



Mid and South Essex Sustainability and Transformation Partnership

***Your Care In the Best Place* Consultation Outcome – May 2018**

Introduction

Consultation is intended to help NHS organisations make decisions to secure the best possible services that meet the needs of local patients and represent the best possible value for money.

An independent report looking at responses to the *Your Care In the Best Place* consultation on services across Mid and South Essex has been published on 22nd May 2018.

The report, from consultation analysts The Campaign Company, provides an analysis of responses to potential changes to emergency and acute care including stroke services, emergency surgery, trauma and orthopaedic services, and Orsett community hospital. The consultation also sought views on health and care services in the local community.

The report examines the themes and feedback from over 2,700 individual and group responses on the principles for consultation from either completion of online consultation questionnaires, or by filling in a paper survey or by writing in by email or post. It also analyses feedback from hundreds of people who took part in public meetings and other consultation activities.

Following an extensive pre-consultation engagement period over two years, the *Your Care In the Best Place* consultation took place between 30 November 2017 and 23 March 2018. The 16-week consultation saw 16 large scale public meetings with almost 700 people attending in total, and over 40 deliberative workshops and specific events for people who were most likely to be affected by the proposals.

A further 750 people took part in an independently commissioned telephone survey conducted with a demographically-balanced section of the population across Mid and South Essex.

A separate questionnaire was also made available following feedback to focus specifically on the issues relating to Thurrock residents which was completed by 276 people.

In total it is estimated that more than 4,000 people took the opportunity to participate.

Background

The proposals for consultation were influenced very strongly by staff and local people. Between 1 March 2016 and the end of November 2017, there were five phases of engagement, which helped to shape both the decision-making process and the proposals for consultation.

Over the five phases of discussions the options for potential changes in services across the three hospitals in Southend, Chelmsford and Basildon, were narrowed down. From over 100 possibilities five main options for organising services across the three hospitals were reached.

By the end of phase four, the options appraisal phase, two options for more detailed development were identified. Both of these options involved designating Basildon Hospital as a specialist emergency hospital, which would take all patients arriving by “blue light” ambulance.

Following the options appraisal process, there was a strong view from the STP Service Users Advisory Group and others that this approach should be sense checked to address local concerns.

This resulted in announcement in July 2017 of a modification of the outline proposals, which would enable the majority of patients in need of emergency care to continue to receive treatment initially at their local (or nearest) A&E and then, if needed, transferred to a specialist team, which may be in another hospital.

This extended period of engagement and involvement of patients, staff and partner organisations culminated in the development of the five principles upon which the hospital service changes were based and which were the subject of the public consultation .

Following agreement of the Joint Committee of the five Clinical Commissioning Groups on the principles to be consulted upon, the STP public consultation was launched on 30 November 2017. Details of the proposals can be found at www.nhsmidandsouthessex.co.uk

The consultation approach supported the right of patients and the public to information and transparency as a cornerstone of involvement and the principles of the NHS Constitution which commits the NHS “to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned” and “be involved, directly or through representatives, in the planning of services commissioned by NHS bodies”.

A suite of materials was produced, including a main consultation document (which benefited from input from all three local authority health overview and scrutiny committees (HOSCs) and Healthwatch partners, a summary document, leaflet, feedback questionnaire and additional information, including a short video animation describing the proposed changes, and further information on key aspects of the changes.

As per the consultation Communications Plan, which was discussed by Health and Wellbeing Boards and the three individual HOSCs, consultation materials were made available in hard copy, as well as via the STP consultation website. Materials were also available in different formats and languages, on request.

The consultation process

In line with the relevant regulations a Joint Health and Overview Scrutiny Committee (JHOSC) comprising members from Essex County Council, Southend Council and Thurrock Council was established.

To ensure compliance with the statutory requirement for NHS bodies to consult Local Authorities on proposals under consideration for a variation in the provision of health services, the consultation team attended two formal and one informal meeting with the JHOSC during the consultation period.

Consultation materials were distributed through the networks of the five clinical commissioning groups, the three hospitals and the existing patient representative network associated with all health and care organisations and partners in the voluntary sector and made available in locations such as GP surgeries, libraries, clinics, and community centres.

Activities included email notifications, information in newsletters and on websites, as well as social media platforms of all the health and care organisations and partners.

The consultation was widely publicised through the local media including television, radio and local newspapers in editorial coverage.

Significant use of social media was employed as both a promotion and engagement tool with Facebook and Twitter used as the main platforms. Our use of social media was singled out for praise by the JHOSC in its consultation response.

In terms of promotion, sponsored advertisements on Facebook allowed targeted adverts to be placed on news feeds highlighting “local” opportunities to get involved based on location, for example advertising events in Chelmsford to those who live there and have Facebook accounts.

It has also enabled relevant posts to appear targeting key demographics based on for example age, health workers, religious affiliations and gender.

Information about the consultation thus appeared on the newsfeeds of more than 200,000 people through the combination of paid advertising and via the STP Facebook page and more than 170,000 via their Twitter feed.

Aside from both traditional and social media a cascade approach was adopted through established channels using key communicators across a range of local networks to reach a variety of groups and communities.

Examples of this approach include a focus group session with Thurrock Diversity Network supporting people with physical and or learning disabilities, formal letters to traveller liaison groups, articles run in weekly Council of Voluntary Services updates to their membership and postal mail-outs to patients on CCG engagement databases without email addresses.

Healthwatch Essex, Healthwatch Southend and Healthwatch Thurrock also supported this community cascade approach. The variety of activities included:

- Essex: social media cascade, out and about in the Chatterbox Cab
- Southend: Mailshots and shopping centre promotional stands
- Thurrock: Face to face events, visits to sheltered housing

Participants were encouraged to use an online feedback questionnaire to submit their views, but could also feedback in any of the following ways:

- By letter or email
- Completing a paper questionnaire
- By attending a targeted focus group, where there was structured note taking
- By attending a larger “public” discussion event with structured note taking
- Over the telephone
- Posting and commenting via social media

The consultation team also offered to attend meetings on request from community groups and other organisations.

Letters were also written to an extensive list of stakeholders, community groups, partner organisations, neighbouring STPs and condition specific support groups to ask them to respond formally with their views to the consultation.

As outlined earlier an independent telephone survey was commissioned to a representative sample of 750 of population of mid and south Essex.

In line with the cascade approach the Community and Voluntary Service organisations were asked to write to their member organisations to raise awareness of the consultation and encourage participation. These networks included a wide range of advocates and representatives of minority groups and for example resulted in direct invitation to attend groups such as Southend Ethnic Minority Forum and Transpire (LGBT).

Focused work was undertaken to ensure those with protected characteristics were able to consider the proposals from the perspective of the relevant characteristics. Letters and consultation materials were sent to groups aligned with the nine protected characteristics set out in the Equality Act 2010 requesting they consider the proposals from the perspective of those they support.

This included groups such as Age UK Essex, Royal Association for Deaf People, Blind Welfare, Stonewall, Traveller Liaison, Roma Support Group, Peaceful Place, YMCA, and Family Action.

A number of focussed group discussions were also undertaken to speak directly to groups likely to be impacted by the proposed changes.

Throughout the consultation the team responded to a number of requests and based on feedback received undertook additional activities. Examples of this include:

- Due to popular demand, additional events were put on in Southend and South Woodham Ferrers
- Produced a video on the Orsett proposals
- Produced summary sheets on stroke, finance and transport and workforce
- Extended the deadline for responding to the consultation to March 23 2018
- Revisited GP practices to ensure materials were on display (and stock replenished)
- Undertook paid advertising in the local media to promote the extended time frame

Consultation response

The independent analysis report compiled by The Campaign Company shows broad agreement for the five principles outlined in the consultation report.

However in line with the conversations had during both pre-consultation engagement and the consultation process itself, the analysis identifies some local differences, particularly around the proposals relating to the future of Orsett Hospital from those living in the Thurrock CCG area and less general agreement with the proposals from those living in the Southend CCG area.

The process of informal and formal engagement has been comprehensive and it is clear there has been considerable local discussion about the proposals both prior to and during the consultation. There have been high profile local campaigns around the proposed changes with concern that public and staff will be “put at risk unless the existing resources are left unchanged”.

Although there have been genuine concerns raised, it is worth highlighting that for a large number of attendees at the public discussion events and workshops, once the proposed changes had been explored, there was less concern and a greater level of support expressed.

However as previously stated the primary aim of consultation is not to undertake a referendum but to gain better understanding of any potential impact proposed changes may have.

The key question now that the responses to the consultation have been analysed is for the local NHS to consider what has been learned from the consultation and what key feedback from patients and public could affect the proposals to redesign the future services. The analysis of the responses has shown key themes of concern in the areas of:

- Transport and accessibility of services
- Shortages in workforce to deliver a sustainable service
- Financial constraint

The equality and health inequality impact assessment work being undertaken in the post-consultation phase will also assist in identifying any further specific issues to support planning for any subsequent implementation.

Transport and accessibility of services

Patients, Families and Carers

The numbers of people potentially impacted by the proposed changes are relatively small in comparison with the daily attendances across each hospital site.

However in seeking to address concerns raised, even before the conclusion of consultation, a transport working group chaired by a patient representative was constituted.

The group is supporting on-going work to establish a robust non-emergency transport solution to support those patients and their carers/family members impacted by the proposed change, the recommendations arising from this group on steps that can be taken to help resolve concerns over transport and accessibility will be considered alongside the final proposed service changes.

It also recognises and seeks to address pre-existing accessibility issues identified at all three sites, for example car parking limitations.

Clinical Transfer

A small number of patients may be transferred from their local A&E department to receive more specialist care at a different site. We have been developing a detailed service specification for a dedicated emergency transfer service solely to convey these patients identified as benefitting for having on-going inpatient care delivered at specialist unit located at another site. The plans for the transfer service have been considered by the clinical senate and will also be revisited as part of the final decision making on the proposed service changes.

Workforce

Gaps in the workforce both in hospitals and community based services are one of the most significant challenges the system in mid and south Essex faces.

A key purpose for the proposed changes is to tackle some of the key workforce gaps that we have across our three hospitals by:

- Expanding the opportunities for training, sub-specialisation and greater experience from the creation of specialist centres across the three hospitals.
- Creating more sustainable rosters for staff working in specialist services to reduce current gaps in rosters or unsustainable working patterns that are currently faced by a number of clinicians within our hospitals.
- Providing a greater range of skills and professions available to patients over an extended seven day period through the creation of single specialist units within mid and south Essex to provide greater support and experience to support staff working in these areas.

We believe that this rationale holds true and as part of the East of England Clinical Senate stage two review, there has been a analysis of the proposed staffing arrangements for the specialist units.

Finance

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

The conclusion reached through this assurance, and through analysis by local NHS leaders is that successful delivery of these proposals will secure a more financially sustainable NHS for the people of mid and south Essex which will also deliver better care.

However, it was also recognised that in order to make these changes work there would need to be investment in our three hospitals in terms of buildings and equipment and as such £118m was allocated to the NHS in mid and south Essex in the 2017 Autumn Budget to support these changes.

Next Steps

The opportunity to discuss the issues facing the health and care system in mid and South Essex is to be welcomed alongside the willingness of the community to seek greater understanding and become more informed in the future of services both in the community and within the three hospitals.

The outcome of the public consultation is an important factor in decision making which needs to be fully taken into account. It is, however, one of a number of important factors for decisions.

The Joint Committee of the five clinical commissioning groups will review the findings of the outcome report as part of its decision making process in the summer, alongside evidence and reports which review clinical, financial and practical considerations.

Following decision making the Joint Committee Chair will formally write to the Joint Overview and Scrutiny Committee to inform them of the decisions made.

The JHOSC will then review and choose whether to provide feedback or make recommendations to the CCG Joint Committee.

Any subsequent implementation programme would be clinically-led and will involve clinical professions from all backgrounds and organisations.

This programme will be built on a principle of co-production. Patients, carers and members of the public will be invited to participate in the transition and implementation planning and will be included as key members of a proposed implementation oversight group

It is likely that a process of learning and review throughout the implementation stage will reduce further the concerns expressed through consultation.