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Date 22<sup>nd</sup> 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 30<sup>th</sup> 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 9<sup>th</sup> March 2018. Following our request for an extension, we agreed to your suggestion to extend the deadline for consultation responses to 23<sup>rd</sup> March 2018.

During the formal consultation period the JHOSC has held two formal meetings, on 20<sup>th</sup> February 2018 and 13<sup>th</sup> 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 8<sup>th</sup> February 2018 and the subsequent event on 7<sup>th</sup> 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 21<sup>st</sup> 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

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