

Appendices to accompany:

Draft public consultation report

**Mid and South Essex Integrated Care System
community capacity public consultation
January – April 2024**

Appendix 1

Public consultation survey questions

Public consultation to seek your views and ideas on our proposals for future arrangements for inpatient services at our community hospitals, freestanding midwife-led birthing, and other patient services provided at St Peter's Hospital, Maldon.

..... your views are important.

This survey is part of the public consultation which will run from **25 January to 4 April 2024**

If you need this survey in another language or another format such as large print or audio please call **01268 594350** or email:
mseics.getinvolved@nhs.net

This is a public consultation to ask your views and ideas on:

- our proposals for potential changes to the locations where we provide some of our inpatient services for community hospital intermediate care and stroke rehabilitation, and freestanding midwife-led birthing services; and
- the possibility of moving all other patient services at St Peter's Hospital, Maldon to other locations, mostly in and around Maldon.

We recommend that you read the Consultation Document before responding to the questions.

Data processing statement

Mid and South Essex Integrated Care Board have commissioned Stand to assist with running the consultation. Stand are independent patient involvement and public engagement specialists acting on their behalf to run this survey and analyse the feedback.

Stand will keep your information confidential.

Stand will process any information you provide in line with the latest data protection regulations. Stand will use your information only for the analysis of this survey. Stand will never share your contact details for marketing purposes. They will keep any personal information that could identify you for no more than one year after the involvement activity has finished.

For more information about the way Stand uses the information you provide, your rights, and how to complain, please visit wearestand.co.uk/mydata

1. In what capacity are you answering the questions? Please select the option below which best describes how you are responding to this survey. *

- | | |
|--|--|
| <input type="checkbox"/> Current or former patient / service user | <input type="checkbox"/> Social worker |
| <input type="checkbox"/> Carer / family member | <input type="checkbox"/> NHS provider organisation |
| <input type="checkbox"/> Member of the public | <input type="checkbox"/> Private provider organisation |
| <input type="checkbox"/> Councillor | <input type="checkbox"/> NHS commissioner |
| <input type="checkbox"/> Staff | <input type="checkbox"/> Charity commissioned services |
| <input type="checkbox"/> Clinician | <input type="checkbox"/> Other public body |
| <input type="checkbox"/> Student | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Primary care provider (including GP/GP practice, high street optometrist, pharmacist etc) | |
| <input type="checkbox"/> Other (please specify): | |

2. If you are responding on behalf of a team, campaign group, or organisation please state the name of your team / campaign group / organisation:

3. Which of these services would you like to share your views with us on? *

- ☐ Stroke rehabilitation and intermediate care inpatient services – **Please answer questions 4, 5 and 6 and question 9 onwards**
- ☐ Midwifery-led birthing unit – **Please answer question 7 and question 9 onwards**
- ☐ The other patient services provided at St Peter's Hospital, Maldon – **Please answer question 8 and question 9 onwards**

Community hospital stroke rehabilitation and intermediate care inpatient services

On page 45 of the Consultation Document, we set out the options for community hospital stroke rehabilitation and intermediate care inpatient services.

We are consulting on two options for arranging intermediate care beds and stroke rehabilitation beds at our community hospitals. These are in addition to the independent living and rehabilitation support we and our local councils already provide to patients at home, in residential care places, and in community clinics.

Option

A

This option would mean:

50



A single, **50-bed Stroke rehabilitation unit** at Brentwood Community Hospital, Brentwood.

22



22 intermediate care beds at Cumberlege Intermediate Care Centre, Rochford.



Permanently closing the stroke rehabilitation ward at St Peter's Hospital, Maldon.

Location	Facility	Stroke rehabilitation beds	Intermediate care beds
Billericay	Mountnessing Court	-	22
Brentwood	Brentwood Community Hospital	50	-
Grays	Thurrock Community Hospital	-	24
Halstead	Halstead Hospital	-	20
Maldon	St Peter's Hospital	-	-
Rochford	Cumberlege Intermediate Care Centre	-	22
Total		50	88
Combined Total		138	

Option

B

This option would mean:

25



A **25-bed stroke rehabilitation unit** at Brentwood Community Hospital, Brentwood.

25



25 intermediate care beds at Brentwood Community Hospital, Brentwood.

22



A **22-bed stroke rehabilitation unit** at Cumberlege Intermediate Care Centre, Rochford.



Permanently closing the stroke rehabilitation ward at St Peter's Hospital, Maldon.

Location	Facility	Stroke rehabilitation beds	Intermediate care beds
Billericay	Mountnessing Court	-	22
Brentwood	Brentwood Community Hospital	25	25
Grays	Thurrock Community Hospital	-	24
Halstead	Halstead Hospital	-	20
Maldon	St Peter's Hospital	-	-
Rochford	Cumberlege Intermediate Care Centre	22	-
Total		47	91
		138	

4. How would you rate Option A for people living in mid and south Essex? *

It is a very poor solution

It is a poor solution

It is neither a poor nor a good solution

It is a good solution

It is a very good solution

Don't know / Prefer not to say

☐
☐
☐
☐
☐
☐

5. How would you rate Option B for people living in mid and south Essex? *

It is a very poor solution	It is a poor solution	It is neither a poor nor a good solution	It is a good solution	It is a very good solution	Don't know / Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please tell us which of the two options you feel is closest to meeting the needs of our local population. *

- ☐ Option A
- ☐ Option B
- ☐ Neither

Please tell us the reasons for your answer.

Midwife-led birthing unit

On page 60 of the Consultation Document, we set out the information regarding the freestanding midwife-led birthing unit.

We are consulting on one option for the location of a freestanding midwife-led birthing unit in our area: A freestanding midwife-led birthing unit to be based at the William Julien Courtauld Birthing unit in St Michael's Health Centre at Braintree Community Hospital.

This option would mean:

- Eligible people would have the choice to travel to Braintree to give birth, supported by their midwives.
- Where there are complications that need hospital support, patients would transfer to Broomfield Hospital, Chelmsford.

7. How would you rate the proposal for the permanent relocation of a midwife-led birthing unit to Braintree for people living in mid and south Essex? *

It is a very poor solution	It is a poor solution	It is neither a poor nor a good solution	It is a good solution	It is a very good solution	Don't know / Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us the reasons for your answer.

All other patient services at St Peter's Hospital, Maldon

On page 66 of the Consultation Document we set out the information regarding all other patient services at St Peter's Hospital, Maldon.

If the proposals for community hospital stroke rehabilitation, intermediate care inpatient services and the permanent relocation of a midwife-led birthing unit go ahead, it will mean the possibility of moving all the other patient services provided at St Peter's Hospital, Maldon to other locations in and around Maldon.

A major reason for this is the condition of the buildings at St Peter's Hospital.

Some work has started to think about potential new homes for these services in and around Maldon. That work continues.

If there is a decision to move all the services the Integrated Care Board is responsible for at St Peter's Hospital to other locations, it's likely that Mid and South Essex NHS Foundation Trust, the owner of St Peter's Hospital, will decide to close the hospital permanently.

Before any decision is made on the consultation proposals, we would like to know people's views about the prospect of moving all services out of St Peter's Hospital.

8. Please select one of the following statements that most closely matches your view about moving all other patient services out of St Peter's Hospital: *

It is a very bad idea	It is a bad idea	It is neither a bad nor a good idea	It is a good idea	It is a very good idea	Don't know / Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us the reasons for your answer.

Will you or your family be affected by these proposals?

9. Please tell us if you think any of our proposals would affect you, your family or other people you know, either positively or negatively. Please tell us how they would affect you and why you think this.

Please make sure you include in your response which proposals your comments are about:

- Intermediate care
- Stroke rehabilitation
- Midwife-led birthing unit
- All other patient services *

Other suggestions

10. We have explained how we have developed our proposals and we remain open to other suggestions. Please tell us if you have any other solutions you feel we should consider.

About you

Why are we asking these questions?

1. It helps us understand how different groups of people experience things in different ways.
2. It helps us ensure that we are representing different groups in the community, especially those whose voice is sometimes not heard.
3. It helps us refine recommendations to suit different groups of people.

The following questions are optional but knowing a bit more about you helps us to understand your feedback better. Be assured that the information you give us is collected anonymously and cannot be used to identify you personally.

The information you provide will be protected and stored securely in line with data protection laws and will only be used to help us analyse your feedback.

11. Please provide us with these parts of your postcode – this is used to make sure that we have gathered views from all areas and have a fair representation from all communities.

Your postcode comes in two parts. Please give us: *

The first part of your postcode (e.g. **CM9** 6EG) _____

The number from the second part of your postcode (e.g. CM9 **6**EG) _____

12. What was your age group at your last birthday?

- | | | |
|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> 16 to 24 | <input type="checkbox"/> 45 to 54 | <input type="checkbox"/> 75 to 84 |
| <input type="checkbox"/> 25 to 34 | <input type="checkbox"/> 55 to 64 | <input type="checkbox"/> 85 and over |
| <input type="checkbox"/> 35 to 44 | <input type="checkbox"/> 65 to 74 | <input type="checkbox"/> Prefer not to say |

13. Are you currently pregnant or have you given birth in the last year?

- ☐ Yes
- ☐ No
- ☐ Does not apply
- ☐ Prefer not to say

14. Please choose one of the following options that most accurately describes your ethnic group or background.

- ☐ White - English, Welsh, Scottish, Northern Irish or British
- ☐ White - Irish
- ☐ White - Gypsy or Irish Traveller
- ☐ White - Roma
- ☐ Mixed or multiple ethnic groups - White and Black Caribbean
- ☐ Mixed or multiple ethnic groups - White and Black African
- ☐ Mixed or multiple ethnic groups - White and Asian
- ☐ Asian or British Asian - Indian
- ☐ Asian or British Asian - Pakistani
- ☐ Asian or British Asian - Bangladeshi
- ☐ Asian or British Asian - Chinese
- ☐ Black, Black British Caribbean or African - African
- ☐ Black, Black British Caribbean or African - Caribbean
- ☐ Arab
- ☐ Prefer not to say
- ☐ Any other ethnic group, please describe:

15. Which of the following options best describes how you think of yourself?

- ☐ Bisexual
- ☐ Gay or lesbian
- ☐ Heterosexual or straight
- ☐ Prefer not to say

16. Is your gender identity the same as the gender you were assigned at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

17. Which of the following options best describes how you think of yourself?

- ☐ Woman (including trans woman)
- ☐ Man (including trans man)
- ☐ Non-binary
- ☐ Prefer not to say

18. What is your religion?

- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ No religion
- ☐ Prefer not to say
- ☐ Other (please specify):

19. What is your main language?

- ☐ English
- ☐ Prefer not to say
- ☐ Other (please specify):

20. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

21. If you have answered yes to the question above, does your condition or illness/do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

- ☐ Yes, a lot
- ☐ Yes, a little
- ☐ No
- ☐ Prefer not to say

22. Which of the following best describes your current financial situation?

- ☐ I have more than enough money for basic necessities, and a lot spare, that I can save or spend on extras or leisure
- ☐ I have more than enough money for basic necessities, and a little spare, that I can save or spend on extras or leisure
- ☐ I have just enough money for basic necessities and little else
- ☐ I don't have enough money for basic necessities and sometimes or often run out of money
- ☐ Prefer not to say
- ☐ Not known

Thank you for completing this survey.

Please use the return envelope provided.

If there is no return envelope, please seal the survey in an envelope and send it with the correct postage to:

Stand

Enterprise House

Barnard Castle

County Durham DL12 8XT

Appendix 2

Equality monitoring information

Appendix 2 - Equality monitoring information (consultation survey & VCSO focus groups)

Note: 58 of the 71 participants who participated in the VCSO focus groups provided their equality monitoring information. Percentages are calculated out of those who did provide this information.

	Consultation survey		VCSO focus groups	
Postcode	No.	%	No.	%
Braintree	434	8%	1	2%
Chelmsford	518	9%	5	9%
Maldon	3945	71%	28	48%
Rochford	36	1%		
Southend-on-Sea	165	3%	21	36%
Basildon	43	1%		
Brentwood	211	4%		
Colchester	55	1%	1	2%
Castle Point	16	0%		
Thurrock	14	0%		
Other	22	0%		
Unknown / Prefer not to say	83	1%	2	3%
What was your age group at your last birthday?	No.	%	No.	%
16-24	108	2%		
25-34	455	8%	5	9%
35-44	612	11%	7	12%
45-54	864	16%	3	5%
55-64	1193	22%	7	12%
65-74	1253	23%	13	22%
75-84	776	14%	11	19%
85+	131	2%	7	12%
Prefer not to say	152	3%	5	9%
Are you currently pregnant or have you given birth in the last year?	No.	%	No.	%

Yes	279	5%	6	10%
No	5029	91%	49	84%
Prefer not to say / unknown	236	4%	3	5%
Which of the following most accurately describes your ethnic group or background?	No.	%	No.	%
White - English, Welsh, Scottish, Northern Irish or British	5057	91%	46	79%
White - Irish	43	1%	2	3%
White - Gypsy or Irish Traveller	2	0%		
White - Roma	3	0%		
Mixed or multiple ethnic groups - White and Black Caribbean	11	0%		
Mixed or multiple ethnic groups - White and Black African	6	0%		
Mixed or multiple ethnic groups - White and Asian	18	0%	1	2%
Asian or British Asian - Indian	21	0%		
Asian or British Asian - Pakistani	3	0%		
Asian or British Asian - Bangladeshi	2	0%		
Asian or British Asian - Chinese	4	0%		
Black, Black British Caribbean or African - African	7	0%		
Black, Black British Caribbean or African - Caribbean	6	0%		
Arab	2	0%		
Other	41	1%	2	3%
Prefer not to say / unknown	318	6%	7	12%
Which of the following options best describes how you think of yourself?	No.	%	No.	%
Bisexual	83	1%		
Gay or lesbian	58	1%		
Heterosexual or straight	4724	85%	48	83%
Prefer not to say / unknown	679	12%	10	17%
Is your gender identity the same as the gender you were assigned at birth?	No.	%	No.	%
Yes	5107	92%	51	88%

No	15	0%		
Prefer not to say / unknown	422	8%	7	12%
Which of the following options best describes how you think of yourself?	No.	%	No.	%
Woman (including trans woman)	3693	67%	37	64%
Man (including trans man)	1262	23%	13	22%
Non-binary	22	0%	1	2%
Prefer not to say / unknown	567	10%	7	12%
What is your religion?	No.	%	No.	%
Buddhist	22	0%		
Christian	3016	54%	29	50%
Hindu	14	0%		
Jewish	14	0%		
Muslim	9	0%		
Sikh	1	0%		
No religion	1710	31%	16	28%
Other	108	2%	3	5%
Prefer not to say / unknown	650	12%	10	17%
What is your main language?	No.	%	No.	%
English	5327	96%	51	88%
Other	23	0%	1	2%
Prefer not to say / unknown	194	3%	6	10%
Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?	No.	%	No.	%
Yes	2347	42%	22	38%
No	2700	49%	29	50%
Prefer not to say	497	9%	7	12%
If you have answered yes to the question above, does your condition or illness/do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?	No.	%	No.	%
Yes, a lot	558	24%	-	-

Yes, a little	1140	49%	-	-
No	562	24%	-	-
Prefer not to say / unknown	87	4%	-	-
Which of the following best describes your current financial situation?	No.	%	No.	%
I have more than enough money for basic necessities, and a lot spare, that I can save or spend on extras or leisure	380	7%	4	7%
I have more than enough money for basic necessities, and a little spare, that I can save or spend on extras or leisure	1948	35%	22	38%
I have just enough money for basic necessities and little else	1269	23%	11	19%
I don't have enough money for basic necessities and sometimes or often run out of money	175	3%		
Prefer not to say / unknown	1772	32%	21	36%

Appendix 3

VCISO Focus group report template MSE ICB consultation

Focus group report template

Public consultation to seek your views and ideas on our proposals for future arrangements for inpatient services at our community hospitals, freestanding midwife-led birthing, and other patient services provided at St Peter's Hospital, Maldon

Mid and South Essex Integrated Care Board

Report template for focus group facilitator

To be completed by the organiser	
Date of event:	_____ / _____ / 2024
Date feedback completed:	_____ / _____ / 2024
Facilitator:	
Organisation:	
Number of participants	
Number of participant consent forms completed (if in person):	

Please complete the below report as fully as possible. It is important that we have a record of the key areas which were discussed at this focus group, and key messages people talked about.

Please scan the completed report template and send to Stand at
NHSConsultation@wearestand.co.uk

Give each participant a number and note that number each time they contribute alongside their comments. This is so our analysts can understand which comments are linked.

Focus group questions

Ice breaker - How do you like to spend your free time?

Purpose: To get the group talking and warmed up.

Time: 5 minutes

Questions:

- What is it that you like to do?
- Why do you like doing that?
- When might you get a chance to do that?

[There is no need to take notes during the ice breaker]

Now we're going to discuss the proposals, starting with your views on community hospital stroke rehabilitation and intermediate care inpatient services

Discussion 1: community hospital stroke rehabilitation and intermediate care inpatient services

Purpose: On the presentation, the NHS set out the options for community hospital stroke rehabilitation and intermediate care inpatient services.

They are consulting on two options for arranging intermediate care beds and stroke rehabilitation beds at their community hospitals. These are in addition to the independent living and rehabilitation support they and the local councils already provide to patients at home, in residential care places, and in community clinics.

Time: 20 minutes

Question:

- How would you rate option A ?
- How would you rate option B ?
- Which of the two options do you feel is closest to meeting the needs of our local population?

Prompts:

- Why do you think this?

Discussion 1:

Discussion 2: Midwifery-led birthing unit

Purpose: In the presentation, the NHS set out the information regarding the freestanding midwife-led birthing unit.

They are consulting on one option for the location of a freestanding midwife-led birthing unit in our area: A freestanding midwife-led birthing unit to be based at the William Julien Courtauld Birthing unit in St Michael's Health Centre at Braintree Community Hospital.

This option would mean:

- Eligible people would have the choice to travel to Braintree to give birth, supported by their midwives.
- Where there are complications that need hospital support, patients would transfer to Broomfield Hospital, Chelmsford.

Time: 20 minutes

- **Question:** What do you think of the proposal for the permanent relocation of a midwife-led birthing unit to Braintree for people living in mid and south Essex?
- How will it impact mums to be and their families?

Prompts:

- Why do you think this?

Discussion 2:

Discussion 3: All other patient services at St Peter's Hospital, Maldon

Purpose: In the presentation, the NHS set out the information regarding all other patient services at St Peter's Hospital, Maldon.

If the proposals for community hospital stroke rehabilitation, intermediate care inpatient services and the permanent relocation of a midwife-led birthing unit go ahead, it will mean the possibility of moving all the other patient services provided at St Peter's Hospital, Maldon to other locations in and around Maldon.

A major reason for this is the condition of the buildings at St Peter's Hospital.

Some work has started to think about potential new homes for these services in and around Maldon. That work continues.

If there is a decision to move all the services the Integrated Care Board is responsible for at St Peter's Hospital to other locations, it's likely that Mid and South Essex NHS Foundation Trust, the owner of St Peter's Hospital, will decide to close the hospital permanently.

Before any decision is made on the consultation proposals, they would like to know people's views about the prospect of moving all services out of St Peter's Hospital.

Time: 15 minutes

Questions:

- What are your views on moving all other outpatient services out of St Peter's Hospital and relocating in the local area?

Prompts:

Why do you think this?

Discussion 3:

Final comments

Purpose:

Time: 5 minutes

Question

Does anyone have any other thoughts or comments they would like to make?

Thank you and close

Thank you for attending and your valuable contribution.

Your comments will be reported back to Stand who are running these focus groups as part of the consultation on behalf of Mid and South Essex Integrated Care Board. The comments will be analysed and included in a report.

Appendix 4

Notes from the public meeting on 9 February 2024

Appendix 3: Notes from the public meeting on Friday 9th February 2024 in response to the proposed closure of St Peter's Hospital

In response to the proposed closure of St Peter's Hospital, Sir John Whittingdale MP invited local residents to attend a public meeting to hear details of what is being proposed and have the opportunity to express their views directly to those responsible. The meeting was chaired by Mayor Andrew Lay.

The event was attended by three representatives from the NHS:

- Tracey Dowling – CEO, Integrated Care Board
- Dr Matthew Sweeney – Medical Director
- Deborah Goldsmith - Director of Midwifery.

Councillor Richard Siddle, leader of Malden District Council was also in attendance.

It is estimated that over 400 local residents, including NHS staff, attended the event.

The following provides an overview as to the questions / concerns that were raised by attendees. It does not summarise the comments from council / NHS representatives in response to those. The [audio recording from the event](#) was published on YouTube.

Welcome and introductions

Sir John Whittingdale MP welcomed attendees to the meeting. He described it as an opportunity for everybody who feels strongly about St Peter's to come together to share their views. He reinforced that the consultation is 'real' and that no decisions have been made. Sir John Whittingdale MP introduced the three representatives from the NHS and Richard Siddle from Maldon District Council.

Tracey Dowling was invited to speak. She outlined the purpose of the consultation and provided assurance that no decisions have been made on the proposals and that there were no preferred options. She further explained that there is no intention to stop providing outpatient or diagnostic services at St Peter's until there is another location in Maldon in place that can provide these services. She provided an overview of the proposals for stroke rehabilitation and intermediate care, maternity and all other patient services.

Dr Matthew Sweeney was invited to speak. He introduced himself and talked about some of the clinical considerations that he and his colleagues have given thought to in terms of the development of these proposals and why they as a clinical body believe that these proposals will improve services for patients. He talked about the rationale for rehabilitation beds and outpatient services. Dr Matthew Sweeney passed over to Deborah Goldsmith who talked about the rationale for changes to midwifery services.

Councillor Richard Siddle was invited to speak. He explained the disappointment the council have in the NHS for allowing the situation to get to such an extent that these

changes may be necessary. He talked about the council's commitment to work closely with the NHS to ensure services remain in the district and how they will support the NHS should services need to be relocated, including use of council buildings.

Key discussion points

Closure of St Peter's and lack of local provision

The public expressed concerns and frustration about the potential closure of St Peter's Hospital with many emphasising the importance of local healthcare access and the critical role St Peter's plays in providing this. The strong emotional attachment that residents have to this facility was evident.

The public's sentiment clearly conveys a deep-seated distrust towards the authorities' handling of the St. Peter's Hospital situation and broader healthcare planning and decision-making processes in Maldon. Residents recalled the repeated discussions and/or promises that have been made over the last 30 years with Maldon residents' no further forward in getting their new hospital. This distrust is fuelled by perceived inconsistencies in messaging, worries over accessibility, and the potential loss of valued healthcare services.

Attendees expressed a strong desire to retain local healthcare access within the community through the development of a local facility / hub / hospital, with many believing that this should be on the St Peter's site. Questions were asked as to whether there are other more affordable options for the redevelopment of St Peter's.

Specific questions / concerns raised by attendees included:

- The issues with St Peter's have been discussed for 15/20/30 years – why has this been constantly ignored and not been addressed?
- Maldon residents are losing everything they have, the town is dying. Local health service provision has been reducing.
- Residents want St Peter's – they want services to be improved there. They want money to be spent so that the hub can be there.
- Residents want a new hospital. The government promised 50 new hospitals - why can't St. Peter's be one of them? Malden is central in Essex to Chelmsford / Dengie / Witham – surely a hospital could be built to cover that area?
- Why are areas such as Braintree and Brentwood able to have a brand new cottage hospital and we are being palmed off to oversubscribed services across the country?
- What other options are there for the redevelopment of St Peter's?
 - Would it be possible to take the top two levels off and repair the ground floor?
 - Would it be possible to redevelop part of the site and sell the other part?

- Why can't the site be redeveloped at least for the other patient services? I.e. a purpose built unit on site.

Funding and financial planning

The public expressed concerns over the transparency and allocation of financial resources, particularly regarding the refurbishment of St. Peter's Hospital. There was evident frustration over perceived mismanagement or lack of foresight in financial planning for healthcare infrastructure.

Attendees demanded clear figures on the costs associated with refurbishing and rebuilding St. Peter's and questioned why historic opportunities for funding were not seized. There was a call for inventive thinking regarding funding sources beyond traditional NHS budgets including public contributions, private partnerships, and leveraging Section 106 money from new housing developments, to fund the construction of new healthcare facilities in Maldon.

Specific questions / concerns raised by attendees included:

- £18million is a horrendous amount of money – how has this figure been derived?
- If St Peter's is beyond repair, how much will it cost to rebuild?
- We were promised that £350 million a week (approx.) extra funds would be going into the NHS, which equates to about £18billion a year. That is 1000x more than what is required for St Peter's so where is it actually going?
- Why has the NHS not bought the land St Peter's is on?
- Why are housing companies not supporting the development of local health services? Have they got out of this by building in phases?
- Have you explored different funding streams – for example approaching large retailers / private healthcare providers?
- Will the proceeds of any sale be put into providing new facilities for the people of Maldon? The public fear that you will sell St Peter's and the money will disappear.

Accessibility and travel (general)

Residents expressed significant concern about the impact of the closure of St Peter's and relocation of services on travel times, especially for those in more remote areas such as Burnham-on-Crouch and Tillingham. The emotional testimonies highlight the perceived risk and inconvenience posed by longer journeys to healthcare facilities outside of Maldon.

Specific questions / concerns raised by attendees included:

- Travel in and around Maldon is difficult. Transport links are inadequate and will become more overwhelmed with increased travel. Accidents on the bypass cause the Maldon area to come to a complete halt.

- Those using medical facilities tend to be older people who find travel more difficult.
- Have you fully analysed the networking and transport needs as it appears there is only odd references to travel in the consultation document? The public want to know what the travel implications will be.
- How do we get to these proposed hubs from the Dengie? There is no infrastructure being talked about.
- Knowing what dreadful transportation problems arise, why was the Chelmer Valley Park and Ride Scheme going to Broomfield Hospital closed down? Was it so visitors would have to pay for parking at the hospital?
- How many millions are made by private companies who are entrusted with parking at hospitals? Why aren't these millions being considered here in terms of investment?

Increasing population and demand

Repeated reference was made to the increasing population in Maldon and surrounding areas. It was questioned whether the proposals have taken population forecasts for the area into account and the additional budget that will be available to support this population increase. There was an assumption and fear that if the land at St Peter's is sold, this would result in more housing and a further increase on demand.

Specific questions / concerns raised by attendees included:

- Has assessment been undertaken to see whether these other services cited in the consultation are able to cope with the additional patients being brought in?
- The Dengie population is growing fast, we are asking for a community facility here. Why aren't you looking at capital increases to support new facilities?
- What population figures have been used to predict service use?
 - o Have 5–10 year predictions been taken into account?
 - o Why haven't the additional population and the extra need for major facilities in the area been considered? Why is there not capital budget to support those extra people?

Community hospital stroke rehabilitation and intermediate care inpatient services

Just a small number of comments were made specifically about the stroke rehabilitation and intermediate care inpatient services proposal. These included:

- Inpatient care in Brentwood and Rochford is not adequate – this does not constitute local care in community hospitals. There is no local choice at all. Travelling to these areas from Maldon (especially Burnham-on-Crouch) is difficult.

- Is the move of the stroke rehab beds to Brentwood, a temporary or permanent move?

Maternity services

Some residents expressed strong emotional ties to the quality of maternity services received at St Peter's, underscoring the care, dedication, and professionalism of the staff. There is a prevailing sentiment that despite the outdated facilities at St Peter's, the quality of service provided remains unparalleled in their eyes. NHS staff expressed their frustration with the consultation document eluding to the fact that 'women will get better and outstanding care' at other hospitals.

Additionally, there was concern that the figures reported in the consultation document on the number of births at St Peter's are misleading and don't reflect the fact that St Peter's was forced to close for periods of time due to staffing issues at other hospitals.

There are concerns that removing the option of St Peter's would dilute the personalised, high-quality care currently provided at St. Peter's, resulting in more impersonal care at the other larger hospitals. This impersonalised care had been experienced by two attendees who reported on how they were made to feel 'like a number' during recent stays / visits at Broomfield Hospital.

Specific questions / concerns raised by attendees included:

- The birthing unit is a vital part of Maldon, which needs to stay to support the community of families who want to give birth in this town, not Braintree, not Broomfield. The unit is a necessity.
- Why is no other option for midwifery services proposed? The only option is to close St Peter's.
- There is a risk to women and newborn babies of travelling further distances, for example those from Burnham-on-Crouch and Tillingham may have a 1-2 hour drive.
- Many women are worried about having to travel so far, many do not drive.
- The WJC has less postnatal beds than St Peter's, with the growing population and more people going there, that will have a massive impact. Less women will be able to receive postnatal support.
- Will any new health provision include new maternity services so that women living in Maldon / Dengie area include provision for women to have the choice to deliver their child locally?
- What is being done to ensure we have sufficient staff, especially midwives, to staff any new provision?

All other patient services

Residents expressed frustration over what they perceive as opaque decision-making processes and the absence of clear, actionable plans for the continued delivery of outpatient services in Maldon. Residents felt it was unprofessional for the public to

be asked for their suggestions and felt this reflected the lack of planning / foresight that had been given to this. Implicit in their concerns is a desire for more transparent, inclusive dialogue.

Repeated assurance was sought by residents that St Peter's will not close until the outpatient services currently provided at St Peter's are relocated in appropriate facilities in Maldon.

Specific questions / concerns raised by attendees included:

- You've mentioned about some of the alternative locations that are being considered in Maldon, are we allowed to know what they are and where they are? What does this mean for patient travel?
- You cannot make statements about the closure of St Peter's when no alternatives locations are being proposed. It is unprofessional for you to be asking the public for their suggestions. You have no idea what you're doing with the outpatient services.
- You're setting the public up to fail as no-one knows that solution.
- Where is there one building in Maldon that has enough space to provide blood testing services alone? Is your actual plan to reduce the number of services locally provided? How is this fair with a growing population?
- Are you going to look for somewhere specifically in Maldon or does it not really matter where it's going to be?
- Is this going to be a building that's temporary or permanent?
- Are the council prepared to give Maldon District Council building over as a permanent building? Does this building not have issues relating to sustainability?
- You have said capital funding would be made available if you found a building in Malden (for outpatient services), yet you have said that no capital funding is available to fund the repairs to St Peter's. That doesn't make sense.
- St Peter's should not close, until other locations are up and running. This is essential.

Closing statements

Residents were thanked for taking the time to attend the meeting and share their views. They were informed about timeline of the consultation and other planned engagement events. Assurance was provided that all their comments and queries will be fed back to Mid and South Essex Integrated Care Board for consideration.

Appendix 5

NHS MSE Consultation document - ONLINE VERSION



Mid and South Essex
Integrated Care
System



Mid and South Essex

Public consultation

to seek your views and ideas on our proposals for future arrangements for inpatient services at our community hospitals, freestanding midwife-led birthing, and other patient services provided at St Peter's Hospital, Maldon.

This public consultation will run from
25th January to 21st March 2024



We need
your views

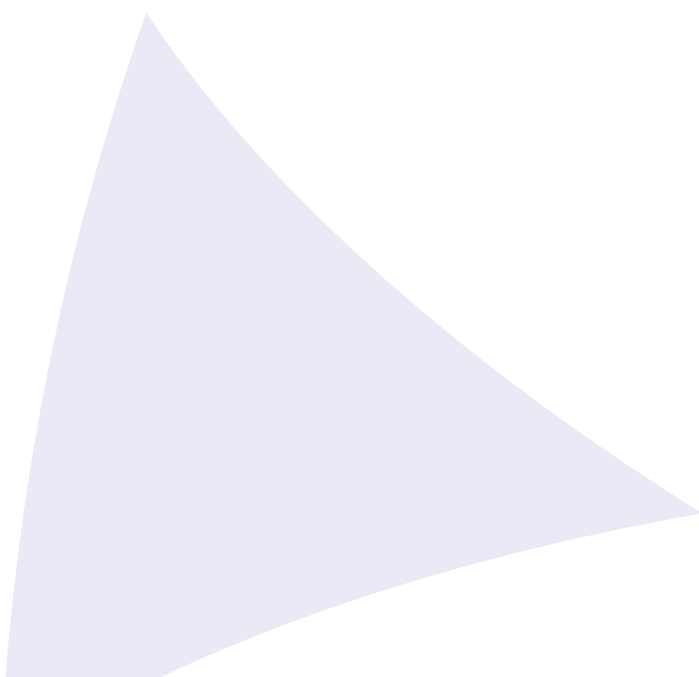
What is this document about?

This is a public consultation to ask your views and ideas on:


- ▶ our proposals for potential changes to the locations where we provide some of our inpatient services for community hospital intermediate care and stroke rehabilitation, and freestanding midwife-led birthing services; and
- ▶ the possibility of moving all other patient services at St Peter's Hospital, Maldon to other locations, mostly in and around Maldon.



We've set out our proposed changes in the consultation proposals section that starts on page 43 of this document. There are lots of ways to comment on them.

If you need this document in another language or another format such as large print or audio please call 01268 594350 or email mseics.getinvolved@nhs.net



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**We need
your views**





About this consultation

Overview

This consultation is being run by Mid and South Essex Integrated Care Board (ICB). This is the organisation responsible for planning and paying for NHS health and care services for the 1.2 million people living across mid Essex, south east Essex, Basildon and Brentwood, and Thurrock.

Diagram 1.1: The areas we cover



The ICB is committed to delivering local, high quality healthcare services while making sure we achieve the best value for money and equity of access for our growing population.

This consultation document sets out:



- ▶ The background to our proposals
- ▶ Our proposals
- ▶ The current situation in each of the service areas

Our proposals are:

- ▶ To change how and where people receive inpatient intermediate care services and stroke rehabilitation inpatient services that are provided from community hospitals.
- ▶ To make permanent the relocation of a freestanding midwife-led birthing unit from St Peter's Hospital, Maldon to the William Julien Courtauld Birthing Unit (WJC) at Braintree Community Hospital.

And:

- ▶ We're asking for views on the possibility of moving all the other patient services provided at St Peter's Hospital, Maldon to other locations in and around Maldon.

If all these proposals are agreed, it will mean that all the NHS services provided at St Peter's Hospital in Maldon will be moved to other sites. After that it is likely that Mid and South Essex NHS Foundation Trust and Essex Partnership University NHS Foundation Trust, who own the site, will decide to close St Peter's Hospital permanently and sell the site. The money from the sale would go back to the NHS in mid and south Essex.

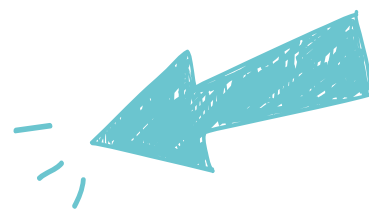
The proposals that we are describing in this document are just that: proposals. We are asking local people to share their thoughts before we decide what to do. We will consider your responses carefully and take them into account when we're making decisions about these proposals.



This consultation document acts as a summary of our full pre-consultation business case (PCBC), which is a large technical document. You can read that document and other information for the consultation on the [consultation website](#).



These FOUR services are included in this consultation



Intermediate care inpatient services

Most people go straight home after treatment and care at an acute hospital. Some people need a short, additional stay in a community hospital to help them get better before they can go home. These services provide that support. Most of the people who need this support are in the older age groups. Sometimes these services admit people who are unwell, but not in need of treatment at a bigger hospital.

How many people need these services in mid and South Essex each year?

Approximately
2,080



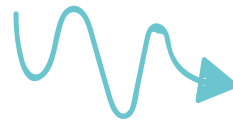
Stroke rehabilitation inpatient services

Lots of stroke patients go straight home after receiving emergency treatment for a stroke at one of our bigger hospitals, and get their rehabilitation support at home or in community clinics. Some people will need an additional stay in a community hospital to receive specialist rehabilitation services. Patients get an individually tailored programme of rehabilitation support from physiotherapists, occupational therapists, speech and language therapists and other services to aid their recovery. Stroke rehabilitation inpatient services can also benefit a small number of people with some types of other brain injury caused by an accident or illness.

How many people need these services in mid and South Essex each year?

2,000+ people in our area have a stroke each year.

About
500 of those patients need a stay in a community hospital for specialist rehabilitation support.



**We need
your views**



Freestanding midwife-led birthing unit

A freestanding midwife-led birthing unit is staffed by midwives and maternity support workers. They care for healthy women expecting straightforward pregnancies during labour and following birth. The units are in community settings, often in community hospitals. If women or babies need specialist medical or neonatal care, they need to be transferred by ambulance or car to a doctor-led maternity unit at a bigger hospital.

How many people used the freestanding midwife-led birthing unit at St Peter's Hospital?

Last year:

6 births/month on average

77 births in 2022/23

The service had to be closed several times because there weren't enough staff available to run it safely.



Other patient services provided at St Peter's Hospital, Maldon

These are services for people who don't need to stay in hospital overnight. This includes outpatient services, prenatal and postnatal clinics, the Cherry Trees Therapy Centre for mental health patients, podiatry clinics, X-rays, ultrasound scans, and blood tests.

How many people use these services each day on average?

250-300

How to respond

There are different ways to get involved in the consultation and give your views. We want to make it as easy as possible for you to tell us what you think of the proposals.



Attend a public meeting

There are different types of events planned during the consultation period at different times, days of the week and locations both in person and online.

People are asked to register in advance simply to ensure the events are well staffed and managed to provide the best experience for everyone and to make sure views are captured.

Further information about these events can be found at the back of this document.



Give evidence or attend the public consultation hearing

We will be holding a public consultation hearing. This is an event that gives people the opportunity to present evidence or tell us their views on the proposals directly. People can also come along to hear what is happening or view online live during the hearing or view a recording afterwards. More information about the public consultation hearing and how to get involved is included at the back of this document.



Events and focus groups

Voluntary and community sector groups will be running events and holding focus groups for service users and carers most likely to be impacted by any proposed changes. If you would like to get involved in these activities then please let us know.



Complete a survey

A consultation survey is available online via the website as well as paper copies available at libraries and some other public venues. Please check our website for exact locations. You can also request a paper copy by contacting us and we will send one to you. If you need help to fill in the survey please contact us and we will be happy to arrange some support for you.



Individual or organisational responses and submissions

We welcome responses from individuals or organisations. Please make sure they are submitted before the end of the consultation.

When you respond to the consultation, please include your reasons for the responses you give. If you can include good explanations and even share evidence that backs the points you make, that will really help us understand your response.

Different ways to get in touch

Join the conversation on Virtual Views, the Mid and South Essex online engagement hub.

If you need any help, contact us.



mseics.getinvolved@nhs.net



<https://www.facebook.com/MSEICS/>



https://x.com/MSEssex_ICS



Telephone: 01268 594350



Write to us:
FAO: Community Capacity Consultation
NHS Mid and South Essex ICB,
PO Box 6483,
Basildon,
SS14 0UG

**We need
your views**

Who should read this document?

The information in this document is for anyone who lives or works in the area, has experience of or an interest in:

- ▶ the care we provide to people who need a stay in one of our community hospitals for intermediate care or stroke rehabilitation after being treated at one of our bigger hospitals.
- ▶ midwife-led birthing services provided in mid and south Essex;
- ▶ the services we provide at St Peter's Hospital, Maldon for people who don't need a stay in hospital. Services like outpatient clinics, antenatal and postnatal clinics, physiotherapy, mental health services, and diagnostics services like x-ray, ultrasound scans, or blood tests.

The information is also intended for people who use services provided by Mid and South Essex NHS Foundation Trust, Essex Partnership NHS Foundation Trust, Provide Community Interest Company and North East London NHS Foundation Trust. It doesn't matter if you have previously used these services or not, we would like to hear your views on the potential changes to these services in your area.

How do I use this document?

This document aims to give you the information you need to understand and respond to our proposals. As you read it, you'll find out about the challenges we're working on, and why we think we need to change. We explain how we arrived at our proposals, and how we involved the people that use, work in and rely on the services. And we set out the proposals for changes to services that we're asking for your thoughts and comments on, and how you can take part and respond.

We suggest you read the introduction and each of the sections you are interested in. You can respond to one, some, or all our proposals. As you go through this document, you'll see notes telling you where you find more information, if you need it. More documents and information is available on our website.

What is **not included** in our consultation?

This consultation does not affect:

- ▶ The emergency stroke care that only our bigger hospitals in Southend, Basildon and Chelmsford can provide.
- ▶ The support to live independently with or following an illness and rehabilitation services that we provide to patients at home, in residential care places, and in community clinics.
- ▶ The intermediate care services provided by Essex County Council, Southend-on-Sea City Council, and Thurrock Council, or
- ▶ St Peter's Court care home, next to St Peter's Hospital, Maldon.





The background features a solid purple field. In the top right corner, there is a triangular section of bright orange. In the bottom right, there is a large, lighter purple triangular shape pointing towards the center.

Background to this consultation

Background

We started thinking about how community hospital beds could give more patients the support they need several years ago. We moved some of those services around in the COVID-19 pandemic to keep our staff and patients as safe as possible. That meant some patients went to hospitals that they wouldn't normally expect to go to. We gradually moved those services back to where they had been.

In 2022, we asked an independent panel of doctors and other specialists for their professional view on our ideas on how to make better use of our community hospitals. In 2023, it became clear that we needed more community hospital beds for patients who need stroke rehabilitation support. We had room for 16 stroke rehabilitation patients at St Peter's Hospital in Maldon and 8 at the Cumberlege Intermediate Care Centre in Rochford.

The building at St Peter's Hospital in Maldon is in poor repair. That means parts of it are no longer safe for patients to stay in or staff to work in, and we had to think carefully about how to arrange our services to support more patients safely this winter.

The Bayman Ward at Brentwood Community Hospital is in good condition and has capacity for 25 inpatients, nine more than St Peter's Hospital, so we moved our stroke rehabilitation services from Maldon to Brentwood. And we increased the stroke rehabilitation capacity at the Cumberlege Intermediate Care Centre in Rochford from 8 patients to 14 patients. That reduced intermediate care capacity in Rochford from 14 patients to 8.

2019

Pre COVID-19 review of contribution and performance of community beds to improve patient outcomes

2021

Emergency changes during COVID-19 to keep people safe

2022

Review of clinical model and distribution

2023

Urgent winter changes to ensure patient safety and flow

2024

A taskforce of local doctors, nurses, and other service leaders prepare options for public consultation

Those changes mean that at any one time in our community hospitals this winter (2023-24) we can support:

39



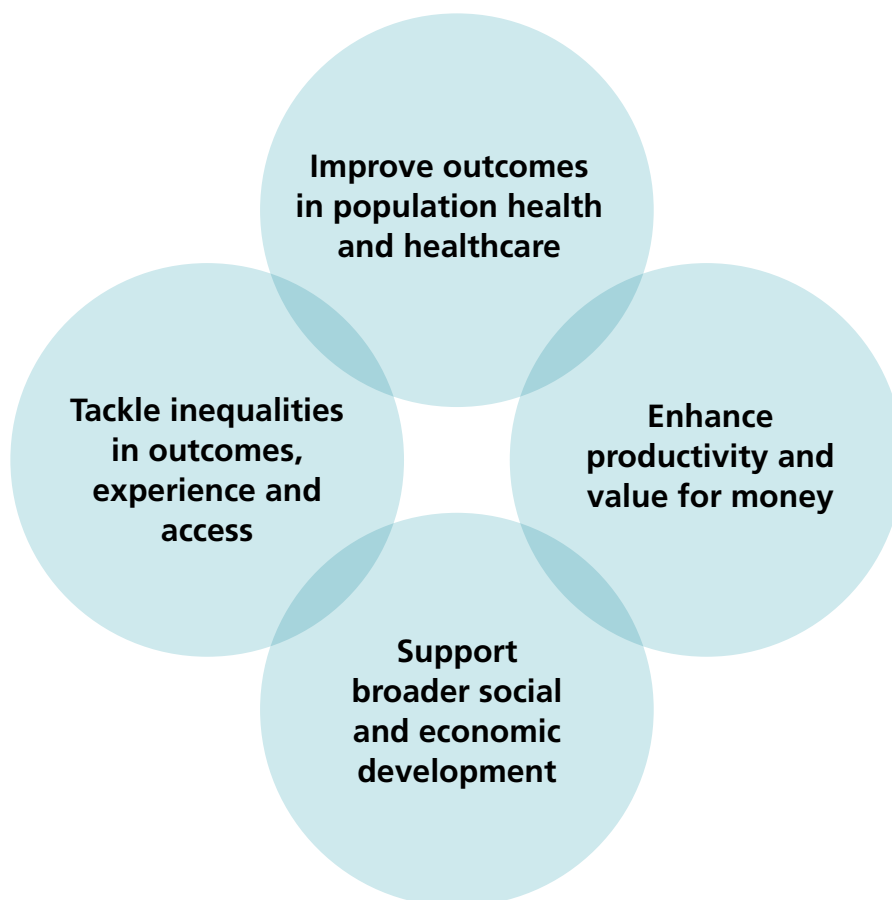
stroke rehabilitation patients. That's 15 more than we could before taking this decision, and still short of the 48-50 beds we think we need.

99



patients needing intermediate care. That's 6 less than we could before taking this decision and still more than the 77-87 beds we think we need.

Our aims



**We need
your views**



Public, patient and staff involvement

Public, patient and staff involvement

NHS Mid and South Essex Integrated Care Board has a continuous programme of engagement. In November and December 2023, we talked with patients, carers, community groups, local residents and staff about:

Future configuration of inpatient NHS intermediate care beds and inpatient stroke rehabilitation beds.

Midwife-led birthing care

Other services provided at St Peter's Hospital, Maldon

Local people participated in two online surveys, and a mix of 20 in-person and online focus groups across the area. NHS staff took part in 10 more focus groups.

Some of the topics explored during these sessions included:

What does great care look and feel like to you?

What works well in the services you or your loved one have experienced?

What is not working so well now and why do you think that is?

What one thing should we change to improve your experience?

We also shared and discussed some of the thinking about potential decision-making criteria that we could use to help narrow down the potential options.

A report of the engagement exercise was completed independently and its findings endorsed by Healthwatch Essex and Healthwatch Southend, independent bodies that represent the views of local people who use health and social care services in our area.

The importance of community-based provision was emphasised throughout the engagement period. Patients, community groups and staff are extremely passionate about the provision of community-based services and the need to ensure that they are well maintained, and evolving to serve the needs of the changing population.

When asked in the survey "what about your care is most important to you?", the responses highlighted the following ranking (1 being ranked the most important and 7 the least):

1. Right treatment at the right time
2. Access to the best clinical treatment
3. Ease of access
4. Specialist centre for your condition
5. Enough staff on duty
6. Family and friends close by
7. Quality of building where care is delivered.

The themes highlighted by participants create an opportunity for simple recommendations to be implemented to make sure patients, community groups and staff continue to work together to help the people of mid and south Essex live longer and healthier lives. These recommendations include:

Good communication and engagement – the importance of simple and clear messaging being consistently provided to avoid misunderstandings and misinformation was a theme common to all participants.

Also ensuring good communication within and between the wider health and care system – including acute hospital, primary and social care.

Focus on equity and inclusion – ensure that the consultation is wide-reaching and inclusive.

Accessibility – minimising waiting times, and geographically; focus on local-based solutions where possible, making it easier for carers, friends and family to visit.

Patient choice – support initiatives that continue to maximise patient choice. This may require alternative solutions to be developed but this is encouraged and welcomed by staff and patients.

Involving patients in care planning - the importance of patients and carers being very involved in care. For example, care planning with each patient and their family, promoting independence by training carers and family members and developing personal goals and outcomes.

Transitioning from hospital - the value of community beds as an important part of a transition from hospital to returning home, and providing a setting in which care can be much more personalised.

The right staff - community beds are increasingly used for people with greater needs, resulting in a strong emphasis on having the right staff with the right skills.



Involving our staff

Staff associated with community inpatient beds

We invited all staff working on wards in the community hospitals, and staff in related services, like the Recovery at Home team and stroke teams working in the main hospitals, to share their views. People could have their say via focus groups and using an online tool.

Areas explored included:

What is important to your patients and their carers and why?

What enables you to deliver great care?

What are the barriers to delivering great care?

If you could change one thing about the provision of community beds, what would it be?

Things that staff said were important included:

Delivering care as close to the patient's home as possible.

Clear communication with staff so they can support the continuity of patient care.

Good transport links to health and care services for family, carers, friends and staff.

The critical role families and loved ones play in patient recovery, and the need to involve them in decision-making and care planning.

Continuing to improve links with social care to ensure services are integrated.

Access to regular, good quality therapy services to support rehabilitation.

Trained, skilled staff available at all times, and improved access to learning and training.

Care should be personalised, needs-based and not restricted by rigid pathways or procedures.

Staff associated with maternity services

The staff associated with maternity services shared common themes with those working with community bed services. **Themes particular to maternity included:**

The importance of patient choice; supporting women and birthing people to have the birth experience they desire.

Consistent staffing levels that deliver equitable outcomes for women and birthing people.

The importance of ring-fenced staff to create a network of support around families.

Staff associated with other patient services at St Peter's Hospital

We spoke with staff working in non-inpatient areas at St Peter's Hospital for their views to help shape proposals. The same themes arose as with other staff groups, with the addition of the importance of providing a homely environment with modern well-equipped facilities to deliver the best possible experience for patients.

The full findings from this engagement exercise are available on our website.

**We need
your views**



You will find our pre-consultation business case (PCBC) with supporting documents on our website, <https://www.midandsouthessex.ics.nhs.uk/>





Pharmacy
Therapy
Main Reception
Nurses
X-Ray
Dental Unit
Dental Unit
Dental Unit

St. Peter's
Hospital



The background features a large purple area with a green triangular shape in the top right corner. A lighter purple, semi-transparent triangular shape is positioned in the bottom right corner.

Why we should change

Community hospital intermediate care services

More people are living in mid and south Essex. And thanks to advances in medicines and treatments more people are living longer. That means lots more people over the age of 75 are living in the area. This older population is more likely to live with more than one long-term medical condition.

That means there are more patients for our hospitals to treat and care for. Older people are more likely to need to go to hospital and they are more likely to take longer and need more support to recover. People over 75 are the main users of community hospital beds where they receive care to help them recover before going home. The care people receive from some of these services in our area doesn't meet national standards. Improving these services will mean people recover more fully and more quickly. It's important we make sure everyone gets good care wherever they live in our area.

Community hospitals are one part of our health and care system. They work with our bigger hospitals at Southend, Basildon and Chelmsford, with GP, pharmacy and other primary health care, social care, and a whole range of community health services.

We are developing new services all the time. We have introduced:

virtual wards, technology that helps patients to manage their care at home, and

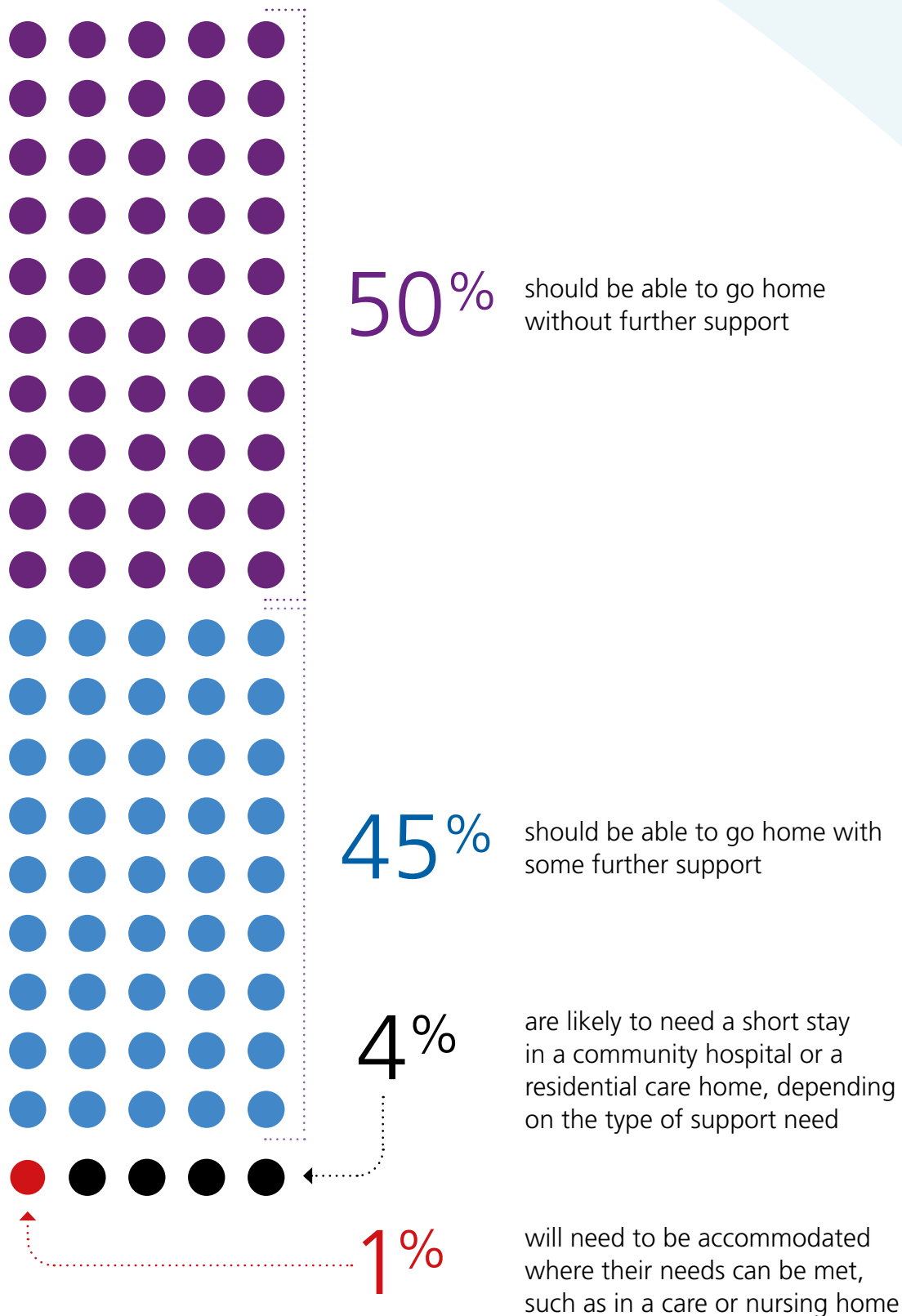
transfer of care hubs, which coordinate care and support for patients who need it.

These new approaches aim to make sure patients get out of hospital more quickly, recover more quickly, and get back home more quickly.

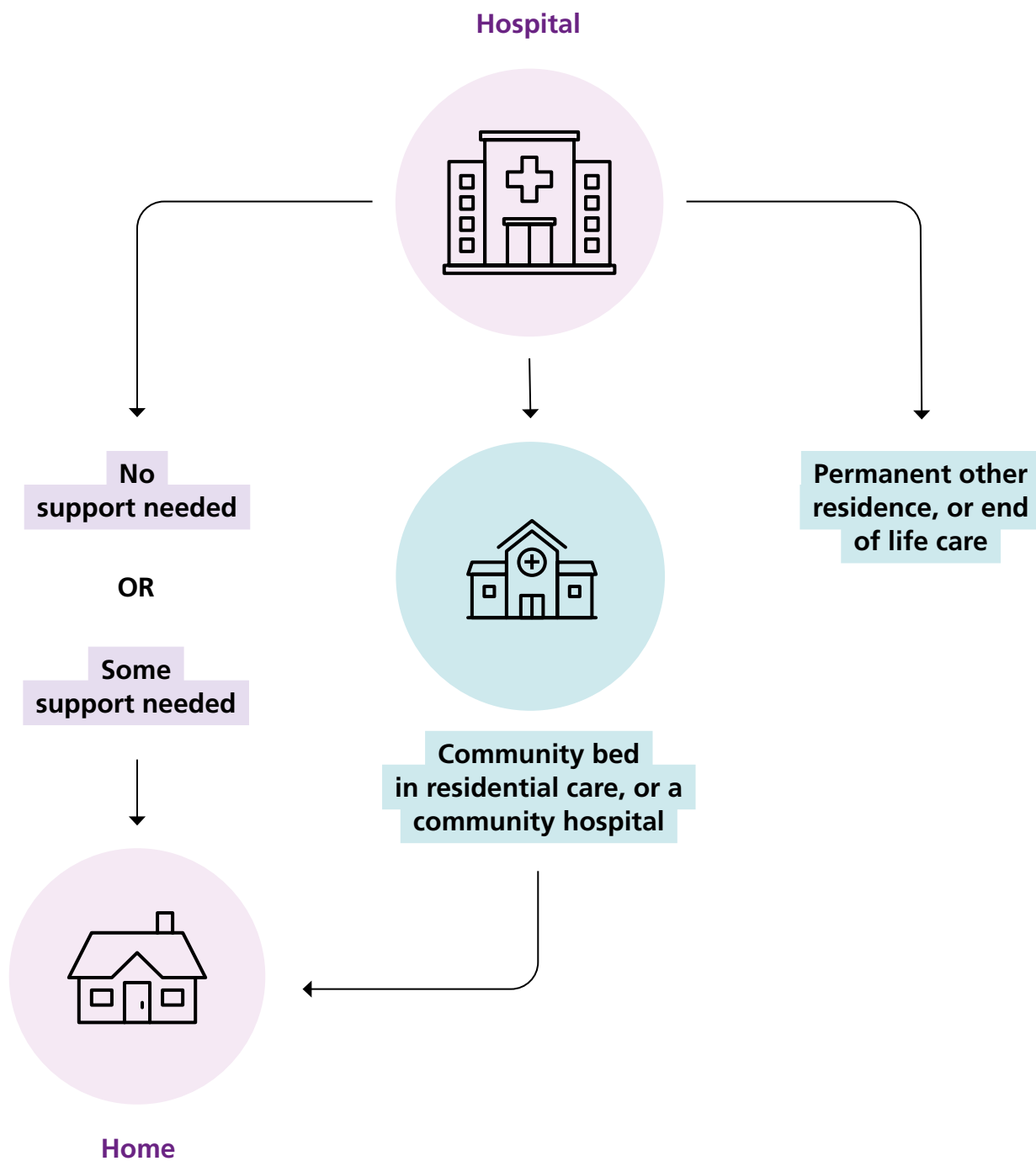
Between April and August 2023 the NHS in mid and south Essex was the best in the country at getting patients back home, or to other appropriate care settings after treatment in an acute hospital. That's because we have worked hard since 2022 putting in place Urgent Community Response Teams, admission avoidance, Early Discharge Services (EDS), and Integrated Discharge Teams (IDTs). This has shown us that a variety of community health and care interventions are needed.



National guidance tells us that of the patients discharged from an acute hospital:



National Intermediate Care Pathway Guidance



We have calculated that we need between 77 and 87 beds in our community hospitals for these patients if:

4% of patients discharged from an acute hospital need a community bed,

This population is set to increase by 8% in the next five years,

The average time patients need in a community hospital stays the same,

95% of those beds are used at any one time,

Current local authority intermediate care bed capacity in each of Southend, Thurrock and Essex County Councils is appropriately used.

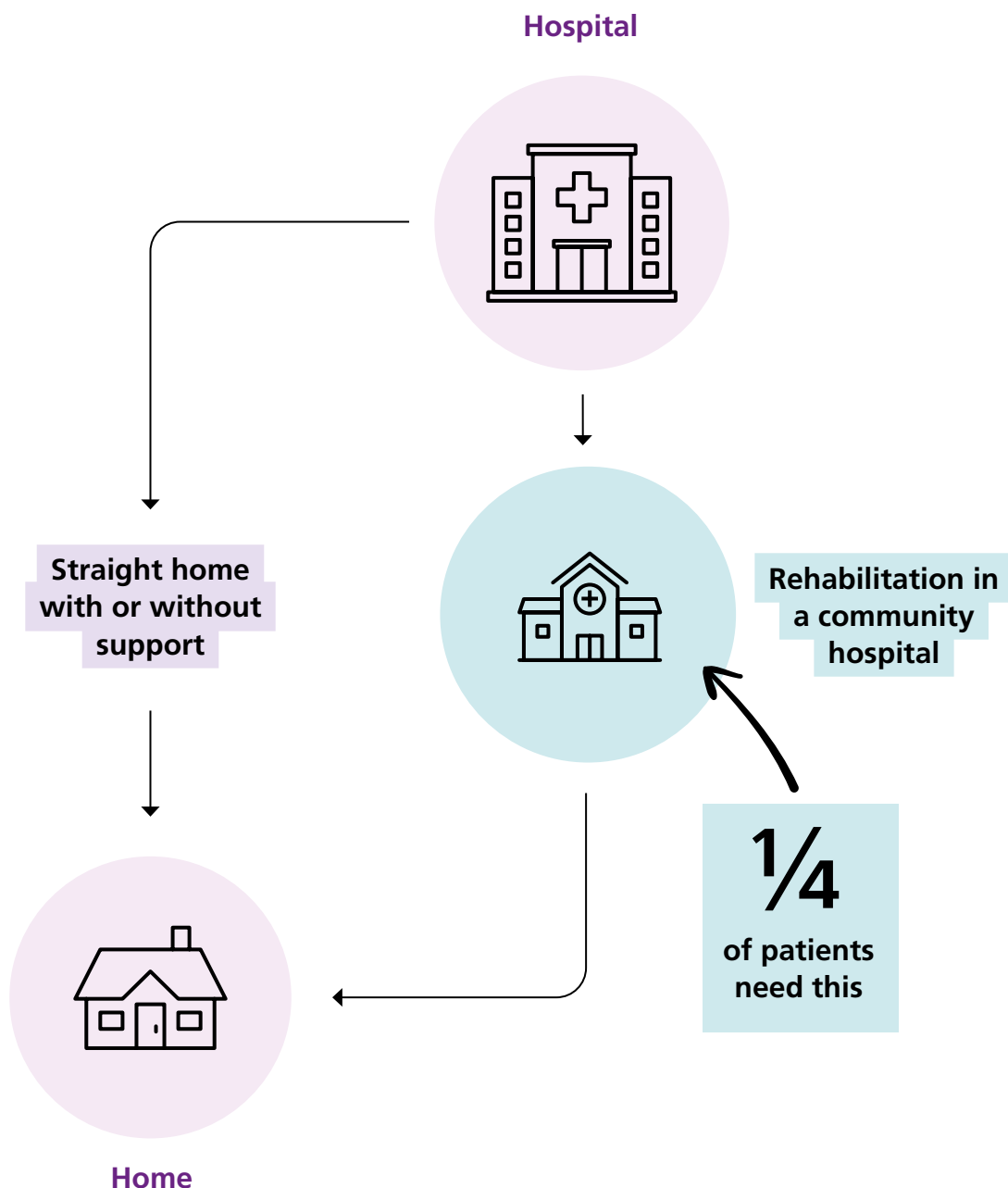
To make sure everyone has the best possible chance of getting the care they need, recovering well, and getting home as quickly as possible, we need to change some of the places where we provide inpatient intermediate care.

Inpatient stroke rehabilitation services

The injury to the brain caused by a stroke can lead to widespread and long-lasting problems. Some people recover quickly. Others need longer-term support to help them regain as much independence as possible. Rehabilitation support can be provided at home, at clinics near home or in a hospital or community hospital setting. A specialist unit would include physiotherapists, psychologists, occupational therapists, speech and language therapists, dietitians, and specialist nurses and doctors.

Some of the patients needing specialist stroke rehabilitation in a dedicated community hospital will be younger than patients who need a stay for intermediate care. Our own information shows that stroke patients in our area don't do as well as similar patients in other areas. Our doctors, nurses and service leaders have calculated that we need dedicated, specialist spaces for 48-50 stroke rehabilitation patients in our community hospitals if we are to offer spaces to everyone who would benefit and help more people recover more fully.

Stroke service model



If a patient who has had a stroke would benefit from rehabilitation that can't be provided in their own home, they might be eligible for a stay in a community hospital stroke rehabilitation unit (SRU). There they will have intensive support to help them recover as fully as possible. As soon as it is possible for rehabilitation to be continued in their own home that will be arranged. Usually a stay in a community stroke rehabilitation unit could be up to 6 weeks. How long someone stays in hospital depends on their needs.

In mid and south Essex, more patients than we have space for need a stay in a community hospital for specialist rehabilitation support after a stroke. That means some patients have to stay in a bigger hospital waiting for a specialist rehabilitation space to become available, or go to rehabilitation services outside the area. At the moment, the stroke rehabilitation services we provide in our community hospitals don't have enough staff to meet national requirements.

Creating a specialist stroke rehabilitation centre, or centres would allow us to increase the number of stroke patients we can support. That means we will be able to give all our stroke patients who need it the expertise and intensity of rehabilitation support they need as soon as they need it. And specialist stroke centres are a more attractive option for clinical staff when they are choosing where to apply for jobs.

Bringing specialist stroke services together would have benefits for people needing rehabilitation support for some other brain injuries caused by an accident or an illness like encephalitis or meningitis. A larger specialist stroke unit would mean some of these patients would be able to stay in the area to get the specialist support they need. Patients with the most complex of these brain injuries will still have to travel outside mid and south Essex for their rehabilitation support.

Having more stroke rehabilitation beds in our community hospitals, will mean more stroke patients can benefit from access to specialist rehabilitation following emergency treatment as soon as their medical team says they are ready.



Freestanding midwife-led birthing unit

We offer a choice of services and locations for giving birth in mid and south Essex.

At a doctor-led, hospital maternity unit (Southend, Chelmsford, and Basildon) - people are looked after by midwives in a doctor-led unit. There is fast access to doctors and other medical support, if there are any complications during the birth.

At a midwife-led birthing unit at a hospital that has a doctor-led maternity unit (Southend, Chelmsford, and Basildon) - people are looked after by midwives and maternity support workers. The hospital's doctor-led maternity unit is very close by, if there are any complications during the birth.

At a freestanding midwife-led birthing unit. (A unit that is not at a hospital with another maternity service) (Maldon) - people are looked after by midwives and maternity support workers. Service users would need to be transferred by ambulance or car to a hospital maternity unit, if there are any complications during the birth.

At home - people can give birth with support from a midwife. If service users need any help or their labour is not progressing as well as it should, the midwife will arrange for them to go to hospital.

In August 2023, we decided to move midwife-led and low-risk births from St Peter's Hospital in Maldon temporarily to the unused William Julien Courtauld (WJC) Birthing Centre at Braintree Community Hospital.

The freestanding midwife-led birthing unit at St Peter's Hospital has been closed several times because there weren't enough staff available to run it safely. And the poor condition of the buildings has affected the quality of care we can provide there.

Moving inpatient services out of St Peter's Hospital, as described on page 16, would have left the birthing unit isolated as the only 24-hour service on the site. Staff and service leaders told us they were concerned about safety out of hours. The WJC birthing unit is on a site with other 24-hour services. It is a modern purpose-built suite with better facilities that allow us to care for more families wanting to give birth in a freestanding midwife-led birthing unit.

Since moving the service to the WJC birthing unit, the average number of births has increased to 9 each month.

Other patient services at St Peter's Hospital, Maldon

We fund a range of other services that operate out of St Peter's Hospital that provide around 300 patient appointments on each clinic day. That's more than 80,000 appointments each year.

These appointments include:

39,000 outpatient appointments

37,000 blood tests

8,500 X-ray appointments

700 ultrasound examinations

The 2019 NHS Long Term Plan sets out the need to transform the approach to these services. NHS England expects all health and care systems to reduce follow up appointments by 25%, which for the St Peter's Hospital services is significant.

The age, condition and suitability of St Peter's Hospital had caused plans to be developed to provide purpose-built replacement local facilities. It is clear that these new facilities will not be built for some years. It is equally clear that to keep St Peter's Hospital open and operating safely, we would have to fix all the problems with the buildings, and bring it up to standard for the delivery of NHS services. Fixing all the problems would cost an estimated £18.7m. That is more money than is available. Bringing the hospital up to modern standards would cost more again.

Alternative short-term solutions are needed if residents of Maldon and surrounding districts are to continue to have local access to these services pending decisions on the development of alternative health facilities for local people. Patients from other districts could access appointments nearer to them.

The condition of St Peter's Hospital, Maldon

St Peter's Hospital, owned by the Mid and South Essex NHS Foundation Trust, is an old facility in central Maldon. Built 150 years ago, it originally served as a Victorian Poor Law Workhouse. The structures, including additional buildings from the 1940s and 1960s, are costly to maintain due to their age. The site includes Cherry Trees Therapy Centre, a mental health facility owned by Essex Partnership University NHS Foundation Trust.

Lots of repair work is still needed. And lots more work is needed to bring the hospital up to required standards. Damp is visible all through the hospital, rain leaks through the roof into working areas, and asbestos in the buildings is managed with annual inspections. A recent survey showed that there are signs of defects in 76% of the total internal area. Half of those defects (52%) are high risk.

Our first priority is the safety and welfare of patients and staff. Mid and South Essex NHS Foundation Trust has carefully assessed the situation at St Peter's Hospital. Outpatient and clinic appointments only happen in the areas of the hospital that are safe .

There are concerns about the safety and the suitability of the building as a location for providing clinical care as it does not meet the required standards. Because of this, inpatient services have been temporarily moved to other hospitals, and through this consultation we are looking into the possibility of moving all the other patient services at St Peter's Hospital to other premises, mostly in and around Maldon.

To keep St Peter's Hospital open, we would have to fix all the problems and bring it up to standard for the delivery of NHS services. An independent assessment estimates it would cost £18.7m to fix all the problems. That is more money than is available and there would still be more work to do to bring the building up to standard.





76%

of the total internal area
shows signs of defects

52%

of those defects
are high risk



An independent assessment estimates it would cost £18.7m to fix all the problems. That is more money than is available and there would still be more work to do to bring the building up to modern standards.



**We need
your views**



The background features a large, dark purple shape that fills most of the frame. In the top right corner, there is a triangular section of a lighter pink color. At the bottom, there is a large, light purple triangular shape pointing upwards, partially overlapping the dark purple area.

How we developed our proposals

How we developed our proposals

We used a range of national guidance, local data, our senior doctors' and nurses' clinical experience, and advice from others to work out how many patients would benefit from being cared for in a bed in one of our community hospitals.


We started with stroke rehabilitation and intermediate care inpatient services in community hospitals. Some of these services are normally based at St Peter's Hospital, Maldon. In our review, we looked at how suitable the buildings at St Peter's Hospital are for those services and how the services there rely on each other.

In this process, we identified a need to look at the future of our freestanding midwife-led birthing unit, and the future of all other services at St Peter's Hospital, Maldon.

In each case, a working group made up of doctors, nurses, other health and care staff, and service leaders worked together, taking into account the feedback given by patients, staff and residents.

After considering financial, strategic and quality criteria, and the five tests of service change required by the Government and NHS England, we arrived at the proposals we present to you in this consultation.

The five tests of service change set out by NHS England

- ▶ Strong public and patient engagement.
 - ▶ Consistency with current and prospective need for patient choice.
 - ▶ Clear, clinical evidence base.
 - ▶ Support for proposals from clinical commissioners.
 - ▶ Careful consideration of the number of hospital beds needed.
- 

Stroke rehabilitation and intermediate care inpatient services in community hospitals



Our taskforce of local doctors, nurses, and other service leaders looked at the performance of the services we offer normally and identified where we need to improve. We looked at predicted changes in the population and worked out how many patients we can expect. And we looked at information from other areas to see what we can learn from them.

We took into account that:

The number of people in the target population is expected to increase by 8% in the next five years.

95% of the community hospital beds we provide will be used at any one time.

Stroke rehabilitation should be a dedicated service provided in one place, or at most two places.

We calculated that in our community hospitals we need:

between 77 and 87 intermediate care beds.

between 48 and 50 stroke rehabilitation beds.

We looked at the facilities we have available to us and developed a list of 13 different ways we could organise these services. None of these ideas included continuing to use St Peter's Hospital in Maldon, because we considered its poor state of repair unsuitable for inpatients.

Our list of 13 possible ways of organising these services was cut down to four by a group of local doctors, nurses and other health and care staff.

Of those four, there are two that:

allow us to improve care by working in the best clinical ways, and

give us the capacity in our community hospitals that our estimates tell us we need.

In this consultation we are presenting those two as proposals on pages 45-59.



All options are set out in the pre-consultation business case (PCBC).



Freestanding midwife-led birthing unit



Our working group of doctors, midwives and other service leaders started with a list of ideas for the future of the freestanding midwife-led birthing unit provided at St Peter's Hospital, Maldon. The group noted that to keep the service at St Peter's Hospital, there would need to be other 24-hour services at the hospital; and removed the idea not to have a freestanding midwife-led birthing unit, because that would limit birthing choices for mid and south Essex residents.

That left seven potential ideas:

three variations involving combining the service with the maternity service in Chelmsford,

three variations using the WJC birthing unit facility at Braintree Community Hospital, and

an idea to put the service in a new primary care hub in Maldon.

We ruled out the variations at Broomfield Hospital because the service there is already at capacity. Ideas that included putting the service at a new primary care hub in Maldon were ruled out because it would take too long to put in place and would cost more than the money we have available. And we recognised that the WJC birthing unit isn't big enough to accommodate the outpatient maternity services as well as the birthing services.

That left us with one viable option that we present on page 60 of this consultation document.



Other patient services at St Peter's Hospital



Our work to understand the condition of the buildings at St Peter's Hospital in Maldon made us think about how suitable they are for any patient services. We identified advantages to moving the other outpatient services out of St Peter's Hospital and started to think about where we could move them to. We have started to identify some potential new homes for these services in and around Maldon. We are committed to involving patients and local people as we explore alternatives.

It's harder to find suitable accommodation for services that use specialist equipment, like X-ray. We might need to look a bit further away for those. And some services rely on other services being in the same place as other services, for example, orthopaedics and rheumatology need to be in the same place as radiology. In those cases we might need to ask patients to travel outside Maldon. Work to identify suitable alternative accommodation continues.

If we decide that services we're responsible for won't be provided at St Peter's Hospital, we know it's likely that Mid and South Essex NHS Foundation Trust and Essex Partnership University NHS Foundation Trust, the owners of St Peter's Hospital and the Cherry Trees Therapy Centre, will decide to close the hospital permanently.

So in this consultation we're asking for your views on the idea of moving all services out of St Peter's Hospital. We'd like to know what you think of the idea and how you think it would impact you and the people you know and care for.

**We need
your views**






Consultation proposals

The proposals that we are describing in this document are just that: proposals.

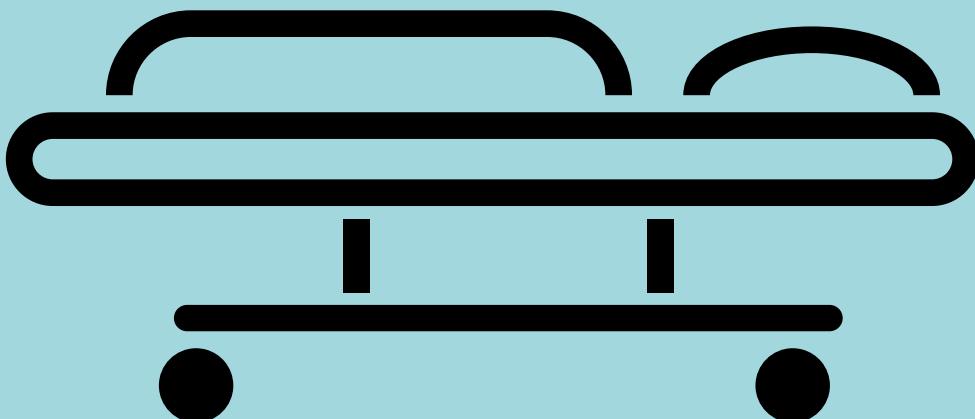
We are asking local people to share their thoughts before we decide what to do. We will consider your responses carefully and take them into account when we're making decisions about these proposals.



Proposals for

Intermediate care and stroke rehabilitation inpatient services

We need
your views



Normal operational position

We pay the following organisations to provide the services needed to run intermediate care and stroke rehabilitation beds in mid and south Essex:

Mid and South Essex NHS Foundation Trust,

Essex Partnership NHS Foundation Trust,

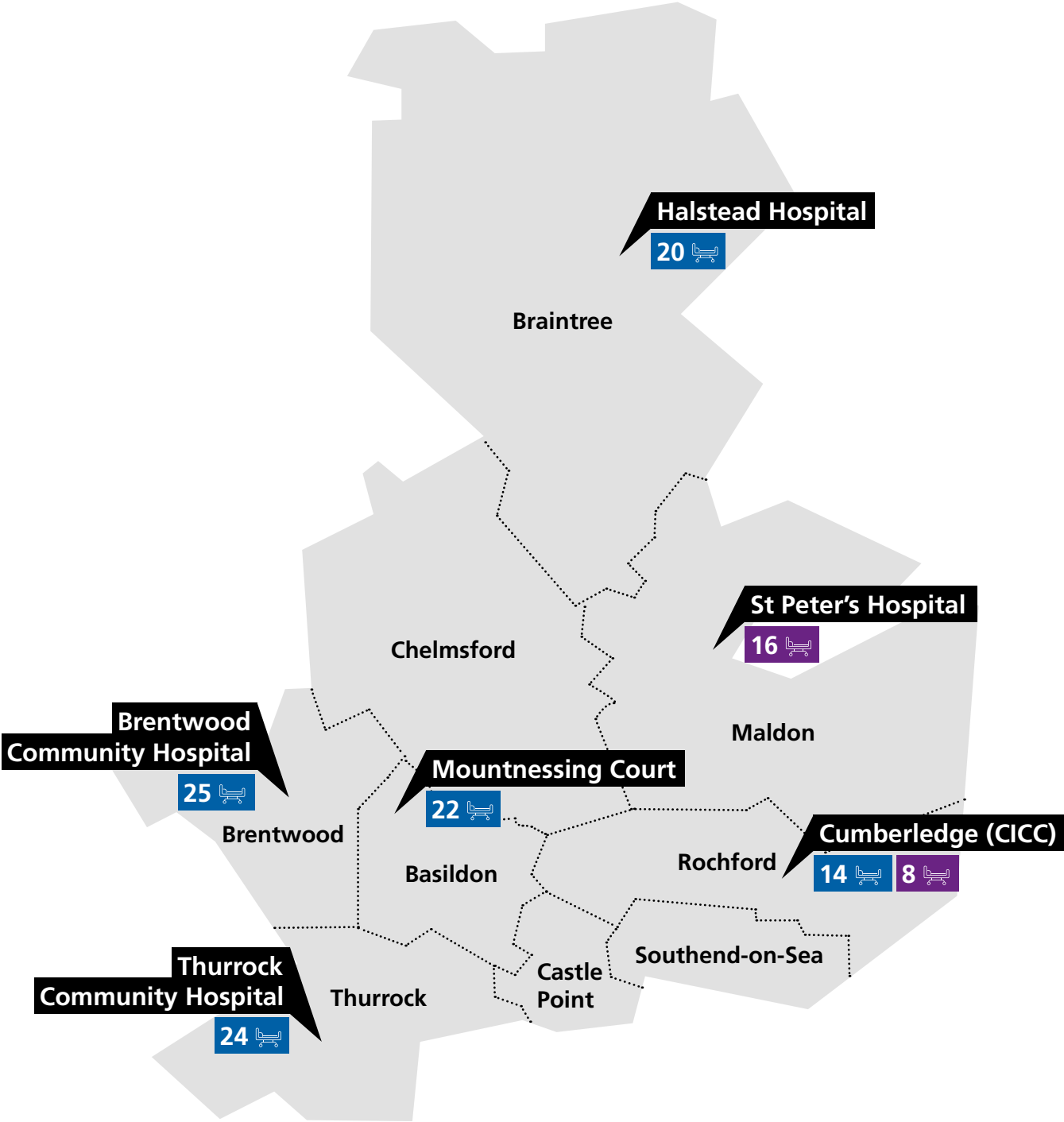
Provide Community Interest Company, and

North East London NHS Foundation Trust.



The contractual arrangements we have in place provide community hospital beds at:

Location	Facility	Stroke rehabilitation beds	Intermediate care beds
Billericay	Mountnessing Court	-	22
Brentwood	Brentwood Community Hospital	-	25
Grays	Thurrock Community Hospital	-	24
Halstead	Halstead Hospital	-	20
Maldon	St Peter's Hospital	16	-
Rochford	Cumberlege Intermediate Care Centre (CICC)	8	14
	Total	24	105
	Combined Total	129	

Diagram 7.1: Normal operational position
for intermediate care and stroke rehabilitation inpatient services



Key:

-  Number of stroke rehabilitation beds
-  Number of intermediate care beds

Temporary operational position (winter 2023/24)

In August 2023, we approved temporary changes to these services to make sure they can run effectively through the winter period. This meant in October 2023:

- closing 16 stroke beds at St Peter’s Hospital, Maldon
- opening 25 stroke beds at Brentwood Community Hospital, and
- converting 6 intermediate care beds in Rochford to accommodate stroke rehabilitation patients.

Location	Facility	Stroke rehabilitation beds	Intermediate care beds
Billericay	Mountnessing Court	-	22
Brentwood	Brentwood Community Hospital	25	25
Grays	Thurrock Community Hospital	-	24
Halstead	Halstead Hospital	-	20
Maldon	St Peter’s Hospital	-	-
Rochford	Cumberlege Intermediate Care Centre (CICC)	14	8
	Total	39	99
	Combined Total	138	

These actions:

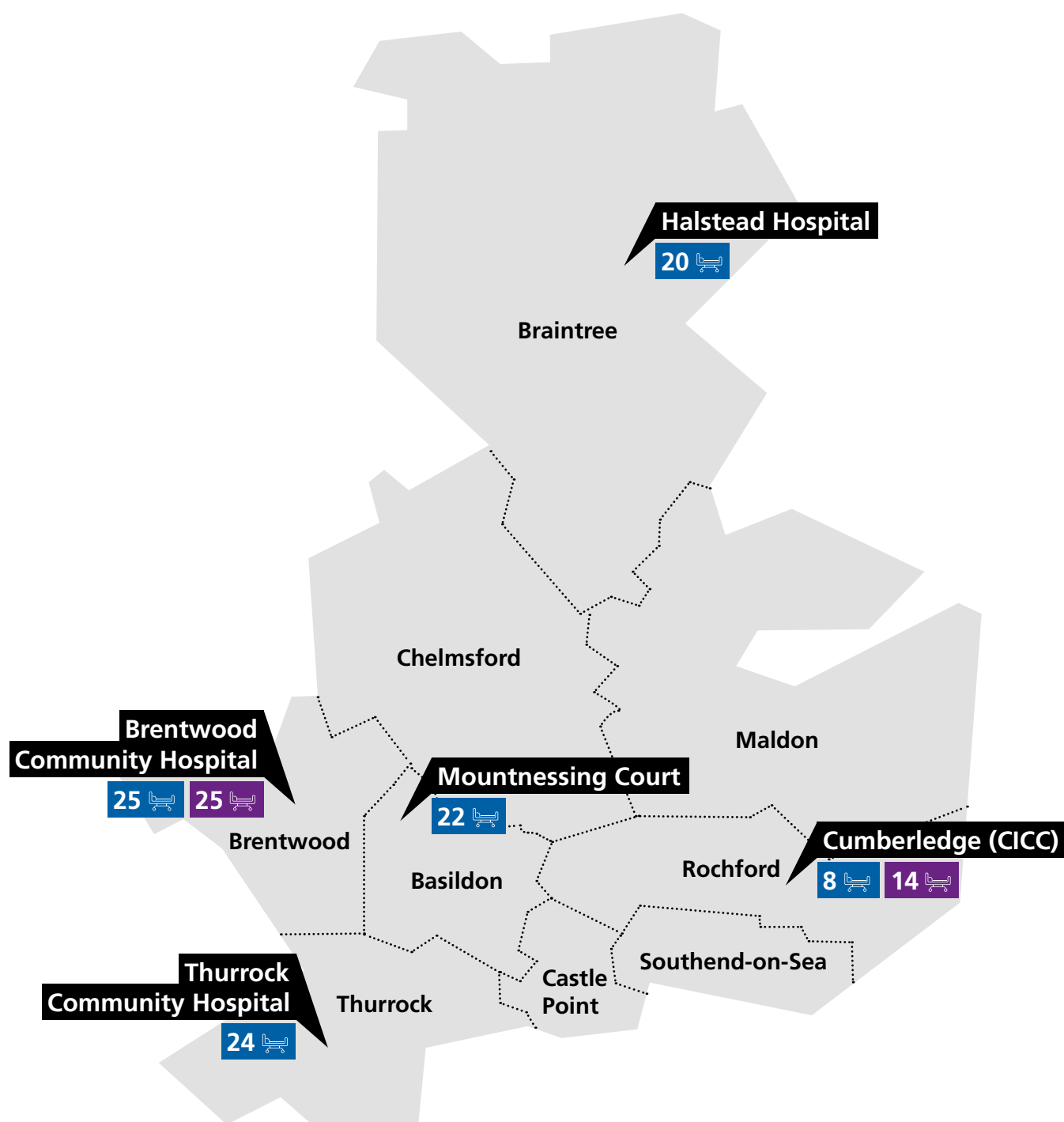


increased from 24 to 39 the number of **stroke rehabilitation beds** available in our community hospitals. Still around 10 beds short of how many we need, and



reduced by 5 the number of **intermediate care beds** available in our community hospitals. That’s still around 10 beds more than the number we’ve calculated we need.

Diagram 7.2: Temporary operational position (winter 2023/24)
for intermediate care and stroke rehabilitation inpatient services



Key:



















Number of stroke rehabilitation beds

Number of intermediate care beds

Our proposals

We are consulting on **two options** for arranging intermediate care beds and stroke rehabilitation beds at our community hospitals. These are in addition to the independent living and rehabilitation support we and our local councils already provide to patients at home, in residential care places, and in community clinics.

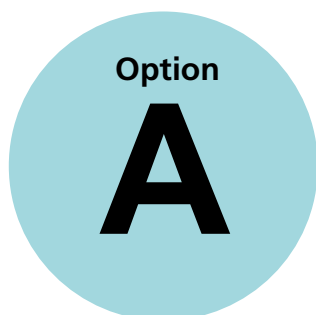
	Option A	Option B
Stroke rehabilitation:		
Brentwood	50 	25 
Rochford CICC	0 	22 
Intermediate care:		
Brentwood	0 	25 
Rochford CICC	22 	0 
Billericay	22 	22 
Grays	24 	24 
Halstead	20 	20 
Total	138 	138 



In our pre-consultation business case (PCBC), Option A is option 11. Option B is option 12.

Impacts for both options

- ▶ Specialised care offers more options to help more patients recover and regain independence.
- ▶ Fewer long stays in acute hospitals, reducing risks of hospital-acquired infections.
- ▶ People living in Braintree district and Maldon district will likely have to travel further for inpatient stroke rehabilitation support.
- ▶ Stroke rehabilitation inpatient care will no longer be provided at St Peter's Hospital, Maldon
- ▶ Carers and visitors often travel more regularly than patients, so increased or reduced travel is likely to impact them more. This could be particularly impactful for people who have mobility difficulties or disabilities, and people who rely on public transport.
- ▶ Stroke patients will receive care in modern, better equipped facilities.
- ▶ The need for community hospital beds might go down as processes are improved and more people receive intermediate care in other settings, including at home.
- ▶ Specialist centres are considered more attractive to potential new staff.
- ▶ Providing dedicated stroke rehabilitation services will ensure expertise is easily available, which should mean more patients regain more of their independence.
- ▶ The other facilities offering intermediate care beds would be the Mayfield Unit at Thurrock Community Hospital with 24 beds, Mountnessing Court in Billericay with 22 beds, and Halstead Hospital in the north of mid and south Essex with 20 beds. These numbers would not be affected by the proposals.



This option would mean:

50 

A single, **50-bed Stroke rehabilitation unit** at Brentwood Community Hospital, Brentwood.

22 

22 intermediate care beds at Cumberlege Intermediate Care Centre, Rochford.

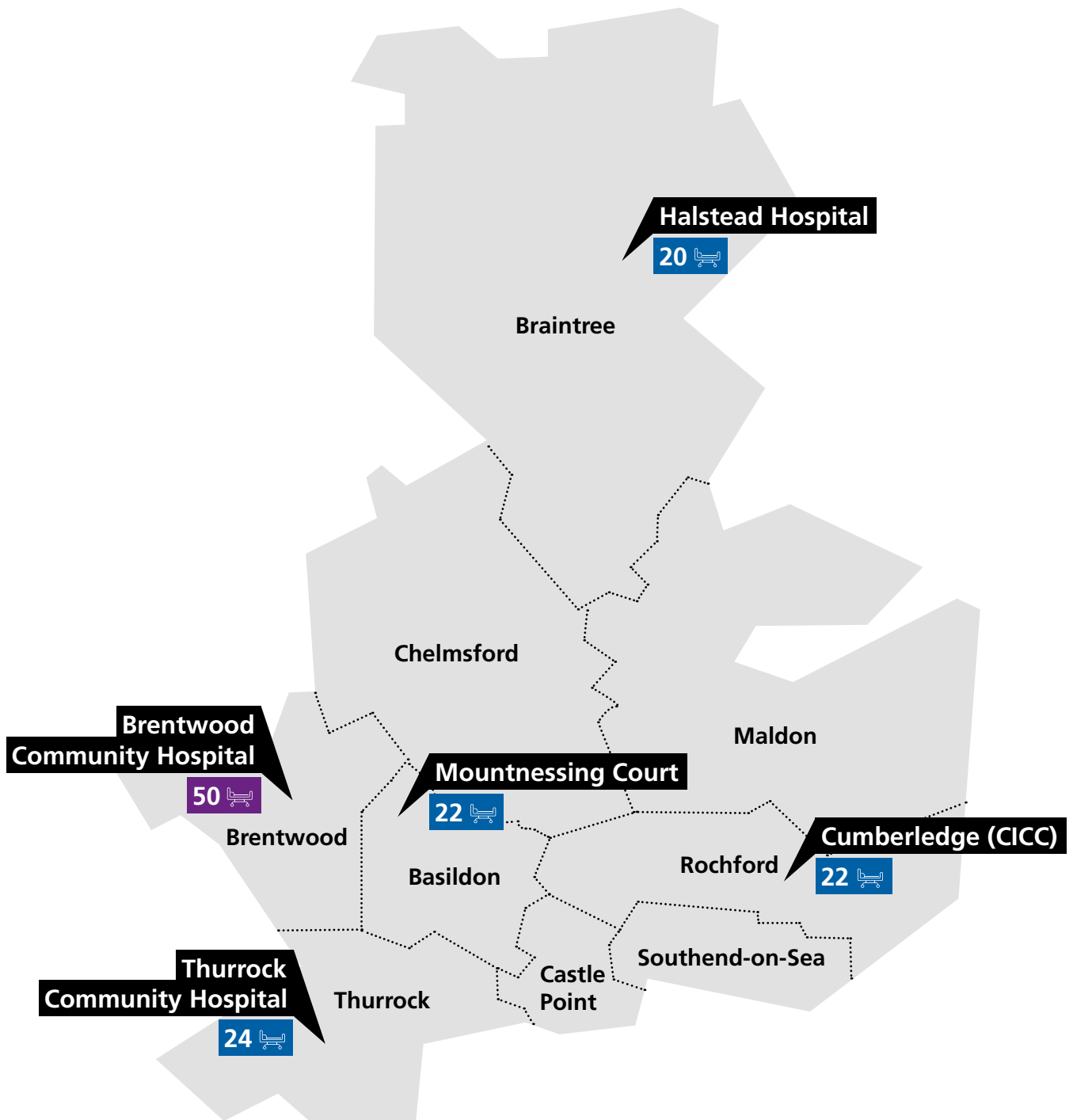


Permanently closing the stroke rehabilitation ward at St Peter's Hospital, Maldon.

Location	Facility	Stroke rehabilitation beds	Intermediate care beds
Billericay	Mountnessing Court	-	22
Brentwood	Brentwood Community Hospital	50	-
Grays	Thurrock Community Hospital	-	24
Halstead	Halstead Hospital	-	20
Maldon	St Peter's Hospital	-	-
Rochford	Cumberlege Intermediate Care Centre	-	22
	Total	50	88
	Combined Total	138	

Consultation option A

for intermediate care and stroke rehabilitation inpatient services



Key:




Number of stroke rehabilitation beds



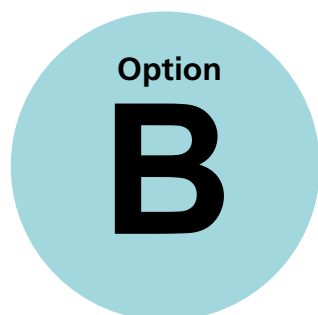
Number of intermediate care beds

Option A: predicted impacts

- ▶ People from Brentwood, Basildon, Thurrock and parts of Chelmsford will likely have to travel less far for inpatient stroke rehabilitation support. Carers and visitors often travel more regularly than patients, so reduced travel from these areas is likely to impact them more.
 - ▶ People from Castle Point, Maldon, Rochford and Southend-on-Sea will likely have to travel further for inpatient stroke rehabilitation support.
 - ▶ Three less intermediate care beds would be available than in Option B.
 - ▶ Three more stroke rehabilitation beds would be available than in Option B.
 - ▶ Expands the options in the area for people who need some types of neuro-rehabilitation, reducing the need for some patients, carers, and relatives to travel out of the area for care.
 - ▶ Specialist centres are considered more appealing to a specialist workforce.
 - ▶ There would be no intermediate care beds at Brentwood (currently 25), the nearest would be at Mountnessing Court in nearby Billericay (22 beds)
 - ▶ This option is forecast to cost £0.2 million more than current costs over the next 11 years.
- 



**We need
your views**



This option would mean:



A **25-bed stroke rehabilitation unit** at Brentwood Community Hospital, Brentwood



25 intermediate care beds at Brentwood Community Hospital, Brentwood.



A **22-bed stroke rehabilitation unit** at Cumberlege Intermediate Care Centre, Rochford

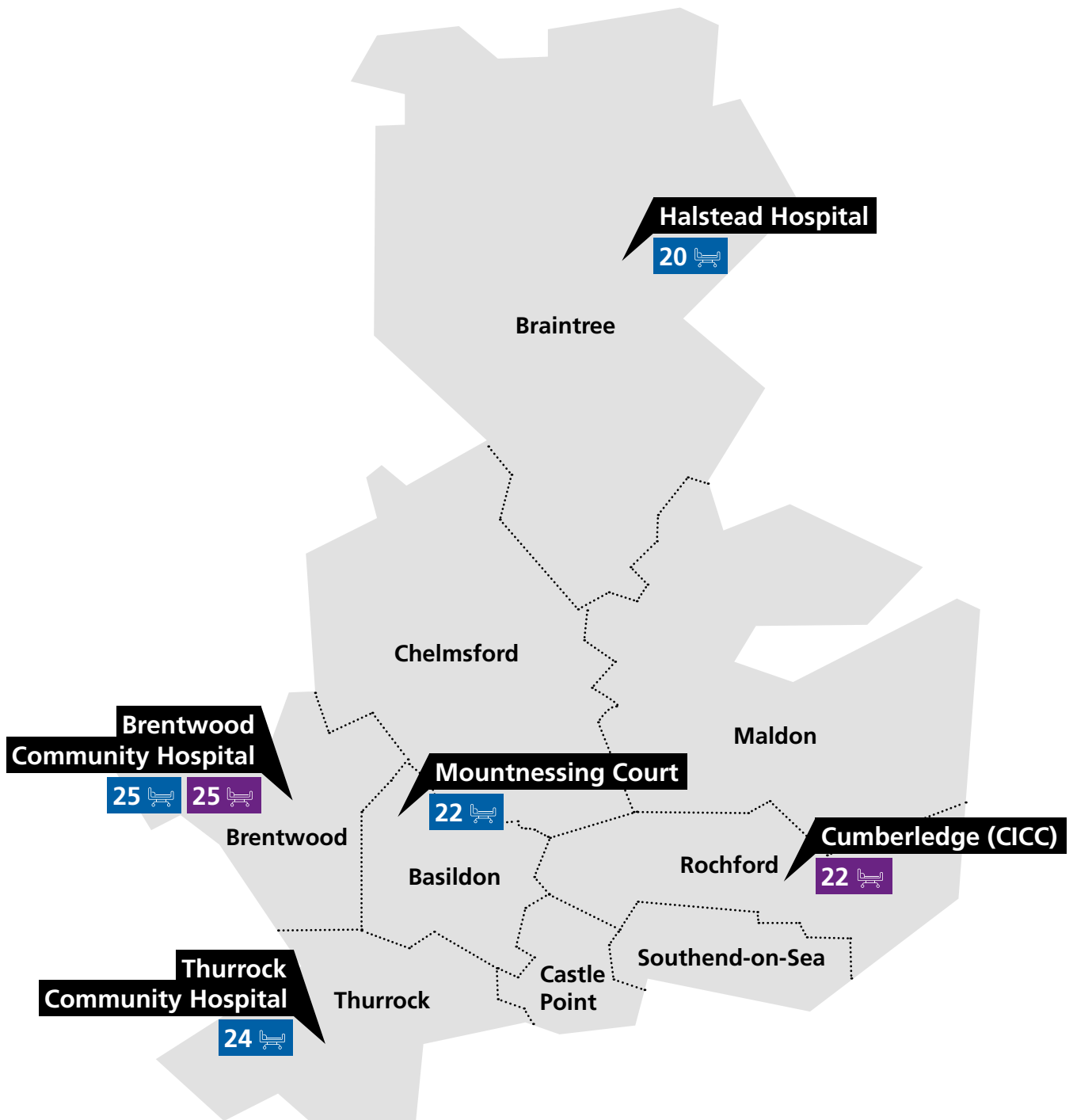


Permanently closing the stroke rehabilitation ward at St Peter's Hospital, Maldon.

Location	Facility	Stroke rehabilitation beds	Intermediate care beds
Billericay	Mountnessing Court	-	22
Brentwood	Brentwood Community Hospital	25	25
Grays	Thurrock Community Hospital	-	24
Halstead	Halstead Hospital	-	20
Maldon	St Peter's Hospital	-	-
Rochford	Cumberlege Intermediate Care Centre	22	-
	Total	47	91
		138	

Consultation option B

for intermediate care and stroke rehabilitation inpatient services



Key:



Number of stroke rehabilitation beds

Number of intermediate care beds

Option B: predicted impacts

- ▶ The Cumberlege Intermediate Care Centre (CICC) in Rochford would have 22 stroke rehabilitation beds accessible to people living in south east Essex, 14 more than now.
- ▶ Two smaller stroke rehabilitation units would give people living in the west and south east of the area good access and offer them a choice.
- ▶ People from Castle Point, Maldon, Rochford and Southend-on-Sea will likely have to travel further for inpatient intermediate care services. Carers and visitors often travel more regularly than patients, so increased travel is likely to impact them more. This could be particularly impactful for people who have mobility difficulties or disabilities, and people who rely on public transport.
- ▶ Three more intermediate care beds would be available than in Option A.
- ▶ Three less stroke rehabilitation beds would be available than in Option A.
- ▶ The CICC in Rochford would need some bathroom alterations if it were to be used solely for stroke rehabilitation.
- ▶ It would not be possible for this option to accommodate neuro-rehabilitation beds.
- ▶ This option is forecast to cost £14.1 million less than current costs over the next 11 years.

Other ideas we considered

An idea to create a central intermediate care centre and have beds on up to five other sites was dismissed. The idea would need lots of funding and time. There is no sign that the funding would be available, and the changes need to be made soon. This means using existing sites that meet required standards is the only practical approach.

We looked at the buildings we have and developed a list of 13 different ways we could organise these services. None of these ideas included continuing to use St Peter's Hospital, Maldon, because we considered its poor state of repair unsuitable for inpatients. Our list of 13 possible ways of organising these services was cut down to four by a group of local doctors, nurses and other health and care staff.

We discarded two of those four ideas:

	Idea 1*		Idea 2*	
	Intermediate care beds	Stroke rehabilitation beds	Intermediate care beds	Stroke rehabilitation beds
St Peters	0	0	0	0
MNC	22	0	0	0
CICC	8	14	8	14
Halstead	20	0	20	0
Mayfield	24	0	24	0
Brentwood	25	25	25	25
Total	99	39	77	39
Combined total	138		116	

Idea 1 is the model that has been put in place on a temporary basis for winter 2023-24. Ideas 1 and 2 do not achieve our target number of stroke rehabilitation beds. Both include providing support for a mix of stroke rehabilitation and intermediate care patients at the Cumberlege Intermediate Care Centre in Rochford. Mixed units cost more than providing one type of care at each location. And taking into account that dedicated units mean more travel for some relatives and carers, specialist doctors and nurses say dedicated units are better for patients' recovery. For these reasons, ideas 1 and 2 are not presented as proposals in this consultation.



*In the pre-consultation business case (PCBC), Idea 1 appears as option 4, and Idea 2 appears as option 5.

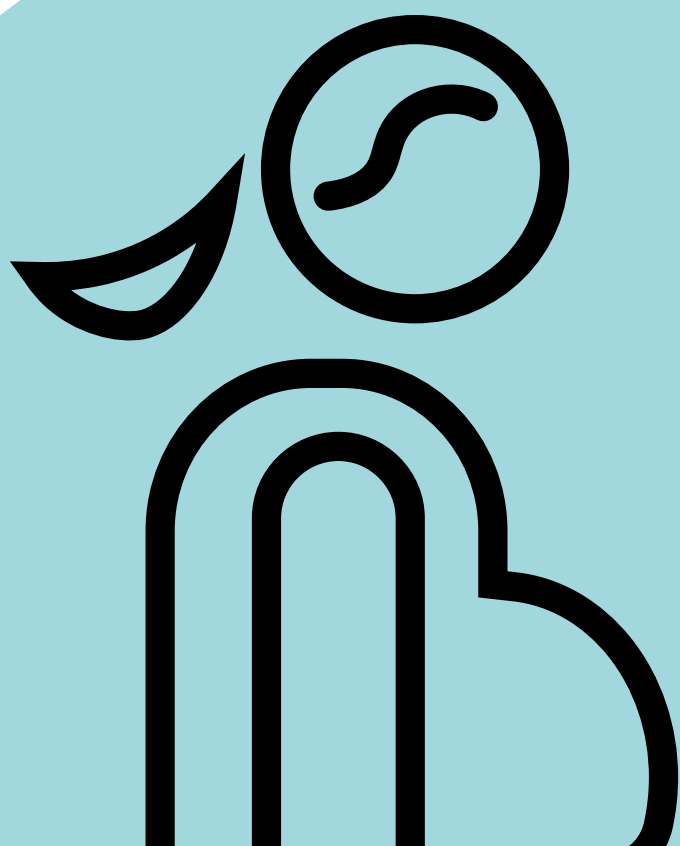


Proposal for

Freestanding midwife-led birthing unit

Our proposal on future arrangements for freestanding midwife-led birthing services

**We need
your views**



Normal operational position

We buy freestanding midwife-led birthing services from Mid and South Essex NHS Foundation Trust. The contractual arrangements we have in place provide these services at St Peter's Hospital, Maldon. In the past few years, the birthing unit at St Peter's Hospital was sometimes closed because not enough staff were available.

Temporary operational position (winter 2023/24)

In August 2023, we approved temporary changes that moved stroke rehabilitation services from St Peter's Hospital to Brentwood Community Hospital, to make sure they can run safely and effectively through the winter period. That would have left the birthing unit isolated. Staff and service leaders told us they were concerned about safety out of hours, and the service has the same issues with the poor condition of the buildings at St Peter's Hospital impacting the quality of care we can provide there. So we decided to move the birthing unit to the WJC Birthing unit in St Michael's Health Centre at Braintree Community Hospital where there is a larger, modern purpose-built birthing suite and other 24-hour services.

This change did not affect antenatal and postnatal outpatient clinics, which still take place at St Peter's Hospital in Maldon.



Our proposal

We are consulting on **one option** for the location of a freestanding midwife-led birthing unit in our area.

Option



A freestanding midwife-led birthing unit to be based at the WJC Birthing unit in St Michael's Health Centre at Braintree Community Hospital.

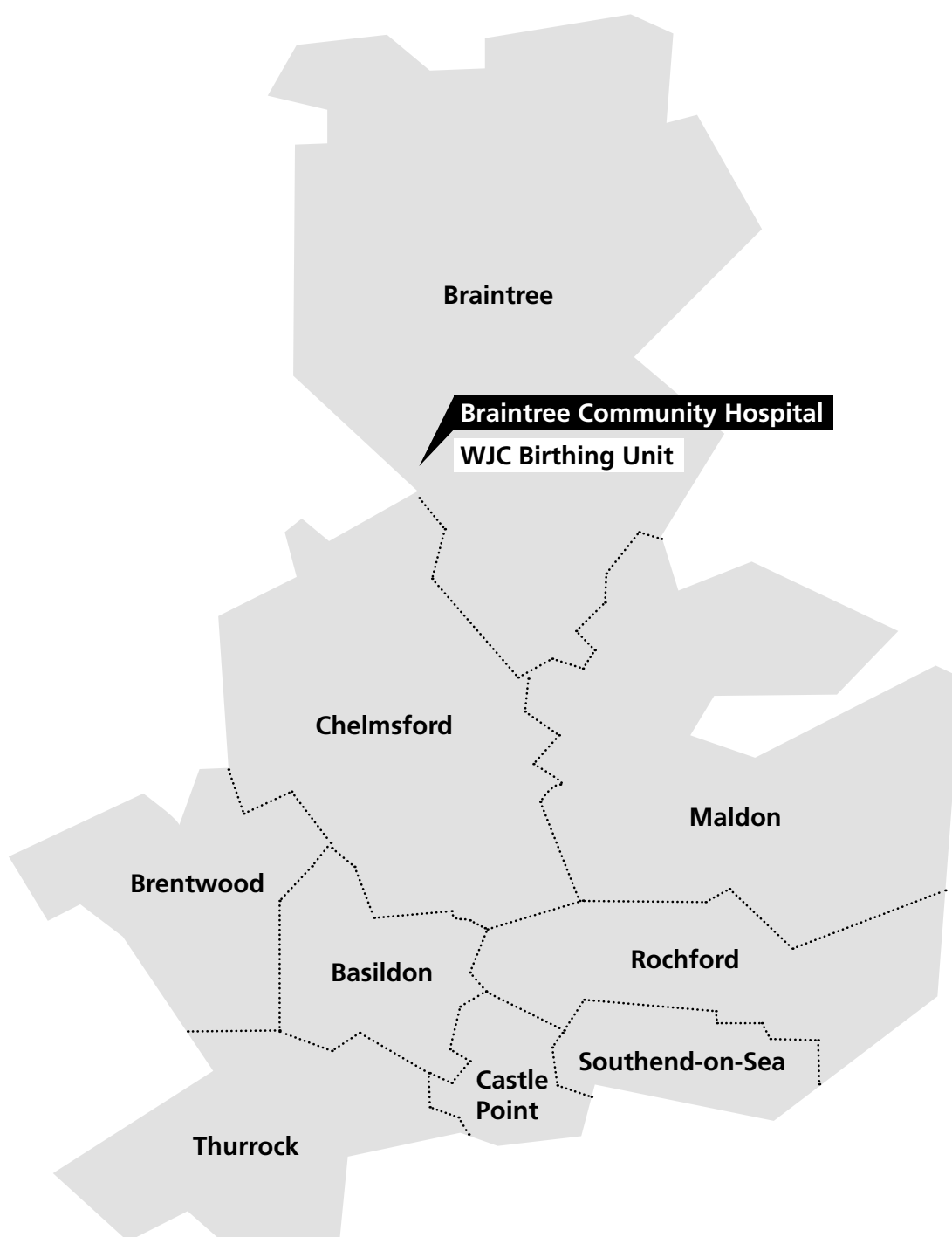
This option would mean:

- ▶ Eligible people would have the choice to travel to Braintree to give birth, supported by their midwives.
- ▶ Where there are complications that need hospital support, patients would transfer to Broomfield Hospital, Chelmsford.



Consultation option

for freestanding midwife-led birthing unit



Predicted impacts

- ▶ Better, more modern facilities which are consistently open and available.
- ▶ Easier travel for many in the mid and south Essex area.
- ▶ An increase in the number of births in our freestanding midwife-led service.
- ▶ People from south and east Essex would travel further for this service, incurring additional costs. This impact could be greater for people with disabilities, people living in poorer areas, and people who rely on others for transport.
- ▶ Options to work in low-risk community settings broaden our recruitment offer to potential staff.
- ▶ If there are complications during birth that need hospital support, the transfer time to Broomfield Hospital from the WJC Birthing Unit is 16 minutes, compared to 28 minutes from St Peter's Hospital in Maldon.
- ▶ A more reliable community option for low-risk births will likely reduce pressure at other maternity units in the area and offer people more consistent choice of where to give birth.
- ▶ We forecast that the costs of running the freestanding midwife-led birthing unit in Braintree will be the same as they are for running it in Maldon.



Other ideas we considered

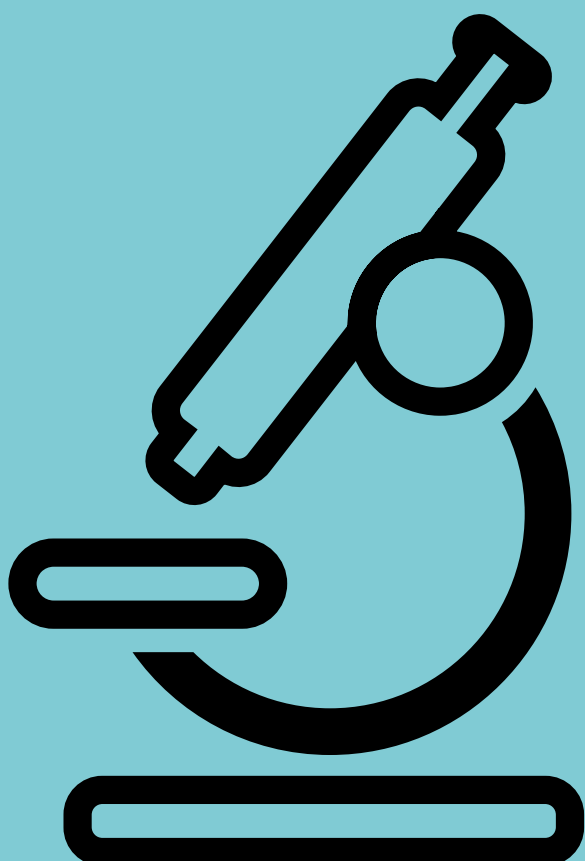
We looked at seven possibilities. We eliminated an idea to have no freestanding midwife-led birthing unit because that would limit birthing choice options in our area. We eliminated an idea to create an inpatient and outpatient maternity service at a primary care hub in Maldon because of the limits on funding available and the time it would take. We eliminated ideas based in Chelmsford, because Broomfield Hospital maternity unit is already at capacity. That left a shortlist of three ideas, all based around the WJC Birthing unit in St Michael's Health Centre at Braintree Community Hospital.

2a	2b	2c
Move St Peter's Hospital inpatient and outpatient maternity services to WJC	Move St Peter's Hospital inpatient maternity services to WJC and re-provide outpatient services in Maldon	Move St Peter's Hospital inpatient maternity services to WJC and re-provide outpatient services in co-location with Maldon primary care development

We eliminated the idea (2a) to move St Peter's Hospital inpatient and outpatient services to WJC, because there would not be enough room for all the outpatient services at WJC. And we eliminated idea 2c, because limited available funding means a new primary care facility in Maldon is unlikely to be developed quickly.

Your views

on the future of other
patient services at
St Peter's Hospital, Maldon



The age, condition and suitability of St Peter's Hospital means we are thinking about the need to provide alternative accommodation for the other services we provide in Maldon.

We fund a range of other services that operate out of St Peter's Hospital that provide around:

300 patient appointments on each clinic day

80,000+ appointments each year.



The services provided at St Peter's:

Abdominal aortic aneurysm (AAA)
- screening for swelling in the main blood vessel that runs from your heart down through your body

Assessment and Rehab Unit (incl. COPD)

Audiology

Bladder and Bowel

Cardiology - heart conditions

Catheter Clinic

Children's continence

Communication station initial assessments

Day Therapy

Dermatology - skin conditions

Diabetes

Dietetics - food and nutrition

District Nursing

Endocrinology - conditions of glands and hormones

Ears, nose and throat

Gastroenterology - stomach and intestines

General Medicine

Long Covid

Maternity hub - including obs and gynae, paediatrics, neonatal and midwife OPs, scanning and classes

Mental health services provided in Cherry Trees Therapy Centre

Nephrology - kidney conditions

Neurology - conditions affecting the nervous system

Ophthalmology - eye conditions

Optometry - eye examinations

Orthopaedics - bone, joint and cartilage related conditions

Orthoptics - eye movement disorders and vision development

Out-of-hours GP

Oxygen

Parkinson's

Phlebotomy - blood tests

Physiotherapy

Podiatry

Pulmonary Rehabilitation - helping people with lung conditions breathe better

Radiology and Ultrasound - x-ray and other diagnostic services

Rheumatology - conditions affecting the joints and surrounding tissues

Speech and Language Therapy

**We need
your views**

There are concerns about the safety and the suitability of the building as a location for providing clinical care in the future as it does not meet the required standards. An independent assessment estimates it would cost £18.7 million to do the building work to fix all the problems at St Peter's Hospital.

That amount of money isn't available, so this isn't a viable option for us. If the money was available, we would still have to move services to keep our patients and staff safe. We have also looked at the possibility of demolishing the Villas and 'C' Block at the back of St Peter's Hospital to put up temporary accommodation for patient services there. There would be a considerable cost to do that work and we know that NHS temporary buildings can, unintentionally, become permanent. For these reasons, this isn't a viable option for us either.

The solution we are exploring is to find other suitable accommodation for these services in and around Maldon including buildings that aren't used at the moment. We are unlikely to find a single place where all these services can go together, which means different services would likely be in different buildings. We would aim to keep services that rely on each other together. For example, orthopaedics and rheumatology would have to be in the same place as radiology, so patients don't have to go somewhere else for X-ray and other diagnostic services. Patients from other districts could access appointments nearer to them.

The annual costs of using different accommodation are expected to be the same as at St Peter's Hospital. The cost of moving and adapting other venues to be suitable for use is estimated at £3 million. We are committed to working with service users and local people to develop our plans and make sure key services remain local. We have started to assess some of the buildings we think might be suitable as alternative accommodation and will continue that work to make sure we fully understand all the options.

We're hopeful of finding appropriate accommodation for all these services in and around Maldon. Orthopaedics and rheumatology need to be where radiology and ultrasound are, so we might need to look outside Maldon District for somewhere that can be a home to these services. One possibility we're looking at is basing these services at Braintree Community Hospital, 16 miles from Maldon.

If we make a decision that none of the health services we are responsible for will be provided at St Peter's Hospital, it is likely that Mid and South Essex NHS Foundation Trust, and Essex Partnership University NHS Foundation Trust, as the site owners, would decide to close St Peter's Hospital permanently.

For those reasons, we would like to hear your views on what we should take into account before we make the decision to move all services from the site.



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Staffing, equality and health inequalities issues

Staffing issues

We often find it difficult to recruit trained nurses, therapists and other healthcare professionals to work in our services. Many other areas in England have the same difficulties.

There aren't enough trained staff to fill all the jobs, so there is competition from hospitals in other areas for people with the right skills and qualifications.

Community beds have proven difficult to staff. When we can't recruit enough staff, we have to use agency staff and bank staff. That reduces continuity for our patients at the same time as increasing costs.

The ways our staff work were disrupted during the COVID-19 pandemic when we had to move services to keep people as safe as we could. They have been disrupted again as we've had to make temporary

changes to services, like closing the birthing unit at St Peter's Hospital, Maldon from time to time, and reorganising stroke rehabilitation beds and intermediate care beds to make best use of our people and facilities this winter. This creates uncertainty for staff and has meant some jobs have been advertised on a fixed-term basis, which isn't as attractive as a permanent job. We are close to London. NHS staff in London are paid more than staff in the other areas of the country, and qualified people in our area can easily travel into London for work.

The jobs we have in our area must be professionally and personally attractive, if we are to compete. Stable service arrangements in accommodation that offers good working conditions and is clinically suitable will be more attractive to potential recruits than how things are at the moment.



Equality and health inequalities issues

Health inequalities describes the gap in accessing services, receiving appropriate treatment, and experiencing good health outcomes, between groups of people. People experiencing health inequalities are often people with protected characteristics (for example age, race, sexuality). People can also be disadvantaged by other factors such as where they live, financial circumstances, mental health, refugee status, homelessness or caring responsibilities.

It's important to consider the impact of proposals on people whose circumstances could already be at a disadvantage when needing health or care services.

The mid and south Essex area has 120,840 people in the most deprived 20% of England. This equates to approximately 10% of the population here.



Some of the groups of people identified as being impacted by health inequalities are:

Carers

Informal caring can place people under stress and increase certain health risks. Carers can experience health inequalities, especially people who face additional barriers to accessing care, for example where English is not a first language.

In mid and south Essex 115,776 people are providing unpaid care. This number could be higher as many family members do not consider themselves to be carers. Southend and Basildon have the highest volume of unpaid carers.

Homelessness

Statutory homelessness is defined as households living in temporary accommodation provided under homeless legislation.

People experiencing homelessness are at a higher risk of long-term conditions and mental ill health. Being homeless also increases risk of delayed discharge from hospital, and problems related to homelessness can lead to repeated hospital admissions.

Records showed around 5000 households in statutory homelessness in mid and south Essex in 2019/20. The largest number of those in Thurrock, followed by Southend. This number does not include people who are street homeless, sofa-surfing or otherwise unknown to statutory systems.

Mental health

People with long-term conditions have significantly raised rates of depression, anxiety and other mental health problems. Evidence suggests that many of these people receive poorer quality care than those with a single condition.

As of 2020/21, there were 10,236 people in mid and south Essex with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses. An Adult Psychiatric Morbidity Survey conducted in 2016 identified over 130,000 people with mental health disorders in our area. Basildon had the highest volume of people self-reporting.

Substance misuse

Patients with substance use disorder diagnoses, specifically those with drug use-related diagnoses, have higher rates of recurring hospital admissions than those without substance use disorder diagnoses.

According to the 2018 Health Survey for England, 30,962 people in our area are at higher risk of alcohol-related health problems, and 23,370 are dependent on drugs according to the Adult Psychiatric Morbidity Survey, 2016 release. Basildon has the highest volume of both, followed by Southend and Thurrock.

Gypsy, Roma and Traveller communities

Compared with the general population, people from Gypsy, Roma, and Traveller communities are more likely to experience poor health. This includes lower life expectancy, high infant mortality rates, high maternal mortality rates, higher prevalence of anxiety and depression, and long-term conditions.

There is currently a lack of data to ascertain whether Gypsy, Roma and Traveller communities will be disproportionately affected by the proposals.

Refugees and asylum seekers

Refugees and asylum seekers can have complex health needs. These may be influenced by experiences prior to leaving their home country, during transit or after arrival in the UK. People might arrive in the UK with chronic conditions, such as diabetes or hypertension. This is often exacerbated by long periods without access to regular care.

Involving people affected by health inequalities

It is important to try to engage with local communities to understand more about barriers and how the proposed changes to services could improve patient experience. It is also important that information is designed in accessible formats.

Our consultation plan includes mechanisms for reaching out to people more likely to experience health inequalities who could be adversely impacted by the proposals. For example, by connecting with community groups, tenants' associations, specialist patient groups and using targeted communications.

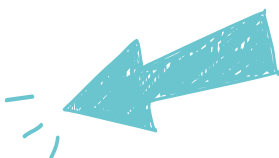
**We need
your views**



The background of the image is split diagonally from the top-left to the bottom-right. The upper-left portion is a solid purple color, and the lower-right portion is a solid yellow color. The text "Have your say" is centered in the purple area.

Have your say

Have your say



The consultation runs for 8 weeks, from 25 January 2024 to 21 March 2024 and there are many ways in which you can find out more and take part.

This public consultation aims to give local people and communities the opportunity to share their views and ideas on:

- ▶ our proposals for potential changes to the locations where we provide some of our inpatient services for community hospital intermediate care and stroke rehabilitation, and freestanding midwife-led birthing services; and
- ▶ the possibility of moving all other patient services at St Peter's Hospital, Maldon to other locations, mostly in and around Maldon.

There are several ways to have your say. You can fill in our [consultation survey](#) which is available on our website. Paper copies of the survey are available at libraries and other public venues.

You can attend a consultation event:

Date	Time	Venue
5 th February	6pm – 7.30pm	The Beehive Centre, Thurrock
7 th February	6pm – 7.30pm	Marconi Room, Chelmsford Civic Centre
12 th February	2pm – 3.30pm	Online maternity event
13 th February	2pm – 3.30pm	Online stroke rehabilitation event
15 th February	10.30am – 12pm	Online intermediate care beds event
15 th January	5pm – 6.30pm	The Forum, Southend
26 th February	2pm – 3.30pm	Online patient services at St Peter's Hospital event
28 th February	6pm – 7.30pm	Online event covering all changes
6th March	4pm – 5.30pm	Ormiston Rivers Academy, Burnham on Crouch
6th March	6.30pm – 8.30pm	Ormiston Rivers Academy, Burnham on Crouch

You can write to us, email us, or telephone us. You can take part in one of the discussion sessions community groups are putting on. Or invite us to come along to your group meeting.

Public consultation hearing

We are holding a public consultation hearing at: **Maldon Town Hall on Tuesday 19th March**. You can: attend as an observer, watch online, or give evidence to the panel.

If you would like to give evidence, please register via our website, or contact us by Thursday 7th March.

All dates, time and locations are correct at the time of print, and you can register to attend an event via our website.



Please register in advance for events so we can ensure they are appropriately staffed in order to get the very best out of them. The consultation website has the most up to date information. NHS staff will have the opportunity to attend dedicated staff events.



Join the conversation on Virtual Views, the Mid and South Essex online engagement hub.

If you need any help, contact us.



mseics.getinvolved@nhs.net



<https://www.facebook.com/MSEICS/>



https://x.com/MSEssex_ICS



Telephone: 01268 594350



Write to us:
FAO: Community Capacity Consultation
NHS Mid and South Essex ICB,
PO Box 6483,
Basildon,
SS14 0UG

What happens next

Mid and South Essex Integrated Care Board (ICB) welcomes your responses. All responses and feedback will be analysed and reported by an independent organisation and we will publish their report ahead of the meetings that consider the proposals. The ICB plans to consider the proposals in the context of all the feedback received from the public, organisations and staff over the summer of 2024.

Any decisions the ICB makes about the future of inpatient stroke rehabilitation and intermediate care beds and the freestanding midwife-led birthing unit would then be implemented.

There would be work to do to prepare for the changes to inpatient stroke rehabilitation and intermediate care beds. The earliest we could expect the changes to be made is October 2024.

The proposal for permanent changes to the location of the freestanding midwife-led birthing unit are the same as the current temporary arrangements. So it is likely only administrative changes would be needed in this case.

If the ICB decides that it no longer wants to commission services at St Peter's Hospital, a series of other assessments and decisions would follow about where each service would be relocated to. Then it is likely services would move on a planned basis over a period of time as alternative accommodation is made ready. Patients and local people would have the opportunity to be involved and would be kept in touch throughout. It is likely that the boards of Mid and South Essex NHS Foundation Trust and Essex Partnership University NHS Foundation Trust will consider the future of St Peter's Hospital and Cherry Trees Therapy Centre. If they decide to close the hospital permanently, the site would be sold and the money from the sale used for NHS services in the area.

Notes

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Notes



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Appendix 6

Data tables survey analysis

Appendix 6 - Data tables from survey analysis

This appendix contains all the data tables from the analysis of the survey.

Stroke rehabilitation and intermediate care inpatient services

Table 1 View stroke rehabilitation and IMC inpatient proposals by age group - OPTION A

	16-24		25-34		35-44		45-54		55-64		65-74		75-84		85+		Unknown	
OPTION A	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Very poor solution	28	62%	91	67%	142	65%	217	72%	361	70%	376	70%	269	75%	57	75%	68	81%
Poor solution	11	24%	18	13%	43	20%	59	20%	99	19%	102	19%	53	15%	9	12%	6	7%
Neither poor nor a good solution	4	9%	12	9%	11	5%	13	4%	31	6%	31	6%	17	5%	2	3%	5	6%
Good solution	1	2%	10	7%	10	5%	6	2%	9	2%	13	2%	9	3%	3	4%	3	4%
Very good solution	1	2%	3	2%	9	4%	5	2%	13	3%	5	1%	1	0%	0	0%	2	2%
Don't know / prefer not to say	0	0%	1	1%	3	1%	2	1%	2	0%	7	1%	11	3%	5	7%	0	0%
Total	45	100%	135	100%	218	100%	302	100%	515	100%	534	100%	360	100%	76	100%	84	100%
Poor / Very poor solution	39	87%	109	81%	185	85%	276	91%	460	89%	478	90%	322	89%	66	87%	74	88%
Good / Very good solution	2	4%	13	10%	19	9%	11	4%	22	4%	18	3%	10	3%	3	4%	5	6%

Table 2 View on stroke rehabilitation and IMC inpatient proposals by age group - OPTION B

	16-24		25-34		35-44		45-54		55-64		65-74		75-84		85+		Unknown	
OPTION B	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Very poor solution	27	60%	78	58%	124	57%	185	61%	332	64%	341	64%	249	69%	58	76%	62	74%
Poor solution	8	18%	12	9%	29	13%	39	13%	68	13%	75	14%	44	12%	6	8%	9	11%
Neither poor nor a good solution	4	9%	11	8%	16	7%	17	6%	34	7%	31	6%	18	5%	2	3%	8	10%
Good solution	1	2%	15	11%	29	13%	29	10%	41	8%	41	8%	15	4%	2	3%	2	2%
Very good solution	4	9%	17	13%	17	8%	30	10%	38	7%	41	8%	25	7%	5	7%	3	4%
Don't know / prefer not to say	1	2%	2	1%	3	1%	2	1%	2	0%	5	1%	9	3%	3	4%		0%
Total	45	100%	135	100%	218	100%	302	100%	515	100%	534	100%	360	100%	76	100%	84	100%
Poor / Very poor solution	35	78%	90	67%	153	70%	224	74%	400	78%	416	78%	293	81%	64	84%	71	85%
Good / Very good solution	5	11%	32	24%	46	21%	59	20%	79	15%	82	15%	40	11%	7	9%	5	6%

Table 3 View on stroke rehabilitation and IMC inpatient proposals – preferred option

	16-24		25-34		35-44		45-54		55-64		65-74		75-84		85+		Unknown	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Option A	2	4%	10	7%	20	9%	9	3%	23	4%	24	4%	14	4%	4	5%	5	6%
Option B	6	13%	34	25%	52	24%	67	22%	87	17%	91	17%	46	13%	7	9%	8	10%
Neither option	37	82%	91	67%	146	67%	226	75%	405	79%	419	78%	300	83%	65	86%	71	85%
Total	45	100%	135	100%	218	100%	302	100%	515	100%	534	100%	360	100%	76	100%	84	100%

Table 4 View on stroke rehabilitation and IMC inpatient proposals by ethnic group or background

	White - English, Welsh, Scottish, Northern Irish or British		Other		Unknown	
OPTION A	No.	%	No.	%	No.	%
Very poor solution	1400	71%	51	54%	158	82%
Poor solution	356	18%	23	24%	21	11%
Neither poor nor a good solution	114	6%	8	8%	4	2%
Good solution	55	3%	6	6%	3	2%
Very good solution	30	2%	6	6%	3	2%
Don't know / prefer not to say	28	1%	-	0%	3	2%
Total	1983	100%	94	100%	192	100%
Poor / Very poor solution	1756	89%	74	79%	179	93%
Good / Very good solution	85	4%	12	13%	6	3%
OPTION B	No.	%	No.	%	No.	%
Very poor solution	1272	64%	37	39%	147	76%
Poor solution	257	13%	13	14%	20	10%
Neither poor nor a good solution	126	6%	8	9%	7	4%
Good solution	147	7%	18	19%	10	5%
Very good solution	156	8%	18	19%	6	3%
Don't know / prefer not to say	25	1%	-	0%	2	1%
Total	1983	100%	94	100%	192	100%
Poor / Very poor solution	1529	77%	50	53%	167	87%
Good / Very good solution	303	15%	36	38%	16	3%

Table 5 View on stroke rehabilitation and IMC inpatient proposals – preferred option by ethnic group or background

	White - English, Welsh, Scottish, Northern Irish or British		Other		Unknown	
	No.	%	No.	%	No.	%
Option A	94	5%	11	12%	6	3%
Option B	345	17%	32	34%	21	11%
Neither option	1544	78%	51	54%	165	86%
Total	1983	100%	94	100%	192	100%

Table 6 View on stroke rehabilitation and IMC inpatient proposals by gender

	Woman (inc trans woman)		Man (inc trans man)		Non-binary		Unknown	
OPTION A	No.	%	No.	%	No.	%	No.	%
Very poor solution	953	69%	406	70%	7	78%	243	83%
Poor solution	272	20%	99	17%	1	11%	28	10%
Neither poor nor a good solution	82	6%	33	6%	1	11%	10	3%
Good solution	39	3%	21	4%	-	0%	4	1%
Very good solution	23	2%	12	2%	-	0%	4	1%
Don't know / prefer not to say	21	2%	6	1%	-	0%	4	1%
Total	1390	100%	577	100%	9	100%	293	100%
Poor / Very poor solution	1225	88%	505	88%	8	89%	271	92%

Good / Very good solution	62	4%	33	6%	0	0%	8	3%
OPTION B	No.	%	No.	%	No.	%	No.	%
Very poor solution	953	69%	406	70%	7	78%	230	78%
Poor solution	272	20%	99	17%	-	0%	24	8%
Neither poor nor a good solution	82	6%	33	6%	1	11%	9	3%
Good solution	39	3%	21	4%	-	0%	14	5%
Very good solution	23	2%	12	2%	1	11%	14	5%
Don't know / prefer not to say	21	2%	6	1%	-	0%	2	1%
Total	1390	100%	577	100%	9	100%	293	100%
Poor / Very poor solution	1225	88%	505	88%	7	78%	254	87%
Good / Very good solution	62	4%	33	6%	1	11%	28	10%

Table 7 View on stroke rehabilitation and IMC inpatient proposals – preferred option by gender

	Woman (inc trans woman)		Man (inc trans man)		Non-binary		Unknown	
	No.	%	No.	%	No.	%	No.	%
Option A	68	5%	32	6%	-	0%	11	4%
Option B	283	20%	83	14%	1	11%	31	11%
Neither option	1039	75%	462	80%	8	89%	251	88%
Total	1390	100%	577	100%	9	100%	293	100%

Table 8 View stroke rehabilitation and IMC inpatient proposals by physical or mental health conditions or illnesses lasting or expected to last 12 months or more

	Yes		No		Unknown	
OPTION A	No.	%	No.	%	No.	%
Very poor solution	632	69%	770	69%	207	84%
Poor solution	168	18%	211	19%	21	9%
Neither poor nor a good solution	60	7%	58	5%	8	3%
Good solution	26	3%	35	3%	3	1%
Very good solution	14	2%	22	2%	3	1%
Don't know / prefer not to say	14	2%	13	1%	4	2%
Total	914	100%	1109	100%	246	100%
Poor / Very poor solution	800	88%	981	88%	228	93%
Good / Very good solution	40	4%	57	5%	6	2%
OPTION B	No.	%	No.	%	No.	%
Very poor solution	593	65%	672	61%	191	78%
Poor solution	122	13%	146	13%	22	9%
Neither poor nor a good solution	71	8%	61	6%	9	4%
Good solution	62	7%	106	10%	7	3%
Very good solution	59	6%	109	10%	12	5%
Don't know / prefer not to say	7	1%	15	1%	5	2%
Total	914	100%	1109	100%	246	100%
Poor / Very poor solution	715	78%	818	74%	213	87%
Good / Very good solution	121	13%	215	19%	19	8%

Table 9 View on stroke rehabilitation and IMC inpatient proposals – preferred option by physical or mental health conditions or illnesses lasting or expected to last 12 months or more

	Yes		No		Unknown	
	No.	%	No.	%	No.	%
Option A	47	5%	57	5%	7	3%
Option B	142	16%	238	21%	18	7%
Neither option	725	79%	814	73%	221	90%
Total	914	100%	1109	100%	246	100%

Table 10 View on stroke rehabilitation and IMC inpatient proposals by financial situation

	I have more than enough money for basic necessities, and a lot spare, that I can save or spend on extras or leisure		I have more than enough money for basic necessities, and a little spare, that I can save or spend on extras or leisure		I have just enough money for basic necessities and little else		I don't have enough money for basic necessities and sometimes or often run out of money		Unknown	
OPTION A	No.	%	No.	%	No.	%	No.	%	No.	%
Very poor solution	121	66%	482	64%	349	75%	48	71%	609	76%
Poor solution	35	19%	167	22%	65	14%	10	15%	123	15%
Neither poor nor a good solution	8	4%	46	6%	34	7%	3	4%	35	4%
Good solution	12	7%	27	4%	8	2%	5	7%	12	1%
Very good solution	4	2%	16	2%	9	2%	1	1%	9	1%
Don't know / prefer not to say	2	1%	10	1%	3	1%	1	1%	15	2%
Total	182	100%	748	100%	468	100%	68	100%	803	100%
Poor / Very poor solution	156	86%	649	87%	414	88%	58	85%	732	91%
Good / Very good solution	16	9%	43	6%	17	4%	6	9%	21	3%
OPTION B	No.	%	No.	%	No.	%	No.	%	No.	%
Very poor solution	100	55%	427	57%	328	70%	42	62%	559	70%
Poor solution	20	11%	128	17%	47	10%	9	13%	86	11%

Neither poor nor a good solution	18	10%	43	6%	35	7%	4	6%	41	5%
Good solution	13	7%	74	10%	31	7%	6	9%	51	6%
Very good solution	27	15%	69	9%	27	6%	6	9%	51	6%
Don't know / prefer not to say	4	2%	7	1%	-	0%	1	1%	15	2%
Total	182	100%	748	100%	468	100%	68	100%	803	100%
Poor / Very poor solution	120	66%	555	74%	375	80%	51	75%	645	80%
Good / Very good solution	20%	22	128	19%	47	12%	9	18%	86	13%

Table 11 View stroke rehabilitation and IMC inpatient proposals – preferred option by financial situation

	I have more than enough money for basic necessities, and a lot spare, that I can save or spend on extras or leisure		I have more than enough money for basic necessities, and a little spare, that I can save or spend on extras or leisure		I have just enough money for basic necessities and little else		I don't have enough money for basic necessities and sometimes or often run out of money		Unknown	
	No.	%	No.	%	No.	%	No.	%	No.	%
Option A	13	7%	48	6%	19	4%	7	10%	24	3%
Option B	46	25%	151	20%	75	16%	12	18%	114	14%
Neither option	123	68%	549	73%	374	80%	49	72%	665	83%
Total	182	100%	748	100%	468	100%	68	100%	803	100%

Freestanding midwife-led birthing unit

Table 12 View on freestanding midwife-led birthing unit proposal by age group

	16-24		25-34		35-44		45-54		55-64		65-74		75-84		85+		Unknown	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Very poor solution	40	73%	283	81%	327	80%	308	80%	379	81%	317	78%	191	81%	34	81%	69	86%
Poor solution	11	20%	51	15%	58	14%	50	13%	60	13%	63	15%	30	13%	5	12%	9	11%
Neither poor nor a good solution	3	5%	7	2%	10	2%	18	5%	15	3%	17	4%	8	3%	2	5%	1	1%
Good solution	1	2%	9	3%	7	2%	6	2%	6	1%	4	1%	1	0%	-	0%	-	0%
Very good solution	0	0%	0	0%	8	2%	3	1%	3	1%	0	0%	2	1%	1	2%	1	1%
Don't know / prefer not to say	0	0%	0	0%	1	0%	1	0%	4	1%	6	1%	3	1%	-	0%	-	0%
Total	55	100%	350	100%	411	100%	386	100%	467	100%	407	100%	235	100%	42	100%	80	100%
Poor / Very poor solution	51	93%	334	95%	385	94%	358	93%	439	94%	380	93%	221	94%	39	93%	78	98%
Good / Very good solution	1	2%	9	3%	15	4%	9	2%	9	2%	4	1%	3	1%	1	2%	1	1%

Table 13 View on freestanding midwife-led birthing unit proposal by ethnic group or background

	White - English, Welsh, Scottish, Northern Irish or British		Other		Unknown	
	No.	%	No.	%	No.	%
Very poor solution	1744	80%	51	73%	153	87%
Poor solution	314	14%	8	11%	15	9%
Neither poor nor a good solution	71	3%	5	7%	5	3%
Good solution	30	1%	3	4%	1	1%
Very good solution	16	1%	1	1%	1	1%
Don't know / prefer not to say	12	1%	2	3%	1	1%
Total	2187	100%	70	100%	176	100%
Poor / Very poor solution	2058	94%	59	84%	168	95%
Good / Very good solution	46	2%	4	6%	2	1%

Table 14 View on freestanding midwife-led birthing unit proposal by currently pregnant or given birth in the last year

	Yes		No		Unknown	
	No.	%	No.	%	No.	%
Very poor solution	202	79%	1624	80%	122	88%
Poor solution	40	16%	284	14%	13	9%
Neither poor nor a good solution	5	2%	74	4%	2	1%
Good solution	4	2%	30	1%	-	0%
Very good solution	4	2%	12	1%	2	1%
Don't know / prefer not to say	-	0%	15	1%	-	0%
Total	255	100%	2039	100%	139	100%
Poor / Very poor solution	242	95%	1908	94%	135	97%
Good / Very good solution	8	3%	42	2%	2	1%

Table 15 View on freestanding midwife-led birthing unit proposal by gender

	Woman (inc trans woman)		Man (inc trans man)		Non-binary		Unknown	
	No.	%	No.	%	No.	%	No.	%
Very poor solution	1355	79%	363	81%	6	60%	224	85%
Poor solution	249	15%	61	14%	2	20%	25	9%
Neither poor nor a good solution	58	3%	13	3%	1	10%	9	3%
Good solution	29	2%	4	1%	-	0%	1	0%
Very good solution	12	1%	3	1%	1	10%	2	1%
Don't know / prefer not to say	9	1%	3	1%	-	0%	3	1%
Total	1712	100%	447	100%	10	100%	264	100%
Poor / Very poor solution	1604	94%	424	95%	8	80%	249	94%
Good / Very good solution	41	2%	7	2%	1	10%	3	1%

Table 16 View on freestanding midwife-led birthing unit proposal by physical or mental health conditions or illnesses lasting or expected to last 12 months or more

	Yes		No		Unknown	
	No.	%	No.	%	No.	%
Very poor solution	668	79%	1069	79%	211	86%
Poor solution	119	14%	196	15%	22	9%
Neither poor nor a good solution	32	4%	42	3%	7	3%
Good solution	10	1%	24	2%	-	0%
Very good solution	7	1%	9	1%	2	1%
Don't know / prefer not to say	7	1%	5	0%	3	1%
Total	843	100%	1345	100%	245	100%
Poor / Very poor solution	787	93%	1265	94%	233	95%
Good / Very good solution	17	2%	33	2%	2	1%

Table 17 View on freestanding midwife-led birthing unit proposal by financial status

	I have more than enough money for basic necessities, and a lot spare, that I can save or spend on extras or leisure		I have more than enough money for basic necessities, and a little spare, that I can save or spend on extras or leisure		I have just enough money for basic necessities and little else		I don't have enough money for basic necessities and sometimes or often run out of money		Unknown	
	No.	%	No.	%	No.	%	No.	%	No.	%
Very poor solution	123	73%	651	75%	477	85%	83	94%	614	82%
Poor solution	28	17%	158	18%	63	11%	4	5%	84	11%
Neither poor nor a good solution	10	6%	35	4%	10	2%	1	1%	25	3%
Good solution	4	2%	14	2%	6	1%	-	0%	10	1%
Very good solution	-	0%	5	1%	5	1%	-	0%	8	1%
Don't know / prefer not to say	4	2%	2	0%	3	1%	-	0%	6	1%
Total	169	100%	865	100%	564	100%	88	100%	747	100%
Poor / Very poor solution	151	89%	809	94%	540	96%	87	99%	698	93%
Good / Very good solution	4	2%	19	2%	11	2%	0	0%	18	2%

All other patient services

Table 18 View on the idea for all other patient services at St Peter's by age group

	16-24		25-34		35-44		45-54		55-64		65-74		75-84		85+		Unknown	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Very bad idea	71	85%	206	83%	338	77%	586	83%	823	81%	908	82%	578	83%	93	79%	110	85%
Bad idea	12	14%	22	9%	52	12%	72	10%	118	12%	119	11%	64	9%	15	13%	9	7%
Neither good nor bad idea	0	0%	10	4%	24	5%	33	5%	43	4%	55	5%	31	4%	1	1%	6	5%
Good idea	0	0%	9	4%	12	3%	6	1%	14	1%	16	1%	13	2%	3	3%	3	2%
Very good idea	1	1%	2	1%	5	1%	10	1%	13	1%	4	0%	2	0%	1	1%		0%
Don't know / prefer not to say	0	0%	0	0%	6	1%	3	0%	8	1%	11	1%	10	1%	5	4%	1	1%
Total	84	100%	249	100%	437	100%	710	100%	1019	100%	1113	100%	698	100%	118	100%	129	100%
Bad idea / Very bad idea	83	99%	228	92%	390	89%	658	93%	941	92%	1027	92%	642	92%	108	92%	119	92%
Good idea / Very good idea	1	1%	11	4%	17	4%	16	2%	27	3%	20	2%	15	2%	4	3%	3	2%

Table 19 View on the idea for all other patient services at St Peter's by ethnic group or background

	White - English, Welsh, Scottish, Northern Irish or British		Other		Unknown	
	No.	%	No.	%	No.	%
Very bad idea	3399	82%	85	74%	229	84%
Bad idea	444	11%	14	12%	25	9%
Neither good nor bad idea	181	4%	10	9%	12	4%
Good idea	67	2%	4	3%	5	2%
Very good idea	35	1%	2	2%	1	0%
Don't know / prefer not to say	44	1%	-	0%	-	0%
Total	4170	100%	115	100%	272	100%
Bad idea / Very bad idea	3843	92%	99	86%	254	93%
Good idea / Very good idea	102	2%	6	5%	6	1%

Table 20 View on the idea for all other patient services at St Peter's by gender

	Woman (inc trans woman)		Man (inc trans man)		Non-binary		Unknown	
	No.	%	No.	%	No.	%	No.	%
Very bad idea	2389	81%	892	81%	14	70%	418	85%
Bad idea	326	11%	105	10%	4	20%	48	10%
Neither good nor bad idea	134	5%	52	5%	2	10%	15	3%
Good idea	51	2%	20	2%	-	0%	5	1%
Very good idea	18	1%	17	2%	-	0%	3	1%
Don't know / prefer not to say	29	1%	12	1%	-	0%	3	1%
Total	2947	100%	1098	100%	20	100%	492	100%
Bad idea / Very bad idea	2715	92%	997	91%	18	90%	466	95%
Good idea / Very good idea	69	2%	37	3%	0	0%	8	2%

Table 21 View on the idea for all other patient services at St Peter's by physical or mental health conditions or illnesses lasting or expected to last 12 months or more

	Yes		No		Unknown	
	No.	%	No.	%	No.	%
Very bad idea	1698	82%	1650	80%	365	84%
Bad idea	198	10%	241	12%	44	10%
Neither good nor bad idea	99	5%	89	4%	15	3%
Good idea	34	2%	38	2%	4	1%
Very good idea	19	1%	17	1%	2	0%
Don't know / prefer not to say	24	1%	16	1%	4	1%
Total	2072	100%	2051	100%	434	100%
Bad idea / Very bad idea	1896	92%	1891	92%	409	94%
Good idea / Very good idea	53	3%	55	3%	6	1%

Table 22 View on the idea for all other patient services at St Peter's by financial status

	I have more than enough money for basic necessities, and a lot spare, that I can save or spend on extras or leisure		I have more than enough money for basic necessities, and a little spare, that I can save or spend on extras or leisure		I have just enough money for basic necessities and little else		I don't have enough money for basic necessities and sometimes or often run out of money		Unknown	
	No.	%	No.	%	No.	%	No.	%	No.	%
Very bad idea	201	71%	1190	76%	906	85%	129	92%	1287	85%
Bad idea	44	15%	215	14%	92	9%	5	4%	127	8%
Neither good nor bad idea	18	6%	89	6%	34	3%	2	1%	60	4%
Good idea	9	3%	33	2%	13	1%	1	1%	20	1%
Very good idea	8	3%	14	1%	8	1%	2	1%	6	0%
Don't know / prefer not to say	4	1%	18	1%	7	1%	1	1%	14	1%
Total	284	100%	1559	100%	1060	100%	140	100%	1514	100%
Bad idea / Very bad idea	245	86%	1405	90%	998	94%	134	96%	1414	93%
Good idea / Very good idea	17	6%	47	3%	21	2%	3	2%	26	2%

Alternative solutions provided by survey respondents

Reconsider closure and refurbish / rebuild St Peter's	<p>Specific comments / suggestions included:</p> <ul style="list-style-type: none"> - Reconsider closure / leave the hospital open with investment - Explore using existing site and refurbish / rebuild into health hub / centre / hospital / cottage hospital (provision of outpatients as minimum) - Explore previous plans for hospital - Demolish buildings where necessary and rebuild / update other parts to comply with regulations. - Sell part of land for development (section 106) and retain other part for health provision (e.g. open ground floor medical centre and sell upper floors for flats) - Consider restructuring site, for example; <ul style="list-style-type: none"> o Keep main building for administration, staff accommodation, GP and teaching facilities, mental health, pain management o Make parking more accessible (demolish chapel) o Consolidate areas in main building to make more efficient and save on heating costs etc. o Utilise unused areas (rear of building / outbuilding) o Redesign front of building - Expand site / consider alternative uses - care home / hospice / day care centre / minor injuries service / A&E / specialist consultations / diagnostic services / screening services / social care / primary care <p>Funding suggestions:</p> <ul style="list-style-type: none"> - Obtain different quotes / source costs for all options (refurb & rebuild of St Peters into hub / cottage hospital / medical centre etc.) vs relocation of services in Maldon - NHS / government investment - Selling part of land and using money to reinvest - Negotiations with housing developers (part of plans) - Approaching private healthcare organisations (joint venture) - Private funding from shops on site (e.g. M&S, Costa)
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	<ul style="list-style-type: none"> - Public fundraising / local charity support - Community engagement project (ask community to volunteer their time) - Using money currently used to 'outsource' provision / reducing the number of current provider locations across Maldon - Sourcing investors / other funding - Run as a charity form of hospital - Approach local philanthropists, businesses and other interested parties - Introducing parking charges - Investment in existing services rather than on new roundabout layout <p>Suggestions as to how this can be achieved:</p> <ul style="list-style-type: none"> - Move all services into temporary buildings on part of site while rebuilding / undertaking work - Rent out temporary premises such as football club / empty nursing homes - Use relocatable buildings to house services that can be moved to them - Use prefabs (in car park) / external units - Provide alternative safer environments on the St Peter's Hospital site service by service
Stroke / intermediate care specific suggestions	<p>Specific comments / suggestions included:</p> <ul style="list-style-type: none"> - Leave provision as is / continuing to provide inpatient beds at St Peter's (e.g. move onto ground floor) - What other local options are there available in Maldon for inpatient beds / purpose built rehab unit? <ul style="list-style-type: none"> o Consider local provision of intermediate care beds which could become makeshift stroke beds to relieve pressure - Consider investment in community stroke rehabilitation / hospital at home teams / comprehensive out of hospital solution / post discharge support

	<ul style="list-style-type: none"> - Explore development of virtual frailty rehabilitation and community specialist neurological pathways - Review admission / review criteria - Consider increasing bed numbers e.g. add additional 25 beds to Brentwood (whilst keeping intermediate beds)? Use escalation bay on Bayman (Brentwood) for extra 3 beds? - Explore idea of Brentwood giving all beds to intermediate care patients due to dramatic loss of beds in South Essex (e.g. at Highwood Hospital and at St Georges and Chadwell Heath Hospitals) - Consider more even geographical spread of beds: <ul style="list-style-type: none"> o 50 / 50 stroke / rehab beds in Brentwood and 50 / 50 in Rochford CICC (heavy investment been made at Rochford) o Alternative hospitals e.g. Braintree, Broomfield, Princess Alexandra Hospital, Halstead Hospital, Southend University Hospital o Move elderly mental health ward from Rochford to Billericay to free up ward space in Rochford for an IMC unit - Explore slow stream rehab - Explore peripatetic services - Provision of 'day therapy' and transport to bring patients to centre for rehabilitation - Expanding rehabilitation to accept non-stroke brain injuries / development of specialist neurological rehab community pathway - Other health conditions for rehabilitation, particularly in young people, not addressed - Provision of more local intermediate care beds, with visiting community physios <ul style="list-style-type: none"> o Convert existing care / nursing home o Allocation within nursing homes (e.g. Heybridge) - Use leisure centres to run rehab classes - More physio, OT, counselling and activity centres/services to help those affected to get better quicker and possibly vacate the beds sooner. - Better engagement with existing staff
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	<ul style="list-style-type: none"> - Consider virtual stroke wards within the community - Consider 7-day admission and discharge process from the offset - Consultation with the government re: local housing developments contributing to the infrastructure and funding local beds for local people - Commitment needed to improving transport options - Consider digital access in the area - Liaison with Stroke Association when developing plans
Other suggestions	<p>Specific comments / suggestions included:</p> <ul style="list-style-type: none"> - Privatised the NHS - Consider partnering with private organisations (e.g. Bupa) - Consider relationships with other large organisations within the area (e.g. supermarkets) to support local area - Obtain input from Wernick Ltd or McAvoy Ltd (permanent or modular building specialists) - Community services / teams essential - Consider provision of local A&E services and minor injuries services - Explore option of external / mobile units - Explore rotational clinics / more innovative thinking as to how smaller spaces could be efficiently used (i.e., outpatient services) - Consider local development plan growth forecast for Maldon to establish long-term plan for the area - Consider income generated from sale (not considered in consultation document) - Consider how digital / AI / advanced technology and telemedicine could be utilised (e.g. video calls for outpatient appointments) - Consider costs of building work on other buildings in Maldon / new health hub - Consider community engagement to develop plans - Consider full utilisation of facilities / space at other hospitals (reference to spaces used for COVID wards)

	<ul style="list-style-type: none"> - Look for sponsorship from builders - Explore lottery / levelling up grants and other grants / fundraising / crowdfunding / other funding options - PFI agreement (like in place at other hospitals) - Appeal to the government for more money to fund services and improve staff remuneration - Ensure housing developers financially support local infrastructure (condition of contract) - Develop pharmacy network - Expand / offer services differently at Broomfield / Halstead / Braintree - Explore mobile services / freestanding units to house patient services - Explore home visits - Conduct full environmental impact assessment
Improve primary care provision	<p>Specific comments / suggestions included:</p> <ul style="list-style-type: none"> - Expansion / amalgamation of existing practices (to give 24-hour GP / nurse cover) - Opening of a 3rd GP practice - Improve current access (booking systems & opening hours) - Option to operate as part of medical hubs / integrate with outpatient services - Enhancing existing provision with access to blood tests / hospital consultations & reviews / minor surgery
Improve transport routes / networks	<p>Suggestions related to:</p> <ul style="list-style-type: none"> - Free buses / transport / shuttles - Subsidising a public bus service e.g. for at least 3 return journeys, for next 10 years - Provision of patient transport services - Improve public transport network with direct bus services - Provide dedicated transport services to any new locations - Better and cheaper hospital parking

	<ul style="list-style-type: none"> - Reinstate park & ride - Investment and coordinated response with transport network -
Midwifery specific suggestions	<p>Specific comments / suggestions included:</p> <ul style="list-style-type: none"> - Explore continuing provision at St Peter's (including post-natal support)/ to remain open until new local provision up and running - Explore what other local venues are available (Unit in Witham / Rochford / Chelmsford (obstetric cover)?) - Consider provision of midwife clinics in Maldon with weekly consultant access and ECG monitoring equipment (service to offer antenatal appointments / scans, postnatal checks, and services prior to birth such as the stretch and sweeps and checking waters breaking) - Consider breastfeeding support - Consider expansion of community midwifery teams serving rural areas - Consider offering services within GPs (including emergency supplies in all GP surgeries) - Consider open birthing services as required with an on call system - Consider drop-in hub for maternity services - Consider home birth options and increasing capacity to support - Consider support with transport -
Consult when more information can be provided / too little detail provided / information absent	<p>Specific comments / suggestions included:</p> <ul style="list-style-type: none"> - What buildings / venues are being considered for patient services? - Proposals not properly costed (i.e. all other patient services) - What is the cost required to rebuild St Peter's / cost projections for investment in St Peter's needs to be shared more openly - Future population increases have not been taken into account

	<ul style="list-style-type: none"> - Review of associated transportation networks and their coordination needed - Not enough people know about consultation - Put process on hold until after general election
Improve offer / provision at Brentwood Community Hospital	<p>Specific comments / suggestions included:</p> <ul style="list-style-type: none"> - Enhancing provision including maternity, small injuries unit and preventative services - Re-examining the land at the south transferred to Brentwood with a Section 106 Agreement in 2011
Explore options to attract and retain staff	<p>Specific comments / suggestions included:</p> <ul style="list-style-type: none"> - Providing new opportunities to train in midwifery / stroke rehabilitation - More attractive employment packages - Proposals to include investing in ongoing training and professional development - Provide a specialist modular facility to attract and maintain staff - Provision of low cost housing options

Appendix 7

Additional consultation survey analysis report [placeholder – report to be shared following the election]