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AGENDA

Policy and Scrutiny Committee: **WELLBEING**

Date and Time: **Wednesday 24th January 2018 at 7.30p.m.**

Venue: **Council Chamber**

Membership: **Councillors Cross (Chairman), Acott, Harvey, Hurrell, Mumford, Mrs. Payne, Sheldon, Taylor, Walter and Mrs Wass.**

IN VIEW OF THE SUBJECT MATTER AT ITEM 4 ALL MEMBERS OF THE COUNCIL ARE INVITED TO ATTEND

Cabinet Member attending : **Councillor Dick – Health & Wellbeing**

Officers attending: **Mel Harris – Head of Licensing & Safer Communities**

Enquiries: **John Riley Ext. 2417**

PART I **(Business to be taken in public)**

- 1. Apologies**
- 2. Members' Interests**
- 3. Notes of the meeting held on 11.10.2017 (attached)**
- 4. NHS Sustainability and Transformation Plans (STPs)**
The Committee to consider a response to the attached consultation document on the Mid and South Essex Sustainability and Transformation Plan (STP).

A speaker from the Castle Point and Rochford CCG has been invited to attend the meeting.

5. Joint Health and Wellbeing Strategy for Essex – Partner Consultation

The Committee to consider a response to the attached consultation document on the new Joint Health and Wellbeing Strategy for Essex.

A presentation will be made at the meeting.

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WELLBEING POLICY AND SCRUTINY COMMITTEE

11TH OCTOBER 2017

PRESENT: Councillors Cross (Chairman), Acott, Harvey, Hurrell, Mumford, Mrs Payne, Taylor, Walter, Mrs Wass and the Cabinet Member for Health & Wellbeing, Councillor Dick.

Councillors Hart, J A Payne and Riley also attended.

An apology for absence was received from Councillor Sheldon.

Councillors Mrs Goodwin and Howard (non members of the Committee) had also requested that their apologies be presented.

1. MEMBERS' INTERESTS:

There were none.

2. CASTLE POINT HEALTH PROFILE 2017 AND HEALTH AND WELLBEING PRIORITIES:

The Committee noted that the Health and Wellbeing Board was one of 5 partnerships bringing together the sectors to deliver ongoing improvements in the delivery of services to residents. The current Health and Wellbeing Strategy was being refreshed and due to be launched in the Spring 2018.

The Committee considered the 2017 health profiles for the Borough, which identified three priorities –

Priority 1 - Improve the Physical Health and Wellbeing of Residents (Obesity, diet and inactivity)

Priority 2 – Reducing Health Inequalities (tackling inequality)

Priority 3 – Supporting Vulnerable Older Residents (Ageing Well)

Addressing these priorities was the focus of the Health and Wellbeing Board and the Committee noted a wide range of local projects and work being undertaken by the Council to support in the delivery of improvement.

Members of the Committee debated the numerous projects underway and the beneficial impact that these were having on the health and wellbeing of those residents taking part.

Following detailed discussion, the following actions were agreed -

Actions: 1. That the Leisure and Community Services Manager is invited to the next meeting of the Committee to present information on initiatives in the Council's leisure centres that support the identified health priorities.

2. That Dementia Friends Awareness Training is organised for Members of the Committee.

3. That discs provided on Canvey Island seawall to mark the routes of walks are investigated and the possibility of installing an additional set of discs visible from the seaward side of the wall is explored.

3. NHS SUSTAINABILITY AND TRANSFORMATION PLANS (STPs):

The Committee received a presentation on preparing a Sustainability and Transformation Plan for Mid and South Essex. The Plan would develop GP, mental health, community services and social care using innovation and early treatment that would help people to stay well and avoid hospital emergencies.

A key feature of the proposals was the options for consolidating some of the more specialised hospital services across the three sites in Basildon, Chelmsford and Southend.

The Committee noted that two documents had been released by NHS that gave an update on current progress toward and a timetable for consultation and details of proposals for specific services. It was anticipated that public consultation would commence at the end of October 2017.

Following detailed debate, the following actions were agreed -

Actions: 1. That the NHS documents on progress towards consultation are circulated to all Members.

2. That all councillors are invited to attend the next meeting of the PSC, on a date to be agreed by the Chairman following the publication of the proposals by the NHS for consultation.

3. That the arrangements for the stakeholder meeting are circulated to Members, following confirmation of the details by NHS.

**Councillor David Cross
Chairman
Wellbeing PSC**

Mid and South Essex
Sustainability and Transformation Partnership (STP)



Your care in the best place

At home, in your community and in our hospitals

A consultation document for discussion and views
30 November 2017 – 9 March 2018

Closing date for feedback: Friday, 9 March 2018

Published by the Mid and South Essex
Sustainability and Transformation Partnership (STP)

A partnership of all health and care organisations for people living in Braintree, Maldon, Chelmsford, Castle Point, Rochford, Southend, Thurrock, Basildon and Brentwood.

Essex is a great place to live, Let's make it the place to **live well**.

Health and care services in mid and south Essex have formed a partnership to improve the quality of care over the next five years. This consultation needs your views to inform the plans.

In the first part of this consultation document, we explain why changes are needed in health and care services and then we outline the overall plan for developing services in mid and south Essex. In the second part, we summarise some specific proposals for changes to the services provided by hospitals in Southend, Orsett, Chelmsford, Braintree and Basildon.

We need to hear your views on the following main areas:

1

The overall plan for health and care in mid and south Essex

2

Proposals for hospital services in Southend, Chelmsford, Braintree and Basildon

3

Proposals to transfer services from Orsett Hospital to new centres in Thurrock, Basildon, Billericay and Brentwood

There is an online feedback questionnaire at:

www.surveymozmo.eu/s3/90059489/NHS-Mid-and-South-Essex-STP

or you can complete a printed version of the same survey, which is available by email or post, and there is a programme of workshops where you can hear more and take part in discussions.

The closing date for feedback is 9 March 2018.

If you would like further information, including a summary of the clinical evidence we have considered and details on how we arrived at the current proposals, please visit our website, where you can also find out more about what is happening in your local area.

For information on how to send in your views and other ways to take part in the consultation, see **Section 7 How to have your say** along with our contact details.

This document, and a short summary version, is available from our website

www.nhsmidandsouthessex.co.uk

If you would like a summary of this document in large type, easy read, braille, audio format or another language, please contact us on 01245 398118

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FOREWORD

One partnership and one plan. Joined-up health and care in mid and south Essex



Dr Anita Donley OBE, Independent Chair
Mid and South Essex
Sustainability and Transformation Partnership (STP)

We all want the very best health and care for you and your family.

While there are many examples of excellent care in mid and south Essex, we know we could do better. We don't always reach the highest standards. We don't always achieve the best possible outcomes for patients. We don't always make the most of the talent we have in our workforce and the opportunities to find better ways of helping you and your family to stay well.

In this consultation, we want to face up to these challenges with an honest and meaningful discussion with you about how, together, we can improve.

For the first time, all of the different organisations that make up our health and care system have come together to work on a single plan to respond to the rising number of people who need health and care services.

What is the plan?

GPs provide the backbone of health and care in your area. Over the next five years, the plan is to build up GP and community services, such as community nurses, therapists and mental health nurses; and extend the range of professionals and services in your local GP practice. Our aim is to join up services around you to help you stay well.

At the same time, we need to change and improve the way our three main hospitals work. Sometimes our hospitals become blocked. Sometimes people wait for hours in A&E, wait to be admitted and wait to be discharged. Some of the proposals in this consultation will help in tackling these problems.

We are also looking at how we in mid and south Essex can continue to match up to increasingly high standards in specialist care. Every year, there are advances in medicine and technology. We can do more to save lives, but our three hospitals frequently reach their limits in terms of the availability of highly trained specialists 24 hours a day. Some of the proposals in this consultation aim to create larger specialist teams by bringing together the resources and expertise of the three hospitals.

This is the start of a five year transformation to connect every part of the system so that we can take on the future challenges of people living longer and with greater needs.

I look forward to hearing your views.



section 1 MID AND SOUTH ESSEX SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) – WHO WE ARE

The Mid and South Essex STP is made up of the following health and care organisations:

NHS Clinical Commissioning Groups (CCGs), which plan and buy your healthcare with an annual allocation of funds from the Government

- Basildon and Brentwood CCG
- Castle Point and Rochford CCG
- Mid Essex CCG
- Southend CCG
- Thurrock CCG

The CCGs work closely with GP practices, pharmacies, social care and voluntary services in your area.

Local authorities, which provide social care and plan and buy services from care agencies, care homes and voluntary services

- Essex County Council
- Southend-on-sea Borough Council
- Thurrock Council

Organisations, which provide health services planned by CCGs

- Basildon and Thurrock University Hospitals NHS Foundation Trust, which provides services from Basildon and Orsett Hospitals
- Mid Essex Hospital Services NHS Trust, which provides services from Broomfield Hospital in Chelmsford, Braintree Community Hospital and St Peter's Hospital in Maldon
- Southend University Hospital NHS Foundation Trust, which provides services from Southend Hospital
- East of England Ambulance Service NHS Trust

Organisations, which provide health and care services planned jointly by CCGs and local authorities

- Essex Partnership University NHS Foundation Trust, which provides community services, adult mental health services and inpatient children's mental health services
- North East London NHS Foundation Trust (NELFT), which provides community services and children's community mental health services
- Provide, which provides community and social care services

Other partners

- Your local independent watchdog bodies - Healthwatch Essex, Healthwatch Southend and Healthwatch Thurrock
- NHS England specialised commissioning, which buys the most specialised services for the whole of the midlands and east region
- Health Education England, which is responsible for the development of the NHS workforce
- NHS England and NHS Improvement, the national regulators of the NHS



section 2 YOUR CARE IN THE BEST PLACE – PROPOSALS AT A GLANCE

In this section, we explain the overall plan and the list of specific proposals for changes in hospital services.

At home and in your community

Over the next five years, our vision is to unite our different health and care services around you and all of your potential needs, with physical, mental and social care working together.

In five years' time, you will have:

A joined-up team of community nurses, mental health specialists and social care services to plan your care and help you at home, if you need it

For those times when you need the care which only a hospital can provide, you should have easier and faster access to the right hospital specialists



The changes required to achieve this vision will develop over time and in different ways in each local area. You can find out more about plans in your area on our website at: www.nhsmidandsouthessex.co.uk

In our hospitals

For those times when you need the care which only a hospital can provide, you should have easier and faster access to the right hospital specialists for the best possible care, recovery and outcomes.

All three main hospitals in Southend, Chelmsford and Basildon are equally important for your future care. They will each continue to provide the vast majority of hospital services for their local population, including tests, outpatient appointments, day case operations, short stays in hospital, maternity services, children's services and a local A&E.

While each hospital will continue to provide these routine services, we will also continue to develop the specialist expertise of each individual hospital. For example, Southend is the best place in our area for specialist cancer treatment. Chelmsford is the best place for specialist burns care and plastic surgery. Basildon is the best place for specialist care for heart and lung problems, including treatment for serious heart attacks.

Working together as one hospital group, we have the potential to build on each hospital's strengths and create, for the 1.2 million people who live in mid and south Essex, some of the leading hospital services in the country.

The changes required to achieve this vision over the next five years need some decisions in 2018 to invest in building work, extra beds and to start to reorganise some services across the three main hospitals.

In this consultation, we need your views on the following proposed specific changes based on five principles.

Summary of specific proposals under five main principles for our future hospital services

1 The majority of hospital care will remain local and each hospital will continue to have a 24 hour A&E department that receives ambulances.

- We would like to know your views on proposals to improve your local A&E – the development of an “emergency hub” at each hospital with a wider range of urgent care services – **see page 30.**

2 Certain more specialist services which need a hospital stay should be concentrated in one place, where this would improve your care and chances of a good recovery.

- There are times, perhaps once or twice in a lifetime, when you may need the care of a dedicated specialist team.
- This may involve going further than your local hospital for three to four days, to get the benefits only a larger specialist team can bring.
- We would like to know your views on bringing together in one place the following specialist services that need a hospital stay – **see page 32.**
 - Gynaecological surgery (women’s services) and gynaecological cancer surgery to be located at Southend Hospital, close to the existing cancer centre
 - Respiratory services for very complex lung problems to be located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems
 - Renal services for people with complex kidney disease to be located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems
 - Vascular services for the treatment of diseased arteries and veins to be located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems
 - Cardiology for complex heart problems to be located in the existing Essex Cardiothoracic Centre for heart and lung problems
 - Gastroenterology services for people with complex gut and liver disease to be at Broomfield Hospital near Chelmsford
 - Complex general surgery (e.g. for abdominal problems) to be at Broomfield Hospital near Chelmsford

3

Access to specialist emergency services, such as stroke care, should be via your local (or nearest) A&E, where you would be treated and, if needed, transferred to a specialist team, which may be in a different hospital.

- The teams in all three A&Es would be equipped and able to diagnose and stabilise your condition and initiate treatment.
- Of the 960 or so people that attend our A&E departments each day, we estimate that, as a result of the proposals we have developed, around 15 people would need a transfer to a dedicated specialist team in another hospital. In general, this will be for people who will benefit most from complex specialist care to recover from their illness.
- If you needed to transfer to a specialist service, where you would have a higher chance of making a good recovery, we propose to invest in a new inter-hospital transport service with full clinical support, travelling with a doctor or a nurse, if appropriate, for a safe and rapid transfer to the care you need.
- We would like to know your views on this approach and on specific proposals for the development of a specialist stroke unit at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems – **see page 42.**

4

Planned operations should, where possible, be separate from patients who are coming into hospital in an emergency.

- By separating planned operations from emergency admissions, we may shorten waiting times, avoid cancellations, reduce infections and improve your recovery.
- The majority of routine and daycase operations would continue at your local hospital, but we are proposing to relocate some services that need a hospital stay of three to four days.
- We estimate that for around 14 people a day, this would mean travelling to a different hospital.
- We would like to know your views on proposals for the following operations that need a hospital stay – **see page 44:**
 - Planned orthopaedic surgery (e.g. for bones, joints and muscles) to be at Southend for people in south Essex and Braintree Hospital for people in mid Essex
 - Some emergency orthopaedic surgery (e.g. for broken bones) to be at Basildon for people in south Essex and Broomfield Hospital in Chelmsford for people in mid Essex.
Surgery for most people with a broken hip would continue at all three local hospitals.
 - Urological surgery (e.g. for bladder and kidney problems) to be at Broomfield Hospital in Chelmsford (except for urological cancer operations which are already located at Southend Hospital)

5

Some hospital services should be provided closer to you, at home or in a local health centre.

- We would like to know your views on proposals to transfer services from Orsett Hospital to a number of new centres closer to where people live in Thurrock (for Thurrock residents) and to Basildon, Brentwood and Billericay (for residents of those areas) – **see page 48.**
- Only when new services are up and running, would it would be possible to close Orsett Hospital which, although valued by many local people, is difficult to access by public transport and is an ageing site requiring in excess of £10 million to bring the building up to standard.

Proposed future hospitals

The map below shows **services that stay the same** at each of the three main hospitals in Southend, Chelmsford and Basildon - details in the white panels. The details in the green panels show **proposed service changes**, listed by specialty.

We also show at the bottom right of the page opposite, an example of the potential impact on patients in terms of the number of people that could transfer between hospitals on a daily basis.

Broomfield Hospital, near Chelmsford

SERVICES THAT STAY THE SAME:

- A&E and urgent care
- Maternity services
- Intensive care
- Short stays in hospital
- Children's care
- Care for older people
- Day case treatments and operations
- Tests, scans and outpatient appointments

EXISTING SPECIALIST SERVICES THAT STAY THE SAME:

- Specialist centre for burns and plastic surgery
- ENT and facial surgery requiring a hospital stay
- Upper gastro-intestinal surgery requiring a hospital stay

PROPOSED SERVICE CHANGES, LISTED BY SPECIALITY:

| Emergency | Planned |
|---|---------|
| Improved stroke care and rehabilitation (acute stroke unit) | |
| Specialist teams for urology surgery, complex abdominal surgery and gastroenterology services requiring a hospital stay | |
| More complex orthopaedic trauma surgery requiring a hospital stay (e.g. serious fractures) | |

Basildon Hospital

SERVICES THAT STAY THE SAME:

- A&E and urgent care
- Maternity services
- Intensive care
- Short stays in hospital
- Children's care
- Care for older people
- Day case treatments and operations
- Tests, scans and outpatient appointments

EXISTING SPECIALIST SERVICES THAT STAY THE SAME:

- Essex Cardiothoracic Centre (for serious heart and lung problems)

PROPOSED SERVICE CHANGES, LISTED BY SPECIALITY:

| Emergency | Planned |
|---|---------|
| Specialist stroke unit | |
| Improved stroke care and rehabilitation (acute stroke unit) | |
| More complex orthopaedic trauma surgery requiring a hospital stay (e.g. serious fractures) | |
| Specialist teams for complex lung problems, complex vascular problems, complex heart problems | |
| Specialist team for complex kidney problems | |

Proposals for consultation



Braintree Community Hospital

PROPOSED SERVICE CHANGES, LISTED BY SPECIALITY:

Planned

Orthopaedic surgery requiring a hospital stay for mid Essex patients (e.g. hip and knee operations)

Southend Hospital

SERVICES THAT STAY THE SAME:

- A&E and urgent care
- Maternity services
- Intensive care
- Short stays in hospital
- Children's care
- Care for older people
- Day case treatments and operations
- Tests, scans and outpatient appointments

EXISTING SPECIALIST SERVICES THAT STAY THE SAME:

- Radiotherapy and cancer centre
- Cancer surgery requiring a hospital stay, including urological cancer surgery

PROPOSED SERVICE CHANGES, LISTED BY SPECIALITY:

| Emergency | Planned |
|--|---|
| Improved stroke care and rehabilitation (acute stroke unit) | |
| Gynaecology surgery requiring a hospital stay, including gynaecological cancer surgery | |
| | Orthopaedic surgery requiring a hospital stay for south Essex patients (e.g. hip and knee operations) |

Potential impact - number of patients per day that could transfer between hospitals:

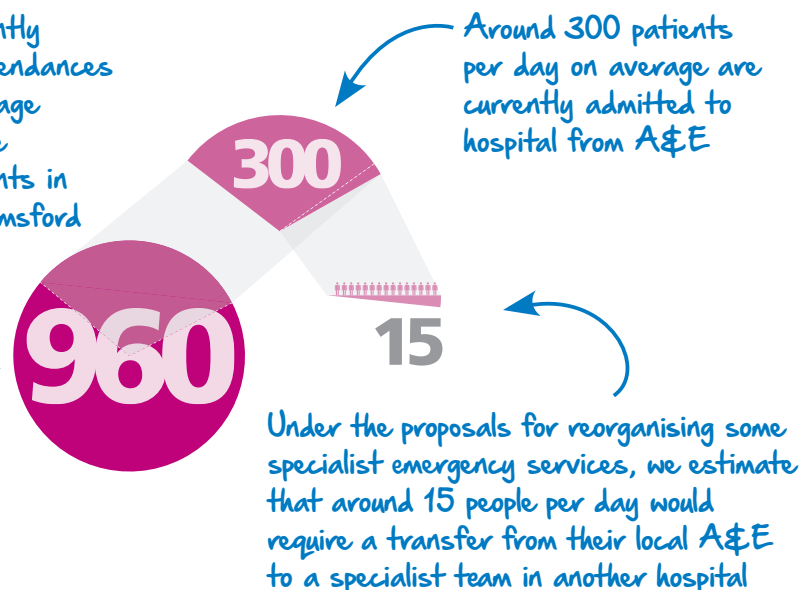
| From | To | Emergency | Planned |
|------------|------------|-----------|---------|
| Broomfield | Southend | 0-1 | 1-2 |
| Broomfield | Basildon | 2-3 | 0-1 |
| Southend | Broomfield | 5-6 | 6-7 |
| Southend | Basildon | 3-4 | 0-1 |
| Basildon | Broomfield | 3-4 | 3-4 |
| Basildon | Southend | 0-1 | 1-2 |
| Broomfield | Braintree | - | 4-6 |

Please note: these figures are based on estimates and averages. Actual figures will vary daily depending on each person's individual needs.

How many people would be affected by the proposed changes to hospital services

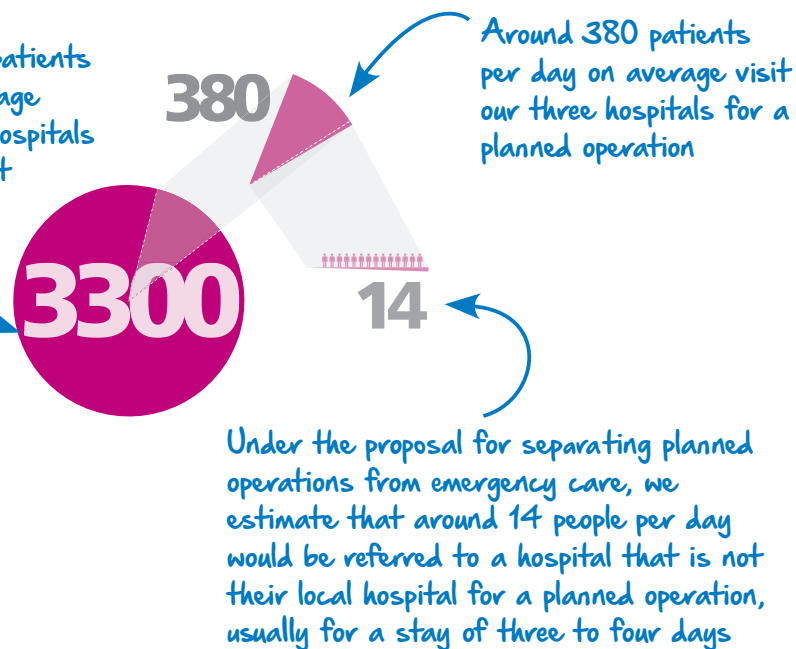
In emergency care:

There are currently around 960 attendances per day on average across the three A&E departments in Southend, Chelmsford and Basildon



In planned care:

Around 3,300 patients per day on average visit our three hospitals for an outpatient appointment



Proposal for managing transfers to emergency specialist services

Patients already transfer from our hospitals in mid and south Essex to other hospitals for emergency specialist services in London and elsewhere. We propose to build on this to manage potential transfers between the three main hospitals in Southend, Chelmsford and Basildon.

Transport for you if you needed to move to another hospital in an emergency

We have listened carefully to local concerns about the potential implications of having to travel from one hospital to another. As part of our plans, we propose to invest in a new type of clinical transport between the hospitals, which would be designed and staffed in consultation with patients and families to ensure the right support for every journey.

If you were to be very unwell or needed specialist treatment, your clinical team would discuss with you and your family whether a transfer is the right thing for you. For many patients, transferring to a more specialist centre would help to ensure you get the very best care and make the fullest possible recovery. If, on the other hand, you were too ill to be moved, the specialist team would work with your local team to give you the best possible care.

For further information on estimated travel times between the three hospitals, see our background information pack available on our website at www.nhsmidandsouthessex.co.uk, or request a printed copy from our consultation team, contact details in Section 7 How to have your say.

Proposed investment for each hospital site

In order to make the changes we are proposing, we need to invest in all three of our hospitals. Our plans include investing £118m in order to:

- Increase the number of hospital beds (by about 50 in total)
- Build new operating theatres
- Ensure we have the best technology, so that all relevant information is available across all hospital sites



section 3 WHY WE NEED TO CHANGE

In this section, we set out a brief overview of why the services we provide in mid and south Essex need to change.

The very best health and care for you and your family

Our vision of securing the very best health and care now and in the future requires change, including for all of us as individuals as well as services.

Significant changes in the care we need and ways to provide it

- Some aspects of modern life are creating problems – poor diet and lack of exercise, for example, can lead to weight problems that cause serious illnesses, such as diabetes, heart disease and strokes.
- People are living longer, but many more people are living with many different and often serious health and care needs. Dementia, for example is one of the main causes of disability later in life.
- Health and care for people with complex needs requires physical, mental and social care. The many different services in mid and south Essex do their best, but the system should be more joined-up to make it simpler and quicker to provide the right care.
- At the same time, information technology and innovation in care is creating more opportunities for care at home and close to where you live. For example, there are new types of monitoring devices for people with long term conditions, such as breathing problems, to spot the signs that your health is getting worse so that you can get help quickly.
- **We need to adapt our behaviour and ways of working to stay well and make the most of new technology and advances in best practice.**



Our current health and care system is becoming unsustainable:

- Our hospitals, GPs and community services are under pressure to meet the rising needs every year.
- We have a particular challenge in mid and south Essex to recruit and retain enough doctors, nurses, social workers and technical staff; and many people in our current workforce are reaching retirement age.
- This is not because we don't have the money to fund more staff. The NHS in mid and south Essex currently has about 2,500 funded vacancies.
- There are national shortages of GPs, nurses, social workers and specialists, and we compete with London and Cambridge to attract people into mid and south Essex.
- **In addition to the importance of recruitment schemes, apprenticeships and training programmes, we need to find new ways of strengthening our workforce through collaboration and teamwork and making the best use of each person's skills.**

Some of the challenges in our hospitals

- Our hospitals are seeing increasing numbers of people who come to the hospital with urgent needs. Sometimes, the only option available is to admit people into hospital, which may not always be the best answer to their problems. This can lead to people staying in hospital longer than necessary. At times, this delays appointments and bookings for people who are waiting for planned hospital treatment.
- In specialist services, advances in medicine bring new and ever higher standards that rely on teams of specialists being available round the clock. Currently, it is not always possible to ensure a full team of specialists available 24 hours a day at all three sites.
- This leads to inconsistency in the quality of care. In some of the very specialised services, including life-saving emergency care, we can see that we could provide better care.
- At the end of 2016/17, we overspent by £98.6 million in mid and south Essex, the majority of which was spent on hospital costs. If we did nothing to change and adapt to growing demands every year, the gap could continue to increase to an overspend of over £500 million in 2020/21.

The proposals in this consultation aim to meet the challenges in our hospitals by:

- Developing A&E and a wider range of urgent care at each hospital - to reduce delays for people coming into hospital
- Bringing specialist services together in one place – to ensure fast access to specialist care and better chances of making a good recovery
- Separating planned operations from emergency care – to reduce delays in planned operations and improve care quality.

section 4 YOUR CARE IN THE BEST PLACE – AT HOME AND IN YOUR COMMUNITY

In this section, we explain more about how we are developing and investing in your local GP and community services to help you to live well, prevent ill health, promote self-care and make it easier to get advice and support.

Listening to local people

During a programme of discussion events in the autumn of 2016, we asked people whether they thought our health and care system should change and what they thought our priorities should be. Two thirds of those who responded strongly agreed there is a clear need for change. People also identified 12 top priorities for change, of which the top three were:



We listened to a wide range of ideas on developing local health and care, which have helped to shape the overall view of what people could expect in the future.

What local health and care services could look like to you in five years' time

You and your family **Living Well**

We will help you to:

- Find the right information about how to take care of yourself.
- Use your online and smartphone devices to get information and support.
- Spot the risks and signs of illness and act early to prevent deterioration.
- Have easier and earlier access to the help you may need from a range of health and care services, available to support you at home or close to where you live.

Developing **Local Health and Care**

At or near your GP surgery increasingly there will be:

- A wider range of health and care professionals to support you – this will include pharmacists, experienced nurses, physiotherapists and mental health therapists – so, you don't always need to see a GP to get the help you need.
- More appointments available and extended opening times (evenings and weekends).
- A range of tests, scans and treatments which were previously only available in hospital.
- Specialist support and care planning for older people and people living with long term conditions.



Developing our GP and community workforce

Our GP services offer great care, but many practices are under pressure caused by rising demands and a shortage of GPs coming to work in mid and south Essex.

Over the next two years, we expect to attract at least 50 new GPs across mid and south Essex. A new medical school is about to open at Anglia Ruskin University based in Chelmsford, and over time this will undoubtedly bring more doctors to our local area.

We know from recent national and local studies that up to a quarter of consultations with GPs do not need a GP's specialist skills – so we are working with GP practices to identify and train staff to meet your needs. This includes practice nurses, clinical pharmacists and physiotherapists.

We are providing additional training for GP reception and administrative staff to reduce the clerical burden on GPs. This will all help to release time for GPs to care for patients who most need them.



Helping you to live well

CCGs are working with local authority public health experts and other partners to develop schemes to help people to avoid illness. "Living well" starts before we are born and continues through childhood, with the early support of midwives and health visitors; through schools, who can promote a healthy diet and exercise; and continuing through teenage years to adults and older people.

We are introducing services to help you with information, advice and support, linked to the wider network of community and voluntary services in your area. This includes care navigators to help you find the right support, as well as health coaches, care coordinators and health trainers who can help you and your carers.

We are also exploring all that digital technology has to offer, like using online and smartphone applications to help people gain access to information and support to manage their condition.

Improving urgent and emergency care

We know from various studies that many people use A&E because they believe that this is the simplest and most effective way to deal with an urgent problem.

For those who need care urgently, our aim is to simplify the way you make contact with emergency services and make it easy to get the right care first time.

We are about to launch a new NHS 111 service, which gives you a 24 hour telephone helpline with connections to your GP surgery and out of hours services. We are increasing the number of doctors, nurses and pharmacists that will be available through dialling 111. They will help to assess your needs and put you in touch with the right service, whether this is your GP, community and mental health teams, ambulance or other services that you need.

Supporting people with long term conditions

Many people now live with at least one long-term incurable condition, such as diabetes, heart failure, asthma and other chest problems.

We aim to help you to avoid developing any long-term conditions, through education and support to live well. If you do develop one of these conditions, we want to support you with a range of services and personal care planning which will help you maintain your quality of life and avoid deterioration.

This will include working with you to be the expert on your condition and to know when and how to get further support when you need it.

Mental health

Traditionally, mental health problems have been treated separately from physical health problems; however, the evidence of strong connections between physical and mental health continues to grow.

We also know that identifying mental health conditions such as anxiety and mild depression, and treating these early on, will prevent the development of more serious mental health conditions and physical illness. Mental health therapists working with GP practices will ensure fast access to therapies designed to support you.

There is already a single specialist mental health service across Essex, Southend and Thurrock for children and young people. This links to schools, colleges and other services in the community to help children and young people to stay well and avoid serious mental health problems in later life.

We are also planning for more mental health specialists to work within A&E and hospital wards to make sure that mental health and physical issues are addressed at the same time and with expert help where needed.

Care for older and vulnerable people

GPs and other practice staff can identify patients who either are or are becoming frail or living with several different health and care needs.

Should you be identified as living with high risks to your health and wellbeing, a team of different professionals – a multidisciplinary team – can work with you, your family and your carers to plan and manage the right care for you.

End of Life Care

At the end of life, we want you to have a range of health and care support that will enable you to make a choice about where you would prefer to be in your final stages of life. Most people would prefer to be at home, close to the people they love, however, on average, between 45% and 50% of people die in hospital.

We have some excellent end of life services across mid and south Essex and we want to build on the best of these to support you and your family at end of life.

For further information on what is happening in your local CCG area to develop GP and community services, please visit our website at www.nhsmidandsouthessex.co.uk or request a copy of our background information pack.



section 5 YOUR CARE IN THE BEST PLACE – IN OUR HOSPITALS

In this section, we explain more of the thinking behind the proposals for changes in hospital services.

We have summarised in a separate document the evidence we have looked at in developing these proposals. To see the summary of clinical evidence, please visit our website at: www.nhsmidandsouthessex.co.uk/background/further-information

What stays the same in all three main hospitals

All three main hospitals in Southend, Chelmsford and Basildon are equally important to providing your care in the right place.

Each hospital will continue to provide:

- a full A&E service, led by a consultant, open 24 hours a day
- outpatient appointments, routine scans, tests and consultations
- day case and short stay treatments and operations – these cover most routine treatments and operations
- maternity services
- children's services, except for some specialist treatments and operations
- older people's services, except for some specialist treatments and operations
- intensive care.

All three A&Es will continue to receive people arriving by “blue-light” ambulance, 24 hours a day.

In a small number of cases, if you have a serious emergency condition, the hospital team may decide, with you and your family, that your chances of survival or recovery would be better if you transferred to a specialist team, which could be at another hospital. We explain more about this in each of the proposals later in this section.

If you live closer to other hospitals, such as Addenbrooke's in Cambridge or Colchester General Hospital, in general you will continue to use those hospitals.

Each of the three main hospitals will continue to provide the following specialist centres, as they do now:

- Cancer and radiotherapy centre at Southend Hospital
- Essex Cardiothoracic Centre for complex heart and lung treatments at Basildon Hospital, which treats acute heart attacks and serious heart and lung problems
- St Andrew's Plastics and Burns Centre at Broomfield Hospital in Chelmsford



How our proposals aim to improve your hospital care

Current challenges

Sometimes long waiting times in A&E and delays in admissions

Specialists are not always available round the clock, so you may have to wait, sometimes until the next day; or another doctor may treat you.

Long waiting times and frequent cancellation of your planned operation, if there are emergency cases that take priority.

Future improvements

Developments in A&E and a wider range of urgent care at each hospital

Offers consistent, faster access to the attention you need in A&E and quicker access to specialist services

Improvements by bringing specialist services together in one place

Rapid access (even with a transfer between hospitals) to the right specialist team for your needs and technological facilities for specialist scans and treatment.

Evidence shows this is likely to improve your outcome and chances of making a full recovery

Improvements by separating planned operations from emergency care

Shorter waiting times for your hospital operation and cancellation unlikely.

Better quality of care after your planned operation, away from the potential risk of cross-infection

This will safeguard your rapid recovery and reduce the chances of any complications

Issues raised by local people

In local discussions over the period that we have been developing these proposals, many people have highlighted concerns about the feasibility of managing services across three hospitals and travelling between them.

Three main issues have already been raised in our programme of public discussions:

Would a transfer be safe, particularly for seriously ill patients?

How would the proposed change affect families and carers, particularly those who are vulnerable and those without their own transport?

How would the changes affect staff? Is it feasible and affordable for staff to travel between hospitals? Would the changes deter staff from working in our local hospitals?

Safe transfers for patients

If needed, the A&E teams and specialists would work together and discuss with you and your family the safest arrangements for your transfer. Should it be decided that a transfer was not the right decision for you, the specialist team would support the A&E team to give you the best possible care.

If you and your hospital team were to decide a transfer should go ahead, then you would only transfer if your condition was clinically stable, and you would have the support you need, including a senior doctor or nurse travelling with you, if necessary.

Our proposal is to introduce a new type of inter-hospital clinical transport, in addition to the ambulance services that we already commission from the East of England Ambulance Service.

Transport and support for families and carers

Public transport routes between our hospitals are rarely straightforward. If your family or friends don't drive, you could be separated from the people you rely on for support at a time when you need it most.

We have taken these concerns very seriously and we are keen to do as much as possible to support families, in particular those who may be without transport or disadvantaged in some other way.

We propose to help by introducing a free bus service between the three hospitals, or other locations that may be more convenient to you.

We estimate that this will offer up to 60,000 passenger journeys per year, but we would review this regularly and increase the service if needed.

Support for patients and families is high on the list of issues to address in planning service change. During this consultation we will be listening carefully to more of your views on this.

Implications for staff

Changes in the workplace can be extremely challenging for people. We will continue to discuss the changes with staff and are committed to involving as many staff as possible in designing detailed plans.

There are potential benefits for staff in many of the proposals. The creation of larger specialist teams, able to achieve higher standards of excellence has the potential to offer better opportunities for training, experience and career progression. The networking of services across three hospitals has the potential to give staff a chance to work in different locations, learn new skills and experience a wider range of care than they might otherwise have had in one hospital.

To enable patients and staff to move between the three hospitals, it will be important to improve information sharing and technology, as well as shared systems and standards.

During the consultation period we will be holding discussion events with staff on what the proposals mean for them, and what should be taken into consideration in making any changes.



Detailed proposals under the five principles for hospital services

Principle 1

The **majority of hospital care** will remain local and each hospital will continue to have a 24 hour A&E department that receives ambulances.

- We would like to know your views on proposals to improve your local A&E – the development of an “emergency hub” at each hospital with a wider range of urgent care services

Background

Current A&E services are frequently overcrowded and people sometimes have to wait too long to be seen. By improving the flow of patients through A&E, we can better manage the pressure on the whole hospital and improve your care. To do this we are proposing the development of an “Emergency Hub” that would operate in the same way across each of the three hospitals.

The proposed changes

• A quick assessment of your emergency situation

A senior doctor or nurse would assess your needs quickly. They may book an appointment for you with other services, such as a GP working in A&E or your own GP, a pharmacist, a mental health practitioner or social care professional. They may arrange for further assessment through a dedicated assessment unit.

• Specially designed units for further assessment

Alongside A&E, four assessment units will have specially trained teams to meet the particular care needs of:

- o Older and frail people
- o Children
- o Patients in need of urgent medical treatment
- o Patients in need of urgent surgical treatment

The aim of these units will be to assess and treat your condition, getting you back home as soon as possible. Strong links to community services, mental health and social care will support this aim. Each unit will have beds for those who may need a short stay in hospital.

• Transfers to specialist teams

In a small number of cases, if you have a serious condition, you would be stabilised and transferred to a specialist team, which could be in another hospital. The hospital team treating you will take this decision with you and your family, and make arrangements for a safe transfer. We estimate that up to 15 patients per day across all three hospitals may be transferred to a different hospital for their care. There would also be a new free transport service to help family and friends to travel to a different site.

This already happens for some services and has for many years – e.g. patients with serious burns are transferred to the St Andrew's Centre in Broomfield Hospital near Chelmsford, and patients who may have had a serious heart attack are currently transferred to the Essex Cardiothoracic Centre in Basildon.

In a very few cases, it may be better to go direct by ambulance to the specialist centre. This already happens now for people in Essex who experience a serious heart attack. They go direct by “blue light” ambulance to the Essex Cardiothoracic Centre at Basildon.



Principle 2

Certain more **specialist services** which need a hospital stay should be concentrated in one place, where this would improve your care and chances of making a good recovery.

- We would like to know your views on bringing together in one place the following specialist services that need a hospital stay:
 - o Gynaecological surgery (women's services) and gynaecological cancer surgery to be located at Southend Hospital, close to the existing cancer centre
 - o Respiratory services for very complex lung problems to be located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems
 - o Renal services for people with complex kidney disease to be located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems
 - o Complex vascular services for the treatment of diseased arteries and veins to be located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems
 - o Cardiology for complex heart problems to be located in the existing Essex Cardiothoracic Centre for heart and lung problems at Basildon Hospital
 - o Gastroenterology services for people with complex gut and liver disease to be at Broomfield Hospital near Chelmsford
 - o Complex general surgery (e.g. for abdominal problems) to be at Broomfield Hospital near Chelmsford

Background

There is clinical evidence that where there are small numbers of patients requiring the care of highly trained specialists, there are benefits in concentrating these services in one place so that one team is able to treat the greatest number of patients each year.

This means:

- A larger specialist team can make sure that the right number and level of skilled staff are available should you need specialist care at any time of the day or night, 365 days of the year, providing fast access to the highest quality care for patients.
- By seeing more patients, specialists can further develop their knowledge and skills to achieve better results.
- A larger team can develop as a centre of excellence and be in a better position to be involved in research and innovation.
- A larger team has greater opportunities for development, training and career progression. This can improve our ability to attract and retain talented people and deliver the best care for you.

In each proposal, the principle applies that routine services, such as outpatient appointments, tests, and surgery and treatment that can be done in a day would continue at all three local hospitals.

Our proposed changes are only concerned with specialist surgery and treatments that require a hospital stay.

Our proposed locations for bringing together specialist services are based on:

- Where there are already established specialist teams, together with facilities and equipment.
- Where there are important links between different specialist services which require shared expertise and close relationships between expert teams.

2 The proposed changes

Women requiring gynaecological surgery who need a hospital stay would be treated at Southend Hospital

- Currently, emergency and routine gynaecological services are offered from all three main hospitals.
- Southend Hospital is developing a range of surgical expertise in cancer and some patients already travel from Basildon to Southend for gynaecological cancer treatment.
- We propose to bring together specialist gynaecology expertise at Southend Hospital for all women who need a hospital stay of more than 48 hours.

What this means:

- Routine outpatient, day case and short stay gynaecology services would continue to be available at all three main hospitals for both emergency and planned care.
- The proposed change mainly affects women in mid Essex who need specialist gynaecological surgery who would go to Southend Hospital and not to Broomfield Hospital, as they do now.
- Southend is the proposed location because it makes sense to bring specialist gynaecology surgery together with the existing expertise in cancer treatments at Southend.

Gynaecological surgery covers surgery on the female reproductive system. Most procedures are done in a day and this would continue at your local hospital. The proposed change is for more complex operations that would require a hospital stay of more than two days.

Patients requiring a hospital stay for complex lung problems would be treated at Basildon Hospital

- There are good standards of care for breathing problems in all three hospitals, but respiratory specialists are not always available 24 hours a day in all three hospitals.
- A round-the-clock specialist inpatient service for patients with complex lung problems would improve care and recovery and help people to avoid long term problems, such as becoming immobile.
- We propose to maintain the majority of services for respiratory care at all three hospital sites, with the addition of a specialist respiratory ward at Basildon Hospital.

What this means:

- Routine outpatient, day case and short stay services would continue to be available at all three main hospitals for both emergency and planned care.
- If you were very poorly as a result of breathing problems, you would be taken to your nearest hospital, where you would be seen and stabilised in A&E.
- Following stabilisation, we would expect to be able to treat your condition within a day or with a short hospital stay of 24 or 48 hours.
- Should you need more specialist care and a longer stay in hospital, then you may be transferred to the specialist respiratory ward in Basildon. Here you would receive treatment and a team of specialists would be able to plan your ongoing care.
- The reason for choosing Basildon as the location is that we could maximise our expertise with links to the Essex Cardiothoracic Centre in Basildon.

Complex respiratory problems could include severely collapsed lung, disease of the lung lining or lung disease with complex oxygen requirements.

Patients with complex kidney problems who need a hospital stay would be treated in Basildon

- There are good standards of care for people with kidney problems in all three hospitals, but specialist care varies across the three hospitals.
- One specialist team across all three hospitals would increase the availability of senior specialists for all patients and minimise the degree of kidney injury.
- We propose to maintain the majority of kidney services at all three hospital sites, with the addition of a specialist ward at Basildon Hospital.

What this means:

- Routine outpatient, day case and short stay services would continue to be available at all three main hospitals for both emergency and planned care, including haemodialysis.
- The specialist team at Basildon would be able to support clinicians in each local hospital, including the A&E team, to ensure consistently high quality local care.
- If you needed a hospital stay and specialist treatment you would transfer to the specialist team at Basildon.
- The reason for choosing Basildon as the proposed location is that there are strong links between kidney and cardiovascular services, so it makes sense to have specialist services on the same site as the Essex Cardiothoracic Centre.
- Very complex care, such as kidney transplants, would continue to be provided in London and other specialist centres, as they are now.

Complex kidney problems could include problems following a kidney transplant, or a serious kidney injury.

Patients with diseased arteries or veins would be treated at Basildon

- Emergency specialist vascular services are not always available on all three hospital sites. Specialist emergency care rotates between the three sites, which means that patients currently go to whichever hospital is providing specialist vascular expertise on that day.
- There is evidence nationally that a joined-up vascular team from several hospital sites improves care quality and patient outcomes, because of the greater number of patients they treat.
- Given the important links between cardiac care and complex vascular services, we propose that a specialist vascular hub should be located near the Essex Cardiothoracic Centre for heart and lung operations in Basildon. This would also be close to interventional radiology, a type of camera-guided surgical technique, which avoids the need for open surgery.

What this means:

- Routine outpatient, day case and short stay services would continue to be available at all three main hospitals for both emergency and planned care.
- If you needed a complex vascular operation that required a hospital stay, your GP would refer you to the proposed vascular hub in Basildon.
- In an emergency situation, you would go to your local A&E for assessment and stabilisation, and then transfer to the vascular hub for specialist surgery.
- Your surgery in the vascular hub would usually require only a short stay of up to 48 hours, after which you would return home or to your local hospital for further support and recovery.
- Routine operations, such as treatment of veins in the legs, would continue at all three hospitals as day cases and short stay operations.

Vascular disease is caused by inflammation of the blood vessels, which can interfere with the blood flow to vital organs. Vascular disease is a common cause of strokes and blockages in arteries.

Patients who need a hospital stay for specialist treatment of complex heart problems would be treated at Basildon

- Currently, all three main hospitals offer outpatients and short stay heart treatments.
- The Essex Cardiothoracic Centre in Basildon has been established for over 10 years as the specialist centre for heart and lung problems. Patients from all over Essex have been going to the centre for both emergency and planned interventions, and this has improved outcomes.
- Patients who experience a serious heart attack are already taken to Basildon, usually direct by ambulance for life-saving care.
- We propose to build on the expertise of the Essex Cardiothoracic Centre to give you quicker access to this specialist service.

What this means:

- Outpatients and short stay treatments would continue to be available locally. For example, treatments for chest pain and erratic heartbeat would be at your local hospital.
- For more complex problems, such as needing a pacemaker, or unblocking arteries, you would in future be referred quicker than now to the Essex Cardiothoracic Centre in Basildon.
- Patients who experience a serious heart attack would continue to go to the Essex Cardiothoracic Centre, either via your local A&E or direct by ambulance as they do now.
- The Essex Cardiothoracic Centre would continue to provide complex planned operations, such as coronary artery bypass as it does now.
- Most people would stay only two to three days in the Essex Cardiothoracic Centre, after which they would go home or back to their local hospital for further care and cardiac rehabilitation.

Patients with complex gastroenterology problems who need a hospital stay would be treated at Broomfield Hospital near Chelmsford

- There are good standards of care in all three hospitals for people with gastroenterology problems, but specialist care varies across the three hospitals.
- One specialist team across all three hospitals would increase the availability of senior specialists for all patients.
- We propose to maintain the majority of gastroenterology services at all three hospital sites, with the addition of a specialist ward at Broomfield Hospital, near Chelmsford.

What this means:

- Routine outpatient, day case and short stay services would continue to be available at all three main hospitals for both emergency and planned care, including endoscopy.
- A specialist team at Broomfield, would be able to support clinicians in each local hospital, including the A&E team to ensure consistent high quality local care.
- If you needed a hospital stay and specialist treatment, you would transfer to the specialist ward at Broomfield.
- Very complex care, such as liver transplants, would continue to be provided in the London specialist centres, as they are now.

Complex gastroenterology problems could include severe liver failure, intestinal failure requiring nutritional support or pancreatitis.

Proposals for a dedicated service at Broomfield Hospital, near Chelmsford, for emergency general surgery that requires a hospital stay

- All three sites currently offer a wide range of inpatient, outpatient and daycase general surgery services and this will continue.
- There are sometimes delays for people who need complex emergency surgery, which could be avoided if there was a single dedicated emergency surgical team and theatre facilities in one place.
- In order to separate some emergency from planned surgery, we propose that some complex emergency operations should be provided from a dedicated emergency general surgical team at Broomfield Hospital, which already leads on some complex general surgery.
- Some complex surgery is already provided at Broomfield as the lead for all three main hospitals. This includes:
 - Ear nose and throat and facial surgery which needs a hospital stay
 - Upper gastro-intestinal surgery which needs a hospital stay
- We propose to add to this arrangement, for example, complex surgery for bowel problems (except for cancer which would continue at Southend).
- Routine planned and emergency surgery, which could be performed as a day case, with no requirement for hospital stay, would continue at all three hospitals.

What this means:

- If you had severe stomach pains, for example, you would go to your local hospital via A&E for assessment and treatment.
- If you needed an abdominal operation that required a hospital stay, you would transfer to Broomfield Hospital in Chelmsford.
- Two to three days after your operation, ideally you would go home if you had made a good recovery, or you might return to your local hospital for further care.

General surgery that requires a hospital stay would include major operations on the abdomen.



Principle 3

Access to specialist emergency services, such as **stroke care**, should be via your local (or nearest) A&E, where you would be treated and, if needed, transferred to a specialist team, which may be in a different hospital.

- We would like to know your views on this overall approach and on specific proposals for the development of a specialist stroke unit to be provided at Basildon Hospital, close to the existing Essex Cardiothoracic Centre for heart and lung problems.

Background

Our stroke services compare well with the best in many ways, but we could do better. We know from significant national and international evidence that patients who are treated in a highly specialist stroke unit in the first 72 hour period following a stroke, have better chances of survival and making a good recovery.

Clinical evidence shows that fast action prevents the brain damage caused by a stroke. If this is followed by a short period of the highest dependency care provided by a team of specialist doctors, nurses, therapists and technicians, then people could avoid long lasting debilitating effects.

None of our three hospitals currently has the right number of specialists to provide the level of specialist stroke unit that we are proposing.

By joining together our stroke teams across the three hospitals, we could provide a specialist stroke unit to lead the network of stroke services, and continue to provide stroke care at each of our three hospitals.

A stroke is a brain attack, which happens when the blood supply to your brain is cut off. For 85% of cases this is because of a blood clot. In around 15% of cases this is because of a burst blood vessel causing a brain haemorrhage.

The proposed changes

- We propose to develop a specialist stroke unit at Basildon Hospital. The reason for choosing Basildon is that high dependency stroke services should have close links with the specialist skills of the existing Essex Cardiothoracic Centre for heart and lung problems.
- The local A&E team would be equipped and able to diagnose and stabilise your condition and initiate treatment. Advanced imaging and initial treatment for the majority of strokes would continue to be available at each local A&E. Most strokes (around 85%) are as a result of a blood clot blocking the flow of blood to the brain and some can be treated with drugs to dissolve the clot – a treatment known as thrombolysis.

What this means:

- If it were suspected you were having a stroke, you would be taken by ambulance to the nearest hospital. Following a diagnosis in A&E, you would start the thrombolysis treatment, if appropriate, before going by rapid transfer to the specialist stroke unit in Basildon.
- If your stroke were due to a bleed in the brain (which affects around 15% of cases), you would be transferred immediately for treatment either at Basildon, if appropriate, or to a higher specialised centre in Cambridge or Queen's Hospital in Romford, which is what happens now.
- Your stay in the specialist stroke unit would be up to 72 hours, after which you would either go home, if you made a good recovery, or return to your local hospital for further rehabilitation.
- The specialist stroke team would provide a clear plan to support your recovery, including physiotherapist support and speech and language therapy.

Principle 4

Planned operations should, where possible, be separated from patients who are coming into hospital in an emergency.

- We would like to know your views on proposals for the following operations that need a hospital stay:
 - o Planned orthopaedic surgery (e.g. for bones, joints and muscles) to be at Southend for people in south Essex and Braintree Hospital for people in mid Essex
 - o Some emergency orthopaedic surgery (e.g. for broken bones) to be at Basildon for people in south Essex and Broomfield Hospital near Chelmsford for people in mid Essex.
- Surgery for most people with a broken hip would continue at all three local hospitals.**
- o Urological surgery (e.g. for bladder and kidney problems) to be at Broomfield Hospital near Chelmsford (except for urological cancer operations which are already located at Southend Hospital)

Background

National guidelines from the British Orthopaedic Association tell us that surgeons treating a higher number of patients are often able to attain better results than those treating only a few patients per year.

The evidence of this has been gathered for more than 30 medical specialties.

Among various findings, the evidence tells us that:

- separating planned operations from emergency is a way to increase service efficiency, reduce cancellations and improve outcomes for patients.
- dedicated beds for planned operations protect surgical patients from the risk of cross-infection from emergency medical patients.

The proposed changes

Planned orthopaedic surgery that needs a hospital stay (e.g. for bones, joints and muscles) would be at Southend Hospital for people in south Essex and Braintree Community Hospital for people in mid Essex

- Planned orthopaedic surgery that needs a hospital stay would be available at Southend Hospital for south Essex residents and at Braintree Community Hospital for mid Essex residents.
- Braintree Community Hospital is a purpose-built facility with operating theatres, which have previously been under-used. Currently, the hospital provides care for patients who need a short stay overnight or for those who require a period of care following discharge from the main hospital at Broomfield. Mid Essex CCG is currently discussing with local people how this type of care could be better for people if it was at home or closer to home.

What this means:

- For most routine operations that could be done in a day, your GP would refer you to the hospital of your choice and you would be given a date to come into hospital.
- If your diagnosis showed that you needed a more complex operation requiring a hospital stay, you would be referred either to Southend Hospital or to Braintree Community Hospital.
- Everyone who needs a planned operation can make a choice about where to go from the options available; for example, if you live closer to Addenbrooke's in Cambridge or Colchester General Hospital, you could continue to go to these hospitals for your operation, as happens currently.
- Two to three days after your operation you would go home if you had made a good recovery, or return to your local hospital for further care and rehabilitation.

Orthopaedics is concerned with muscles, ligaments, bones and joints

4

Some emergency orthopaedic surgery that needs a hospital stay (e.g. for broken bones) would be at Basildon Hospital for people in south Essex and Broomfield Hospital in Chelmsford for people in mid Essex

Orthopaedics is concerned with muscles, ligaments, bones and joints.

- All three main hospital sites currently offer a wider range of inpatient, outpatient and day case orthopaedic services e.g. for fractures, hip and knee operations, but there are wide variations in waiting times for admission and lengths of hospital stay.
- In order to separate emergency from planned surgery, we propose that some emergency operations, that require a hospital stay, e.g. for more complex fractures and injuries, should be offered at Basildon Hospital for south Essex patients and at Broomfield Hospital near Chelmsford for mid Essex patients.

What this means:

- You would continue to go to your local hospital with a suspected fracture or other injury.
- Surgery for simple fractures and other routine surgery that could be performed within 24 hours would continue at all three local hospitals.
- Surgery for most people with a broken hip would also continue at all three local hospitals.
- If the diagnosis in A&E was that you needed a more complex operation requiring a hospital stay, you would then transfer to either Basildon Hospital or Broomfield Hospital near Chelmsford.
- If you had severe multiple injuries, such as injuries caused by a serious road traffic accident, you would continue to go directly to a major trauma centre either in Cambridge or London, which is what happens now.

Proposals for urological surgery at Broomfield Hospital in Chelmsford and Southend Hospital (for cancer)

Urological surgery is concerned with bladder and kidney problems.

- Currently, emergency urological services are provided at all three hospital sites, as is most planned surgery.
- Last year it was agreed that Southend Hospital should provide specialist surgery for urological cancer. People already travel to Southend for this service and this will continue.
- We propose to bring together the most complex urological surgery (non-cancer) at Broomfield Hospital near Chelmsford. Broomfield already has the most expertise in urological surgery and it makes sense to build on that.

What this means:

- If you had a urinary tract infection, for example, you would go to your local hospital via A&E for assessment and treatment.
- If you needed a more complex operation, such as the removal of a stone, you would transfer to the urology hub in Broomfield Hospital.
- Two to three days after your operation, ideally you would go home if you had made a good recovery, or you might return to your local hospital for further care.

Principle 5

Some hospital services should be provided closer to you, at home or in a local health centre.

- We would like to know your views on proposals to transfer services from Orsett Hospital to a number of new centres closer to where people live in Thurrock (for Thurrock residents) and to Basildon, Brentwood and Billericay (for residents of those areas).
- Only when new services are up and running, would it be possible to close Orsett Hospital which, although valued by many local people, is difficult to access by public transport and is an ageing site requiring in excess of £10 million to bring the building up to standard.

Background

Thurrock CCG and Thurrock Council have already consulted with local people on changes to the way in which health and care services are provided locally, with an emphasis on delivering most care closer to where people live.

Feedback shows that people welcome the development of the new “integrated medical centres” where people can go to one place for GP services, health checks, tests and access to a wide range of advice and information, such as for healthy living, advice on housing, benefits and social care services, including voluntary services.

Four centres are planned for Tilbury and Chadwell, Purfleet and Aveley, Stanford-le-Hope and Corringham and Grays.

- Each centre would be open seven days a week, from early morning until the evening.
- Each centre would house a combination of health, council and voluntary services.
- Each centre would develop a strong connection to its local community.

Current status

Tilbury and Chadwell: Thurrock Council has agreed to develop a new build Integrated Medical Centre on the Tilbury Square site. The Council has already commissioned a design team with the expectation of securing planning permission in 2018 and building work to start later in that year.

Purfleet and Aveley: The proposed new build Integrated Medical Centre is part of an existing regeneration programme. It will be located in the heart of the new Purfleet town centre, with an expectation of building work starting in 2018.

Stanford and Corringham: The proposal is to develop the unused Graham James site, again with the expectation of work starting in 2018.

Grays: The plans to develop the Thurrock Community Hospital site.

Similarly, in the **Basildon, Brentwood** and **Billericay** areas we have an opportunity to develop buildings at Brentwood Community Hospital, a new location in Basildon town centre and St Andrew's at Billericay.

The proposed changes

The detail of which services should operate from which centre is a key part of this consultation. We know from local engagement that people support the concept of the proposed new centres, which are much closer to where people live. We also know that people have concerns about whether the new services will be in place before closing Orsett Hospital. Thurrock CCG and Thurrock Council have already formally agreed to ensure that the new services are in place before there could be any changes to Orsett.

The outline plan is for the new centres to open in 2020/2021, and only after a successful transfer of services would Orsett close.

This consultation period gives us an opportunity to develop the detailed plans with patients and local people, starting with the following proposed locations for tests and treatments:

Potential options for the future of services currently provided at Orsett:

IMC means *Integrated Medical Centre*

| Proposed future services | Purfleet IMC | Thurrock Community Hospital, Grays IMC | Corringham IMC | Tilbury IMC | Brentwood Community Hospital | Basildon town centre | St Andrew's Billericay |
|--|--------------|--|----------------|-------------|------------------------------|----------------------|------------------------|
| Diagnostic services e.g. blood testing | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| General outpatient services e.g. for skin problems; ear, nose and throat; breathing problems; children's services; orthopaedics (bones, muscles and tendons) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Treatment facilities e.g. minor procedure rooms | ✓ | ✓ | | | ✓ | ✓ | |

For further background information on proposals to transfer services from Orsett Hospital, please visit our website: www.nhsmidandsouthessex.co.uk/background/further-information

Or request a copy from the consultation programme office - details in *Section 7 on How to have your say*.

Investment and expansion in our future hospitals

Investment of over £118 million is planned for our hospitals' buildings and sites

A common misunderstanding that came up in discussions with local people over the last year was that plans for service change were about making service cuts.

As part of our plans we intend to invest £118m in improving our local hospitals. This money will be spent to:

- Increase the total number of hospital beds by about 50.
- Build new operating theatres.
- Improve technology to make it easier to work across three hospital sites.

All three hospitals will benefit from this additional investment as follows:

- Southend Hospital – £41 million.
- Basildon Hospital – £30 million.
- Broomfield Hospital near Chelmsford – £19 million.

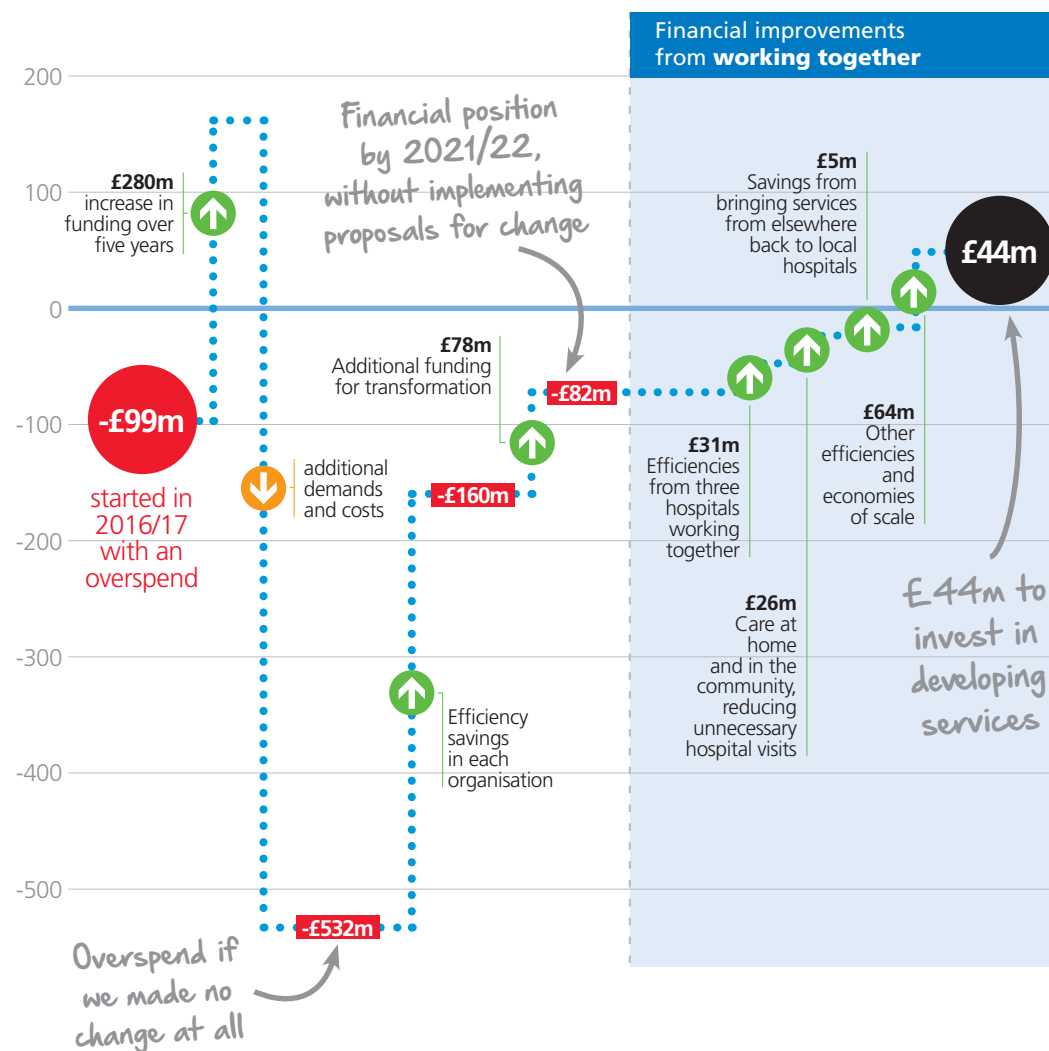
A further £28 million will be invested in additional technology and facilities that will benefit all three hospitals, such as ensuring shared records across all sites.



How our overall plan for change brings our NHS back into financial balance

The current cost of our NHS in mid and south Essex, of which the largest spend is on hospital care, is much greater than the funding available. In 2016/17, this created an overspend of £99 million.

If we made no change at all over the next five years, the additional demand for health and care could increase the overspend to over £500 million by the year 2021/22.





section 6 FURTHER INFORMATION

Please visit our website for a list of background documents:
www.nhsmidandsouthessex.co.uk/background/further-information

Or request a document from the consultation programme office
 - details in *Section 7 on How to have your say*.

List of available documents:

-  Background information, including more detail on local CCG plans, how we arrived at our proposals and additional information on topics such as travel times
-  More detail on the proposals for Thurrock, Basildon and Brentwood and Orsett Hospital
-  A pre-consultation business case, assured by NHS England and other national regulators
-  Reports following reviews of our proposals from the East of England Independent Clinical Senate in:
 -  June 2016
 -  October 2016
 -  September 2017
 -  October 2017
-  Summary of the clinical evidence that we have reviewed in developing these proposals
-  Report from Eastern Academic Health Sciences Network following a review of relevant national and international clinical evidence
-  Independent report from UCL Partners on national and international clinical evidence on stroke care
-  STP report on the views of local people from engagement phases in 2016/17
-  Heathwatch Thurrock report on local views in Thurrock
-  Heathwatch Essex report on a study of citizens' views on A&E services

section 7 HOW TO HAVE YOUR SAY

The Joint Committee of Clinical Commissioning Groups (CCGs) will meet early in the summer of 2018 to consider the feedback from this consultation. The Joint Committee will then make the key planning decisions necessary to take forward the proposed changes, taking into account the views of staff, partners and local people.

We hope you will take the opportunity to send us your views.

There are a number of ways to feedback, or get involved in discussions – see below.



Online survey

You can give your views through our survey which is available online at:
www.surveygizmo.eu/s3/90059489/NHS-Mid-and-South-Essex-STP

It is also available in print form on request from our consultation team – see contact details below.



Written feedback

If you would rather submit a response in the form of a letter or email, you can do this too and your comments will be included in the review of feedback – see contact details below.



Meetings

If you belong to a group or organisation with an interest in a specific issue related to these proposals, you can submit a request for a meeting to discuss this with you.

How to contact us

Email: meccg.stpconsultation@nhs.net

Phone: **01245 398118**

Address: **Consultation Team, Mid and South Essex STP, Wren House, Colchester Road, Chelmsford, Essex CM2 5PF**



Discussion events

Across mid and south Essex, we will be running a number of public engagement events where you will be able to hear more about our proposals and have the opportunity to tell us what you think. These will be an important opportunity for your voice to be heard.

Basildon and Brentwood

7.00pm-9.00pm on Tuesday 16 January 2018
Wick Community Centre, Wickford, Essex SS12 9NR

1.30pm-3.30pm on Wednesday 17 January 2018
Chantry House, Chantry Way, High St, Billericay
CM11 2BB (parking: please use Billericay High Street car parks)

6.30pm-8.30pm on Wednesday 21 February 2018
Brentwood Community Hospital, Crescent Drive,
Brentwood, Essex CM15 8DR

1.30pm-3.30pm on Tuesday 27 February 2018
The Gielgud Room, Towngate Theatre,
St. Martins Square, Basildon, Essex SS14 1DL

Castle Point, Rochford and Southend-on-Sea

6.30pm-8.30pm on Thursday 8 February 2018
Maritime Room, Cliffs Pavilion,
Westcliff-on-Sea, Essex SS0 7RA

2.30pm-4.30pm on Tuesday 20 February 2018
Oysterfleet Hotel, 21 Knightswick Road,
Canvey Island, Essex SS8 9PA

2.30pm-4.30pm on Wednesday 7 March 2018
Audley Mills Education Centre,
57 Eastwood Rd, Rayleigh, Essex SS6 7JF

Mid Essex

6.30pm-8.30pm on Tuesday 9 January 2018
Chapter House, Cathedral Walk,
Chelmsford, Essex CM1 1NX

1.30pm-3.30pm on Wednesday 31 January 2018
Michael Ashcroft Building (1st Floor),
Anglia Ruskin University, Chelmsford Campus,
Bishop Hall Lane, Chelmsford, Essex CM1 1SQ

6.30pm-8.30pm on Wednesday 7 February 2018
Braintree Town Hall (main room), Market Place,
Braintree, Essex CM7 3YG

6.30pm-8.30pm on Wednesday 28 February 2018
Plume Academy School, Fambridge Road,
Maldon, Essex CM9 6AB

Thurrock

6.30pm-8.30pm on Wednesday 24 January 2018
Civic Hall, Blackshots Lane, Grays,
Essex RM16 2JU

1.30pm-3.30pm on Tuesday 6 March 2018
Civic Hall, Blackshots Lane, Grays,
Essex RM16 2JU

We hope you will be prepared to take an active part

For details of our discussion events see our website:

www.nhsmidandsouthessex.co.uk/have-your-say/events

To book your place, visit: <http://bit.ly/2Agdnpr>
or contact us using our details on the previous page.

Mid and South Essex Sustainability and Transformation Partnership (STP)



How to contact us

Email: meccg.stpconsultation@nhs.net

Phone: **01245 398118**

Address: **Consultation Team, Mid and South Essex STP, Wren House, Colchester Road,
Chelmsford, Essex CM2 5PF**

**Published by the Mid and South Essex
Sustainability and Transformation Partnership (STP)**

A partnership of all health and care organisations for people living in Braintree, Maldon, Chelmsford, Castle Point, Rochford, Southend, Thurrock, Basildon and Brentwood.

A new Joint Health and Wellbeing Strategy for Essex

Partner consultation (phase 1) on a page

1. Context and background

1.1 What is the Joint Health and Wellbeing Strategy (JHWS)?

The Essex JHWS is the statutory document that sets out the priorities that partners in Essex will deliver together, working through the Health and Wellbeing Board and supported and informed by the Joint Strategic Needs Assessment (JSNA). It is 'not about taking action on everything at once, but about setting a small number of key strategic priorities for action that will make a real impact... translat[ing] JSNA findings into clear outcomes ... [and] leading to locally led initiatives'.

1.2 Why a new strategy and what is this consultation about?

The current Essex JHWS covers the period 2013-18. We are producing a new strategy for launch in 2018. The current JHWS was the first for our county, and we want to take the learning from that and ensure that the new strategy is 'adding value' to our work to improve the health and wellbeing of everyone in Essex and to reduce health inequalities. At this phase of the consultation, we are seeking your views on the priorities that we will commit to delivering at a county level, we will then produce a draft of the strategy, which we will share with you in Spring 2018 for comment and review.

2. Engagement Questions

2.1. The overall vision

The JHWS 2013-18 sets out a Vision that: 'Residents and local communities in Essex will have greater choice, control and responsibility for health and wellbeing services. Life expectancy overall will have increased and the inequalities within and between our communities will have reduced. Every child and adult will be given more opportunity to enjoy better health and well-being'.

Question 1: Are you happy with this Vision Statement? (Yes/No) If no, what you like to change?

2.2 Cross-cutting themes

The JHWS 2013-18 identifies five cross-cutting themes:

- Tackling health inequalities and wider determinants of health and wellbeing
- Transforming services: developing the health and social care system
- Empowering local communities and community assets
- Prevention and effective intervention
- Safeguarding and quality.

We are expecting to retain these five themes in the new JHWS.

Question 2: Are you happy with the themes? (Yes/No) If no, what would you like to change? Are there any further cross cutting themes that you would want to add to these?

2.3 Agreeing the core priorities

A set of agreed priorities that we will deliver together in Essex will be at the core of the new JHWS. We are particularly keen to get partners views on these priorities, bearing in mind the following:

1. The JHWS should identify a *small* number of *key* strategic priorities, and not everything that we'd ideally like to do;
2. The focus should be on priorities where there will be clear 'added value' from partners working together in the Essex footprint, with oversight from the Essex Health and Wellbeing Board;
3. The priorities should be expressed as *outcome* statements, and will be monitored and evaluated.

Messages from early engagement and from the evidence-base on key challenges for Essex are highlighting a number of priority areas:

- 1) Improving mental health and wellbeing (including suicide prevention and tackling loneliness);
- 2) Tackling obesity, improving diet and increasing physical activity;
- 3) Tackling behaviours that drive health inequalities (e.g., smoking and alcohol misuse);
- 4) Improving support for long-term conditions and disabilities (including dementia).

These, of course, are very broad areas for activity, which we will need to refine and focus down. We are therefore particularly interested to get partners views on what the specific focus should be within each priority, ensuring that we are working with people of all ages and across the whole life course.

(Note also the commitment to work on the 'Building Blocks' for health and wellbeing below, which will ensure we are engaging with 'place' issues, like employment, housing and planning.)

Question 3: Do you agree with these key priority areas? Are there any you would like to drop? Are there any that you would like to add?

Question 4: What should the Essex Health and Wellbeing Board prioritise within each area? (It would be useful to get your views on sub-priorities for each stage of the 'life course' - these are described in the JHWS as 'starting and developing well', 'living and working well' and 'ageing well').

2..4 Agreeing the Building Blocks

We want to put 'place-based' health and wellbeing at the heart of the new JHWS for Essex, and to provide national leadership in modelling and developing this approach. This recognises that there are a range of 'building blocks' that need to be in place if we are to deliver our priorities, and that these reach out into every area of partner activity, whether that's housing, transport, community safety or support for volunteering.

Messages from early engagement have led us to identify four key building blocks:

- 1) Developing health and social care assets (e.g., workforce, volunteering and support for self-care);
- 2) Applying digital and other technology (e.g., assistive technologies and predictive analytics);
- 3) Place and community based health (e.g., mental health support in schools and hubs, planning, transport, the environment, community assets);
- 4) A focus on social determinants of health (e.g., social inclusion, housing, access to employment).

As with the priorities, these are potentially very broad areas of concern, and the challenge will be to identify specific areas where action co-ordinated through the Essex Health and Wellbeing Board has the potential to make a real difference.

Question 5: Do you support the 'building block' approach? If you do, are these the right building blocks?

Question 6: Are there particular 'building block' issues that you would like to see Essex partners focus on?

We would welcome your responses on all or any of these questions in whatever format works for you, and any other comments that you have. You can submit these by e-mail to marcus.roberts@essex.gov.uk. We will be in contact with colleagues to arrange to support meetings at local health and wellbeing boards, partnership boards and other forums. Do please contact us if we can support or inform your discussions of our new JHWS in any other way. We would like to feed your responses into a workshop discussion at Essex Health and Wellbeing Board meeting on 21 March, and need to receive your responses by the end of February if they are to contribute to that discussion. We will circulate a draft strategy for review by partners in Spring 2018.

A new Joint Health and Wellbeing Strategy for Essex Partner consultation (phase 1) – Resource Pack

This pack contains information/resources that you may find helpful to inform your discussion of themes and priorities for the new Essex JHWS.

It comprises:

1. An overview of the JHWS 2013-18 (p. 2)
2. Some headlines from the Essex Joint Strategic Needs Assessment 2017 (p. 3)
3. Key messages from a short consultation exercise with District Boards and key county boards in Summer 2017 (p. 7)
4. A summary of District priorities, based on their public health profiles (p. 8)
5. A map of key priorities in the strategies of a wider range of Essex Boards and Partnerships (p. 9)
6. A summary of priorities emerging from recent reviews of JHWSs in other comparable local authorities/areas.

You can find Public Health profiles for Essex as a whole and for Essex Districts on the Public Health England 'fingertips' site [here](#)

The Public Health profile for Essex is [here](#), with District profiles available as follows (click to access): [Basildon](#), [Braintree](#), [Brentwood](#), [Castle Point](#), [Chelmsford](#), [Colchester](#), [Epping Forest](#), [Harlow](#), [Maldon](#), [Rochford](#), [Tendring](#), [Uttlesford](#)

The Essex Joint Strategic Needs Assessment resources are available on the Essex Insight website [here](#). The county-wide strategic JSNA report is [here](#). You will also find a range of 'deep dive' reports on a variety of issues on this site.

Essex Joint Health and Wellbeing Strategy 2013-18 – On a Page summary

| | | | |
|---|---|--|-----------------------------------|
| VISION | Residents and local communities will have greater choice, control and responsibility for health and wellbeing | | |
| | Life expectancy overall increased and the inequalities within and between our communities will have reduced | | |
| | Every child and adult will be given more opportunities to enjoy better health and wellbeing | | |
| KEY THEMES | Tackling health inequalities and wider determinants of health and wellbeing | | |
| | Transforming services: developing the health and social care system | | |
| | Empowering local communities and community assets | | |
| | Prevention and effective intervention | | |
| | Safeguarding and quality | | |
| Starting and developing well | | Living and working well | Ageing well |
| Increasing levels of physical activity, participation in sport and improved nutrition | | | |
| Reducing smoking, drug and alcohol misuse | | | |
| Improving mental health (including dementia) | | | |
| Supporting community provision and developing community assets | | | |
| Development/attainment pre-school children | | Responding to long-term conditions and chronic illness | |
| Working with families with complex needs | | | Maintaining independence at home |
| | | | Providing better end of life care |

Summary of key findings from the JSNA 2017

Starting and developing well

| Outcomes | Progress |
|---|---|
| Reduce teenage pregnancies | Below the national average. |
| Increase breast feeding | Below the national average. |
| Immunisation take up | Improved and above national average. |
| Pre-school support and educational achievement | Above national average in Early Years Foundation Stage Profile and students with 5(+) grades A-C at GCSE, but some groups doing less well |
| Integrate the 0-5 and 5-19 Healthy Child Programmes | A new integrated approach has been launched in Essex. |
| Outcomes for children with SEN | Educational performance improving but is still significantly worse for children with SEN. |
| Reduce childhood obesity | Lower prevalence than the national average. But prevalence is still 1 in 5 for 4-5 year olds and almost a third for 10-11 year olds. |
| Reduce risk-taking behaviours | ‘Risk Avert’ in schools. Smoking rate at 15 is above the national average. |
| Reduce NEET numbers | Levels are falling in Essex in line with the national trends. |

| | |
|---|---|
| Support 'troubled families' | Essex has developed the Supported Families initiative. |
| Better transition from C&YP to adult services | A transition to adulthood strategy is in development. This is a focus of (e.g.) the C&YP mental health strategy, <i>Open up, reach out</i> |
| Improved safeguarding | 8% increase in children on child protection plans 2015 to 2016, but still fewer per head of population than England or Eastern region averages. |

Living and Working Well

| Outcomes | Progress |
|---------------------------------------|---|
| Reduce alcohol misuse | Alcohol-related hospital admission rates lower than the English average. |
| Reduce smoking | Smoking prevalence in Essex is 18%, in line with the national average. |
| Reduce harms from substance misuse | Evidence suggests a steady fall in drug use, but this is difficult to measure. A new JSNA on substance misuse provides detailed analysis and assessment. |
| Provide affordable housing | There are significant national initiatives to boost supply of affordable housing. |
| Provide supported and adapted housing | The percentage of adults in contact with secondary mental health services living in stable and appropriate accommodation is significantly below regional and national averages. |

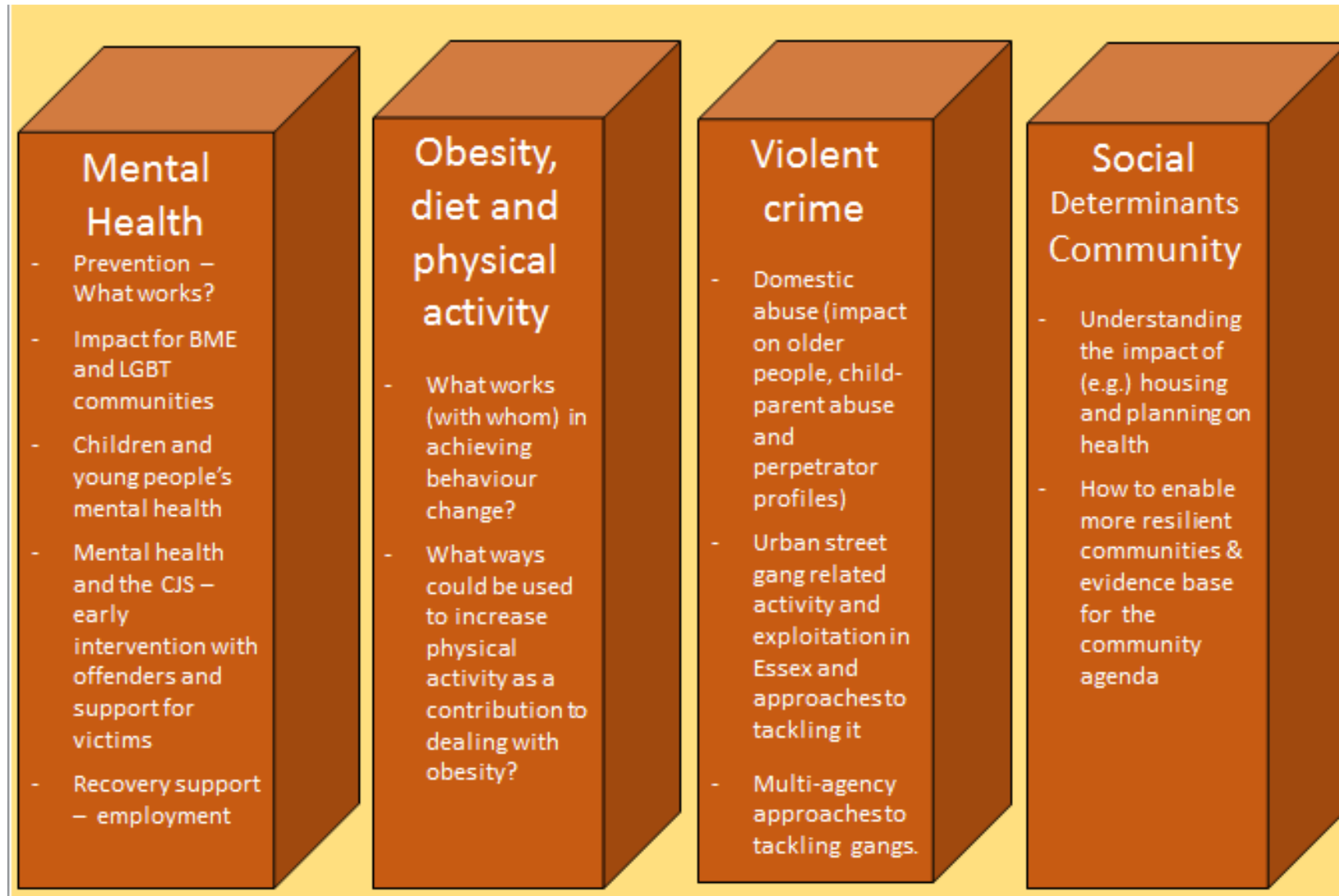
| | |
|---|--|
| Increase physical activity and improve diet | The proportion of Essex adults who are overweight is significantly higher than the England average. 65% of people did recommended physical activity, similar to English and regional averages (as is the proportion eating 5 a day). |
| Training, apprenticeships, employment and skills | NEET levels have been falling. A new Apprenticeship Levy on employers was introduced in April 2017. |
| Employment for people with mental health problems | Employment of those in contact with mental health services is significantly worse than the national average. It is similar for people with long-term conditions. |
| Reduce suicide | The suicide rate in Essex has been generally climbing, whereas there has been a small reduction nationally. |

Ageing well

| Outcomes | Progress |
|-------------------------|---|
| Ageing Essex | 1 in 5 Essex residents are over 65 and this is expected to rise to 1 in 4 by 2030. It is estimated demand for services for older residents could grow by 12% by 2021. |
| Improve life expectancy | Life expectancy at 65 is above the national average, but with significant variations by District. |

| | |
|--|--|
| Reduce winter deaths | Between 2012-15, the excess winter deaths index for Essex was 26.4, lower than the national index of 28.2. |
| Improve end of life care | There has been a decline in hospital deaths in Essex to a level similar to the national average. Nationally, 75% of bereaved carers views of the quality of care in the last 3 months of life were 'good', 'excellent' or 'outstanding'. |
| Improve response to dementia | Nearly 20,000 people in Essex are estimated to be living with dementia, with the expectation that this could increase by 35% in the next 10 years. |
| Integrated elderly care – more independence and less falls | Admissions to care home are lower than national average. Rates of hip fractures have been significantly higher than the national average. |
| Extend reablement | The percentage of people still at home 91 days after reablement treatment in Essex was lower than national and regional averages. |
| Tackle loneliness and social isolation | 41% of adult social care users reported they had as much social care contact as they would like, somewhat below the national average. |

Issues highlighted in consultation with District and other Boards (Summer 2017)



District priorities (based on public health profiles)

| | BAS | BTRE | BREN | CP | CHEL | COLH | EPP F | HARL | MAL | ROCH | TEND | UTT |
|-----------------------------|-----|------|------|----|------|------|-------|------|-----|------|------|-----|
| Best start for young people | | X | | | | | X | | X | | | |
| Obesity, diet, activity | X | X | X | X | X | X | | | | X | X | X |
| Mental Health & isolation | X | X | X | | | | X | X | | | X | X |
| Drugs and/or alcohol | | | | | X | | | X | | | | |
| Tackling inequality | X | | | X | | X | X | | | X | | |
| Supporting vulnerable | | | | | | X | | | X | X | | |
| Long-term conditions | | | | | | | | | | | X | |
| Ageing well | | X | X | X | X | | | X | X | X | | X |
| Winter pressures | | | | | | | | | | | | X |

Map of current priorities of key Essex Boards and partnerships

| | Essex Strategies | | | | District Health and Wellbeing Priorities | | | | | | | | | | | STPs | | Other Essex Boards | | | | | | |
|---|------------------|--------------------|-----------|------------------|--|-----------|-----------|--------------|------------|------------|---------------|--------|--------|----------|----------|------------|-----------------|--------------------|---------------|----------------|------|------|-------------|------------------------|
| | Essex Vision | Essex JHWS 2013-18 | JSNA 2016 | JHWS 2016 Review | Basildon | Braintree | Brentwood | Castle Point | Chelmsford | Colchester | Epping Forest | Harlow | Maldon | Rochford | Tendring | Uttlesford | Herts & W Essex | Md & S Essex | Suffolk & NEE | Essex Partners | ESAB | ESCB | Safer Essex | Strengthen Communities |
| Starting well (health) | | X | | | | X | | | | | X | | | | | | | | | | | | | |
| Starting well (education) | X | X | | | | X | | | | | X | | X | | | | | | | | | | | |
| Starting well (risk-taking behaviours) | | X | | | | | | | | | X | | | | | | | | | | | X | | |
| Tackling inequalities | X | X | X | X | X | | | X | | X | X | | | X | | | | X | X | X | X | X | X | |
| Gangs/child exploitation | | | | | | | | | | | | | | | | | | | | | X | X | X | |
| Safeguarding | | X | X | | | | | | | | | | | | | | | | | | X | X | X | |
| Preventing offending | | X | X | | | | | | | | | | | | | | | | | | | | X | |
| Domestic Abuse | | X | X | | | | | | | | | | | | | | | | X | X | X | X | X | |
| Obesity, diet and physical activity | X | X | X | X | X | X | X | X | X | X | | | X | X | X | X | X | X | | | | | | |
| Mental health and Wellbeing | X | X | X | X | X | X | X | | | | | X | | | X | | X | X | X | X | | | | |
| Suicide Prevention | | | X | X | | | | | | | | | | | | | | | | | X | X | | |
| Learning Difficulties | | | | | | | | | | | | | | | | | | | X | | | | | |
| Training and employment | | X | | | | | | | | | | | | | | | | | | | | | | |
| Reduce harm from substance misuse | | X | X | | | | | | X | | | X | | | | | X | | | | | X | | |
| Affordable and adapted housing | X | X | | | | | | | | | | | | | | | | | | | | | | |
| Early identification of cancer | | X | X | | | | | | | | | | | | | | | | | X | | | | |
| Management of long-term conditions | | | | X | | | | | | | | | | | X | | X | X | | | | | | |
| Ageing Well (loneliness/social isolation) | X | X | | X | | X | X | X | X | X | X | X | X | X | | X | | X | | | | | | X |
| Ageing Well (dementia) | X | X | X | X | | X | X | X | X | X | | X | X | X | | | X | | | | | | | |
| Ageing Well (enablement/independence) | X | X | X | X | | X | X | X | X | X | | X | X | X | | X | | X | | | | | | |
| Community and social prescribing | | | | | | | | | | | | | | | | | | | X | | | | | X |
| Workforce | | | | | | | | | | | | | | | | | X | X | X | | | | | |
| IT and technology | | | | | | | | | | | | | | | | | X | X | | | | | | |

JHWS priorities in other local authorities that have recently reviewed their JHWSs

| Priority area covered: | County Councils: | | | | | | Count: |
|--------------------------------------|------------------|--------------|------------|----------|----------------|---------|--------|
| | Essex: | East Sussex: | Wiltshire: | Norfolk: | Hertfordshire: | Suffolk | |
| Work better with partners | ✓ | ✓ | ✓ | ✓ | ✓ | X | 6 |
| Mental Health | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 6 |
| Preventative actions | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 6 |
| Getting physically active | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 6 |
| Reduce smoking/ drinking/ drugs | ✓ | ✓ | ✓ | ✓ | ✓ | X | 6 |
| Better integration | ✓ | ✓ | ✓ | ✓ | ✓ | X | 6 |
| Reducing inequality | ✓ | ✓ | ✓ | ✓ | ✓ | X | 6 |
| Housing | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 6 |
| Improve Elderly care | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 6 |
| Get more volunteers | ✓ | ✓ | ✓ | ✓ | ✓ | | 5 |
| Work effectively with reduced budget | ✓ | ✓ | ✓ | ✓ | ✓ | | 5 |
| Obesity | ✓ | ✓ | ✓ | ✓ | ✓ | | 5 |
| School safety | ✓ | | ✓ | ✓ | ✓ | ✓ | 5 |
| Improve access | ✓ | ✓ | | ✓ | ✓ | X | 5 |
| Improve Child Care | ✓ | ✓ | ✓ | ✓ | | | 4 |
| Learning and physical disabilities | ✓ | | ✓ | | ✓ | ✓ | 4 |
| Community cohesion | ✓ | ✓ | ✓ | ✓ | | | 4 |
| Improve Adult care | ✓ | ✓ | | ✓ | | | 3 |
| Children's wellbeing | ✓ | | | ✓ | | ✓ | 3 |
| Community Safety | ✓ | ✓ | | | | X | 3 |
| Reducing poverty | ✓ | | ✓ | | | ✓ | 3 |
| Post-birth (Mother and Baby) | ✓ | | | | ✓ | | 2 |
| Anti-crime | ✓ | | | | | ✓ | 2 |
| Focus on locality | | ✓ | ✓ | | | | 2 |
| Pressure off of A&E/ Hospitals | | | ✓ | | | ✓ | 2 |
| Good education | | | | X | | ✓ | 2 |
| Pre- birth (Mother and Baby) | | | | | ✓ | | 1 |
| Air quality | | | ✓ | | | | 1 |
| Public transport | | | | ✓ | | | 1 |
| Diabetes | ✓ | | | | | | 1 |
| Healthy eating | ✓ | | | | | | 1 |
| Good quality Schools | | | | | | X | 1 |

Key: ✓ = Council has this specific priority X = Council has this as a non-specific priority = each council has this priority = some councils have this priority