutes were agreed.	

	It was noted that the proposal for Pickwick Court is not proceeding. The scheme has not received the support of NHS Basildon and Brentwood CCG because of the operating cost. It was agreed that the £247k set aside in the BCF Plan for this proposal would now be added to the total for winter pressures.	
3.	**MedeAnalytics**	
	ES confirmed that Information Governance approval has been received for the use of Adult Social Care user data. IV confirmed children's services data will follow. In respect of the Secondary Uses Service (SUS) data from BTUH a work-around is in place, with a one off extract being used for the proof of concept. NHS Digital is also working on the application for a live feed of SUS data to be made available. ES confirmed that it will take 2-4 weeks to process the data and so patient level data (non-identifiable) would then be available for analysis by the Integrated Commissioning Executive. Some other users (such as G.P.s) will have access to patient identifiable date. NELFT, EPUT, the IAP provider and GPs in Tilbury will have access to the system after the proof of concept has been signed off. RH noted that meeting the information governance requirements had been a tortuous process, and had taken much longer than anticipated. ES said she plans to bring the proof of concept to this in November for approval. She explained that the system could then be used to address a range of issues, for example it has the potential to cost the impact on various parts of the health and care system of an incidence of stroke. A paper outlining the variety of potential applications is being prepared. IV added that a number of cross functional pre-prepared reports could be set up to analyse pathways and costs. MT said there was a need to agree rules for role based access to the data and reports, and particularly who should have access to patient identifiable data when it involves data they do not control. ES said that the Data Use Forum will also need to ensure that data interpretation is fully informed by each data controller. It was agreed there would be a further presentation on MedeAnalytics proof of concept at the November meeting.	ES
4.	**Better Care Fund 2017-19**	

	Better Care Fund Plan RH reported that he had received information that the assurance of the Thurrock BCF Plan went well, and that there was a recommendation that the Regional Assurance Panel which convenes on Tuesday 3 October should approve the plan without conditions. It was noted that the Plan will still need to be assured at the national level and so the outcome must be regarded as provisional until a letter from NHS England is received confirming approval. The Plan was judged to be the best submitted in the region and it was felt that Thurrock may be able to support other local areas that may be struggling with their BCF Plans. Issues in other areas of the region include delayed transfers of care (Herts.); areas with multiple CCGs; and DFG issues between counties and districts. In some cases the issue appeared to be that the Key Lines of Enquiry had not been addressed. It was noted that preparation should now be made to reconcile the finances for the Pooled Fund for 2017-18, and to prepare the Section 75 agreement. **Better Care Fund Finance** MJ presented the latest version of the finance monitoring sheet to the meeting. He reported that slight changes had been made with: a) the inclusion of the salary of the Integrated Care Director in the Pooled Fund – the effect was to increase the fund to £40,369,832; and; b) the transfer of the funds set against Pickwick Court to the Winter pressures budget line. MT reported that an analysis of the system capacity going into winter has been undertaken and it shows a deficit of 90 beds in BTUH. He noted that a difficult winter is anticipated. An internal efficiency target equating to 60 beds is planned although this was felt to be ambitious. MT said further to the decision not to proceed with Pickwick Court, there was no plan B to fall back on although the under occupancy of EPUT older persons beds could be looked at. CW asked in it this could be looked at in the context of our Home from Hospital and other similar services so as to provide a solution local to Thurrock. RH asked the finance leads (MJ and TM) to meet to finalise the monitoring sheet. He noted the CCG Board has asked for quarterly reports which MJ and TM will work together to provide. MT noted that the funding for the RRAS Joint Manager needs to be paid through a agreement with the Council not via the CCG provider contract. RH observed that there could be significant variances in the	MJ/AO CS MJ/TM

	financial out-turn compared to the financial plan, which contains a number of assumptions about when and how fully schemes/services can be mobilised. This created the potential for underspends which should be reviewed at future meetings of the I.C.E. CW reported that the specification for the Home from Hospital scheme has been agreed and expressions of interest for a 1 year pilot (costing £75k) will now be sought. She confirmed a robust evaluation will be undertaken to ensure the scheme is having the right impact. MT noted the potential for confusion as several BCF schemes (or their constituent services) now appear to have similar names.	
5.	**BCF Performance report**	
	IV reported an increase in delayed days related to Adult Social Care – the primary cause was the waiting time for the commencement of Home Care packages. It was noted that daily monitoring by DH/NHSE Executives is planned with follow up phone calls to areas with poor performance. One concern is that the data has a 6 week delay before being reported. RH noted the delays could be related to one of a number of local hospitals. It was anticipated that the data for August could be poor although the Home Care service has much improved. IV advised that the regulator the Care Quality Commission is to start to inspect local authorities and their health partners. This programme of whole system joint reviews will start with the 12 worst performing areas. RH expects it to be rolled out nationally. Delayed transfers of care is one of the triggers for a review – a key indicator is the number of discharges at the weekend. Locally preparation for a future review has been started. IV agreed to present an overview of the review process to the next I.C.E. meeting. JH remarked that it was helpful to plan in this way, to stay ahead of the requirements, and also to use our knowledge of how we are performing including benchmarking. MT asked if it was possible to analyse the data to enable the underlying issues to be tackled, for example, the 167 delays related to completion of assessments. IW confirmed he has set up a I.C.E. Subgroup to examine the data in detail. CW felt an audit of patient/service user pathways and experience could also tell us what we need to know.	IV IW

	MT also saw the need to discuss operational performance and issues with non-acute Health providers. Mark O'Connor is now the performance lead for the CCG. IV agreed to make contact with him.	
6	**For Thurrock in Thurrock**	
	The highlight reports were noted. JH reported that the Kings Fund led 2 day transformational change workshop in Leeds had been very productive. The Accountable Care Partnership Exec meeting is expected to look at a range of local/sub-regional/Sustainability and Transformation Plan footprint issues arising out of those discussions.	
7	**Thurrock Council budget savings requirements 2018/19?**	
	This item was deferred to the next meeting.	
8	**Sustainability and Transformation Plan consultation**	
	This item was deferred to the next meeting.	
9.	**Any Other Business**	
	There was none.	

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MINUTES
Integrated Commissioning Executive
26 October 2017

Attendees
Roger Harris (RH) – Corporate Director of Adults, Housing and Health, Thurrock Council (Joint Chair)
Ian Wake (IW) – Director of Public Health, Thurrock Council
Ade Olarinde (AO) – Chief Finance Officer, NHS Thurrock CCG
Jane Foster-Taylor (JFT) – Chief Nurse, NHS Thurrock CCG
Jeanette Hucey (JH) – Director of Transformation, NHS Thurrock CCG
Tendai Mnangagwa (TM) - Head of Finance, NHS Thurrock CCG
David Mountford, (DM) Interim Chief Finance Officer, NHS Thurrock CCG
Les Billingham (LB) – Assistant Director for Adult Social Care and Community Development, Thurrock Council
Jo Freeman (JF) – Management Accountant, Thurrock Council
Catherine Wilson (CW) – Strategic Lead for Commissioning and Procurement, Thurrock Council
Iqbal Vaza (IV) – Strategic Lead for Performance, Quality and Information, Thurrock Council
Ann Laing (AL) - Quality Assurance Officer, Thurrock Council
Allison Hall (AH) – Commissioning Officer, Thurrock Council
Ceri Armstrong (CA) – Senior Health and Social Care Development Manager , Thurrock Council
Christopher Smith (CS) – Programme Manager Health and Social Care Transformation, Thurrock Council

Apologies
Mandy Ansell (MA) – Accountable Officer, NHS Thurrock CCG (Joint Chair)
Mark Tebbs (MT) – Director of Commissioning, NHS Thurrock CCG
Mike Jones (MJ) – Strategic Resources Accountant, Thurrock Council

Item No.	Subject	Action Owner and Deadlines
1.	**Welcome and Introductions**	
	RH agreed to Chair the meeting and introductions were made. It was noted that this was Ade's last meeting. No conflicts of interest were declared.	
2.	**Minutes of the last meeting**	
	The minutes were agreed. The second reference in the Action Owner column for Item 5 should be IW not IV.	

3.	**MedeAnalytics – Proof of Concept**	
	Ian explained that that Information Governance has now been signed off, and health and social care data can now be joined. It was agreed to schedule 30 minutes in the November meeting for Emma Sanford to give a presentation on the system capabilities, and for a discussion about the range of possible beneficial uses of the data.	ES
4.	**Better Care Fund 2017-19**	
	Better Care Fund Plan It was noted that the approval letter from NHS England for the Thurrock Better Care Fund Plan 2017-19 is still awaited. CA agreed to chase the Better Care Fund Manager. In view of the deadline set for the agreement (30 November 2017) it was agreed the Section 75 agreement between the Council and the CCG should be signed and sealed upon receipt of the approval letter from NHS England. CS to arrange signing and sealing. RH informed the meeting that concerns had been raised at a recent ADASS conference about NHS England not accepting Delayed Transfers of Care targets proposed by local authorities. AH clarified that for 2018-19 a new Financial Template will need to be agreed and submitted to NHS Engalnd, but that there is no expectation that the narrative plan will be re-submitted. It was confirmed the Home from Hospital service will be in place in time for the winter period. Demand for the service is expected to be strong and its operation will be subject to close monitoring. Work to ensure the mobilisation of other BCF services is in hand – CW will provide an update to the next (November) meeting. **Better Care Fund Finance** IW made the case for additional Public Health spending to be included in the BCF Pooled Fund (including the SystmOne data project - £66k and the New Models of Care project - £100k) to enable more effective integration and better governance. MA and RH to formally agree these additions to the Pooled Fund by email, copied to MT and JFT.	CA CS CW RH/MA
5.	**BCF Performance report**	
	AL presented her report. It was noted that No. 5.1 Total non-elective admissions was rated Red. The issue is that the target was set by NHS England but BTUH had altered how the indicator was measured (some cases at BTUH are now recorded as admissions whereas previously they would have been	

	recorded as out-patient attendances). AO said that it would be necessary to quantify the underlying performance for this indicator to gain an understanding of the trend. It was noted that No. 5.2 Long term admission of 65+ to residential and nursing homes was Green. It was noted that No. 5.3 Proportion of people 65+ at home 91 days after discharge was Red. Although the latest value is under target the trend is improving, and performance is better than the Eastern Region comparators. LB reported that the outcome of the recent CQC re-inspection of the Joint Re-ablement Team has seen the service go in all 5 outcome areas from "at risk" to "Good" It was noted that No. 5.4 Delayed Transfers of Care was under target. JFT said she would like to explore the reasons for the delays because performance on Continuing Health Care assessments has been good. RH noted the number awaiting Adult Social Care assessments, and LB agreed this needed to be explored also. IW said he was commissioning a clinical audit which was due to be undertaken within two months. RH said that he would like a report by the end of November. It was agreed that IW; CW; IL; JFT and Philip Clark would meet to get a better understanding of the blockages, and to draft a plan to improve flows involving assessments. AL confirmed that the agreement with NHS England is to achieve a target of 7.8 days (per 100,000 population) by November 2017. She advised that the official DTOC figures are not published until 6 weeks after the end of the month being reported on (the September data will be available on the 9th of November).The long data lag means we cannot easily anticipate whether the month's target will be met, and also whether any mitigating actions are required, and if so what. For this reason provisional data has been gathered for September and October (to date). This will provide an indication of proximity to target, and allow some action to be taken to reduce delays. However, the data is subject to change until it is published, and also the provision data only relates to hospitals in Thurrock whereas some delays will be attributable to hospitals elsewhere. Ann was thanked for her work on this report. Care Quality Commission Reviews IV explained that CQC will include 6 poor performing and 6 highly performing areas in the first 20 areas to be inspected. IV and CA were asked to review the Key Lines of Enquiry. A report on an inspection in Halton has been published. A new inspection framework is expected in 2018 with a focus on DTOC, improvement and integration.	IW; CW; IL; JFT and Philip Clark IV/CA
6	**BCF Audit Report**	
	AO reported that the audit went well. It was noted that there was a factual inaccuracy in the report's reference to missing Integrated Commissioning Executive minutes in January and February 2017. In fact	

	there were no minutes because there were no meetings in those months. In relation to the Action Plan: • The minutes of this meeting should in future record the analysis of investigations into performance issues, and also what remedial action is agreed to deliver improvements. • The BCF Performance Scorecard should in future go to the CCG's Finance and Performance Committee. AL agreed to attend to present her report. JF reported that no issues with regard to the BCF were raised in the Council's audit.	CS AL
7	**For Thurrock in Thurrock**	
	ASC Highlight Report A development proposal for the Whiteacre / Dilkes Wood site will go to Cabinet on 13 December. This site in South Ockendon provides an opportunity to develop innovative, aspirational and care-ready homes. The proposal is that the facility could provide a wing of 30 ensuite bedrooms for Interim Care and 45 small self-contained flats (around 35 square metres and comprising a bedroom with ensuite bathroom, and a living room with a kitchenette) for those needing permanent residential and nursing care services. The estimated development cost of the residential facility (not including any retirement flats that may be added to the site) is around £7million. The potential re-development of the adjacent health centre site has been raised by the Derry Court practice. A project group to include representatives of the Council and CCG will need to be formed. In 2018 a Business Case will be prepared for Cabinet and the CCG Board. CCG update The Accountable Care Partnership Executive is meeting this afternoon. It is hoped an agreement may be put in place by the year end. A Steering Group has been established to oversee work streams including Primary Care Transformation; and Long Term Conditions. The Case for Change will be presented to the CCG Board and to the Clinical Engagement Group. Corringham is the next locality to explore a GP network. 6 Local practices are now using e-consult.	
7	**Thurrock Council budget savings requirements 2018/19**	
	RH reported that much rested on the finance settlement expected in November. Savings targets are based on a number of assumptions which include a Council tax increase and also increased Adult Social Care precept. Savings requirements might increase should Council Tax and Adult Social Care precept levels be lower than assumed. An investment strategy has been approved that will see the	

	Council investing in a diversified portfolio of assets with a view to raising income. Adult Social Care budget pressures are still evident but budget reductions are not anticipated.	
8	**Sustainability and Transformation Plan consultation**	
	The Programme Board meets on Monday 30th October in the afternoon. The initiative is no longer to be known as the Essex Success Regime. The timetable for the publication of the Pre-Consultation Business Case has now slipped until after the budget. However, it is expected in the next few months because otherwise there would be a clash with next year's purdah period. The PCBC is known to include a capital bid of £118m which includes the Orsett Hospital proposal.	
9.	**Any Other Business**	
	IV advised that a Digital Essex 2020 Group has commissioned a Local Digital Road Map. A workshop is to be help on 7 December which others may wish to attend. JF noted that there were funds carried forward on the Falls Prevention service and Enhanced Care in Care Homes services. There would also be some in year slippage on IBCF schemes because of delays with recruitment because of slippage of the BCF Programme. AO suggested a mid-year finance review should be presented to the next (November) meeting. RH thanked AO for being a fantastic colleague, and for his contribution to enabling joint working. The Social Prescribing Business Case evaluation by Public Health is being finalised and will be presented to a future Integrated Commissioning Executive - possibly at its meeting in December.	JF/TM JH

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FINAL MINUTES

Health and Wellbeing Board Executive Committee
23 November 2017, 12.00 - 1.30pm

Attendees Present
Roger Harris (Chair), Mandy Ansell, Ian Wake, Rory Patterson, Les Billingham, Malcolm Taylor, Jane Foster-Taylor, Ceri Armstrong and Darren Kristiansen.

Apologies
Kim James, Maria Payne and Jeanette Hucey.

Item No.	Subject	Action
1.	**Welcome and apologies**	
	The Chair noted apologies that had been received.	
2.	**Short update on Violence Against Women and Girls Strategy**	
	Executive Committee members had previously considered the merits of the VAWG Strategy being considered by the Health and Wellbeing Board and had requested an update on the Strategy. Members learned that the Strategy has been approved by the Community Safety Partnership Board and was also provided to the Portfolio Holder for final ratification on 2 November. Members learned that Jim Nicolson who currently leads on the VAWG Strategy will be leaving Thurrock Council. Members welcomed the excellent work that has been undertaken by Jim and welcomed clarification as to who will lead on the Strategy in future.	
3.	**Future planning for Health and Wellbeing Board**	
	Executive Committee members considered possible future agenda items for the Health and Wellbeing Board, subject to Cllr Halden's approval. Executive Committee members were keen to ensure that HWB members are provided with agenda items upon which they can add value by informing the development of key policies and programmes. Executive Committee members agreed that the HWB meeting scheduled for March should be themed on mental health and incorporate action being taken to address both children's and adults mental health. The Health and Wellbeing Board future meeting planner has been updated to reflect the views of Executive Committee members and will be available for HWB members as part of their papers at their meeting on 30 January 2018.	
4.	**AOB**	
	Orsett STP consultation	

	Executive Committee members were advised that the CCG Joint Committee was considering the STP consultation documentation at their meeting on 29 November. The STP consultation document is scheduled to be launched on 30th November 2017. The consultation on Orsett Hospital proposals will be included in the STP consultation but will be provided as a standalone document, reflecting a request made by the Health and Wellbeing Board at their meeting on 14 November. <u>High Cost Placements (children)</u> Executive Committee members noted the increase in demand for high cost children's placements to facilitate appropriate care and support required by children experiencing complex challenges and that was creating financial pressures for both organisations (CCG and Council). Executive Committee members acknowledged that there are a range of factors that may influence the increase in demand including environmental, economic and home life experiences. The positive impact that preventative services could have on future numbers coming through the system were acknowledged. Executive Committee members agreed that collective responsibility for funding placements between Thurrock CCG and Council will be maintained. <u>Current pressure in Domiciliary Care</u> Executive Committee members were informed that the Joint Reablement Team has now received a CQC rating of good (previously requires improvement). Executive Committee members learned that Domiciliary Care continues to experience challenges whereby demand is exceeding capacity. Some care packages have returned to Thurrock Council to manage due to them becoming unaffordable for external suppliers. Some positive action has been taken to address current challenges which include: • Offering council staff the opportunity to drive carers to locations, supporting carers with limited travel options and freeing up carers providing more capacity • Reintroducing step-up training for employees enabling them to deliver care when absolutely necessary. • Undertaking a review of care packages to ensure that they are appropriate and can be coordinated effectively.	

Meeting concluded at 1:30pm

Health and Wellbeing Board and Health and Health and Wellbeing Board Executive Committee
Meeting Planner

Summary of meeting dates

Meeting	Date	Agenda	Key deadlines	Notes
Health and Wellbeing Board	Tuesday 30 January 3:00 – 5:30pm Committee Room 1 (Room booked 2:30 – 6:00pm)	1. **Active Places Strategy (Grant Greatrex) (30 minutes)** 2. **Annual Public Health Report (Tim Elwell-Sutton) (1 hour)** 3. **STP Consultation (30 minutes)** Agreed at Nov HWB that this will be substantive item Items to be circulated to members subject to Cllr Halden approval • VAWG Strategy: For information	Implications and papers ready to brief Cllr Halden: Mon 8 January 2018 Publishing date and sending papers to members: Monday 22 January 2018	Room booking reserved. No clash with CCG Board Confirmed Diary Appointment sent to members on Friday 2 December

Meeting	Date	Agenda	Key Deadlines	Secretariat Notes
Health and Wellbeing Board – March 18	Friday 16 March 11-1.30 Room reserved from 10.00-1.30 – Reservation sent to room hire 21 September Invitations sent to members	**1. STP update** 2. **Pharmaceutical Needs Assessment** (Maria Payne) 3. **Mental Health JSNA** (Deferred from Sept meeting) 4. **Essex Southend and Thurrock Mental Health Strategy – Local Plan and Dementia Strategy Local Plan** (Catherine Wilson) Agreed this will be future agenda item at HWB meeting of July 17 5. **Children's mental health** (Malcolm Taylor) **6. Local Transformation Plan 'open up reach out' children's mental health (Sue Green / Paula McCullough) (20 minutes)** 7. **NELF Strategy Update** (Malcolm Taylor / Sue Green) a. Suicide prevention toolkit b. Self-harm toolkit c. Online portal **8. ICE and HWB Executive Committee minutes**	Implications and papers ready to brief Cllr Halden: Wed Mon 26 Feb Publishing date Thurs 8 March	

Meeting	Date	Agenda	Key Deadlines	Secretariat Notes
Health and Wellbeing Board meeting	Amended to Friday 8 June 2018. 10:30-1:00pm on advice from Matt Boulter following his attendance at DMT on 12/12/17 Committee Room 1 Fri 18 May 2018 10.30 – 1.00 Room reserved from 10.00-1.30 – Reservation sent to room hire 21 September Invitations sent to members	**1. STP update** 2. **Update on targeted health checks and preliminary results.** Suggested time slot – 10-15mins **3. New Models of Care – Case for Change update** 4. **Health of looked after children** (suggested by Rory Patterson at September HWB Exec Committee meeting – agreed for May Board at Nov Exec Committee – Governance structure for looked after children is Safeguarding Board and Children's Scrutiny Committee **5. HWB Exec Committee and ICE minutes** **6. Forward planner**	Implications and papers ready to brief Cllr Halden: Friday 18 May Publishing date Thurs 31 May	

Meeting	Date	Agenda	Key Deadlines	Secretariat Notes
Health and Wellbeing Board meeting	Friday 13 July 2018 10.30 – 1.00 Room reserved from 10.00-1.30 – Reservation sent to room hire 21 September Invitations sent to members	1. Health and Wellbeing Strategy Annual Report – Year 2 (to include update on Outcomes Framework) 2. HWB Terms of Reference	Implications and papers ready to brief Cllr Halden: Thurs 21 June Publishing date: Thurs 5 July	

Meeting	Date	Agenda	Key Deadlines	Secretariat Notes
Health and Wellbeing Board meeting	Fri 21 September 2018 Room reserved from 10.00-1.30 – Reservation sent to room hire 21 September Invitations sent to members		Implications and papers ready to brief Cllr Halden: Mon 3 Sept Publishing date Thurs 13 Sept	