

HOPSC/36/19

Committee Health Overview Policy and Scrutiny

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SOUTHEND HOSPITAL – SITE VISIT

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Recommendation:

To discuss and note the report on the site visit of Southend Hospital on 26 September 2019.

Four members of the Committee visited Southend Hospital on Thursday 26 September 2019. In addition, Councillors Anne Chalk, Beth Hooper and Lesley Salter from the Southend-on-Sea Borough Council People Scrutiny Committee also joined the visit.

Members spent the afternoon at the hospital hosted by Claire Panniker, Chief Executive and Yvonne Blucher, Managing Director, and other senior members of staff. There was an initial discussion with members of the hospitals' senior management team. Some of the key messages from the discussion:

- Preparations continued to complete the merger of Basildon, Mid Essex Hospitals and Southend Hospitals by April 2020;
- Pressures on A&E and the Emergency Care had exacerbated waiting times for elective care and outpatients' appointments and this was considered one of the most significant trends at the moment. As a result, the hospital was seeking a better balance between emergency and elective work.
- The hospital would be offering orthopaedic surgery at Braintree hospital to reduce pressures on the service being provided at Southend. Some other changes were also planned to relieve pressure on elective care.
- There were good levels of partnership working but in years to come the provision of health care would need to change with greater focus on prevention and care in the community and move away from A&E being thought of as first line of care.
- The Southend estate was not big enough and needed further investment. There had also been investment made in some refurbishment.

- When there were capacity pressures there now would be 'system calls' with partners to look to equitably carry the risk across the system with community and social care also involved in finding solutions. No longer would the pressure be just on the hospital.
- There was sharing of good practices across community and social care and looking to standardise practices where possible although there were some differences in discharge processes between local authority areas and between community providers.
- There was also work being done 'bridging the gap' to ensure safe discharge and that there was interim support available until a full support package was put in place.

STP plans – treat and transfer model

- All diagnostic, pre-and post-operative care would still be at local hospitals - only part of care pathway that was moving under the proposals was specialist inpatient care which was estimated to impact on about 15 patients a day.
- Patients would be stabilised at local hospital first and some initial treatment – then, if identified that needed /benefit from specialist care they will be moved to specialist clinical centre.
- Inter-hospital patient transfers: will be commissioning a transport transfer service that will be distinct from the East of England Ambulance Service 'blue light' service.
- Non-emergency family and friend transport was still being worked-up and its format largely would be dependent on demand. There were ongoing discussions with community transport providers and local bus companies.

Brexit

There had been a significant reduction in recruitment from Europe. A significant risk could be in care homes and the domiciliary care market where perhaps there is a larger proportionate of overseas workers. Hospitals are reliant on the out-of-hospital care market to help facilitate timely discharges.

Tour

Thereafter, members were given a tour of the hospital visiting a stroke ward, foetal medicine and maternity, High Dependency Unit, X-Ray and Radiology, Musco-skeletal and the Integrated Discharge Team.