



Councillor Arscott
Councillor Beavis
Councillor Snell

***Sent by email only to:
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Mid & South Essex STP
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19th April 2018

Dear Cllrs Arscott, Beavis and Snell

Re: Joint Health Overview and Scrutiny Committee - Formal response to proposed hospital changes in mid and south Essex

Thank you for the formal response of the Joint Health Overview and Scrutiny Committee (JHOSC) to the mid and south Essex STP public consultation *Your Care in the Best Place*.

The STP response to the specific recommendations follows:-

1. Communications and engagement

- 1.1 JHOSC recommendation: “The STP should consider in the future whether having so many topics, however linked, in one consultation, is wise”.

STP response: The STP will take this recommendation into account in any future consultation processes, according to the proposed service change(s) which are to be the subject of consultation.

The *Your care in the best place* consultation was necessarily wide-ranging in scope as it was considered necessary to bring all elements of the STP plan together into one consultation. This was aimed at providing a perspective inclusive of work on both acute service reconfiguration and the essential complementary development of local health and care services.

The STP took this approach as a result of discussions and formal engagement with the three Health and Wellbeing Boards and individual HOSCs in the development of consultation documentation, supporting materials and communications plan. In addition, the STP made specific variation to the way in which it consulted with the public in different geographical areas to take account of particular concerns in that area, for example, in Thurrock specific consultation materials, including summary documents, specific surveys relating to the Orsett proposals and a video explaining the proposed changes were created. The STP worked with

Healthwatch Thurrock, which helped in engaging with local people and focussing on their main concerns.

- 1.2 JHOSC recommendation: “That the STP continues use of social media in future consultations.”

STP response: Social media was used to positive effect throughout the consultation and we welcome the JHOSC recommendation. As an STP we are mindful that, in any consultation or engagement process, information should be made available in different ways and using different modalities to secure feedback to ensure optimal stakeholder involvement. The STP will indeed continue to use social media as one of many tools employed.

- 1.3 JHOSC recommendation: “That the CCG Joint Committee continue to involve the local Healthwatch organisations in its work as they provide a vital independent voice of patients.”

STP response: The STP agrees entirely that the Healthwatch organisations provide vital input from patients and service users. I would like to thank Healthwatch formally for their support prior to, and during, the consultation process.

The STP will continue to engage with all three Healthwatch organisations as we develop our plans. All three Healthwatch organisations have formal representation on the STP Board, providing important input and challenge in discussions at the Board.

2 Primary Care Strategy

- 2.1 JHOSC recommendation: “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. That the JHOSC is able to scrutinise future Primary Care Strategy at the earliest opportunity after the local elections.”

STP response:

The STP welcomes the JHOSC focus on locality-based primary care services and recognition of the need to make rapid progress in this area. The ongoing work on locality-based primary care services sets the STP strategy for the resolution of system-wide issues relating to demand and capacity, workforce planning and utilisation, as well as the estates and investment funding required for implementation of locality-based primary care services as a part of the STP Local Health and Care work. Individual CCGs will be responsible for implementation of the strategy at local level. CCGs are already working closely with local Health and Wellbeing Boards on these matters.

The STP-wide strategy has been considered by the CCG Joint Committee and will be approved by individual CCG Boards² during May and June 2018. Once endorsed by the STP Board the STP would welcome the opportunity to present this strategy to the JHOSC.

3. Community Health Care

- 3.1 JHOSC 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.”

STP Response: The STP looks forward to discussing with the JHOSC the requirements in relation to community health care and utilisation of community hospital facilities across the STP area.

4. Patient Transport and Workforce Transport

- 4.1 JHOSC 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.”

STP Response: The STP recognises that both the Clinical Transport Service (to deliver the “treat and transfer” element of our proposals) and the proposed Family/Carer Transport Service are the subject of concern for stakeholders.

The equality and health inequality impact assessment work being undertaking will analyse the proposals in the post-consultation phase and assist identification of further specific issues to support planning for these services.

As the JHOSC has acknowledged, the detailed plan for these services cannot be finalised until such time as the CCG Joint Committee makes a final decision on the proposed service changes.

With regard to the Clinical Transport Service, work to prepare clinical protocols and operating models is ongoing and involves the three hospitals working with the East of England Ambulance Service Trust, as well as with colleagues from both the East of England and London trauma networks. The STP would be happy to provide an overview of the work to date to the JHOSC.

On the Family/Carer Transport Proposal, the STP has commissioned some support to assist in scoping the requirements for this service, ensuring equity of provision. As the JHOSC will be aware, this is a complex area, covering existing transport services overseen by Local Authorities; future community development plans; car-parking at hospitals; commissioned services already in existence; and personal transport options. This work will also consider transport options for hospital staff.

While the decision-making business case for the CCG Joint Committee is being developed currently, it is likely that all decisions subsequently made by the STP will be subject to suitable transport options (both clinical and family transport) being in place prior to implementation.

5 Finance

- 5.1 JHOSC Recommendation: “That the JHOSC is provided with detail on finances to facilitate further scrutiny to assure it that plans are financially credible and sustainable.”

STP Response: Both the STP proposals and the financial model underpinning the pre-consultation business case underwent local, regional and national NHS assurance approvals prior to the launch of the consultation.

The STP is in the process of refreshing the financial modelling to reflect the current position and will share this with the JHOSC once completed; it will be important to consider NHS financial models in the context of our Local Authority partners.

6 Stroke Services

6.1 JHOSC Recommendation: "The JHOSC requested some further information/data."

STP Response:

The following data are taken from the Sentinel Stroke National Audit:

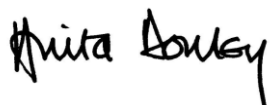
Hospital	2013/14	2014/15	2015/16	2016/17
Basildon	478	565	601	620
Mid-Essex	458	463	488	555
Southend	582	639	654	676
Total	1518	1667	1743	1851

The STP notes that JHOSC will continue the statutory scrutiny function for system-wide service change and that the individual HOSC within each Local Authority will continue to scrutinise aspects of the STP specific to relevant sections of the population (e.g. locality development).

The STP looks forward to meeting the JHOSC to plan future scrutiny arrangements, in order to ensure that it has the information necessary to discharge its statutory duties.

Thank you once again on behalf of the STP for the JHOSC formal response to the STP consultation *Your Care in the Best Place*, and for taking time to meet and discuss the proposals with STP team members.

Yours sincerely



Anita Donley OBE
Independent Chair
Mid and South Essex Sustainability & Transformation Partnership