

5 September 2019		ITEM: 10
Health and Wellbeing Overview and Scrutiny Committee		
Mid & South Essex Health & Care Partnership Update		
Wards and communities affected: All	Key Decision: For information.	
Report of: Jo Cripps, Interim Programme Director, Mid & South Essex STP		
Accountable Assistant Director: N/A		
Accountable Director: Mandy Ansell, AO, Thurrock Clinical Commissioning Group, Roger Harris, Director of Adults, Housing & Health, Thurrock Council		
This report is public		

Executive Summary

This paper provides an update on the work of the Mid and South Essex STP (the Partnership) and is presented for information. The paper provides an update on:

- The outcome of the referrals to the Secretary of State (SoS) for Health and Social Care.
- Outlines plans for implementing phase I of the acute reconfiguration.
- Notes that the work of the Thurrock People's Panel and the HOSC task and finish group on Orsett plans will now recommence.
- Outlines the work of partners across the STP to develop a 5 year strategy.
- The appointment of a new independent chair.

1. Recommendation(s)

1.1 The paper is provided for information and the Health and Wellbeing Overview and Scrutiny Committee is asked to note the report.

2. Introduction and Background

2.1 The Mid and South Essex STP is a partnership of key organisations and groups within the mid and south Essex footprint:

- Five Clinical Commissioning Groups (Thurrock, Basildon & Brentwood, Mid-Essex, Southend and Castle Point and Rochford).
- Three Local Authorities (Thurrock Council, Southend-on-Sea Borough Council and Essex County Council).
- Three acute hospitals (Basildon & Thurrock, Southend and Broomfield).

- Three community and mental health providers (NELFT, Provide and EPUT).
- Three Healthwatch organisations (Healthwatch Thurrock, Healthwatch Essex and Healthwatch Southend).
- Chairs of the STP Service User Advisory Group and Clinical Cabinet.

There are 42 such partnerships across England.

The STP is not an organisation, it is a collection of partners working together.

2.2 As a partnership, our collective aims are to support the delivery of health and wellbeing priorities to:

- Support people to live well and to be independent for as long as possible.
- Focus on prevention and self-care using an asset-based approach, and ensure people have the right information and tools to support them.
- Ensure services are in place and available to support people when in need.

3. **Issues, Options and Analysis of Options**

Acute Hospital Reconfiguration & Referrals to the Secretary of State (SoS) for Health Social Care.

3.1 The history of the STP stems from 2015, when mid and south Essex was identified as one of three “Success Regimes”, in recognition of the long-standing challenges faced in relation to service quality and configuration, finance and workforce. Following a diagnostic exercise, the Success Regime focussed in on acute hospital services. This led to the development of a consolidated clinical strategy across our three acute hospitals, culminating, after a wide-ranging public consultation and clinical assurance processes, in July 2018, with commissioner agreement (via the CCG Joint Committee) to a range of service improvements to hospital services.

3.2 Both Thurrock Council and Southend Council referred the decisions of the CCG Joint Committee to the Secretary of State of Health and Social Care for independent review. Thurrock Council’s concerns related specifically to the closure of Orsett Hospital and the movement of services to planned Integrated Medical Centres. The concerns raised by both Councils have now been reviewed by the Independent Reconfiguration Panel (IRP) and advice provided to the SoS.

3.3 The SoS accepted the IRPs advice that:

- Overall, the consultation with the Joint HOSC and the public consultation were satisfactory; and
- The decisions taken were in the interests of health services locally.

In his letter to the Thurrock HOSC Chair, the SoS noted that:

“After careful consideration, the IRP has concluded that, with some further action locally, especially in relation to services at Orsett Hospital until new services are in place, the proposals should proceed.

To that end, I would be grateful if you would report back to me in three months on the progress of this case”.

3.4 Now that the referrals have been reviewed, the hospital group will commence with the implementation of phase I improvements. These are:

- Vascular emergency patients in mid Essex and south east Essex will be transferred to a fixed vascular hub at Basildon Hospital replacing the current rotating hub service.
- Patients requiring inpatient elective spinal surgery in south west Essex will be treated at Southend Hospital.
- Low risk patients requiring an inpatient elective hip or knee operation in south Essex will be offered to choose treatment at Braintree Community Hospital.
- A new interventional radiology hub will be created at Basildon Hospital which will offer out of hours emergency care for patients across mid and south Essex replacing the need for them to be transferred out of the area for treatment at these times.

There are a number of enabling changes to support the movement of clinical services above, including family and carer transport. The hospitals have continued to work with and implement the recommendations made by the service user led transport working group to ensure current access to our hospitals is improved. This has included:

- The development of a new policy to support the family and loved ones of patients who are receiving care at a more distant hospital as a result of these changes who may not be able to afford the cost of transport.
- Working with the voluntary sector in south west Essex to improve access for people who live there.
- Expanding the already successful care cars scheme in south east Essex to be able to support more patients and their families to get to a more distant hospital.
- Launch of a new partnership with Chelmsford Community Transport providing access to our three hospitals for anyone who lives in mid Essex.
- Improving the information available to visitors and patients to our three hospitals about how to access our hospitals including improved information about public transport options.

The plans also required a clinical transfer service to enable patients who require urgent treatment to move between sites. In phase I changes, this relates only to out-of-hours emergency vascular services, which already rotate across four hospitals in Essex (Basildon, Broomfield, Southend and Princes Alexandra). The East of England Ambulance Trust will continue to manage these transfers as now, bringing all patients requiring emergency vascular services to Basildon.

The hospital are currently running a pilot with St John's Ambulance to transfer patients from other hospitals requiring out-of-hours emergency interventional radiology.

- 3.5 In relation to the changes to Orsett Hospital, Committee members will recall that the hospitals committed to working with the Thurrock People's Panel to define the precise relocation of services from Orsett Hospital into the new Integrated Medical Centres as they are developed. This work has been held in abeyance while the referrals were considered and can now re-commence with the People's Panel being reconvened on the 28th August 2019.
- 3.6 The Committee also decided that it would establish a "task and finish" group to oversee the changes to Orsett services, and colleagues from the STP are ready to commence this work.

The work of both these groups will enable us to report back to the SoS on progress as requested in his letter.

Development of the Mid & South Essex Health & Care Partnership 5 year Strategy

- 3.7 In January 2019, the NHS published a ten year plan (*NHS Long Term Plan*). Through this, the expectation has been set that STPs across the country will develop a 5-year strategy by the autumn.
- 3.8 While the strategy will need to include information on how the STP will deliver the commitments made in the Long Term Plan, relating to:
- cancer
 - urgent care
 - referral to treatment
 - mental health
 - prevention
 - digital transformation (including primary care access, outpatient redesign),
 - new care models (including development of Primary Care Networks, social prescribing)

Importantly it will also identify how we, as partners, seek to work together to address the broader determinants of health and wellbeing,

- 3.9 The NHS Long Term Plan has also set the expectation that STPs will move towards becoming Integrated Care Systems by 2021.
- 3.10 Healthwatch Thurrock have led engagement across the STP on the NHS Long Term Plan on behalf of Healthwatch England, and a report has been published. The engagement sought to identify “what matters” to residents. The report findings were consistent with feedback from Thurrock residents around support for providing care closer to home and the emerging IMC new models of care.
- 3.11 As a partnership, the STP recognises that the vast majority of interactions with residents happen at the local level, and that the work of the Health and Wellbeing Boards are sovereign in this regard.

It would not be appropriate, nor is it the intention, for organisations within the STP to seek to dictate how these local plans should be delivered.

STP partners recognise that Thurrock has well developed place-based plans aimed at supporting residents, which have been endorsed by the Thurrock Health and Wellbeing Board. This includes the development of localities and primary care networks, and work under the auspices of the *Better Care Together*.

- 3.12 The development of a 5-year strategy for the STP provides us with an opportunity to focus on these local plans and to identify how, by working at different levels within the system, we can best support delivery of plans through collective action.
- 3.13 A small “design group” has been established to support development of the STP strategy, which includes input from Roger Harris and Ian Wake. The strategy will:
- Reflect what we have learnt from engagement with residents.
 - Recognise that partners within the system operate at different levels – locally at GP practice/Primary Care Network; at “place” level to integrate services; in partnership across areas where relevant (eg. when looking at flows through the three hospitals) and system level for the 1.2m population of mid and south Essex, where this makes sense.
 - Have the principle of subsidiarity at its heart – recognising that local relationships and interactions have the greatest impact on the health and wellbeing of our population and that these relationships and interactions cannot be replicated at a wider system level.
 - Recognise that “place based” plans are the building blocks of the strategy.
 - Identify an overarching outcomes framework which incorporates key aspects of the three Health and Wellbeing Board strategies and supports their delivery.

- Set the principles of working together at STP level (all organisations together, across the 1.2m population). Work at this level should occur where:
 - There are “thorny issues” that can only be addressed by partners working together (eg estates, workforce)
 - There are economies of scale in doing things once across the system (eg. digital transformation – the shared care record)
 - There is unwarranted variation in standards of care or inequity in access to services that could be addressed by working together (eg standards across our hospitals)
- Recognise that, increasingly, the STP is used within the NHS as the unit of planning and delivery, and it is through working together on a STP footprint that opportunities for investment can be exploited – recent examples include the funding provided for mental health support teams working across schools and colleges.
- The public health teams across three local authorities are working on a draft STP profile to help to guide the work.

3.14 The draft strategy will be shared with the Health and Wellbeing Board in the coming months and will be approved by the STP Board.

Changes to Leadership

3.15 Dr Anita Donley OBE, who has been the independent chair of the STP for the past three years, has announced her intention to stand down from this role.

3.16 The Partnership has recruited a new Independent Chair and an announcement will be made shortly.

4. Reasons for Recommendation

4.1 The Committee is asked to note this update.

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

5.1 NA

6. Implications

6.1 Financial

N/A

6.2 Legal

N/A

6.3 Diversity and Equality

N/A

6.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder, or Impact on Looked After Children)

N/A

7. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- N/A

8. Appendices to the report

- N/A

Report Author:

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