



**Mid and South Essex
Sustainability and
Transformation Partnership**
CCG Joint Committee

Sent via email

Cllr Victoria Holloway
Chair, Thurrock HOSC

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3 January 2019

Dear Cllr Holloway

**Referral of Mid and South Essex Sustainability and Transformation Partnership –
Orsett Hospital proposals**

Thank you for your email of 21 December 2018 which outlined your intention to refer the decisions relating to Orsett Hospital, made by the Mid and South Essex STP CCG Joint Committee in July 2018, to the Secretary of State for Health and Social Care. This follows the public consultation *Your Care in the Best Place*. The draft referral letter has been passed to me as chair of the CCG Joint Committee, the decision-making body.

In your covering email you asked for comments on the draft referral, and inquired whether there had been any changes to the CCG Joint Committee's decision that might affect the content of the referral. You requested a response by 4 January 2019. You did not provide an indication as to when the referral would be submitted to the Secretary of State.

I must begin by stating that the CCG Joint Committee fully respects the right of the Council to refer our decisions for independent examination. On behalf of the CCG Joint Committee however, I must express my disappointment with this outcome, particularly as it comes almost six months after decisions were made.

I can confirm that there have been no changes to the decisions made by the CCG Joint Committee.

Having studied the draft referral letter, I am unable to comprehend the basis of your referral. I outline below a number of factors for your consideration.

Engagement with Thurrock Health & Wellbeing Board and Thurrock HOSC

As you have outlined in your letter, the STP team met with both the Thurrock Health and Wellbeing Board and Thurrock HOSC on a number of occasions in the lead up to the consultation launch. The team provided information on emerging plans and shared draft consultation materials with both committees for comment. This follows

a lengthy engagement process, run by Thurrock Council and Thurrock CCG (*For Thurrock in Thurrock*), where residents were asked about their priorities for the Integrated Medical Centres (IMCs), and the services they would like to see provided locally.

As part of our engagement with Thurrock HOSC, we clarified a number of questions about the proposals as they affected Orsett Hospital, these included the commitment that clinical services at the Hospital would not close prior to them being re-provided within the IMCs.

Given the background in Thurrock, and the fact that both the Health and Wellbeing Board and the HOSC were heavily involved in the *For Thurrock in Thurrock* work, and had the opportunity to comment on the broader STP plans and consultation materials, I do not understand why referral suggests that consultation was inadequate. I trust you and your officers appreciate that referral under the Regulations relates to our consultation with the relevant local authority and not the public. With respect I would invite you to reconsider this proposed basis for referral as it would appear to be based on your view of the public consultation rather than our consultation directly with the individual HOSCs and the Joint HOSC.

Availability & Dissemination of Materials

The consultation was launched on 30th November 2017, with the immediate availability of on-line resources including:

- Full consultation document
- Summary consultation document
- Consultation survey
- Supplementary information about Orsett Hospital proposals.
- Supplementary survey for Thurrock residents

Printed copies of the above materials were disseminated by each of the 5 CCGs in mid and south Essex. Thurrock CCGs engagement log shows that the CCG disseminated hard copy information between 12-14 December 2017 to:

- All 31 GP practices
- Council offices
- Libraries
- Community hubs

On 4 January 2018, materials were sent to 83 pharmacies across Thurrock; on 9th January, GP practice materials were replenished. This in addition to circulation of materials of public events, meetings, forums and at Orsett Hospital.

In response to feedback, the STP made a specific on-line video regarding the changes proposed at Orsett Hospital – this was released on 6 February 2018. During the consultation, the video appeared on the Facebook newsfeed of over 20,000 people, and had over 5,000 views.

Like all public organisations, the NHS must to use its resources wisely. Significant dedicated funds were made available by the CCGs to undertake the public consultation; this covered the cost of consultation materials, consultation events, focus groups, meetings, promotional activities, website development, digital materials (including videos and animation), a telephone survey and the independent analysis of consultation responses.

All consultation materials contained information on how to request the material in a different language, large print, audio format, braille, and easy-read version.

An easy-read version of the consultation document was made publicly available on 17 January 2018.

During the consultation we received two requests for language translation which were fulfilled.

As independent consumer champions, Healthwatch organisations play a vital role in engaging with patients and service users. The STP engaged with all three Healthwatch organisations in mid and south Essex and each played a positive role in the consultation process.

Healthwatch Thurrock were extremely helpful in supporting the STP engagement and consultation process. I attach their consultation exercise report (appendix 1) which very specifically states that “Healthwatch Thurrock is a key partner and member of Thurrock’s Health and Wellbeing Board and Thurrock Council’s Health and Wellbeing Overview and Scrutiny Committee. As such, Healthwatch Thurrock has informed the development of the STP proposals and helped to ensure that subsequent consultation exercise is accessible to Thurrock residents”.

I am confused by your assertion that Thurrock residents did not have timely access to consultation materials - I have outlined above how materials were disseminated in Thurrock. The minutes of the Thurrock HOSC meeting (18th January) contain reference to concerns from Thurrock Healthwatch on the availability of materials, yet by 8th February 2018, Healthwatch Thurrock, in an email to the consultation team, state that they had spoken with over 2,000 people, and had booked many visits and meetings with specific groups. Healthwatch reported that they had disseminated 5,000 copies of the simplified questionnaire for Thurrock residents.

Through all channels of engagement and consultation, the CCGs strongly encouraged members of the public to complete the survey questionnaire, including having CCG and Healthwatch colleagues attending Orsett Hospital on several occasions throughout the consultation to provide materials directly to patients using the facility, and also supporting meetings and forums where Thurrock residents met, including older people, younger people and specific patient groups. This in addition to the two large public meetings held to discuss the Orsett proposals. Healthwatch also collected the views of individuals as they engaged with them and the report provided to the STP sought to theme the responses received. These were largely consistent with the themes arising from completed questionnaires that were independently analysed (relating to accessibility, funding and finance, workforce and quality of services).

It is disappointing that your draft referral also makes reference to inconsistencies in the materials provided relating to proposed changes at Orsett. Both the HOSC and Health and Wellbeing Board in Thurrock were provided with drafts of the suite of consultation materials – if there were inconsistencies, these could have helpfully been highlighted in the drafting phase, rather than now, almost six months after decision-making.

Since decision-making, we have also maintained engagement with Thurrock residents, through Thurrock CCG's newsletter, local media, and through the development of post-decision materials including "10 facts about the Orsett Hospital closure" leaflet and further circulation of the Orsett hospital on-line video, which reached over 13,000 people. We have also worked with Healthwatch Thurrock to establish the People's Panel.

Best Interests of Health Services in Thurrock

I am struggling to understand the HOSCs position that the proposals are not in the best interests of Thurrock residents, citing concerns that the IMCs would not emerge (particularly given that the development of the IMCs is a joint Council and CCG initiative), and that Orsett Hospital would close without services being made available in Thurrock. As you will be aware, on 17 May 2017, Thurrock Council was a co-signatory, along with Thurrock CCG, Basildon & Thurrock University Hospitals NHS Foundation Trust, Essex Partnership University NHS Foundation Trust and North East London NHS Foundation Trust, to a memorandum of understanding (attached at Appendix 2), which undertook that the partners would (subject to the results of the public consultation):

- not cease provision of services at Orsett Hospital prior to the construction and opening of the integrated medical centres; and
- undertake a comprehensive review of health and care services provided at Orsett to inform the appropriate clinical services which may be migrated to each IMC or other

appropriate location, taking account of the specific care needs of the population of each of the four localities in Thurrock.

The STP echoed the principles of this signed MoU throughout all of its consultation materials and in public events and meetings.

It would be of interest to us and partner NHS organisations if you could clarify in detail how providing care closer to a person's home is not in the best interests of health services in Thurrock.

Consultation Response

The primary purpose of consultation is to understand any issues and concerns that people, and in particular those most likely to be affected, might have had about service change so that decision-makers can consider these and seek to mitigate any risks or negative impact as far as possible. Whilst it is disappointing that higher numbers did not formally respond to the consultation, the reach of the consultation was significantly beyond the response rate – in Thurrock alone, there were 26 meetings and group sessions that were supported by Healthwatch; across the wider STP our social media marketing reached in excess of 350,000 people.

In the decision-making business case we fully acknowledge that there was less support for the proposal to close Orsett Hospital from residents of Thurrock, and the concerns reflected in the consultation responses were taken into account when decisions were taken.

Clarity on Services

The supplementary information on the Orsett proposals outlined specifically the services currently provided from the Orsett site and outlined where those services might be provided in future across the four IMCs in Thurrock and the centres being considered for Basildon and Brentwood patients. We asked specifically for feedback on the location of renal dialysis, musculoskeletal, ophthalmology and minor injury services. The documentation was clear that not all services would need to be provided in all four of the planned IMCs and that detailed planning would be required to work out the best location.

At the suggestion of Healthwatch Thurrock, the decision-making business case included a specific recommendation to create a "People's Panel" to enable residents of Thurrock to not only continue to have a voice about the changes that were being made, but also to help shape the future provision of services and have a role in overseeing implementation.

As outlined in the decision-making business case, the CCGs undertook detailed equality and health inequality impact assessments on each of the proposed



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changes. For the Orsett Hospital changes, the assessments found an overarching positive impact on quality, outcomes and accessibility for Thurrock residents.

A key area of concern in feedback to the consultation across all areas was that of access to services. You will be aware that Thurrock Council and Thurrock CCG have already commenced discussions with transport providers regarding access to the IMCs to mitigate these concerns.

The recommendation made to, and supported by the CCG Joint Committee was that, once the work with the People's Panel had concluded and the best site(s) for relocation had been considered, the CCG Joint Committee would be asked to make a final decision on service location. This decision would be supported by further detailed equality and health inequality assessments.

All of this means that detailed future arrangements on service location have not yet been set in stone. However, I am surprised that the HOSC consider it a reason for referral to the Secretary of State, particularly given that we have made provision for the people of Thurrock to have a strong say in service provision and implementation.

In summary, I am disappointed that you have reached the decision to refer to the Secretary of State for Health and Social Care. I believe that the prior work of Thurrock Council and Thurrock CCG, coupled with the agreed memorandum of understanding between all parties, and the work the STP has done with Healthwatch Thurrock, should give the HOSC assurance that we are doing all we can to make the right decisions about service provision in Thurrock.

I sincerely hope that the outcome of any independent review will enable us to move forward and deliver on our obligations to our local communities to secure much needed improvements in the provision and sustainability of health services.

Yours sincerely

Professor Mike Bewick
Independent Chair
Mid & South Essex CCG Joint Committee

Encs. Appendix 1 – Healthwatch Thurrock report
Appendix 2 – Memorandum of Understanding