

## **AGENDA ITEM 4 – QUESTIONS FROM THE PUBLIC**

### **1. From Ms Pauline Amos:**

In Calderdale & Kirklees, Shropshire, & NW London/Charing Cross, the HOSCs have raised serious similar concerns about the STP.

NW London & Charing Cross commissioned a review (although a few years ago, the parallels are uncanny), which in summary, found the consultation process and the evidence base inadequate, the reconfiguration plans contradictory to evidence, and the risk assessments flawed. The commission also found workforce & infrastructure of services for integrated care plans woefully unprepared to support the hospital transformations.

Can you tell me what steps you have taken to fully scrutinise each of Essex CCGs STPs?

### **2. From Dr Shan Newhouse, Retired Halstead GP, Support the NHS Halstead**

I wonder if the Committee is aware that the STP may include dividing the three hospitals in South Essex into very wide specialities. Broomfield would take acute surgery, Basildon acute medicine, and Southend most acute orthopaedics. This would be the death of the district general hospital. They would also divide acute and routine care.

Please be aware that there is a huge reality gap in the STOP process – between what is being said and what is happening. The process is completely financially and politically driven from the top down. Most of it is not based on sound research or medical opinion. It represents severe service cuts and the start of privatisation.

Please do not be hoodwinked into believing that it is other than cutbacks. There are severe problems with access to services, transport, equality of care. In an ageing and rural population especially, what we all need is access to good local comprehensive care.

### **3. From Ms Jan Plummer, Colchester People's Assembly:**

The implications of the Public Sector Equality Duty for the Planning and Implementation of STPs

Under the Equality Act 2010 it is the duty of local authorities, as well as the private

companies they have contracted, to consider equality when making decisions – especially about service delivery and employment.

Public engagement and consultation is part of that planning and decision-making process, and is also subject to the Equality Act, so it must be planned to ensure that a wide range of the public can take part.

It is also the duty of local authorities and their contractors to make adjustments to plans - according to the results of that public engagement and consultation - so that services become equally accessible by everyone regardless of race/culture, age, disability, poverty, or gender.

Currently it has not been demonstrated that any public engagement so far has taken this duty into consideration, nor has it been considered in any future consultation plans to date.

Strategic Objective no 1 states that STPs should be:

“Acting in the best interests of the patients every day” with 1. the right care in the right place, 2. positive patient experience and 3. quality improvements to healthcare.

From the reports it appears that current STPs are based mainly on best medical outcomes and do not consider the outcomes for patients, especially the vulnerable. Present outcomes for patients appear to include: 1. less qualified health staff based at local level 2. if you are sicker you travel further for expert care 3. if you are better off you will pay for treatments no longer provided- such as £55 for an ear syringe 4. if you can't afford it you remain untreated.

Therefore, to legally comply with the Equality Duty for engagement and consultation – as well as for the adjustments required to STPs to ensure equal access to healthcare, what measures will be put in place regarding scrutiny and implementation of the plans?