

## **Minutes of the Part I ICB Board Meeting (Item 6 – Community Beds Working Group Final Report)**

**Held on Thursday, 15 May 2025 at 2.00pm – 4.00pm**

**Function Room 1, Barleylands, Barleylands Road, Billericay, Essex, CM11 2UD**

### **Attendance**

#### **Members**

- Professor Michael Thorne (MT), Chair, Mid and South Essex Integrated Care Board (MSE ICB).
- Tom Abell (TA), Chief Executive, MSE ICB.
- Joe Fielder (JF), Non-Executive Member, MSE ICB.
- George Wood (GW), Non-Executive Member, MSE ICB.
- Matthew Hopkins (MHop), Partner Member, Mid and South Essex NHS Foundation Trust (MSEFT)

#### **Other attendees**

- Professor Shahina Pardhan (SP), Associate Non-Executive Member, MSE ICB.
- Dan Doherty (DD), Alliance Director (Mid Essex), MSE ICB.
- Claire Hankey (CH), Director of Communications and Partnerships, MSE ICB.
- James Halden (JH), Independent Chair of Community Consultation Group.
- Helen Chasney (HC), Corporate Services and Governance Support Officer, MSE ICB (minutes).

### **6. Community Beds Working Group Final Report (presented by T Abell, C Hankey and Dan Doherty)**

TA introduced the purpose of the Community Consultation Working Group (CCWG), established to review feedback from the Integrated Care Board (ICB's) consultation on community services in Mid and South Essex (MSE). The CCWG, chaired independently by JH, included representation from local councils, NHS partners, and community organisations including Healthwatch. The CCWG operated under a six-month mandate beginning October 2024, following significant feedback on the original consultation proposals. The remit of the group was to develop pathways of care; review the options proposed for the provision of maternity services and community beds; and make proposals for the future healthcare estate model and the future shape of services included within the original consultation. JH noted appreciation for the pause in the consultation to allow the CCWG to consider the consultation feedback and thanked those who had participated, including Andrew Sheldon who peer reviewed the report.

JH noted that the consultation had good intent but did not fully meet the needs of the Maldon district or satisfy the requirements for long-term financial sustainability. Splitting outpatient

services across public service buildings in Maldon was found to be potentially unmanageable and more costly over time. Learning for future consultations includes providing more fully developed proposals to allow for meaningful stakeholder feedback.

### **Current and Future Use of the Estate in Maldon**

The CCWG recommended that in the short-term outpatient services were to remain at St Peter's Hospital (SPH) while a new site was identified. MSEFT had begun survey and refurbishment work to improve the existing SPH facilities within the year; to ensure services were in better quality accommodation.

In the longer-term the CCWG recommended a proposal to create a new ambulatory care hub, potentially co-located with GP and pharmacy services to address local primary care space deficits. The site redevelopment was preferred on the existing SPH site due to strong transport links. Partnership opportunities and capital funding options were being explored. The capital allocations included capital funding for a Community Diagnostic Centre (CDC), prudent borrowing from Maldon District Council, existing resources and partial capital receipts from disposing parts of the site.

### **Intermediate Care and Stroke Rehabilitation Beds**

Demand analysis showed a need for only two stroke beds and four intermediate care beds in Maldon. Operating a dedicated unit at SPH was therefore considered unjustifiable. However, the CCWG recommended transitioning to a long-term block contract for care home bed capacity (replacing spot purchasing), accelerating rollout of the 'home first' model, and adopting Option B from the consultation to ensure equitable access and minimise travel time. It was noted that steps to respond to the recommendations had commenced with the acceleration of the home first model and recent approval by the Board supporting a procurement model for care home bed capacity as part of implementing the Medium-Term Plan (MTP).

### **Midwife Led Birthing Unit**

Due to a variety of factors, notably the falling birth rates and an increasing rate of deliveries by caesarean section, the CCWG came to the conclusion that maintaining the birthing unit at SPH was not viable. The CCWG therefore recommended permanently relocating the midwife-led unit to William Julien Courtauld Unit in Braintree, maintaining all pre- and post-natal appointments in Maldon. Expansion and promotion of the home birth service, with improved monitoring and support was also recommended. It was noted that the model for staffing was peer reviewed independently by an NHS Trust who confirmed that it was a sound principle.

The CCWG also made it clear that the ambulatory appointments associated with maternity services currently delivered at SPH should be maintained in Maldon.

### **Oversight and Next Steps**

The CCWG recommended the establishment of a standing community and stakeholder group to oversee future developments and estate changes. This would ensure transition of leadership into community hands and maintain public accountability. All recommendations would be integrated into the Decision-Making Business Case (DMBC) to be submitted to the Board for approval in July 2025 (the formal governance route to enable a final decision).

It was noted that the ICB would review the consultation process to identify ways to strengthen

future processes. TA advised that progress had been made in several areas, such as approval of the revised approach to Discharge to Assess (D2A) and reviewing issues with estates.

MHop emphasised safety of births and the need for adequate capacity at Broomfield hospital considering the proposed changes. The Trust would continue to work closely with ICB colleagues on the DMBC and long-term sustainability of high-quality maternity services that the MSE population deserved.

GW queried the estimate of costs for construction of the new hub. TA commented that, based on the accommodation and assumption that a GP practice would be included, the costs were estimated at approximately £14 million. Further detailed work was to be completed in terms of validation, areas to be developed, partnership opportunities to be explored and whether any other public services could be included.

SP asked for the timeframe that the proposal would be realised. TA confirmed that some services changes would occur quicker than others. The estates element was a five-year ambition.

JF suggested benchmarking against recent hub projects such as that in Waveney.

MT thanked JH and everybody involved for the work and the report which was accepted by the ICB.

**Resolved: The Board:**

- **Noted the report and recommendations of the independently chaired Community Consultation Group.**
- **Acknowledged that the findings would inform the development of the final Decision Making Business Case (DMBC), which would be brought to the Board for formal consideration and approval by July 2025.**
- **Noted that no decisions were being sought at this stage, and that the Board would be asked to make its determinations once it had received and reviewed the full DMBC in due course.**

*Extract of minutes for Mid and South Essex ICB Board meeting held on 15 May 2025. Full minutes will be available at our next meeting.*