

Building for Better Care – Update for the Joint Overview and Scrutiny Committee

Meeting on Thursday 19 September 2019

1. Introduction

1.1 The purpose of this paper is to provide the Joint Overview and Scrutiny Committee with an update on planned reconfiguration associated with the £69.3 million capital monies allocated to the East Suffolk and North East Essex Integrated Care System ('the ICS') by NHS England (NHSE). This programme is called 'Building for Better Care'.

1.2 It has been agreed that this money will be used to develop:

- urgent and emergency care on both main hospital sites
- new elective care facilities including an orthopaedic elective care centre

1.3 This paper sets out progress to date and specifically updates the Committee on the requirement for public consultation, and the associated governance structure for this work.

2. Background

2.1 The ICS has developed a strategic approach to providing health care, concentrating on what patients need instead of how hospitals work.

2.2 We know that people have better outcomes when they're at home, so our aim is to provide support that keeps them close to home for as much of the time as possible, using hospitals only when there is no alternative. This means working in partnership across the health and care system – GPs, mental health and community services providers, hospital services, social care and voluntary services. This work continues across our ICS, through the work of the Alliances in Ipswich and East Suffolk, and North East Essex.

2.3 For people who do have to come to our hospitals, system partners have committed to provide high quality care with the right level of clinical expertise, improved buildings and facilities and safe systems and processes. We have said we will reduce waiting times for planned care and use technology to coordinate care more effectively. And we will modernise our diagnostic and consulting services to provide care as efficiently and consistently as possible.

2.4 ESNEFT has developed and approved a new strategy, which was formally ratified at a public Board meeting in August, and is now moving into the strategy implementation phase, working with all ICS partners. This strategy is called the 'Future Care Model' and the implementation phase will involve public engagement about operational plans.

2.5 Significant communication and engagement activity will take place over the next 12-24 months around the implementation of the Future Care Model. Specifically, work that will

be completed to support the use of the £69.3m STP capital. This work is around urgent and emergency care, and elective care.

2.6 Urgent and emergency care

The build and opening of urgent treatment centres co-located with the emergency departments at both Colchester and Ipswich hospitals with improvements to emergency care pathways and the provision of enhanced diagnostics at Ipswich Hospital.

The model of care for emergency patients in future will be a co-located urgent treatment centre (UTC) and emergency department (ED), with improved proximity to other allied departments and diagnostics. The same model is being developed at both Colchester and Ipswich hospitals. The intention is to create a 'single front door' access for all emergency and urgent care with patient being directed to the most appropriate service to meet their individual needs.

At Ipswich hospital, the new ED and UTC centre will mean the relocation of the current ED slightly further north on the Ipswich Hospital site. A planning application for this work was submitted to Ipswich Borough council on 8 August 2019. We hope that construction will begin in spring 2020.

Building work for the urgent care centre at the front of the emergency department at Colchester Hospital is progressing to plan. This is being wholly funded through the retail developments on the site and is expected to open in October 2019. Work on developing a workforce model for the UTC is underway.

2.7 Elective care

This includes the development of proposals to improve capacity for elective care, and a public consultation about the development of a single elective care centre for inpatient orthopaedic surgery.

2 Requirement for engagement and public consultation

3.1 The urgent and emergency care project requires further engagement with staff across the system, and with the public. There is no change to the site where services will be provided, only an enhancement of provision and a change in the way patients flow through urgent and emergency care on both sites. Therefore engagement alone will be sufficient for this work, and continues the narrative begun around both the ICS and the merger.

3.2 A stakeholder engagement session was held at Ipswich Hospital in July for local residents who live adjacent to the hospital site. The proposals were well received. Other engagement sessions have been held to allow us to hear from key stakeholders, patients and visitors for them to share any comments they may have.

3.3 The elective care centre is a different matter. This could affect up to 1,300 orthopaedic patients per year at Ipswich hospital or 1,569 at Colchester Hospital. This is a total of 2,892 per year. The proposal is to develop a new single elective care centre for adult inpatient orthopaedic surgery with the potential to become the regional centre of excellence for inpatient orthopaedic surgery. The centre will be built at either Colchester or Ipswich Hospital.

3.4 There are no plans to make any changes to the continuing availability on both main sites of orthopaedic outpatient care, diagnostics, day surgery, trauma care and follow-up care (which may also be provided in a community setting). However, this new centre would affect around 1,330 patients (if sited at Colchester), and around 1,500 patients (if sited at Ipswich) for the inpatient admission for surgery only. This means at 1.3% or 1.5% of almost 100,000 elective inpatients treated each year will receive their elective care at a different site from where it would previously have been provided. All other associated care during each orthopaedic episode will continue to be provided at either the Ipswich or Colchester site.

3.5 ESNEFT and the two CCGs have been advised that this would constitute a 'substantial variation' in the provision of the service. This means there is a legal duty to consult the local authority through our Joint Health Overview and Scrutiny Committee (JHOSC). ESNEFT has also been advised by NHSE that its plans would constitute a substantial change and that it must satisfy NHSI/E's assurance process and deliver a public consultation.

3.6 Because the wider ICS plans constitute substantial change, a Joint Health and Overview Scrutiny Committee (JHOSC) has been created by the local authorities in whose areas the changes are proposed in order consult on the matter.

3.7 At a meeting of the JHOSC on 13 March, ESNEFT and the CCGs confirmed that a public consultation was likely to be required for the elective care centre. This was well received and well understood by councillors present.

4 Pre-consultation

4.1 The pre-consultation period for the new orthopaedic elective care centre began in May. Pre-consultation engagement stakeholder events have been held through July and August. These have included MPs, staff and patient groups, plus nine pre consultation events across North East Essex and Ipswich and East Suffolk. A full report on this pre consultation engagement work will be published in due course. Initial feedback suggests, as we expected, that travel will be the most significant issue in this public consultation. So far, the events have been very well received.

We will also rely on those who have participated in pre consultation to advise us on content of the consultation document and the associated questionnaire, to make sure that it is as accessible and comprehensible as possible.

4.2 Eastern region Clinical Senate

The Clinical Senate will review the orthopaedic elective care plans on 18 September. They will have been particularly interested in our clinical and workforce models, intensive and high dependency care, transport, patient views and commissioner support.

4.3 Travel impact assessment for the ECC

Whilst plans involve consolidating elective orthopaedic inpatient surgery onto a single site, which will deliver significant patient benefits, they also involve maintaining orthopaedic outpatients, diagnostics, day surgery, trauma surgery and follow-up care at both main hospitals. However, they also mean that some patients will face extended travel time so to manage this risk, a travel impact assessment is being completed.

5 Timetable for a public consultation

5.1 The timetable is still under development, but the plan is to launch the public consultation in spring 2020.

6 Preparation for public consultation so far

6.1 Good progress has been made so far to prepare for a public consultation, working in partnership across our system. This is being led by a small project team.

6.2 Members of the team have so far:

- Met with the Suffolk and Essex local authority scrutiny officers to discuss how we work with the JHOSC from pre-consultation onwards. A briefing for new HOSC members in Suffolk and Essex was completed in July, plus a separate briefing for the JHOSC chair and vice chair.
- Secured the services of an independent academic to support the statutory bodies through the three phases of the consultation.
- Met with NHS England and talked through the current Clinical Senate and NHS England reconfiguration assurance processes to enable us to develop the timeline for the consultation further.
- Met with Healthwatch Suffolk and Essex to discuss how they can support our pre-consultation work.
- Ongoing meetings with clinical teams across Colchester and Ipswich Hospitals.
- Met with a number of local MPs and will brief Ipswich Borough Council on 23 September.

7 Governance

7.1 Key to the success of this public consultation will be an appropriate governance structure to oversee the work.

7.2 The Senior Responsible Officers (SROs) for the public consultation are Ed Garratt, Chief Officer, CCGs and Nick Hulme, Chief Executive, ESNEFT.

7.3 A new Committee, entitled the Joint Reconfiguration Oversight Group, leads the work to develop the public consultation. This will make recommendations to the two CCG Governing Bodies and to the ESNEFT Board, who will jointly oversee the governance of the public consultation, and the decision making and approvals process. It has met monthly since May 19 and is making good progress.

8 Conclusion and Recommendations

8.1 This paper has set out progress to date on plans to spend the STP capital allocation of £69.3 million, which will involve a public consultation.

8.3 The committee is being asked to note the progress of this work so far.

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