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# Draft public consultation report

NHS Mid and South Essex Integrated Care Board

Community capacity public consultation January – April 2024

July 2024



This report has been authored by Stand, independent specialists in involving people and communities in health service transformation.

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The project was carried out in line with best practice industry standards for public consultation and applicable regulatory standards.

### **Thank you**

The authors would like to express their gratitude to every one of the thousands of residents who took the time to read the consultation document, to watch one of the videos or listen to one of the podcasts, to attend an event and to respond to the consultation. Without your input this report would not have been possible.

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## Key findings

These key findings are expanded in the executive summary and covered in detail in the main report.

There is widespread objection to both sets of consultation proposals and to the idea of moving other services out of St Peter's Hospital in Maldon. The main reasons cited are:

- the burden of extra travel time and costs the proposals would place on patients, families and carers, and its impact on the environment.
- how the potential closure of St Peter's Hospital in Maldon without a replacement facility would leave the health needs of residents of Maldon and the wider mid and south Essex population unmet.

Where support is expressed, it tends to be limited and qualified, and in some cases caveated.

There was a strong feeling that decisions about the future of these services, the other services at St Peter's Hospital, and the closure of the facility have already been made, with concern that the views expressed during the consultation activity will not be taken into account.

Participants submitted a range of alternative solutions, which are included in the main body of this report.

### Stroke rehabilitation and intermediate care services

- There is significant objection to both proposals, with slightly greater concern expressed in the survey about Option A than Option B. Four out of every five respondents indicated that neither option is suitable. Reasons for objecting cited across all engagement methodologies include the impact of increased travel, particularly for patients' support networks, and that the potential closure of St Peter's Hospital in Maldon with no replacement facility would leave the health needs of residents of Maldon and the wider MSE population unmet.
- The majority of survey respondents from Maldon, Chelmsford and Braintree considered both options to be *very poor* or *poor* and selected *Neither* as their preferred option. This view was strongest amongst people from Maldon District.
- The most respondents from Brentwood and Southend-on-Sea rated Option A as *very poor* or *poor* and Option B as *very good* or *good*. Most people from both areas selected Option B as their preferred option. This view was strongest for people from Brentwood. Reasons for supporting option B included improved access, reduced travel time for visitors, a mix of stroke rehabilitation and IMC beds in Brentwood, and a better compromise for Southend-on-Sea and Rochford residents
- Regardless of age, most people selected neither option. This response was greatest for those aged 75 years or more. Notably, respondents aged 25-54 indicated slightly greater support for Option B with around a quarter of those in these age groups selecting this option.
- More than half of NHS staff and clinicians who responded to the survey selected Option B as their preferred option. In meetings, staff expressed mixed opinions about the proposals, with more support for Option B among Cumberlege Intermediate Care Centre (CICC) staff.
- Potential benefits of Option A identified included having a specialist stroke rehabilitation facility, more beds available, and acknowledgement of the condition of St Peter's Hospital. Slightly more individuals identified a benefit of Option B, including improving access by providing

patients with more local care and reducing travel time for visitors, being a better option for Brentwood residents, and a better solution for residents of Southend-on-Sea and Rochford.

#### **Location of freestanding midwife-led birthing unit**

- There is considerable objection to the proposal to make the William Julien Courtauld (WJC) Birthing Centre in Braintree the permanent home of the Mid and South Essex freestanding midwife-led birthing unit. Objection was greatest among respondents from Maldon, followed by those from Colchester, Chelmsford, and Braintree. Objection was lowest amongst those from Southend-on-Sea, where still three quarters of people rated the option as *very poor* or *poor*.
- Across all engagement methodologies, the key reason given for objecting to the proposal was increased travel and access difficulties for birthing people and their families. This included concerns about the absence or adequacy of public transport, poor road infrastructure, distress and increased risk of travelling further distances when in labour, additional cost, parking difficulties, and environmental impact among others. The public consultation hearing received some detailed information on these matters.
- No difference in response was found in terms of gender, age, presence of physical or mental health condition(s) or illness(es) and whether respondents were currently pregnant or have had a baby in the last year.
- Just a few NHS staff and clinicians felt the option was a *good* or *very good* solution.
- Many respondents urge MSE ICB to reconsider the option of creating another birthing unit in / closer to Maldon or investing in the current facilities at St Peter's Hospital.

#### **Possibility of moving all other services at St Peter's Hospital to other locations mostly in and around Maldon.**

- The vast majority of respondents considered the idea to be *very bad* or *bad*. Objection was greatest amongst those from Maldon, followed by those from Chelmsford and Braintree. Objection among those from Colchester was lowest, but still high. And those who are less financially stable were more likely to consider the idea to be *very bad* or *bad* than those who are more financially stable. Just one in ten respondents thought it is a *very good* or *good* idea.
- Four out of every five NHS staff and clinicians who responded considered the idea to be *very bad* or *bad*.
- There were a notable number of comments explaining that respondents felt unable to comment further without knowing what locations the services would be moving to.
- A very small proportion of respondents indicated that St Peter's hospital is not fit for purpose and should close. A slightly larger proportion offered support as long as services remain in Maldon, either in a new facility or alternative, accessible venues.
- The main reason for objecting to the idea was again increased travel and access difficulties. More than half the respondents commented on this. Comments included concerns about the impact of additional time, cost, parking difficulties, pollution, availability of public transport, poor road infrastructure and inconvenience. There were concerns that this will lead to reduced attendance for appointments and further health impact.

# Executive summary

## Introduction

NHS Mid and South Essex Integrated Care Board (MSE ICB), 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.

From 25 January to 11 April 2024, MSE ICB held a public consultation on some community hospital services in its area 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.

This is a summary of the public consultation activities and the independent analysis of the feedback received.

The matters set out in the published consultation were:

- proposals potential changes to the places where some community hospital intermediate care and stroke rehabilitation services are provided.
- a proposal to make permanent the temporary move of the freestanding midwife-led birthing unit in mid and south Essex from St Peter's Hospital, Maldon to the William Julien Courtauld Unit at Braintree Community Hospital
- a request for feedback on the possibility of moving all other patient services at St Peter's Hospital, Maldon to other locations, mostly in and around Maldon.

In running the consultation, MSE ICB committed to:

- Being open in communicating about the proposals, and using a range of ways to provide information.
- Actively engaging with people who might be affected by the changes.
- Reaching out to people who could experience greater impact from the changes.
- Providing a range of opportunities for people to share their views and experiences.
- Considering what matters most to people, and taking views into account during the decision making process.

A consultation document and a range of supporting and accessible information was produced and published both on-line and in printed format. Publicity and promotion took place to invite the public to find out more and get involved in giving their views.

The public were invited respond to the consultation in a range of ways:

- Completing the consultation survey online or on paper.
- Attending one of a series of ten scheduled consultation events.
- Attending events organised by partner and stakeholder organisations.
- Providing a written response on email or by post.
- Providing a response over the phone.
- Presenting evidence at a public consultation hearing.

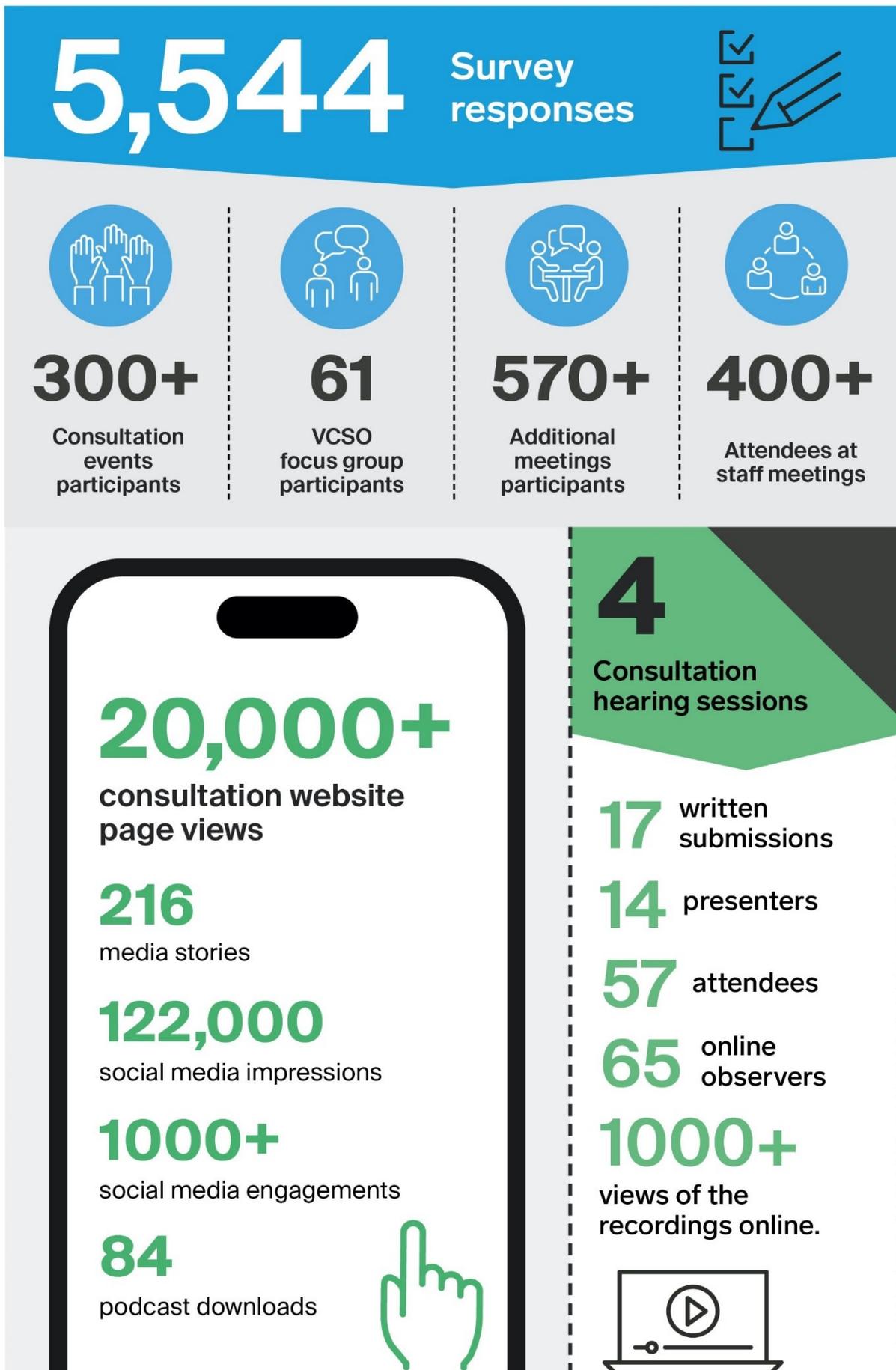


Figure 1 Consultation in figures

There were community meetings organised by local district and town councils, councillors and community groups, a public meeting attended by 400+ people and over 1,000 responses to a residents' survey organised by Rt Hon Sir John Whittingdale OBE, Member of Parliament for Maldon (see Appendix 3).

Dedicated sessions were arranged for staff to put forward their views on the proposals with 407 people participating.

Based on the groups identified in the equality and health inequalities impact assessment, voluntary and community sector organisations (VCSOs) were invited to hold focus groups. 61 participants provided feedback from six organisations that took part.

There were 216 media stories covering the consultation. Social media posts were seen by users 122,000 times and received more than 1,000 engagements.

Pages on the consultation website, 'Virtual Views', were viewed more than 20,000 times. Information on the website was regularly updated in response to requests for further information. 68 questions were submitted and responded via the website. 186 people registered for public events. The consultation podcasts were downloaded 84 times.

There were 14 individual and group presentations to the public consultation hearing. Fifty-seven people attended all or part of the public consultation hearing in person and online viewers peaked at 65 with an average of 41. The recordings of the hearing sessions have been viewed more than 1,000 times.

### Consultation management

Consultation progress and activity was regularly monitored to consider feedback on the process and agree action on identified issues. Action taken in response to progress monitoring included:

1. **Brentwood and Southend responses:** Low responses led to an extra event in Brentwood and increased promotion. A communications toolkit was created, and local partners helped spread the word.
2. **Underrepresented groups:** With men and those over 75 underrepresented, more men's groups were targeted for focus groups, and additional paper surveys were distributed.
3. **Estate information:** In response to questions about the condition of buildings on the St Peter's Hospital site, an estates briefing and independent reports were published.
4. **Accessibility improvements:** Feedback indicated the consultation document was hard for some to follow, so a summary version of the document and a voiced presentation were uploaded to Virtual Views for better accessibility.
5. **VCSO engagement:** Low participation from VCSOs led to targeted outreach, updates to the Virtual Views webpage, and a press release to encourage involvement.
6. **Extended consultation period:** The Easter break affected the time taken to provide information in response to queries, the consultation period was extended by an additional week to accommodate everyone.

## Who responded

### Consultation survey

A total of 5,544 individuals responded to the consultation survey.

The majority were from Maldon District (71%; 3,945 respondents). Smaller proportions were from Chelmsford (9%; 518 respondents), Braintree (8%; 434 respondents), Brentwood (4%; 211 respondents) and Southend-on-Sea (3%; 165 respondents). One percent or less were from other areas including Colchester, Basildon, Rochford and Castle Point.

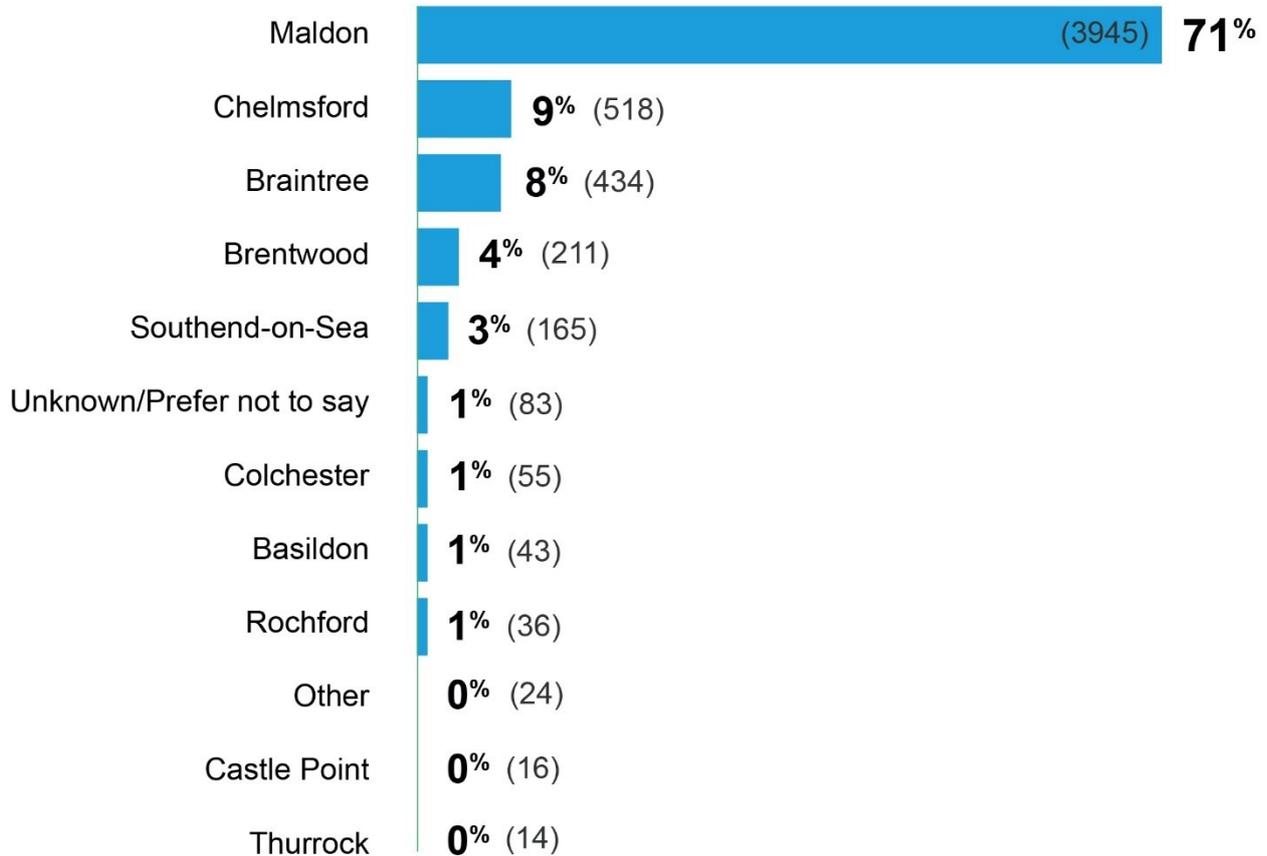


Figure 2 Locations of respondents (N=5544)

The greatest proportions were aged 55-64 years (22%; 1,193 respondents) and 65-74 years (23%; 1,253 respondents) with slightly smaller proportions aged 45-54 years (16%; 864 respondents), 75-84 years (14%; 776 respondents), 35-44 years (11%; 612 respondents) and 25-34 years (8%; 455 respondents). Just 2% were aged 16-24 years (108 respondents) and the same proportion 85 years or older (131 respondents).

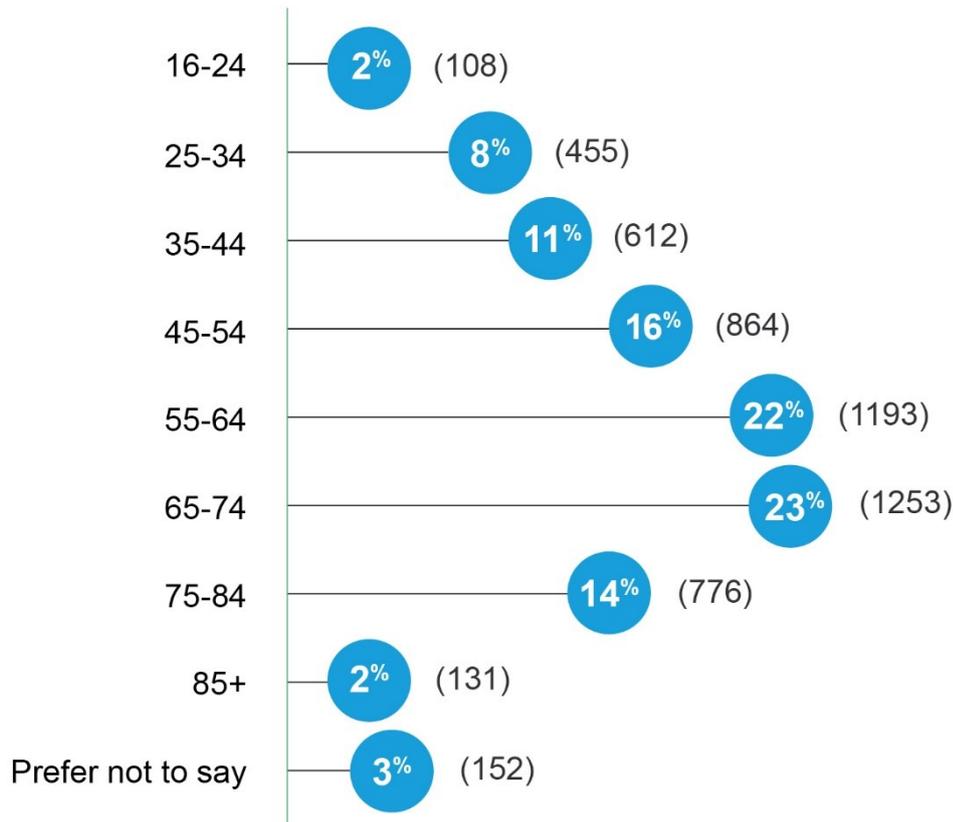


Figure 3 Ages of survey respondents (N=5544)

The majority of respondents identified as White - English, Welsh, Scottish, Northern Irish, or British (91%; 5,057 respondents). Others identified as another ethnic group (3%; 169 respondents) or preferred not to say (6%; 318 respondents). Nearly all spoke English as their main language (96%; 5,327 respondents), with 23 speaking a different language.

Most respondents identified as heterosexual (85%; 4,724 respondents), with 1% identifying as bisexual (83 respondents) or gay/lesbian (58 respondents). Two-thirds described themselves as women (67%; 3,693 respondents), 23% as men (1,262 respondents), and less than 1% as non-binary (22 respondents). Ten percent chose not to disclose their gender (567 respondents), and less than 1% stated that their gender identity did not match their birth gender (15 respondents).

Over half identified as Christian (54%; 3,016 respondents), while 31% had no religion (1,710 respondents). Twelve percent (650 respondents) did not respond, and 3% (168 respondents) selected another religion. Five percent were currently pregnant or had given birth in the past year (279 respondents). Forty-two percent reported having a long-term physical or mental health condition (2,347 respondents), with varying impacts on daily activities.

Regarding financial situations, 7% had ample funds beyond basic necessities (380 respondents), 35% had a little extra after necessities (1,948 respondents), 23% had just enough for necessities (1,269 respondents), and 3% often ran out of money (175 respondents). A third did not respond to the financial question (32%; 1,772 respondents).

## Other engagement

2494 individuals or organisations participated in another engagement activity including discussion events or meetings, staff meetings, a focus group hosted by a VCS organisation, or by providing a longform written response to the consultation.

Other engagement	No. of participants
Consultation events	310
Public consultation hearing*	14
Third party meetings the ICB was invited to and attended	177
Plume Academy, meeting organised by Sir John Whittingdale OBE MP	400
Additional consultation survey organised by Sir John Whittingdale OBE MP	1108
Staff meetings	407
VCSO focus groups (including Maldon and District Community Voluntary Services, Maldon Stroke Support Group, Southend People's Assembly, East Beach Residents Association, ACE Music Therapy CIC and LGBT Mummies)	61
Additional submissions by members of public / staff and other organisations (including Healthwatch Southend, Churches Together in Maldon and South Woodham Ferrers Health and Social Care Group)	17
<b>Total engagements</b>	<b>2494</b>

Table 1 Other engagement

\* The first three sessions of the public consultation hearing had 11 participants, 57 in-person observers, an online audience that peaked at 65, and more than 1,000 views of the published recording. Session 4 had three participants and 250 views of the published recording.

## Overview of findings

### Stroke rehabilitation and intermediate care services

#### The proposals

The consultation document described the normal operational position and the temporary arrangements agreed for winter 2023/24 and set out two options for arranging intermediate care beds and stroke rehabilitation beds at community hospitals in mid and south Essex, in addition to the independent living and rehabilitation support the NHS and local councils already provide to patients at home, in residential care places, and in community clinics.

Option A would mean:

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

- 22 intermediate care beds at Cumberlege Intermediate Care Centre, Rochford.
- Permanently closing the stroke rehabilitation ward at St Peter’s Hospital, Maldon.

Option B 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.

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

Figure 4 Options A and B for stroke rehabilitation and Intermediate care

### Overview of findings

A total of 2,269 individuals (41% of the total sample) responded to questions about stroke rehabilitation and intermediate care inpatient services.

The majority perceived both options as very poor or poor solutions, with greater concern for Option A. Specifically, 89% (2,009 respondents) rated Option A poorly, compared to 77% (1,746 respondents) for Option B. Only 5% (103 respondents) considered Option A good, while 16% (355 respondents) favoured Option B.

When asked for their preferred option, 5% (111 respondents) chose Option A, 18% (398 respondents) chose Option B, and 78% (1,760 respondents) chose neither.

This sentiment was consistent among respondents from Maldon, Chelmsford, and Braintree, with the majority rating both options poorly and 95% from Maldon preferring neither option (1,384 respondents).

Conversely, respondents from Brentwood and Southend-on-Sea favoured Option B, with 85% (172 respondents) from Brentwood and 53% (82 respondents) from Southend-on-Sea selecting it as their preferred choice.

## Demographic insights

- All age groups predominantly selected neither option, especially those aged 75+ (83%; 300 respondents for those aged 75-84 & 86%; 65 respondents for those aged 85+) and the youngest group (82%; 37 respondents for those age 16-24). There was slightly more support for Option B among those aged 25-54.
- A greater proportion of women selected Option B (20%; 283 respondents) compared to men (14%; 83 respondents).
- Those identifying as an ethnic group other than white English, Welsh, Scottish, Northern Irish or British showed higher support for both options, particularly Option B (34%; 32 respondents).
- Financially stable individuals were more likely to choose Option B (25%; 46 respondents) compared to those less financially stable (16%; 75 respondents).
- Those without physical or mental health conditions showed more support for Option B (21%; 238 respondents) compared to those with health conditions (16%; 142 respondents).

Overall, the preference leaned significantly towards neither option.

## Staff and clinicians

A total of 117 staff and clinicians responded to the survey, 72% (84 respondents) rated Option A as a very poor or poor solution, while 19% (22 respondents) saw it as a very good or good solution. In comparison, 32% (37 respondents) rated Option B poorly, whereas 53% (62 respondents) considered it a good solution. Consequently, 53% (62 respondents) preferred Option B, 16% (19 respondents) preferred Option A, and 31% (36 respondents) preferred neither option.

## Reasons for support or objection to the proposals for stroke rehabilitation and intermediate care services

The following draws together the reasons for support or objection from survey respondents, those who participated in the other consultation activities including the Plume Academy event and the public consultation hearing.

### Option A:

**Support:** Recognised for having a specialist stroke rehabilitation facility, more beds, adequate staff, and facilities at Brentwood Hospital. St Peter's Hospital was acknowledged as not fit for purpose.

**Objections:** Concerns included access difficulties for family members, impact on patients due to lack of support network, staff travel issues, loss of IMC beds for Brentwood residents, significant staff changes, and implications associated with having centralised services.

## Option B:

**Support:** Improved access with more local care, reduced travel time for visitors, and better for Brentwood residents with a mix of stroke rehabilitation and IMC beds. Seen as a better solution or compromise, especially for Southend-on-Sea and Rochford residents with Rochford CICC easier for residents from Southend / East Beach to access.

**Objections:** Concerns about the capacity of community services to support patients without IMC beds at CICC, and the level of therapy input required given current vacancies in Occupational Therapy.

## Reasons for objections:

- **Travel and access difficulties:** Reference was made to cost, poor public transport and road infrastructure, parking difficulties, added stress, pollution, and inconvenience, potentially leading to patient isolation and poor mental health and longer hospital stays. This concern was evident in all consultation activities and strongly featured in presenters' evidence to the public consultation event. Specifically, 59% (1,310 respondents) provided a comment in relation to this in the consultation survey.
- **Closure of St Peter's Hospital:** Concerns were raised about the proposals not meeting the needs of, and being detrimental to the health of, residents from Maldon and surrounding areas (i.e. Southend-on-Sea / Rochford) and the wider MSE population. Repeated reference was made throughout the consultation activities of the hospital's importance and the continued need for inpatient services in Maldon. Specifically, 36% (738 respondents) provided a comment in relation to this in the consultation survey.
- **Increasing demand:** Reference was made to the growing and ageing population needing more services, not fewer, especially given housing developments in Maldon and surrounding areas. Specifically, 17% (376 respondents) made a comment in relation to this in the consultation survey.
- **Service overload:** Reference was made to services already being overwhelmed with concerns about the impact the proposals will have on quality of care and waiting times. Specifically, 4% (93 respondents) made a comment in relation to this in the consultation survey.
- **Distrust in NHS and local government:** Across all consultation activities, individuals expressed frustration and distrust, with feeling that decisions were financially driven rather than patient-centric. Reference was also made to unmet promises of new services in the past. Specifically, 3% (61 respondents) made a reference to this in the consultation survey. This was a recurring theme in all consultation activities, perhaps most strongly communicated at the consultation hearing and the Plume Academy event.

## Anticipated impacts

Participants anticipate that these proposals will make it harder for them to visit family and friends who are in hospital. Many cited the extra cost and the time it will take as reasons for less frequent visits and are concerned that isolation will have an impact on the wellbeing and recovery of their loved ones. Other anticipated impacts of the proposals relate to environmental impacts of increased travel, quality of care and demand on services, as well as the impact on staff of increased travel, change and perceived potential loss of jobs.

## Freestanding midwife-led birthing unit

### The proposal

The consultation document described the normal operational position and the temporary arrangements agreed for winter 2023/24 and set out one option for a freestanding midwife-led birthing unit for the people of mid and south Essex to be based at the William Julien Courtauld (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.

### Overview of findings

A total of 2,433 individuals responded to the survey regarding the proposal for a freestanding midwife-led birthing unit at the WJC. The majority (80%; 1,948 respondents) considered the proposal to be very poor, with an additional 14% (337 respondents) rating it as poor. Only 2% (52 respondents) viewed it as very good or good (1% each), and 3% (81 respondents) felt it was neither poor nor good. The remaining 1% (15 respondents) were uncertain or preferred not to say.

The highest objection rates were among respondents from Maldon (96%; 1,836 respondents), Colchester (94%; 30 respondents), Chelmsford (90%; 150 respondents), and Braintree (87%; 163 respondents). The lowest objection rate was in Southend-on-Sea, with 74% (25 respondents) rating the proposal poorly.

### Demographic insights

- Greater dissatisfaction among White English, Welsh, Scottish, Northern Irish or British respondents (94%; 2,058 respondents) compared to those from other backgrounds (84%; 59 respondents).
- Those less financially stable were more likely to rate the proposal poorly (99%; 87 respondents) compared to those more financially stable (89%; 151 respondents).

- There was no difference in terms of gender, age, presence of physical or mental health conditions, and whether respondents were currently pregnant or had a baby in the last year.

### **Staff and clinicians**

Among the 66 staff and clinicians who responded to the survey, 73% (48 respondents) rated the proposal for a freestanding midwife-led birthing unit as very poor, and an additional 17% (11 respondents) considered it a poor solution. Only 5% (3 respondents) viewed it as very good or good, while 6% (4 respondents) felt it was neither poor nor good.

### **Summary of reasons for support and objection to freestanding midwife-led birthing unit proposal**

The following draws together the reasons for support or objection from survey respondents and those who participated in the other consultation activities including the Plume Academy event and the public consultation hearing.

#### **Support for the proposal:**

Just a small number of those engaged with supported the proposal citing the following reasons. This included 3% (57 respondents) who completed the consultation survey.

- WJC is a newer, fit-for-purpose facility, staffed at all times.
- St Peter's Hospital is not fit for purpose and faces financial constraints.
- Negative experiences at St Peter's Hospital.
- Better option for Maldon residents, improving access.
- Proximity to Broomfield Hospital for handling complications.
- Potential to improve outcomes and midwife confidence.

#### **Objections to the proposal:**

##### **Travel and transport**

Across all consultation methods, the key reason for objection related to travel and accessibility difficulties for birthing people and their support network. Specifically, 75% (1,793 respondents) provided a comment in relation to this in the consultation survey. Concerns included:

- Lack of/poor public transport.
- Poor road infrastructure.
- Pain, distress, and increased risk when travelling longer distances in labour, especially if transfer to another hospital is needed.
- Costs, parking difficulties, pollution, and environmental impact.
- Inconvenience affecting time off work, income, childcare, and other responsibilities.
- Potential reduction in attendance due to travel difficulties, contradicting guidelines on travel with newborns.

Travel and access difficulties were particular concerns for those without car access, on low income, reliant on public transport, or living in remote areas like Burnham-on-Crouch and Southminster, where travel time to WJC could exceed an hour.

### **Loss of provision at St Peter's Hospital**

Another key reason for objection related to the potential closure of St Peter's Hospital and reduced local birthing options. Specifically, 38% (903 respondents) provided a comment in relation to this in the consultation survey.

As part of this survey respondents and those participating in other consultation activities discussed:

- How St Peter's serves a large geographical area and is highly valued for its exceptional care and home-like birthing experience.
- That it is essential to have a local birthing unit, preferably at St Peter's (with investment) or an alternative location in Maldon.
- Their frustration over temporary changes made without consultation and lack of option for the service to return to Maldon.

### **Other reasons for objection**

- Growing population: Reference was made to the rapidly growing population with strong feeling that more services are needed, not less. Specifically, 16% (382 respondents) made a comment in relation to this in the consultation survey.
- Capacity concerns: Concerns were raised over capacity at WJC and Broomfield Hospital and the impact the changes will have on quality of care including time spent in hospital (i.e. discharge) and post-natal / breastfeeding support. Specifically, 8% (180 respondents) and 7% (157 respondents) made a comment in relation to these services, respectively.
- Staff impact: Concerns about the impact on staff at St Peter's Hospital.

### **Comments about the consultation process**

Staff expressed frustration about inaccuracies in the consultation document in terms of it failing to consider the low birth rate at St Peter's being due to staff shortages at other hospitals. Additionally, it was felt that there is lack of acknowledgement of pre-COVID-19 birthing figures for St Peter's.

### **Anticipated impacts**

Anticipated impacts of the change relate to increased travel and accessibility issues for birthing people and their support network and associated financial and environmental impact. Individuals discussed the increased risk of travelling whilst in labour and the health and wellbeing of birthing people and their unborn/new babies. Quality of care and demand on services, as well as impact on staff of increased travel and perceived potential loss of jobs were also discussed.

Residents and staff urge the ICB to consider creating another birthing unit closer to Maldon or investing in St Peter's. If changes are made, they emphasise the importance of

providing local antenatal appointments and scans to support access to midwifery care services.

### **The possibility of relocating all other services at St Peter's Hospital to other venues mostly in and around Maldon.**

The consultation document set out that MSE ICB is thinking about the need potentially to find alternative locations for the services it provides in Maldon. It described concerns about the safety and the suitability of St Peter's Hospital in Maldon as a location for providing clinical care, the services provided from the hospital, the challenges with the buildings, and the costs of addressing the extensive maintenance issues.

The consultation document explained that if MSE ICB decides that none of the health services the ICB is responsible for will be provided at St Peter's Hospital in the future, it is likely that the owners of St Peter's Hospital will decide to close the facility permanently. It went on to ask for views on what MSE ICB should take into account before it makes the decision to move all services from the site.

#### **Overview of findings**

4,447 individuals responded via the consultation survey to the request for views on what MSE ICB should take into account before it makes the decision to move all services from the site.

The majority (93%; 4196 respondents) considered the idea to be very bad, or bad. That sentiment was highest in Maldon (93%; 3,320 respondents), followed by Chelmsford (91%; 403 respondents) and Braintree (89%; 155 respondents). The sentiment was lowest, though still very high, in Colchester (79%; 33 respondents). Only (3%; 114 respondents) felt it was a very good or good idea.

#### **Demographic insights**

- People who are less financially stable were more likely to rate the idea as very bad or bad (96%; 134 respondents) than people who are more financially stable (86%; 245 respondents).
- People from White - English, Welsh, Scottish, Northern Irish, or British backgrounds (92%; 3,843 respondents) were more likely to rate the idea very bad or bad than people from other backgrounds (86%, 99 respondents).
- 16-24-year-olds were most likely to rate the idea as very bad or bad 99% (83 respondents). For all other age groups between 89% - 93% rated the proposal as very bad or bad with those aged 35-44 years least likely to rate it very bad or bad (89%, 390 respondents).
- There were no significant differences in gender or presence of physical/mental health conditions.

#### **Staff and clinician perspectives:**

Of the 71 staff and clinicians who responded, 81% (57 respondents) rated the idea as very bad or bad. 11% (8 respondents) rated the idea as very good or good.

### **Reasons given:**

The following draws together the opinion of survey respondents and those who participated in the other consultation activities including the Plume Academy event and the public consultation hearing.

In terms of support, just a small number of survey respondents (2%; 108 respondents) and those who participated in other consultation activities discussed how St Peter's Hospital is no longer fit for purpose and that there is no other alternative than for it to close.

In contrast, concerns related to:

- **Travel and access difficulties:** Reference was made to cost, parking, poor public transport and road infrastructure, inconvenience and pollution. There was concern this would result in reduced appointment attendance with an associated health impact, especially for elderly, vulnerable, rural residents, and those without car access. Specifically, 53% (2,358 respondents) provided a comment in relation to this in the consultation survey.
- **Closure of St Peter's Hospital:** Reference was made to the lack of local provision that would be available with the loss of a vital local resource. Comments were made about the importance of ensuring local outpatient services are put in place prior to closure. Views included that increased uncertainty would have an impact on the local population, particularly older residents. Specifically, 42% (1,879 respondents) provided a comment in relation to this in the consultation survey.
- **Increasing and ageing population:** Reference was made to the ageing and rapidly increasing population with strong feeling that more services are needed, not less. Specifically, 22% (1,008 respondents) provided a comment in relation to this in the consultation survey.
- **Accessibility of St Peter's Hospital:** Reference was made to St Peter's Hospital being convenient and easily accessible with all services under one roof. This was particularly important for those who have difficulties travelling. Specifically, 17% (774 respondents) provided a comment in relation to this in the consultation survey.
- **Increasing demand:** Concern was raised about the increasing demand on already overstretched services (i.e. other hospitals, GP services, and ambulance services). Specifically, 66% (717 respondents) provided a comment in relation to this in the consultation survey.

### **Anticipated impacts**

Participants shared that they anticipate the impacts of the potential change to include increased travel, which they expect to cost them more and have a greater impact on the environment. They think services will be harder to access which will lead to more missed appointments and negatively impact the health and wellbeing of patients. They think multiple locations will mean the quality of care available to them will decrease and that the changes will require staff to travel further or change jobs.

It is important to note that 5% (204 respondents) found it difficult to provide an opinion without more specific information on what locations these services would be moving to. This finding was much stronger in the other consultation activities, particularly the Plume Academy event where attendees discussed the absence of clear, actionable plans for the continued delivery of these services.

#### **Alternative suggestions:**

- Reconsider closure and explore refurbishing or rebuilding St Peter's Hospital.
- Consider new premises or purpose-built health facilities to house outpatient and other services.
- Ensure accessibility and adequate space for service interdependencies.

#### **General and concluding comments on St Peter's Hospital**

St Peter's Hospital is seen as the heart of Maldon, providing essential services to local residents. The consultation on its future has generated significant upset, uncertainty, and anger among the public and staff, especially concerning access to healthcare services for Maldon and surrounding areas.

There is widespread frustration about historical mismanagement and lack of investment in St Peter's Hospital. Many believe that financial decisions are being prioritised over patient needs. There is a strong sentiment that proper maintenance could have prevented the current situation.

Distrust is prevalent, with many referencing unfulfilled promises of a new hospital or health hub in Maldon. This history of unmet expectations has led to feelings of being ignored.

Many believe that with sufficient NHS and government investment, St Peter's Hospital could be refurbished or rebuilt, allowing temporarily relocated services to return. Additional services could be added to meet the needs of current and future residents.

If the hospital is sold, it is considered crucial that the proceeds be reinvested into improving health services in Maldon, such as building a new hospital or health hub. Specific locations for this were suggested.

#### **Comments about the consultation process**

Participants offered feedback on various elements of the consultation. These were used to inform adaptations or amendments to the process, activity, and published information.

The consultation process itself was criticised by some for perceived poor promotion, leading to a view that there was low awareness of the consultation, particularly among Maldon residents and those in surrounding areas. The team worked hard to promote the consultation and secure coverage in all areas. There was a very strong response from Maldon District.

Some participants said they found the consultation materials difficult to understand. Summary and easy read information was produced.

Some said the timeframe for responses was inadequate. The consultation period was extended twice.

Messaging and information were criticised by some as being inconsistent, and some reported that they perceived the attitude from Trust and ICB representatives at public meetings to be condescending.

There is a view among some stakeholders from Maldon District that decisions about the future of St Peter's Hospital and its services have already been made, and that the consultation is a formality. The lack of an option to keep services at St Peter's Hospital has been cited as a reason for this belief. Every chance was taken to confirm that a decision on the future of St. Peter's Hospital has not been made and to restate the reasons for some services having moved already.

The public and staff urge the ICB to genuinely consider the views expressed during the consultation and carefully evaluate the impact of any changes on Maldon residents and surrounding areas.

There was a clear call for transparency, investment, and genuine consideration of community needs in deciding the future of healthcare services in the region.

## Next steps

This draft report will be published on 10 July 2024 and presented to Mid & South Essex Integrated Care Board at its Board Meeting in Chelmsford on 11 July 2024.

Local people and organisations will have until Wednesday 31 July 2024 to give any further comments on the draft feedback via the consultation team.

The final report will be passed to Mid & South Essex ICB to publish. Its outputs will inform a decision-making business case that will be reviewed by NHS England. The report will be considered by board members as they make decisions on the matters set out in the consultation. The date of the meeting that will consider these matters will be announced in due course.

# 1 Introduction

On 25 January 2024 NHS Mid and South Essex launched a public consultation about proposals for changes to services at community hospitals in the area it serves.

This report shares the independent analysis of the feedback received in response to that consultation. This report should be read with the report of the public consultation hearing.

The proposals published in the consultation were:

1. potential changes to the places where some community hospital intermediate care and stroke rehabilitation services are provided.
2. making permanent the temporary move of the freestanding midwife-led birthing unit from St Peter's Hospital, Maldon to the William Julien Courtauld Unit at St Michael's, Braintree.
3. the possibility of moving all other patient services at St Peter's Hospital, Maldon to other locations, mostly in and around Maldon.

A consultation document and a range of supporting information was published to inform people and communities living and working in the Mid and South Essex Integrated Care System area. Consultation documents were made available online, and in hard copy on request and at various public locations across the area. Easy read and summary versions were provided and a [voiced consultation presentation](#) published online.

Patients, carers, residents, community groups, organisations and other stakeholders were invited respond to the consultation in a range of ways, by:

- Completing the consultation survey online or on paper.
- Attending one of a series of ten scheduled consultation events.
- Attending events organised by partner and stakeholder organisations.
- Providing a written response on email or by post.
- Providing a response over the phone.
- Presenting evidence at a public consultation hearing.

The public consultation ran to 11 April 2024, which included two extensions totalling three weeks, to allow more people to contribute.

The consultation was led by Mid and South Essex Integrated Care Board (MSE ICB), 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, and supported by Mid and South Essex NHS Foundation Trust (MSEFT), Essex Partnership University NHS Foundation Trust (EPUT), Provide Community Interest Company, and North East London NHS Foundation Trust (NELFT).

The consultation was overseen by a small operational group of MSE ICB staff and representatives from Stand, the independent specialist contractors appointed to support the consultation.

MSE ICB brought together a group of local stakeholders to ask for feedback on the consultation plan and key documents. The draft consultation document was shared with Southend-on-Sea, Thurrock and Essex Healthwatch organisations and health overview and scrutiny committees for comment. Pre-consultation meetings also took place with the Directors and Adult Social Care in each upper tier local authority and the Chairs of each Health and Wellbeing Board.

MSE ICB committed to:

- Being open in communicating about the proposals, and using a range of ways to provide information.
- Actively engaging with people who might be affected by the changes.
- Reaching out to people whose life circumstances could mean the impact of change is greater.
- Providing a range of opportunities for people to share their views and experiences.
- Considering what matters most to people, and taking views into account during the decision making process.

The consultation ran for a total of eleven weeks.

There were 216 media stories covering the consultation. Social media posts were seen by users 122,000 times and received more than 1,000 engagements. More than 20,000 page views on the consultation website. 310 people attended consultation events. The public consultation hearing was observed by 57 people in person and online viewers peaked at 65 with an average of 41. Two consultation podcasts were downloaded a combined total of 84 times. Stakeholders submitted 68 questions, responses to which were published on the consultation website.

A total of 5,544 unique responses to the consultation survey were received online and in hard copy. Longform written responses to the consultation were received from 13 residents, one staff member, and three local organisations.

In addition to analysis of outputs from the activities undertaken by MSE ICB, this report includes analysis of:

- outputs from community meetings organised by local district and town councils, councillors and community groups, and
- outputs of a public meeting attended by 400+ people and over 1,100 responses to a Maldon residents' survey both organised by Rt Hon Sir John Whittingdale OBE, Member of Parliament for Maldon.

An online petition to 'prevent the closure of St Peter's Hospital or ensure investment in a new Maldon medical facility' initiated prior to the consultation on 7 October 2023 was submitted to the ICB on 3 April 2024 with 6,666 electronic signatures and 823 handwritten submissions. The petition was formally received at a meeting of the Mid and South Essex Integrated Care Board on Thursday, 9 May 2024 in Chelmsford.



Figure 5 The consultation in numbers

## 2 Methodology

### 2.1 Consultation activity

To deliver the public consultation, the team used the Pre-Consultation Business Case (PCBC), equality impact analysis, and learnings from previous consultations to develop a Consultation Plan, Communications Plan, and Communications Toolkit. These set out the activities which would form the consultation in line with best practice. The consultation was launched on 25 January 2024 with a stated closing date of 21 March 2024. The consultation period was extended twice to give an initial extension of two weeks, until 4 April, which was announced on 13 March, followed by a further extension of a week announced on 4 April until 11 April.

The following consultation activities were undertaken:

#### 2.1.1 Survey

A survey was available online between 25 January and 11 April 2024. An easy read version of the survey was made available online and hard copy by request.

The survey questions were developed with the aim of giving respondents the broadest possible chance to present their feedback and express their views.

The public consultation survey questions are available at Appendix 1.

A table of the equality monitoring profile of all those who provided feedback via the survey is available at Appendix 2.

5,545 responses to the survey were received. During data cleansing only one duplicated response was identified. This response was deleted. This individual had responded to the survey twice as a current or former patient / service user and provided their name on each of their responses to the open questions.

Of the 5,544 individuals who responded to the survey; 91% (N=5022) responded online, 7% (N=406) on paper and 2% (N=116) via a QR code from a public event.

Paper copies were made available by:

- Handing out the surveys in person at consultation events. An accompanying booklet summarising the consultation document contained a return address in case the person wanted to take away the form to complete rather than completing it at the event.
- Contacting MSE ICB directly via phone or email. Paper surveys were sent out via post as requested by individuals, community groups, campaign groups, churches and local councils. These were sent with a pre-paid addressed envelope so the survey could be returned, or with instructions on where the surveys could be posted or dropped off locally.
- Paper copies of the consultation were made available for those who were not able to engage electronically, across a variety of local community facilities including

libraries, care homes, via local authority offices and with parish and town councils. These were also provided in bulk to the ‘Save Maldon Health Services’ campaign group for local distribution.

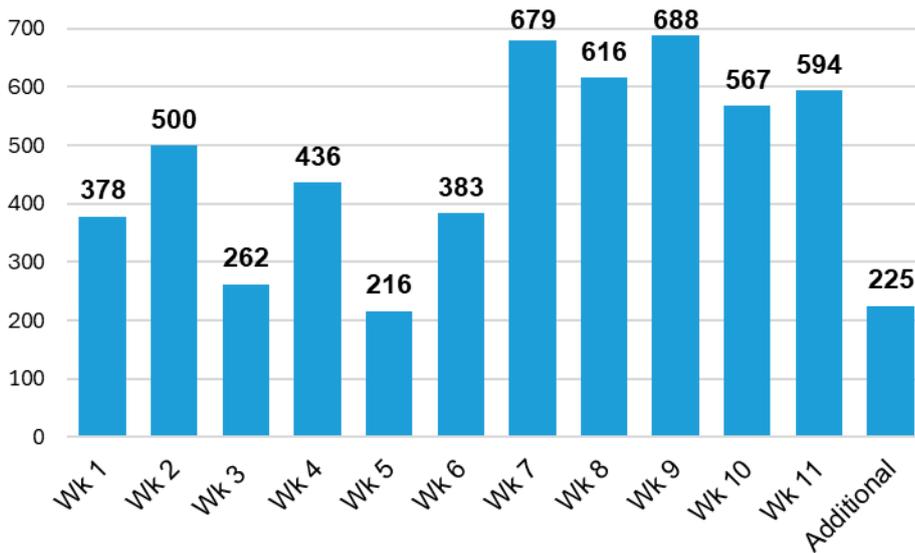


Figure 6 Number of surveys submitted each week.

Note: once the public consultation closed, 225 paper surveys returned to local collection points and gathered by community groups were received and added to the analysis.

The analysis of the responses to the survey can be found in Section 9.

### 2.1.2 Consultation events

These events were held in person and online at different times, days of the week and locations across the area served by MSE ICB to enable as many people as possible to attend.

People were asked to register in advance for the consultation discussion events to ensure the events were well-staffed. More informal sessions were held as drop-in events and information stands in areas of high footfall such as shopping centres.

The events were promoted on the public consultation’s website, Virtual Views, in the media and social media, posters and pull-up banners, digital screens banners, web banners, email banners.

Location	Consultation area	Date / time	No. of attendees
Basildon Happy Hub, Basildon (information stand)	All areas	5 Feb 24 1–3.30pm	c.20
Beehive Centre, Grays, Thurrock (in person meeting)	All areas	5 Feb 24 6–7.30pm	2
Civic Centre, Chelmsford (in person meeting)	All areas	7 Feb 24 6–7.30pm	5

Location	Consultation area	Date / time	No. of attendees
Morrisons, Maldon (information stand)	All areas	9 Feb 24 10–6pm	c.100
Online meeting	Maternity	12 Feb 24 1–2.30pm	2
Online meeting	Stroke rehabilitation & Intermediate care (IMC) inpatient provision	13 Feb 24 2–3.30pm	3
Online meeting	Stroke rehabilitation & IMC inpatient provision	15 Feb 24 10.30–12 noon	2
The Forum, Southend (in person meeting)	Stroke rehabilitation & IMC inpatient provision	15 Feb 24 5–6.30pm	5
Maldon Community Hub (information stand)	All areas	21 Feb 24 10am	c.10
Maldon Leisure Centre (information stand)	All areas	22 Feb 24	c.60
Online meeting	Outpatient services	26 Feb 24 2–3.30pm	9
Online meeting	All areas	28 Feb 24 6–7.30pm	16
Ormiston, Rivers Academy, Burnham-on-Crouch (in person meeting)	All areas	6 Mar 24 4–5.30pm	10
Ormiston, Rivers Academy, Burnham-on-Crouch (in person meeting)	All areas	6 Mar 24 6.30–8pm	16
Brentwood Community Hospital (drop in event)	All areas	8 Mar 24 10–12 noon	c.45
Cumberlege Intermediate Care Centre (CICC), Southend	All areas	9 Apr 24	7
<b>Total</b>			<b>310</b>

Table 2 Details of consultation events

The analysis of the feedback gathered at the events can be found in Section 6.

### 2.1.3 Public consultation hearing

The public consultation hearing was a formal, participatory event, where consultees were invited to present directly to a panel of senior people from across Mid and South Essex Integrated Care System. Presenters were invited to share information to add to the body of evidence for decision-makers to take into account, or to correct evidence published in the consultation.

Presenters were expected to prepare well and be able to back up the points they made with robust evidence. The panel members had the opportunity to listen directly to the evidence presented and ask questions to test its veracity and aid their understanding of the points being made and the information provided.

The date and venue for the public consultation hearing was published with all the consultation documentation on 25 January 2024. MSE ICB had appointed Stand, specialists in patient and public involvement, to independently organise and manage the event.

A general invitation was issued for individuals, organisations or groups to apply to present evidence relevant to the issues highlighted in the consultation.

An extra session was arranged on 4 April to accommodate applications to present from affected members of NHS staff. Two written evidence submissions were received.

Everyone was welcome to book tickets to attend and observe the hearing proceedings at Maldon Town Hall via Eventbrite or by contacting the consultation team via the contacts provided in the consultation document. The proceedings were live-streamed for those unable to attend in person. The recording was made available online to view following the event. Fifty-seven people attended all or part of the event in person. The online audience peaked at 65. Sessions 1, 2 and 3 could be viewed live online via YouTube. Technical issues prevented the intended livestream of session 4. Recordings of all four sessions were made available on YouTube for purposes of openness and transparency.

The record of proceedings is published alongside this report.

Location	Date / time	Consultation area
Town Hall, Maldon – Consultation hearing	19 March - 2–8pm	All areas
Online	4 April - 6-7.30pm	All areas

Table 3 Public Consultation Hearing dates

### 2.1.4 Staff meetings

Staff working in the acute and community hospitals were engaged to understand their views on impact to the workforce of the proposed changes and how the environment could impact their work. A number of dedicated sessions and meetings were arranged for staff to put forward their views on the proposals with 407 people participating.

Detail	Date / time (if known)	No. of staff
Mid and South Essex NHS Foundation Trust (MSEFT) online staff meeting (stroke rehabilitation and IMC inpatient provision)	29 Jan 24 5-6pm	4
St Peter's Hospital in person staff meeting	29 Jan 24 3-4pm	10
MSEFT online staff meeting (stroke rehabilitation and IMC inpatient provision)	5 Feb 24 5-6 pm	45
North East London NHS Foundation Trust (NELFT) online staff meeting (stroke rehabilitation and IMC inpatient provision)	6 Feb 24 2-3pm	100
Maternity staff (online meeting)	8 Feb 24 2-3pm	5
CICC (stroke rehabilitation and IMC inpatient provision)	8 Feb 24	20
Outpatient services in St Peter's Hospital (online meeting)	28 Feb 24 1-1.50pm	12
Outpatient services in St Peter's Hospital (online meeting)	5 Mar 24 4-4.50pm	10
Online meeting	26 Mar 24 1-2pm	189
CICC in person meeting (stroke rehabilitation and IMC inpatient provision)	9 Apr 24	12
<b>Total</b>		<b>407</b>

Table 4 Details of staff events

An overview of the perspective of staff, summarising the opinion expressed during staff meetings and feedback submitted in response to the survey can be found in Section 7.

### 2.1.5 Voluntary and community sector organisation focus groups

Over 30 voluntary and community sector organisations (VCSOs) were invited to hold focus groups with their members. The organisations were selected based on the groups identified in the equality and health inequalities impact assessment.

Several groups expressed an interest in running a focus group. A toolkit including a presentation, discussion guide and reporting template was provided for the facilitators to run the focus groups. The organisations were responsible for arranging, promoting and recruiting their members to the focus group. A microgrant of £300 was provided to VCSOs by way of thanking them for their participation.

The report template which includes the questions can be found in Appendix 3. Some groups tailored and selected the questions asked at the focus group to be more relevant to their participants.

In total six organisations ran a focus group and provided feedback for this report.

Organisation name	Group / community	Locality	Date	No. of attendees
Maldon and District Community Voluntary Service	Older people at risk of social isolation	Maldon	4 Mar 24	22
Maldon and District Community Voluntary Service	People living with autism or a learning disability	Maldon	8 Mar 24	9
Southend People's Assembly	Campaign group	Southend	23 Mar 24	9
East Beach Residents Association (EBRA)	Residents in a geographical area including all protected characteristics	Southend	26 Mar 24	12
Ace Music Therapy CIC	Children and young people, people living with a sensory impairment, people living with autism or a learning disability, people approaching end of life and their carers, people with severe and enduring mental illness	Chelmsford	27 Mar 24	7
LGBT Mummies	Same sex and LGBT women and people	Online	23 Apr 24	2
<b>Total</b>				<b>61</b>

Table 5 Details of focus groups held with VCSO organisations

The analysis of the discussions at the focus groups can be found in Section 8.

### 2.1.6 Additional meetings the ICB were invited to attend

The ICB were invited to attend eight meetings. One organised by the Member of Parliament for Maldon, others organised by district and town councils, local councillors and other community groups in Maldon, South Woodham Ferrers and Southend-on-Sea. Information about the consultation was presented and discussed at each of the meetings. Feedback was recorded at four of the events, whilst in other groups individuals were directed to complete the consultation survey.

Maldon MP, Sir John Whittingdale OBE, organised an event at the Plume Academy, Maldon. The venue for this event was full to capacity at 400 people. Organisers estimate 50-100 other people were turned away at the door. MSE ICB representatives were invited

to speak and made arrangements to record the proceedings to capture the feedback shared and questions raised by the participants. The recording of the event was published on YouTube and shared on social media for transparency and transcribed and analysed.

A summary of the event can be found in Section 10. The report of this event can be found in Appendix 4.

Additional meetings	Date	No. of attendees
Plume Academy, Maldon - MP meeting	9 Feb 24 - 7pm	400
Meeting at Tollesbury with local councillor	26 Feb 24 7-9pm	34
Healthwatch Southend Community Assembly (representing Patient Participation Groups, Resident Associations, Healthwatch Southend and Community Connectors)	27 Feb 24 2.30pm	10
Southend Multicultural Group	5 Mar 24 10am	c.10
South Woodham Ferrers Community Group	5 Mar 24	25
Witham Council	11 Mar 24	40
Maldon Stroke Support Group	21 Mar 24	30
Breathe Easy Group, Southend	3 Apr 24 2- 3pm	20
Wood Corner Caravan Park, Maldon	17 Apr 24 3–4pm	8
<b>Total</b>		<b>577</b>

Table 6 Details of additional meetings attended

### 2.1.7 Additional consultation survey

The Member of Parliament for Maldon, Rt Hon Sir John Whittingdale OBE, MP ran an additional consultation survey with Maldon constituents.

The questions were set by Sir John's office and the exercise approved by the Independent Parliamentary Standards Authority. The survey was launched on 5 March 2024, constituents were given the opportunity to respond until 11 April 2024.

The survey was promoted by:

- Emailing constituents who have raised local health issues since 2020.
- A leaflet drop in the local area.
- An article on Sir John's website [johnwhittingdale.org.uk/?p=3313](http://johnwhittingdale.org.uk/?p=3313)
- Survey linked to on social media and in newsletters.

MSE ICB confirmed that responses to this survey will be taken into consideration as part of the consultation process and asked Stand to produce an independent analysis of the responses received.

The summary of findings from that report are included at Section 11.

### **2.1.8 Additional submissions**

In addition to the survey, consultation discussion events, focus groups and public consultation hearing, individuals and organisations were invited to submit a written response. This was possible by:

- submitting a question or comment on Virtual Views, the ICB's online engagement hub,
- emailing the ICB's involvement team,
- calling the involvement team, or
- writing to the ICB.

In total, 13 responses were received by members of the public and one from a staff member. Additionally, three organisations provided a submission (Healthwatch Southend, Churches Together in Maldon and South Woodham Ferrers Health and Social Care Group).

An online petition to 'prevent the closure of St Peter's Hospital or ensure investment in a new Maldon medical facility' initiated prior to the consultation on 7 October 2023 was submitted to the ICB on 3 April 2024 with 6,666 electronic signatures and 823 handwritten submissions. The petition was formally received at a meeting of the Mid and South Essex Integrated Care Board on Thursday, 9 May 2024 in Chelmsford.

The analysis of the additional submissions can be found in Section 11.

## **2.2 Data protection**

Participants' data was processed on the basis of consent. The data provided has been processed only for the purposes of managing and reporting on the consultation. All data is held in line with the latest data protection regulations. Every effort has been taken to ensure that individuals cannot be identified in this report.

Participants were informed of the data processing statement each time they provided information.

## **2.3 Publicity and promotion**

A comprehensive communications plan and supporting system communications toolkits were produced. This included a timed plan of different communications activities and a multitude of designed communications assets to publicise and promote the consultation, how people could find out more and get involved in giving their views. The ICB used all its available communications mechanisms including its website (Virtual Views), social media platforms, staff communications channels and the media.

Designed communications assets to promote the consultation, associated events and various consultation podcasts, recordings and geo-specific materials to encourage involvement included:

Materials	Details	Quantity
<b>Posters</b>	Distributed across mid and south Essex <ul style="list-style-type: none"> <li>● Two general consultation posters</li> <li>● Two general event posters (two colour versions each)</li> <li>● One hearing event poster (two colour versions)</li> <li>● Seven in person event posters – one for each location (two colour versions each)</li> <li>● Five online event graphics – one for each (two colour versions each)</li> </ul>	17
<b>Pull up banners</b>	Located in high impact areas <ul style="list-style-type: none"> <li>● Two general pull up banners</li> <li>● Three consultation-topic pull up banners</li> <li>● Two location-based pull up banners, located in relevant community hospitals</li> </ul>	7
<b>Social media graphics</b>	35 different designs developed: <ul style="list-style-type: none"> <li>● Two general graphics (two sizes each)</li> <li>● Two general event graphics (two sizes each)</li> <li>● Two consultation hearing event graphics (two sizes each)</li> <li>● One maternity hearing event graphic (two sizes)</li> <li>● One YouTube live hearing event graphic (two sizes)</li> <li>● Seven in person event graphics – one for each location (two sizes each)</li> <li>● Five online event graphics – one for each (two sizes each)</li> <li>● Four topic specific graphics e.g. one birthing unit, intermediate beds etc (two sizes each)</li> <li>● One location specific FAQ graphics (two sizes)</li> <li>● Three podcast social graphics</li> <li>● One apology graphic for early closure of survey (two sizes)</li> <li>● One FAQs graphic for local FAQs (two sizes)</li> <li>● Two consultation extension graphics (two sizes each)</li> <li>● Two deadline approaching graphics (two sizes each)</li> <li>● One consultation closes graphic (two sizes)</li> </ul>	35
<b>Digital screens banners</b>	<ul style="list-style-type: none"> <li>● Two general designs</li> </ul>	2
<b>Web banners</b>	Shared across all health and care partners in mid and south Essex <ul style="list-style-type: none"> <li>● Two banners for use on virtual views</li> <li>● One podcast thumbnail</li> </ul>	3
<b>Email banners</b>	Shared across all health and care partners in mid and south Essex <ul style="list-style-type: none"> <li>● Two general banners</li> <li>● Two event banners</li> <li>● Two YouTube promotion banners</li> </ul>	11

Materials	Details	Quantity
	<ul style="list-style-type: none"> <li>Two banners for local FAQs emails</li> <li>Two consultation extension email banners</li> <li>One consultation closes email banner</li> </ul>	
<b>Email signatures</b>	<ul style="list-style-type: none"> <li>Two general signatures</li> </ul>	2
<b>Teams backgrounds</b>	<ul style="list-style-type: none"> <li>Two general designs</li> </ul>	2
<b>Voiced presentation</b>	<ul style="list-style-type: none"> <li>One voiced presentation to help explain proposals to residents who could not attend the events or prefer audio</li> </ul>	1
<b>Presentations for use at events - multiple</b>	<ul style="list-style-type: none"> <li>Various presentations developed to help explain proposals to residents and staff.</li> </ul>	Various
<b>Healthy debate podcasts</b>	<ul style="list-style-type: none"> <li>Two recordings developed with subject matter experts to help explain the proposals.</li> </ul>	2

Table 7 Promotion of the public consultation

All assets were included in multiple communications toolkits that were widely distributed across health and care partners in mid and south Essex.

In line with the Communications Plan, the consultation was communicated across many stakeholder and partner groups, including public libraries, via local authorities, parish councils, schools, and the websites and social media platforms of partners and stakeholders (such as local hospitals, local authorities and parish/town councils). There were also public information stands in towns such as Maldon and at public meetings.

To accommodate the older population across these areas and those who may not have access to the consultation electronically, information was shared with care homes, in local newspapers, and via BBC Essex radio. The consultation received considerable news coverage across the local BBC and ITV news channels.

The digital presentation video was available online and had 1,230 views.

### 2.3.1 Virtual Views website

The ICB Virtual Views website served as a central repository for information relating to the consultation including:

- The consultation document – also available in easy read
- Summary document of the consultation document
- Pre-Consultation Business Case
- FAQs for the consultation and relating to the proposals in the consultation
- Promoting the different ways to be involved in the consultation:
  - Link to the consultation survey.
  - Easy read version of the survey.

- List of public events and links to sign up.
- Public Consultation Hearing, including links to register and an email address where those who wished to present evidence could send their request. Once the agenda was available, this was published on the Virtual Views webpage.
- Contact information – email address, postal address and phone number.
- Information about the VCSO focus groups.
- Two podcasts:
  - Healthy debate episode one: Public consultation explained
  - Healthy debate episode two: Stroke and intermediate care

The Virtual Views website provided the facility for questions and comments to be posted. All questions were addressed.

In total, during the consultation period there were 20,293 visits to the Virtual Views website and 68 questions submitted and responded to.

The Virtual Views website was updated regularly in response to requests for further information with documents being added throughout the consultation. These included:

- Travel times from Town Centre (Council office postcode) to hospital (postcode) by public transport and car at 10am Monday
- St. Peter's estate briefing
- Integrated Impact Assessment Executive Summary and annex
- St. Peter's Hospital Condition Data 2022
- DRAFT St. Peter's Condition survey – Explanatory note 14 March 2024

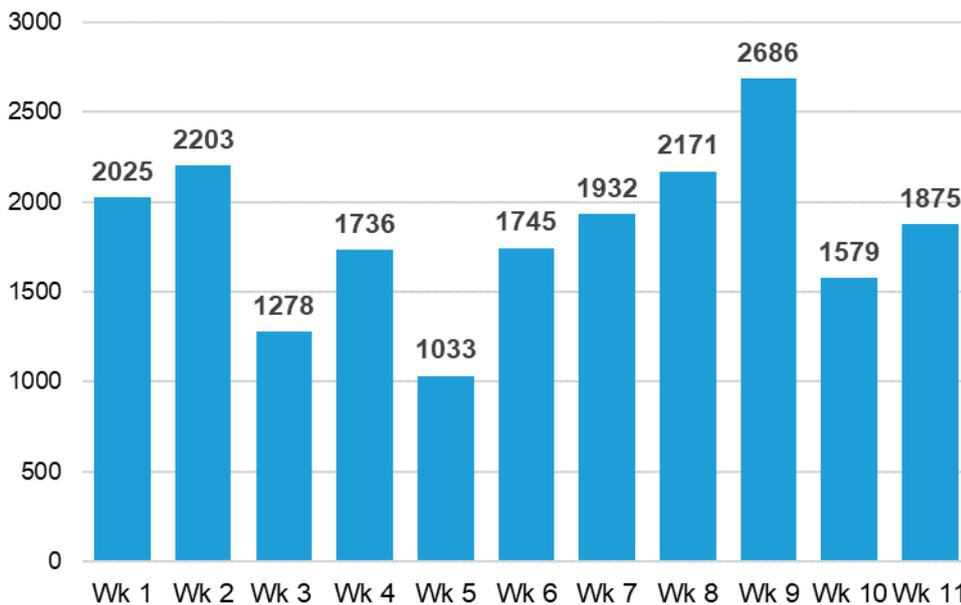


Figure 7 Virtual Views visits by week

### 2.3.2 Social media data

The ICB used their social media platforms to promote the consultation, providing links to the Virtual Views website, the online survey and promoting the consultation events. Partners were asked to share these posts to promote the public consultation

Platform	Posts	Impressions	Engagements	Reactions
Facebook	76	106,000	914	100
X (Twitter)	74	19,000	173	73
Instagram	11	491	7	4
LinkedIn	1	677	8	5

Table 8 Social media overview for consultation engagement

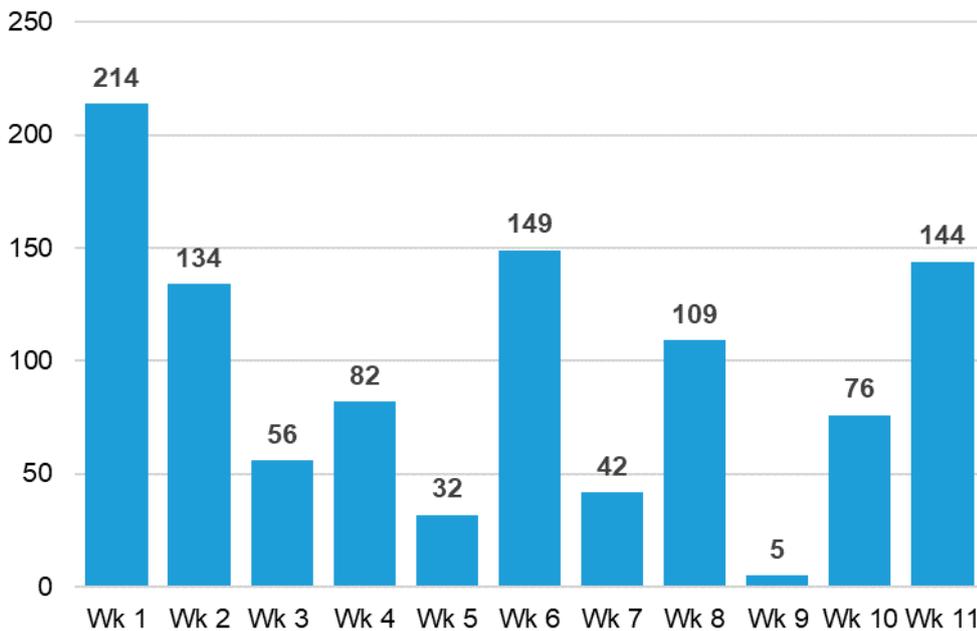


Figure 8 Social media engagement per week

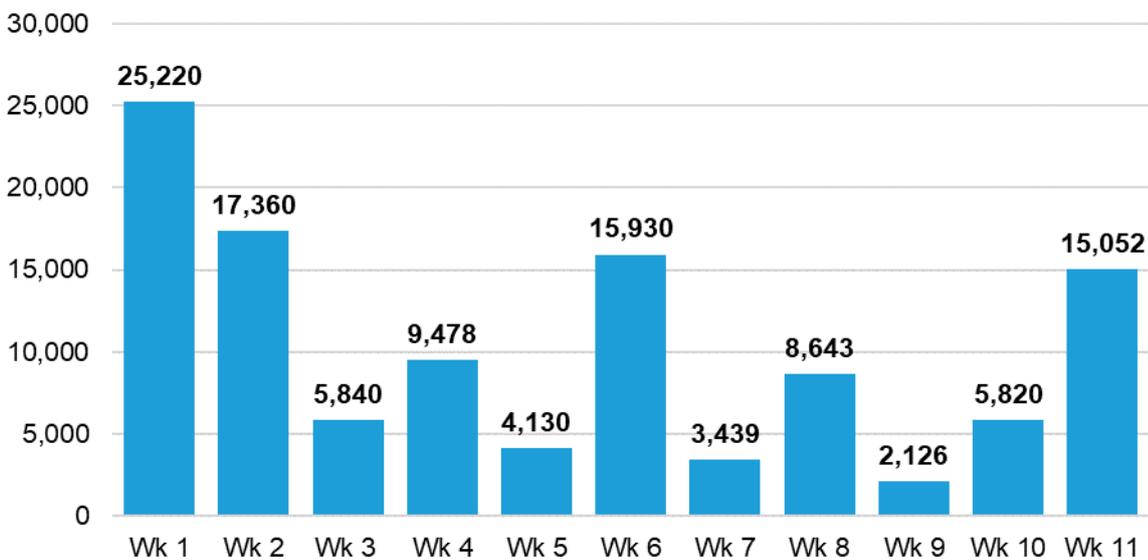


Figure 9 Social media impressions per week

### 2.3.3 Media coverage

Press releases were issued to a comprehensive local media list during the course of the consultation period. All of which can be found by [visiting the 'News' section of the NHS Mid and South Essex website](#).

Date	Theme of comms
25/01/24	Public urged to have their say on proposed changes to services at local community hospitals
31/01/24	Basildon residents are invited to attend events to share their views on proposed changes to NHS services
31/01/24	Thurrock residents are invited to attend events to share their views on proposed changes to NHS services
01/02/24	Residents in Maldon and surrounding areas are invited to attend an event to share their views on proposed changes to NHS services
05/02/24	Southend residents are invited to attend events to share their views on proposed changes to NHS services
07/02/24	Public invited to present evidence at public consultation hearing on proposed changes to services at local community hospitals
15/02/24	New event added as part of a public consultation on the changes to NHS community services in mid and south Essex
22/02/24	Public consultation on changes to NHS services reaches halfway milestone
06/03/24	Local community groups invited to help to champion local voices as part of a consultation on proposed changes to NHS services
14/03/24	More chance to have your say on changes to NHS community based health services
28/03/24	Just one week remaining to respond to our consultation on NHS services
05/04/24	Further one week extension to community capacity consultation
12/04/24	NHS consultation on community-based health services closes

Table 9 Press releases

Two exclusive media interviews were also arranged with BBC and Newsquest (publisher for most local newspapers including Maldon and Burnham Standard and Echo) at the beginning of the consultation to ensure comprehensive media coverage.

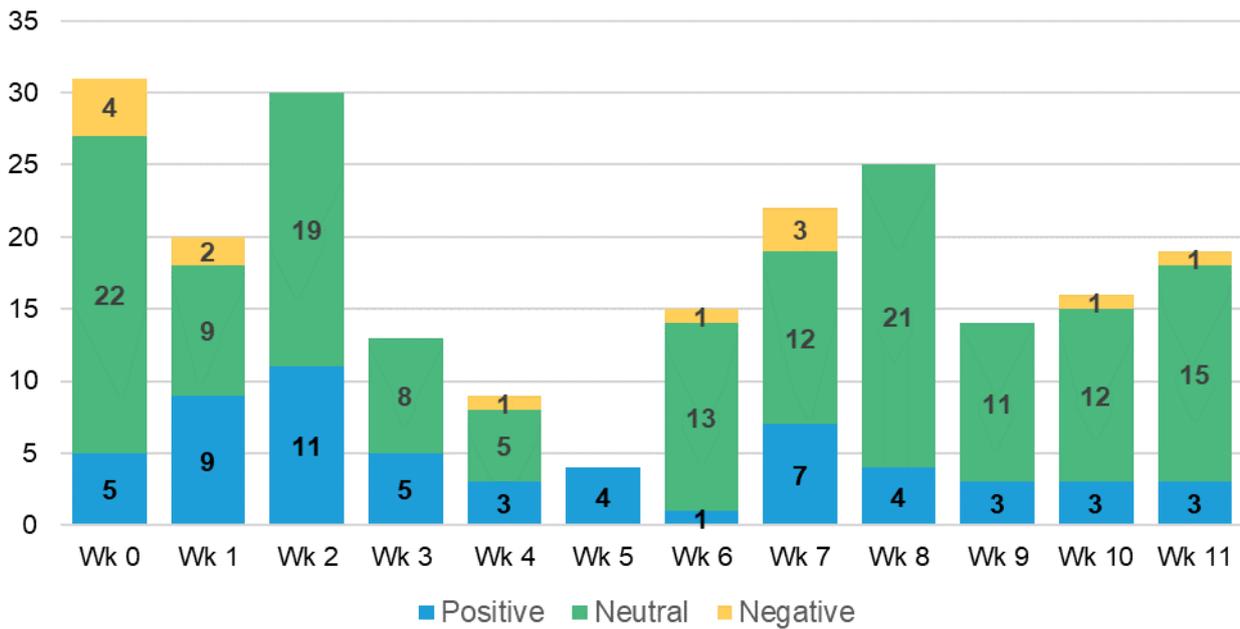


Figure 10 Media coverage by week and by sentiment

## 2.4 Consultation management and delivery

The consultation was delivered by a small operational team from MSE ICB and Stand, a specialist involvement and service change consultancy.

### 2.4.1 Progress monitoring

The consultation management group held twice-weekly meetings to monitor progress, consider process feedback, and agree action on identified issues.

Structured reviews of consultation progress took place at the halfway point of the original eight-week public consultation period, in the week preceding the planned closure of the consultation on 4 April, and again ahead of the actual close of the consultation on 11 April.

This included reporting on:

- Consultation activity and responses.
- Background / the consultation process.
- Departures from the project plan.
- Progress on budget and resourcing.
- Successful engagement with identified stakeholders.
- Ongoing monitoring and consultation management.
- Risks.
- Recommendations for amendments.

### 2.4.2 Action taken in response to progress monitoring

Actions taken in response to progress monitoring included:

- a. The first progress review showed that survey responses from Brentwood and Southend were low. In response, an extra event was arranged at Brentwood and more promotion of the consultation was targeted at these areas. A dedicated communications toolkit was produced and stakeholders and alliance partners, including Southend Council and Southend Healthwatch were asked to promote through their channels.
- b. The first progress review noted that men were significantly underrepresented in responses at all age ranges. Only 14% respondents at this point were over 75 which is an age who are most likely to use stroke rehabilitation and community services. More men's VCOSOs were targeted to run a focus group. More paper surveys were printed to gather more responses from the other age groups.
- c. Feedback was received at one of the early online events that the consultation document was long and not easy to follow. To help mitigate this a voiced presentation was uploaded onto Virtual Views which outlined the consultation proposals in a more accessible and easier to understand way.
- d. It was noted there had been lower than expected take-up from VCOSOs who had been approached to run a focus group. A list of specific groups was targeted, the Virtual Views webpage was amended to ask any voluntary and community sector organisation who would like to get involved in these activities, to complete the expression of interest online form or email the Stand team. A press release and e-newsletter was circulated asking for interested groups to get in touch which generated a welcome response.
- e. The closing review noted that the four-day Easter break had impacted the ability of MSE ICB to respond to some of the queries it had received in relation to the consultation, and that some residents had asked for more time for people to submit their responses. The ICB added a further week to the consultation period to make sure that everyone who wished to consider the published information and respond to the consultation could do so.

## 2.5 Quality assurance

Quality assurance was a systematic part of the consultation programme management. The ICB appointed a specialist public and patient consultation practitioners, Stand, to deliver the consultation activity.

NHS England, as part of their regulatory assurance role, reviewed and approved the pre-consultation business case, the draft consultation plan and the draft consultation document.

Stand followed a best practice consultation management approach, using tried and tested methods for delivering consultation activities and ensuring that consultation documentation met regulatory best practice standards requirements. A key element of the management approach is conducting regular progress reviews to identify, acknowledge and act upon issues that arose and to discuss and agree actions.

MSE ICB brought together a group of local stakeholders to ask for feedback on the consultation plan and key documents. The draft consultation document was shared with

Southend-on-Sea, Thurrock and Essex Healthwatch organisations and health overview and scrutiny committees for comment.

Learnings from issues that arose and actions taken are reported in Section 5.

Analysis of the survey responses and feedback received has been carried out and quality assured by our experienced qualified research analysts who are members of the Market Research Society and Social Research Association.

## 2.6 Notes on analysis

### 2.6.1 Survey analysis

Unless specific, percentages are calculated as a proportion of those who responded to the question. This is illustrated by the N number (e.g. N=12).

Rounding means percentages might not add up to 100%.

For all open questions in the survey, thematic analysis was used to provide a quantitative representation of the feedback. Each individual response was assigned a code and these codes were grouped into themes.

To provide further insight into the results, sub-group analysis was undertaken to explore differences by demographics and other variables (e.g. location of respondents, age group, gender). Where there is a statistically significant difference between groups (at the 95% confidence level), this has been noted as a 'significant' difference. Comparison between groups was only possible if the sub-group sample sizes were 30 or more.

### 2.6.2 Analysis of consultation discussion groups / events

The findings from the events are constructed on an approach where the data from the transcripts is analysed and responses grouped into themes that most closely represent the views expressed. Qualitative data does not allow for commentary on the specific number of times comments are made within these themes.

### 3 Equalities and health inequalities

There is a requirement for NHS bodies to fulfil their duties in line with equality and health inequality legislation. The National Health Service Act 2006 (s14Z35) states that ICBs must consider the need to:

*Reduce inequalities between patients in relation to access to services and outcomes; promote the integration of health services where this would improve quality and; reduce inequalities of access and outcomes for individuals.*

The Public Sector Equality Duty (s149 Equality Act 2010) requires public bodies to consider the need to:

- a. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics listed in the duty are:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

To assist the ICB in discharging these duties, demographic data including the relevant protected characteristics, health and socio-economic indicators was requested in the survey and from the participants of the focus groups.

In developing the Pre-Consultation Business Case (PCBC), MSE ICB carried out an Equality and Health Inequalities Impact Assessment (section 12.10.1 on page 98 of the PCBC), which identified the following groups who were likely to be affected:

- Residents from ethnic minorities.
- Residents over 65 as the large majority of patients in intermediate care (IMC) and stroke beds were aged over 65.
- Residents aged 40-69 as 38% of stroke patients are this age.
- Males and females proportionately to be engaged.
- People living in deprived areas across mid and south Essex.
- Women and people of child-bearing age.

- Patients with mobility and sensory conditions.
- Patients who do not live in Maldon but attend Maldon outpatient services.

Whilst the survey and the contacts with the public could include people from all groups, Voluntary and Community Sector Organisations (VCSOs) working with the groups identified were targeted to run focus groups. The focus groups were provided with a guide on how to run their focus groups and were supported during the process.

Information would be made available in different formats and languages if requested, including BSL.

The consultation document (Appendix 5) was written in accessible English, and produced in an easy read format to give greater access for people with learning disabilities and in audio. It was made available online and in hard copy to those running the focus groups.

The survey was also produced in an easy read version. People who wished to complete the survey were offered additional support if required and paper versions were sent out to those who requested. The full equality monitoring profile of participants is at Appendix 2.

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## 4 Who responded

A total of 5,544 individuals responded to the consultation survey.

The majority were from Maldon (71%; N=3,945). Smaller proportions were from Chelmsford (9%; N=518), Braintree (8%; N=434), Brentwood (4%; N=211) and Southend-on-Sea (3%; N=165). One percent or less were from other areas including Colchester, Basildon, Rochford and Castle Point.

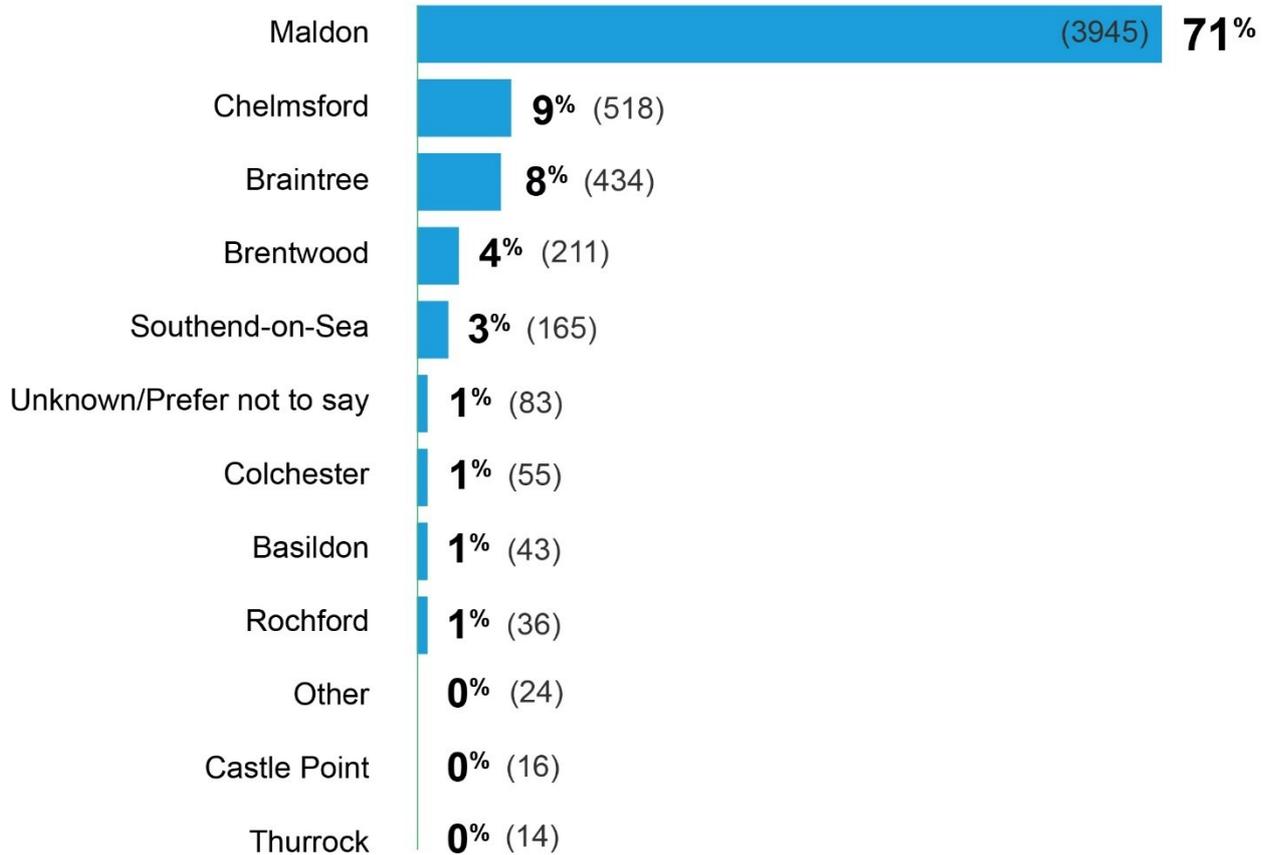


Figure 11 Location – all survey respondents (N=5544)

A summary of the demographic profile of respondents is provided below with a full breakdown available in Appendix 2.

The greatest proportions were aged 55-64 years (22%; N=1193) and 65-74 years (23%; N=1253) with slightly smaller proportions aged 45-54 years (16%; N=864), 75-84 years (14%; N=776), 35-44 years (11%; N=612) and 25-34 years (8%; N=455). Just 2% were aged 16-24 years (N=108) and the same proportion 85 years or older (N=131).

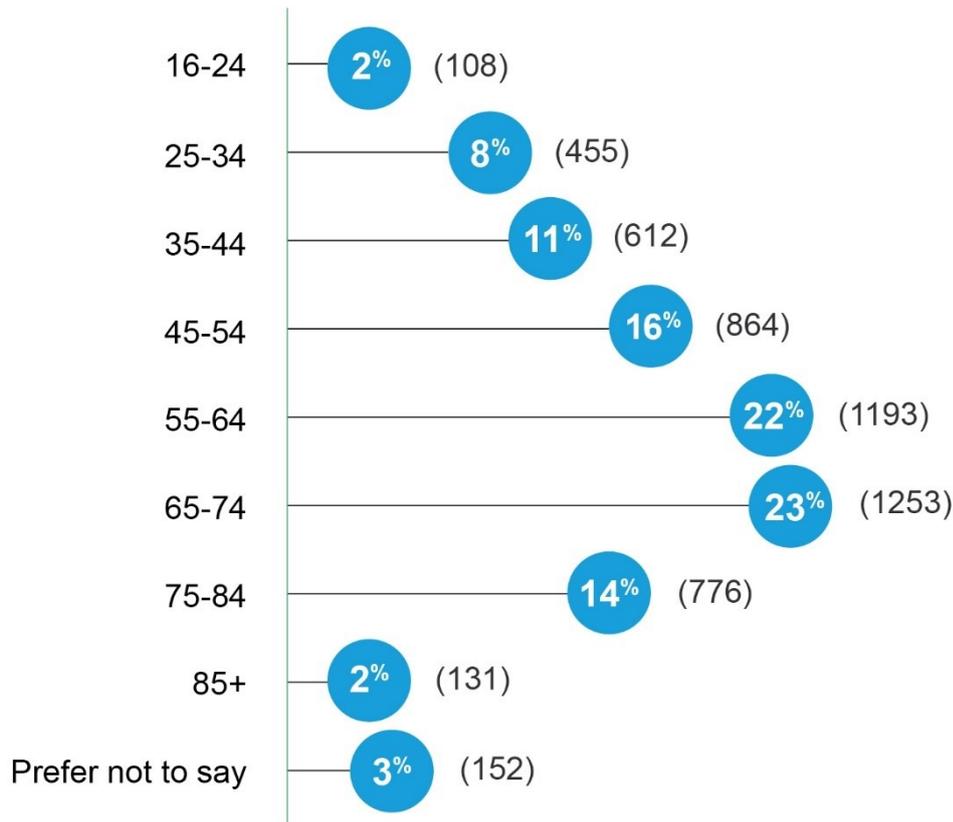


Figure 12 Age breakdown – all survey respondents (N=5544)

The majority identified as White – English, Welsh, Scottish, Northern Irish or British (91%; N=5057). The remaining respondents identified as another ethnic group or background (3%; N=169) or preferred not to say (6%; N=318).

Nearly all reported that their main language was English (96%; N=5327), with 23 individuals stating that this was something different (<1%) (3%; N=194 chose not to respond to the question).

85% identified as heterosexual or straight (N=4724), whilst 1% identified as Bisexual (N=83) and the same proportion as Gay or Lesbian (N=58) (12%; N=679 chose not to respond to the question).

Two thirds described themselves as a woman (including trans woman) (67%; N=3693) and 23% (N=1262) as a man (including trans man). A further 22 individuals (<1%) identified as non-binary, whilst 10% (N=567) chose not to respond to the question. Less than 1% (N=15) stated that their gender identity did not match their gender assigned at birth.

Over half (54%; N=3016) stated that they were Christian, whilst 31% (N=1710) have no religion. Furthermore, 12% (N=650) chose not to respond to the question and 3% (N=168) selected another religion.

One in 20 (5%; N=279) were currently pregnant or have given birth in the last year.

42% (N=2347) said they have a physical or mental health condition(s) or illness(es) lasting or expected to last 12 months or more. Of these, 24% (N=558) said this impacts their day-

to-day activities a lot and 49% (N=1140) a little, whilst 24% (N=562) stated that it has no impact.

In terms of respondents' financial situation, 7% (N=380) said they have more than enough money for basic necessities and a lot spare that they can save or spend on extras or leisure, whilst 35% (N=1948) said have more than enough money for basic necessities, and a little spare. Furthermore, 23% (N=1269) said they have just enough money for basic necessities and little else, whilst 3% (N=175) don't have enough money for basic necessities and often run out of money. Notably, a third chose not to respond to the question (32%; N=1772).

Response	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%
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%
I have just enough money for basic necessities and little else	1269	23%
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%

Table 10 Financial situation – all survey respondents (N=5544)

2494 individuals / organisations participated in another way including a discussion event or meeting (including staff meetings), a focus group hosted by a voluntary or community organisation or by providing a direct submission to the consultation.

Other engagement	No. of participants (known)
Consultation events	310
Public consultation hearing*	14
Additional meetings the ICB invited to attend	177
Plume Academy, Maldon - MP meeting	400
Additional consultation survey organised by Sir John Whittingdale OBE MP	1108
Staff meetings	407
VCSO focus groups** (including Maldon and District Community Voluntary Services, Maldon Stroke Support Group, Southend People's Assembly, East Beach Residents Association, ACE Music Therapy CIC and LGBT Mummies)	61
Additional submissions by members of public / staff and other organisations (including Healthwatch Southend, Churches Together in Maldon and South Woodham Ferrers Health and Social Care Group)	17
<b>Total</b>	<b>2494</b>

*Table 11 Details of other engagement*

\* The first three sessions of the public consultation hearing had 11 participants, 57 in-person observers, an online audience that peaked at 65, and more than 1,000 views of the published recording. Session 4 had three participants and 250 views of the published recording.

\*\* Demographic data was collected from the participants in the VCSO focus groups and is available in Appendix 2.

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## 5 Learnings

As with all processes, learning is available from the issues and challenges encountered.

### Issues addressed during the consultation

- Several requests were made by groups and councils for the ICB to attend their meetings. Additional sessions were arranged and ICB attendance organised for other meetings for example, South Woodham Ferrers, Tollesbury, and Brentwood.
- The consultation surveys the team issued in hard copy were accompanied by a pre-paid reply envelope, consultation documents, or summary consultation documents, which included the correspondence address. Several people raised the issue that the return address was not on the survey itself. Subsequent print runs of the survey included the return address at the end of the survey.
- Additional information was requested during the consultation which was made available to the individuals requesting the information and added to the Virtual Views consultation website. This included:
  - Adding the full list of outpatient services in St. Peter's Hospital to the FAQs
  - Travel information
  - Estates report relating to St. Peter's Hospital
- Despite weighting activities towards Maldon District, there was clearly a greater appetite for events creating opportunities for engagement and feedback in Maldon town than had been included in the consultation plan. The event organised by Sir John Whittingdale OBE, Member of Parliament for Maldon, on 7 February at Plume Academy met that need and was over-subscribed. The analysts are grateful to Sir John and his team for agreeing that the proceedings could be recorded for inclusion in this report. The event recording was published on the ICB's YouTube channel and questions were made available online for all to access.
- Several members of staff were keen to present at the Public Consultation Hearing so were given the opportunity to present evidence at an additional hearing session organised for the purpose and held online on 4 April.
- Some in the midwifery staff team told organisers that they had not been aware of the advertised online discussion session about the midwife-led birthing unit. They were encouraged to check with the Mid and South Essex NHS Foundation Trust to find out what opportunities there were to attend another event.
- There was a view from some that the decision to close St. Peter's Hospital had already been made as some services had already moved, and that the consultation was disingenuous. Every chance was taken to confirm that a decision on the future of St. Peter's Hospital has not been made and to restate the reasons for some services having moved already.
- There was greater demand for paper surveys than had been expected, so a process was set up to distribute paper surveys and summary consultation documents to individuals, community groups, a campaign group and councils among others. More copies were made available in libraries and in community

settings. Those handing out paper copies were also advised that completed surveys could be handed in at the Maldon library or the Council Offices.

- The deadline for submitting evidence to present at the Public Consultation Hearing was stated in the consultation document to be 7 March which was correct at the time of print. The subsequent deadline was stated to be 4 March. To enable everyone who wanted to give evidence had the opportunity to, the deadline was extended until 12 March.
- Several people who attended a Brentwood engagement session stated that 'at the meeting it was confirmed' that Brentwood residents get priority on beds at Brentwood Community Hospital and that 'only empty beds would be used for any mid Essex patients' and 'It was pointed out that the original Brentwood Community Hospital was built and paid for by local people on land given'. The FAQs were updated and messages replied to on social media responding to this, clarifying that practically, all efforts are made to try to place people as close to home as possible' and that beds would be available for all residents and based on clinical need, as assessed by the clinical teams.
- Some questioned how the public consultation was reaching those who fall under the Equalities Act. It was explained that an equality impact assessment had been produced and voluntary and community sector organisations (VCSOs) were being targeted to promote and run focus groups on behalf of the consultation.
- To increase the numbers of VCSOs taking part, a press release was put out on 6 March asking interested groups to contact the Stand team to express their interest and to find out more about what was involved.
- Healthwatch Southend asked for additional promotion of the consultation in south east Essex to draw more attention to potential changes at Cumberlege Intermediate Care Centre in Rochford and at Brentwood Community Hospital. Location specific FAQs were created and added to the Virtual Views website, a dedicated communications toolkit with location-specific graphics was developed and shared with key stakeholders in south east Essex and further targeting of south east Essex online and with media releases was undertaken.
- The online survey was closed in error for a period of 9 hours from midnight on 21 March to 08.57am 22 March in line with the original closing date. An apology was issued on the Virtual Views webpage to anyone who tried to complete the survey in this time period and explaining the issue was resolved.
- Some criticised the consultation for the lack of specific proposals for new locations should the ICB decide to move patient services out of St. Peter's Hospital. The consultation set out the reasons why NHS Mid and South Essex think the St Peter's Hospital building is no longer suitable as a facility for modern healthcare services and asked for residents' views on the "possibility of moving all other patient services at St Peter's Hospital, Maldon to other locations, mostly in and around Maldon". It was explained in discussion events and in the FAQs that the consultation didn't include detailed proposals for where these services will go, because there aren't yet any such proposals. It was explained that this part of the consultation is of the type

sometimes called a gateway consultation, because it recognises it informs a pivotal point in the process, in this case an in principle decision about continuing in the future to pay for services to be provided on the St Peter's Hospital site, or to pay for those services to be provided in alternative locations in the future. In the consultation people were asked for their views on the idea of moving all services out of St Peter's Hospital, so their views and ideas could be considered when that first decision is being taken.

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## 6 Analysis of the consultation events

### 6.1 Overview

Of the 187 people who registered to attend the face-to-face or online consultation discussion events led by the ICB, 68 attended and participated in the sessions. Feedback is presented under the three consultation areas, as well as more generally about the overall consultation.

Where it was possible to ascertain the geographical location of respondents i.e. from individuals attending the in-person events, this has been documented.

### 6.2 Key findings

#### 6.2.1 Stroke rehabilitation and intermediate care inpatient services

Overall, there was less support for Option A, compared to Option B, with just a small number identifying potential benefits of Option A. These included:

- Provision of a centre for excellence for stroke patients offering more specialist care and providing patients with the best chance of recovery.
- Stroke being seen as the priority in terms of bed allocation.
- Not having to split services and workforce.

*“Families will understand the need to travel to a centre where patients are getting the best care, and the best chance of recovery.”*

*“Feel it's the better of the two options as you haven't got to split professionals and you get 50 beds and not 47. People already travel for e.g. cancer, heart attack and want the best care for their relatives.”*

Even when individuals recognised the benefit of centralising services, most had concerns about access difficulties for family, and loved ones being able to see patients, as well as staff. This applied to both those travelling by car, in terms of increased travel and cost, as well as those travelling by public transport, which was felt to be limited and inadequate.

*“It would put strain on staff having it in one place. We are already losing staff because of the traveling [sic] from wherever they live to Brentwood.”*

*“One of the problems in Brentwood is trying to get anywhere else because the means of getting to other places is always difficult. So, I assume it's the same for people coming into Brentwood, particularly by public transport. If patients have visitors coming from a distance, it will be more difficult for them.”*

Notably, travelling further distances was felt to be a specific concern given the demographic profile of the patients for this service.

*“Having to trek all the way to Brentwood is going to be difficult because of the age profile of these patients.”*

Other concerns with Option A related to:

- Issues with staffing and having staff all in one place and difficulties working across boundaries (e.g. social care discharge).
- Potential impact on Brentwood residents with fewer services available (no IMC beds).

If Option A is to be progressed, it was noted that careful consideration is needed in terms of the staffing at the specialist stroke rehabilitation unit to make sure the right resources are in place to enable the unit to function as well as it can.

Option B was generally preferred to Option A, with a slightly greater number discussing the benefits of this option. This included:

- Provide greater balance at Brentwood (stroke rehabilitation & IMC beds)
- Provide greater cover across the MSE patch for stroke rehabilitation, supporting accessibility.
- Share workload between two sites (Brentwood and Cumberlege Intermediate Care Centre (CICC)).
- Support staff travel.
- Better fit with resources currently available.

*"I prefer option B. It's spreading the workload. You're not trying to get all the staff into one place. Even staff find it difficult to travel to work sometimes. If you're keeping CCIC for stroke rehabilitation you will still get the staff that have an interest - the professionals that you'd need to run a rehabilitation unit."*

*"It feels better to spread resources and cover across the patch, would be better able to manage accessibility as it more reflects what we are working with at the moment"*

*"Option B seems to be the preferred option. In terms of being able to spread the resources, providing cover across the patch for stroke rehabilitation, thinking about accessibility, it seems to fit better. I'm working in Brentwood at the moment. It feels more feasible to think about what's in existence now, and what we're working with, and how we manage the workload and the patients coming onto the ward. The accessibility of the service with a smaller number of beds."*

Engagement with seven stroke patients at CICC revealed greater satisfaction with Option B. These patients discussed how they feel that IMC patients can't always appreciate or understand / tolerate the presentations of stroke patients who may be slower / unable to understand people or express their needs clearly. It was noted that stroke patients help each other which is a valuable part of their own recovery and wellbeing.

However, most of those who attended the discussion events felt that neither of the options were viable. The main reason for this was access difficulties with some noting how the proposals are attempting to centralise services in locations that are not central to the MSE population.

*“Looking at the map in the booklet the aim is to centralise the beds i.e., bring them all together to save money. However, central isn't Rochford or Brentwood these are at the extremities of the map to be more central would be roughly Basildon for all MSE population I would be looking to centralise it in the centre, you've chosen's places at the extreme of the geographies.”*

*“The population of MSE seems greater in this area so shouldn't a centralised unit be more central?” (Burnham-on-Crouch)*

Many of the residents from Southend-on-Sea stressed that based on their location neither of the proposals were feasible as they felt in both scenarios they were 'losing out'.

*“Neither option really suits the population of Southend. We'll either have a really good stroke rehab service, but those people who need intermediary care will have to travel, or vice versa. We've done some initial mapping in terms of accessibility and someone who lives in, say, the middle of Shoeburyness is going to take about an hour and 45 minutes by public transport to get to Brentwood and that will cost about £30 for a return ticket. When we have a cost of living crisis, that's a significant cost for people”. (Southend-on-Sea)*

It was felt that in both options the age profile of patients who are most likely to use these services has not been considered. With many questioning the ability of patients to recover when away from their loved ones with access difficulties for family / carers acknowledged.

*“When patients are away from home they recover less well.” (Southend-on-Sea)*

*“Beds are all too far away. Bigger issue if you don't drive and relatives can't visit. Impact will be hard on families and carers to visit relatives - could also impact negatively on the patient's recovery / mental health” (Burnham-on-Crouch)*

Parking at Brentwood was additionally highlighted as an issue.

*“Brentwood has a big problem with the car park. It's always full. I can see this becoming a bigger problem if you're getting people coming from outside the area. When you come out of the hospital it's all yellow lines. So even trying to park outside the hospital is a problem. This will be a problem for staff and patients and their families.”*

### **6.2.2 Freestanding midwife-led birthing unit**

A smaller number of comments were provided in relation to this proposal.

The benefits associated with having a freestanding midwife-led birthing unit were identified by one individual in terms of improving outcomes and confidence of midwives.

*“I think it's brilliant. I mean the evidence is there. You know, a midwife led unit away from the hospital does improve outcomes and it improves the confidence of midwives and they can just do what they need to do without any interference from their obstetric colleagues.”*

However, most had concerns about the proposal. These are summarised below.

- Limited choices and lack of local provision for Maldon residents – concern was expressed about birthing people feeling isolated so far from home, particularly those with additional needs such as a sensory impairment.
- Increased travel and access difficulties – it was noted that for people living in areas such as Burnham-on-Crouch and Southminster travel time could be over an hour, despite guidance suggesting that newborns should not travel more than 30 minutes in a car.
- Increasing demand with new housing developments, and concerns about the capacity of Braintree and Broomfield to cope with this.

*“It’s such an emotional time; it’s important people have real choice”*

*“Think about people with additional needs, and how further isolating it is (e.g. to a mother with sensory impairment) to be away from her partner and family. Also listen to partners. Their needs must be considered too”*

*“Guidance states you shouldn’t transport baby for more than 30 minutes in a car travelling from Braintree home is further than this.”*

*“When I gave birth at Broomfield in July that felt over capacity...it was so busy and you heard people being told oh, we can’t break your waters because there’s no beds on the labour ward or the postnatal ward is full, so we need to wait till that’s emptied out and that’s not a very nice environment to be in...So it worries me. It feels like Broomfield’s at capacity and we’re kind of putting more, putting more pressure on to Broomfield.”*

It was strongly suggested that the consultation seeks the views of those who have recently given birth at St Peter’s Hospital, with the importance of listening to those from younger cohorts highlighted. It was also suggested that the views of partners are considered.

### **6.2.3 All other patient services at St Peter’s Hospital**

There was acknowledgement among a very small number that St Peter’s Hospital is not fit for purpose and that services need to be moved.

*“Brentwood used to have a lovely old Community Hospital which they knocked down and built the new one. We had a lot of reservations. But the new building is lovely. The services are easier, the facilities are better. It’s a much better place. So, providing they can provide alternative facilities in town, I would say you’ve got to let go of history and say we’re in for providing the best service possible - and that comes from new and specially built premises.”*

*“It’s sad about the closure of the hospital. But it has been talked about for many, many years.”*

However, most found it difficult to comment on this proposal due to its perceived vagueness, with individuals requesting more information on what locations these services would be moving to.

*“Without us knowing what that physically looks like (i.e. where services will be located), it’s very difficult to make an informed comment or try and help you steer*

*services because we haven't got a clue what that looks like in terms of what will be left of outpatients in and around the Maldon district."*

*"It's unfair to have a conversation about something where there are no clear options. No thoughts about where services might be provided from in the future"*

*"This conversation should include more detailed plans on what the plans might be for where services go" (Burnham-on-Crouch)*

Those residing in a caravan park in Maldon sought clarification that outpatient services would remain local, with concern about how some of the elderly residents who only have access to a bike would travel to appointments.

There was evident distrust of why the changes are being made now and concern about the lack of transparency around costing and how new services / locations will be paid for.

*"There is no written down proposal business case here the consultation document is worthless."*

*"The money from St Peters will not cover the cost of new facilities. I would have expected feasibility studies on possible options of where to move outpatient facilities to."*

Objections to this proposal largely focussed on:

- Convenience of St Peter's Hospital.
- Transport difficulties and inconvenience of further travel – there was concern that this may deter people from accessing services, especially those who don't drive. The example was provided of people travelling to Broomfield for a 'quick test' which may require them to take a day off work.
- Increasing demand from new housing developments and lack of local provision – comments were made about primary care services being unable to cope with demand.
- Lack of capacity at other hospitals such as Broomfield.

*"Yet another hospital closed with services moving further away and outpatient clinics moving out and away from the centre. There should be modelling for these decisions". (Chelmsford)*

*"The X-rays, all those facilities that we use locally, the impact on us not having that is so tremendous and the option to have to go to use places like Broomfield is so inconvenient and difficult. I'm just really concerned. Has all this really been considered - extra people that are coming from Maldon having to go and use all these different facilities?"*

A small number of suggestions were made in terms of using empty facilities on the High Street, e.g. for blood testing, which are more straightforward than some services and don't necessarily need to connect with other services.

Participants in one group commented upon the importance of consistency as a consideration, in terms of making sure that long term users of outpatient services, for

example mental health patients and those with long term conditions, have stability in terms of where they go to, who they see and how their appointments work.

Additionally, one participant noted that virtual appointments should be considered when patients don't need a face-to-face appointment. It was suggested that this might be helpful for people on the outskirts of Maldon where travel is already an issue.

#### 6.2.4 General comments / considerations (all consultation areas)

Throughout the discussions it was evident that there was a feeling that decisions have already been made about the future of the services / St Peter's Hospital with concern that their input won't be taken on board.

*"Presented as fait accompli" (Burnham-on-Crouch)*

*"More information about the future plans would be helpful, the booklet presents it as a given." (Burnham-on-Crouch)*

This feeling was particularly strong among residents from Burnham-on-Crouch who felt that residents, patients and their relatives have been let down and their voices have not been listened to. Many recalled how promises that have been made during subsequent years have not been kept with concern that taking services out of the local area would mean further inequalities.

*"Patients and their relatives do not matter anymore." (Burnham-on-Crouch)*

*"There is a statement in the document around inequality - this decision could entrench inequality if services are lost." (Burnham-on-Crouch)*

*"Scared that the money from St Peters will go into the pot and not be spent for local patients." (Burnham-on-Crouch)*

There was a feeling that St Peter's Hospital should have been better maintained, with belief that this hospital can be repaired so that services can stay in Maldon.

*"I've worked all my life in architecture and my husband's a conservation architect. You can do anything you like with a building. Its age is not an insuperable consideration. There is plenty of land at the back of the hospital. There's even two entrances, so you could quite easily imagine a scenario where a partial rebuilding could be done at the back of the hospital and then coming forward in a later phase. All things are possible."*

*"Put Saint Peters back in scope - make the site a place for a significant GP drop centre for outpatients, primary care. This is specifically because of issues around Danbury GP access and outpatients and this is what is most important to most people."*

Additional comments / considerations included:

- Ensuring the consultation hears from real people with real lived experiences and includes looking at equality impacts - e.g. thinking about people that are neurodivergent and/or who have specific needs.

- Think about what is important to people and how to make things as easy as possible for them.

*“Focus on what's important to people re outpatient and related services. We heard about people with long term conditions that need close monitoring. They need help with their condition and any anxiety around it - to know they'll get a quick appointment and will get their results quickly and therefore get any follow up services quickly “*

*“Think about people who might have additional challenges and how to make sure things are as easy as possible.”*

*“Whatever happens, focus on how does this add value to the patient, how does this improve their experience of services? How does it improve their well-being overall?”*

DRAFT

## 7 Analysis of the feedback from staff

### 7.1 Overview

The equality impact assessment (EQIA) recommended that staff working in the acute and community hospitals are engaged with to understand the impact to the workforce of the proposed changes and how the environment will impact their work.

The following provides an overview of the perspective of staff, summarising the feedback submitted in response to the survey and opinion expressed during staff meetings. In total, 169 individuals responded to the survey as a member of staff or clinician and over 407 participated in the staff meetings / events.

Additionally, three staff members provided evidence at the public hearing held on 4 April 2024. Details of the evidence presented by individuals at the hearing can be found *[Insert link once published]*

### 7.2 Key findings

#### 7.2.1 Profile of survey respondents

169 individuals responded to the survey as a member of staff or clinician, the greatest proportions were from Maldon (31%; N=53), Southend-on-Sea (19%; N=32) and Chelmsford (12%; N=21). The majority were aged between 25 to 64 years (93%; N=157).

Location	No.	%
Maldon	53	31%
Southend-on-Sea	32	19%
Chelmsford	21	12%
Braintree	18	11%
Basildon	10	6%
Brentwood	10	6%
Rochford	9	5%
Other / unknown	8	5%
Colchester	4	2%
Thurrock	2	1%
Castle Point	2	1%

Table 12 Location of survey respondents (staff & clinicians) (N=169)

## 7.2.2 Stroke rehabilitation and intermediate care inpatient services

### Survey feedback

117 staff and clinicians responded to the section of the survey regarding stroke rehabilitation and IMC inpatient services.

In terms of Option A, just 9% (N=10) felt this was a very good solution and 10% (N=12) a good solution, with much greater proportions perceiving this as a poor solution (27%; N=32) or a very poor solution (44%; N=52).

In comparison, greater proportions felt Option B was a very good or good solution (20%; N=23 & 33%; N=39, respectively), with lesser proportions rating this as a poor or very poor solution (11%; N=13 & 21%; N=24, respectively).

Consequently, 53% (N=62) selected Option B as their preferred option, 16% (N=19) Option A, whilst 31% (N=36) selected neither.

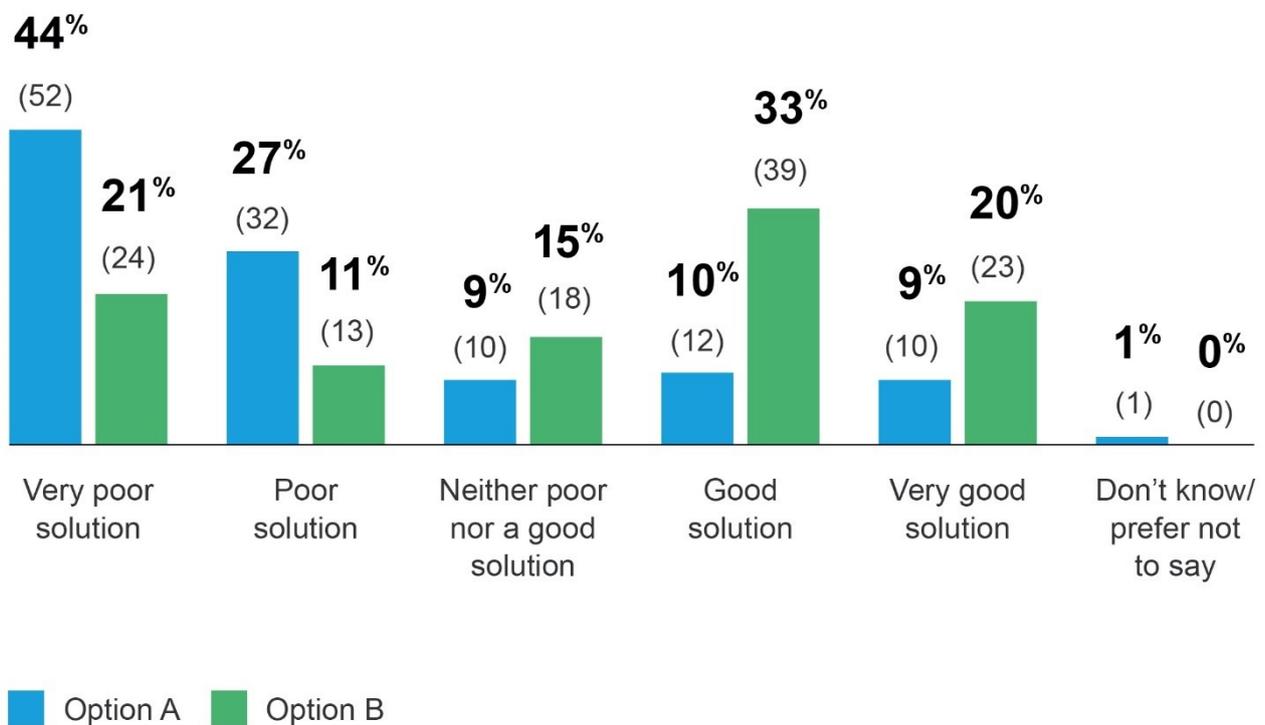


Figure 13 Stroke rehabilitation and intermediate care inpatient services – preferred option - staff & clinicians (N=117)

The following provides an overview of staff and clinicians' reasons for their choice. Note: This is not an extensive list, but rather illustrates the key reasons for support / objection.

The greatest proportion of those who selected Option A highlighted the benefits of having a centralised, specialist service (9%; N=11), whilst those selecting Option B felt this would improve access by providing patients with more local care and reducing travel time for visitors (31%; N=36). To a lesser extent Option B was considered a better option for Brentwood residents, providing a mix of stroke rehabilitation and IMC beds (10%; N=12).

Concerns with both proposals related to increased travel and access difficulties (22%; N=26) and closure of St Peter's Hospital and lack of local provision (17%; N=20).

Option A – reasons for support	No.	% of respondents
Benefits of specialist centre / centre of excellence (including pooling of resources, better access to therapy and funding, cost saving)	11	9%
Option B – reasons for support		
Improves access by providing patients with more local care and reduces travel time for visitors	36	31%
Better for Brentwood residents (mix of stroke and IMC beds)	12	10%
Reasons for objection to both Options		
Increased travel and access difficulties	26	22%
Closure of St Peter’s Hospital and lack of local provision	20	17%

Table 13 Stroke rehabilitation and intermediate care inpatient services - reasons for choice – staff & clinicians (N=117)

### Feedback from the staff meetings

Staff expressed mixed opinions about the proposals, with more support for Option B among Cumberlege Intermediate Care Centre (CICC) staff.

#### Option A

In terms of Option A, the following points were raised:

- Option A will disadvantage patients and their families living in the Southend area with travel to Brentwood being difficult. This was a particular concern for elderly and those who don't drive.
- Implications on patients not having their family around them.
- MSE is a large area and Brentwood does not feel very central.
- Impact on CICC staff travel, especially for those who don't drive.
- Significant change would be required at Brentwood with more specially stroke trained staff needed. It was noted that Brentwood staff would require training / upskilling, and this will take a lot of planning and time.
- A comment was made about Brentwood hospital having been donated for the residents of Brentwood. The option means people outside of Brentwood would be accessing the service.
- If implemented, the split between beds operated by NELFT and Provide was questioned.

#### Option B

There was support for Option B by staff at CICC who feel they are currently working well as a team and that this has developed more since the bed number increased for the winter period. Staff like the consistency of the team and the ability to develop long-term working relationships within this team and with other teams they work with (i.e., Early Support Discharge and acute care). However, CICC staff queried the capacity of community

services to support patients if there were no IMC beds in CICC as well as the level of therapy input required with the number of current vacancies in Occupational Therapy noted.

More generally, staff raised concerns about having the correct staffing at each site.

### **Both options**

There were concerns about the impact of the proposals on patients and their families from Maldon and surrounding areas who face considerable issues in accessing other hospitals, as well as the impact on staff and travel.

It was felt / suggested that the whole ICB footprint and pathway needs to be reviewed with thought given to whether these proposals are right for patients. Specific comments related to:

- Capacity of the future model and whether it will be sufficient to care for all patients in a timely manner and cater for the increasing population. Capacity issues in the current system were highlighted (e.g., Early Supported Discharge Team capacity, stroke bed capacity at Southend and Basildon Hospital).
- Admission criteria for stroke rehabilitation.
- Misconception that all beds on Paglesham Ward, Southend Hospital, are stroke beds. It was noted that not all patients on Paglesham are eligible to be transferred to a specialised rehabilitation unit (i.e. patients with IV antibiotics, NG tube, no balance) and that patients with a NG tube shouldn't be transferred to stroke rehabilitation if they have ability to get their swallow reflex back.
- Funding for hyper-acute stroke unit speech therapy (view to make a 7-day service)
- Management of stroke rehabilitation patients who become unwell (ensuring that they don't get lost in the system).
- Bayman Ward (Brentwood) isn't currently a centre of excellence – how will this be achieved and who is responsible?

### **7.2.3 Freestanding midwife-led birthing unit**

#### **Survey feedback**

66 staff and clinicians rated the proposal for a freestanding midwife-led birthing unit. The majority (73%; N=48) considered this to be a very poor solution, with a further 17% (N=11) perceiving it to be a poor solution. Just 5% felt it was a very good or good solution (N=3).

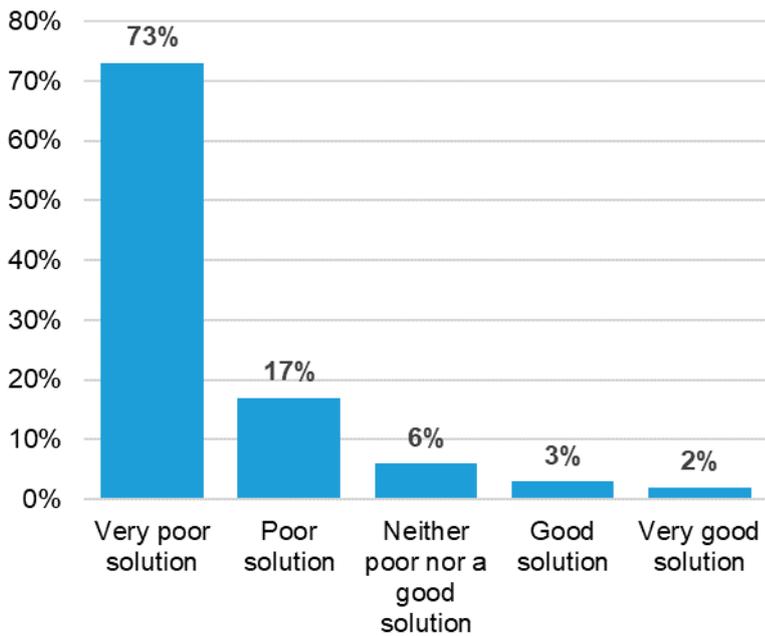


Figure 14 Midwife-led birthing unit – rating – staff & clinicians (N=66)

The following provides an overview of staff and clinicians’ reasons for their choice. Note: This is not an extensive list, but rather illustrates the key reasons for support / objection.

Key concerns related to increased travel and access difficulties for birthing people and their families, friends and wider support network (61%; N=40), closure of St Peter’s Hospital and lack of local provision (30%; N=20), capacity concerns at Broomfield Hospital (11%; N=7) and the rapidly increasing population (11%; N=7).

Notably, 11% provided a comment categorised as ‘other’, this included concerns that the information presented in the consultation document is inaccurate and skewed (not taking into account that the low birth rate at St Peter’s Hospital is due to staff being pulled to cover other hospitals) and the extensive perineal trauma that will result from birthing people having unexpected deliveries and the implications that this will have for future deliveries.

Reasons for support	No.	% of respondents
Better option for Maldon residents (than having to travel to Broomfield Hospital)	2	3%
Reasons for objection		
Increased travel and access difficulties for birthing people and their families / friends / support network	40	61%
Closure of St Peter’s Hospital and reduced options for birthing people	20	30%
Capacity at Broomfield Hospital and pressure for beds resulting in poor quality of care, quick turnaround and less support for mums	7	11%

Rapidly growing population due to influx of new families – more services needed not less	7	11%
Other negative comment, including: <ul style="list-style-type: none"> <li>- Information skewed in the consultation document</li> <li>- Effect of extensive perineal trauma (resulting from unexpected deliveries) on subsequent deliveries.</li> </ul>	7	11%

Table 14 Midwife-led birthing unit - reasons for rating – staff & clinicians (N=66)

### Feedback from the staff meetings

The following summarises the comments made during the staff meetings.

Although there was some positive acknowledgement of the temporary solution that is in place and further the financial constraints and deterioration at St Peter's Hospital, staff highlighted concerns around access and quality of care for Maldon residents, feeling that this is not the best solution for Maldon residents.

Staff stressed the importance of continuing services at St Peter's Hospital or by providing another midwife-led birthing unit in Maldon. It was queried that the community-led midwifery option would look like in Maldon, with it noted that access and parking for any locations must be carefully considered with patients often having pushchairs and staff carrying heavy equipment.

The upset amongst staff at St Peter's Hospital was also raised, with it felt that the ICB has not considered pre-COVID figures for the hospital.

Positive acknowledgements / comments	Negative comments / concerns
<p>Acknowledgment of financial constraints and deterioration of St Peter's Hospital.</p> <p>Proposal provides a standalone unit.</p> <p>Acknowledgement of success of WJC and high number of births.</p> <p>Although perceived as 'driving to the next county' - estimated 40-minute drive.</p> <p>Supports optimisation of resources – operating one unit efficiently rather than at half capacity.</p> <p>WJC isn't very popular with the majority opting for the birthing unit at Broomfield;</p> <ul style="list-style-type: none"> <li>- Having more birthing people opting for the low-birthing unit at Broomfield will positively impact the profile and boost the hospital's overall reputation.</li> <li>- St Peter's Hospital team can encourage birthing people to choose WJC, but will be a gradual change process.</li> </ul>	<p>Maternity births and overnight stays were 'relocated' to WJC in October so in effect it is not an option.</p> <p>Not the best solution for Maldon residents - queried impact on quality of care for local residents and increased travel distance.</p> <p>Upset among St Peter's Hospital staff;</p> <ul style="list-style-type: none"> <li>- Pre-COVID statistics at St Peter's Hospital have not been considered.</li> <li>- After COVID, there were significant changes and confidence in St Peter's Hospital fluctuated due to staff shortages, resulting in intermittent closures over the last two years.</li> </ul> <p>The midwifery hub at St Peter's Hospital is central to their community, with midwives being able to use their time more effectively as a consequence.</p> <p>Concern about impact on breastfeeding support – highlighted that if St Peter's Hospital closes, the capacity to provide this crucial care must be retained.</p>

Table 15 Summary of comments made in relation to the proposal for a freestanding midwife-led birthing unit

## 7.2.4 All other patient services at St Peter's Hospital

### Survey findings

71 staff and clinicians rated the idea for all other patient services at St Peter's Hospital. Approximately two thirds (61%; N=43) felt that was a very bad idea, with a further 20% perceiving it to be a bad idea (N=14). Just 11% (N=8) considered it a very good or good idea.

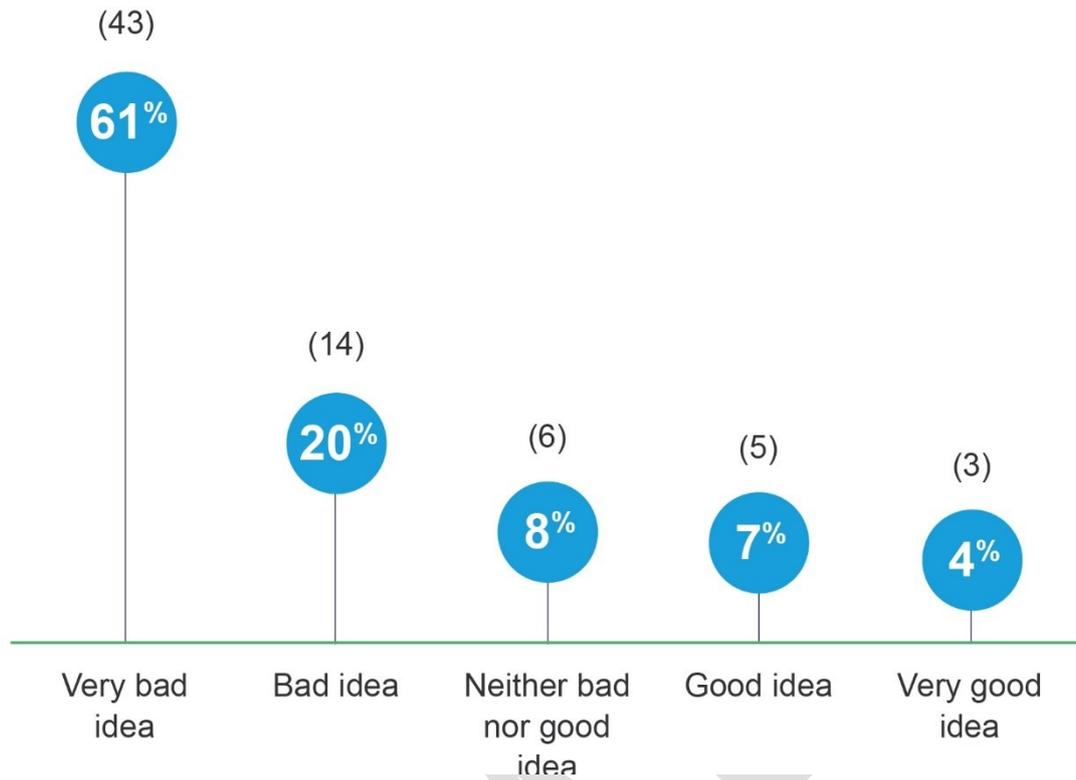


Figure 15 All other patient services – rating – staff & clinicians (N=71)

Staff and clinicians who rated the idea positively commented upon how St Peter’s Hospital is not fit for purpose (13%; N=9). Others noted how their support depended upon whether these services would continue to be available in Maldon either in a new facility or in alternative venues (10%; N=7).

Those expressing objection, commented on their concerns about increased travel and access difficulties (37%; N=26) and the closure of St Peter’s Hospital and the lack of local provision (34%; N=24). Furthermore, St Peter’s Hospital was considered convenient and easy to access with all services under one roof (21%; N=15).

Reasons for support	No.	% of respondents
St Peter’s Hospital is not safe / no other alternative	9	13%
Support dependent on services continuing to be available within Maldon (i.e., in a new facility or in alternative venues) before hospital is closed	7	10%
Reasons for objection		
Increased travel and access difficulties	26	37%
Closure of St Peter’s Hospital and lack of local provision	24	34%
St Peter’s Hospital is convenient and easy to access with services under one roof	15	21%

Table 16 All other patient services - reasons for rating – staff & clinicians (N=71)

## Feedback from staff meetings

Staff raised concerns about the closure of St Peter's Hospital and the relocation of all other patient services in and around Maldon. It was felt paramount that the accessibility of these locations is carefully considered as well as the space requirements for different services as well as service interdependencies.

The following summarises the key comments and questions asked by staff members:

- The environment at St Peter's Hospital isn't good but alternatives must be found in Maldon to enable access. Staff expressed how the Maldon community are scared that services will be taken away and how they do not like to travel.
- The Community Nursing Team, as well as other teams, use St Peter's Hospital as a central hub for the community they serve. As well as providing storage facilities, it allows staff to come together to provide updates and emotional support. If a hub is not kept in a central Maldon location, it will involve greater travel and less nursing time.
- Parking at new locations must be considered and equitable to that provided at St Peter's Hospital. It must consider staff and patient parking, as well as patient transport drop offs.
- If services are located outside of Maldon, an impact assessment must be undertaken, and transport options considered.
- Concerns about whether the costs of admin staff (Provide) that support various services (e.g., Ophthalmology) have been considered.
- Questions were asked as to where the services will be moved to and what buildings are being looked at. The following space requirements / considerations were raised:
  - Will the new accommodation allow for modernisation of the services in keeping with those at Broomfield?
  - Some services (e.g., Dermatology) run clinics (including virtual clinics) from clinical rooms.
  - Typing pool (Renal services) is in St Peter's Hospital – will this be included in the space requirements or go back to the central team?
  - Audiology services require quiet spaces.
  - X-ray must be moved with rheumatology and orthopaedics and can't just be relocated in any building in Maldon.
  - Oncology patients have to access Broomfield for care and support with Provide - will PICCs and vascular access be provided within Maldon?
- Felt that it is beneficial to look at services that have already been relocated into the community e.g., Retinography service for Thurrock residents, which has not considered those who rely on public transport.

### 7.2.5 General comments / considerations (all consultation areas)

The following outlines some additional considerations that were raised more generally about the consultation at the staff meetings:

- There are great feelings of uncertainty and upset amongst staff at St Peter's Hospital, particularly those who have been in Maldon all their lives.
- A considerable amount of money has been spent on plans to rescue St Peter's Hospital and build new health hubs but nothing has ever happened. It was noted how St Peter's Hospital is a prime location for healthcare.
- Concerns about whether the ICS / Trust's Green Plan regarding building efficiency, staff travel, patient travel and procurement have been considered.
- Queried whether the ICB are working with highway authorities and looking at sustainability options.
- Many patients affected by these proposals are not 'seen' – they are unable to attend St Peter's Hospital, as either outpatients or inpatients, as they are housebound. Concern about whether their needs and views are being considered.
- Opportunity to incorporate a GP service in St Peter's Hospital.
- Staff must be kept up-to-date, and patients given advance notice of change to minimise disruption.

## 8 Analysis of the VCSO focus groups

### 8.1 Overview

The following summarises the engagement undertaken with VCSOs. In total, six groups were conducted, engaging with 61 members of the public. This included representation of older people at risk of social isolation, people living with autism or a learning disability, people who benefit from music therapy (i.e. those with a sensory impairment, those approaching end-of-life and those with severe and enduring mental illness), people living in East Beach coastal area, and same sex and LGBT women and people.

### 8.2 Key findings

#### 8.2.1 Demographic profile

Equality monitoring information was collected for 58 of the 61 individuals who participated in this engagement method.

A summary of the information collected for the 58 individuals who completed an equality monitoring form is provided here, with a full breakdown available in Appendix 2:

- 48% (N=28) were from Maldon and 36% (N=21) from Southend-on-Sea. Smaller proportions were from Chelmsford (9%; N=5), Braintree (2%; N=1) and Colchester (2%; N=1). The remaining 3% (N=2) chose not to respond to this question.
- The greatest proportions were aged 65 to 74 (22%; N=13) and 75 to 84 (19%; N=11). Slightly smaller proportions were aged 35 to 44 (12%; N=7), 55 to 64 (12%; N=7), 85 and over (12%; N=7) (see Figure below).
- 10% (N=6) were currently pregnant or had given birth in the last year.
- 79% (N=46) were White – English, Welsh, Scottish, Northern Irish or British with smaller proportions Multiple / mixed ethnic groups (2%; N=1), White – Irish (3%; N=2) or other (3%; N=2) (12%; N=7 preferred not to say).
- The main language for most was English (88%; N=51) whilst 2% (N=1) selected other (10%; N=6) chose not to respond to this question).
- 64% (N=37) identified as a woman (including trans woman) and 22% (N=13) as a man (including trans man). The remaining individuals were non-binary (2%; N=1) or chose not to respond (12%; N=7).
- 38% (N=22) have a physical or mental health condition or illness that has lasted or expected to last 12 months or more.

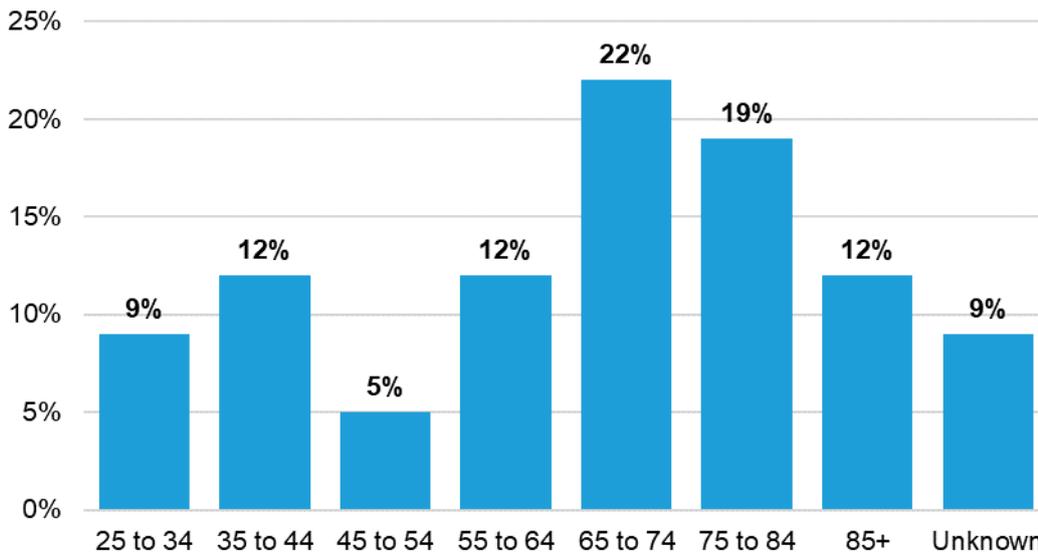


Figure 16 Age breakdown of individuals engaged with from VCISOs (N=58)

### 8.2.2 Stroke rehabilitation and intermediate care inpatient services

Participants in most groups discussed the proposals for stroke rehabilitation and IMC inpatient services. The proposals were not discussed in the LGBT Mummies group.

Whilst participants in some groups selected their preferred option for inpatient services, others talked about the options more generally.

There was some recognition among participants in the East Beach Residents Association (EBRA), Southend People's Assembly and Maldon and District CVS that Option A would lead to all expertise, including specialist neurorehabilitation being in one place. However, no participants selected this as their preferred option, raising concern that it would create considerable access issues for patients, their families and staff.

*“Whilst acknowledging that expertise will be centralised, there is also an impact on NHS staff in terms of transport, especially for part-time and volunteer workforce”  
(Maldon and District CVS)*

A suggestion was made by one individual from Southend-on-Sea that this option needs to be backed up with a ‘family transport plan’.

A small number of positive comments were made by participants in the East Beach Residents Association (EBRA) group about Option B in terms of it offering a better spread of stroke rehabilitation beds across the area, with it perceived that Rochford CICC is easier for residents from Southend / East Beach to access.

*“When my husband had his stroke, I wouldn't have been able to get to Brentwood. It was difficult to get to Rochford but at least I could get there with 2 buses.”  
(EBRA)*

Despite the majority of those in the EBRA group favouring Option B, there was a general feeling that they were not entirely happy with either option and in most cases were choosing ‘the least worst option’. Concerns were again primarily focused on access.

*“Option B seems to be the best option. However, both are not suitable for Shoeburyness residents. A long journey to Brentwood for visiting. Many aren’t able to travel by car. Public transport is expensive.” (EBRA)*

Participants from other groups agreed that neither of the proposals suited their needs, expressing their desire for inpatient services to remain at St Peter’s Hospital, or talked about the implications of the proposals more generally.

As mentioned, one of the key concerns about the proposals related to access issues. It was acknowledged that both options would lead to increased travel for family and friends, despite evidence suggesting that patients recover better with family around them. More specifically, participants in the groups who discussed these proposals talked about the cost of transport (petrol or public transport), the lack of direct routes and insufficient / limited public transport.

*“Worried about cost for family travel and both propositions are worrying” (Southend People’s Assembly)*

*“What is the effect of being away from your local area in terms of actual recovery-how much you can interact with your family” (EBRA)*

Participants in the Southend People’s Assembly group felt that residents in their area would be hit the hardest due to the high poverty in the area.

Additionally, it was noted that reduced / limited family contact would be stressful and unpleasant for both patients and their support network.

*“If a family member has a stroke this is a very stressful experience, you want everything to be seamless. This changes the experience from positive to potentially negative” (ACE)*

*“It’s very stressful for patients not seeing family” (Southend People’s Assembly)*

The impact the proposals would have on staff in terms of travel was also questioned.

*“How are staff going to travel so far to Brentwood?” (ACE)*

Other concerns related to the cutting of services, at a time when the population is ageing and increasing, and insufficient primary care services with concern that the population will be left without necessary services.

*“People’s health is not a business to cut costs” (EBRA)*

Additionally, one individual commented upon how increasing IMC at home is not an option when there is a lack of community staff and funding;

*“I worry about a suggestion made that intermediate care is increasingly at home when there is a lack of staff and funds” (Southend People’s Assembly)*

Furthermore, one individual raised capacity issues at Brentwood as a concern;

*“Brentwood has a lack of capacity, lack of room for all the beds, there is not a lot of space to expand – it was built for its current purpose” (ACE)*

### 8.2.3 Freestanding midwife-led birthing unit

Participants were asked to discuss their views on the proposal for the permanent relocation of a midwife-led birthing unit to Braintree and how they thought it would impact birthing people and their families.

Just one individual provided a positive comment about this in terms of the facilities and environment offered at WJC, however despite this, it was stressed that it is '*not feasible*' for birthing people to have all their appointments at this location.

*"Facilities at Braintree are great – we have visited to have a look around. Wanted somewhere that felt less medical and more holistic. Braintree can also offer that. It's just not feasible to have all appointments there" (LGBT Mummies)*

All other comments made about this proposal were negative, with issues raised in terms of access, capacity issues and lack of consistency of care. A discussion of these follows.

*"No one thinks it would be a good thing" (ACE)*

The main concern related to access for birthing people and their partners / families, in terms of increased time and cost. This was a particular concern for those who don't have access to a car with individuals perceiving that this would cause issues in relation to childcare, time off work and loss of income for those who are self-employed.

There was concern that access difficulties would result in birthing people '*skipping*' appointments, or family being unable to visit as easily.

*"People might skip appointments if they have to travel further and it's hard to take time off work" (LGBT Mummies)*

Concern was raised about emergency situations, when birthing people do not have enough time to get to Broomfield or Braintree or when there are complications resulting in a transfer being needed.

*"What about high risk women - how will they manage? If they start in one location then have to change, that will impact on continuity of care." (EBRA)*

There was a feeling that neonatal care had to be local for people, and that it is unacceptable to have parents travelling at their expense. The proposal was deemed to lack real consideration for people in this situation.

*"There needs to be doctor / midwife led services available at Southend Hospital. It is unacceptable for parents of neonatal babies to have to travel to Braintree if their babies need neonatal care. This is also the case for neonatal babies in the Malden [sic] area. Neonatal services should continue to be available for local residents" (EBRA)*

*"The one option given is a nonsense. Money should be spent on improving the neonatal intensive care at Southend hospital. Patients should not be expected to travel distances to see a sick baby" (EBRA)*

Acknowledging the increasing population in mid and south Essex, it was felt strongly that more services are needed not less. There was concern that WJC will not be able to cope

with the additional demand which will result in the service changing for the worse and birthing people not able to have the relaxing experience that they hope for. This concern extended to support for breastfeeding.

*“Populations are increasing with much building in that area - housing young families, yet they propose to take this service away” (Southend People’s Assembly)*

*“Closing St Peters birthing unit impacts on Chelmsford. As Southend-on-Sea hospital maternity has been downgraded, this impacts on Chelmsford. More demand and less beds.” (EBRA)*

With capacity issues at WJC, it was felt that more birthing people will be pushed to go to Broomfield which will result in ‘*more medicalisation of birth*’. It was suggested that there should be further option of creating another birthing unit in Maldon or investing in current facilities, with staff from Braintree travelling to St Peter’s Hospital to address staffing issues.

*“There are only 3 birthing rooms at Braintree. Those could quickly be overwhelmed. This then removes that unit as a choice.” (LGBT Mummies)*

Other issues raised to a lesser extent included:

- Positive past experiences at St Peter’s Hospital, and negative past experiences at the hospitals proposed in the consultation.
- Impact on staff at St Peter’s Hospital – with fear that they will lose their jobs.
- Lack of consistency of care with birthing people and their partners unable to build relationships with their midwife and other staff.

*“At Broomfield I was left to fend for myself after emergency c-section. Went to Maldon staff were attentive, helped with feeding, my husband could stay. Would have stayed there longer if I could have” (ACE)*

*“Having antenatal appointments somewhere different to where the birth will take place means those relationships and trust can’t be built up. The experience is emotional - it’s not just the medical issues that should be thought about - important to have people around that you know and trust.” (LGBT Mummies)*

#### **8.2.4 All other patient services at St Peter’s Hospital**

Participants were asked to discuss their views on the prospect of moving all services out of St Peter’s Hospital and relocating them in and around Maldon. Again, no participant felt this would be a good option, with a variety of concerns highlighted.

Many felt unable to make an informed decision as they didn’t feel they had enough information about the condition of St Peter’s Hospital and what is being proposed. Some commented upon their frustration of promises for new health services not being followed through in the past.

*“I do not know enough about St Peter’s. I cannot judge what can be done / not done.” (ERBA)*

*“Saying they will close a building they promised to replace and they own, with vague proposals is not good.” (Southend People’s Assembly)*

Participants questioned why this is happening now with a feeling amongst some that action should have been taken to improve the facilities and buildings before now.

*“Why has the age and conditions of the hospital become such an issue now? Why haven’t concerns been raised before?” (ERBA)*

There was strong feeling that these services need to remain in Maldon with some identifying that the best solution would be to invest in St Peter’s Hospital. Reasons primarily related to access issues, which was a concern across all groups;

- Poor road infrastructure leading to difficult and long journeys.
- Cost of petrol and parking, including disabled access – there was concern about new hospitals charging for disabled parking which is an additional expense and disabled bays being too far away from the hospital. This causes an issue for carers who need to stay with the patient at all times as they are unable to drop the individual at a drop-off point.
- Limited, unreliable and inaccessible public transport – participants talked about the difficulty of coordinating times of buses and appointments and access issues for wheelchair users.
- Expense of taxis.
- Limitations to people’s ability to travel and impact on a wider support network – this was a particular concern for those with physical disabilities, autism and/or a learning disability and older people. It was noted how these individuals would need support to travel to different locations / outside of Maldon, resulting in a loss of independence and having a knock-on effect on parents / carers / family members. Participants also talked about older people and how they prefer travelling in the daylight and within their local area.

*“As before, need local clinics because of transport problems. Against moving other services out of St Peters, put the money into improving the building.” (EBRA)*

*“Not enough disabled bays and too far away from the hospital. Need to drop off and unless I have 2 people/ carers to support (one to park and other to stay with / set up/care for) then I find it very stressful.” (Maldon & District CVS)*

*“Need parental support to access any services outside of Maldon. Essex. Also, parents / carers would need to be there to help them be understood at consultations and remember what was said and stay if they are an inpatient at a rehabilitation unit.” (Maldon & District CVS)*

Participants from Maldon and District CVS additionally talked about the impact that the changes will have on people’s mental health in relation to the anxiety of not being close to services and having to travel further afield to access services. This was a particular concern for those accessing mental health services with questions asked as to what support will be provided to those with mental health issues who are unable / refuse to travel.

*“Number of Pioneers [patients] already have to travel to Braintree for mental health support and causes them/ increases their great anxiety” (Maldon & District CVS)*

To a lesser extent, participants talked about the knock-on effects of closing services on other parts of the system.

*“How can you find facilities for 80,000+ appointments elsewhere in the present system? It seems that all that will happen is to put pressure on other parts of the service which won't cope.” (ERBA)*

*“When outreach services were set up in Southend / Benfleet that was to benefit residents and take pressure off a hospital not to close one.” (Southend People's Assembly).*

DRAFT

## 9 Analysis of the survey

### 9.1 Overview

The following provides an overview of the findings from the consultation survey completed by 5,544 individuals. It explores the views on the three consultation areas, the potential impact of these changes and any alternative suggestions.

Respondents were asked in what capacity they were completing the survey. Most indicated that they were a current or former patient / service user (67%; N=3,635) or a member of the public (24%; N=1,329). Smaller proportions responded as a carer / family member (4%; N=220) or a member of staff (2%; N=122). The full list is provided below.

Capacity	No.	%
Current or former patient / service user	3,635	67%
Member of the public	1,329	24%
Carer / family member	220	4%
Staff	122	2%
Prefer not to say/unknown	58	1%
Clinician	47	1%
Councillor	28	1%
Other	28	1%
More than one option selected	27	0%
Student	13	0%
NHS provider organisation	12	0%
Other public body	9	0%
Primary care provider (including GP/GP practice, high street optometrist, pharmacist etc.)	7	0%
Social worker	6	0%
Private provider organisation	2	0%
NHS commissioner	1	0%

Table 17 Capacity – all survey respondents (N=5,544)

## 9.2 Stroke rehabilitation and intermediate care inpatient services

A total of 2,269 individuals (41% of the total sample) responded to the questions regarding stroke rehabilitation and intermediate care (IMC) inpatient services.

Whilst the majority perceived both options to be very poor or poor solutions, there was greater concern about Option A with 89% (N=2,009) perceiving Option A to be very poor or poor and 77% (N=1,746) Option B. Consequentially, 5% (N=103) described Option A as a very good or good solution and 16% (N=355) Option B.

How would you rate Option A / Option B for people living in mid and south Essex?	Option A (N=2269)	Option B (N=2269)
	% (No.)	% (No.)
Very poor solution	71% (1,609)	64% (1,456)
Poor solution	18% (400)	13% (290)
Neither poor nor a good solution	6% (126)	6% (141)
Good solution	3% (64)	8% (175)
Very good solution	2% (39)	8% (180)
Don't know / prefer not to say	1% (31)	1% (27)
Preferred option	No.	%
Option A	111	5%
Option B	398	18%
Neither	1,760	78%

Table 18 View on the proposals for stroke rehabilitation and IMC inpatient services – all survey respondents (N=2269)

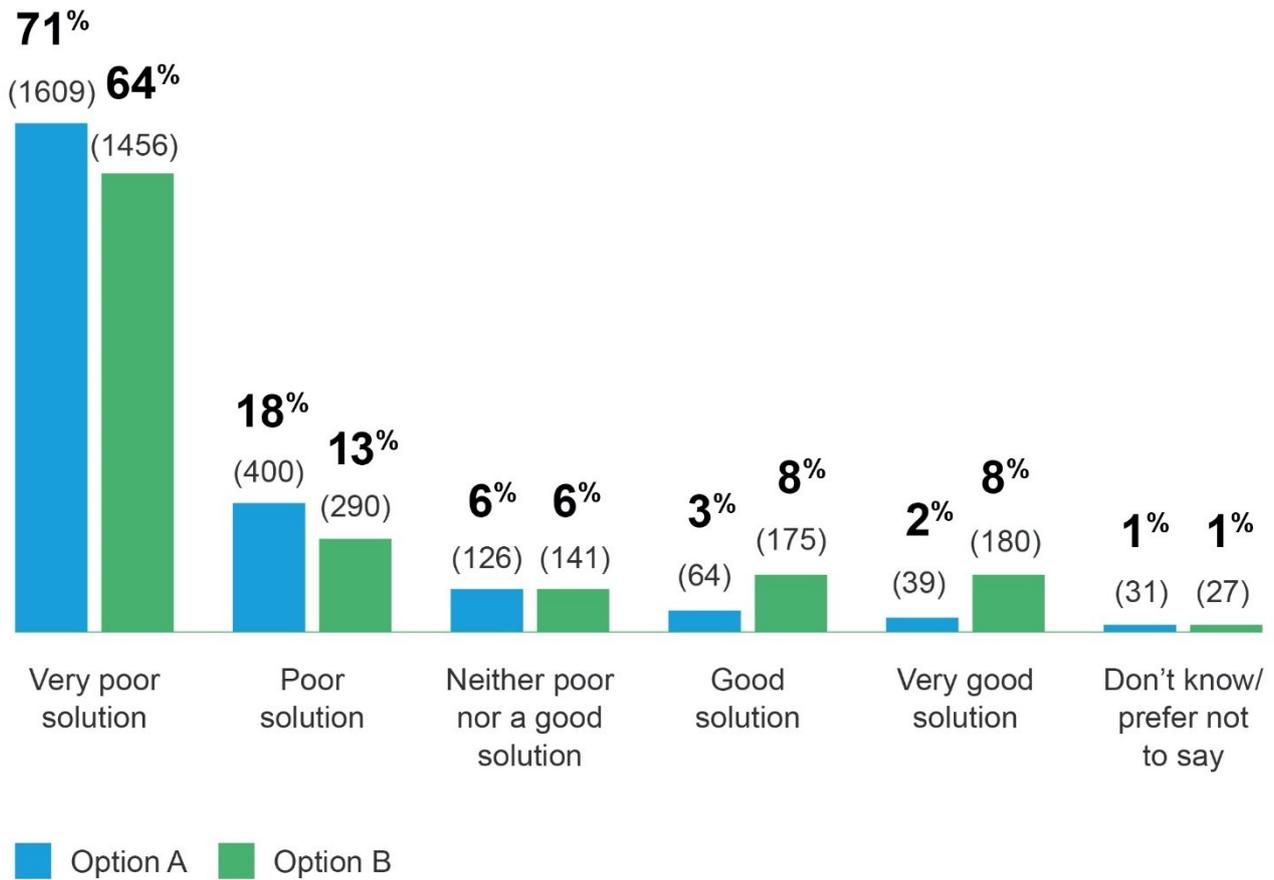
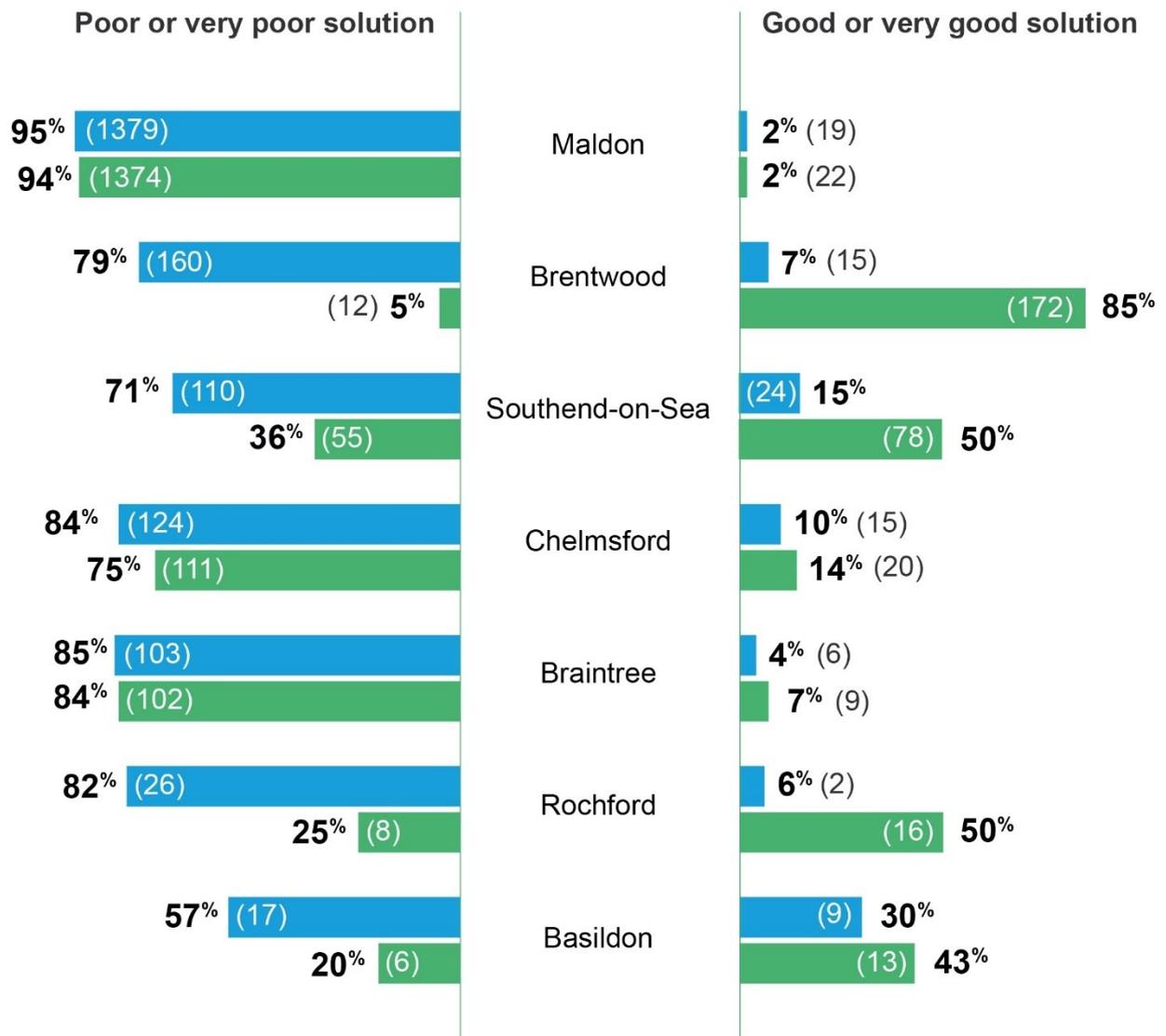


Figure 17 View on the proposals for stroke rehabilitation and IMC inpatient services – all survey respondents (N=2269)

Considering the location of respondents and where sample sizes were above 30, similar trends were observed amongst those from Maldon, Chelmsford and Braintree with the majority considering both options to be very poor or poor and selecting neither as their preferred option. This view was greatest amongst those from Maldon with 94% (N=1,379) perceiving Option A as very poor or poor and the same proportion Option B (94%; N=1,374). Consequently, 95% (N=1,384) preferred neither option.

The findings for those from Brentwood and Southend-on-Sea were also comparable, with the majority rating Option A as very poor or poor and Option B as very good or good. Consequently, the majority from both areas selected Option B as their preferred option. This opinion was stronger for those from Brentwood with 85% (N=172) selecting Option B as their preferred option, compared to 53% (N=82) of those from Southend-on-Sea.



Option A Option B

Figure 18 View on the proposals for stroke rehabilitation and IMC inpatient services – all survey respondents by location (N=2,269)

	Maldon (N=1,464)	Brentwood (N=203)	Southeast-on-Sea (N=155)	Chelmsford (N=147)	Braintree (N=121)	Unknown / other (N=71)	Rochford (N=32)	Basildon (N=30)	Colchester (N=20)*	Thurrock (N=14)*	Castle Point (N=12)*
<b>Option A</b>											
Very poor solution	82% (1,196)	42% (85)	41% (63)	61% (90)	66% (80)	75% (53)	38% (12)	27% (8)	60% (12)	29% (4)	50% (6)
Poor solution	13% (183)	37% (75)	30% (47)	23% (34)	19% (23)	8% (6)	44% (14)	30% (9)	25% (5)	14% (2)	17% (2)
Neither poor nor a good solution	3% (48)	12% (24)	13% (20)	4% (6)	8% (10)	8% (6)	6% (2)	10% (3)	5% (1)	36% (5)	8% (1)
Good solution	1% (10)	5% (10)	10% (16)	9% (13)	2% (3)	3% (2)	0% (0)	17% (5)	10% (2)	7% (1)	17% (2)
Very good solution	1% (9)	2% (5)	5% (8)	1% (2)	2% (3)	4% (3)	6% (2)	13% (4)	0% (0)	14% (2)	8% (1)
Don't know / prefer not to say	1% (8)	2% (4)	1% (1)	1% (2)	2% (2)	1% (1)	6% (2)	3% (1)	0% (0)	0% (0)	0% (0)
<b>Option B</b>											
Very poor solution	81% (1,180)	2% (5)	23% (35)	57% (84)	63% (76)	70% (50)	19% (6)	10% (3)	60% (12)	21% (3)	17% (2)
Poor solution	13% (194)	3% (7)	13% (20)	18% (27)	21% (26)	6% (4)	6% (2)	10% (3)	20% (4)	14% (2)	8% (1)
Neither poor nor a good solution	4% (55)	8% (17)	13% (20)	7% (11)	7% (8)	8% (6)	22% (7)	30% (9)	15% (3)	21% (3)	17% (2)
Good solution	1% (12)	33% (66)	35% (54)	7% (10)	5% (6)	6% (4)	28% (9)	10% (3)	5% (1)	36% (5)	42% (5)
Very good solution	1%	52%	15%	7%	2%	10%	22%	33%	0%	7%	17%

	Maldon (N=1,464)	Brentwood (N=203)	Southeast-on-Sea (N=155)	Chelmsford (N=147)	Braintree (N=121)	Unknown / other (N=71)	Rochford (N=32)	Basildon (N=30)	Colchester (N=20)*	Thurrock (N=14)*	Castle Point (N=12)*
	(10)	(106)	(24)	(10)	(3)	(7)	(7)	(10)	(0)	(1)	(2)
Don't know / prefer not to say	1% (13)	1% (2)	1% (2)	3% (5)	2% (2)	0% (0)	3% (1)	7% (2)	0% (0)	0% (0)	0% (0)
<b>Preferred option</b>											
Option A	2% (27)	7% (14)	16% (25)	8% (12)	8% (10)	8% (6)	3% (1)	27% (8)	10% (2)	21% (3)	25% (3)
Option B	4% (53)	85% (172)	53% (82)	17% (25)	5% (6)	17% (12)	56% (18)	50% (15)	10% (2)	50% (7)	50% (6)
Neither	95% (1,384)	8% (17)	31% (48)	75% (110)	87% (105)	75% (53)	41% (13)	23% (7)	80% (16)	29% (4)	25% (3)

Table 19 View on the proposals for stroke rehabilitation and IMC inpatient services – all survey respondents by location (N=2,269)

\*Caution to be applied to areas where samples are below 30.

Furthermore, whilst 5% (N=111) selected Option A and 18% (N=398) Option B as their preferred option, the majority selected neither (78%; N=1,760).

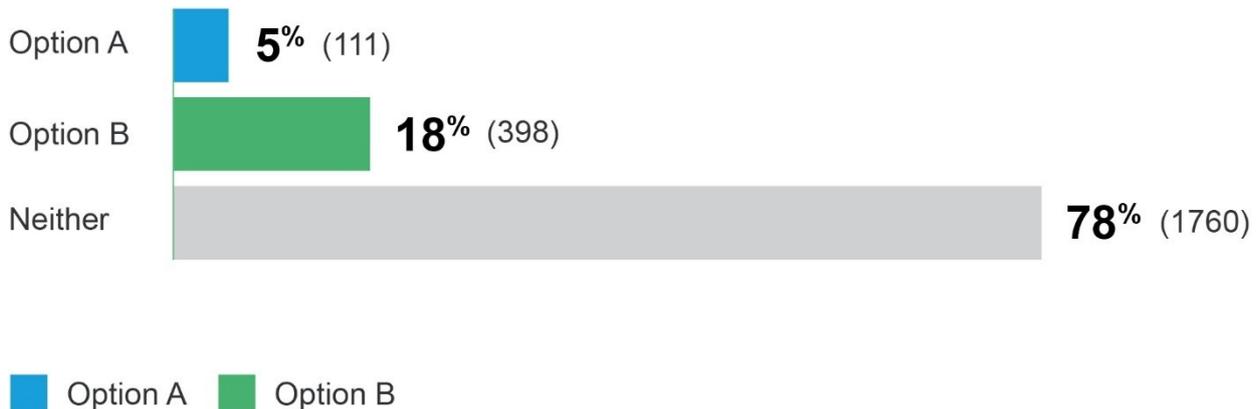


Figure 19 Preferred option - all survey respondents (N=2,269)

### Reasons for support and objection

The reasons for support and objection to the options are presented in the table below. Percentages are calculated as a proportion of those who responded to the question (N=2,207).

Greater proportions expressed objections to both options with 59% (N=1,310) referring to increased travel and access difficulties, particularly for patients' support network / friends and family who will face significant challenges in visiting their loved ones. There was concern that this would create additional stress / anxiety for the patient as well as isolation resulting in deterioration and longer hospital stays. Acknowledging the age group who are most likely to need this service, it was stressed that this would have a greater impact on the elderly population and those who are most vulnerable. As part of the travel and access difficulties for visitors, respondents talked about:

- Inconvenience and increased travel time – impacting on time off work and loss of income
- Financial costs
- Lack of / poor public transport and poor infrastructure resulting in long, slow journeys
- Roadworks / accidents resulting in areas becoming gridlocked
- Parking difficulties
- Anxiety / stress (associated with increased travel and the patient being further from home)
- Pollution / environmental impact.

*“Should not be closing St Peter’s hospital. Having all Dengie residents travelling so far, and their families is ludicrous”*

*“Maldon covers a very large area I would say the majority of people who have strokes are elderly people with elderly partners some of whom don't drive so reaching any of these places by public transport is extremely difficult”*

A smaller proportion made a comment in relation to the closure of St Peter’s and lack of local provision (36%; N=786). As part of this, respondents commented upon:

- The proposals not meeting the needs of residents from Maldon and surrounding areas / MSE and being detrimental to health / exasperating health inequalities
- How St Peter’s serves a large geographical area and is a much loved and vital resource for residents in Maldon and surrounding areas
- Their positive past experiences at St Peter’s
- How local inpatient provision is essential and must be available at St Peter’s (with investment) or in an alternative location in Maldon.

*“We want to keep our beautiful old St Peter’s hospital. It’s a bloody disgrace that they are even thinking about shutting it as well as thinking of knocking it down. It should be a listed building. Leave our bloody heritage building alone. Just bloody greed. People rely on the services there”*

*“Maldon and the Dengie have been promised a new hospital for over 25 years. Neither of the options give Maldon and the Dengie any facilities”*

Other themes related to increasing demand to the ageing and growing population with feeling that more services are needed not less (17%; N=376). Reference was made to the

extensive housing developments in Maldon and other areas and the lack of consideration that has been made for the age of the population and their likelihood of requiring these services.

*“None of the solutions help people within the Maldon & Dengie area which is currently expanding at a rapid rate!”*

To a lesser extent, respondents talked about services already being overwhelmed with concerns about the impact on quality of care and waiting times (reference here was made to other hospitals, GP services, ambulance services and patient transport services) (4%; N=93) and how residents have been continuously let down in the past with feeling that decisions about the future of this service and the closure of St Peter’s have already been made (3%; N=61).

*“As both solutions impose more pressure on already overloaded hospitals and take away the ability for local residents to receive help closer to home and ease their families travel commitments”*

*“Both options are based on the closure of St Peter’s hospital so it is clear the decision has already been made. This is hardly a “consultation” survey.”*

In terms of the benefits of the options, 2% (N=38) identified how Option A would result in the creation of a specialist stroke rehabilitation facility and provide benefits in terms of pooling of resources, enabling better access to therapy and funding and cost savings.

*“Having specialist services in one place means that staffing and training staff is much better therefore a better outcome for the patient.”*

Notably, the same proportion (2%; N=43) provided another comment which was unable to be coded or and/or potentially reflected a misunderstanding of the option proposed.

Several other benefits of Option A were identified and grouped under ‘other’ (2%; N=36), this included:

- Location and access
- Adequate staff / facilities at Brentwood Hospital
- More beds available / treat more people
- Supports staff recruitment / more attractive proposal
- Locally based unit in Rochford Cumberlege Intermediate Care Centre (CICC)
- Less demand on Rochford CICC
- St Peter’s is not fit for purpose.

Compared to Option A, slightly greater proportions identified a benefit of Option B. This included improving access by providing patients with more local care and reducing travel time for visitors (7%; N=162) and being a better option for Brentwood residents with a mix of stroke rehabilitation and IMC inpatient beds (6%; N=125).

*“Also the fact that it’s is [sic] spread across hospitals rather than relying majority on 1 unit, does seem like a solution when that will cause overcrowded and demand on 1 hospital.”*

*“Having two sites for stroke rehab. Should reduce travelling time for family members visiting, loss of three beds is not good, but a trade off”*

Others felt Option B posed a better solution / fairer compromise (2%; N=42) and was a better option for residents of Southend-on-Sea and Rochford specifically (1%; N=30).

*“Stroke rehabilitation is need long stay in rehab hospital for patients when compare to medical patients. They should be in a place near residence. So Plan B would be better option for Southend patients”*

*“A more balanced approach to what we need for all patients.”*

Again, 2% (N=52) provided a comment which was unable to be coded and/or reflected a misunderstanding of the option.

<b>Option A - Reasons for support</b>	<b>% (No.)</b>
Other comment / comment unable to be coded / misunderstanding of option	2% (43)
Benefits of specialist centre / centre of excellence	2% (38)
Other benefit	2% (36)
<b>Option B – Reasons for support</b>	
Improves access by providing patients with more local care and reduces travel time for visitors	7% (162)
Better for Brentwood residents	6% (125)
Other comment / comment unable to be coded / misunderstanding of option	2% (52)
Better solution / fairer compromise / better spread	2% (42)
Better for Southend-on-Sea / Rochford residents	1% (30)
Other benefit, including: <ul style="list-style-type: none"> <li>- Supports staff travel</li> <li>- Established teams already at both sites</li> <li>- Provides greater flexibility</li> <li>- Reduces pressure on Brentwood Hospital</li> </ul>	1% (19)
<b>Reasons for objection to both options</b>	
Increased travel and access difficulties	59% (1,310)
Closure of St Peter’s and lack of local provision	36% (786)
Increasing demand due to ageing and growing population – more services needed not less	17% (376)
NHS services are already overwhelmed with concerns about quality of care and waiting times	4% (93)
Maldon residents have been let down / decision already made (‘cash grab’)	3% (61)
Other negative comment, including: <ul style="list-style-type: none"> <li>- Limited options / no option to keep services in Maldon</li> </ul>	3% (63)

<ul style="list-style-type: none"> <li>- Not enough beds</li> <li>- Impact on local economy</li> <li>- Brentwood Hospital should be for Brentwood residents only</li> <li>- Brentwood Hospital not up to standard / concerns about quality of care</li> <li>- Lack of joined-up support and differing service requirements</li> <li>- Lack of consideration for transition to community-based care or family care</li> <li>- Concerns about discharge</li> </ul>	
Impact on staff / staffing challenges of proposed models	1% (13)
<b>Other consideration / comment</b>	
Other solution / comment*	2% (34)

Table 20 View on the stroke rehabilitation and IMC inpatient services – reasons for support or objection (N=2,207)

\*Alternative suggestions made by respondents are presented as part of Q5 – ‘Please tell us if you have any other solutions you feel we should consider’.

### EQIA Engagement recommendations

Based on recommendations from the EQIA, further analysis was undertaken to explore sub-group differences (see Appendix 6 for data tables).

#### Carers / family members

The EQIA recommended engagement with mental health services and carers / unpaid carers and/or services who support carers to understand the impact of travelling to a different location for IMC or stroke care which may be further from their home. It is also important to understand the impact of increased home-based care on mental health. For patients who could receive care at home rather than in IMC beds, this could put more responsibility on carers which could result in anxiety or fatigue.

103 individuals responded to this section of the survey as a carer or family member. The majority considered both options to be very poor or poor solutions, with stronger opinion expressed about Option A (87%; N=90 felt Option A was very poor or poor, compared to 65%; N=67 for Option B). In contrast, 25% (N=25) felt Option B was a very good or good solution and just 3% (N=3) Option A.

Consequently, 6% (N=6) selected Option A as their preferred option, 30% (N=31) Option B, whilst 64% (N=66) selected neither.

How would you rate Option A / Option B for people living in mid and south Essex?	Option A (N=103)	Option B (N=103)
	% (No.)	% (No.)
Very poor solution	73% (75)	59% (61)
Poor solution	15% (15)	6% (6)
Neither poor nor a good solution	8% (8)	11% (11)
Good solution	2% (2)	10% (10)

Very good solution	1% (1)	15% (15)
Don't know / prefer not to say	2% (2)	0% (0)
	<b>% (No.) (N=103)</b>	
Option A	6% (6)	
Option B	30% (31)	
Neither	64% (66)	

Table 21 View on and preferred choice for stroke rehabilitation and IMC inpatient services – carers and family members (N=103)

### Age group

The EQIA recommended engagement with those over 65 as most patients in IMC and stroke beds are over 65. Additionally, 38% of stroke patients are aged 40-69.

The majority of those from all age groups considered each of the proposals to be very poor or poor, with stronger dissatisfaction expressed about Option A. In terms of preferred choice, most of all age groups indicated that they would prefer neither of the options. This was greatest for those over the age of 75 years (83%; N=300 for those aged 75-84 & 86%; N=65 of those aged 85+) as well as those in the youngest age group (16-24 years – 82%; N=37). Slightly greater support for Option B was observed among those aged 25-54 years with approximately a quarter of those in these age groups selecting this option.

Looking at those most likely to be using the service (individuals over the age of 65 years), there was greater support for Option B amongst those aged 65-74 years (17%; N=91) compared to those in the 75-84 and 85+ year age groups (13%; N=46 & 9%; N=7, respectively). Consequently, 78% (N=419) of those aged 65-74 years chose neither option, compared to 83% of those aged 75-84 years and 86% of those aged 85+ years.

### Gender

The EQIA recommended proportionate engagement with men and women, due to some changes impacting men more than women and vice versa.

A significant difference was observed. Whilst most men (including trans men) and women (including trans women) selected neither as their preferred option (75%; N=1,039 for women & 80%; N=462 for men), a greater proportion of women selected Option B (20%; N=283 for women & 14%; N=83 for men). Note: sample sizes were too small to allow comparison for those who identified as non-binary.

This suggests that whilst the overall preference is neither of the options, there is greater support for Option B amongst men.

### Ethnic group or background

The EQIA recommended engagement with residents in MSE from ethnic minorities as it stated 29% of patients at St Peter's are from an ethnic minority.

A significant difference was observed. The majority of individuals who identified as White - English, Welsh, Scottish, Northern Irish or British selected neither option (78%; N=1,544)

with 5% (N=94) selecting Option A and 17% (N=345) selecting Option B. However, whilst the majority of those who identified as another ethnic group or background also selected neither (54%; N=51), there was greater support for both options, particularly Option B (12%; N=11 selected Option A & 34%; N=32 selected Option B).

This suggests that whilst the overall preference is neither of the options, there is greater support for the options, particularly Option B, amongst those who were from another ethnic group or background.

Additional sub-group analysis was undertaken by financial status and presence of a physical or mental health condition(s) or illness(es). Data tables are provided in Appendix 6.

### **Financial status**

A significant difference was observed. Despite the majority in all groups selecting neither as their preferred option, respondents who were less well-off were more likely to select neither (80%; N=374 of those who have 'just enough money for basic necessities and little else') than those who were better off / more financially stable (68%; N=123 of those who have 'more than enough money for basic necessities, and a lot spare, that they can save or spend on extras or leisure').

Consequently, those who are more well-off were more likely to select Option B (25%; N=46), compared to those who are less well-off / less financially stable (18%; N=12 of those who 'don't have enough money for basic necessities and sometimes or often run out of money' and 16%; N=75 of those who have 'just enough money for basic necessities and little else').

This suggests that whilst the overall preference is neither of the options, those who are more financially stable / have a higher income were more likely to select Option B than those who are less financially stable / have a lower income.

### **Physical or mental health conditions or illnesses**

A significant difference was observed. Whilst the majority of those with and without a physical or mental health condition(s) or illness(es) selected neither option (79%; N=725 of those with a physical / mental health condition or illness & 73%; N=814 of those with no physical / mental health condition or illness), those with no physical or mental health condition or illness showed greater support for Option B (21%; N=238, compared to 16%; N=142 of those with a health condition / illness).

This suggests that whilst the overall preference is neither of the options, there is greater support for Option B amongst those with no physical or mental condition or illness.

## **9.3 Midwife-led birthing unit**

A total of 2,433 individuals (44% of the total sample) responded to the questions regarding the freestanding midwife-led birthing unit.

The majority (80%; N=1,948) considered it to be a very poor solution, with a further 14% (N=337) feeling it was a poor solution. In contrast, just 2% (N=52) considered it a very

good or good solution (1% for each category) and 3% (N=81) neither a poor nor a good solution (the remaining 1%; N=15 did not know or preferred not to say).

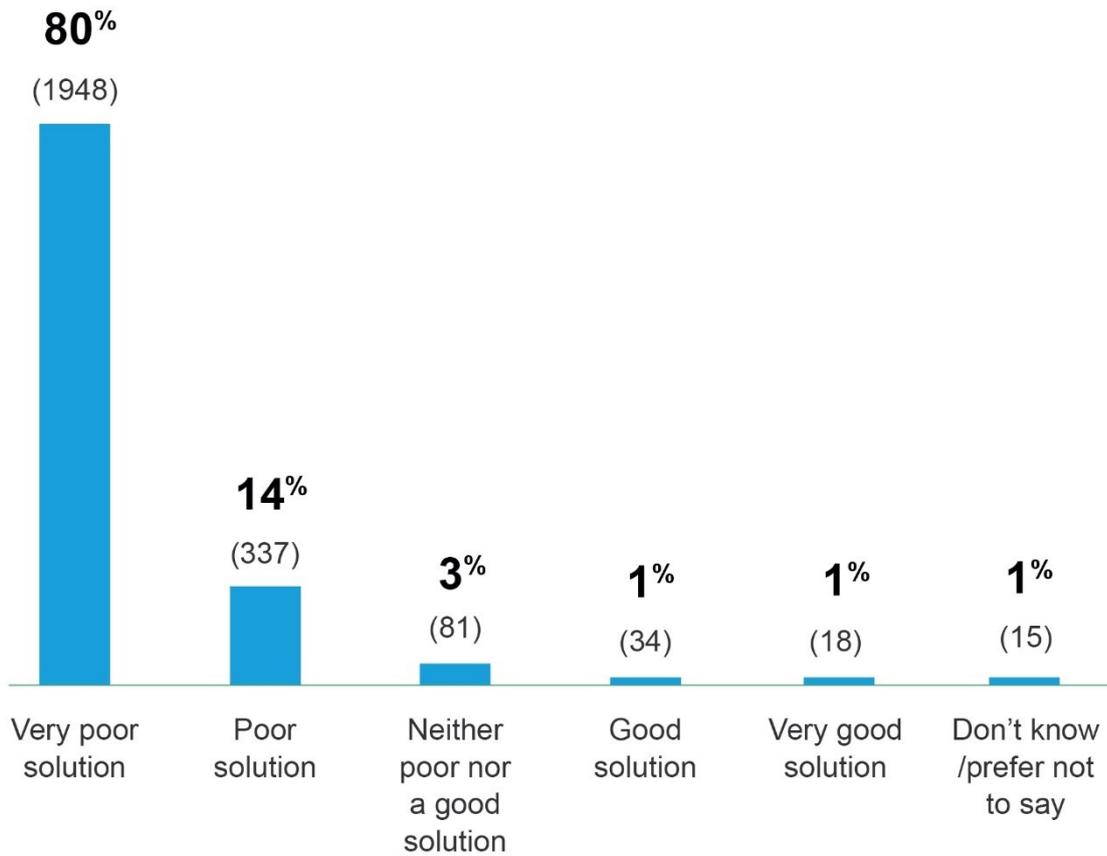


Figure 20 Views on the option regarding the freestanding midwife-led birthing unit (N=2,433)

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?	No.	%
Very poor solution	1,948	80%
Poor solution	337	14%
Neither poor nor a good solution	81	3%
Good solution	34	1%
Very good solution	18	1%
Don't know / prefer not to say	15	1%

Table 22 View on the freestanding midwife-led birthing unit proposal – all survey respondents (N=2,433)

Taking into account the location of respondents and where sample sizes are above 30, the majority from all areas felt the proposal was very poor or poor. Objection was greatest amongst those from Maldon (96% rating as very poor or poor; N=1,836), followed by those from Colchester (94%; N=30), Chelmsford (90%; N=150) and Braintree (87%; N=163). Objection was lowest amongst those from Southend-on-Sea with 74% (N=25) rating it as very poor or poor.

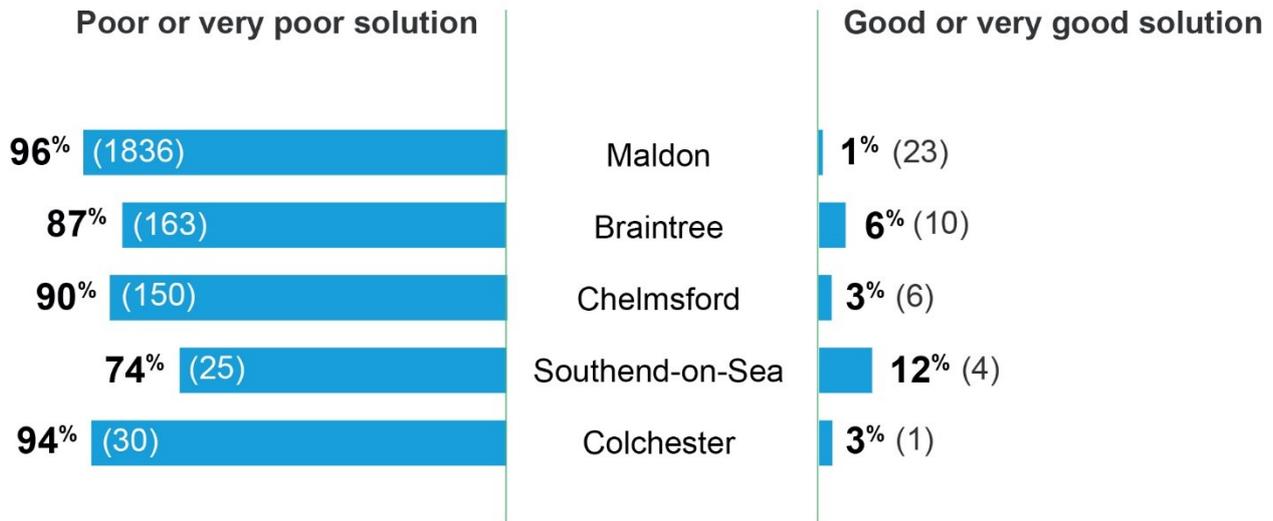


Figure 21 View on the freestanding midwife-led birthing unit proposal – all survey respondents (N=2,433)

Note: owing to low number of responses, other locations have not been included in this chart.

	Maldon (N=1,911)	Braintree (N=187)	Chelmsford (N=167)	Unknown / other (N=58)	Southend-on-Sea (N=34)	Colchester (N=32)	Brentwood (N=16)*	Basildon (N=11)*	Rochford (N=7)*	castle point (N=6)*	Thurrock (N=4)*
Very poor solution	84% (1,599)	66% (124)	74% (123)	78% (45)	59% (20)	72% (23)	38% (6)	45% (5)	14% (1)	33% (2)	0% (0)
Poor solution	12% (237)	21% (39)	16% (27)	14% (8)	15% (5)	22% (7)	25% (4)	36% (4)	29% (2)	33% (2)	50% (2)
Neither poor nor a good solution	2% (45)	6% (12)	5% (9)	5% (3)	12% (4)	3% (1)	13% (2)	0% (0)	29% (2)	33% (2)	25% (1)
Good solution	1% (16)	3% (5)	1% (2)	2% (1)	12% (4)	3% (1)	13% (2)	9% (1)	29% (2)	0% (0)	0% (0)
Very good solution	0% (7)	3% (5)	2% (4)	0% (0)	0% (0)	0% (0)	6% (1)	9% (1)	0% (0)	0% (0)	0% (0)
Don't know / prefer not to say	0% (7)	1% (2)	1% (2)	2% (1)	3% (1)	0% (0)	6% (1)	0% (0)	0% (0)	0% (0)	25% (1)

Table 23 View on the freestanding midwife-led birthing unit proposal – all survey respondents by location (N=2,433)

\*Caution to be applied to areas where samples are below 30.

## Reasons for support and objection

The reasons for support and objection to the proposal are presented in the table below. Percentages are calculated as a proportion of those who responded to the question (N=2,382).

The key reason for objection related to increased travel and access difficulties with feeling that the proposal lacks consideration for birthing people and their support network, particularly those living in rural / remote areas, those who cannot drive, those on a low income and those who rely on public transport (75%; N=1,793). The following provides an overview of the concerns that fell part of this:

- Inconvenience / increased travel time attending antenatal and postnatal appointments – impacting time off work, personal income and childcare – potentially resulting in non/reduced attendance
- Financial costs
- Lack of / poor public transport and poor infrastructure resulting in long, slow journeys
- Roadworks / accidents resulting in areas becoming gridlocked
- Parking difficulties
- Pain and distress of travelling further distances when in labour
- Birthing people being sent home when labour is not established enough
- Increased risk to mother and baby travelling when in labour (including concern that babies will be born in the car / on the roadside)
- Additional travel required for those who need to be transferred to Broomfield
- Less support for new mother when in hospital (due to access difficulties of support network)
- Increased travel time for new baby to return home (going against current guidelines)
- Pollution / environmental impact.

*“Travelling further for services is difficult. Especially from the Maldon villages - where transport is sparse [sic].”*

*“We need a unit more local, it's very stressful for new mums in labour to have to travel miles to get to a birthing unit. I know I've done it. I don't want this for my granddaughters who live in Maldon”*

*“I have never had a baby, but I have been told that the pain is excruciating, so ask yourself would I want to be bounced about in the back of a car or an ambulance halfway across the county in agony and for the first-time mother it would only add to the fear and certainty [sic].”*

To a lesser extent, respondents also commented upon the closure of St Peter's and the reduced options for local women (38%: N=903). Concerns related to:

- St Peter's serves a large geographical area, it is a much loved and vital resource for residents in Maldon and surrounding areas

- St Peter’s provides a personal home-from-home experience / positive past experiences (exceptional care, staff & facilities)
- Local maternity provision is essential and must be available at St Peter’s (with investment) or in an alternative location in Maldon
- Proposal is not a solution for local residents / does not meet their needs
- Reduced options for local women – birthing people deserve as a choice.

*“Women of child bearing age who are living in Maldon & district require permanent midwife-led birthing unit/services to be based at St Peter’s hospital, Maldon”*

*“There is a need for Maldon based birthing unit. (You have already closed down the birthing unit in Burnham-on-Crouch) The local demand is there. The Local birthing unit must be fully staffed. New unit would help with midwife recruitment.”*

Other key themes related to the rapidly growing population with more services needed not less (16%; N=382) and capacity and pressure for beds at WJC and Broomfield Hospital (8%; N=180 & 7%; N=157, respectively). With regards to the latter, respondents talked about the impact on quality of care and quicker turnaround / discharges resulting in less support for new parents.

*“1000s of new houses. But closing local hospitals. A decision made by a brain dead retard.”*

*“WJC already services pregnant women from Braintree and the surrounding areas. To then have women from Witham/ Heybridge/ Maldon etc. to have to go there will mean a huge influx of patients”*

The key reason put forth to support the proposal related to WJC being a newer, fit for purpose facility and a good option (1%; N=19). Several other benefits were also highlighted which were grouped under ‘other’ (2%; N=38), this included:

- Provision of a standalone maternity unit always staffed (noted to be currently under used)
- Negative experience at St Peter’s Hospital
- St Peter’s is not fit for purpose
- Improves access (central location)
- Better option for Maldon residents
- Proximity to Broomfield Hospital for complications.

Reasons for support	% (No.)
Other benefit	2% (38)
WJC is a newer facility and fit for purpose / good option	1% (19)
Reasons for objection	
Increased travel and access difficulties for women and their families / friends / support network	75% (1,793)
Closure of St Peter’s and reduced local options for women	38% (903)

Rapidly growing population due to influx of new families / more services needed not less	16% (382)
Capacity at WJC and pressure for beds	8% (180)
Capacity at Broomfield Hospital and pressure for beds	7% (157)
Other negative comment, including: <ul style="list-style-type: none"> <li>- Information skewed in consultation document – low births at St Peter’s are a result of staff being pulled to other hospitals to support staffing</li> <li>- Impact on local economy</li> <li>- WJC is not fit for purpose / negative past experiences</li> </ul>	3% (75)
Broomfield Hospital easier to access than WJC	3% (61)
Lack of continuity of care for new mother / anxiety of going to a larger and unfamiliar hospital / unit	2% (53)
Less support provided to women in the antenatal and postnatal period, with concerns relating to: <ul style="list-style-type: none"> <li>- Access to local antenatal classes and support (previously offered at St Peter’s)</li> <li>- New mothers being sent home too soon (due to increased demand)</li> <li>- Impact on breastfeeding rates and mental health.</li> <li>- Increased pressure on community services</li> </ul>	2% (42)
Maldon residents have been continuously let down / decision already made ('cash grab')	2% (37)
Impact on ambulance service ( <i>not acknowledged in consultation document</i> )	2% (37)
Broomfield Hospital is not fit for purpose / negative past experiences	1% (28)
Impact on staff, with concerns relating to: <ul style="list-style-type: none"> <li>- Staff dissatisfaction and retention (adding to recruitment crisis)</li> <li>- No local base in Maldon</li> <li>- Increased travel / coverage of wider area (i.e. for home births / visits)</li> </ul>	1% (18)
<b>Other consideration / comment</b>	
Other solution / comment*	2% (39)

Table 24 View on the freestanding midwife-led birthing unit proposal – reasons for support or objection (N=2,382)

\*Alternative suggestions made by respondents are presented as part of Q5 – ‘Please tell us if you have any other solutions you feel we should consider’.

### Equality Impact Assessment engagement recommendations

Based on recommendations from the equality impact assessment (EQIA), further analysis was undertaken to explore sub-group differences (see Appendix 6 for data tables).

#### Birthing people of childbearing age

The EQIA recommended engagement with birthing people of child-bearing age to understand how the proposed changes to maternity impact them.

Note: Trans men were considered in this analysis, however only one responded to the survey who fell out of the child-birthing age.

In terms of those who identified as a woman and were of childbearing age (16 – 54 years) (N=947), 78% (N=712) were from Maldon, 10% (N=96) from Braintree, 8% (N=76) from Chelmsford and 2% (N=21) from Colchester. One percent or less were from other areas.

The majority felt the proposal was very poor or poor with similar dissatisfaction in all age groups – ranging from 92% (N=34) of those aged 16 – 24 years to 96% (N=282) of those aged 25 to 34 years.

	<b>16-24 (N=37)</b>	<b>25-34 (N=295)</b>	<b>35-44 (N=334)</b>	<b>45-54 (N=281)</b>
	<b>% (No.)</b>	<b>% (No.)</b>	<b>% (No.)</b>	<b>% (No.)</b>
Very poor solution	70% (26)	81% (238)	80% (266)	79% (222)
Poor solution	22% (8)	15% (44)	15% (49)	14% (39)
Neither poor nor a good solution	8% (3)	2% (5)	2% (7)	5% (13)
Good solution	0% (0)	3% (8)	1% (5)	2% (6)
Very good solution	0% (0)	0% (0)	2% (6)	0% (1)
Don't know / prefer not to say	0% (0)	0% (0)	0% (1)	0% (0)

Table 25 View on the freestanding midwife-led birthing unit proposal – birthing people of childbearing age (16 – 54 years)

Notably, no significant difference was observed between those who were currently pregnant or have given birth in the last year, compared to those who were not in this category (95%; N=242 of those who were currently pregnant / have given birth in the last year perceived it to be a very poor or poor solution, compared to 94%; N=1,908 of those who were not currently pregnant / not given birth in the last year).

### **Ethnic group or background**

The EQIA recommended engagement with residents in MSE from ethnic minorities as it stated 29% of patients at St Peter's are from an ethnic minority.

A significant difference was found with 94% (N=2,058) of those who identified as White - English, Welsh, Scottish, Northern Irish or British perceiving it to be a very poor or poor solution, compared to 84% (N=59) of those who identified as another ethnic group or background. This suggests that those who identified as White – English, Welsh, Scottish, Northern Irish or British were more likely to object to the proposal.

## Gender

The EQIA recommended proportionate engagement with men and women, due to some changes impacting men more than women and vice versa.

No significant difference was observed with 94% (N=1604) of women (including trans women) perceiving it to be a very poor or poor solution compared to 95% (N=424) of men (including trans men). Note: sample sizes were too small to allow comparison for those who identified as non-binary.

Additional sub-group analysis was undertaken by age, physical or mental health conditions or illnesses, and financial status. Data tables are provided in Appendix 6.

## Age

No significant difference was observed with between 93% - 95% of all age groups perceiving it to be a very poor or poor solution.

## Physical or mental health conditions or illnesses

No significant difference was observed with 93% (N=787) of those who said they had a physical / mental health condition(s) or illness(es) perceiving it to be a very poor or poor solution, compared to 94% (N=1,265) of those who said they do not.

## Financial status

Although no significant difference was observed, those who are less financially stable (i.e. respondents who selected '*I don't have enough money for basic necessities and sometimes or often run out of money*') were most likely to consider it a very poor or poor solution (99%; N=87), compared to 89% (N=151) of those who are more financially stable (i.e. respondents who selected '*I have more than enough money for basic necessities, and a lot spare, that I can save or spend on extras or leisure*'). This suggests that those who are more financially stable have more favourable views on the proposal.

## 9.4 All other patient services at St Peter's Hospital

4,557 individuals (84% of the total sample) responded to the questions relating to all other patient services at St Peter's. The majority considered the idea to be very bad (82%; N=3,713), with a further 11% (N=483) perceiving it to be a bad idea. In contrast, 3% (N=114) felt it was a very good or good idea, whilst 4% (N=203) indicated that it is neither a poor nor a good idea (the remaining 1%; N=44 was unsure or preferred not to say).

	No.	%
Very bad idea	3,713	81%
Bad idea	483	11%
Neither good nor bad idea	203	4%
Good idea	76	2%
Very good idea	38	1%
Don't know / prefer not to say	44	1%

Table 26 View on the idea for all other patient services at St Peter's – all survey respondents (N=4,557)

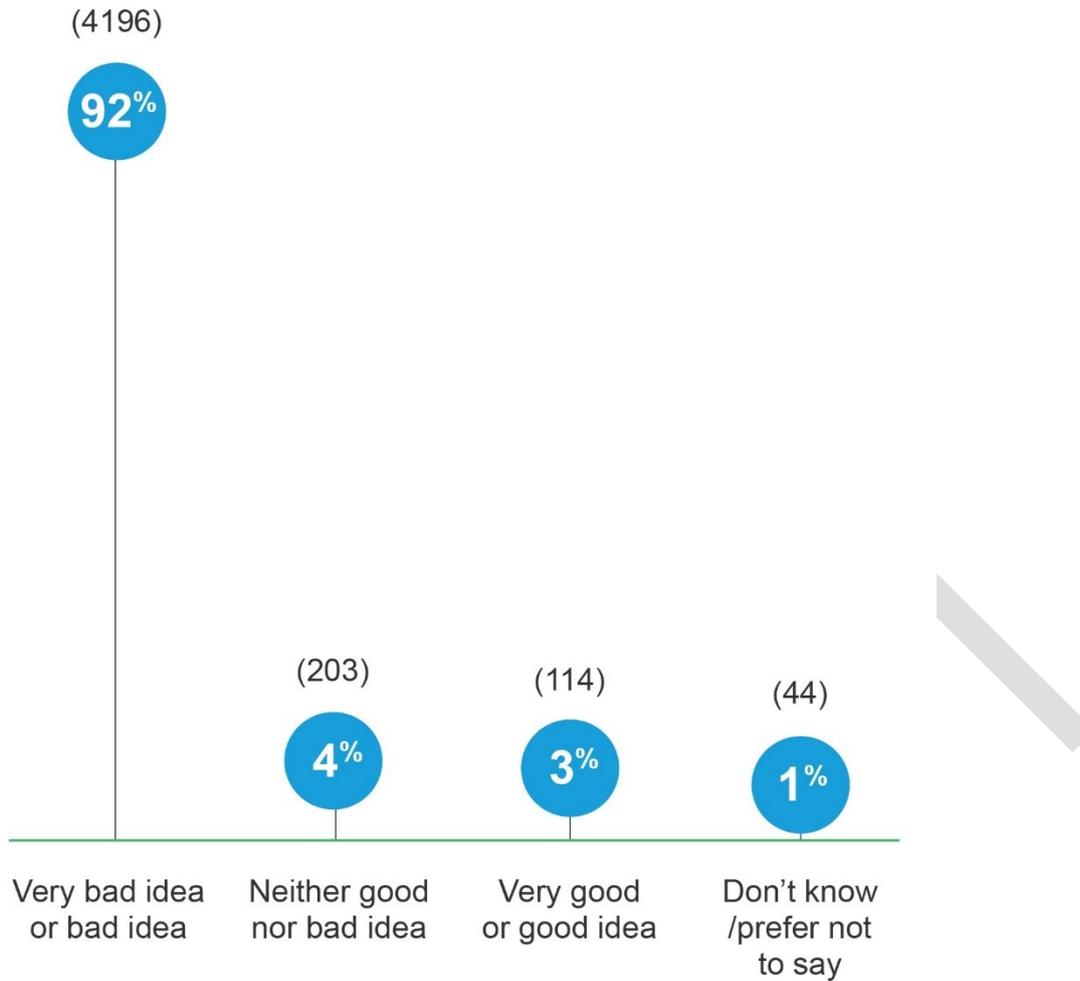


Figure 22 View on the idea for all other patient services at St Peter's – all survey respondents (N=4,557)

Considering the location of respondents and where sample sizes are above 30, the majority from all areas felt the idea was very bad or bad. Objection was greatest amongst those from Maldon (93%; N=3,320 rating as very bad or bad), followed by those from Chelmsford (91%; N=403) and Braintree (89%; N=155). Although a smaller sample size, objection was lowest amongst those from Colchester (79%; N=33).

	Maldon (N=3,566)	Chelmsford (N=445)	Braintree (N=347)	Unknown / other (N=86)	Colchester (N=42)	Southend-on-Sea (N=26)*	Basildon (N=14)*	Brentwood (N=13)*	Rochford (N=10)*	Castle Point (N=6)*	Thurrock (N=2)*
Very bad idea	83% (2,971)	74% (330)	80% (278)	79% (68)	67% (28)	62% (16)	57% (8)	38% (5)	50% (5)	50% (3)	50% (1)
Bad idea	10% (349)	16% (73)	9% (32)	14% (12)	12% (5)	15% (4)	14% (2)	23% (3)	20% (2)	17% (1)	0% (0)

	Maldon (N=3,566)	Chelmsford (N=445)	Braintree (N=347)	Unknown / other (N=86)	Colchester (N=42)	Southend-on-Sea (N=26)*	Basildon (N=14)*	Brentwood (N=13)*	Rochford (N=10)*	Castle Point (N=6)*	Thurrock (N=2)*
Neither good nor bad idea	4% (149)	4% (17)	5% (19)	2% (2)	14% (6)	15% (4)	7% (1)	15% (2)	10% (1)	33% (2)	0% (0)
Good idea	1% (48)	3% (12)	3% (11)	0% (0)	2% (1)	4% (1)	0% (0)	8% (1)	10% (1)	0% (0)	50% (1)
Very good idea	1% (22)	1% (6)	1% (4)	3% (3)	2% (1)	4% (1)	7% (1)	0% (0)	0% (0)	0% (0)	0% (0)
Don't know / prefer not to say	1% (27)	2% (7)	1% (3)	1% (1)	2% (1)	0% (0)	14% (2)	15% (2)	10% (1)	0% (0)	0% (0)

Table 27 View on the idea for all other patient services at St Peter's – all survey respondents by location (N=4,577)

\*Caution to be applied to areas where samples are below 30.

### Reasons for support and objection

Reasons for support and objection are presented in the table below. Percentages are calculated as a proportion of those who responded to the question (N=4,483).

The main reason for objection related to increased travel and access difficulties (53%; N=2,358), a particular concern for the elderly, the most vulnerable, those living in remote / rural areas and those who are unable to travel / reliant on public transport. The following provides an overview of the concerns raised as part of this:

- Inconvenience / increased travel time – impacting on time off work, children being out of school and loss of income
- Financial costs
- Lack of / poor public transport and poor infrastructure resulting in long, slow journeys
- Roadworks / accidents resulting in areas becoming gridlocked
- Parking difficulties
- Loss of independence and impact on wider family members who are needed to support access of those who are unable to travel
- Non-attendance at appointments / routine checks (detrimental health impact)
- Pollution / environmental impact.

*“Many people cannot access these services at Broomfield or other hospitals. Public transport is not always easy to use and can result in a very long journey and day.”*

*“Your alternatives are too far away to take be taken as a serious alternative [sic].”*

*“I do not drive, so it is easy for me to reach no problems, but not so if I had to go to other hospitals, plus the cost, and at the end of the day services are supposed to be accessible, plus the environmental factor”*

To a slightly lesser extent, 42% (N=1,879) cited a reason grouped under ‘closure of St Peter’s and lack of local provision’. Concerns related to:

- There being no other local alternatives
- St Peter’s serving a large geographical area / being a much loved and a vital resource for residents in Maldon and surrounding areas
- Residents of Maldon and surrounding areas deserve to have these services locally
- Significant health impact of closure
- Services must be kept local either at St Peter’s (with investment) or in an alternative, accessible location(s) (operational prior to the closure of St Peter’s).

*“Local residents need local services and as yet I have not seen any proposed local new space identified to house local NHS Services. So, by moving out of St Peter’s, we are left with a huge healthcare void.”*

*“People in St. Peter’s Hospital still need medical help. Yes, the building needs repairs but we need medical services within reach”*

Other key themes related to increasing demand due to the ageing population and new housing developments with more services needed not less (22%; N=1,008), the location of St Peter’s being convenient and easily accessible with all services under one roof (17%; N=774) and increasing demand on already overstretched services including other hospitals, GP services, ambulance and patient transport services (16%; N=717).

*“No solution has been given. Closure of the hospital in Maldon will have significant negative impact on the current and future Maldon District residents. With new homes being built at such a fast rate, the Maldon provision should be increasing, not closed. Such a plan is ludicrous.”*

*“It is a convenient site without need to go to a major hospital”*

*“They take a great deal of pressure of other local doctors and hospitals. An example my doctor requested a blood test. Earliest doctors appointment was 3 weeks away. Booked onto St Peter’s within 5 days”*

In terms of support for the idea, just 2% (N=108) indicated that St Peter’s is no longer fit for purpose and that there is no other alternative than for it to close. A further 4% (N=173) added a caveat to their support, in terms of services continuing to be available within Maldon, either in a new facility or in alternative venues, before St Peter’s is closed.

Notably, 5% (N=204) felt unable to comment because of the lack of information provided as to where services will be relocated. Specifically concerns related to there not being any viable options in the area, the ambiguous phrasing used in the consultation document (‘in and around Maldon’) and a lack of confidence that alternative locations will be found.

Reasons for support	% (No.)
Support dependent on services continuing to be available within Maldon before St Peter's is closed	4% (173)
St Peter's is not safe / no other alternative	2% (108)
Other comment / comment unable to be coded / misunderstanding of option	<1% (7)
Reasons for objection	
Increased travel and access difficulties	53% (2,358)
Closure of St Peter's and lack of local provision	42% (1,879)
Increasing demand due to ageing population and new housing developments / more services needed not less. Comments related to: <ul style="list-style-type: none"> <li>- No new infrastructure to support population increase</li> <li>- Idea being short sighted with no vision for the future</li> </ul>	22% (1,008)
St Peter's is convenient and easy to access with services under one roof	17% (774)
Increased demand on already overstretched services	16% (717)
Maldon residents have been continuously let down / decision already made ('cash grab')	11% (474)
Lack of continuity and fragmented care Comments related to: <ul style="list-style-type: none"> <li>- Preferences to access other patient services in one location</li> <li>- Greater confusion for patients / difficulty of synchronising appointments</li> <li>- Less cost-effective model including costs to make multiple sites suitable</li> </ul>	5% (230)
Positive experiences at St Peter's	5% (209)
Regular / frequent use of other patient services at St Peter's	4% (182)
Other negative comment, including: <ul style="list-style-type: none"> <li>- Query regarding evidence of better outcomes</li> <li>- Impact on local economy</li> <li>- Consultation must be stopped</li> <li>- Impact on Brentwood residents</li> <li>- Does not reflect views of staff</li> <li>- Negative experiences at other hospitals</li> </ul>	2% (78)
Anxiety of accessing unfamiliar environments / larger hospitals	1% (45)
Impact on staff, including uncertainty / stress, accessibility, dissatisfaction and job loss	<1% (15)
Other consideration / comment	
Too much unknown / more information needed to make informed decision	5% (204)
Other solution / comment*	2% (103)

Table 28 View on the idea for all other patient services at St Peter's – reasons for support or objection (N=4,483)

*\*Alternative suggestions made by respondents are presented as part of Q5 – ‘Please tell us if you have any other solutions you feel we should consider’*

## **EQIA engagement recommendations**

Further analysis was undertaken to explore sub-group differences (see Appendix 6 for data tables).

### **Ethnic group or background**

The EQIA recommended engagement with residents in MSE from ethnic minorities as it stated 29% of patients at St Peter’s are from an ethnic minority.

Although the difference was not significant, a greater proportion of those who identified as White - English, Welsh, Scottish, Northern Irish or British perceived the idea to be very bad or bad (92%; N=3,843), compared to 86% (N=99) of those who identified as another ethnic group or background. This suggests that those who identified as White – English, Welsh, Northern Irish or British have greater objections to the idea.

### **Gender**

The EQIA recommended proportionate engagement with men and women, due to some changes impacting men more than women and vice versa.

No significant difference was observed with 92% (N=2,715) of women (including trans women) perceiving it to be a very bad or bad idea compared to 91% (N=997) of men (including trans men). Note: Sample sizes were too small to allow comparison for those who identified as non-binary.

### **Financial status / deprivation**

The EQIA recommended engagement with people living in deprived areas across MSE, particularly related to changes to outpatient services from St Peter’s.

Financial status provides an indication of level of deprivation. A significant difference was observed with those who are less well-off / financially stable (i.e. respondents who selected *‘I don’t have enough money for basic necessities and sometimes or often run out of money’*) most likely to consider it a very bad or bad idea (96%; N=134), compared to 86% (N=245) of those who are more financially stable (i.e. respondents who selected *‘I have more than enough money for basic necessities, and a lot spare, that I can save or spend on extras or leisure’*). This suggests that those on a lower income have stronger objections to the idea.

### **Physical or mental health conditions or illnesses**

The EQIA recommended engagement with patients with mobility and sensory conditions, such as, MSK, ophthalmology and audiology patients to understand their needs with regards to travel and the impact of navigating a high street setting.

Although respondents were not asked to specify their physical or mental health conditions / illnesses, no significant difference was observed with 92% (N=1,896) of those who said they had a physical / mental health condition(s) or illness(es) perceiving it to be a very bad or bad idea, compared to 92% (N=1,891) of those who said they do not.

Additional sub-group analysis was undertaken by age. Data tables are provided in Appendix 6.

## Age

Although the difference was not significant, those aged 16-24 were most likely to rate the idea as very bad or bad (99%; N=83). For all other age groups, between 89% - 93% rated the proposal as very bad or bad, with those aged 35-44 years least likely to rate the proposal as bad or very bad (89%; N=390).

## 9.5 Impact

Respondents were asked what impact the changes would have on them and their family, 5,435 individuals provided a response.

Although respondents were asked to detail the consultation area that their response referred to, for many this was not the case, additionally many did not answer the question directly and provided more general comments about the proposals / consultation. For these reasons, it was difficult to assign comments to the proposals / consultation areas.

Furthermore, 9% (N=463) listed the consultation areas that would have an impact on them but did not specify if this was positive or negative and 1% (N=42) were unable to comment due to the uncertainty about the relocation of all other patient services at St Peter's. Note: due to the gateway nature of this section of the consultation, no proposals for specific alternative locations were included in the documentation.

For the comments that could be coded, the majority highlighted a negative impact. The most (48%; N=2,625) talked about how the proposals would impact on their ability to access services. This included comments made about each consultation area and the consultation more generally. As part of this, respondents talked about:

- Decreased / no local care options
- Increased travel, stress / anxiety and inconvenience (i.e., time off work / loss of income, children being out of school)
- Financial implications related to increased travel and parking
- Parking difficulties
- Poor public transport and road infrastructure
- Loss of independence and reliance on family / others
- The Impact on the environment
- The health impact (i.e., people not seeking help when needed, leading to further impact on services)
- Less support for patients requiring inpatient services – impacting on both patients and their support network.

*“Maldon is easy for local residents to travel to. Also, the Galleywood, Great Baddow, Sandon, Danbury areas can travel to Maldon far easier than to Broomfield or Braintree. For people who don't drive it is very difficult to get to*

*Broomfield from Maldon and Dengie areas as the bus service is unreliable and infrequent and non-existent on a Sunday.”*

*“I think losing all the services from Maldon would affect me negatively. The only service I probably haven't needed is the stroke rehabilitation unit but with elderly parents it is only a matter of time. I've seen consultants at St Peters and I can get there easily. With elderly parents I spend a lot of time travelling to Broomfield and Braintree for appointments now and it's hard when you're trying to juggle a family and work. Maldon needs these facilities.”*

A third (33%; N=1,819) commented upon how the proposals will have a widespread negative impact on themselves, their family and friends, local residents, existing patients and the expanding population.

*“It would affect everyone in the community. Not that Essex County Council care as they are getting paid for it to turn into flats”*

*“It would only have devastation [sic] negative impact on the local community, especially those living on the Dengie peninsula.”*

18% (N=1,002) talked about how local services are needed in Maldon and/or how St Peter's needed to remain open. In the absence of local services, respondents talked about the health impact and how residents will be left feeling vulnerable and isolated – a particular concern for the elderly and the most vulnerable / frail.

*“We need all the facilities that St Peter's hospital currently provide.”*

*“The whole idea of moving services out of Maldon is beyond a joke, stop penny pinching and provide better services for an ever-growing area!!!!”*

12% (N=659) made reference to the convenience / accessibility of St Peter's and the excellent care they have received. The same proportion (12%; N=629) commented how they use St Peter's on a regular basis.

*“Maldon is central to all the surrounding villages and is therefore accessible for most people whether they drive or need to use public transport”*

*“It's so lovely there! Very supportive! Great communication! Great for the community!”*

9% (N=478) expressed concerns about the increased demand that will be put on other NHS services including other hospitals, GP services, community services and ambulance services resulting, which will impact on waiting times and quality of care.

*“The proposals affect me very negatively. It is now putting pressure on other areas of Broomfield and WJC. I worked at St Peter's as a student and now qualified and the feedback we used to get from women and their families was always positive, whereas Broomfield is so much busier as it covers a larger area, and out of women too. The turnout is much bigger and now you want to increase the turnout by sending women to Broomfield.”*

*“There are too many people for too few services, current services can't cope now, where will these be accommodated”*

Notably, 7% (N=402) made a specific comment about the negative impact of the proposal regarding a freestanding midwife-led birthing unit, and 1% (N=75) about the options for stroke rehabilitation and IMC inpatient provision. Comments made as part of this, related to lack of local provision / options and access in terms of travel and transport.

*“As a pregnant woman, travelling the long distance for my scans, appointments and birth itself is causing a great deal of stress and anxiety. The thought of the drive to hospital so far away to give birth is honestly making me consider an elective C-section.”*

*“I think it's affecting me and my family negatively - when I had my last baby St Peter's was closed as Broomfield had staff shortages. My partner nearly fell asleep at the wheel driving home because he wasn't allowed to stay the night with me and then had nearly an hour to drive home.”*

Very small proportions highlighted positive impacts with 1% (N=73) noting a benefit of Option B for stroke rehabilitation and IMC provision and less than 1% (N=23) for Option A. Furthermore, less than 1% (N=9) noted a positive impact of the proposal for midwifery services, whilst less than 1% identified a positive impact of the relocation of outpatient services or made another positive comment about the consultation.

*“All other patient services will affect my family but as long as get care need it's ok”*

*“It will affect us positively as we have elderly relatives in the nearby area and it would enable them to be looked after locally and for us to visit more easily should they need this sort of care.”*

Negative	% (No.)
Access difficulties and associated implications	48% (2,625)
Proposals will have a negative impact on self, family, local residents, existing patients, expanding populations	33% (1,819)
Local services are needed / St Peter's must remain open	18% (1,002)
Excellent care / experiences / convenience at St Peters	12% (659)
Use St Peters on a regular basis	12% (629)
Increased demand on other NHS services	9% (478)
Negative impact of proposal regarding a freestanding midwife-led birthing unit	7% (402)
No impact at present / maybe in future	5% (293)
Other negative comment	2% (129)
Negative comment relating to Option A or B (stroke rehabilitation and IMC inpatient provision)	1% (75)
Anxiety around accessing unfamiliar locations / larger hospitals	1% (62)
Impact on staff members, including: increased travel and loss of local jobs	1% (58)

Fragmented care	1% (49)
<b>Positive</b>	
Benefits of option B (stroke and rehabilitation and inpatient services), including: <ul style="list-style-type: none"> <li>- Mix of beds at Brentwood</li> <li>- More rehabilitation beds in CICC</li> <li>- Fairer option</li> <li>- Reduced travel time for carers / families</li> <li>- Central location for access</li> </ul>	1% (73)
Benefits of Option A (stroke and rehabilitation and inpatient services), including: <ul style="list-style-type: none"> <li>- Specialised care</li> </ul>	<1% (23)
Benefits of proposal regarding a freestanding midwife-led birthing unit, including: <ul style="list-style-type: none"> <li>- Proximity to Broomfield</li> <li>- Services available more consistently</li> </ul>	<1% (9)
Benefit of relocation of outpatient services / other benefit, including: <ul style="list-style-type: none"> <li>- Cleaner more modern facilities</li> <li>- More cost effective</li> <li>- Reduce length of stay and increase patient outcomes</li> </ul>	<1% (24)
<b>Other</b>	
No explanation of whether positive or negative impact / not applicable	9% (463)
Other comment / comment unable to be coded	2% (107)
Unable to say / dependent on location of the outpatient services	1% (42)

Table 29 Impact of the changes (N=5,435)

# 10 Analysis of the feedback from additional engagement

## 10.1 Overview

Representatives from the ICB were invited to attend seven meetings organised by local councils / councillors and other community groups in Maldon and Southend. Information about the consultation was discussed / presented at each of the meetings. Feedback was recorded at three of the events only, whilst in other groups individuals were directed to complete the consultation survey.

In addition to these events Maldon MP, Sir John Whittingdale OBE, organised an event at the Plume Academy, Maldon. The recording was published on YouTube for transparency and transcribed and analysed. A summary can be found in Section 10.3 and the full notes are available in Appendix 4.

## 10.2 Key findings

Those attending the meeting at Healthwatch Southend Community Assembly discussed the proposals for stroke rehabilitation and IMC inpatient provision:

- The benefits of receiving specialist stroke rehabilitation care (Option A) were acknowledged, however the importance of getting patients home as soon as possible was highlighted.
- Having all stroke rehabilitation beds at Brentwood (Option A) was felt to be impractical and result in family members / carers facing significant travel.
- There was discussion around the benefits of bringing three neurorehabilitation beds back into MSE (Option A).
- Concern was raised about the impact of the proposals on staff at St Peter's Hospital.
- General concerns were raised about the number of inpatient beds available and the reduction in hospital beds in Southend.

Those attending the meetings at Maldon Stroke Club and Tollesbury, Maldon discussed all three consultation areas:

### **Stroke rehabilitation and IMC inpatient services**

- Number of proposed beds falls short of what is required.
- Concern around access for visitors.
- Queried cost difference of Option A and B.

### **Freestanding midwife-led birthing unit**

- No choice – WJC only.
- WJC at Braintree is not a viable option – concerns around public transport access.

- Antenatal scans / appointments must be in the community.
- Research needed into travel and catchment areas to understand implications for people in labour.

### **All other patient services at St Peter's Hospital**

- Suggested locations for outpatient services included leisure centres, the plot of land near Blackwater Leisure Centre, the bowling alley, Maldon District Council offices as well as the possibility of incorporating services into the new clinic at South Woodham Ferrers.

### **General comments / considerations**

- Historical mismanagement and lack of investment in St Peter's Hospital.
- A new hospital / health hub was suggested years ago.
- Concerns about the lack of foresight and strategy, with it felt there has been no forward planning with regards to capital investment and housing developments / increasing populations.
- Decisions being made based on money, if St Peter's Hospital is sold, proceeds must be reinvested in Maldon.
- Local hospital / medical facilities are needed within Maldon.
  - Limited in choices – patient choice charter looks at options at Colchester Hospital for Tollesbury community.
  - Using investment from housing developments (Section 106).
- Travel and transport biggest issue for those in Maldon
  - Access needs greater for residents living on their own i.e. single parent families.
  - Community transport services not available for Tollesbury residents.
  - Public transport is very poor and intermittent and non-existent at weekends. Patients are penalised for late / missed appointments.
- Concern about the impact on staff.
- Queried independence of the analysis.
- Suggestion of a quick / temporary fix to knock St Peter's Hospital down and rebuild like that of the Nightingale Hospital.

## **10.3 Maldon event - Plume Academy**

The following summarises the key points discussed at the public meeting arranged by Rt Hon Sir John Whittingdale OBE MP on Friday 9 February 2024. A full summary of the meeting is provided in Appendix 4.

- Significant concern and frustration were expressed 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. Strong emotional ties to the hospital / site / services were evident.

- Attendees expressed distrust in the handling of the St Peter's Hospital situation and broader healthcare planning and decision-making processes in Maldon. Specific concern was expressed over the transparency and allocation of financial resources regarding the refurbishment of St Peter's.
- Strong desire was expressed to retain local healthcare access through the development of a local facility / hub / hospital, with many believing that this should be on the St Peter's Hospital site.
- Attendees demanded clear figures on the costs associated with refurbishing and rebuilding St. Peter's Hospital 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.
- Significant concern was expressed about the impact of the closure of St Peter's and relocation of services on travel times, especially for those in more remote areas.
- 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 Hospital is sold, this would result in more housing and a further increase in demand.
- Regarding stroke rehabilitation and IMC services, inpatient care in Brentwood and Rochford was not felt to constitute local care.
- The quality of the maternity services at St Peter's Hospital were highlighted with frustration expressed about the consultation document alluding to the fact women will get better and outstanding care at other hospitals as well as concern about the birthing figures being misleading. There was concern that the proposal would lead to impersonal care in larger hospitals.
- Residents expressed frustration over what they perceive as opaque decision-making processes and the absence of clear, actionable plans for the continued delivery of all other patient 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 Hospital will not close until the outpatient services currently provided at St Peter's Hospital are relocated in appropriate facilities in Maldon.

# 11 Analysis of additional submissions

## 11.1 Overview

The following summarises all other submissions to the consultation. It includes feedback from thirteen members of the public, one staff member and three organisations (Healthwatch Southend, Churches Together in Maldon, South Woodham Ferrers Health and Social Care Group).

A petition to 'prevent the closure of St Peter's Hospital or ensure investment in a new Maldon medical facility' was also submitted to the ICB. This was initiated prior to the consultation in October 2023.

An online petition to 'prevent the closure of St Peter's Hospital or ensure investment in a new Maldon medical facility' initiated prior to the consultation on 7 October 2023 was submitted to the ICB on 3 April 2024 with 6,666 electronic signatures and 823 handwritten submissions. The petition was formally received at a meeting of the Mid and South Essex Integrated Care Board on Thursday, 9 May 2024 in Chelmsford.

### 11.1.1 Members of the public

The following summarises the feedback received from members of the public. Feedback is presented under the three consultation areas and then more generally for the overall consultation.

#### **Stroke rehabilitation and intermediate care inpatient services**

- Concern that changes have already been made, without consultation.
- Comment that Option B is the more sensible idea, providing a certain amount of beds at both sides of the patch and provision of IMC across the region.
- There are, however, concerns for both options with regards to access for family / friends / carers and isolation of patients;
  - No direct forms of transport to the hospitals proposed and the cost of this would be too much for some.
  - Stroke patients are typically older people whose relatives do not drive.
  - Purpose of having somewhere to recuperate is to enable them to have family near to them. Visiting will be difficult, if not possible for some.
- Concern / misunderstanding about inpatient beds being prioritised for Brentwood residents.
- Southend-on-Sea residents do not want changes at Cumberlege Intermediate Care Centre (CICC).
- Inpatient capacity has been reduced by the temporary arrangements and proposed future scenarios.
- Virtual wards are no replacement for in-person visits.

### **Freestanding midwife-led birthing unit**

- Changes have already been made, without consultation. There is no option to return the service to Maldon, there therefore is no choice.
- Concerns primarily relate to access for Maldon residents (distance and cost).
- Reference made to the Dec 2022 CQC report<sup>1</sup> which shows that several areas were identified as 'requiring improvement' including maternity services in Basildon and Broomfield. The submission argues that the data used to justify the closure of St Peter's Hospital is flawed due to mismanagement at Broomfield and inaccurate information from the COVID years. They urge the ICB to focus on addressing the issues at Broomfield instead of shutting down St Peter's Hospital.

### **All other patient services at St Peter's Hospital**

- The consultation document does not present a consistent stance of the benefits of closing St Peter's Hospital and relocating services elsewhere – largely because the ICB have not identified or scoped an 'elsewhere' to move things to.
- The consultation document implies that any speciality which needs radiology, ultrasound, X-ray and diagnostic services will be outside Maldon, not just orthopaedics and rheumatology.
- The fragmentation of services in and around Maldon in empty buildings is not practical and ill considered;
  - There aren't adequate parking facilities in these locations, nor in the town. Park and ride schemes would be needed.
  - Requires more venues to be manned, cleaned, cared and paid for.
  - Some patients will need more than one service.
- The ICB are reliant on public suggestions despite providing no information about the size of building(s) required.
- Concern about the future of Cherry Trees Therapy Centre at St Peter's Hospital, considering the rise of dementia.

### **General comments / considerations (all consultation areas)**

#### **Consultation outcomes and closure of St Peter's Hospital**

- St Peter's Hospital is the heart of Maldon and provides vital services. It is needed by the residents of Maldon, the Dengie, Witham and South Woodham Ferrers- their needs must be priority.
- The proposals are unhelpful, uncaring and lack common sense. Temporary changes are already having negative impacts.
- Concern/fear that decisions have already been made – evidenced by the omission of options for services to remain at St Peter's Hospital.

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<sup>1</sup> Care Quality Commission (2023); <https://www.cqc.org.uk/press-release/cqc-finds-improvement-needed-mid-and-south-essex-nhs-foundation-trust>

- The services at St Peter's Hospital will not be able to be replaced if St Peter's Hospital closes.

### **Financial and condition considerations**

- St Peter's Hospital has been neglected and fallen into disrepair. Financial investment has been much lower over previous years (dating back to 2016/17) than other hospitals. The deterioration of the building is now being used as an excuse to sell it.
- Substantial amounts of money have been received for capital projects and works, Maldon (especially St Peter's Hospital) has not received any obvious benefit from this. Questions are asked as to where this money has gone.
- There are many other examples of old buildings that have been modified over time (e.g. Palace of Westminster).
- Financial information provided in the consultation documentation about the refurbishment of St Peter's Hospital is inconsistent and suggests a lack of oversight, control or understanding by the ICB of what is needed to continue use of the St Peter's Hospital site.
- Not having enough money for St Peter's Hospital reflects a choice that has been made now and in the past to not invest into the site.
- Equivalent condition surveys, Health Building Note (HBN) standard comparisons, concerns over asbestos have not been presented for other hospital sites. Reference to the Essex County Council Health Overview Policy & Scrutiny Committee report (reference not available) which identified approx. £220M of maintenance costs across five hospitals (Basildon, Broomfield, Southend, Orsett & St Peter's Hospital).

### **Capacity and demand**

- Maldon has a growing population with an ageing demographic. There are massive housing developments in the area.
- Burnham-on-Crouch has a growth rate of 7.4% greater than Braintree (5.5%), Southend (4.1%) and Rochford (2.8%), along with an increase of 33% for people aged 65 or over.
- The two GP practices in Maldon are already struggling and desperately need more space for the growing population.
- The closure of St Peter's Hospital will have financial implications for the ICB in terms of increased strain on the ambulance service, the emergency services at Broomfield and prolonged hospital stays due to late diagnosis.

### **Accessibility and transport**

- Maldon is the largest rural area in Mid and South Essex.
- St Peter's Hospital is strategic for transport links, it is next to bus stops serving several local towns.
- Losing St Peter's Hospital will create an NHS which is only accessible for residents 'who have a car and can afford fuel' – contradicting levelling-up objectives.

- Other hospitals mentioned in the consultation document are miles away from Maldon and the journeys to these are very difficult by both car and public transport. This was considered especially difficult for those over 70 who are more likely to be accessing these services, as well as those with ongoing medical conditions. Specific concerns related to:
  - Maldon having no rail connections and a poor bus service.
  - Roads are already overcrowded.
  - Increased reliance on family support and loss of independence
  - Cost of taxis.
- Increasing travel will increase pollution exponentially, passing the carbon footprint onto individuals, and going against net zero approaches (estimated at an extra 10,000 miles on the road every day, Monday to Friday).
- Anxiety of travelling further distances.
- Access difficulties at alternative hospitals (e.g. Broomfield):
  - Walking distances to relevant departments.
  - Wheelchair facilities.
  - Parking (availability and cost).
- Fragmentation of services and medical care to distributed locations with longer journeys will increase societal issues such as loneliness and isolation, putting extra financial burden on the NHS.
- The detailed impact assessment is considered fundamentally flawed with inaccurate information about bus stations and services and no mention or consideration of the availability or frequency of such services. Additionally, it is noted that the transport timings presented fail to consider that Maldon is in the far east of its district.
- There is a call for much more thought to be given to transport issues in the area with detailed information needed as to how the significant concerns regarding healthcare access, particularly by Dengie residents, have been considered.

### **Consultation process**

Numerous comments were made about the consultation process with feeling that it has failed to honour the Gunning Principles<sup>2</sup>. There was concern that decisions about the future of services in Maldon / closure of St Peter's Hospital have already been made, evidenced by the omission for services to remain at St Peter's Hospital as an option. It was felt that the pre-consultation decisions have unfairly influenced the public with the '*it's a done deal mindset*'.

One individual commented how '*the proposals and shoddy consultation process are an affront to human rights and a harm to health*'.

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<sup>2</sup> The Consultation Institute(2018); <https://www.consultationinstitute.org/the-gunning-principles-implications/>

There was a feeling that limited effort has been made to promote the consultation, which has resulted in a lack of awareness amongst Maldon residents and those from surrounding areas. Specific concerns included:

- No mail drops, radio adverts, notices in GP Practices, care home or home visits for older people.
- Reliance on online methods and lack of consideration for the more vulnerable / less able population.
- Feeling that all residents should have been notified personally (either through text or letter i.e. mail drop).

Other concerns about the consultation process included:

- The consultation material has not been easily digestible, accessible or easily found (online only), with the public given a short period of time to respond.
- Paper copies of the survey were issued without a return address and pre-paid envelopes were not supplied.
- There have been inconsistent messages / information about the date of the survey closure, which was noted to have changed several times, and public announcements which discussed the closure of the hospital (reference to an announcement on Planet Radio and information directly from St Peter's Hospital).
- The ICB have unfairly used scare tactics to mislead patients into thinking the St Peter's Hospital site is unsafe (e.g. asbestos and legionella) and photo / video footage have only been provided of the most poorly maintained areas of the site. It was noted that these issues are common in all public buildings across the country, and the presence of legionella at St Peter's Hospital would just highlight the neglect of the trust to follow proper maintenance procedures.
- The online event held on 4 April 2024, which was unavailable to the public due to technical issues, was noted to have heard representations from three staff members who all criticised the proposals in some way, suggesting that better options are available. This is felt to be surprising given that the consultation documents have been drawn up with all staff involved on the affected wards.
- It was not made clear for those who wished to present evidence at the public hearing on 19 March 24 how to do so, and it was made difficult for people to do so. It was noted how the requirement to register to give evidence acted as a barrier to engagement, the chair of the meeting was not impartial, the hearing did not run on time with the public unaware that they were able to attend.
- Public had to demand the meeting at Plume Academy (9 February 24) held by Sir John Whittingdale.
- Requests for Freedom of Information (FOI) and Frequently Asked Questions (FAQs) [on Virtual Views] have not been answered.
- Trust / ICB representatives have come across as condescending and patronising at public meetings.

## Other

- Operating a distributed system of healthcare as would be the result of closing St Peter's Hospital requires great use of IT and strong management both of which the current health service lacks.
- Concerns about quality of care at alternative hospitals.
- Losing 300+ daily visitors to the town centre could contribute to more social malaise and even risk a step towards urban decay in the town.
- Maldon District is considered 80% rural by Department for Environment, Food & Rural Affairs (DEFRA) such that it warrants £5M of levelling-up funding, yet every relevant recommendation in the All-Party Parliamentary Report (2022)<sup>3</sup> is being ignored by the proposals. Noted that proposals must be reviewed against the recommendations in the report with consideration of health inequalities.

### 11.1.2 Member of staff

An email response was received from a member of staff from Brentwood Community Hospital. The staff member expresses their support for Option B for stroke rehabilitation and IMC inpatient services.

It highlights how IMC provided at Thorndon Ward is a valuable and effective service for several different reasons:

1. Ability to provide specialist medical care for patients with complex needs due to 7-day medical cover and twice weekly consultant ward rounds (expediting transfer from acute settings to Thorndon Ward and preventing transfer back to acute settings if the patient becomes unwell).
2. The management of complex nursing needs (including complex skin integrity issues, continence, dementia / delirium, medication assessment, monitoring of oral intake and working towards rehabilitation goals).
3. The effectiveness of the rehabilitation service, evidenced by ward admission and discharge data. The submission includes case studies of three patients admitted to the ward and the improvements these patients made with the input of the multidisciplinary team.
4. Provision of rehabilitation to patients who cannot be safely rehabilitated in their own homes due to various medical conditions and physical difficulties. The response argues that community rehabilitation in mid and south Essex is highly varied, often with long waits, significantly impacting long term outcomes.
5. High levels of patient satisfaction as supported by the NHS friends and family survey (March 2023 – January 2024).
6. Future targets for IMC are already being met in the areas of patients' dependency, discharge destinations and patient satisfaction ratings.

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<sup>3</sup> National Centre for Rural Health and Care (2022);  
<https://rsnonline.org.uk/images/publications/RuralHealthandCareAPPGInquiryRep.pdf>

7. A fully staffed resilient workforce of local people. Concern was raised at the prospect of the nature of the ward changing and staff being lost and difficult to replace.
8. Local care for patients from Brentwood and the surrounding areas. The response discussed the ageing population of Brentwood and the importance of providing care close to home, particularly for those with acute or chronic cognitive impairment, for whom family visits are essential.

It is felt strongly that reducing IMC beds at Brentwood Community Hospital (Option A) will increase health inequalities and delays in transfers from acute settings.

### 11.1.3 Organisations

#### Healthwatch Southend

Healthwatch Southend provided two pieces of feedback upon the proposal for IMC and stroke rehabilitation inpatient services. Their concerns about the proposals are summarised here:

- Southend residents have not been given sufficient information about the impact of the proposals on CICC.
- From the perspective of Southend residents, neither option is particularly acceptable. There is concern that in either scenario, family and friends will see patients from Southend admitted to Brentwood Community Hospital.
- Questions are asked as to what audits and patient surveys have been undertaken on the services provided by CICC to show sub-optimal outcomes for admitted patients with proposals referring to 'clear quality improvement'.
- Population projections for Southend, show significant increases in those aged 65+ years who will require localised services to achieve best outcomes and experience for patients.
- Admitting patients to Brentwood Community Hospital will exacerbate health inequalities and runs against the ICBs 'common endeavour'. There is concern that the consultation document does not cover in sufficient detail the actual impact of the options on the protected characteristic groups who might be adversely affected by the proposals, and what mitigation might be offered. Nor does it include all groups covered under the Equality Act<sup>4</sup>.
- Car ownership in Southend is lower than any of the other local authority areas covered by the ICB. The cost to travel to Brentwood by public transport for those without a car will be unaffordable for many, particularly with the ongoing cost of living crisis. Additionally, this will take a significant amount of time and have a 'mental cost'.
- Concern that the new service model does not make an active contribution to reducing carbon emissions.

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<sup>4</sup> Gov.uk (date unknown); Discrimination – your rights; <https://www.gov.uk/discrimination-your-rights>

- Friends and family will be unable to support the NHS with some simple tasks like personal care, which for some community groups are an essential part of their culture and will be unable to provide insights into the patient's life and preferences to support more personalised care.

They urged the ICB to undertake further work to review the local provision of IMC and stroke rehabilitation services in the context of the population needs in Southend.

In a separate submission, it was documented how a volunteer travelled from Southend to Brentwood Community Hospital to get a sense of how the journey 'felt'. The journey took two hours each way with a cost ranging from £9.00 to a maximum of £28.10 depending upon whether the individual has a rail card or bus pass. This journey avoided peak time travel, so if an individual needed to be at the hospital earlier, this fare would increase, and be busier. It was noted that the community transport from Shenfield station only runs till 2.30pm (cost £3.20 each way, but free for those with a bus pass). It was felt that those reliant on public transport will find the journey very daunting and expensive, particularly if travelling in bad weather.

### **South Woodham Ferrers Health and Social Care Group**

The email acknowledges the consensus from the public consultation hearing in that all current outpatient and treatment services at St Peter's Hospital should continue to operate before any changes are made, and that these services should be available in Maldon or the surrounding area with good transportation, parking, and accessibility.

Reference was also made to the Department of Health and Social Care press release on 14 March 2024<sup>5</sup> as a reminder of the national progress being made with the new Community Diagnostic Centres programme. It is suggested that a Community Diagnostic Centre (CDC) for Maldon seems part of the answer to the future of community health services at present provided at St Peter's Hospital.

### **Churches Together in Maldon**

Churches Together in Maldon provides a range of pastoral and spiritual support for Maldon residents. Their membership is primarily, though not exclusively, older people, so their concerns are generally associated with access difficulties for elderly people, and their carers and families.

Their response highlights how the proposed changes to St Peter's Hospital pose a significant issue for members of Churches Together and for those living in the whole Dengie area. They outline how access to services is already difficult and how the proposals will make this considerably worse, which will impact negatively on the outcomes for people and are likely to be more costly in the long term. More specifically they discuss the three proposals:

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<sup>5</sup> Gov.uk (2024); Community diagnostic centres deliver more than 7 million checks; <https://www.gov.uk/government/news/community-diagnostic-centres-deliver-more-than-7-million-checks>

## **Stroke rehabilitation and intermediate care inpatient services**

- The temporary relocation of services to Brentwood Community Hospital or Cumberlege Intermediate Care Centre, Rochford is causing significant issues for carers who face much longer journeys, particularly if relying on public transport. The limited public transport that does exist in the Dengie, provides links to Maldon, but services from Maldon to Brentwood or Rochford require multiple additional bus and train connections, which is hugely stressful, time consuming and expensive.
- The ability for the organisation to offer pastoral care to members in stroke or IMC beds is significantly hampered by large increases in travel times. Limiting the ability to visit these patients impacts on their speed of recovery and the quality of outcomes following illness / a hospital stay.

## **Freestanding midwife-led birthing unit**

- The movement of the birthing unit to Braintree will have a significant impact on the continuity of care for birthing people and their partners and families.

## **All other patient services**

- The consultation offers no considered suggestions to alternative locations for this provision.
- Information presented in the consultation document points to the need for what has been promised for many years; a new surgery in Heybridge and one in Maldon and a new Medical Hub, to house the services presently delivered by St Peter's Hospital.

### **11.1.4 Petition**

An online petition to 'prevent the closure of St Peter's Hospital or ensure investment in a new Maldon medical facility' initiated prior to the consultation on 7 October 2023 was submitted to the ICB on 3 April 2024 with 6,666 electronic signatures and 823 handwritten submissions. The petition was formally received at a meeting of the Mid and South Essex Integrated Care Board on Thursday, 9 May 2024 in Chelmsford.

### **11.1.5 Additional consultation survey - Rt Hon Sir John Whittingdale OBE MP**

This is a draft summary of the key findings from the additional consultation survey run by Rt Hon Sir John Whittingdale OBE MP from 5 March to 11 April 2024. 1108 responses were received and analysed. The full report of findings is provided at Appendix 7. [To insert before publication]

## **Awareness and communication**

- Nearly all respondents (92.8%) were aware of the consultation proposals.
- Most learned about it through local press, social media, banners, or word of mouth, with only a few noting they had found out through Mid and South Essex Integrated Care System's consultation promotion.

### **Usage and service preferences**

- Three fifths of respondents said they or a family member use services at St Peter's Hospital every three to six months.
- Four fifths of respondents said they use the hospital regularly.
- Blood tests, rehabilitation, scans/X-rays, and maternity appointments are the services respondents use most commonly.

### **Service provision in Maldon**

- A large number of comments emphasised the necessity of maintaining all services at Maldon.
- Blood tests, maternity appointments, the stroke ward, scans/X-rays, outpatients, and rehabilitation/physiotherapy were highlighted as essential services.
- Respondents cited ease of access, convenience, and proximity to bus routes and walking distance as key reasons to keep services in Maldon.
- Respondents feel more services are required in Maldon, not fewer due to the growing population.

### **Transport and parking concerns**

- Respondents highlighted difficulties travelling, particularly by public transport, to hospitals other than St Peter's Hospital and parking problems at those alternative locations.
- Accessible outpatient services is important to respondents with good transport links and adequate parking.

### **Future of St Peter's Hospital**

- Many respondents believe St Peter's Hospital has been deliberately neglected and advocate for its refurbishment or redevelopment.
- Concerns about the lack of promised new facilities and the need to keep services local due to rural isolation were expressed.

### **Trust in the local NHS leadership**

- Respondents expressed doubts about the practicality of finding and accessing suitable alternative sites.
- Respondents raised previous broken promises about a new hospital leading to further trust concerns.
- Some suggested that the deterioration of St Peter's Hospital was intentional.
- Poor information sharing about the consultation was cited.
- Lack of trust in the estimated cost of fixing the St Peter's Hospital and affordability were mentioned.

## 12 Alternative solutions

In line with the recommendations from the EQIA, residents were asked if they had any other solutions which they felt should be considered or any suggestions of where service will be best co-located to reduce patient travel and ensure that facilities are accessible and comfortable for patients.

### 12.1 Survey

In total, 4,243 individuals responded to the question.

The majority of suggestions related to reconsidering the closure of St Peter's and instead refurbishing or rebuilding the site with 52% (N=2,210) of those who responded to the question providing a comment or suggestion in relation to this. Respondents provided detail of what this could structurally look like, the services that could be provided (existing and new) and how this could be achieved both financially and practically (i.e. through the use of temporary premises and external units). A more detailed overview of the comments made as part of this is provided in Appendix 6.

*“St Peter's Hospital may be old but it is a beautiful example of Victorian architecture that should be preserved. Either modernise the existing site or provide a new health centre that provides x-rays, phlebotomy, audiology, stroke aftercare and birthing needs.”*

*“I definitely have a solution which you should consider. Close your eyes to the immediate money you would get by selling St Peters for development. That money will disappear into a black hole, I am sure. Spend money on upgrading St Peters. Think of how the Maldon district is growing with all the new housing. Think how the need for medical facilities at St Peters can only increase, please don't be short sighted, think of the future and what St Peters could be”*

A quarter (25%; N=1,108) commented upon the idea of building a new hospital or health hub(s) or relocating services within Maldon or surrounding areas. The table below provides a summary of potential locations and how this could be achieved financially.

*“If funding is too great for adequately updating and improving St Peter's then alternative land sourcing should be done. A lot of land is being sold for housing, I do not see that it would be any different for the NHS to be able to acquire land.”*

*“Funding needs to be raised to ensure the facility is up to health and safety standards, or a purpose built hospital needs to be placed in the area for our residents.”*

#### 12.1.1 Location suggestions

These suggestions were in relation to a new hospital / hub to house outpatient services, as well as inpatient beds, midwifery services and additional services such as minor injuries unit, A&E, GP services:

- Primrose Meadow

- On / near new housing estates e.g. Limebrook Way / A414 bypass / Handley Gardens
- Land next to Blackwater Leisure Centre (consider for mobile units)
- Land at the Friary in Central Maldon
- Land by Morrisons in Maldon (Knowles Farm / Fulbridge)
- Land by Danbury Medical Centre
- Land near football club (Heybridge)
- Land by Woodham Mortimore (golf)
- Greenfield sites e.g. Wantz Road
- Wycke Place
- Station Road (near war museum)
- Land in Witham (near Redrow housing estate)
- Maypole Road (Heybridge)
- Land by Daisy Meadows
- Land by new crematorium

#### **12.1.2 Relocation of services to existing premises:**

- Council offices and car park (portable units)
- Mobile facilities
- Local gyms / libraries / leisure centres / village halls / sporting facilities
- Emporium (High Street)
- Other retail units e.g. Wenlocks, Barclays
- Old post office
- Cafeteria in Sainsbury's (South Woodham)
- Disused industrial sites such as Old Print works / Bentalls Heybridge
- Tyler's Ride, South Woodham Ferrers
- Police station
- Schools

#### **12.1.3 Funding suggestions:**

- NHS / government investment
- Proceeds of sale of St Peter's Hospital
- Housing development companies (Reference to Section 106 agreements for all housing developments / council to give no permission to build without / introducing a hospital tax for all new housing developments)
- Public / community fundraising / donations

- Volunteering
- Local partners, including Maldon District Council / social care and private providers (joint ownership models)
- Lottery funding
- Levelling up funding (adding cultural element to plans)

An additional 1% (N=50) specifically talked about incorporating more services into existing medical centres. Suggestions included pharmacies and health centres / clinics such as Crouch Vale Medical Centre, South Woodham Ferrers Clinic, Burnham Clinic, Westcombe Park, Danbury Medical Centre, Springfield Green, Witham Health Centre, Brickfields Surgery and Maldon Clinic.

8% (N=322) talked about the importance of keeping the services at St Peter's within Maldon and 4% (N=168) how St Peter's should not be closed until all services are relocated and up and running within Maldon with fear and distrust that they may be moved temporarily elsewhere and not moved back.

*“Before you think of turning St Peter's into apartments there should be new facilities up and running before any closure of St Peter's is undertaken. Do we really need more housing - if there is room for new houses surely there is room for a new hospital with A & E provision too. Get your priorities right especially with the increase of population caused by housing development”*

*“It would be a good idea to find a new site for some of the services like x ray blood test and outpatient so people do not have to travel too far. Before you close Maldon”*

Suggestions and further considerations were also provided specifically in relation to stroke rehabilitation and IMC inpatient and midwifery services, as well as primary care provision and transport routes / networks. A summary of these is provided in Appendix 6.

*“Community nursing/ rehab with some specialist centres at hubs for undergoing on site treatments”*

*“Admitting criteria - current medically optimised patients remain in acute beds as don't meet criteria for intermediate care beds.”*

*“Move the birthing unit to a new build close to Maldon. Open for births when needed! Keep the support for and encourage breastfeeding.”*

*“Open both WJC and St Peter's birthing units”*

Notably, small proportions highlighted the importance of listening to local people and staff with the suggestion of reconsidering / stopping the consultation (2%; N=84), whilst others felt that decisions have already been made (1%; N=52) and that the consultation should be reissued when more information is available, specifically around the locations of all other patient services at St Peter's (1%; N=43).

*“Cancel the whole project and put the patients first”*

*“Yes. You have not properly developed or costed your proposals or provided proper comparisons, as stated above. You should do so.”*

*“I appreciate that the Trust is looking for other suitable venues in the area in which to house the hospital’s services, but it would be helpful to the public if we knew where these facilities might be.”*

The table below provides an overview of the key themes identified. However, with many providing very detailed explanations of their thoughts upon this, a detailed breakdown of some of these themes is provided in Appendix 6.

Themes identified	% (No.)
Reconsider closure and refurbish / rebuild on St Peter’s site*	52% (2,210)
Build new hospital / health hub(s) or relocate services within Maldon or surrounding areas	26% (1,108)
Services offered at St Peters need to stay within Maldon / local healthcare services are imperative	8% (322)
Other comment (not suggestion)	7% (303)
Don’t close St Peters until services are relocated and up and running within Maldon / fear of services being temporarily moved and not moved back into Maldon	4% (168)
No suggestion or support for proposals	3% (137)
Stroke rehabilitation / IMC specific suggestions*	2% (74)
Listen to local people and staff, and reconsidering / stopping the consultation	2% (84)
Other suggestions*	2% (74)
Improve primary care provision*	2% (73)
Improve transport routes / networks*	1% (61)
Decisions have already been made	1% (52)
Midwifery specific suggestions*	1% (50)
Fit more services into existing medical centres	1% (50)
Consult when more information can be provided / too little detail provided / information absent / criticism of consultation*	1% (43)
Streamlining to support running costs of St Peter’s (i.e. stop wasting money, save on administration / management costs, revisit NHS contracts and identify where savings can be made (utility bills, drug & equipment contracts)	1% 938)
Improve offer / provision at Brentwood Community Hospital*	<1% (18)
Explore options to attract and retain staff*	<1% (15)
Local services should be used by local people (Brentwood Community Hospital)	<1% (9)

Table 30 Alternative solutions put forward by survey respondents (N=4,243)

## 12.2 VCSO groups

Participants in the focus groups put forth some alternative suggestions to the proposal and points for further consideration:

- Knock St Peter's Hospital down and rebuild.
- Utilise the 'good bits' at St Peter's Hospital and revamp the rest, putting in primary care services to take pressure off local GP services. Norton Place in Shoeburyness was put forth as an excellent example.
- Re-purpose existing buildings or provide new facilities within Maldon – suggested locations included the former Barclays building, Harkenwell Community Clinic, Bentalls Centre, leisure centres, and the plot of land near Blackwater Leisure Centre.
- Expanding the offer at GP surgeries and other medical clinics.
- Use of mobile vans for blood tests and X-rays.

## 12.3 Additional submissions

There were some alternative suggestions and further considerations which were raised in the additional submissions.

- Listen to the public and reconsider closure - instead restore building, reinstate services and expand offer (including primary care). Reference was made to the 2012 proposal to build a new community hospital on the St Peter's Hospital site and the proposal to build a health hub.
- Sell part of the land at St Peter's Hospital for development only.
- Investigation to the financial and staffing impact of relocating services provided by St Peter's Hospital as opposed to modernisation of some part of the existing building (with some land being released for development).
- Provide financial information on the cost to build a new health hub in Maldon.
- Build on the plot of land in Wycke Hill, with a multi-storey car park.
- If the site at St Peter's Hospital is sold, the income raised should be ring fenced to reinvest into services for the Maldon district.

## 13 Summary of findings

The summary below brings together the findings from the different engagement methods for each of the consultation areas, as well as more generally for the whole consultation.

### 13.1 Stroke rehabilitation and intermediate care services

A total of 2,269 individuals (41% of the total sample) responded to the questions regarding stroke rehabilitation and intermediate care inpatient services.

The majority perceived both options to be very poor or poor solutions, with greater concern expressed about Option A – 89% (N=2,009) felt Option A was very poor or poor, compared to 77% (N=1,746) for Option B. Consequently, 5% (N=103) felt Option A was a very good or good solution and 16% (N=355) Option B. When asked to select their preferred option, 5% (N=111) selected Option A, 18% (N=398) Option B, whilst the majority selected neither (78%; N=1,760).

Similar trends were observed amongst those from Maldon, Chelmsford and Braintree with the majority considering both options to be very poor or poor and selecting neither as their preferred option. This view was strongest amongst those from Maldon with 94% (N=1,379) perceiving Option A as very poor or poor and the same proportion Option B (94%; N=1,374). Consequently, 95% (N=1,384) preferred neither option.

A different trend was observed amongst survey respondents from Brentwood and Southend-on-Sea, with the majority rating Option A as very poor or poor and Option B as very good or good. Consequently, the majority from both areas selected Option B as their preferred option. This opinion was stronger for those from Brentwood with 85% (N=172) selecting Option B as their preferred option, compared to 53% (N=82) of those from Southend-on-Sea. (Note: Comparison by other areas was not possible with sample sizes being below 30). In terms of preferred options, further sub-group analysis revealed:

- Whilst the majority from all age groups selected neither option, this opinion was greatest for those aged 75 years or more (83%; N=300 for those aged 75-84 & 86%; N=65 of those aged 85+) as well as those in the youngest aged group (16-24 years – 82%; N=37). Notably, slightly greater support for Option B was observed among those aged 25-54 years with approximately a quarter of those in these age groups selecting this option.
- Whilst the overall preference was for neither option, a significantly greater proportion of women selected Option B (20%; N=283 for women & 14%; N=83 for men).
- Whilst the overall preference was for neither option, a significantly greater proportion of those who identified as another ethnic group or background selected both options, particularly Option B (12%; N=11 selected Option A & 34%; N=32 selected Option B).
- Whilst the overall preference was for neither option, those who are more financially stable were significantly more likely to select Option B (25%; N=46) compared to those who are less financially stable (16%; N=75).

- Whilst the overall preference was for neither option, those with no physical or mental health condition or illness showed greater support for Option B (21%; N=238, compared to 16%; N=142 of those with a health condition / illness).

In terms of the perspective of staff and clinicians who responded to the survey (N=117), 72% (N=84) considered Option A to be a very poor or poor solution and 19% (N=22) a very good or good solution. This compares with 32% (N=37) who felt Option B was a very poor or poor solution and 53% (N=62) who considered it a very good or good solution. Consequently, 53% (N=62) selected Option B as their preferred option, 16% (N=19) Option A, whilst 31% (N=36) selected neither.

The following summarises the reasons for support and objection to the proposals across the different consultation methods.

Small numbers identified potential benefits of Option A. These included having a specialist stroke rehabilitation facility / centre of excellence, more beds being available, having adequate staff / facilities currently available at Brentwood Community Hospital as well as acknowledgement of St Peter's Hospital not being fit for purpose. One group at the public consultation hearing South Woodham Ferrers Health and Social Care Group set out that it wanted to see staff and specialists brought together in a single 50 bed stroke rehabilitation unit at Brentwood Community Hospital, as that will deliver the best outcomes, as long as it's matched by good transport, parking, accessibility, resources for family and friends to visit. *[See the published report of the public consultation hearing, submission 2.]*

Even where members of the public and staff recognised the benefits the model would bring there were significant concerns about access difficulties for family members / carers / other visitors and the impact that not having their support network around them would have on patients.

For example, despite some recognition among participants in the East Beach Residents Association (EBRA), Southend People's Assembly and Maldon and District CVS focus groups that Option A would lead to all expertise, including specialist rehabilitation being in one place, no individuals selected this as their preferred option, raising concern about access issues for patients, their families and staff.

Other concerns about Option A included the impact on staff travel (i.e. those working at Cumberlege Intermediate Care Centre (CICC)), the impact on Brentwood residents due to loss of IMC beds, significant staff changes being required at Brentwood Hospital and other implications associated with having centralised services (e.g. working across boundaries).

Slightly more individuals / staff identified a benefit of Option B. This included improving access by providing patients with more local care and reducing travel time for visitors (7%; N=162 of survey respondents) and being a better option for Brentwood residents with a mix of stroke rehabilitation and IMC inpatient beds (6%; N=125 of survey respondents). Others felt Option B posed a better solution / fairer compromise (2%; N=42 of survey respondents) and was a better option for residents of Southend-on-Sea and Rochford (1%; N=30 of survey respondents). For example, a small number of comments were made by individuals in the EBRA focus group about Option B offering a better spread of stroke

rehabilitation beds across the area, with it perceived that Rochford CICC is easier for residents from Southend / East Beach to access.

Notably, discussions with and responses from staff at CICC and a small number of stroke patients from the hospital revealed greater support for Option B. Staff identified how they are currently working well as a team and that this has developed more since the bed number increased for the winter period. A concern raised was the capacity of community services to support patients if there were no IMC beds at CICC as well as the level of therapy input required with the number of current vacancies in Occupational Therapy.

Despite the slightly greater preference for Option B over Option A, the main concern about both proposals related to travel and accessibility (59%; N=1,310 of survey respondents) with reference made to cost, poor public transport and road infrastructure, parking difficulties, added stress / anxiety (to an already stressful situation), pollution / environmental impact and inconvenience – impacting on time off work / employment and loss of income. These reasons were featured in presenters' evidence to the public consultation hearing, notably Healthwatch Essex. In an additional submission to the consultation, Healthwatch Southend documented volunteer research into travel times and costs for getting from Southend to Brentwood Community Hospital.

This concern was evident in all consultation activities as well as the Plume Academy event and the additional consultation survey with individuals discussing their expectation that access difficulties for patients' support networks would lead to deterioration of the patient, caused by isolation and poor mental health, and would result in longer hospital stays. It was additionally noted how elderly people are more likely to require these services and therefore be more impacted by the changes / travel implications.

Notably, participants in the Southend People's Assembly group felt that residents in their area would be hit the hardest due to the high poverty in the area.

Another key reason for objection to both options related to the closure of St Peter's Hospital and lack of local provision (36%; N=738 of survey respondents). Respondents discussed how the proposals do not meet the needs of, and is detrimental to the health of, residents from Maldon, the surrounding areas (i.e. Southend-on-Sea / Rochford) and the wider MSE population. They talked about how St Peter's Hospital is a much loved and vital resource and how continuing inpatient provision, either at St Peter's Hospital (with investment) or in an alternative location in Maldon, was essential.

The importance of access to local healthcare and the critical role St Peter's Hospital plays in doing so was emphasised throughout the Plume Academy event and the other consultation methods. The strong emotional attachment that residents have to this facility was evident. Other reasons for objection cited by survey respondents and individuals / staff participating in the other consultation methods related to increasing demand to the ageing and growing population with feeling that more services are needed not less (17%; N=376 of survey respondents). Reference was made to the extensive housing developments in Maldon and other areas and the lack of consideration that has made about the population cohort most likely to be using these services as well as projections showing increases in those aged 65+ years.

Members of the public and staff talked about services already being overwhelmed with concerns about the impact the proposals will have on quality of care and waiting times (reference here was made to other hospitals, GP services, ambulance services and patient transport services) (4%; N=93 of survey respondents). Concerns about capacity were raised by several staff members who attended the staff meetings who questioned whether the future model will have sufficient capacity to care for all patients in a timely manner, with capacity issues in the current system highlighted. Although just a small number of survey respondents identified the impact of the proposals on staff (1%; N=13), this was discussed in greater depth in the discussion events / meetings.

Despite the slightly greater preference for Option B amongst survey respondents from Southend-on-Sea, an additional submission by Healthwatch Southend outlined the concern they have about the impact of both proposals on Southend residents, who in either scenario, will see friends and family being admitting to Brentwood Community Hospital and therefore facing significant and costly travelling distances. This was a particular concern with car ownership being lowest in Southend compared to all other ICB areas. The relocation of these services also poses challenges for community organisations, such as Churches Together in Maldon, who provide pastoral care to members.

Despite a large majority of people living in Brentwood preferring Option B, repeated reference was made to a local expectation that the Brentwood Community Hospital is for Brentwood residents only. This led to concerns about impact on access to local care if the proposals lead to inpatient beds being available to all MSE residents, which they are already. All community hospital beds in the MSE ICB area are available to all MSE ICB residents on a nearest available bed basis. This misunderstanding of standard arrangements was noted and addressed during the consultation.

Across all consultation engagement methods, individuals expressed the frustration and distrust they have of NHS and/or local government services (e.g. local councils / councillors), highlighting how they have been repeatedly let down in the past with past promises of new health services not being followed through. There were also strong feelings that decisions about the future of inpatient care and St Peter's Hospital have already been made, and how these are based purely on financial reasons, rather than the needs of patients / local residents. This was a recurring theme throughout the whole consultation.

## 13.2 Freestanding midwife-led birthing unit

In total, 2,433 individuals responded to the survey questions regarding the proposal for a freestanding midwife-led birthing unit at the William Julien Courtauld (WJC) Birthing unit.

The majority (80%; N=1,948) considered the proposal to be very poor, with a further 14% (N=337) perceiving it to be a poor solution. In contrast, just 2% (N=52) considered it a very good or good solution (1% for each category) and 3% (N=81) neither a poor nor a good solution (the remaining 1%; N=15 did not know or preferred not to say).

Objection was greatest amongst those from Maldon (96% rating it as very poor or poor; N=1,836), followed by those from Colchester (94%; N=30), Chelmsford (90%; N=150) and Braintree (87%; N=163). Objection was lowest amongst those from Southend-on-Sea with 74% (N=25) rating it as very poor or poor. (Note: Comparison by other areas was not possible with sample sizes being below 30).

Further sub-group analysis revealed:

- Significantly greater dissatisfaction among those who identified as White - English, Welsh, Scottish, Northern Irish or British (94%; N=2,058 rating it as very poor or poor), compared to those who identified as another ethnic group or background (84%; N=59).
- Those who are less financially stable were more likely to consider the proposal a very poor or poor solution (99%; N=87). This compares with 89% (N=151) of those who are more financially stable (this difference was not found to be statistically different).
- No difference was found in terms of gender, age, presence of physical or mental health condition(s) or illness(es) and whether respondents were currently pregnant or have had a baby in the last year.

In terms of the perspective of staff and clinicians who responded to the survey (N=66), 73% (N=48) considered the proposal to be very poor and a further 17% (N=11) a poor solution. Just 5% (N=3) felt it was a very good or good solution and 6% (N=4) neither a poor nor a good solution.

The following provides an overview of the reasons for support for the proposal. Notably, these were provided by a small number of those engaged with including 3% (N=57) of survey respondents and a handful of individuals / staff engaged with through the other consultation methods:

- WJC is a newer, fit for purpose facility, staffed at all times.
- St Peter's Hospital is not fit for purpose / financial constraints.
- Negative experiences at St Peter's Hospital.
- Better option for Maldon residents / improves access.
- Proximity to Broomfield Hospital for complications.
- Potential to improve outcomes and confidence of midwives.

In contrast, the key reason for objection related to travel and accessibility difficulties for birthing people and their support network with 75% (N=1,793) of survey respondents providing a comment in relation to this. This theme included concerns about lack of / poor public transport, poor road infrastructure, pain / distress and increased risk of travelling further distances when in labour (particularly if a transfer to another hospital is required), cost, parking difficulties, pollution / environmental impact and inconvenience impacting on time off work / employment / income and childcare / other responsibilities.

Additionally, most of the discussions held about this proposal focused on this theme too. For example, in the LGBT Mummies Group, while positive comments were made about

the facilities and environment offered at WJC, it was not considered feasible for birthing people to have all their appointments in this location due to travel and accessibility.

Travel and access difficulties were a particular concern for those who cannot drive / do not have access to a car, those on a low income, those who rely on public transport and those living in more remote areas such as Burnham-on-Crouch and Southminster where it was estimated that travel time could be over an hour to WJC. There were concerns that this would result in reduced / non-attendance for some, families / support networks being unable to visit as easily, whilst also contradicting current guidelines regarding travel with a newborn baby.

Another key reason for objection related to the closure of St Peter's Hospital and the reduced options for birthing people and their families with 38% (N=903) of survey respondents providing a response in relation to this. Members of the public and staff highlighted how St Peter's Hospital serves a large geographical area and is a much loved and vital resource. They discussed the exceptional care, staff and facilities and how it provides a personal home-from-home experience for birthing people. Having access to a local birthing unit was perceived as essential with many stressing that this must be available at St Peter's Hospital (with investment) or in an alternative location within Maldon. There was frustration about the temporary changes that have already been made, without consultation, and how there is no choice for the service to return to Maldon.

These sentiments were evident in the opinion of those who attended the Plume Academy event with individuals highlighting the exceptional care that is provided by staff at St Peter's Hospital. There were concerns that removing the option of St Peter's would result in impersonalised care at other hospitals.

Other key reasons for objection cited by survey respondents as well as staff / individuals participating in the other consultation methods related to the rapidly growing population with more services needed not less (16%; N=382 of survey respondents) and capacity at WJC and Broomfield Hospital (8%; N=180 & 7%; N=157 of survey respondents, respectively) potentially resulting in lower quality of care, quicker discharges and less postnatal / breastfeeding support. Other concerns included the impact on staff at St Peter's Hospital, lack of consistency of care and negative past experiences at other hospitals referenced in the consultation document.

It is important to note that some staff who participated in the public consultation hearing, the staff meetings and the Plume Academy event expressed their disappointment and frustration about information on birthing at St Peter's Hospital in the consultation document being inaccurate and failing to take into account / acknowledge that the low birth rate at St Peter's Hospital is a result of staff being pulled to cover shortages at other hospitals. Additionally, it was felt that there is a lack of acknowledgement of pre COVID-19 birthing figures for the hospital.

Members of the public and staff urge the ICB to reconsider the option of creating another birthing unit in / closer to Maldon or investing in the current facilities at St Peter's Hospital. If the change is implemented, many reinforced the importance of providing local antenatal

appointments / scans in accessible locations to support birthing people to access midwifery care services.

### 13.3 All other services at St Peter's Hospital

In total, 4,447 individuals responded to the questions relating to all other patient services at St Peter's Hospital.

The majority considered the idea to be very bad (82%; N=3713), with a further 11% (N=483) perceiving it to be a bad idea. In contrast, just 3% (N=114) felt it was a very good or good idea, whilst 4% (N=203) indicated that it is neither a poor nor a good idea (the remaining 1%; N=44 did not know or preferred not to say).

Objection was greatest amongst those from Maldon (93%; N=3,320 rating it as very bad or bad), followed by those from Chelmsford (91%; N=403) and Braintree (89%; N=155). Although a smaller sample size, objection was lowest amongst those from Colchester (79%; N=33). (Note: Comparison by other areas was not possible with sample sizes being below 30).

Further sub-group analysis revealed:

- Those who are less financially stable were significantly more likely to consider the idea to be very bad or bad (96%; N=134). This compares with 86% (N=245) of those who are more financially stable.
- Greater dissatisfaction amongst those who identified as White - English, Welsh, Scottish, Northern Irish or British (92%; N=3,843 rating the idea as very bad or bad), compared to 86% (N=99) of those who identified as another ethnic group or background. (this difference was not found to be statistically different).
- No differences were found in terms of gender, presence of physical or mental health conditions or illnesses, and age. However, with regards to the latter, those aged 16-24 years were most likely to rate the idea as very bad or bad (99%; N=83). For all other age groups between 89% - 93% rated the proposal as very bad or bad, with those aged 35-44 years least likely to rate the proposal as bad or very bad (89%; N=390).

In terms of the perspective of staff and clinicians responding to the survey (N=71), approximately two thirds (61%; N=43) felt that was a very bad idea, with a further 20% perceiving it to be a bad idea (N=14). Just 11% (N=8) considered it a very good or good idea and 8% (N=6) neither a good nor bad idea.

It is important to note that 5% (N=204) found it difficult to provide an opinion without more specific information on what locations these services would be moving to. Although a small proportion, this finding was much stronger in the other engagement methods, particularly the Plume Academy event where attendees discussed the absence of clear, actionable plans for the continued delivery of these services. Questions were asked by members of the public and staff about the location of services and service interdependencies and how new, potentially multiple, locations will be paid for. It was further noted how the ICB is

reliant on public suggestions despite providing no information about size of the building(s) required.

In terms of support, just a small number of survey respondents (2%; N=108) and those who participated in other engagement methods discussed how St Peter's Hospital is no longer fit for purpose and that there is no other alternative than for it to close. Notably, 4% (N=173) of survey respondents added a caveat to their support, in terms of ensuring that services continue to be available within Maldon either in a new facility or in alternative, accessible venues, before St Peter's Hospital is closed.

As with the other consultation areas, the main reason for objection put forth by survey respondents and those who participated in other engagement methods related to increased travel and access difficulties (53%; N=2,358 of survey respondents). This included concerns about cost, parking difficulties, pollution / environmental impact, lack of / poor public transport, poor road infrastructure and inconvenience – impacting on time off work, loss of income, and children being out of school. There were concerns that this will lead to reduced / non-attendance at appointments and further health impact.

Travel and access difficulties were considered a particular concern for the elderly, the most vulnerable, those living in remote / rural areas and those who do not have access to a car / are reliant on public transport. Individuals who attended the Maldon & District CVS focus group discussed how limitations to people's ability to travel (due to age, a physical / mental condition or illness, Autism or a learning disability) will result in a loss of independence and increased reliance on family, carers and friends. They additionally talked about the impact that the changes will have on people's mental health in relation to the anxiety of not being close to services and having to travel further afield to access services, a particular concern for those accessing mental health services.

Travel and accessibility issues and the importance of having services in Maldon to the people of Witham were expanded on by presenters at the public consultation hearing.

To a lesser extent, individuals cited a reason related to closure of St Peter's Hospital and lack of local provision (42%; N=1,879 survey respondents). Survey respondents discussed how St Peter's Hospital serves a large geographical area and is a much loved and vital resource for residents in Maldon and surrounding areas. They talked about how there are no other local alternatives and how these outpatient services must be kept locally either at St Peter's Hospital (with investment) or in an alternative, accessible location(s) which need to be operational before St Peter's Hospital closes. There were very strong concerns that not having local access to these services would result in a great deal of uncertainty and vulnerability, particularly for older residents, and have a significant health impact on the area. These sentiments were echoed throughout the discussion events and meetings and a key theme identified in the MP event.

Other key reasons for objection cited by survey respondents and those who participated through other engagement methods related to increasing demand due to the ageing population and new housing developments with a strong feeling that more services are needed not less (22%; N=1,008 of survey respondents), the location of St Peter's Hospital being convenient and easily accessible with all services under one roof (17%; N=774 of

survey respondents) and increasing demand on already overstretched services including other hospitals, GP services, ambulance and patient transport services (16%; N=717 of survey respondents).

Additionally, those who provided an additional submission talked in depth about how the changes would lead to a fragmentation of services in and around Maldon and how this is ill considered and not practical with some patients requiring multiple outpatient services and the model requiring more venues to be staffed, maintained and paid for. Notably, 5% (N=230) of survey respondents made a comment in relation to lack of continuity and fragmented care.

In terms of alternative suggestions, members of the public stressed that the ICB reconsiders the closure of St Peter's Hospital and explores the option of refurbishing / rebuilding the site, or considers building new premises where outpatient services could be relocated, or where a purpose-built health facility could be built to house outpatient services as well as other services being taken away from the area (i.e. inpatient care and birthing unit). The importance of ensuring that the accessibility of these locations is carefully considered as well as the space requirements for different services as well as service interdependencies, was reinforced.

### **13.4 General and concluding comments**

It is evident that many view St Peter's Hospital as the heart of Maldon, providing much loved and vital services to local residents. The consultation has led to a great deal of upset, uncertainty and anger amongst members of the public and staff about the future of healthcare services in Maldon and the wider MSE area, with particular concerns about the ability of residents from Maldon and surrounding areas to access healthcare services. These concerns were evident across all consultation activities and strongly voiced by those who attended the MP event.

Members of the public, as well as staff, expressed frustration about the historical mismanagement and lack of investment in St Peter's Hospital with strong feeling that decisions are being based on financial reasons, to the detriment of the needs of patients / local residents. There was a feeling that if St Peter's Hospital had been better maintained, the ICB would not be having to consider these changes. Those who attended the MP event expressed strong concern over the transparency and allocation of financial resources regarding the refurbishment of St Peter's.

Throughout the different consultation activities, there was an evident level of distrust among members of the public and staff with repeated reference being made to past promises for a new hospital or health hub in Maldon. Many expressed their frustration of being let down and their voices not being listened to.

There was a strong belief amongst many that with NHS and government investment, as well as exploration of other funding opportunities, St Peter's Hospital could be refurbished or rebuilt and the services temporarily relocated to other hospitals (i.e. inpatient care and birthing unit), reinstated back to St Peter's Hospital. Suggestions were also made of other

services that could be added to this site to support the needs of current and future residents.

If St Peter's Hospital is sold however, many considered it essential that proceeds are reinvested to improve health services in Maldon i.e. building a new hospital or health hub. Suggestions were provided of locations where this could be.

There was a strong feeling that decisions about the future of these services and the closure of St Peter's Hospital have already been made, with concern that the views expressed during the consultation activity will not be taken onboard. Some felt that this was evidenced by the omission for services to remain at St Peter's Hospital as an option. Again, this sentiment was repeatedly expressed at the Plume Academy event.

Individuals and organisations from south east Essex and Brentwood commented extensively on the impact of the proposals relating to stroke rehabilitation and intermediate care inpatient services. People living in south east Essex felt that in either scenario family and friends will see patients from the area admitted to Brentwood Community Hospital and therefore face significant access difficulties, on balance they expressed a slight preference for Option B. Despite a large majority of people living in Brentwood preferring Option B, repeated reference was made to a local expectation that the Brentwood Community Hospital is for Brentwood residents only. This led to concerns about impact on access to local care if the proposals lead to inpatient beds being available to all MSE residents, which they are already. All community hospital beds in the MSE ICB area are available to all MSE ICB residents on a nearest available bed basis. This misunderstanding of standard arrangements was noted and addressed during the consultation.

In terms of the proposal for a freestanding midwife-led unit at WJC, despite a small number identifying benefits of this, key objections related to travel and access difficulties for birthing people and their support network, reduced local options, increasing demand and capacity at WJC and Broomfield Hospital. Notably, concern was expressed by staff who participated in the staff meetings, some who attended the Plume Academy event, and presenters at the public consultation hearing about information in the consultation document being inaccurate.

Notably, some comments were made about the consultation process itself with perceptions that limited effort has been made to promote the consultation, which was claimed has resulted in a lack of awareness amongst Maldon residents and those from surrounding areas of the proposed changes. There were also concerns about consultation materials not being easily digestible and accessible, time frame for responses, inconsistent messages and information (all addressed in the consultation) and Trust and ICB representatives coming across as condescending and patronising at public meetings.

Residents and NHS staff urge the ICB to consider the views gathered during the consultation and carefully consider the impact that these changes will have on residents of Maldon and surrounding areas.

## 14 Next steps

This draft report will be published on 10 July 2024 and presented to Mid & South Essex Integrated Care Board at its Board Meeting in Chelmsford on 11 July 2024.

An online feedback session has been organised 7pm 18 July so local people can hear directly from the analysts who drafted the report.

Local people will have until Wednesday 31 July 2024 to give any further comments on the draft feedback via the consultation team.

The final report will be passed to Mid & South Essex ICB to publish. Its outputs will inform a decision-making business case that will be reviewed by NHS England. The report will be considered by board members as they make decisions on:

- The organisation of stroke rehabilitation and intermediate care community hospital inpatient beds
- Whether or not to permanently locate the midwife-led birthing unit in Mid and South Essex at the WJC Birthing Centre at Braintree Community Hospital
- Continuing to pay for services to be provided on the St Peter's Hospital site, or to pay for those services to be provided in alternative locations in the future.

The date of the meeting that will consider these matters will be announced in due course.

## 15 Appendices

The Appendices are available as a separate document.

Appendix 1 – Consultation survey questions

Appendix 2 – Equality monitoring information

Appendix 3 – Notes from the public meeting on 9 February 2024

Appendix 4 – VCSO focus group report template MSE ICB consultation

Appendix 5 – NHS MSE Consultation document – ONLINE VERSION

Appendix 6 – Data tables survey analysis

Appendix 7 – Additional consultation survey analysis report [To insert before publication]

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