

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

Extraordinary Health and Wellbeing Overview and Scrutiny Committee

The meeting will be held at **7.00 pm** on **5 December 2018**

Committee Room 2, Civic Offices, New Road, Grays, Essex, RM17 6SL

Membership:

Councillors Victoria Holloway (Chair), John Allen (Vice-Chair), Tom Kelly, Cathy Kent, Elizabeth Rigby and Joycelyn Redsell

Ian Evans (Thurrock Coalition Representative) and Kim James (Healthwatch Thurrock Representative)

Substitutes:

Councillors Alex Anderson and Sue Shinnick

Agenda

Open to Public and Press

| | Page |
|---|---------------|
| 1. Apologies for Absence | |
| 2. 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. | |
| 3. Declarations of Interests | |
| 4. Sustainability and Transformation Partnership (STP) - Orsett Hospital | 5 - 52 |

Queries regarding this Agenda or notification of apologies:

Please contact Jenny Shade, Senior Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **27 November 2018**

This page is intentionally left blank

Information for members of the public and councillors

Access to Information and Meetings

Members of the public can attend all meetings of the council and its committees and have the right to see the agenda, which will be published no later than 5 working days before the meeting, and minutes once they are published.

Recording of meetings

This meeting may be recorded for transmission and publication on the Council's website. At the start of the meeting the Chair will confirm if all or part of the meeting is to be recorded.

Members of the public not wishing any speech or address to be recorded for publication to the Internet should contact Democratic Services to discuss any concerns.

If you have any queries regarding this, please contact Democratic Services at Direct.Democracy@thurrock.gov.uk

Guidelines on filming, photography, recording and use of social media at council and committee meetings

The council welcomes the filming, photography, recording and use of social media at council and committee meetings as a means of reporting on its proceedings because it helps to make the council more transparent and accountable to its local communities.

If you wish to film or photograph the proceedings of a meeting and have any special requirements or are intending to bring in large equipment please contact the Communications Team at CommunicationsTeam@thurrock.gov.uk before the meeting. The Chair of the meeting will then be consulted and their agreement sought to any specific request made.

Where members of the public use a laptop, tablet device, smart phone or similar devices to use social media, make recordings or take photographs these devices must be set to 'silent' mode to avoid interrupting proceedings of the council or committee.

The use of flash photography or additional lighting may be allowed provided it has been discussed prior to the meeting and agreement reached to ensure that it will not disrupt proceedings.

The Chair of the meeting may terminate or suspend filming, photography, recording and use of social media if any of these activities, in their opinion, are disrupting proceedings at the meeting.

Thurrock Council Wi-Fi

Wi-Fi is available throughout the Civic Offices. You can access Wi-Fi on your device by simply turning on the Wi-Fi on your laptop, Smartphone or tablet.

- You should connect to TBC-CIVIC
- Enter the password **Thurrock** to connect to/join the Wi-Fi network.
- A Terms & Conditions page should appear and you have to accept these before you can begin using Wi-Fi. Some devices require you to access your browser to bring up the Terms & Conditions page, which you must accept.

The ICT department can offer support for council owned devices only.

Evacuation Procedures

In the case of an emergency, you should evacuate the building using the nearest available exit and congregate at the assembly point at Kings Walk.

How to view this agenda on a tablet device



You can view the agenda on your [iPad](#), [Android Device](#) or [Blackberry Playbook](#) with the free modern.gov app.

Members of the Council should ensure that their device is sufficiently charged, although a limited number of charging points will be available in Members Services.

To view any “exempt” information that may be included on the agenda for this meeting, Councillors should:

- Access the modern.gov app
- Enter your username and password

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

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

Helpful Reminders for Members

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

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

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



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

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

Disclosable Pecuniary Interests shall include your interests or those of:

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

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

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

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

Pecuniary

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

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

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

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

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

Non- pecuniary

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



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

Our Vision and Priorities for Thurrock

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

1. **People** – a borough where people of all ages are proud to work and play, live and stay
 - High quality, consistent and accessible public services which are right first time
 - Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
 - Communities are empowered to make choices and be safer and stronger together

2. **Place** – a heritage-rich borough which is ambitious for its future
 - Roads, houses and public spaces that connect people and places
 - Clean environments that everyone has reason to take pride in
 - Fewer public buildings with better services

3. **Prosperity** – a borough which enables everyone to achieve their aspirations
 - Attractive opportunities for businesses and investors to enhance the local economy
 - Vocational and academic education, skills and job opportunities for all
 - Commercial, entrepreneurial and connected public services

| | | |
|---|-----------------------------|----------------|
| 5 December 2018 | | ITEM: 4 |
| Health and Wellbeing Overview and Scrutiny Committee | | |
| Sustainability and Transformation Partnership (STP) – Orsett Hospital | | |
| Wards and communities affected: All | Key Decision: Yes | |
| Report of: Roger Harris : Corporate Director of Adults, Housing and Health / David Lawson : Assistant Director of Law & Governance & Monitoring Officer | | |
| Accountable Assistant Director: N/A | | |
| Accountable Director: Roger Harris : Corporate Director of Adults, Housing and Health | | |
| This report is Public | | |

Executive Summary

Members of Thurrock Health Overview and Scrutiny at their meeting on 8 November 2018 agreed in principle that they wanted to refer the matter of the transfer of services from Orsett Hospital, to the Secretary of State for re-consideration.

It was agreed to convene a special meeting to consider the basis for a referral and that is considered within the body of this report.

1. Recommendation(s)

1.1 Members are asked to consider whether there is sufficient evidence to refer the decision of the CCG Joint Committee, to transfer services out of Orsett Hospital, to the Secretary of State on the following grounds:

- That they consider the consultation exercise inadequate.
- That they consider the proposal not in the interests of health services in Thurrock.

1.2 Members are asked to note the timetable detailed within this report.

1.3 Members are asked to agree a copy of the final response is shared with the STP before final submission.

2. Introduction and Background

2.1 The STP is made up of local NHS partners and the three top tier local authorities across the Mid and South Essex footprint. NHS England have agreed that the basis

for local authority and NHS partnership working across a larger geographical footprint is to be STPs. The Mid and South Essex footprint was chosen because it aligned to the patient population served by the three local acute hospitals at Basildon, Southend and Chelmsford.

- 2.2 The STP has been considering for some time (previously when it was known as the Success Regime) how the local health and care system can become more sustainable considering the financial, workforce and service pressures the health and care system faced.
- 2.3 In recognition of this the STP launched a consultation exercise on 30 November 2017 “Your Care in the Best Place” which was originally scheduled to close on 9 March 2018 but was extended until 23 March 2018. There were a series of recommendations contained within the document about acute hospital reconfiguration but the decision relevant to this report was that in relation to Orsett Hospital, set out within section 3.
- 2.4 An independent analysis of consultation responses was published in May 2018. The report examined the themes and feedback from over 3,500 individual and group responses on the proposals. It also analysed feedback from hundreds of people who took part in public meetings and other consultation activities.
- 2.5 The CCG Joint Committee, comprising the GP Chairs and Accountable Officers from each of the 5 Clinical Commissioning Groups across the Mid and South Essex STP footprint, met on 6 July 2018 and took decisions on the direction of the Mid and South Essex STP.

3. The Orsett proposal

Proposals to transfer services

- 3.1 It was proposed that clinical services would transfer from Orsett Hospital to one of the four Integrated Medical Centres being developed in Thurrock for Thurrock residents or in facilities in Basildon and Brentwood for residents from those areas. The underlying key principle behind this was to deliver care closer to home in settings that allowed stronger integration between primary, community and social care. Orsett was a valued service but was difficult to access from some parts of Thurrock and as an ageing building, required significant investment to bring it up to modern standards.
- 3.2 An external consultancy company commissioned by Thurrock CCG met with service leads from BTUH, EPUT, NELFT and SUHFT to discuss and analyse both the provider and patient’s requirements for services at Orsett presently, and incorporating projections to account for expected population growth. A Strategic Outline Programme was produced which detailed what services would transfer out of Orsett to align with the proposed development of the IMCs which had already started as a project to improve primary and community care.

3.3 STP proposals were based on seeking feedback from the public and professionals on several broad principles. In terms of Orsett consultation respondents were invited to provide views on proposals to transfer services from Orsett 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). A commitment was provided in the consultation document that only when new services were up and running, would it would be possible to close Orsett Hospital.

4. The consultation process

- 4.1 As part of preparing and informing the consultation process the STP programme team engaged partners in Thurrock by providing regular updates to Thurrock Health and Wellbeing Board, Thurrock HOSC and a joint HOSC comprising elected members representing Thurrock, Southend and Essex. The STP was a standing item at Thurrock Health and Wellbeing Board meetings (see **Annex D**) and the Chair of the STP has held update meetings with the Chairs of Thurrock, Southend and Essex Health and Wellbeing Boards.
- 4.2 Thurrock HOSC has been provided with regular updates on the STP between the period of 1 December 2015 to 14 June 2018. The STP has been considered at 9 Thurrock HOSC meetings during this period. Full details are provided at **Annex B**.
- 4.3 A Joint HOSC was formed between Southend Borough Council, Essex County Council and Thurrock Council and held its first formal meeting on 20 February 2018. Under the NHS consultation regulations when an NHS consultation exercise is undertaken which cuts across local authority boundaries a Joint HOSC must be established. Furthermore it is the Joint HOSC that formally responds to the consultation document. The one area that is discretionary is over the power of referral to the Secretary of State. All three individual HOSCs choose not to delegate that power but retain that power themselves.

On 22 March 2018 the Chair and Vice Chairs of JHOSC wrote to the STP (on behalf of the Joint HOSC) stating their formal position regarding the proposals for consultation. In summary the JHOSC noted a number of concerns regarding the STP and offered support for the STP. A full copy of the response is provided at **Annex C**. The key points that affect Orsett Hospital are summarised below:

- ***The Members were concerned that the consultation document itself was lengthy and covered a number of issues which should ideally have been explored separately or in a number of different staggered consultations for example, Orsett Hospital.....***
- ***With regard to the consultation on the closure of Orsett Hospital, we note the assurances given by the current NHS providers and commissioners within a local Memorandum of Understanding, specifically:-***

1. That all clinical services provided from Orsett Hospital will continue to be provided within Thurrock, and be migrated to one or more of the four planned Integrated Medical Centres (IMCs).

2. That Orsett Hospital will not close until the IMCs are built and all services have been successfully migrated.

Recommendation: That the JHOSC is provided with, and able to scrutinise, further detail on community health care provision to assure it that it is being fully integrated into the STP plans, including a detailed implementation plan for the transfer of services from Orsett.....

- **At this stage, whilst still having concerns about a number of issues, as indicated above (for example the need for the IMCs being open), the JHOSC supports the STP in further progressing its proposals to make changes to some specialist hospital services within the acute sector, as well as proposals for the transfer of services from Orsett Hospital in Thurrock to new centres in the community. The JHOSC views that the engagement undertaken has been adequate and in some respects very encouraging (e.g. in the use of social media). It still trusts that proposals will be finalised which will be considered to be in the interests of the local health system.**

(Formal response to the STP Consultation Business Case – dated 22.3.18)

- 4.4 The STP consultation exercise provided people with a wide variety of methods to respond to the consultation exercise including meetings, surveys, consultation documents and questionnaires and events. The STP programme team also ensured that there was a robust online and social media presence. By the end of the consultation, over 3500 people had given their views.
- 4.5 An executive summary of the full consultation exercise and key outcomes is provided at **Annex A**. The consultation documentation included a supplement questionnaire specific to proposals for Orsett hospital, targeted at Thurrock residents. The independent analysis of consultation responses concluded:

Orsett specific responses:

- People who regularly used Orsett Hospital praised its services, the staff and the quality of care received. There were a number of anecdotal stories about the assistance they or their families had received from the Hospital and how much of a loss it would be if it did not exist anymore.
- Many of the respondents also queried the claim in the consultation documentation that Orsett Hospital was difficult to access via public transport. There had been recent improvements in bus services from a range of nearby and many felt it was as easy to get to as some of the other centres and hospitals mentioned in areas such as Basildon, Billericay, Chafford Hundred and Brentwood. Others felt that if transport had been

cited as a key reason for closing the hospital then more should have been done to address this for example providing shuttle buses to and from neighbouring areas.

- A number of respondents were also concerned about the loss of services that only Orsett Hospital provided in the Thurrock area if the hospital were to close. The key service mentioned was dialysis but others such as orthopaedic care, eye care and minor injuries unit were also mentioned. Patients receiving dialysis were particularly concerned by the proposals with some stating that the nearest alternative, Basildon Hospital, was quite difficult to get to for them.
- There was also a case made by some that since Thurrock was a growing borough, with an extra 30,000 homes due to be built, including additional homes in the nearby Dunton Hills estate, that there was a case for keeping services at Orsett to be able to meet future need.
- Many respondents felt that one of Orsett Hospital's strengths was its good parking provision – a feature which was not available at some of the other centres.
- A small number of people also felt that the decision to close Orsett Hospital was driven by the financial benefit that could be made by selling the land off to developers since it was in a valuable location.
- There were some respondents who agreed that Orsett Hospital was becoming difficult to maintain and that it was no longer fit for purpose and that investing in the new approach was the way forward.
- There were a number who also felt that it was quite difficult to access from other areas so it would make sense to transfer its services to a number of new centres closer to where people lived.

5. The recommendations of the CCG Joint Committee on the 6 July 2018:

- 5.1 On 6 July 2018 the five CCG's across mid and south Essex, meeting as a CCG Joint Committee, met to consider the recommendations from the STP.

Recommendation 15 of the decision making business case focussed on Orsett Hospital and was agreed:

- Approved the relocation of services currently provided at Orsett Hospital to a range of locations within Thurrock, Basildon and Brentwood, enabling the closure of Orsett Hospital.
- Noted that there will be a period of co-production with the local community through the establishment of a "People's Panel" supported by Healthwatch organisations in Thurrock and Essex to determine the best site(s) to relocate these services to.
- Noted that, alongside the period of co-production, further detailed assessments will be undertaken on equality and health inequality impacts, and the quality impact of proposed service relocations.
- Noted that once the period of co-production is complete, and with the detailed work on impact assessment, the CCG Joint Committee will be asked to make a decision on which sites will provide the relocated services.

- Noted that, in accordance with the agreement between Thurrock CCG, Thurrock Council and the three mid and south Essex hospitals, the Orsett Hospital site will not be closed until the new services are in place at the agreed new locations

5.2 The CCG Joint Committee also took the following decisions on the wider STP

- It was agreed that the Joint Committee and its constituent CCGs have met their statutory duties and ensured an effective and robust consultation process.
- The CCG Joint Committee noted the five principles of public engagement had been achieved
- All three A&E Departments will continue to operate 24 hours a day and receive blue light ambulances.

6. Issues, Options and Analysis of Options

Referrals to the Secretary of State:

6.1 Referrals to the Secretary of State are governed by the “Local Authority Health Scrutiny Regulations: June 2014”

6.2 Although a Joint Health Scrutiny was established between Thurrock, Essex and Southend, the power to refer to the Secretary of State was not delegated to the Joint HOSC but retained by all the individual HOSCs.

6.3 There are four grounds for a HOSC making a referral:

1. It is not satisfied with the adequacy of content of the consultation.
2. It is not satisfied that sufficient time has been allowed for consultation.
3. It considers that the proposal would not be in the interests of the health services in its area.
4. It has not been consulted and it is not satisfied that the reasons given for not carrying out consultation are adequate.

Points 2 and 4 would not apply as there clearly has been a consultation and sufficient time was allocated. Any referral would need to be under the “adequacy of the content of the consultation” or that HOSC felt “the proposal would not be in the interests of the health services in it area”. These are considered in more detail below:

6.4 The expectation is that a local authority referring an element or all of the STP to the Secretary of State provides very clear evidence-based reasons for the referral:

- An explanation of the proposal to which the report relates.
- An explanation of the reasons for making the referral.
- Evidence in support of these reasons.
- Where the proposal is referred because of inadequate consultation, the reasons why the health scrutiny body is not satisfied of its adequacy.

- Where the proposal is referred because there was no consultation for reasons relating to safety or welfare of patients or staff, reasons why the health scrutiny body is not satisfied that the reasons given for lack of consultation are adequate.
- Where the health scrutiny body believes that proposals are not in the interests of the health service in its area, a summary of the evidence considered, including any evidence of the effect or potential effect of the proposal on the sustainability or otherwise of the health service in the area.
- An explanation of any steps that the health scrutiny body has taken to try to reach agreement with the relevant NHS body or health service provider.
- Evidence that the health scrutiny body has complied with the requirements which apply where a recommendation has been made.
- Evidence that the health scrutiny body has complied with the requirements which apply where a recommendation has not been made, or where no comments have been provided on the proposal.

6.5 On receiving a referral from a local authority the Secretary of State may ask for advice from the Independent Reconfiguration Panel (IRP) an advisory non-departmental public body. The IRP will undertake an initial assessment of any referral to the Secretary of State where its advice is requested. It may then be asked to carry out a full review. Not all referrals to the Secretary of State will automatically be reviewed in full by the IRP – this is at the Secretary of State’s discretion.

Grounds for a referral

6.6 As explained above two of the four criteria against which a referral can be made by Thurrock HOSC are the adequacy of the consultation and whether the proposals are in the interests of the health services locally. Members of the Thurrock HOSC have indicated that they feel the consultation exercise was not adequate because it was not a separate consultation exercise on Orsett hospital but was part of a wider STP consultation and this did not allow sufficient focus on Orsett

6.7 It may prove challenging to establish evidence that sets out how the proposal for Orsett Hospital are not in the interests of the health services in Thurrock. This is because the STP proposals support the overall direction of the transformation of health and care in Thurrock whereby services are located closer to resident’s homes and available in local communities and services from Orsett hospital will not transfer until the IMCs are up and running. However, there are a number of important associated matters about the deliverability of the IMC programme and important factors around transport and travel requirements that clearly the STP consultation exercise was unable to answer – a separate Orsett Hospital Task and Finish Group has been established to scrutinise these matters..

6.8 Thurrock Health and Wellbeing Strategy provides a commitment to developing four integrated medical centres as part of providing place based support for the people of Thurrock. The Council has repeatedly stated its view that it will only support the transfer of services when the IMC are fully up and running. Until then Orsett will not close.

Background to the development of the Integrated Medical Centres

6.9 Thurrock CCG and Thurrock Council adopted the vision to provide care around four defined locality areas in a Memorandum of Understanding agreed in 2017. These were the areas of Tilbury & Chadwell, South Ockendon & Purfleet, Grays and Corringham & Stanford. As part of this vision, it was agreed to deliver four integrated medical centres – one for each locality, which would:

- Improve the health and social care service delivery and access to out of hospital services to local residents
- Provide dedicated, purpose-built facilities designed to improve patient care and deliver an integrated health and social care model
- Deliver solutions for current healthcare inequalities to enable relocation of services to localities that match patient service demand
- Enable part-regeneration of the town centres and align with the local NHS STP strategy.
- Incorporate elements of third sector / community services

6.10 As part of the initial exploratory work, the Council's Public Health team were asked to undertake two needs assessments for the populations of Tilbury & Chadwell, and Purfleet & South Ockendon in order to assess the health and wellbeing needs of each area, examine the quality of the current primary care provision and then make recommendations for requirements for the future centres.

Where things are planned to move to

6.11 Consultants commissioned by the CCG have met with service leads from BTUH, EPUT, NELFT and SUHFT to discuss and analyse both the provider and patient's requirements for services at Orsett presently, and incorporating projections to account for expected population growth.

6.12 A Strategic Outline Programme has been produced which provides recommendations as to either what IMCs or healthcare site could run services should Orsett Hospital be closed. It was hoped that the IMCs would be up and running by the end of 2021 and then services from Orsett could transfer out.

6.13 The timetable for the transfer of services is clearly affected by any potential referral. Southend HOSC has also made a referral to the Secretary of State on two grounds. The whole set of recommendations and the specific proposals around the stroke service. The process of a referral to the Secretary of State and consideration by the Independent Reconfiguration Panel is clearly laid out and there are some specific timelines but the whole process can be very lengthy and is likely to take a minimum of 6 months. NHS colleagues have indicated that whilst the referral process is underway they cannot agree anything in relation to the IMCs or the Decision Making Business Case. This does potentially put the capital allocation of £ 112m to deliver the acute hospital reconfiguration, at risk.

6.14 The positive aspects of relocating services from Orsett Hospital into the community have been outlined by Thurrock CCG and healthcare providers during the consultation process with local stakeholders and patients. Some benefits include:

- With greater access for services within the community, patients should have a shorter travel time to access health and social care
- The new IMCs will offer a 'joined up approach' between outpatient care services, primary care Local Authority and 3rd sector services in one location creating a 'one stop shop' for outpatient health and social care
- The IMCs will provide greater local access to healthcare which should relieve pressure from BTUH
- There can be the opportunity to relocate further community services run from acute sites into the community as part of the IMC programme
- The sale of Orsett Hospital – a site which has huge backlog maintenance issues and needs nearly £10 million of investment – will enable funding to create purpose built and designed healthcare facilities to improve patient care and service delivery.

7. Reasons for Recommendation

7.1 Members at their meeting on 8 November 2018 agreed in principle to refer the Orsett decision to the Secretary of State.

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

8.1 The details around the consultation over Orsett Hospital and the wider proposals from the STP are contained within this report and the various Annexes.

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

9.1 The Council has agreed that Orsett should not close until the four IMCs are operational. The Health and Well-Being strategy supports the development of the 4 IMCs and the principle of moving care closer to where people live.

10. Implications

10.1 Financial

Implications verified by: **Carl Tomlinson**
**Finance Manager - Management Accounting,
Corporate Finance**

No direct financial implications arising from the report.

10.2 Legal

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

The general legal framework and implications are well set out in the body of the report.

As noted in the report Thurrock Council' HOSC reserved its power under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 to make a referral to the Secretary of State.

A local authority can make such referrals on the grounds listed at Para 6.3 of the report.

There are several conditions for a local authority to satisfy before it makes a referral. The regulations require that where the local authority has made a formal recommendation to the commissioner on the matter in hand and after due consideration the commissioner disagrees with that recommendation, both parties must take 'such steps as are reasonably practicable' to reach agreement. If agreement is not reached, the local authority is required to present a list of evidence to support its referral.

Finally, it should be noted that when the Secretary of State receives such a referral, he/she may pass it to an independent Reconfiguration Panel (IRP) which is appointed to review each case and advise the Secretary of State. The IRP is made up of experts in the area of health service reconfiguration and representatives of the public. The IRP process has two stages: initial assessment and full review.

10.3 Diversity and Equality

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

A full Equality Impact Assessment was undertaken as part of the STP consultation exercise. It is available on their website.

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

See Health and Wellbeing Strategy.

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

See attached Annexes.

12. Appendices to the report

- Annex A: Summary of consultation process and responses – submitted to CCG Joint Committee on 6 July 2018.
- Annex B: Thurrock HOSC: STP / Success Regime presentations 23 July 2015 to 14 June 2018.
- Annex C: Joint HOSC formal response to STP Pre Consultation Business case 22 March 2018.
- Annex D: STP Updates presented to Health and Wellbeing Board 17 November 2016 – 21 September 2018.

Report Author:

Roger Harris
Corporate Director - Adults, Housing and Health

Darren Kristiansen
Business Manager - Adults, Housing and Health

Summary of consultation process and responses submitted to CCG Joint Committee on 6 July 2017.

The STP consultation exercise

1. The 'Your care in the best place' consultation to get the public's views on these proposals was launched on 30 November 2017 and ran until 23 March 2018.
2. The consultation document stated : *"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 £ 10m to bring up to standard*
3. Following feedback from residents and the local Scrutiny Committee, consultation questionnaires were developed specifically for Thurrock residents.
4. The consultation was open to patients, potential users and anyone with an interest in services provided within the mid and south Essex area. The following channels were provided for people to respond throughout the consultation period
 - **Consultation questionnaire available online and in print format.** The questionnaire included some closed questions to measure levels of support around the proposals and a number of open questions around each of these proposals to allow respondents to express views in their own words. Supporting information was also available on Mid and South Essex STP's website (<http://www.nhsmidandsouthessex.co.uk/>) including the full consultation document, a link to the online questionnaire and further supporting information
 - **Representative telephone survey** – an independent telephone survey of 750 local residents, broadly representative by geography and demographics, was conducted across mid and south Essex
 - **Discussion events** – members of the public were invited to have their say at discussions events held during the consultation period (see Table 1 for details). Following feedback from the local Scrutiny Committee and residents, consultation questionnaires were developed specifically for Thurrock residents and distributed at discussion events in Thurrock to enable residents to comment specifically about the proposals to transfer services from Orsett Hospital to new centres in Thurrock and existing facilities in Basildon, Billericay and Brentwood
 - **Meetings focus groups, workshops and other events** – a number of stakeholder meetings, NHS employee events and deliberative workshops with local organisations meetings
 - **Written submissions in the form of letters and e-mails** were also received
 - **Social media** – comments were received through Facebook, Twitter and comments on STP website blogs

5. Thurrock consultation questionnaires were distributed at discussion events in Thurrock and by Healthwatch Thurrock at a number of places, including community hubs, community centres, care homes and colleges, to enable residents to comment specifically about the proposals to transfer services from Orsett Hospital to new centres in Thurrock, Basildon, Billericay and Brentwood.

Consultation responses

6. By the end of the consultation, over 3500 people had given their views in the following ways:
 - 1449 submitted a consultation questionnaire online (1325 responses) or by paper (124 responses).
 - 276 submitted a specific consultation questionnaire distributed in Thurrock – this questionnaire had been developed during the consultation following feedback from the local Scrutiny Committee and residents, consultation questionnaires were developed specifically for Thurrock residents and distributed at discussion events in Thurrock to enable residents to comment specifically about the proposals to transfer services from Orsett Hospital to Hospital to new Integrated Medical Centres in Thurrock, Basildon, Billericay and Brentwood.
 - 750 took part in a representative telephone survey – a telephone survey of local residents, broadly representative by geography and demographics, was conducted across Mid and South Essex.
 - 683 participants took part in 15 public discussion events – members of the public were invited to have their say at discussions events held during the consultation period.
 - participants took part in 13 statutory meetings and stakeholder briefings and 33 stakeholder workshops – a number of stakeholder meetings and deliberative workshops with local organisations took place during the consultation period
 - 298 NHS employees took part in 6 NHS employee engagement events
 - 169 written submissions in the form of letters and e-mails were also received of which 39 were from organisations and elected representatives and 130 were from individuals.
7. In addition, 623 comments were also made on the STP's Facebook and Twitter channels and in response to STP blogs. While technically many of these comments are not formal responses to the consultation, they are responses to conversations about the consultation and they have been analysed and reported.

Consultation outcomes

8. The consultation responses were analysed independently and a comprehensive report published. Key findings included:
 - There is broad agreement with the overall approach, outlined in the consultation, to provide care in the best place in the home and community

settings and in hospitals. The principle of care provided closer to home was particularly appreciated by many.

- However, there are concerns raised consistently across all the responses about the following:
 - the feasibility of delivering such a plan given current staffing issues - including the difficulty in recruiting GPs, community nurses and the shortage of specialist hospital staff - and given the resource challenges that the NHS is facing.
- the fact that the proposals are dependent on a strong transport infrastructure to support the changes the need for more detailed and costed plans for patients, NHS staff and public to better understand how this vision will work in practice.
- There are a number of submissions from NHS organisations and other organisations (such as the Stroke Association) who support the proposals and offer expertise in making sure these improve outcomes for patients
- **There are strong views expressed from groups and areas who feel they are most impacted by the proposals. These are mainly:**
 - **patients and residents from Thurrock who are concerned about the potential impact on the community if the proposals for Orsett Hospital go ahead**
 - patients and residents from Southend who are concerned that services currently being provided at Southend Hospital are being downgraded and that patient outcomes will be impacted if current specialisms, in particular stroke services, are located elsewhere
 - older, more isolated and less mobile groups of patients who are concerned they will have to travel further to access hospital services

Thurrock HOSC : STP / Success Regime presentations on the STP and Orsett Hospital 23.7.2015 to 14.6.2018

Minute extracts from items on STP (formerly the Success Regime) from Health and Wellbeing Overview and Scrutiny Committees

14 June 2018

Verbal Update Sustainability and Transformation Partnership (STP) Consultation

Mandy Ansell, Accountable Officer, Thurrock NHS Clinical Commissioning Group, presented to Members an update of Sustainability and Transformation Partnership with new arrangements for larger planning footprints for the future of health and care services with the main focus for hospitals was the reconfiguration. The Sustainability and Transformation Partnership configured of Clinical Commissioning Groups, Acute Trusts and Community Partners. That it was the statutory responsibility of the Clinical Commissioning Group to work together with partners, be accountable and ensure the services are in the right place. That the consultation recognised that the 3 hospitals were not sustainable as they currently stand. That last year's bad winter had a detrimental effect on accident and emergency service with elective surgeries being cancelled due to the pressures put on Basildon Hospital. Part of the Sustainability and Transformation Partnership focused on the future of Orsett Hospital.

That the Clinical Commissioning Group worked closely with Basildon Hospital with a decision being made on the 6 July 2018 on what services would be transferred out of the hospital.

Mandy Ansell offered Members the opportunity of an induction and an understanding of the roles undertaken by the Clinical Commissioning Group.

Councillor Allen questioned the bad weather crisis and asked whether this was just at Basildon Hospital or nationally. Mandy Ansell stated that this nationally with most elective surgeries being cancelled. That this had been a very stressful period for the National Health Service.

Councillor Allen stated that Basildon Hospital covered a huge area and had failures in the past been related to too many people attending. Mandy Ansell stated that there were a considerable amount of patient flows out of Southend, Dartford and Queens into Basildon Hospital but the hospital was coping well to meet the needs. That Basildon Hospital relied on agency staff and that staff targets had to be met but was performing well with the current workforce situation. That the 62 day cancer target was slightly below for Thurrock and that the Clinical Commissioning Group had commissioned a deep dive.

The Chair questioned where the new models of care that covered all the hospitals would be situated geographically. Mandy Ansell stated that the model of care would be segmented by service, by age, be measured by an 18 weeks pathway, diagnosis would be sent by GP and decision made on the need for surgery or other intervention.

That one proposal would be to put controlled COLD work in place where they would not be interrupted by emergencies. One area of concern was Cancer that required specialist surgery with the Burns Unit currently at the Mid Essex hospital. Each hospital would have an accident and emergency at each location.

Councillor Akinbohun questioned whether the public consultation was effective in the decision making. Mandy Ansell stated that it was a statutory obligation to consult with members of the public and patients. By law consultations were undertaken with the Health and Wellbeing Overview and Scrutiny Committee, HealthWatch, disability groups and specific care groups to understand what was important about services and what specific needs were required. That a quality assessment was undertaken of every proposal and that the final document was online for Members to view.

The Chair notified Members that the consultation had now closed and notification of the outcomes were being anticipated shortly.

Councillor Allen thanked Mandy Ansell for her knowledgeable report. Councillor Allen questioned whether there were boundaries as to where blue light ambulance decided on where to take patients in regards to where they lived in the borough. Mandy Ansell stated that Thurrock was served by the South England Ambulance Service and would automatically take patients to Basildon Hospital wherever that resident lived.

Essex, Southend and Thurrock Joint Health Scrutiny Committee on the Sustainability and Transformation Partnership (STP) for Mid and South Essex

Roger Harris, Corporate Director of Adults Housing and Health, presented the report which outlined Thurrock's agreement to join with Essex and Southend to participate in the Joint Health and Wellbeing Overview and Scrutiny Committee that covered the Sustainability and Transformation Programme. The report provided Members with an update, purpose of the work and Thurrock representation of the Joint Health and Wellbeing Overview and Scrutiny Committee. That all 3 authorities had decided to keep their power to refer matters to the Secretary of State locally rather than delegate this power to the Joint Health and Wellbeing Overview and Scrutiny Committee. Roger Harris referred Members to the Terms of Reference in Appendix 1. That Councillor Holloway had been elected vice chair of the Joint Health and Wellbeing Overview and Scrutiny Committee at the last meeting. That the next informal meeting was scheduled for the 19 June to be held in Chelmsford with a formal meeting scheduled for the 30 August which would be held in Thurrock. The Joint Health and Wellbeing Overview and Scrutiny had 2 of the 4 Thurrock seats filled by Councillor Holloway and Councillor Fish but had 2 vacancies to fill.

The Chair asked Members whether there were any nominations. Councillor Rigby volunteered to sit on the committee but stated that she would not be able to attend on the 19 June due to undertaking some mandatory licensing training.

The Chair questioned whether political proportionality should apply to the Joint Health and Wellbeing Overview and Scrutiny Committee and should a Thurrock Independent member

be nominated. Councillor Allen, as Thurrock Independent Vice Chair to the Health and Wellbeing Overview and Scrutiny Committee was unable to commit at this time.

The Chair requested that the democratic services contact the Leader of the Thurrock Independent to ask whether he would like to nominate a member.

RESOLVED

- 1. That the Health and Wellbeing Overview and Scrutiny Committee noted the terms of reference for the Joint Health and Wellbeing Overview and Scrutiny Committee with Essex and Southend.**
- 2. That the Health and Wellbeing Overview and Scrutiny Committee appointed a further Member, Councillor Elizabeth Rigby, to represent Thurrock Health and Wellbeing Overview and Scrutiny Committee at the Joint Health and Wellbeing Overview and Scrutiny Committee.**
- 3. That the remaining seat would be offered for nomination to Members of the Thurrock Independent party.**
- 4. That the Health and Wellbeing Overview and Scrutiny Committee agreed the approach to the Joint Health and Wellbeing Overview and Scrutiny Committee outlined in the report.**

12 March 2018

Joint STP / Orsett Hospital Consultation - Verbal Update

Roger Harris stated that following the decision made by the Health and Wellbeing Overview and Scrutiny Committee to join the Joint Committee with Essex and Southend he and Members had attended informal and formal meetings. That Councillor Snell had been made Vice-Chair of the Joint Committee and that the Consultation had been extended to the 23 March 2018. Roger Harris stated that the response would be a joint response but reserve the right to submit responses once further information was available. There had been particular concerns on unanswered questions on transport, the service plan, finances, Orsett hospital and the integrated medical centres. It was envisaged that following the end of the consultation period, the Joint Committee will continue to meet, consider and address issues.

Councillor Snell stated that the result of the consultation so far were not surprising. With no clinical evidence as to why the consultation was being undertaken. Councillor Snell stated that there were so many unanswered questions and residents were not exactly sure what was being proposed. That no definitive answers had been given on when Orsett hospital would close and where services would be situated.

Councillor Redsell stated that having attended public consultations it was evident that residents did not have the right information and understanding and would like to see some positivity come out of these consultation events.

Roger Harris stated that this was down to the element of trust with the consultation process and that residents were not convinced on the proposed plans and how these services would be delivered.

Councillor G Rice stated that it was down to distrust and had concerns that the integrated medical centres might not be able to pick up all the services such as dialysis. Kim James stated that HealthWatch had spoken to users and carers at dialysis units and as patients were transported by ambulance there was no real concern as to where the treatments would be undertaken, just that importance of these treatments being received.

The Chair stated that Members should be sceptical on what services would remain in Thurrock and that different responses were being given depending on who you spoke to.

Councillor Collins stated that he would like to see a business model and see something in writing that no services would be moved out of Thurrock.

The Chair stated that the consultation was being clinically driven but had not seen any evidence of this as yet.

Kim James stated that HealthWatch had invited representatives from the Sustainability and Transformation Plan to meet residents so that real time issues and views could be discussed and picked up.

Kim James stated that dates had been cancelled for the Sustainability and Transformation Plan Programme Board and had been informed that HealthWatch should join the Chairs Group. Kim James had concerns that the Sustainability and Transformation Plan was losing the capacity to have real independent voices heard. Councillor Snell agreed to raise this issue at the formal Joint Health and Wellbeing Overview and Scrutiny Committee this week.

18 January 2018

Mid and South Essex Sustainability and Transformation Partnership (STP) (Presentation and Q&A)

Andy Vowles, the Programme Director for the Sustainability and Transformation (STP) Partnership, presented the report to Members that covered a small range of services that formed part of the large STP and stated that the consultation was half way through with more discussion event focus groups being organised. Andy Vowles went through the five principles for the future hospital services which included:

1. The majority of hospital care will remain local.
2. Certain more specialist services which need a hospital stay are concentrated in one place.
3. Access to specialist emergency services, such as stroke care, should be via your local (or nearest) Accident & Emergency.
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 residents.

The figure of those that would be affected in emergency were based on currently 960 attendees per day on average across the three Accident & Emergency departments, around 300 patients per day on average are currently admitted to hospital from Accident & Emergency; under the proposals for reorganising some specialist emergency services, an estimate of around 15 people per day would require a transfer from their local Accident & Emergency to a specialist team in another hospital.

The figure of those that would be affected in planned treatment were based on around 3,300 patients per day on average visiting the three hospital for an outpatient appointment, around 380 patients per day on average visiting the three hospitals for a planned operation; under the proposals for separating planned operations from emergency care, it would be estimated around 14 people per day would be referred to a hospital that was not their local hospital for a planned operation.

A summary of the proposed changes at Basildon Hospital was presented to Members and that the following services would remain the same: Accident and Emergency 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. The proposed service changes to emergency services could include: specialist stroke unit, improve stroke care and rehabilitation; specialist teams for complex lung problems, complex vascular problems, complex heart problems, more complex orthopaedic trauma surgery and specialist team for complex kidney problems.

The proposed changes that would affect Thurrock population were:

- All outpatients and majority of operations will stay local.
- Transfer of services from Orsett to the four new Integrated Medical Centres.
- Specialist stroke unit proposed in Basildon.
- Specialist teams in Basildon proposed for complex lung, vascular, heart and kidney problems.
- Planned orthopaedic operations proposed in Braintree and Southend.
- Specialist teams in Chelmsford proposed for complex urology, abdominal surgery and gastroenterology.
- Specialist gynaecology including cancer proposed in Southend.

Those views from the consultation on the proposed transfer of services from Orsett into the Integrated Medical Centres would be considered.

Andy Vowles updated Members on the proposed clinical transfer of patients between hospitals to ensure that discussions between clinical teams and patient/families were undertaken and clinical support was available throughout any transfer. That a free bus service between hospitals would be provided.

Andy Vowles finished the presentation by providing Members with an update on the next steps of the consultation with implementation planned for autumn 2018 and onwards. That implementation would not be imminent after this date as this was reliant on successful bids for funding to make infrastructure changes to hospitals.

Tom Abell, Chief Transformation Officer, Basildon & Thurrock University Hospitals, stated that conversations with Orsett Hospital were ongoing looking around the configuration of services into the Integrated Medical Centres and that input from local communities was vital to ensure a good service and the right accessibilities were provided.

That focus would be put on community services and where these services should be located to ensure they were fit for purpose and would work well for residents.

That the process may take up to five to seven years to be implemented to ensure that lessons can be learnt and those changes can be adopted.

Tom Abell reiterated the commitment that the relocation of services from Orsett Hospital would not be made until those services were available in the Integrated Medical Centres.

Councillor Snell thanked Andy Vowles and Tom Abell for the report.

Councillor Redsell stated that the proposed five to seven year implementation plan seemed a long way off and questioned where the Dialysis Unit, currently at Orsett hospital, would be located and who would provide and pay for the proposed bus services. Tom Abell stated that the implementation would be carried out as fast as possible but time would clearly need to be made to undertake the proposed infrastructure to the hospitals. That plans were in place to specifically engage with dialysis users on where services would be best located and arrange suitable dates with HealthWatch. Tom Abell confirmed that allowances had been made for operating the bus services but no decision had been made as to who the supplier would be yet.

Councillor V Holloway pressed Tom Abell on the funding of the transportation proposal following pressures from elderly residents. Tom Abell confirmed that residents should now take part in the consultation stating what transport would be good for them, to get local views on the best configuration and asked Members to encourage their constituents to feedback on this item. That many more services are already provided and would remain local for the frail and elderly.

Councillor Snell stated that it was really important that patient information was kept updated so that relatives and visitors were aware of any ward or hospital transfers. Tom Abell stated that investments to IT infrastructure were being pushed forward to use the TeleTracking system that would be used for patient flow logistics across the three hospitals with implementation into Southend in June 2018. The system would then be rolled out into the other two hospitals. Tom Abell stated that good quality conversations would be undertaken with patients and relatives about what hospital would be best to treat that person.

Councillor Redsell stated that the consultation had not covered residents over the age of 65. Andy Vowles stated that the wider agenda of the STP would cover this to look at right locations that had the right integrated services available. Roger Harris stated that the local authority would play a part in this process and was being addressed with Integrated Medical Centres becoming community hubs with local resources being made available.

Councillor V Holloway thanked Andy Vowles for the report and stated that it was readable for residents. Councillor V Holloway stated that the summary of the STP consultation was vague on certain services such as mental health and social care and where could details of the wider range of care and funding be found. Andy Vowles thanked Councillor V Holloway for her comments and questions and stated that a wider story and information on the STP were available through a range of different documents on the web site. Mandy Ansell, Accountable Officer, Thurrock NHS Clinical Commissioning Group, stated that the consultation relied on resident's preferences and this would be undertaken by talking to local people. Mandy Ansell referred Members to "For Thurrock, In Thurrock" where the commitment between the NHS, Thurrock Clinical Commissioning Group, Thurrock Council and HealthWatch Thurrock to radically change the way health and social care services are commissioned and provided for within Thurrock.

Councillor V Holloway asked that following consultation with the right groups would a further consultation be required. Tom Abell hoped that no further consultation would be required following the events being organised by the Clinical Commissioning Group which would highlight to residents the timescales involved.

Councillor V Holloway asked whether some services would be relocated outside of Thurrock or would these be moved to the Integrated Medical Centres for Thurrock residents. Tom Abell stated that services would not be relocated outside of Thurrock unless feedback received stated otherwise. Tom Abell stated that getting the balance would be crucial where feedback might identify that residents would prefer all services under one roof rather than having to travel to different locations for different services.

Councillor V Holloway asked would the Capital Receipts for Orsett Hospital once sold be reinvested into Thurrock for Thurrock residents. Tom Abell stated that the selling of Orsett Hospital was some way off but the plan would be to reinvest into Thurrock with the purchase of equipment or other facilities for the Integrated Medical Centres.

Councillor Redsell stated her concerns over parking at Thurrock Hospital. Mandy Ansell stated that this was being addressed as part of the planning application.

Councillor Snell asked whether staff at Orsett hospital would transfer to the Integrated Medical Centres. Tom Abell stated that yes this would be the case apart from two principles areas, the sterile service unit and the medical record office, where this would be a good opportunity to bring services together and work differently.

Roger Harris stated that the Integrated Medical Centres were absolutely fundamental in delivering the STP Project and provided Members with the following updates:

- The Tilbury Integrated Medical Centre was most advanced with a design team being commissioned and that a business case would be taken to Cabinet in late summer/early autumn.
- A site had been identified for the location of the Purfleet Integrated Medical Centre.
- North East London NHS Foundation Trust (NELFT) had purchased the building for Corringham Integrated Medical Centre and a business case will go through the board in the summer.

- The Grays site would be slightly different as some components were already in place.
- That no contracts have been signed as yet with an enormous amount of work still had to be done to make this happen.

Councillor Snell stated that the travel of the STP was going in the right direction and that communication had possibly not been clear enough in the early stages. Councillor Snell stated that the Thurrock Plan was a good one and awaited the consultation responses.

16 November 2017

Update on Mid and South Essex STP

Tom Abell, Managing Chief Transformation Officer, presented the report that provided members with an update on the progress of the Mid and South Essex Sustainability and Transformation Partnership (STP). That no decision had been made to go to consultation on the 29 November 2017 due to a leakage of the consultation papers. The proposal included to improve specialised hospital services by bringing them together into one place with three 24/7 accident and emergency departments. That no services would be released from Orsett Hospital until the same services were available at one of these locations. Those proposals may change once comments from the consultation have been received, these will be analysed following the 14 week consultation period.

Councillor Snell thanked Tom Abell for the report and how encouraging this report had been.

Councillor Gerrish questioned what assessments had been undertaken in the transferring of some of the outpatients from Orsett Hospital. Tom Abell stated that those services were also used by residents from Brentwood and Basildon therefore they would be moved separately to those areas.

Councillor Gerrish requested that the consultation looked at each service individually and how this would be delivered and where each service would be located. Tom Abell stated that the consultation was open to discussion and some flexibility.

Councillor Gerrish questioned where each service would be located. Tom Abell stated that accident and emergency would be Basildon Hospital; Orthopaedics should be at Broomfield and Cancer services at Southend Hospital.

Councillor Gerrish asked what consideration had been taken into account for those Thurrock residents looking to go to different hospitals for future service provisions. Tom Abell stated that shuttle services would be available to those patients and also to their relatives to ensure visiting could continue.

Councillor Snell stated that the Sustainability and Transformation Partnership would be the main item at the 18 January 2018 committee.

Councillor V Holloway questioned whether practical processes, such as transport, had been taken into account. Tom Abell stated that to ensure no further burden was put on the

East of England Ambulance Service a treat and transfer service would be ran which would be manned by staff. To ensure that shuttle services were being offered at the right place and at the right times with routes being looked at.

Councillor V Holloway asked how quickly the specialist hospitals would be available. Tom Abell stated that when more was known on the timescale for Orsett Hospital to remain open then plans could be put in place and to get the facilities on board.

Councillor V Holloway stated that it had stood out that Orsett Hospital had formed part of this report and not as a separate report. Tom Abell stated that a separate report would be prepared for Orsett Hospital where the consultation would look at all the proposals with a set of questions being asked of residents and printed copies of the consultation would be available for local communities to see.

Councillor V Holloway requested that Members and residents be kept up to date and that communication should be in understandable language so that members of the public could understand it and a braille version should also be supplied.

Councillor Snell questioned the financial implication comment on “unintended financial consequences” and asked that the services that formed part of the Sustainability and Transformation Partnership were provided with the same or more with less money and to ensure that extra costs did not appear. Tom Abell stated that benefits were already evident in local communities and to learn from new processes by undertaking step by step tests. That it had been evidence based from specialist hospitals that the less time spent in hospital the quicker the recovery would be.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee were asked to note the update.

7 September 2017

Joint Committee across STP Footprint - Implications for Scrutiny Committee - Briefing Note

Mandy Ansell, Accountable Officer Thurrock NHS Clinical Commissioning Group, updated Members on the Joint Committee across the Sustainability and Transformation Plan Footprint and implications that may affect the Health and Wellbeing Overview and Scrutiny Committee. Mandy Ansell stated that the Clinical Commissioning Group had been instructed to work in a certain way and under a legal direction to form this Joint Committee. The third committee meeting would be held on Friday 8 September and encouraged Members to attend as part of the public gallery.

Councillor V Holloway questioned whether there were any other implications apart from the Health and Wellbeing Overview and Scrutiny Committee. Mandy Ansell stated that there were no lay representatives and no local partnership representatives on the Joint Committee but felt that they should be. Councillor V Holloway asked how, as the voice of the patient, this could be changed. Mandy Ansell stated that the Health and Wellbeing

Overview and Scrutiny Chair could write to the Joint Committee Chair to encourage these representations. Councillor V Holloway further commented that similar colleagues should also be encouraged to write letters.

Roger Harris stated that he had concerns about any further development of this Joint Committee and that the risk of undermining local arrangements to take on extra powers. Roger Harris stated that some good work had already been undertaken at a local level and a fantastic relationship with the Clinical Commissioning Group was already in place. Roger Harris stated that he was nervous that the Joint Committee might take on too much responsibility and that a line should be drawn under the current list of services and no more should be added.

Councillors Snell and Collins both echoed Roger Harris comments.

Councillor C Holloway stated that caution must be taken going forward and asked what reassurances could be given going forward. Mandy Ansell stated that general practitioners would continue to fall under the Clinical Commissioning Group and that budgets still remained under her control and at this point in time these budgets were still fine.

Ian Wake stated that he, Councillor Halden and Roger Harris had plans to meet with the Regional Director, Dr Paul Watson, to discuss their concerns.

Mandy Ansell summed up and stated that a structure would be put in place that would include Public Health input.

Councillor Snell stated that there were concerns from Members that all representatives should be involved with the Joint Committee and proposed as Chair he would write to the Chair of the Joint Committee to encourage inclusion of patient groups and public health representatives into the Joint Committee.

RESOLVED

That the Chair of the Health and Wellbeing Overview and Scrutiny Committee would write to the Chair of the Joint Committee to encourage inclusion of patient groups and public health representatives.

3 July 2017

Update on Mid and South Essex Success Regime / Sustainability and Transformation Partnership (STP)

Tom Abell thanked Members for including the report on the work programme and provided Members with an update on the current thinking, the key events leading to the current position and the next steps for changes in local health and care across the Mid and South Essex Sustainability and Transformation Partnership. Members were asked for their feedback from the report and on the future plans to undertake a public consultation.

Tom Abell briefed Members on the commissioning functions of the Clinical Commissioning Group Joint Committee and the strategic functions. The consultation programme would

commence December 2017 through to March 2018 with a final decision shortly after. The Group were scheduled to meet on the 7 July to make decisions on any final consultations and would be happy to discuss further with this Committee.

Councillor Snell thanked the Officer for the report.

Councillor Gerrish asked with the focus on becoming sustainable what would be the scale of the challenge. Tom Abell stated that the sustainability gap in the National Health Service locally would be five years at a cost of £200 million and that the plans in the Sustainability and Transformation Partnership would address measures to bridge this gap.

Ian Evans queried the onward transfer of patients and whether any projectors or indicators as to the numbers and availability were available. Tom Abell confirmed that this data was not to hand at this time; this would depend on the work undertaken by the clinicians on the pathways which would be best suited and would deliver benefits to patients.

Ian Evans asked if the Joint Committee consisted of any service user or lay members. Tom Abell stated that no lay member or HealthWatch were on the committee and that decisions would be currently made by Chairs of the CCGs and Accountable Officers of the CCGs which made up the Joint Committee membership.

Councillor Potheary questioned the centralisation of certain services for example the stroke services at Southend Hospital and asked what the plans would be to assist residents getting to these locations. Tom Abell stated that it was the intention to keep residents at these specific hospitals for a shorter time as possible and then rehabilitation would be undertaken closer to home. That work was currently underway with the Clinical Commissioning Group to identify what transport was available. Tom Abell stated that with the right conditions these services should run alongside general practitioners and managed locally which in turn would prevent the 999 service being required.

Roger Harris stated that it was fair to say that the pace of the Success Regime had been frustrating with a lot of work being done on different models of care. The focus seemed to be on acute services rather than out of hospital models. The aim should be to get the right primary care services and identify when early intervention was required. Roger Harris noted his concern that the Joint Committee's functions would be extended too far and would undermine the local Clinical Commissioning Group and local services such as HealthWatch.

Councillor Gerrish asked how advanced was the thinking in terms of the offer with regards to the size and shape of future hospital configuration and would the extension include the expansion of services at Basildon Hospital.

Tom Abell replied that work had to be done to refine the offer to a define set of clinical services and work through the numbers and would present these findings at a future Health and Wellbeing Overview and Scrutiny Committee. Tom Abell stated that extra buildings would be required to cope with the demand.

Councillor Snell stated that as predicted this would take away the services and undermine work already done locally.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee noted the update and gave views on the emerging thinking, the importance of local issues and the future plans for public consultation.

10 November 2016

Wendy Smith the Interim Communications Lead, Mid and South Essex Success Regime for NHS England presented the report which informed Members of the considerable amount of the work that had been undertaken since this item was raised at the 9 June 2016, Health and Wellbeing Overview and Scrutiny Committee which included:

- Developed localities where General Practitioners (GPs) services, community, mental health, social care and other public services worked closer together.
- Thurrock Clinical Commissioning Groups (CCG) led on the development of the new model of care for frailty looking after older and frail people in the community.
- Working groups looking at emergency and acute care, surgery, women and children services.

Wendy Smith stated that the work currently being undertaken on the mid and south Essex Success Regime had tended to be the main focus which was attracting the most attention, although not necessarily the most important. Any potential changes in the hospitals would require detailed public consultations and a particular National Health Service (NHS) process would need to be followed.

A group of around 70-80 doctors and nurses from across the three hospitals involved had come up with their thoughts on a single Specialised Emergency Hospital. All three sites would have accident and emergency care and also separate out the planned operations from emergency care which would give an opportunity to use the capacity at the specialised hospital to develop a centre of excellence. Wendy Smith stated that discussions and workshops had taken place supported by Thurrock Healthwatch.

It had been anticipated that a business case would have been ready for national assurance at this point but Wendy Smith stated that agreement had been sought to extend the period for developing the business case for further engagement. The Options Appraisal Process had been extended until early February 2017 with the Business Case being ready by the beginning of March 2017.

Councillor Watkins thanked Wendy Smith for the report but asked what the timescales were for pushing this work forward to ensure that the level of general practitioners was as it should be in Thurrock. Wendy Smith stated that it was difficult to put a detailed timescale to this as this was still a developing process but stated that the further engagement required would not put a halt to any of the work already undertaken on the primary care services in Thurrock.

Councillor Watkins asked for assurance that the engagement and consultation process should include those elderly residents that could not necessarily travel to the proposed

hospital destinations. Wendy Smith stated that from the 20 workshops held travel distances was one of the biggest topic discussed.

The Chair and Members agreed that a Success Regime Update be added to the work programme.

The Chair asked for assurance for residents who had concerns on the quality and capacity of the ambulance services. Wendy Smith stated that this information would form part of further discussion and consultation documents but there were downsides which included the consideration of carers and families of patients who may have to travel distances to visit which could prove stressful.

Councillor Collins thanked Wendy Smith for her report and asked what the challenges they were facing. Wendy Smith stated one of the main challenges was recruitment with London attracting the more talented doctors and nurses with a higher rate of pay. Anglia Ruskin University are looking to create the first medical school in Essex. One challenge was that all three hospitals were looking for the same type of professionals. Although this was the opportunity to development the hospitals to make them more attractive to the workforce, provide training and rotational postings.

Councillors Collins asked could nursing accommodation be provided. Wendy Smith agreed to take this back as a suggestion.

Roger Harris stated that the Portfolio Holder for Health and Education was looking at key worker housing schemes for nursing staff in Thurrock which could help with renting accommodation or helping with deposits. The Portfolio Holder will take the report and proposal to Cabinet at some point.

Councillor Collins asked could council flats be made available for nursing staff. Roger Harris stated that arrangements could be made with private landlords and new builds and that the key worker housing scheme would be potentially available for social care workers, teachers and nursing staff.

Councillor Fish asked what, in further discussions, would the overriding factors be. Wendy Smith stated that potentially any of the three hospitals could be a specialised emergency hospital so further detailed discussions would still need to be held.

Councillor Snell stated that the downside to this proposal was when patients may need to spend longer in hospital and what plans would be in place to bring patients back to their local area for continued care. Wendy Smith stated that this was the plan; patients would attend the specialist hospital for treatment but be transferred back to a local hospital once the specialist care had finished.

Councillor Snell stated that Thurrock had health hubs which took pressure of hospitals but Thurrock was not quite there and could the proposal wait for Thurrock to catch up. Wendy Smith stated that there would be no point in making changes unless they were confident that it would not work. Work needed to be done to separate the planned work from the emergency work and this took time to develop.

Ian Wake asked Wendy Smith how this proposal would assist the £100 million deficit as agency staff were being used, the demand for unplanned care for emergency care was going through the ceiling and how the redesigning of new hospitals was being addressed. Wendy Smith stated that the redesigning of the hospitals was not about saving all that money but reinvest in the prevention and work with people who had higher risks of illness to ensure that more can be done to plan the care required.

Ian Wake asked Wendy Smith to clarify that part of the redesigning of the hospitals was to release money into primary and community care. Wendy Smith stated that was the plan that by reducing the amount to be spent by buying hospital care would release investment into the community.

9 June 2016

Success Regime Progress Update

Wendy Smith, Interim Communications Lead, Mid and South Essex Success Regime presented the report and stated that this was an ongoing project currently in the discussion stage. This stage will involve more input from service users to look how health and care can become more local and ways of truly knowing what people need and delivering this on a one-two-one basis. Also to look to join up services such as primary care, general practitioner services, community care, social care and mental health. The vision of the success regime will become more articulate in the sustainability and transformation plan, a draft will be available by the end of June 2016. It was stated that Thurrock was already ahead of these developments.

Wendy Smith briefly explained the challenges ahead and the main areas for change. It was hoped to have a draft proposal of the success regime to present to the Health and Wellbeing Board in March 2017.

The Chair thanked Wendy for the complex and interesting presentation and asked Mandy Ansell for comments.

Mandy Ansell commented that it would be useful for Members to bring this down to how the Success Regime would affect Thurrock and referred members to the New Model of Integrated Out of Hospital Care slide which cuts to the very core of what was already been achieved in Thurrock.

Mandy Ansell stated that Thurrock CCG were the cutting age of the community out of hospital strategy and as such will be leading the frailty pathway.

It was important for Members to understand the integration agenda currently being worked on with Officers and their teams through the better care fund to deliver a much more integrated model of delivery.

Mandy Ansell emphasised that Thurrock CCG is the only CCG in Essex that achieved the reduction in unplanned care which was a target in the BFC last year and as such has been able to re-invest £800,000 back into the community service to further keep people out of hospital.

In the wider context, consultation on the out of hospital strategy which had been led by HealthWatch had been undertaken with the public. The proposed model for Tilbury and Purfleet will also be used for the Thurrock Community Hospital and the new build in Corringham by NELFT. To look at the integrated services in a wider sense through voluntary and council services to address the lack of general practitioner capacity and to allow general practitioners to do what they have to do and other services will be picked up by other health professionals or social care partners.

Councillor Snell stated his concern over the Success Regime and that every effort to ensure that the one size fits all approach was avoided and should be tailored for each authority.

Councillor Watkins asked Officers what work would be undertaken with those practices that were under performing. Mandy Ansell stated that changes in practice profile, providing new providers and the re-siting of practices will be the way forward and change has already been achieved since the challenges in Tilbury in the summer of 2015.

Councillor Snell stated his concerns on how overspends or underspends would be addressed.

Councillor Halden restated that the Success Regime item will continue to be monitored.

Roger Harris stated that he had concerns with the proposed big changes to programmes and there were potential risks, therefore the Health and Wellbeing Board and the Health and Wellbeing Overview and Scrutiny Committee will be watching this item closely and will support locally to ensure that it does not distract from what was already in place.

The Chair stated close scrutiny would be undertaken by all Members of the committee on this item and requested that this item be returned to the Health and Wellbeing Overview and Scrutiny Committee for further update in September 2016.

Wendy Smith asked the Chair to formally write to her with Thurrock Health and Wellbeing Overview and Scrutiny Members concerns and comments. The Chair and Members agreed this will be done.

RESOLVED

- 1. That the Health and Wellbeing Overview and Scrutiny Committee noted the progress update report.**
- 2. That the Chair would formally write to Wendy Smith to support the comments made by Members.**
- 3. That Members agreed that a further report be brought back to Health and Wellbeing Overview and Scrutiny Committee in November.**

1 December 2015

Essex Success Regime

Mandy Ansell (Acting) Interim Accountable Officer of NHS Thurrock Clinical Commissioning Group presenting the report to Members which set out the outcomes of the work undertaken by Boston Consulting Group between 29 September 2015 and 2 November 2015. There were 40 stakeholders including patient representatives that were involved with the outcome of what the Essex Success Regime should focus on and how to deliver this service.

The report highlighted that NHS England, Monitor and the Trust Development Agency had decided that the Essex Success Regime will focus on Mid Essex and South Essex including the two unitary authorities of Southend and Thurrock.

The process to recruit an Essex Programme Director was unsuccessful and therefore a Chair, David Fish, had been appointed instead to lead the work.

Roger Harris stated that he had concerns on the focus of the report and that when fundamental problems were not tackled the same problems will come back.

All members agreed that there was no definition on what success looks like and when we will know. Mandy Ansell confirmed that further work with stakeholders was in hand with a further briefing scheduled for Friday 4 December.

The Chair asked Mandy Ansell why it is such a big project. Mandy Ansell stated that she could not comment but Thurrock Clinical Commissioning Group had a very clear vision for primary care and confirmed that the four Clinical Commissioning Groups had plans to meet next week for the first time to look at this challenging piece of work.

Councillor B. Rice commented that the report seemed to be very complex where nobody seemed to understand what it meant.

The Chair agreed with Members that the report contained nothing new and that money was being spent on a project that no-one seemed to understand.

The Chair stated that the recommendation should be rewording to remove the words "the progress so far of". All members agreed to this change.

RESOLVED

- 1. That the Health & Wellbeing Overview & Scrutiny Committee note the Essex Success Regime.**
- 2. That the report on Essex Success Regime should not be brought back to the Committee until there is further substantial information for the Committee to note.**

23 July 2015

NHS Five Year Forward View: The Success Regime: A Whole Systems Intervention

The Officer presented the report which stated that the Essex Health and Care Economy had been selected for the first wave of the newly announced Success Regime. The two other areas selected were Devon and Cumbria.

The Officer stated that this was a national directive to address long standing and deep rooted issues that were affecting the quality and sustainability of services for patients and the public.

The Officer explained that the success regime would not solve all of Essex problems as it is a large and complex area with a population of more than 2 million. The key issues for Essex were recruitment and the high turnover of staff.

The Officer explained that arrangements were still to be put in place, the most important being the recruitment of the Programme Director who would oversee the work. Further updates will be reported back to Members in the December 2015 committee.

The Chair commented that it sounded like an exercise of taking facilities from one area and putting them into another and why Essex could not be split into two (North and South).

The Officer confirmed that no assumptions had yet been made on facilities and confirmed that as Essex is such a large authority this may have to be the case.

The Chair and Members agreed that it was actually only a name at this time and nothing else seems to be in place.

Councillor Gupta stated that there should be more services rather than structures.

The Director of Adults stated that there is some nervousness as to where this success regime is taking us but at this time it should not stop anything else happening and permission will be given to do something new if required.

Councillor Cherry asked the Officers how Thurrock will cope with more people moving into the area. The Officer confirmed that funding is in relation to population, so regeneration of the borough generates more opportunities and more budgets. Hence more people would mean an increased budget for more staff and services. The Officer confirmed that the population growth in the borough should not be seen as a negative.

Councillor Rice stated that forward thinking of services should be more around the demand of today and not what they were like years ago.

The Committee agreed that the Success Regime item be referred back to the Committee in December 2015 for review.

RESOLVED

- 1. That the contents of the report to introduce the regime and any implications that emerge for Thurrock were noted.**
- 2. That the item Success Regime be added to the work programme for December 2015.**

Joint HOSC Letter to STP Programme Team

Dr Anita Donley OBE
Mid and South Essex STP Wren House
Colchester Road Chelmsford Essex CM2
5PF
Our ref: Fiona Abbott
fionaabbott@southend.gov.uk
Telephone: 01702 215104

Date 22nd March 2018

Dear Dr Donley,

Joint Health Overview & Scrutiny Committee Formal Response to proposed hospital changes in mid and south Essex

Authority

In accordance with the relevant regulations a Joint Health Scrutiny Committee has been established, comprising Councillors from Essex County Council, Thurrock Council and Southend-on-Sea Borough Council (JHOSC) to review proposals, development and implementation of service changes arising from the Mid and South Essex Sustainability and Transformation Partnership (STP).

The JHOSC has agreed to delegate approval to the Chairman and two Vice Chairmen to approve the response to the current consultation, as set out below. Accordingly, we are writing to you in our respective capacities as Chairman and Vice Chairmen of the JHOSC outlining our views as below.

Notwithstanding the above, the relevant Scrutiny Committees at each constituent authority may continue to scrutinise aspects of the STP separately to the JHOSC where they have a particular localised impact (rather than wider footprint implications) and/or strategic significance, or implications on stakeholder relationships within or across adjoining STP areas. The JHOSC will continue to be the consultative body for significant service variations.

Background

The Joint Committee of the CCGs in mid and south Essex launched a public consultation on 30th November 2017. The consultation primarily focuses on proposals to make changes to some specialist hospital services within the acute hospital sector, as well as proposals for the transfer of services from Orsett Hospital in Thurrock to new centres in the community. The original closing date for the consultation was 9th March 2018.

Following our request for an extension, we agreed to your suggestion to extend the deadline for consultation responses to 23 March 2018.

During the formal consultation period the JHOSC has held two formal meetings, on 20 February 2018 and 13 March 2018 and also held two informal meetings. The papers for the formal meetings are available on each of the participating local authority websites.

Formal response

We would like to thank your STP colleagues for their assistance in helping the JHOSC review the current proposals by attending meetings of the JHOSC and providing information as requested. We would particularly like to thank the clinicians who also attended who gave invaluable insights to the clinical considerations behind many of the proposals.

As STPs are developing 5 year plans, the JHOSC will want to have an on-going role in monitoring the STP including any implementation of the current or any subsequent proposals. In submitting this initial response, the JHOSC reserves its right to continue to scrutinise other issues at a later date as it deems fit. This is particularly pertinent for issues the STP continues to develop such as the primary care strategy and transportation strategy (see below).

In formulating this initial response the JHOSC has grouped its comments as follows:

- Communications and engagement
- Primary Care Strategy
- Community health care
- Workforce plans and impact
- Transport
- Finance
- Stroke services

Communications and engagement

Overall, the JHOSC is content that significant consultation work has been undertaken, and that different methods have been used. However, there seemed to be variations in methods and reach across the footprint and in some cases engagement only gained pace towards the end of the process. The distribution of materials seems to have varied by CCG areas as well.

The Members were concerned that the consultation document itself was lengthy and covered a number of issues which should ideally have been explored separately or in a number of different staggered consultations for example, Orsett Hospital.

Recommendation: That the STP should consider in the future whether having so many topics, however linked, in one consultation, is wise.

With regard to the management of the consultation events, some Members expressed concerns about some of the events which had been held, such as the event held in

Southend-on-Sea on 8th February 2018 and the subsequent event on 7th March 2018 were both oversubscribed. Another concern was that in some areas consultation events were scheduled for during office hours, meaning it was difficult for residents to attend. The JHOSC suggests that in future, the STP should consider 'filtering' attendances to help prevent this and the STP should have had contingencies in place and also have some flexibility and slack within the timetable to allow for extra events to be scheduled to meet demand.

The JHOSC has been pleased to see the increasing use of social media as a core component of your engagement and makes the following **recommendation: That the STP continues use of social media in future consultations.**

The JHOSC heard about the invaluable work of the local Healthwatch organisations and accordingly makes the following **recommendation: That the CCG Joint Cttee continue to involve the local Healthwatch organisations in its work as they provide a vital independent voice of patients.**

Primary Care Strategy

The JHOSC sees primary care / locality based work as key to the success of the proposals to create a sustainable health and care system in Mid and South Essex. We note that creating sustainable primary care fit for the 21st Century is referenced within the 'Case for Change' document, but that plans remain significantly underdeveloped. Demand on hospital services both in terms of A&E attendances and unplanned hospital admissions is directly related to the capacity and capability of primary care to offer sufficient appointments to patients, and to diagnose and effectively manage long term health conditions.

The JHOSC recognises that there are systemic problems within primary care in Mid and South Essex including a significant workforce gap leading to unacceptably long waits for appointments, fragmentation of services and an estate that is not fit for purpose. We believe that unless these issues are addressed with a new model of care and significant additional capital and revenue investment in primary and community health care, that avoidable demand on hospital services will continue to increase. We have concerns that the primary care strategy for the entire footprint has not been prioritised and developed earlier and in conjunction with plans for hospital reconfiguration.

We note that the situation in Thurrock where integrated community medical centres/hubs are more advanced is different to that elsewhere in the footprint and would like to see the learning from Thurrock extended quickly to other parts. We also note that nature of primary care providers and relatively small independent contractors requires that future Primary Care strategy is developed at a locality level, in order to ensure full engagement and clinical leadership of the primary care workforce.

You have advised that a draft Primary Care Strategy will be presented to the Joint Committee of the five CCGs next month before being devolved to the individual CCG Boards for implementation.

Due to the importance of the contribution of primary care to the success of the overall proposals the JHOSC requests early review of the Strategy and will seek assurance that the plans are robust, sustainable and able to achieve the objectives being sought, and most importantly that they are adequately funded in both revenue and capital terms.

Recommendations:

1. The locality based STP Primary Care Strategy is developed, that addresses the systemic issues of lack of capacity, variation in clinical quality and fragmentation of services, and that NHS England provides additional adequate capital and revenue funding for its implementation

2. That the JHOSC is able to scrutinise future Primary Care Strategy at the earliest opportunity after the local elections.

Community health care

The Joint Scrutiny Committee also notes that details relating to community health provision and its integration within the wider STP footprint is currently inadequate. Specifically we would also like to see more details around the proposals relating to the full utilisation of community hospitals in the footprint (with the exception of Orsett – see below).

With regard to the consultation on the closure of Orsett Hospital, we note the assurances given by the current NHS providers and commissioners within a local Memorandum of Understanding, specifically:-

1. That all clinical services provided from Orsett Hospital will continue to be provided within Thurrock, and be migrated to one or more of the four planned Integrated Medical Centres (IMCs).
2. That Orsett Hospital will not close until the IMCs are built and all services have been successfully migrated.

Recommendation: That the JHOSC is provided with, and able to scrutinise, further detail on community health care provision to assure it that it is being fully integrated into the STP plans, including a detailed implementation plan for the transfer of services from Orsett.

Workforce plans and impact

We feel that the document needed much clearer statements about how all parties were going to recruit, develop and re-design the workforce of the future. With a rapidly changing workforce, an ageing population and advancing new technologies we do not feel there are anywhere near clear enough plans for the how the aspirations of the STP are going to be developed. In particular:

- How will it address those key shortages in primary care that will restrict that sector in supporting acute pressures;

- How will shortages in key specialties be addressed;
- How will a new integrated workforce, working across existing traditional boundaries – e.g. primary and acute be developed;
- How will it work with partners in Adult Social Care to support the workforce shortages and challenges they are facing.

We feel that the development of a Joint Workforce Strategy across all sectors of the health and social care economy is an urgent priority. This must include consideration as to how the NHS and LA's can work together to address some of the critical workforce shortages across the whole social care sector – including independent sector providers. Recruitment issues and delivering the plan depend on resolving these workforce issues. The JHOSC will want to look at this going forward.

Patient transport and workforce transport

The JHOSC recognise that transportation has been a significant issue of concern during the consultation process and notes that a Green paper has recently been published by the STP discussing future principles of providing transport between the hospitals. The JHOSC appreciates that the final solution for such provision cannot be finalised until the outcomes from the formal consultation exercise are decided and commissioning decisions made.

However at this point the JHOSC remains concerned at the logistics of clinical transfers and the issue around clinical supervision of patients. This is an area which the JHOSC will look at going forward. The JHOSC looks forward to discussing the issues further with key staff such as the lead for this work, Dr Ronan Fenton, the Medical Director for the hospital programme of the STP.

The JHOSC is unsure how 'patient choice' will feature in the proposals going forward.

Recommendation: That the JHOSC is provided with, and able to scrutinise, further detail on patient transport and workforce transport to assure it that it is mitigating the impact of the proposed relocation of certain services.

Finance

The JHOSC is concerned that the STP consultation document did not give a clear financial overview of the challenges facing the health and social care economy. Nor was there a clear direction of travel for how the mid and south Essex health and care economy would achieve financial balance over the next 5 years.

It is clear from the STP proposals that much of the acute reconfiguration is subject to investment in localities. The JHOSC felt that the proposals are lacking in this regard and was disappointed by lack of financial information and reserves the right to make further comments on this area.

The JHOSC welcomes the proposed capital investment for the acute hospitals but needs to understand further the 'conditions' that are attached to the release of the capital from the Treasury, whether the capital is net and so dependent on any land sales for example.

The JHOSC did not think that it was helpful announcing the Trusts merger proposals during the consultation, as this could give the appearance of hiding a very important issue. The JHOSC would want to understand the implications for any future service reconfiguration and has concerns about the impact and timing of the merger.

**Recommendation: That the JHOSC is provided with detail on finances to facilitate further scrutiny to assure it that plans are financially credible and sustainable.
Stroke services**

The JHOSC received some further clarity around the proposals for stroke services however there is still a lack of detail and an understanding of how it will work and therefore reserves its right to scrutinise further the proposals for stroke services

Recommendation. The JHOSC also requested some further information / data and looks forward to receiving this shortly.

Conclusion

At this stage, whilst still having concerns about a number of issues, as indicated above (for example the need for the IMCs being open), the JHOSC supports the STP in further progressing its proposals to make changes to some specialist hospital services within the acute sector, as well as proposals for the transfer of services from Orsett Hospital in Thurrock to new centres in the community.

The JHOSC views that the engagement undertaken has been adequate and in some respects very encouraging (e.g. in the use of social media). It still trusts that proposals will be finalised which will be considered to be in the interests of the local health system.

The JHOSC reserves the right to continue its scrutiny of certain aspects of the proposals (as detailed above) to reassure it that the plans being finalised are robust and sustainable, and that sufficient mitigation has been put in place to minimise the impact of some specialist services being relocated (e.g. transportation between hospitals).

Yours sincerely,
Councillor Bernard Arscott
Chairman (JHOSC)
Southend-on-Sea
Borough Council

County Councillor Jo
Beavis Vice Chairman
(JHOSC)
Essex County Council

Councillor Graham Snell
Vice Chairman (JHOSC)
Thurrock Council

STP updates to the Health and Well Being Board November 2016 to September 2018

Date of HWB – 17 November 2016

STP update provided by Cllr Halden & Andy Vowles

Cllr Halden, informed Board members about the key principles document that has been agreed between himself as Chair of Thurrock Health and Wellbeing Board, and Cllr Salter and Cllr Butland as respective Chairs of Southend and Essex Health and Wellbeing Boards.

Cllr Halden explained that the key principles aimed to ensure that:

- Any Sustainability and Transformation Plan proposals are reported to the appropriate Health and Wellbeing Board(s), particularly those that directly affect the planning, commissioning and provision of health and social care services
- Solutions and services would be aggregated up where it makes sense not the other way round. Pan-STP working should be against clearly defined principles and certainly not the default position.
- There is a democratic input and voice into the process through Health and Wellbeing Overview and Scrutiny Committee, Cabinet and the Health and Wellbeing Boards.

Andy Vowles, Programme Director, Essex Success Regime provided the Board with an update on the Essex Success Regime (ESR) and the Mid and South Essex Sustainability and Transformation Plan (STP). In summary:

- The key principles agreed by Thurrock, Southend and Essex Health and Wellbeing Board Chairs are welcomed by Dr Donley (Chair of the STP) and will be shared at the next STP Board meeting.
- The timeline has been amended with public consultation on the STP/ESR likely to commence in May 2017.
- There is likely to be some pump priming funding made available to support areas next year. Budgets are currently being determined at a national level and transformation funds will be administered by NHS England.

During discussions the following points were made:

- Members agreed that Ian Wake would work with Roger Harris and his Directorate Management Team and with Mandy Ansell, Jeanette Hucey and Mark Tebbs from Thurrock CCG to develop a business case as part of developing the 'Thurrock Ask' and funding that will be necessary to support the STP/ESR Transformation.

Action Ian Wake

- Concern was raised about NHS England not responding to speculative press articles adversely presenting the ESR/STP. Board members were advised that misplaced speculation will be addressed through the publication of the STP, providing transparency for the public.
- Concern was raised that Adult Social Care did not appear to be featured predominantly enough within the STP.

RESOLVED:

The update was noted and the Board agreed to continue participating in discussions within the Mid and South Essex Success Regime and STP engagement and consultation programmes, which include stakeholder meetings and meetings of the Essex, Southend and Thurrock Health and Wellbeing Boards.

Health and Wellbeing Board members endorsed the key principles presented by Cllr Halden.

Date of HWB – 18 January 2017

STP update provided by Andy Vowles

Andy Vowles, Programme Director, Essex Success Regime provided Board members with an update on the ESR / STP. During the presentation the following points were made:

- A summary of the STP was published on 23 November. Detailed financial data and submissions are available at www.successregimeessex.co.uk
- There are three hospitals within the STP footprint (Basildon, Chelmsford and Southend) and Clare Panniker is now the Accountable Executive Officer across all three sites.
- There is no capital funding to support the STP
- Consideration is being provided to reorganising the operational models for the three hospitals. This is to address the adverse impact that A&E services can have on elected, planned care. The operational models comprise:
 - A 'Yellow' hospital providing an elective centre with A&E facilities.
 - An 'Amber' hospital with primary focus being the provision of emergency care with some elective facilities.
 - A 'Red' hospital providing specialist emergency care

During discussions the following points were made:

- It will be important to ensure that modelling is robust and recognises that more capacity within A&E will require more hospital beds
- Pump priming funding will be necessary to support transitional arrangements and manage demand differently. It was acknowledged that there is an increasing risk of good plans being developed to facilitate the STP/ESR which may only receive limited financial support.
- It was confirmed that Southend Hospital is the only facility that could be allocated as a yellow hospital.

- Board members agreed that consideration should be given to accessibility and travel times involved for people needing to visit one of the hospitals. Transport planning must be a key element of reviewing operational models.
- Concerns were raised about the continued focus on planning the STP. It was also agreed that the Governance model is opaque and timescales remain unclear.
- It was acknowledged that reconfiguring three hospitals will not address adult social care challenges.

Date of HWB – 15 March 2017

STP update provided by Andy Vowles

Andy Vowles, Programme Director, Essex Success Regime provided the Board with an update on the Essex Success Regime (ESR) and the Mid and South Essex Sustainability and Transformation Plan (STP). In summary:

- Focus was on the acute side of the programme and options appraisal.
- STP Plans have been published and are available on the success regime website
- The Programme comprises three main blocks:
 - Live well, focussed on prevention and self-care
 - Localities
 - 3 hospitals working together as a group overseen by Clare Panniker as Chief Executive Officer and therefore accountable officer at all three Trusts. Shared Executive team beginning to look at Clinical Teams and their functions.
- The vast majority of services across all three hospitals are unlikely to change
- 5 Options were assessed against four criteria outlined in the presentation (Quality outcomes and Safety, Workforce, Access, Efficiency and Productivity)
- Next steps will comprise, developing the business case and submitting it to the Programme Board for consideration. The business case will be subject to approval from the CCG Board, be considered as part of a national assurance process and consultation with members of the public.

During discussions the following points were made:

- Board members were informed about an initial consultation event that took place in Southend on Tuesday 14 March and a subsequent consultation event which took place at the Beehive during early March. The event provided the opportunity to discuss different models with the public.
- Board members were keen to ensure that future consultation events are publicised widely and take place to ensure a wider group of the community can attend. Board members were reassured that future consultation activity will be promoted and publicised through social media and other methods to ensure that patients, staff and partners can actively engage and inform the future direction.
- It was confirmed that the CCG is statutorily responsible for approving the business case and leading consultation activity. Any plans will require approval from the CCG Board. Board members were reassured that the Health and Wellbeing Board

will be provided with opportunities to inform and influence the direction of travel of the STP.

RESOLVED:

The update was noted and the Board agreed to continue participating in discussions within the Mid and South Essex Success Regime and STP engagement and consultation programmes, which include stakeholder meetings and meetings of the Essex, Southend and Thurrock Health and Wellbeing Boards.

Date of HWB – 19 July 2017

STP update provided by board members

NHS England representation was not available to provide an update to Health and Wellbeing Board members. The Chair expressed his disappointment that STP colleagues could not attend the meeting. Board members shared information about the STP which included the following points:

- A Joint Committee comprising 5 CCGs has now been established and involves 4 CCG Accountable Officers and 5 CCG Board Chairs. The Committee has now held its first meeting
- The Joint Committee delivery plan will be approved by NHS England. It is envisaged the consultation will commence by the end of the year
- Thurrock CCG leads on Frailty and mental health
- Board members remain concerned that the Joint Committee and STP decision making process excludes Local Authorities, Health and Wellbeing Boards and elected members.
- The Chair asked for a letter to be prepared for sending to Paul Watson at NHS England which sets out concerns raised by the Board about the STP governance structure not giving due consideration to existing statutory governance arrangements.

RESOLVED:

Board members considered the latest information available about the STP

Date of HWB – 22 September 2017

STP update provided by Tom Abell & Wendy Smith

Tom Abell, Deputy Chief Executive and Chief Transformation Officer, Basildon and Thurrock University Hospitals FT and Wendy Smith, Interim Communications Manager, STP, NHS England provided board members with an update on the STP. Key points included:

- During the engagement period over the summer concerns were raised by a range of stakeholders about proposals for all 'blue light' ambulances going to Basildon. Proposals have now been revised which ensure ambulances continue to convey

patients to their nearest A&E. Once seen by doctors in the local A&E, stabilised, diagnosed and treated, patients would then either be: discharged; referred for follow-up treatment; admitted locally for further tests and treatment; or transferred if needed to a specialist team, which could be in a different hospital for some patients.

- The three main hospitals (Basildon, Chelmsford and Southend) are now working together as a group and this offers opportunities to improve patient care by taking advantage of a greater scale for some services.
- The Mid and South Essex STP is finalising a business case for potential service changes over the next five years, including proposals to reconfigure some hospital services.
- It is envisaged that public consultation will commence at the end of October 2017. The business case and consultation plans will be presented to the national committee of NHS England on 4 October.

During discussions the following points were made:

- It was recognised that the acute element of the STP is predicated on the success of a capital bid for financial resources being submitted to NHS by November 2017. It is envisaged that a capital investment of £120million will be necessary in addition to between £20m - £30m for health and social care service provision.
- The importance of ensuring that the public are provided with opportunities to engage and provide their views on STP proposals was reinforced by Board members. The STP team provided a commitment to working with Thurrock CCG and Thurrock Healthwatch to ensure that the STP consultation exercise is meaningful and accessible for the people of Thurrock.

RESOLVED:

Health and Wellbeing Board members noted the update and welcomed further progress reports at future meetings

Date of HWB – 14 November 2017

STP update provided by Andy Vowles

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

Date of HWB – 30 January 2018

STP update provided by Andy Vowles

Andy Vowles, Programme Director for the Mid and South Essex Sustainability and Transformation Programme (STP) provided the Board with an update on the current consultation which was seeking views on:

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

The Board were asked to comment on proposals.

Concerns were raised by Board members about the accessibility of the consultation, and the Chair stated that Healthwatch had worked to bridge any gaps.

The Board were also concerned that the consultation about the future of Orsett Hospital had not been consulted on separately. In response, the Deputy Chief Executive of Basildon and Thurrock University Hospitals Foundation Trust (BTUH) stated that three further meetings were being organised specifically focused on Orsett Hospital. These would take place prior to the end of the consultation period.

The Chair stated that the process needed to be far more responsive to concerns being raised. For example the consultation on Orsett Hospital being part of the consultation on the proposals for hospital services in Southend, Chelmsford and Basildon despite a request for this not to happen.

Councillor Little wished to know how the Orsett site would be used, and the Deputy Chief Executive of BTUH responded that no decision had been made on the future of the site.

RESOLVED:

That the Board note the update and consider the proposals published for consultation.

Date of HWB – 16 March 2018

STP update provided by Jo Cripps & Claire Hankey

Jo Cripps Interim Programme Director and Claire Hankey, Interim Director of Communications provided members with a verbal update. The following points were made:

- The STP public consultation was launched on 30 Nov and the deadline had now been extended until 23 March.
- A range of materials and suite of documents have been made available that include supplementary documentation specifically focussed on proposals for Orsett hospital and an easy read STP consultation document. The STP consultation has a large online social media presence, is available on Facebook and also provides targeted information about the STP to specific geographical locations through paid advertisements.
- The consultation includes 15 large public events, small meetings with residents, an online survey and consultation documents. At least 600 people have attended the main consultation events and over 700 responses have been submitted to the online consultation. A telephone survey is expected to engage a further 700 individuals.
- Respondents to date tend to be within the age range of 36 – 65 years.

Early key themes that are emerging include:

- Clinical transport.
- Workforce and a transition in workforce requirements.
- Finance and access to Capital funds.
- Concerns have been raised about proposals for Orsett hospital.
- Concerns have also been raised that proposals will result in Southend hospital being downgraded.

The STP continues to engage strategic partners across the STP footprint, as demonstrated by the joint HOSC that has now been established and has met twice.

Next steps will include:

- An independent analysis of consultation responses, which will be provided to the STP programme team by a third party and is expected to be published on 8 May.
- The CCG Joint Committee will review proposals against consultation feedback and take decisions, expected early July 2018.

During discussions the following point was made:

- Healthwatch Thurrock and Healthwatch Essex have undertaken substantial engagement activity with students who are expected to respond to the consultation exercise.

Date of HWB – 8 June 2018

STP update provided by Mandy Ansell

Mandy Ansell provided members with a verbal update. The following points were made:

- The STP is currently in a decision making phase following public consultation which closed on 23 March. As part of the consultation exercise a range of materials and suite of documents were made available that included supplementary documentation specifically focussed on proposals for Orsett hospital and an easy read STP consultation document.
- A recent review of the STP undertaken and led by Paul Watson, NHS England, received positive feedback
- The CCG Joint Committee will take decisions in July 2018 taking into consideration consultation responses received.
- Members were reminded that the STP continues to engage strategic partners across the STP footprint and a joint HOSC will meet on a monthly basis.

Date of HWB – 20 July 2018

STP update provided by Mandy Ansell

Mandy Ansell, Accountable Officer, Thurrock CCG provided members with a verbal update. The following points were made:

- All recommendations made in response to the STP consultation exercise had been passed by the CCG Joint Committee.
- A commitment has been provided that services continue to be provided in Orsett until they can be delivered elsewhere including within IMCs.
- A People's Panel is to be created to help inform the relocation of services and ensure continued community engagement.

- It has been agreed that services provided to Thurrock residents by Orsett will remain available in Thurrock.

RESOLVED:

HWB members noted the update and provided comments

Date of HWB – 21 September 2018

STP update provided by Mandy Ansell

Mandy Ansell, Accountable Officer, Thurrock CCG provided members with a verbal update. The following points were made:

- The first meeting of the People Panel, created to help inform the relocation of services and ensure continued community engagement, had taken place and membership has been agreed.
- It has previously been agreed that services provided to Thurrock residents by Orsett will remain available in Thurrock and that Integrated Medical Centres are key to facilitating a transfer of services between locations.
- Members were advised that Cabinet had approved the request to tender for building works for Tilbury and Chadwell IMC.
- Members raised concern about the limited planning and project management material that is readily available for partners. It was agreed that Roger Harris, Corporate Director for Adult Housing and Health, Mandy Ansell, Accountable Officer Thurrock CCG and Andrew Pike, Managing Director BTUH will meet and consider pathways and plans for implementation.

Action Roger Harris, Mandy Ansell and Andrew Pike

RESOLVED:

HWB members noted the update and provided comments.

This page is intentionally left blank