3 July 2017	ITEM: 7
Health and Wellbeing Overview and Scrutiny Committee	
Update on Mid and South Essex Success Regime / Sustainability and Transformation Partnership (STP)	
Wards and communities affected: All	**Key Decision:** For information and discussion
Report of: Andy Vowles, Programme Director, Mid and South Essex Success Regime	
This report is Public	

Executive Summary

This paper provides an update on current thinking and next steps for changes in local health and care across the Mid and South Essex Sustainability and Transformation Partnership (STP).

1. Recommendation(s)

1.1 The Committee is asked to note the update and to give views on: i. the emerging thinking local issues; and ii. future plans for public consultation.

2. Introduction and background

2.1 **Key events leading to our current position**

2015	NHS England and other national bodies designate Essex Success Regime, one of only three in the country.
1 March 2016	Outline plan published for health and care across mid and south Essex, including potential hospital reconfiguration.
March – May 2016 Early engagement	• Set up of clinical working groups to develop and lead change. • Three hospital trust boards agree joint committee • CCGs identify areas of collaboration • Engagement with health and wellbeing boards (HWBs), other stakeholders and service users. **Outcomes** • Clinicians (with service users) agree decision rules and criteria for potential hospital reconfiguration and service redesign. • Agreed objectives for hospital change: - Designate a specialist emergency hospital

	- Separate emergency and planned care - Identify where some specialist services could benefit from consolidation across three hospital sites.
June – Aug 2016 Developing options and decision-making criteria	• CCGs and partners collaborate on blueprints for joined up health and care in localities, frailty, end of life and other pathways. • Hospital clinicians refine potential options for reconfiguration and consult independent Clinical Senate. • Programme of staff workshops and focus groups with service users. Continued discussions with HWBs and other stakeholders **Outcomes** • Outline sustainability and transformation plan submitted to NHS England in June • Insight from service users and staff informs weighting of decision-making criteria and influences draft STP • Independent Clinical Senate supports direction of travel, advises on consideration of more radical options for emergency care, obstetrics and paediatrics.
Sep 2016 – Jan 2017 Engagement in STP and options for hospital service change	• Programme of public workshops and staff briefings provides insight on priorities for change and potential implications • Acute clinical leaders narrow down potential options for hospital reconfiguration to two broad models, one model with three variations and one model with two variations • Continued discussions with HWBs and other stakeholders **Outcomes** • Full STP published with public summary, influenced by service user feedback • Second review by independent Clinical Senate – commends clear case for change, supports direction, advises on pace of change, "*long term sustainable services should take priority over speed*" • Local clinicians advise further discussion – options appraisal shifted from November 2016 to February 2017.
Feb – March 2017 Options appraisal	• Discussions continue with staff, stakeholders and local groups – over 100 stakeholder meetings and events since March 2016 • Four panels (including service users) consider options for potential hospital reconfiguration **Outcome** • Options appraisal points towards a future model of three hospitals each providing different specialist services, while all three hospitals continue to provide around 95% of hospital care for their local population, including 24 hour A&E. • Local discussions highlight further work needed on operational and practical implications of change. **Quote from stakeholder briefing issued 15 March:**

	While the options appraisal process is an important part of evidence-based planning, there are also a great many operational and practical concerns to address, most of which will benefit from insights from front line staff and local people. This will include details of how a change could be implemented over the next three to four years through a carefully managed and staged approach so that patient safety and care quality is assured at every stage and alongside changes in community care.
April to date	• CCGs agree to form a joint committee to lead system-wide planning and joint commissioning. • Hospital clinical working groups continue to develop detailed clinical blueprints. • Programme Executive reviews timescales.

2.2 **Recap on the Mid and South Essex Sustainability and Transformation Plan**

- Plans are in progress to invest in GP, mental health and community services to develop innovation and early treatment that will help people stay well and avoid hospital emergencies. These are specific to each of the five CCGs (e.g. *For Thurrock in Thurrock*), but all five CCGs are working to broadly consistent models of care including:

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

- The three acute hospitals in Basildon, Chelmsford and Southend are working as one group to meet rising demands. As a group, the hospitals can save money by sharing corporate functions and support services, while clinicians are looking at the opportunities to improve patient care by centralising some specialist services at each hospital.

2.3 **Addressing current local concerns**

There has been considerable local engagement in Thurrock through the work of the CCG and Thurrock Council with *For Thurrock in Thurrock,* as well as the STP wide programme. We are extremely grateful for the support of Thurrock Healthwatch and other local groups.

From this engagement, there are a number of Thurrock service user representatives who are actively involved in the STP Service Users Advisory Group, which played a significant role in the appraisal of options for hospital reconfiguration earlier this year.

Feedback from discussions tends to focus on access to primary care, which informs Thurrock CCG plans, and the sustainability of high quality hospital emergency care.

Some of the main concerns around the potential hospital reconfiguration are addressed in summary below:

- There are no plans to close A&E at any of the three hospitals.

- In all options currently being discussed, there would continue to be an A&E department, supervised by consultants and open 24/7 at each of the three hospitals in mid and south Essex.

- Our A&E departments would continue to respond to unplanned needs, and manage a broad spectrum of illnesses and injuries. The approach to patients would continue, which is to assess, treat and transfer or discharge.

- Similar to current practice, a transfer may be:

    - Back to a GP or other service in the community
    - To another unit within the same hospital for further assessment and treatment
    - To an inpatient ward or specialist centre, which could be in the same hospital or in another hospital
    - In some instances, where it would be safer to do so, people could be taken by ambulance straight to a specialist centre, by-passing the local A&E. Current examples of this include major trauma, head injuries and acute heart attacks.

- The potential hospital configuration for the future includes 24 hour assessment units for older and frail people, children and people who may need surgical or medical care. These units would provide fast access to mental health and social care as well as acute hospital care. They could accommodate an overnight stay if necessary, but would aim to help people avoid a stay in hospital. This would ensure a faster and better response to most of the emergency needs of older people and children, linked to a range of community services for ongoing support if needed.

- All three local A&Es would retain the skills to provide immediate stabilisation and management of all emergencies that arrive at the hospital and, where appropriate, arrange onward transfer.

3. Issues, Options and Analysis of Options

3.1 What could be different in the future?

- Greater emphasis and capability in terms of prevention and early intervention to manage rising risks of serious illness.

- A wider range of expertise available in Thurrock, with joined up services and multi-disciplinary teams to improve capacity in primary and community care.

- A future hospital configuration where around 95% of hospital activity would continue at each hospital, while some specialist services, including some life-saving care, could be consolidated in one or two of the hospitals.

- Emergency inpatient care increasingly separated from planned inpatient care to improve capacity and avoid cancelled operations due to surges in emergencies.

- Current thinking identifies Basildon as having the greater potential to provide a specialist emergency hospital, Southend as having the greater potential to provide a centre of excellence for planned care and Broomfield providing a combination of emergency and planned care.

- The questions that clinicians and partners are currently investigating include:

    - What specialist services could be safely consolidated in a way that would improve patient care and outcomes? There is considerable scope to improve patients' chances of survival and rapid recovery in cardiac, vascular and stroke care, for example.

    - What would be the best way to access these services? When is it better to treat and transfer from a local A&E, and when is it better to transport patients directly to the specialist team?

    - What are the opportunities to consolidate planned inpatient care in one or two centres of excellence?

    - How could we improve patient pathways from preventative care and treatment closer to where people live through to hospital services when needed and back to rehabilitation and support?

3.2 **CCG Joint Committee**

- The CCG Joint Committee, which is due to meet for the first time in July, will lead the PCBC and public consultation.

- Commissioning functions of the CCG Joint Committee cover:
    - Acute services
    - NHS 111 and out of hours services
    - Ambulance services
    - Patient transport services
    - Services for people with learning disabilities
    - Services for people with mental health problems

- Strategic functions include:
    - Delivery of the STP local health and care strategy
    - Decisions on STP wide service configurations
    - Agreement of relevant STP wide patient pathways and restriction policies
    - Leadership of relevant public consultations that affect the whole STP area

3.3 **Next stages of development leading to public consultation**

- The Mid and South Essex Sustainability and Transformation Partnership is developing a pre-consultation business case (PCBC) that will present the case for change and proposed way forward, based on clinical evidence. It will include financial plans and proposed capital investment.

- Subject to national assurance, there would then follow a public consultation.

- The programme is now exploring a phased approach to implementation, where the vision (to separate elective and non-elective and consolidate services where it makes sense to do so) remains the same, but a step-by-step approach is taken to service change.

- Within the hospital trusts, some thirteen clinical working groups are developing patient pathways and clinical protocols for:

    - Emergency and A&E services, including assessment centres
    - Acute admissions e.g. vascular, stroke, renal, cancer surgery
    - Planned care e.g. urology, neurology, ophthalmology, orthopaedics, cancer surgery
    - Paediatrics

- There will be further opportunities for service users and local people to get involved in developing patient pathways before, during and after public consultation.

3.4 **Current timescales**

Discussions with stakeholders on draft PCBC	June – Sept 2017
Completion of PCBC	September 2017
Local regional and national assurance process	Oct – Nov 2017
Consultation programme	Dec 2017 – March 2018
Analysis of outcomes and review of proposals	April 2018
Decisions based on outcome of consultation	May 2018

4. Reasons for Recommendation

4.1 The Health and Wellbeing Overview and Scrutiny Committee is a key stakeholder with a statutory duty to scrutinise health services and public engagement in potential service change. We very much value members' views and advice to ensure meaningful consultation.

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

5.1 The Mid and South Essex STP will contribute to the delivery of the community priority 'Improve Health and Wellbeing'.

6. Implications

6.1 Financial

One of the objectives of the STP is to respond to the increasing NHS deficit across mid and south Essex. As a system-wide issue, partners from across the health and care system are involved in financial planning. This will help to ensure that any unintended financial consequences on any partners of what is planned are identified at the earliest opportunity and mitigated.

6.2 Legal

Legal implications associated with the work of the STP will be identified as individual workstreams progress. The STP will meet the requirements of NHS statutory duties, including the Duty to Involve and Public Sector Equality Duty.

6.3 Diversity and Equality

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

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

We will incorporate discussions with seldom-heard groups to test equality issues and use the feedback to inform an equality impact assessment to be included in the pre-consultation business case and decision-making business case.

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

None identified

Report Author:

Wendy Smith

Interim Communications Lead, Mid and South Essex Success Regime